

Mid-Term Evaluation Report
Project for HIV and AIDS Prevention through
Education in Ghana

JICA Technical Cooperation

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Compiled by

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Acronyms and Abbreviations

Abbreviation	Proper Name
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
BCC	Behavioural Change Communication
CBO	Community Based Organization
CBSA	Community Based Service Agent (volunteers who are engaged in the health service in their communities for Ghana Health Service)
CCM	Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria
CHPS	Community-based Health Planning and Services
CRIS	Country Response Information System
DAC	District AIDS Committee
DHMT	District Health Management Team
DRMT	District Responsible Management Team
FGD	Focal Group Discussion
Focal Person	HIV and AIDS Monitoring and Evaluation Focal Person
GAC	Ghana AIDS Commission
GHS	Ghana Health Service
HAPE	Project for HIV and AIDS Prevention through Education
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Survey
IEC	Information, Education and Communication
JFY	Japanese Fiscal Year
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteer
JSS	Junior Secondary School
M&E	Monitoring and Evaluation
MIS	Management Information System
M-SHAP	Multi-Sectoral HIV & AIDS Program
NACP	National AIDS Control Programme
NGO	Non Governmental Organization
PDM	Project Design Matrix
PMC	Project Management Committees
PMTCP	Prevention of Mother to Child Transmission
PPAG	Planned Parenthood Association of Ghana (Name of NGO)
SHEP	School Health Education Program
SSS	Senior Secondary School
STI	Sexually Transmitted Infection
VCT	Voluntary Counselling and Testing

Executive Summary

Ghana AIDS Commission (GAC), which was established in 2000 under the direct supervision of the President as leading coordination body to tackle problems related to HIV and AIDS, and JICA Ghana Office have been implementing the Project for HIV and AIDS Prevention through Education (HAPE Project) since the 1st October 2005. The Mid-Term Evaluation had as its primary objective to review the activities and interventions undertaken so far, to assess them and to consider some concrete measures to enhance the achievement level of the project in the latter half of the implementation period. The evaluation team visited all the 10 districts intervened by the project, implemented a survey targeting 600 youths and had focal group discussions and interviews with more than 200 people at the level of community as well as numerous key informants from the district, regional and national levels.

1. Implementation

Smooth Implementation and the Novel Allocation of the Human Resource

The field activities representing this project as a community level health promotion activities focused on HIV and AIDS have been implemented so far with high efficiency without any significant delay. This efficiency can be attributed largely to the maximal application of local expertise. The set of BCC and IEC activities, which form major part of the project, has been outsourced to PPAG, locally engaged NGO, who has a strong point to approach the beneficiaries directly without any language and cultural barriers. The level of efficiency is, therefore, high not only in terms of cost-effectiveness but also in terms of intensity and dynamism of BCC and IEC activities. It has enabled the project to take various means of communication, from one-to-one approach to the mass media, without serious difficulties to convey messages regarding HIV and AIDS. The project is one of the good examples in successful input of human resources from Japanese side. It can be characterized as a JICA's ambitious attempt to apply the traditional "Technical Cooperation Project" to a cross-cutting issue of societies of an African developing country. As some of the expertise on the measures against HIV and AIDS has already been available domestically, it would be unrealistic only to make use of Japanese resources for the topic of the Project and the Project Purpose where actions addressed to the target youth is the key.

Favourable Project Management

In addition, the contents of the field activities are well standardized and the process and speed of the implementation are well adjusted under the relevant controls of PPAG head and zonal offices, which have good commands of systematic monitoring of the field officers, operators of the promotional campaigns at the community level, according to the interviews in the evaluation research. The zone management of PPAG is generally favourable for the field activities of the project, although there are some inconveniences because its zone divisions are a little different from the existing administrative area demarcations. Two PPAG Zonal Managers, who are posted in the Southern Zonal Office in Accra and the Middle Zonal Office in Kumasi respectively, function very well as supervisors of the Field Officers and motivate them to carry out the activities as planned.

The JICA expert is also of great help in networking the various performers and stakeholders scattered from the upstream to downstream areas of this Project, which has made them have the shared recognition and understanding of the project progress and given them some sense of commitment. These managerial members have contributed to the excellently smooth implementation of the Project.

Limitation on the Field Activities

The project has posted one Field Officers per target district as a field implementer of the project. The ten Field Officers of PPAG in the ten target districts are challenged by a huge task to mobilize and educate 20 communities per district, given limited equipment and financial resources. As PPAG staff members of the Project managed this situation by schedule adjustment, this limitation has not impeded the progress of the implementation itself. But it has given the Field Officers some difficulties in creating network of communication among target districts and among volunteers in each district. This limitation would be one of the causes of the phenomenon that the ownership and the commitment levels of the target communities have not become so high.

For Higher Level of Efficiency and Effectiveness of BCC and IEC Activities

It is reported that the BCC and IEC activities in the field are carried out vigorously and intensively and a lot of people in the target areas are exposed to them. But, the significance, value and the level of influence on the communities of each activity or material have not been measured or assessed by fixed standards or criteria, though the package of BCC and IEC contains various activities and materials. In the interviews, there were some voices which conveyed that the quantity as well as the longevity of BCC and IEC materials distributed in the Project was insufficient, or that more graphics were needed for better communication of HIV and AIDS messages. There is still room for further elaboration of the BCC and IEC activities and their methods.

2. Achievement Level of the Outputs and the Purpose

Achievement Level of Output 1

The coordinative capacity at district level has been being enhanced in that all the HIV and AIDS Monitoring and Evaluation Focal Persons and several District Chief Executives (DCE) in the target district assemblies have been more or less engaged in the Project. Stakeholder meetings have been held regularly, being good occasions for them to share information and to recognise some coordinative requirements for the project. In contrast to those efforts, the work environment of the district assemblies remains unchanged. The degrees of collaboration among the stakeholders vary from district to district and from person to person, depending on the individual dispositions and wills; hence, the systematic capacity development has not emerged.

Achievement Level of Output 2

Results of the mid-term survey show the knowledge level of the target group has been a little increased in most of the critical education areas, STIs, HIV, AIDS, PMTCT, and VCT. The evaluation research confirm that the target community members attribute the enhanced level of knowledge to the education approach of

the project, and the target youth are mostly exposed to the media brought by the project, such as posters, flyers, radio programmes, film shows and drama performances.

Achievement Level of Output 3

The youth have come to have more access to condom, as evidenced by the increased number of condoms distributed in the target communities by PPAG via CBSAs. The work of the CBSAs has also opened the role for non-traditional distributors in the communities such as bars, bread sellers, hairdressers, etc. The mid-term evaluation study, however, has showed that actual and consistent use remain low and unchanged: only a little more than half (57.6% in the baseline survey and 53% in this evaluation research) of the youth who had ever sex have ever used a condom and only a little more than a third (38.5% in the baseline survey and 36.5% in this evaluation research) of those who had sex in the last 12 months almost always use a condom.

Achievement Level of the Project Purpose

The project has consistently and steadily implemented educational activities combined with condom distribution to change the behaviour of the youth in the target communities to make them avoid the risk of HIV infection, but the research found that it would be still long before attaining the project purpose. The achievement of the project purpose has not become tangible. Only the data collected in the field survey show some signs of slow advancement toward the purpose. There were even a few negative trends: a mean age of first sex has become younger than during the baseline survey. Adult leaders, the youth, peer educators and Community Based Service Agents (CBSAs: volunteers who are engaged in the health service in their communities for Ghana Health Service) of the communities attribute this trend to parental neglect, exposure to inappropriate media materials and the inability of the youth to handle physical changes due to puberty, which were outside of the project framework.

Difficulties in Behaviour Change

The setting of the overall goal and the project purpose, which expressively state the behaviour change of the beneficiaries and its consequence, is very ambitious, probably not being well balanced with the volume of input. The reduction of high-risk sexual behaviours among youth is, in general, a time-consuming target to be achieved due to the existence of various assumptions which are mostly uncontrollable within the Project framework and which might affect the project negatively. In addition, the assessment of the frequency and extent of “high-risk behaviour” is not an easy work, especially, when the behaviour to be assessed is a kind which is extremely private and which would not be disclosed to the third party. It is almost impossible to verify the behaviour change through direct observation: rigidly speaking, the means of data collection of interviews is to assess what is said or awareness, and all that we can do on reliable grounds would be to know it ex post facto by the consequences or results of the change, such as the decrease of the STI or HIV new infection rate.

From mere Knowledge to Behaviour Change

The current project logical framework handles knowledge and awareness in a single “output” as an

immediate result of the activities and as a means to achieve behaviour change. But knowledge level improvement and awareness creation for the sake of behaviour change would not be a single phase in the linear process but consist of at least four sequential steps with overlapping spaces between the segments (transitional period). Through hypothetical reasoning the following stages would be assumed to exist between receiving messages concerning HIV and AIDS and changing the behaviour:

- a) Recognition of HIV and AIDS as a fatal infectious disease
- b) Understanding the social implication of HIV and AIDS in communities
- c) Active acknowledgement (awareness) of the risk of HIV and AIDS as their own issues for which they should further develop life skills

The evaluation team could not confirm any clear image of socialization of the knowledge on HIV and AIDS among the community people. The communities seemed to be rather passively receiving the service of PPAG, not developing sense of ownership to utilize the opportunity for their healthy lives. In this sense, we are still on the way to the stage (C). It is, therefore, indispensable to pay attention to the process from the stage (A) to (C) and advance the observation and study on the process.

Blurred Logic of Output 1 and 3

The logical relationship between Output 1 and the project purpose and between Output 2 and 3 are not very clear. As for Output 1, although it is true that enhanced coordination capacity will be helpful to create some better environment for other performers of BCC and IEC activities, the process from the coordination capacity development to the behaviour change needs other steps.

The activities corresponding to Output 1 are roughly divided into two categories: what supports the administration related to HIV and AIDS (support for the coordination and implementation of BCC and IEC activities at national level, and training of Focal Persons at district level) and what is concerned with the design and its assessment of BCC, IEC and HIV and AIDS prevention programme. While the former corresponds directly to the contents of Output 1, the latter does not have any direct causal relationship with Output 1, being related rather to Output 2 and the project purpose, and concerned with the methodology of the field activities of the project. It would not be reasonable to encompass them in the same category.

Output 3 can be included in Output 2, which is intended for the enhancement of knowledge and awareness level of the beneficiaries. Indeed, the activities under “Output 2” and “Output 3” are regarded as a single set by PPAG. The project’s intervention is not to procure and sell condoms but to encourage the sales and the use of condom. It is, therefore, difficult to set Output 3 as an independent output produced by the activities or inputs of the project.

Conclusion

Although the project implementation process has been smooth, the prospects for achievement of the project purpose and outputs are not so good, as the former is too ambitious and the three outputs do not go into the same orbit.

Evaluation by five criteria shows high relevance and prominent efficiency owing to outsourcing to the local NGO. But it also confirms that the effectiveness is relatively low and the sustainability is not well secured because of the gap between the multi-sectoral approach and the former vertical system.

The education of HIV and AIDS conducted in the project is outstanding in terms of the intensiveness and the number of target population, compared with others which had been conducted before the project commenced. If the mobile direct educational activities combined with mass media educational campaign employed in the project are continued, the influence and the effects of them will surely reach larger population. It is, therefore, indispensable, to continue and reinforce the on-going activities.

It is, however, not easy to change human behaviour within the short period. It is necessary, therefore, to devise how to make those various effects converge on the project purpose achievement more efficiently, re-examining the content, approach, method and materials of each BCC and IEC activities in light of the field experiences, and contriving the most efficient and effective combination of the components. At the same time, it is urgent to revise the current PDM, by sub-dividing the development process toward the project purpose, raising the behaviour change itself to the overall goal and so on.

3. Toward the Next Steps

How to Handle the “Coordinative Capacity of BCC and IEC”

The work volume of the project on “Output 1” on training activities for capacity strengthening on networking, administration and management information system (MIS) on HIV and AIDS could be reduced to a supplementary level, because this cannot be a direct factor for the Project purpose by itself.

This point never denies the necessity to enhance the coordinative capacity of BCC and IEC activities at the national and district levels: such coordinative capacity of the administrative staff is so important that it should be dealt with in a wider context of general management and administration capacity in their daily work rather than being extracted to be handled separately in the particular sphere, because those officials’ work is a complex of multiple terms of reference, and the coordination of BCC and IEC activities is just a portion of their various tasks.

Expansion and elaboration of the BCC and IEC activities in the Field

BCC and IEC activities in the field should be further intensified logistically with additional financial input within affordability of the project to widen the influence of the project intervention.

In addition, it is also recommended to improve the quality and efficiency of the services. A scientific study with appropriate and affordable size should be conducted for the purpose of assessing the status of “awareness” creation among the target group. Now it is evident that the delivery of the messages among the target group does not easily lead to their behaviour change, it is indispensable to consider the developmental process from the message reception to the creation of consciousness or awareness, in other words, to clarify how HIV and AIDS related messages delivered by this project will be interpreted by the target group youth and how the meanings of messages will stay/disappear in their daily lives. For this sake, the approach of the behavioural science, such as sociology and social anthropology, can be applied.

Some useful findings obtained through this kind of scientific study on the process of human behaviour change and the methodology of BCC and IEC would offer useful reference for various policy and decision-making organizations in the country and international organizations. They could also be applied directly to education on HIV and AIDS in other areas and to the similar kinds of health promotion or campaign.

Refinement of the Project Purpose Statement

It is necessary to adjust the statement of the project purpose, retaining the original direction. The current project purpose is at excessively advanced level, the process to attain it is not clearly analyzed, and it is not easy to assess its achievement level. It would be more realistic to set the project purpose which can be measured through more direct and reliable data that will be surely obtained during the project implementation period, that is, the awareness creation.

Reinforcement of the Linkage between the Field and the Project Management

It is recommended to reinforce the linkage between the project management and the field operation with higher level of the collaboration among JICA Ghana Office, GAC and PPAG, because the coordination for the sake of the higher technical BCC and IEC activities will become crucially important.

1. Definition of Evaluation and the Target

1-1 Definition

1. Evaluation is an assessment, as systematic and objective as possible, of an ongoing or completed project, programme or policy, on its design, implementation and results. The aim is to determine the relevance and fulfilment of the objectives, effectiveness, development efficiency, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the design making progress of both recipients and donors.

1-2 Evaluation Targets

2. The present mid-term evaluation target includes all the activities done in the technical cooperation on HIV and AIDS Prevention through Education (hereinafter referred to as “the project”) commenced in October 2005. The status of the Project’s collaboration with local authorities related to HIV and AIDS as well as stakeholder relationship was also looked into so that the structure of the Project could be analysed within the wider contexts of national programme against HIV and AIDS prevalence.

3. The evaluation study intended to trace the progress of the Project and summarized both advancement and constraints. The findings of the study are expected to provide some clues or guides on how to adjust the ongoing implementation process.

1-3 Evaluation Team

4. This evaluation was conducted as a mid-term exercise in line with the Record of Discussions on the Project made in September, 2005. In order to assure the coherency, transparency and logicity, the evaluation processes were monitored both by Japanese and Ghana-based professionals assigned to the evaluation.

2. Background

2-1 Antecedents

5. HIV and AIDS continue to be one of the priority target diseases for the Government of Ghana due to the number of cases that reach hundreds of thousand, and hundreds more that remain unreported. Although prevalence rate seems to be assuming a downward trend and may be reaching a stabilization stage as the HIV Sentinel Survey (HSS) Report by Ghana Health Service (GHS) showed, some local health institutions still rank AIDS as the “number one cause of death” in their facilities (National AIDS/STI Control Programme, 2006). Furthermore, the infectious rate among the young people aged 15-19 increased from 1.7% in 2003 to 2.0% in 2004, so that the preventive measures against new infection among the youth was vitally important.

6. The Ghana AIDS Commission (GAC) which was established in 2000 under the direct supervision of the President has been taking the lead to tackle HIV and AIDS, promoting multi-sectoral and inter-disciplinary approaches. Ghana’s Poverty Reduction Strategy papers 2002-2005 and 2006-2009 (GPRS I&II) state the countermeasure against HIV and AIDS as one of the important issues, as the prevalence of HIV is related to poverty and vulnerability and has negative impact on productivity.

7. The Project for HIV and AIDS Prevention through Education (HAPE) commenced on the 1st of October 2005 as a four year technical cooperation project between the GAC and the Japan International Cooperation Agency (JICA). It has the purpose to reduce high risk behaviors for HIV infection among the youth in target districts under the overall goal to reduce the sexual transmission of HIV infection among the youth in 6 districts in the Eastern Region and 4 districts in the Ashanti Region. JICA has entrusted BCC and IEC activities at the community level, which are major part of the Project implementation, to the Planned Parenthood Association of Ghana (PPAG), a non-governmental organization in Ghana

2-2 Methodology of Evaluation

8. Project Cycle Management (PCM) method was applied for the evaluation. The evaluation is conducted by comparing design and outcomes of the project using the five evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability. The evaluation team used the Project Design Matrix (PDM) made in 2005 as a guide to conduct the mid-term evaluation.

9. For evaluation work planning, the team produced an evaluation grid. For each of the above criteria, evaluation questions were set and method of data collections was decided.

10. For this study, both quantitative and qualitative methods of data collection were employed. For the quantitative data, a structured questionnaire survey was conducted making use of the same instrument as the baselines surveys conducted for each of the target districts by PPAG. This was to enable assessment of the trend in knowledge and behaviour change at the community level since the

start of the project. The qualitative data collection included individual interviews with those concerned with the project implementation and relevant document reviews. In addition, a series of focus group discussions (FGD) were held with HIV and AIDS Monitoring and Evaluation Focal Persons (hereinafter, “Focal Person”) in district assemblies, PPAG field officers, Peer Educators (PEs) trained through the Project, Community Based Service Agents (CBSAs: volunteers who are engaged in the health service in their communities for Ghana Health Service) mobilised by the Project and community members, youth and adults.

11. In light of the findings of the field research, some further interview sessions targeting the key persons in HIV and AIDS area in Ghana were held. At the final stage of the evaluation study, the mid-term evaluation conference was held to share the findings of the field research and generate additional information and insights that were important to refine the analyses and conclusions of the evaluation.

12. Details of the evaluation scheduling and the questionnaire for the field survey are provided in the Appendixes, and the findings out of the field survey and FGD are given in the Annex of the report.

2-3 Criteria for Evaluation

13.

Relevance: An overall assessment of whether the project purpose and overall goal are in keeping with the donor’s and the recipient’s policy and with the needs and priorities of the beneficiaries.

Effectiveness: A measure of whether the project purpose has been achieved. This is then a question of the degree to which the outputs contribute towards achieving the intended project purpose.

Efficiency: The productivity of the implementation process. A measure of the production of outputs (results) of the Project in relation to the total resource inputs, In other words, how economically the various inputs were converted into outputs.

Impact: The positive and negative changes produced directly and indirectly as the result of the Project, which is foreseen and unforeseen consequences for society, including the extent of the prospect of the achievement of the overall goal.

Sustainability: An overall assessment of the extent to which the positive changes achieved by the Project can be expected to last after the completion of the Project.

3. Review of the Project

3-1 Review on the Narrative Summary of the Project in the original PDM

14. Assessment of the original PDM was carried out through discussion among the team members and a resident expert of the Project. This Process provided footholds for drawing some of the results of the evaluation study.

15. The narrative summary of the Project was prepared from the PDM for evaluation as below to devise evaluation questions along the five evaluation criteria which are shown in the Appendix.

16.

Overall Goal:

Sexual transmission of HIV infection among youth in target districts is reduced

[Indicators]:

- (a) HIV Prevalence Rate among the youth aged 15-24

Project Purpose:

High-risk behaviors for HIV infection among the youth in target districts are reduced.

[Indicators]:

- (a) Increase of the number of youth who report consistent condom use in the past 6 months by 20% annually.
- (b) Increase of number of youth who had HIV test during the previous year.
- (c) Median age at first sex of boys and girls.
- (d) Proportion of youth who had sex with non-regular partner during the previous year.

Outputs:

(1) The coordinative capacity of BCC/IEC activities and campaigns at the national level and the district level is improved

[Indicators]:

- (a) The number of coordinative activities such as stakeholders meeting etc.
- (b) The number of the guideline production of community-based BCC and IEC activities for the national responses.
- (c) The number of district HIV & AIDS Focal Persons selected and trained.

(2) The awareness and knowledge of HIV AND AIDS, STIs, VCT and PMTCT for the targets is increased.

[Indicators]:

- (a) The number of spots aired on radio.

- (b) The number of BCC materials distributed by CBSAs.
- (c) The number of mobile campaigns held
- (d) 100% of peer educators and CBSAs who have acquired appropriate skills and knowledge on HIV AND AIDS, STIs, VCT and PMTCT
- (e) The number of youth reached by peer educators and CBSA.
- (f) The number of youth who has appropriate knowledge on HIV AND AIDS and STIs increased by 50% annually.

(3) Condom use among sexually active youth in the targeted districts is increased.

[Indicators]:

- (a) Quantity of condoms distributed within the project.

Inputs (as of the end of September 2007)

Japanese side:	
Dispatch of Japanese Experts:	Japanese expert (18M/M)
Provision of equipment:	1 4WD, 5 vans, 10 motorbikes
Operational costs:	5 sets of audio equipments for mobile campaigns Operational costs for implementation of BCC activities in the districts by PPAG and other miscellaneous expenses
Ghanaian side	
Assignments of counterparts	Ghana AIDS Commission Salary of the counterparts staffs Office for Japanese expert
Facilities	

Project Sites

6 districts in Eastern Region (Akuapem North District, Asuogyaman District, Birim North district, Kwaebibirem District, Kwahu South District and New-Juaben Municipal,) and 4 districts in Ashanti Region (Amansie East District, Atwima Nwabiagya District, KMA and Sekyere West District)

Target Beneficiaries

People in the above districts (aged 15-24 as the core target group with an overlap to the 10-24 age group), Population aged 15-24: 546,888, aged 10-24: 859,395 (Population Census 2000)

3-2 Evaluation Questions and the Assessment Result

17. Based on the contents of PDM and actual activities conducted in details, the assessment was carried out on relevance, effectiveness, efficiency, impact and sustainability of the project. Referring to the indicators set up in the PDM and evaluation criteria, various evaluation questions were set for information collection and compiled as questionnaires. These discussions served to verify the results of the questionnaire survey as well as deepen insights into the Project implementation so far.

18. The results were thereafter summarized and assessed by the evaluation team. The information related to the above five criteria of evaluation were then extracted from the collected data and summarized as the “evaluation based on the five criteria” combined with the result of field survey.

4. Evaluation

4-1 Achievement Level

Progress of the Implementation

19. Midway through the project, the implementation has generally gone on schedule. Inputs as agreed between JICA and Government of Ghana have been generally delivered. Based on the performance of the last JICA Fiscal Year (JFY) 2006, that is January-March 2007, and the first quarter of the JFY 2007, April-June 2007, most of the activities have been carried out, and some activities are carried out even exceeding the indicators of the original schedule.

Contribution to Output 1: Enhancement of Coordinative Capacities

20. GAC received a JICA expert as a liaison, coordinator, collaborator and a trainer in relation to this Project. The main assignment of the expert was managerial and supervisory work for the project implementation. At the same time, the expert made attempts to develop managerial capacities of the Focal Persons selected from existing officers at each district assembly in the project target areas in order to improve the capacity of local government administrators to coordinate BCC and IEC activities related to HIV and AIDS in the district. Mostly the capacity development was pursued by offering participatory learning opportunities to improve the data processing, problem analysis, reporting, presentation and filing technique etc. Stakeholder meetings have also been held regularly, being good occasions for them to share information and to recognise some coordinative requirements for the project. GAC also participated in or facilitated those meetings.

21. In the above sense, therefore, the coordinative capacity at district level has been being enhanced. But, on the other hand, the work environment of the district assemblies remains unchanged. As most of the officers were general administrator, not being specialized in HIV and AIDS, their work attitudes and conditions toward the HIV and AIDS related activities were easily affected by other work assignments or conditions. The degree of collaboration among the stakeholders varies from district to district and from person to person, depending on the individual dispositions and wills; hence, the systematic capacity development has not emerged.

Contribution to Output 2: Enhancement of Knowledge or Awareness

22. Most of the activities under Output 2 were outsourced to a contracted NGO, that is, Planned Parenthood Association of Ghana (PPAG), which is very characteristic of this project.

23. The output is intended to be secured as a result of out-reach community health promotion activities, such as drama and video shows, speech and in-school and out-of –school peer educations, as well as mass media campaign using radio, pamphlet, posters, etc. The core message of the campaign was on HIV, AIDS and STIs with some other important associated health information the sexuality and sexual behaviours. Approximately 30,000 youth at the targeted 180 communities were reported to be actually exposed to the health messages related to HIV and AIDS through the

out-reach activities of PPAG.

24. Results of the mid-term survey showed the knowledge level of the target group has been a little improved in most of the critical education areas, STIs, HIV, AIDS, PMTCT, and VCT. The effects of the project intervention were well recognised because little intervention of the same or similar kind was made in most of the target communities before the project. FGDs with community adult and youth confirmed that the target community members attributed the enhanced level of knowledge to the education approach of the project, and the target youth are mostly exposed to the media brought by the project, such as posters, flyers, radio programmes, film shows and drama performances. The medium that has the most influence on the youth in terms of enhanced knowledge level on HIV and AIDS seemed to be the radio and the television, followed by the peer education and the film shows.

Contribution to Output 3: Increase Condom Use among Sexually-Active Youth

25. The distribution of condoms to the target communities through CBSAs is also carried out as one of the components of the service package of PPAG. This output, although it is expected to be attained as an independent result of a sequence of activities in the Logical Framework of the Project, was promoted in conjunction with Output 2, related to awareness and knowledge improvement being vigorously tackled by community-based health promotion on HIV and AIDS. There was no specific financial input from the Project for procurement of the bulk of less than one Ghana pesewa (about US\$0.011) condom with government subsidy.

26. Access to condom by the youth has been made easier as evidenced by the increased number of distributed condoms in HAPE communities through CBSAs. PPAG district reports for the first two quarters of 2007 indicate that condom distribution target (from PPAG Field Officers to CBSAs, NGOs or CBOs) has been exceeded. The work of the volunteers has also opened the role for non-traditional distributors in the communities such as bars, bread sellers, hairdressers, etc. Benefits of HAPE education also flowed into the traditional pharmacies and drug stores, some of which attributed their increased condom sales to HAPE education work. Actual and consistent use, however, remains low based on the survey results. Only a little more than half of the youth who ever had sex has ever used a condom. Only 36.5% of those who had sex in the last 12 months almost always used a condom.

Contribution to Project Purpose: Tangible Efforts against the High Risk Behaviour

27. The Project has consistently and steadily conducted educational activities combined with condom distribution to change the behaviour of the youth in the target communities to make them avoid the risk of HIV infection, but the research found that it would be still long before attaining the project purpose. Research data on sexual experience among the youth showed the same or similar percentage as the baseline survey which was conducted at the beginning of the project implementation. There was even a negative trend: a mean age of first sex became younger than during the baseline survey. Adult leaders, the youth, peer educators and Community Based Service Agents (CBSAs: volunteers

who are engaged in the health service in their communities for Ghana Health Service) of the communities attribute this trend to parental neglect, exposure to inappropriate media materials and the inability of the youth to handle physical changes due to puberty, which were outside of the project framework.

4-2 Evaluation Based on the Five Criteria

(1) Relevance

Fitness for the National Strategic Framework

28. Growth and Poverty Reduction Strategy 2006-2009 (GPRS II), which expresses the economic development and poverty reduction, regards improved access to health care, malaria control and HIV and AIDS prevention as part of the main conditions for the human resource development. It says that the objective of reducing new infections will be achieved by intensifying behaviour change strategies under the subheading of “Reduce of new HIV/STI transmission”. The National Strategic Framework on HIV and AIDS overseen by the GAC also states that education of youth on HIV and AIDS prevention is one of the thematic areas.

29. On the other hand, Japan’s Country Assistance Programme for Republic of Ghana written in 2006 gives “improvement of basic social services in deprived areas” as one of the four strategic objectives, in which “improvement of community health service system in most vulnerable areas by enhancing community participation in a holistic manner, strengthening healthcare administration, and infectious diseases control focusing on HIV and AIDS and parasitic diseases including malaria” is stated. Therefore, in terms of the national policies of both Ghana and Japan, HIV and AIDS issue is one of the priority areas for the intervention.

Project objective setting

30. The project purpose can be regarded as one of the causal factors of the overall goal for the reason that unsafe sexual activities are the major causes for the HIV infection in Ghana, and in line with the international and national initiatives and reflecting the existing needs as well.

31. The goal and the project purpose settings of this project is, however, too ambitious, if those are looked into in relation to “relevance” of evaluation criteria. It is very difficult to obtain strong evidence for or to observe directly the human behaviours related to sexuality and sexual activities, which belong to extremely personal and private lives. In addition, it would be difficult to change drastically the behaviour in a mass within a short term of four years, even though it may be possible to improve the awareness and knowledge level related to the issue dramatically through various interventions.

Suitability of the Approach

32. Obviously awareness and knowledge enhancement through direct outreach activities together with mass media campaign was a prominent pillar to attain the project purpose. The combination of

various means from one-to-one dialogue to mass communication requires not only a good command of local languages but also being acquainted with local environment and cultural setting of the target group and communities. For this sake, local expertise has been fully utilized. The outsourcing done in the project was a right decision: PPAG was found well accepted to the local communities.

Target Area Setting

33. The reason for the selection of the two regions was clear and relevant. They were selected in terms of HIV infectious rate: Ashanti Region was the worst and Eastern Region was the third. Although Brong-Ahafo Region was the second worse, for the sake of intensification of the implementation and the efficiency of the project management, Eastern Region was selected.

34. On the other hand, the criteria for selection of districts are not well-documented or well-known to the implementers. Although some districts (ex. New Juaben Municipal District) are said to have higher prevalence of HIV infection, it would be impossible to say that they are selected according to the HIV prevalence, because some exceptions are also found.

35. The target communities within the districts were most often determined based on the needs of the district and by multi-stakeholders that include the Focal Persons in the district assemblies, PPAG field officers, some staff of the Health Service Directorate and Education Service Directorate. In that sense, some degree of relevance has been secured.

36. It would be, however, worth while re-considering how relevant it is to select the number of 20 communities per district, which approximately covers 1-20% of all the communities of each district according to the rough estimate based on the report of 2000 Ghana Population & Housing Census. It seems that the target communities have been a little dispersed without any specific gist. If the project is intended to be a pilot model, the target communities should have stood close to one another, so that it would have been easier to have the effects of the intervention apparent.

(2) Efficiency

Efficient Human Resource Allocation

37. High efficiency in implementation of the project was recognised in document reviews, interviews and direct observation in the field. The entire set of BCC and IEC activities has been outsourced, as a self-contained package, to PPAG, a recognized NGO specialized in community sexual-reproductive health in Ghana, while JICA resident expert has played part in the management and coordination of the project. This style brought not only cost-effectiveness but also some dynamism to the project: PPAG staff had the merit to approach the target group without language and cultural barriers so that the messages related to HIV, AIDS and STIs are directly conveyed to the beneficiaries. They could utilize various means, from one-to-one dialogue, group discussion to mass communication like radio broadcasting, for education. They could also command great mobility. The unit cost of one session (approximately 2-3 hours) including the transport was seemingly effectively reduced to an optimal

level at around US\$ 30 to 40. The efficiency of the BCC and IEC activities built into the planned framework is highly regarded. The project is one of the good examples in successful allocation of human resources, which can be one of the new styles for the technical cooperation.

Speedy Implementation of the BCC and IEC by PPAG

38. The process of the BCC and IEC activities by PPAG has been efficient also in terms of time: based on the performance of the last Japanese fiscal year (JFY) 2006, that is January-March 2007, and the first quarter of the JFY 2007, April-June 2007, most of the targets have been achieved, and some indicators even exceeded the targets (e.g. The number of distributed condoms, the number of people reached through volunteer group discussion, the number of people reached through film shows, and the number of people reached through drama performances.). There has been also a device in JICA-PPAG quarterly fund disbursement method: the amount of the first disbursement was more than that of the second, third and fourth disbursement so that the surplus in the first term might compensate the delay of actual acquisition by PPAG of the second, third and fourth disbursement, which has enabled PPAG to commence the activities in the new term without waiting for the new fund to be available.

Quality Organization of BCC and IEC Activities

39. Quality of the service offered by PPAG to each community was well standardized under the relevant control of PPAG head and zonal offices, which have good commands of systematic monitoring of the field officers, operators of the promotional campaigns at the community level according to the interviews. The PPAG's sessions in the community were standardized service packages which were composed of film and drama shows and the followed informal dialogues on HIV and AIDS prevention. Distribution of condoms was also carried out with nominal fee collection through the trained CBSAs and other local volunteers. But there are some points to be improved. For example, sharing of project experiences at the community level for improvement of education work were being conducted but not maximized. The mutual feedback system among GAC, JICA management, PPAG Headquarter and the PPAG field officers did not seem to be well established.

Mobilization of Community Members

40. PPAG field officers trained more than 326 in-school peer educators and more than 172 out-of-school peer educators as conveyers of messages for awareness creation; they also mobilized CBSAs as dealers of condoms; and they instructed the communities to organize the Project Management Committees (PMCs). Although these methods for the community mobilization are thought valid as such, incentives of those volunteers have not been well secured, so that the level of commitment varied from volunteer to volunteer and from community to community.

Room for Elaboration of the BCC and IEC methodology

41. Although the BCC and IEC activities are prepared as standardized service package by PPAG, the significance and value of each activity and its level of influence on the awareness creation have not

been assessed or measured by set standards or criteria. The contents of materials used for BCC and IEC activities and the type of messages disseminated in the communities are worth examination.

42. The quantity as well as the longevity of BCC and IEC materials distributed in the Project was also insufficient. Enhanced graphics for better communication of HIV and AIDS messages are also worth considering.

The Position and the Function of the JICA Expert

43. In addition to the function of PPAG management team mentioned above, JICA expert's, housed in GAC, has also furthered the implementation, facilitating communication among the various stakeholders scattered from the upstream to downstream areas of this Project and trying to develop their network system. However, the mechanism to link the field activities with the project management has not been fully developed, as mentioned above. In order to raise the efficiency of the project, it is important to link them and to actuate the feedback system of the experience of BCC and IEC activities to the center as well as to assess their significance, value and influence.

(3) Effectiveness

Way to the Project Purpose

44. The process to realize the ambitious project purpose is substantially advancing. The velocity is, however, just like crawling on the winding road. Median age for sex remains at a low level and multiple partners are still observed by at least a third of the youth. Volunteers expressed difficulties in convincing more of their peers to heed the messages and/or participate in the education sessions. There is consistent opinion across the districts that the influences of parental neglect, exposure to inappropriate media materials (e.g. pornographic video), and inability of the youth to handle physical changes due to puberty contribute to the rigidity of changing behaviour.

45. The reduction of high-risk sexual behaviours among youth is, in general, a time-consuming target to be achieved, due to the existence of various assumptions, that is, external uncontrollable factors, which might affect the project negatively. This project and the target youth population are not the exception. Apart from the insufficient knowledge and awareness on HIV and AIDS, other determinant factors, which hinder the youth from the practice of safe sex using condom, exist in multi-factorial features together with other persistent ground causes of the problem. The ground causes related to poverty and of other socio-economic nature are mostly uncontrollable within the framework of the project. Therefore, it is doubtful whether the project purpose is well balanced with the volume of intervention and available resources in the project.

Logic Analysis 1: Setting of the Purpose and the Overall Goal

46. In addition, the assessment of behaviour change is not an easy work for the project, as frequently discussed among academics and various actors. Especially, when the behaviour to be assessed is a kind which is extremely private and which would not be disclosed, how can we demonstrate the

actual situation by indicators? All we can do is to make inference from other types of information or data about facts which can be observed or verified, for example, from the fact that the rate of STIs has reduced: that is, if we would like to verify the change of something hidden, we are obliged to rely on the consequents or results of the change. In that sense, although it is theoretically true that the reduction of high risk behaviours can be regarded as a main cause of the reduction of sexual transmission of HIV infection, the latter can be a paraphrase of the former in the context of the verification utilizing indicators: the relationship between the project purpose and the overall goal of the project is, in a sense, tautological in the context of verification.*

47. It is, therefore, worth while re-thinking the relationship of the statement of the project purpose and that of the Overall Goal. The statement of the Overall Goal might be one of the major conditions of the phrase of the indicator of the Overall Goal, as 70 to 80% of HIV infections in the country are reported to have been contracted through sexual intercourse, while that the statement of the Overall Goal might be interpreted as an indicator for the statements of the Project Purpose.

48. It is also worth while considering the indicators for the Project Purpose. While the Project Purpose talks about the “behaviours” which are difficult for the third party to access directly, some of its indicators are also concerned with the “behaviours” of similar kinds: some of the indicators seem to be subsets of the project purpose at the similar level of unreliability.

Logic Analysis 2: Development Process toward the behaviour change

49. Unlike the “behaviour”, knowledge or awareness would be easier to be assessed through what is spoken. In the PDM, knowledge and awareness is handled in a single “output” as a measure to achieve behaviour change (reduction of high-risk sexual behaviour among youth) in an output. But are knowledge and awareness able to be handled in a single process?

50. It is very difficult to assume that somebody that has just come to know HIV and AIDS as infectious disease can understand its significance in the various contexts of social phenomena all at once without any additional information. It would better to distinguish being able to comprehend an explanation on some social impacts of the disease from thinking actively of how to avoid its infection.

* There would be time lag between the behaviour change and the consequent of the change, that is, the reduction of HIV prevalence; hence, unpractical indicator.

It might be possible to draw an inductive inference with high certainty regarding some change of hidden behaviour in a society by intensive and extensive study using behavioural science approach, for example, by analyzing the transition of the trends of topics in people’s natural conversation. But this kind of research approach will consume a lot of time and will not guarantee that the result can be obtained within a limited period. For lack of practicability, it is not suitable for an indicator.

Anyway, no matter what research method is utilized, it would be almost impossible to measure the change of hidden behaviour within a limited period, which makes it difficult to handle the reduction of the “high risk behaviour” at the level of project purpose.

51. Knowledge improvement and awareness creation for the sake of behaviour change would not be a single phase in the linear process but at least four sequential processes with overlapping transitional spaces between the segments. The phasing in receiving messages of the target group happened prior to “behaviour change” is, hypothetically, supposed to be as follows

- a) Recognition of HIV and AIDS as an infectious disease with possibility of fatality
- b) Understanding the social implication of HIV and AIDS in communities
- c) Acknowledgement of HIV and AIDS issues as own issues for which the people should further develop life skills (Awareness)
- d) Action-taking is promoted by the awareness

Achievement Level of the Output 2

52. The PPAG’s efforts has already achieved the “recognition” level among youth after visiting over 180 communities in the 10 target districts, conducting over 800 sessions of the service package for message delivery. The activities intended to create people’s “understanding” of the messages in a setting where there are various interactions among different categories of the community residents. The attempt to create and utilize so-called Peer Educators was a mode of deepening knowledge of the target group youth to the level. They have started to be thinkers as a social existence and also as messenger to other people.

53. The evaluation team could not confirm any clear image of socialization of the knowledge on HIV and AIDS among the community people. The communities seemed to be rather passively receiving the service of PPAG, not developing sense of ownership to utilize the opportunity for their healthy lives. In this sense, we are still on the way to the stage c). It is, therefore, indispensable to pay attention to the process from the stage a) to c), to advance the observation and analysis on the process and to study the awareness levels of a mass, although it is a bit heavy topic for a four year project.

Prospective Achievement Level of the Output 1

54. The Output 1 aims at improving the coordinative capacity of BCC and IEC activities and campaigns at the district and national levels, and indeed, the project practiced various “coordinative” activities. The project has organized various stakeholder meetings, District Meeting for Community Volunteers, Regional Coordinating Committee meetings, and Joint Coordinating Committee meetings. The project has also tried to encourage the district assemblies to hold stakeholder meetings, such as District AIDS Committee (DAC) meetings and District Responsible Management Team (DRMT) meetings, as prescribed by GAC. Those meeting were good sources of information for the stakeholders and useful, to a little extent, to enhance the commitment level of the stakeholders.

55. The project also carried out other training of relevant Focal Persons for HIV and AIDS, for example, concerning a database management software, Country Response Information System (CRIS) which has been promoted by GAC and UNAIDS.

Logic Analysis 3: The causal relationship between the Purpose and the Output 1

56. It is easy to think that the output 2 was set as a stage prior to the project purpose, though the development process toward the project purpose had not been well examined as if the dissemination of information could easily jump up to the social phenomenon toward the behaviour change, as mentioned above. On the other hand, it is not so easy to verify the causal relationship between the project purpose and the Output 1, because there is no direct relationship between these coordination activities and the behaviour change among the community youth.

57. In this Project, BCC and IEC activities are conducted by PPAG, and, what is noticeable, there is no relationship in terms of management between various activities of the NGOs and the other stakeholders at the national level and at the district level, because PPAG is to implement part of the project according to the agreements made with JICA Ghana Office. In this sense, BCC and IEC activities are obligations for PPAG, rather than what are promoted through the coordination or management of those concerned officials.

58. It is true that enhanced coordination capacity will be helpful to create some better environment for various performers of BCC and IEC activities, because it is not only PPAG who plays this kind of activities in the communities: there are various official and unofficial performers who are concerned with BCC and IEC concerning HIV and AIDS, for example, some staff members of GHS, SHEP coordinators of GES, and other NGOs and CBOs working under M-SHAP. Smooth coordination, therefore, will possibly encourage BCC and IEC activities in the communities and contribute to the behaviour change. But BCC and IEC activities conducted by other players are not what can be produced out of the inputs of the project, hence including uncontrollable aspects in the project framework.

59. The activity statements which correspond to Output 1 seem to include what would contribute to the achievement of the Project Purpose: namely “Conducting the assessment of community-based BCC and IEC activities and developing the guideline of community-based BCC/IEC activities for the national response” and “Developing capacity to design, manages and implement quality HIV prevention program in the targeted districts”. These activities are related to the methodology of the field activities of the project, while the other two activities under Output 1 in the PDM are concerned with the administrative aspects, The Output 1 enclosed these activities under the comprehensive term “coordinative” without any definition of the term and the comprehensiveness of the term has brought about the ambiguity.

Logic Analysis 4: The position of the Output 3

60. It was recognized, from a different facet of the project management, that the awareness and knowledge improvement activities by PPAG were a self-contained mode of service delivery, in which activities under Output 3 are encompassed. Indeed, the activities under “Output 2” and “Output 3” were regarded as a single set by PPAG. Besides, since the condom procurement and supply was not

shouldered by this project. Output 3 is not a product out of the input of the project: the project does not have any special input or activities assigned solely for Output 3. Once the upstream level input of the physical materials and funds were not an internal matter of this project, condom matters can be incorporated within the activities under the “Output 2” This was thought to be a positive indication of planning, by which the limited resources could maximally utilized for the most viable investment. The target was the health promotion on HIV infection at the level of community as mentioned both by GAC director-general and NACP manager at the interviews.

(4) Impact

The Possibility of Multi-Channel Approach

61. So far no negative impact was found in the surrounding of the project. Or rather some positive impact of BCC and IEC activities can be expected, if the communities gain capacity to make use of the present activities on HIV and AIDS. Peer educators are created in the campaign. They have been demonstrating strength and future opportunities in harmonizing mass communication, e.g. radio programme, through their efforts to make one-to-one communication. The approach in message delivery is highly expected to be an exemplar of good combinations of different channels, although it is a time-consuming work to create awareness among the target group. If an effective model of BCC and IEC method is shown, the model can be spread to other areas. It can also be applied to the general health promotion.

Expansion of Condom Distribution Net

62. The project has been promoting condom use through BCC and IEC activities, and at the same time, PPAG has procured condom from GHS and sell them to people through CBSs, NGO and CBOs at the special low price. This sales system as well as the BCC and IEC activities of the project has opened the role for non-traditional dealers in the communities such as bars, bread sellers, hairdressers, etc. Benefits of the project intervention also flowed into the traditional pharmacies and drug stores, some of which attributed their increased condom sales to the educational activities of the project.

The Presence of JOCVs

63. Along with the project, JICA has assigned 18 JOCVs who are engaged in the activities concerning HIV and AIDS in the same target districts. The presence of JOCVs just around the stakeholders of the projects at the district level was of great help to enhance their commitment level.

(5) Sustainability

Institutional Sustainability of the Project

64. It is too early to make a final diagnosis on sustainability of the project, which has been working on a difficult topic of behaviour change under chronic shortage of various resources in the Ghanaian government, which is fighting against various socio-economic targets including health issues. In this project, various attempts to install a mechanism for the sustainability have been made by making network and coordination among the administrators and other stakeholders. As mentioned above, if

the Output 1 is combined with other performers' activities outside of the project framework, it is likely to contribute to the sustainability of BCC and IEC activities similar to those of the project which will be carried out by different performers. But in order to realize it, the project would need other interventions.

65. What is more, the project does not have a local governmental organization or institution which conducts specially for the various activities of BCC and IEC related to HIV and AIDS: the major parts of them have been outsourced to the NGO: hence, it is not easy to secure the sustainability in the current institutional framework of the project.

66. The HIV and AIDS issue is the area to be handled inter-disciplinarily, drawing sufficient attention from various sectors. Consequently, HIV and AIDS control has been working in a complex and heavy management system in a national level, involving so various players and stakeholders in this "cross-cutting issue". From the view point of district level managerial position, the arrangement and coordination for BCC and IEC service related to HIV and AIDS in the community is often an additional managerial task to be handled with care. Considering the chronic shortage of human resources, administrators' experiences, facility and equipment, there would be a limit of multiplying and complicating the management system at district and national levels, even though it is idealized.

Sustainability of the Achievement Level of the Project Purpose

67. This Project does not have a nation wide stretch of service provision: it does not have a scale to influence the nationwide administrative system, being an intervention of typical pilot size within the specific areas. A useful way to maximize the value of existence of the Project will be to provide evidences related to the intervention itself. In order to sustain the achievement level of the Project Purpose itself, it is necessary that the cycle of development stages of "knowledge diffusion" – "awareness creation" – "behaviour change" be repeated in the communities. To create the reproduction system of these development stages within the target communities would be another means to enhance the sustainability. Therefore, the methods of how to make the "knowledge" and "awareness" stay in the communities should be also considered.

68. It would be, therefore, difficult to pursue the sustainability in the system within the limited range of intervention. Rather, it might be better to seek the sustainability of the project in advancing the case studies or theoretical investigations on BCC and IEC activities and methods as well as in making the community people conscious of the problems and creating the ownership inside the communities. In order to sustain the achievement level of the project purpose, it is necessary to think over how to make and repeat the cycle of development stages of "knowledge diffusion" – "awareness creation" – "behaviour change" inside the communities and to show some models or exemplars of good practice. Community ownership of the process is currently low for many of the communities visited. The role in the continuing education of the youth has to be designed and integrated with current Project strategies. There is high expectation on Project inputs to "motivate" volunteers and

PMC members, as well as for the youth to participate in discussions.

4-3 Conclusion

Contributing Factors regarding Planning

69. In order to carry out the BCC and IEC activities, the project recruited a locally engaged NGO, making maximal use of existing expertise. This innovative allocation of the human resources brought high level of efficiency, not only in terms of cost-effectiveness but also in terms of intensity and dynamism of BCC and IEC activities. In order to convey messages regarding HIV and AIDS prevention, the project utilized various means from one-to-one approach to the mass media, which obviously need the use of local language and the understanding of the local cultural setting.

Contributing factors regarding the Implementation Process

70. The PPAG's zone divisions (the southern zone and the middle zone) are different from the existing administrative area demarcations (Eastern Region and Ashanti Region). Although there were some inconveniences due to this discrepancy, the management structure of PPAG was generally favourable for the field activities of the project. The existing management structure of PPAG was favourable for the field activities of the project: two PPAG Zonal Managers, who are posted in the Southern Zonal Office in Accra and the Middle Zonal Office in Kumasi respectively, functioned very well as supervisors of the Field Officers and motivate them to carry out the activities as planned. The JICA expert was also of great help to network the various performers and stakeholders scattered from the upstream to downstream areas of this Project. It enabled them to have the shared recognition and understanding of the Project progress and gave them some sense of commitment. These managerial members contributed to the excellent smooth implementation of the Project.

Inhibiting factors regarding the Planning

71. The Logical Framework of the project has a confusing structure: it is difficult to imagine how the achievement of the Output 1 will lead to the achievement of the Project Purpose, although the Output 1 might have some synergy effects with the Output 2 and contribute to enhancing the sustainability. On the other hand, the course of development toward the project purpose is not well explained, as if it had been assumed that the mere diffusion of messages is enough to change the human behaviour. The logical distance between the project purpose and each of the three outputs are so widely different respectively, and the inter-relationship among the three outputs are not clearly defined, that it has become difficult to see the main issues with which the project is concerned.

Inhibiting factors regarding the Implementation Process

72. The ten PPAG Field Officers are challenged by a huge task to mobilize and educate 20 communities per district, given limited equipment and financial resources. As PPAG staff members of the project has managed this situation by schedule adjustment, this limitation did not impede the progress of the implementation itself. But it has given the Field Officers some difficulties in creating network of communication among target districts and among volunteers in each district. This

limitation would be one of the causes of the phenomenon that the ownership and the commitment level of the target communities were not so high.

Conclusion

73. Evaluation by five criteria shows the high relevance and the prominent efficiency owing to outsourcing to the local NGO. But it also confirms that the effectiveness is relatively low and the sustainability is not well secured because of the gap between the multi-sectoral approach and the former vertical system.

74. The education of HIV and AIDS conducted in the project is outstanding in terms of the intensiveness and the number of target population, compared with others which had been conducted before the project commenced. If the mobile direct educational activities combined with mass media educational campaign employed in the project are continued, the influence and the effects of them will surely reach larger population. It is, therefore, indispensable, to continue and reinforce the on-going activities.

75. Although the project implementation process has been smooth, the prospects for achievement of the project purpose and outputs are not so good, as the former is set at too high level and the three outputs do not go into the same orbit. It is not easy to change human behaviour within the short period. Therefore, it is necessary to devise how to make those various effects converge on the project purpose achievement more efficiently, re-examining the content, approach, method and materials of each BCC and IEC activities in light of the field experiences, and contriving the most efficient and effective combination of the components. At the same time, it is urgent to revise the current PDM, by sub-dividing the development process toward the project purpose, raising the behavior change itself to the overall goal, and so on.

5. Recommendations and Lessons

5-1 Recommendations

Reduction of the Scale of Output 1

76. The volume of some work concerning Output 1, i.e. training activities for capacity strengthening on networking, administration and management information system (MIS) on HIV and AIDS should be reduced to a supplementary level, because this cannot be a direct factor to attain the project purpose. The project should move on the next step to organize a purpose-oriented study to assess the results of various BCC and IEC activities and materials.

For the Improvement of the District Focal Persons' Work Environment

77. The above recommendation never denies the necessity to enhance the coordinative capacity of BCC and IEC activities and campaigns at the national and district levels. But, the contents of Output 1 should be dealt with separately in a wider context of general management and administration capacity in their daily work, because most of those officials' work is a complex of multiple terms of reference, and the coordination of BCC and IEC activities and campaigns is just a portion of their various tasks. Therefore, the solution should lie in creating the situation in which they can work more efficiently.

78. If the project intends to improve monitoring, networking and administrative work of the HIV and AIDS focal persons at district assemblies, it will be required to give stronger motivation to the focal persons than the one in the present time. "Physical Work Environment Improvement" should be achieved using small scale inputs from the project prior to tackle the improvement of their practices on HIV and AIDS. For the local government administrative officers having double or triple designations, the work efficiency will be attained only after having strong motivation to uplift their work environment and the service contents. For this purpose, the first step is work environment improvement using simple managerial instrument such as 5-S Principles. Win-Win effect can be expected to improve the routine work efficiency at the administrative or managerial offices. They come to enjoy their improved work environment and find more time and energy to work on additional tasks, such as HIV and AIDS issues, in relation to their routine administrative tasks particularly of networking and information collection.

Re-arrangement of the Activities under Output 1

79. The activities corresponding to Output 1 are roughly divided into two categories: what supports the administration related to HIV and AIDS (support for the coordination and implementation of BCC and IEC activities at national level, and training of Focal Persons at district level) and what is concerned with the design and its assessment of BCC, IEC and HIV and AIDS prevention programme. While the former corresponds directly to the contents of Output 1, the latter does not have any direct causal relationship with Output 1, being related rather to Output 2 and the project purpose, and concerned with the methodology of the field activities of the project. It would not be reasonable to

encompass them in the same category.

Extension of the Output 2

80. BCC and IEC campaign is recommended to be further enhanced through PPAG with maximizing additional financial input within affordability of the Project for further improvement of operational conditions and the quality of service. Priority setting of the additional financial inputs should further be discussed among the parties concerned.

81. GAC and JICA should think of a scientific study to be conducted in near future with appropriate and affordable size with clear objective setting to assess the status of “awareness” creation among the target group. The approach of the behavioural science, such as sociology and social anthropology, should be applied to the study to obtain reliable evidences, to which various policy and decision-making organizations in the country and international organizations will be able to refer in the near future. In the study, it will be crucially important to clarify how HIV and AIDS related messages delivered by the project will be interpreted by the target group youth and how the meanings of messages will stay/disappear in their daily lives. Such type of qualitative study will demonstrate the advancement process in deepening knowledge from “understanding” to “acknowledgment” level if the knowledge provision through the campaign is meaningful. Obviously so called “awareness” can be created in a mass after seeing the “acknowledgement” to the message by each individual.

82. If some useful findings on the process of human behaviour change and the methodology of BCC and IEC are obtained based on the scientific ground, they can be applied to other similar kinds of health promotion or campaign. The project will be able to show an effective model of BCC and IEC activities, which can be replicated to other areas.

Adjustment 3: Re-arrangement of Output 3

83. Intervention to condom distribution through the channels developed by the community based activities should be maintained. Managerial handling by the project office for Output 3 listed in the PDM formulated in the project planning stage can be done in connection with the BCC and IEC matters in Output 2.

Adjustment 4: Refinement of the Statements of the project PDM

84. GAC and JICA Ghana Office are recommended to refine the statement of project purpose within the current framework of the project. The project purpose can be rephrased with the term “awareness” instead of “high-risk behavior reduction”. Behavior change in a mass appears late due to the complexity of the various factors (enforcement, social customs, habits, etc.) in the society. It is, therefore, appropriate for the project to set a separate stage of “awareness creation” prior to the “behaviour change” stage. It would be possible, for example, to push up the “awareness” stage to the project purpose. Accordingly, the phrase “high-risk behaviour reduction” can be pushed up to the overall goal. As discussed in the previous chapter, the current overall goal statement could possibly

be preserved as an indicator of the “high-risk behaviour reduction” and the current indicator statements for the overall goal could be raised up as a super goal.

85. The arrangement of the outputs can be modified according to the necessity. The different dimensions of knowledge distribution and awareness creation cannot be handled in a single statement of “output”. At the same time, the knowledge about the diseases themselves and the measure to prevent them and the understanding of the social surroundings of HIV and AIDS can be handled separately. It is also recommended not to handle Output 3 as an independent output. The condom promotion and distribution is not a direct product of the project intervention, because the project does not have any separate inputs or activities specifically for the condom promotion and distribution: the inputs and activities for Output 3 overlap those of Output 2. On the other hand, community empowerment for the sustainability of the effect of BCC and IEC education should be emphasized.

86. Considering the above points, it is advisable to devise statements of PDM in the following lines:

(1) The overall goal should be concerned with the reduction of high-risk behaviours among the youth in the target districts. Its indicator is the reduction of new infection of STI and HIV.

(2) The project purpose should be about the awareness creation concerning the risk of HIV, AIDS and STIs among the youth and the building of social environment for HIV prevention in the target communities. It is reasonable and practical to select some of the baseline and mid-term survey indicators which represent the awareness level of the youth and to set them as the indicators of the project purpose.

(3) The outputs are to deal with (i) the knowledge level on HIV, AIDS and STIs and the measures to prevent the diseases among the youth in the target communities, (ii) the understanding level on social surroundings of HIV and AIDS and (iii) the communities’ empowerment for HIV education. As indicators of the former two outputs, some of the indicators of the baseline and mid-term survey can be applied.

87. This kind of the refinement is not an alteration, because the agreement on the direction or the Project among the stakeholders is strictly maintained. The refinement is rather needed to take logical steps toward the current project purpose; hence, to fulfill the requirements of the principle and ethics of development partnership.

Reinforcement of the Linkage between the Field and the Project Management

88. Once the project has appeared as a type of technical cooperation project aiming at the improvement of the service users’ capabilities and, in order to obtain the better methodology to do that, launched into a purpose-oriented study to assess the result of BCC and IEC activities scientifically, the collaboration among JICA Ghana Office, GAC and PPAG and the linkage between the Project Management and the Field Operators will become more crucial for the success of the implementation. Although the JICA expert will continue to be of great help in networking the widely scattered implementers as before, the emphasized function should be shifted from “the technical

cooperator for the sake of the coordinative capacity development” to “the coordinator for the sake of the more technical BCC and IEC activities”.

5-2 Lessons Learned

Better Application of Japanese Expertise and Local Expertise

89. In the type of project which aims at improvement of capabilities of beneficiaries, the elaborate combination in the implementation of existing local expertise and Japanese expertise can be one of the best strategies. To carrying out the activities in which acting on the target group (beneficiaries) is crucial and in which the use of local language and thorough understanding of local cultural settings is so significant, local human resources can render direct service. On the other hand, Japanese expertise can also make a contribution to the elaboration of methodology of the activities from another angle, in a different perspective from the domestic ones. The project which succeeds in elaborating the combination can bring a high level of efficiency and effectiveness.

Necessity to Subclass the “Behaviour Change”

90. The “behaviour change” is one of the themes which are often mentioned in the discussion of development issues. As there are various types of human behaviour, it is necessary to see what kind of behaviour is dealt with in an actual situation under this theme. From a researcher’s viewpoint, some types of behaviour are easy to observe directly while others are difficult even to see. In terms of causal relationship (or motivations), there are lot of factors which will influence human behaviour: addiction, habit, taste, desire, social custom, social value, economic situation, environment, etc. It would be necessary to think of the approach, method or strategy for the “behaviour change” based on the analysis of types and characteristics of human behaviour.

Importance to Define the Project Keywords

91. In planning or evaluation of a project, one should be careful not to get trapped by the “terminological deception”.

92. For example, as mentioned above, under the single phrase “behavioural change” some types of behaviour which are easily observed and other types of behaviour which are almost impossible for third parties to access directly can be treated together. Therefore, though we can talk about “behaviour change” in general, both should be handled differently in designing a development project, because a development project should be something that is practical a real and actual society. In Mid-Term Evaluation Study, the team also found that the same terms are utilized in different meanings in different contexts. For example, the “coordination” was used in so wide meanings in so many contexts. In addition, in spite of the variety of messages conveyed to the communities by PPAG, what the beneficiaries obtained are just interpreted as “knowledge”. On the other hand “knowledge” and “awareness” are enclosed within the same category.

93. The sphere of meaning as well as the level of abstraction is various from word to word. There

may be some words which are comprehensive and some which can designate only single acts. As long as a project is an attempt to develop something in a real society, all the key terms used in the logical framework of the project should be clear and correspond to the actual situations and contexts. A gloss of a term can, at times, dazzle and deceive analysts.

Annex

Research Report

Results of Field Research

Conducted from 10th September to 2nd October 2007

1. Introduction

This mid-term evaluation study consisted of two phases, the first phase and the second phase. The first phase was intended to trace and review the project implementation process and to collect and analyse the data in the field to assess the achievement level of the project, that is, to obtain the basic information and materials for the project evaluation. The second phase was intended to evaluate the project, based on the discussions with those concerned with the project as well as the findings of the first phase of the study and to withdraw the recommendations and lessons learned.

This report presents the research findings of the first phase of the mid-term evaluation study on the Project for HIV and AIDS Prevention through Education (HAPE). It provides the methods of the study, the major findings of the field research, and offers recommendations for consideration in the implementation of the second half of the Project. The findings and recommendations included in this report served as inputs to the second stage of the evaluation meant to address national level concerns relevant to the Project and compile the final evaluation outcomes, recommendations, and lessons learned.

2. Research Methodology

The methodology used in the study consisted of a review of relevant project documents, implementation of a survey of the youth using a structured questionnaire, series of focus group discussions with Field Officers, Peer educators and Community Based Service Agents (CBSAs), adult and youth members in selected communities, and interviews with key informants.

2.1 Review of Project Documents

Important project documents were made available by the project management and staff. These included the Baseline Survey Reports, HAPE Quarterly District Reports covering the April to June 2007 quarter, and HAPE Statement of Accountability Reports by the implementing agency Planned Parenthood Association of Ghana (PPAG). Samples of Minutes of the various Project Management Meetings were also provided.

The references are:

- JICA PPAG Project. *Quarterly District Report, April – June 2007. Compilation of ten Districts*
_____. *Training Manual for Peer Educators*
_____. *Concerns to Share, a Handbook. New Juaben*
_____. *AIDS Project Funds Accountability Statement for the Period, October 2005 – March 2007*
_____. *JICA Fiscal Year 2007 Targets*
_____. *Workplan, October 2005 – March 2006*
Planned Parenthood Association of Ghana. *A Baseline Study Report for HAPE Project. Ashanti Region and Eastern Region*
Program for Appropriate technology in Health (PATH). *Life Planning Skills: Facilitators Manual*

2.2. Questionnaire Survey

In order to assess the effect of BCC and IEC activities on the youth in the target areas, a questionnaire survey was designed and implemented in selected project communities in 3 districts.

Sampling Procedure

The survey used a multi-stage sampling procedure to randomly select a total of 600 youth, aged 10 to 24 years.

(1) Selection of districts:

Out of the ten target districts of the project, three districts were chosen using criteria that include higher degree of project interventions, urban-rural representation, socio-economic context that enhance high-risk behaviour, and community receptiveness to the interventions of the project. On this basis the following districts were chosen:

a) New Juaben Municipal Assembly, Eastern region (E/R)

One of the first Project districts (2005), urban

b) Kwaebibirem District, E/R

One of the first Project districts (2005), rural, mining communities

c) Atwima Nwabiagya, Ashanti Region (A/R)

One of the early project districts (2006), peri-urban, mining communities

(2) Selection of Communities:

For each of the selected districts five communities were chosen for the survey. These were the same communities covered in the baseline survey conducted in 2005 and 2006. A total of 14 communities were surveyed. Only one of the communities, Kade, in Kwaebibirem District which had been targeted in the baseline survey was dropped because no HAPE education activity has been ever initiated due to lack of community cooperation

(3) Selection of Interviewees:

200 respondents were selected per district, a total of 40 per community, except in Kwaebibirem District with 50 respondents per community. Principally random selection of youth was done upon entry into the communities under the condition that the respondents in each community were broken down into 20 in school and 20 out-of-school youth, which were balanced between 10 female youth and 10 male youth respectively. Careful selection was also done to ensure that all age cohorts were represented. The research team had difficulty in finding 10 to 12 years old out of school youth in some communities in the Atwima Nwabiagya District, due to the compulsory education policy and the free school feeding programme observed in Ashanti Region. Table 1 gives a breakdown of respondents per community.

Table 1: The Samples of the Survey

Region	District	Community	Number of Respondents		
			per community	per district	grand total
Eastern Region	New Juaben District	Suhyen	40	200	600
		Oyoko	40		
		Zongo C	40		
		Asokore Zongo	40		
		Effiduase	40		
	Kwaebibirem District	Adankrono	50	200	
		Okumaning	50		
		Nkwakwakro No. 4	50		
		Amanfrom	50		
	Ashanti Region	Atwima Nwabiagya District	Nkoran	40	
Asenemaso			40		
Adankwame			40		
Fufuo			40		
Asuofua			40		

Questionnaires and Data Processing:

The questionnaire used for the survey was highly based on the baseline survey done by PPAG (given in Appendix 5). This was done to ensure comparability of indicators. Only the set of questions on “awareness of the project interventions” were newly added to obtain the extent of effects. The use of a similar questionnaire also facilitated the eventual coding of the questions. The data processing was also done in the same way as the Baseline survey. The data was entered using Epi Info and exported to SPSS for cleaning and analysis.

Field Survey Personnel

The mid-term evaluation team has decided the method and target areas and prepared the questionnaires for the survey in consultation with the project implementation and management personnel as well as the PPAG monitoring and evaluation staff members, who had made the original questionnaire used for the baseline survey.

In actual data collection and process, the evaluation team relied on the following extra personnel:

Senior Research Assistant	Francisca Soto
Survey Data Collectors	(New Juaben Municipal Assembly, Eastern Region) Ghansah Samuel Agyekum Theophilus Anaman Davis Boakye Gifty Deveer Akwafo Anthony Koranteng Freeman Aikins Moses
	(Kwaebibirem District, Eastern Region) Seth Ntim Antwi Agyeiwaa Christiana Agyeiwaa Angelina Daniel Ghartey Ofosu Kwame Frank Sarkodie
	(Atwima Nwabiagya, Ashanti Region) Regina Agyemang Josephine Akon Addai Abigail Amoakomati Owurukua Appiah Akua Serwa Ntrama A. Asamoah Sampson Boakye Samuel Ebenezer Tetteh
Data Entry and Cleaning	Arvin Deane

**titles are omitted*

2.3 Focus Group Discussions (FGD)

The focus group discussions (FGD) allowed the collation of information and views across the districts. Given the limited time allocated for the field research, there would have not been enough opportunity to have a formal discussion with the important stakeholders on an individual basis during the first phase of the evaluation study. The FGD also served as a venue to exchange information, experiences and insights, thus, promoting mutual understanding, one of the aims of the evaluation. A structured set of questions used in the various FGD designed to be relevant per stakeholder group.

In all, almost 200 individuals were met in 14 FGD gathering the following stakeholders:

- (a) PPAG Field Officer and HIV and AIDS Monitoring and Evaluation Focal Person in the District Assembly (hereinafter, “Focal Person”) in six target districts, Eastern Region
- (b) PPAG Field Officer and Focal Persons in four target districts, Ashanti Region
- (c) 21 Peer Educators (PE) and CBSAs from 19 communities in six target districts, Eastern Region
- (d) 21 Peer Educators and CBSAs from 16 communities in four target districts, Ashanti Region
- (e) 5 Adult Groups (Project Management Committee-PMC members, other male and female community members):
- (f) 5 Youth Groups (Male and female)

The following criteria were applied in the selection of community group discussions:

- The communities which are reported to have less strong commitment to the project:
Effiduase, NJM, E/R
- The communities which are reported to have stronger commitment to the project:
Amanfrom, KDA, E/R Nkoran, AtNDA, A/R
- The communities which began to be intervened by the project most recently (in 2007) :
Awukugua, Akuapem North, Eastern Region
and Ayigya Zongo, Kumasi Metropolitan, Ashanti Region

2.4 Key Informants Interview

In-depth interviews were possible with the following key informants:

PPAG Programme Director
PPAG Quality Assurance Unit
PPAG Middle Zone Manager
PPAG Middle Zone Financial Officer
Principal Community Health Nurse, Municipal Health Directorate, NJMA, E/R
PMC Chairmen and Assembly persons: Suhyen and Zongo C, NJMA, E/R
JICA Expert to GAC

2.5 Period

The data presented in this report were collected from 10 Septemr to 2 October 2007.

3. Review on the Project Implementation

3.1 Intervention Areas and Package of Activities

Midway through the Project, plan implementation has generally gone on schedule. Project inputs as agreed between JICA and the GOG have been generally delivered. The target to enter into ten districts was achieved on the following periods:

October 2005 Kwahu South and New Juaben in Eastern Region
January 2006 Asuogyaman, Kwaebibirem in Eastern Region
April 2006 Atwima Nwabiagya and Amansie East in Ashanti Region
April 2007 Akuapem North, Birim North in Eastern Region
and Sekyere West and Kumasi Metropolitan in Ashanti Region

A PPAG Field Officer has been assigned to implement a package of activities covering 20 communities in one district (except for Kumasi Metropolitan which has only six target communities). Below is a description of the package.

The Project for HIV and AIDS Prevention through Education Package of Activities for the Target Communities

- 1 Capacity-Building
 - a) Train 5 Volunteers per community (3 in-school and out-of-school Peer Educators and 2 CBSAs)
 - b) Provide orientation to communities, PMC, school patrons, nurses, traditional leaders, etc.
- 2 Behavior Change Communication (BCC) Material
 - a) Distribute BCC materials in project communities
- 3 Mobile Campaign
 - a) Form drama troupes (2 groups per district)
 - b) Perform drama in schools and communities
 - c) Organise film shows in 7 districts (Kumasi Metropolitan, Akuapem North and Birim North are not included)
 - d) Organise other district activities such as quiz competition
- 4 Mass media Campaign (Radio)
 - a) Form and activate listening clubs
 - b) Organise radio discussion
- 5 Individual or group visiting education
 - a) Provide individual and group discussion through PEs and CBSA
 - b) Referral for services
- 6 Condom Promotion
 - a) Select and train CBS agents to distribute condoms (40 CBS agents in Sekyere West)
 - b) Distribute condoms through CBSA, out of school PEs
 - c) Promote condoms through CSOs/NGOs/ CBOs
 - d) Identify NGO/CSO/CBOs involved in HIV/AIDS activities
- 7 Monitoring and Evaluation
 - a) Conduct Baseline Survey
 - b) Organize monitoring and supervisory visit
- 8 Project Management
 - a) Form Project Management Committees
 - b) Organize quarterly PMC meetings
 - c) Organize Annual Review Meetings
 - d) Organize Monthly Peer Educators/CBS Agents' meetings
 - e) Organize bi-annual meeting for school patrons
 - f) Create partnerships and networks
 - g) Form network of organizations
- 9 Mobile VCT
 - a) Organize Mobile VCT

3.2 Targets and Achievements

Targets for each of the elements of the package are set for each district quarterly. The newer districts, that is Kumasi Metropolitan, Birim North, and Akuapem North do not implement drama performances.

Based on the performance of the last JICA Fiscal Year (JFY) 2006, that is January-March 2007, and the first quarter of the JFY 2007, April-June 2007, most of the targets have been achieved, and some indicators even exceeded targets. These included,

- Number of Condoms Distributed (Almost by 100%)

- Number of People Reached Through Volunteer Group Discussion:
- Number of People Reached Through Film Shows
- Number of People Reached Through Drama Performances

3.3 Insufficient Inputs to the Logistics for the Field Activities

The equipment and vehicles prepared for the field activities have not been enough to meet the requirements of the field activities. The current set-up of equipment (DVD player, LCD, sound system, laptop and printer) and sharing of vehicle between 2 districts has lowered the frequency of each activity, especially the number of film shows and drama performances at the community level. Presently, each community would be exposed to films and drama every other quarter only. Consequently, this situation may pose a threat to a wider coverage of education. Lower frequency can lead to insufficient involvement of the communities, which may in turn fail to bring about some sense of ownership on the part of the communities. Opportunities for network-building and supervising the effect of capacity-development for peer educators and CBSAs are sacrificed. In addition, partially due to the lack of fund, the monthly meetings with Peer Educators and CBSAs have been cut down to two meetings per quarter. .

3.4 Budget and Expenditures

Expenditures on the Project were kept as close to the budget as possible. However, there were two cases of under-spending that was during the April-June 2006 and April-June 2007 quarters. Also, the expenditures during the January-March 2007 quarter have exceeded the budget by 100%..

Table 2: Comparison of the Project Budget and Actual Expenditure (OCT 2005 - MAR 2007)

Activity	OCT-DEC 2005	JAN-MAR 2006	APR – JUN 2006		JUL - SEP 2006	
	Budget	Budget	Budget	Expenditure	Budget	Expenditure
Capacity Building	48,000,000	62,000,000	35,000,000	23,960,000	na	2,400,000
BBC Materials	60,000,000	-	46,000,000	46,000,000	-	-
Mobile Campaign	20,000,000	20,000,000	33,000,000	16,890,000	33,600,000	43,245,666
Mass Media Campaign	-	-	41,400,000	21,106,000	15,000,000	31,138,000
Condom Promotion	1,920,000	151,040,000	68,000,000	60,000,000	na	2,460,000
Monitoring & Evaluation	25,000,000	20,000,000	35,500,000	34,391,000	4,000,000	3,891,000
Project Management	29,165,000	21,650,000	126,700,000	86,227,724	99,000,000	104,013,066
Mobile VCT	-	-	-	-	-	-
Others	22,760,000	4,500,000	32,400,000	562,768	4,800,000	2,314,000
Personnel Cost	40,000,000	60,000,000	118,800,000	85,950,559	118,800,000	116,641,231
Admin Charges	-	-	40,260,000	42,559,658	20,640,000	34,622,774
Grand Total	267,850,000	339,190,000	577,060,000	417,647,709	295,840,000	373,061,737

Activity	OCT - DEC 2006		JAN - MAR 2007		APR - JUN 2007	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
Capacity Building	na	200,000	na	18,750,000	37,200,000	35,185,000
BBC Materials	-	-	na	158,811,500	-	-
Mobile Campaign	33,600,000	33,797,332	33,600,000	25,780,000	57,040,000	44,691,600
Mass Media Campaign	18,000,000	16,900,000	18,000,000	65,340,000	38,720,000	38,320,000
Condom Promotion	-	-	-	-	30,000,000	29,100,000
Monitoring & Evaluation	9,000,000	15,533,000	na	14,752,750	92,000,000	85,257,000
Project Management	99,000,000	87,250,445	104,000,000	91,869,229	146,104,000	136,776,000
Mobile VCT	-	-	-	-	-	-
Others	4,800,000	2,934,000	4,800,000	29,235,200	46,250,000	22,732,327
Personnel Cost	118,800,000	152,205,956	118,800,000	102,037,633	175,950,000	171,887,323
Admin Charges	21,240,000	1,598,875	20,940,000	30,603,806	46,744,800	46,744,800
Grand Total	304,440,000	310,419,608	300,140,000	617,680,118	670,008,800	610,694,050

Source: PPAG JICA AIDS Project Funds Accountability Statement for the Period, PPAG Quarterly Reports, October 2005 to June 2007

The budget structures and expenditure performances show greater proportion allocated to “personnel cost” (27%) and “project management activities” (22%). The latter include Monthly Peer Educator and CBSA meetings (now twice per quarter), quarterly PMC meetings, annual review meetings, etc. The importance of personnel cost to the approach of the project is very clear. The magnitude of work expected

to mobilize communities and volunteers for education work require investment in this component. Project management activities are also necessary to monitor implementation of targets as well as the results of intervention. Besides, the meetings are venues to ensure that the individuals responsible for moving the education work in the communities are having the consistent knowledge and skill for implementation. Nevertheless, the Project will have to maximize the outcome of such meetings making sure that such encounters are more diagnostic in nature, also that implementation issues are effectively raised and discussed, so that proper follow-up can be done by the Field Officer and/or Project Management.

Relative to these two components, budget and expenditure for Mass Media Campaign (4.8% - 7.4%) are much less significant. This may be reviewed given that the mid-term survey found that the youth identified radio broadcast as the most influential in the enhancement of knowledge and behaviour related to HIV and AIDS. Volunteers present in the Focus Group Discussions also demanded more radio broadcast (e.g. from once a week to twice a week) to give them more opportunities to attract youth members.

4. Findings

4.1 Basic Information on the Respondents of the Survey

Firstly, a description of the 600 youth respondents is established here to serve as a context to the subsequent analysis. As Table 3 shows, there is a fair balance between male and female youth.

In terms of representation of the different age cohorts, those between the ages 15-19 make up close to half of the respondents across the three districts, followed by those between 10-14 years of age. Majority of the respondents are Christians (83%) and the distribution is the same for all the districts, with the exception of respondents from New Juaben, where 31% are Muslims. Ninety-five percent of the youth has ever been to school although only slightly more than half (60%) are currently in school. In the Ghana educational system, a child finishes secondary school around the age of 19 and tertiary around the age of 23 years. The greater number of out of school youth is in Atwima Nwabiagya consisting of 43.1%.

The highest level ever reached by majority (65.7%) of the respondents is Junior Secondary School (JSS). This is a characteristic which is common to many youth in the country especially in the rural areas.

Many of those out of school are unemployed (18% of respondents). For those employed, more are in some form of apprenticeship (8.3%) or trading (4.7%). Only 1.0% is consistent salary earner. Most (93.2%) have not been married. Close to half (46.1%) are living with both parents, although a significant number (25.5%) are under single parental care.

Table 3 : Percentage Distribution of Respondents by Background Characteristics, 2007 Survey

	New Juaben	Kwaebi-birem	Atwima Nwabiagya	Total = 600
Sex				
Male	50.0	47.5	50.0	49.2
Female	50.0	52.5	50.0	50.8
Age				
10-14	34.5	37.5	36.5	36.2
15-19	49.0	44.0	42.5	45.2
20-24	16.5	18.5	21.0	18.7
Religion				
Traditional	1.6	5.0	2.0	2.9
Islam	30.7	4.0	8.6	14.3
Christian	67.7	91.0	89.3	82.9
Ever Been To School				
Yes	92.5	95.0	97.5	95.0
No	7.5	5.0	2.5	5.0
Still In School				
Yes	62.7	62.1	56.9	60.5
No	37.3	37.9	43.1	39.5
Ever Been Married				
Yes	4.0	8.5	8.0	6.8
No	96.0	91.5	92.0	93.2
Highest Education				
Primary	18.5	23.2	28.2	23.4
Junior	69.6	63.7	64.1	65.7
Secondary	10.3	12.6	5.6	9.5
Post-secondary	1.6	.5	2.1	1.4
Occupation				
Salaried worker	1.0	1.5	.5	1.0
Fishing/farming	1.0	1.0	1.5	1.2
Trading/small scale Business	2.5	6.5	5.0	4.7
Artisan	3.5	3.0	3.0	3.2
Student	60.3	60.5	59.5	60.1
Unemployed	18.6	20.0	15.5	18.0
Apprenticeship	8.0	4.0	13.0	8.3
Other	5.0	3.5	2.0	3.5
Currently Living With				
Both parents	40.6	59.6	38.0	46.1
Mother only/Father only	25.9	21.7	29.0	25.5
Brother/Sister	3.0	3.0	7.0	4.4
Grandmother/Grandfather	11.7	5.1	10.5	9.1
Other Relative/Guardian	11.2	2.5	6.5	6.7
On my own	3.6	2.5	2.5	2.9
Boyfriend/Girlfriend	2.0	1.5	.5	1.3
Husband/wife	.5	3.5	5.0	3.0
Other	1.5	.5	1.0	1.0

4.2 Contribution to Project Purpose: Effects of Activities on High Risk Behaviour

The project intends to consistently implement educational activities coupled with condom distribution to reduce high-risk behaviour among the youth. Educational inputs have significant emphasis on sexual behaviour, as it has been established by the NACP that 70 - 80% of HIV infections in the country have been contracted through sexual intercourse.

Table 4: The Sexual Experience of the Youth, 2007 Survey

	Has Boy or Girl Friend	Ever Had Sex	Mean Age for the First Sex (min/max)	Age At First Sex			How Long Have You Known Person With Whom You Had First Sex				Last Time Had Sex				No. of Sexual Partners in Last 12 Months						
				<10	10-14	15-19	20-24	Less than one week	1-4 weeks	1-3 months	3-6 month	more than 6 months	Since Birth	Less than a month	1-3 months	3-6 months	6 months - one year	more than a year	1	2	>=3
District																					
New Juaben	31.0	24.5	16.6 (10/22)	2.2	17.4	69.6	13.0	8.3	8.3	18.8	12.5	20.8	31.3	49.0	14.3	2.0	20.4	67.5	20.0	10.0	
Kwaebibirem	29.5	40.5	16.2 (9/22)	1.3	23.1	66.7	9.0	5.2	20.8	15.6	7.8	29.9	20.8	33.8	23.8	11.3	18.8	72.3	15.4	9.2	
Atwima Nwabigiya	22.5	34.0	17.6 (10/23)	0.0	9.1	59.1	31.8	1.5	35.4	12.3	-	27.7	23.1	35.9	26.6	6.3	21.9	85.2	3.7	11.2	
Education Status																					
In-School	10.4	13.6	15.4 (9/22)	2.1	31.9	57.4	8.5	2.3	18.2	15.9	-	38.6	25.0	21.7	23.9	13.0	10.9	30.4	85.3	8.8	2.9
Out-of-School	50.2	59.1	17.5 (10/23)	0.0	10.3	66.7	23.0	4.6	24.6	14.6	7.7	23.8	24.6	44.2	24.0	8.5	15.5	70.5	15.2	12.5	
Sex																					
Male	23.1	29.5	16.8 (9/23)	1.2	15.7	65.1	18.1	9.6	21.7	14.5	7.2	21.7	25.3	37.9	21.8	9.2	21.8	58.0	15.9	23.0	
Female	32.1	36.4	16.8 (10/22)	0.0	17.8	64.5	17.8	0.9	23.4	15.9	5.6	30.8	23.4	38.7	22.6	12.3	18.9	88.9	10.0	-	
Age																					
10-14	5.1	4.6	11.4 (9/13)	11.1	88.9	na	na	-	33.3	33.3	-	-	33.3	30.0	20.0	10.0	40.0	75.0	25.0	-	
15-19	27.7	33.6	15.5 (10/19)	3.3	25.6	74.4	na	4.5	27.3	17.0	6.8	26.1	18.2	26.4	24.2	9.9	26.4	77.8	12.7	1.6	
20-24	71.4	86.6	18.6 (13/23)	-	1.1	61.5	37.4	6.4	17.0	11.7	6.4	28.7	29.8	48.5	19.6	11.3	16.5	68.9	13.5	16.4	
Total	27.7	33.0	16.8	1.2	16.5	65.1	17.9	5.0	21.5	15.6	6.8	26.1	25.1	39.6	21.6	11.0	20.4	75.0	13.0	10.1	

(%)

The research found rigidity towards behavioural change amidst enhanced knowledge on HIV, AIDS and STIs. Table 4 indicates a third of the respondents ever had sex, higher in Kwaebibirem District (40.5%), among out of school (59.1%), females (36.4%), and those 20-24 years old (86.6%). Among these individuals who had sex, the mean age for sex is 16.8 years, almost the same level for all the districts except for Atwima Nwabiagya District which has a higher mean of 17.6 years. The mean age tends to be much lower as respondents become younger, reaching 11.4 years among the 10-14 age cohort. Four out of ten had known their sexual partners only in the last 3 months. A third (37%) of those who had sex did so in the last month indicating sexual activeness. The trend is higher in New Juaben where almost 50% has had sex in the last month. Although majority (77%) kept to one sexual partner in the past year, there is still almost a quarter that had more than one. The trend is worse for the male youth, 41% of whom had plural sexual partner.

Responses on sexual experience among the youth during the baseline survey showed the same percentage of youth who ever had sex. In terms of mean age, however, there would seem to be a negative trend especially for New Juaben and Atwima Nwabiagya District that registered a higher mean age of first sex of 18 and 17.7 years, respectively, during the baseline survey. Table 5 also shows that there could be a downward trend regionally. Sexual activeness may be showing a better trend as the actual percentage of those who have had sex within the last month has gone down for the mid-term survey, except for New Juaben.

Table 5: Sexual Experience: Comparison Between Baseline & Mid-Term Survey

	Baseline Survey	Mid-Term Survey
Mean age for first sex		
New Juaben	18.0	16.2
Kwaebibirem	16.0	16.1
Atwima Nwabiagya	17.7	16.4
Total	E/R: 18.0 A/R: 17.9	16.8
Those who had the last sexual intercourse within one month		
New Juaben	28.0%	49.0%
Kwaebibirem	50.6%	33.8%
Atwima Nwabiagya	42.7%	35.9%
Total	E/R: 36.6% A/R: 46.1%	38.3%

Peer Educators expressed difficulties in convincing more of their peers to heed the messages and participate in the education sessions. Focus group discussions with community adult, youth and volunteers validated the concerns of early first sex for the youth and sexual activeness. The causes have been generally attributed to:

- Parental neglect, and mainly due to economic pressures;
- Exposure to inappropriate media materials (e.g. pornographic video, digital equipment such as cell phone, computers. Etc.); and
- Inability of the youth to handle physical changes due to puberty.

One of the underlying factors that may affect high-risk behaviour among the youth is limited knowledge of general sexual reproductive health issues. The survey asked at what time in a woman’s monthly cycle she is most likely to get pregnant when she has sex. The response was still not encouraging as the outcome in the baseline survey. Only 16.8% gave the correct answer, that is, 2 weeks after her period or in the middle of the cycle. More of the youth has said they don’t know (33.5%). More than half of the respondents answered correctly when asked the questions “can a girl get pregnant standing up and having a first time sex?” This is slight improvement from the results of the baseline survey.

Table 6: Percentage of Respondents Who Said “Yes” to the Following Statements

Question:	Can a girl get pregnant standing up?	
	Baseline Survey	Mid-tem Survey
New Juaben	63.8 %	64.3 %
Kwaebibirem	59.3 %	52.5 %
Atwima Nwabiagya	51.4 %	52.5 %
Total	58.2 %	56.4 %

Question:	Can a girl get pregnant the first time she has sex?	
	Baseline Survey	Mid-tem Survey
New Juaben	76.5 %	69.8 %
Kwaebibirem	60.2 %	63.0 %
Atwima Nwabiagya	61.2 %	69.0 %
Total	66.0 %	67.3 %

4.3 Contribution to Output 1: Enhancement of Coordinative Capacities

Most of the information under this section were gathered through the FGD conducted with PPAG Field Officers and Focal Persons.

The coordinative capacity of Focal Persons on HIV and AIDS activities, specifically on BCC and IEC activities have been enhanced due to the engagement of the District Assembly in the project. For most of the districts, the project presented an intervention that is comprehensive in terms of education components, longer-term, better planned resource allocation, structured implementation and management at various sectoral and geographical levels. The project effectively complements the M-SHAP funded projects given out to NGOs and CBOs, as well as those funded under the 1% allocation of the District Assembly Common Fund.

Stakeholder meetings have been regular for those organized by the project staff and management such as meetings for Community Project Management Committees, District Meeting for Community Volunteers, Regional Coordinating Committee, Joint Coordinating Committee. These meetings have been giving the good occasions to share information and ideas and to confirm some coordinative requirements for the project concerns.

Meanwhile, district-level discussions in the meetings held by District AIDS Committee (DAC) and District Response Management Team Meetings (DRMT) have not been consistently utilized across the project districts and meetings have not been regular. In addition, the participation of PPAG Field Officers in these organs has not also been consistent across districts. It has to be noted that the engagement of Field Officers in either of these groups presents opportunities for information-sharing, enhanced coordination, and stronger collaboration with critical stakeholders such as GHS and GES. Therefore, the district assemblies should secure the regular attendance of Field Officers in these meetings.

District Project Steering Committees (DSCs) were belatedly introduced by the project for better coordination, but, not all districts have actively pursued the role of the committees. Some have not met for some time. For instance, only Sekyere West District conducted a DSC meeting in the January to March 2007 quarter. In the April to June 2007 quarter, 3 DSC meetings were planned, but only one was conducted. According to the JICA expert, the project has stopped organizing DSC actively in order to avoid the dual structure of district-level coordination: some functions of DSC and those of DAC and DRMT were overlapped and holding meeting of all of these committees seemed to be redundant. It is, therefore, reasonable to merge DSC into DAC or DRMT.

The project sponsored the training of relevant Focal Persons on a database management software, Country Response Information System (CRIS). This was aimed to facilitate the storage, processing, and analysis of HIV and AIDS activities in the district. The officers were unanimous in assessing the utility of the software to their work. Other than this training, no other knowledge and skill enhancing inputs have been provided.

The district assemblies are generally favourable toward the project according to the Field Officers. Good partnership has been struck with almost all the Focal Persons and District Assemblies have been seen to support activities whenever possible. But there are still two District Assemblies, Kumasi Metropolitan Assembly and Akuapem North District Assembly, which have not provided office space to the respective Field Officers in spite of the agreement in MOU, and this is being worked on presently.

Relationship between the PPAG Field Officer and major stakeholders varies from one district to another, much of it depending on the initiative on the Field Officers as well as receptiveness of the agencies involved. There would seem to be a good relationship between GHS district staff and most of the target districts in Eastern Region, except for Akuapem North. The same is true for the target districts in Ashanti Region except for Atwima Nwabiagya. Services provided by GHS include technical advice, logistics, mobile VCT, invitation of Field Officers to stakeholder meetings, etc. Working relationship with GES has relatively less enthusiastic response from the Field Officers particularly citing lack of consistent information flow and support from head teachers and teachers.

Finally relationship with media and NGOs or CBOs has been assessed as relatively fair. There has been constant struggle to negotiate airtime fees with media for the HIV and AIDS programme. Except for New Juaben Municipal, Akuapem North, and Sekyere West, the rest of the districts agree that working with NGOs and CBOs is made difficult for lack of funding for the latter and insufficiency of their number in the district.

4.4 Contribution to Output 2: Enhancement of Knowledge on STI, HIV & AIDS, VCT, PMTCT

Results of the mid-term survey showed increased awareness in most of the critical education areas. FGDs with community adult and youth attributed the enhanced awareness to the education approach of the project, especially so, that there has not been any such intervention in many of these communities before the project.

Sexually Transmitted Infections (STIs)

Table 7 & 8 presents the result of the mid-term research and the baseline survey on the knowledge level of STIs. HIV and AIDS ranked highest (90.6%), followed by Gonorrhea (73%), and Syphilis (40.2%). The least known was Herpes (2.5%). The trend is the same for the 3 districts. Knowledge of symptoms of STIs would not show a positive trend given that only a third knows lower abdominal pain is a symptom to the disease, and for the rest even less than that.

The results of the mid-term survey are significant if compared with the value of baseline indicators. The tables show a general increase in percentage of responses on knowledge each of the diseases. There would also be an enhancement of recognition of the symptoms especially as the percentages only reached a quarter for the symptom most mentioned (i.e. Lower abdominal pain, 25.2%). Also, those who responded “Don’t Know” reduced from at least 50.7% in the baseline to 31.1% in the mid-term survey.

Table 7: Percentage (%) of Respondents According to Knowledge of STIs

		New Juaben		Kwaebibirem		Atwima Nwabiagya		Total	
		Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Type of Infections	HIV and AIDS	85.9	88.9	96.0	89.0	89.2	94.0	90.4	90.6
	Gonorrhea	77.9	74.5	68.8	74.5	54.0	70.0	66.9	73.0
	Herpes	1.2	2.5	0.4	3.0	1.2	2.0	0.9	2.5
	Syphilis	37.3	44.7	17.2	42.5	20.0	33.5	24.8	40.2
	Candidacies/white	3.6	12.6	7.6	19.0	14.0	10.0	8.4	13.9
	Don't know	6.0	5.0	3.2	3.5	7.6	4.0	5.6	4.2
Symptom of STIs	Other	0.0	-	0.8	-	0.4	-	0.6	-
	Lower abdominal pain / painful urination	30.6	38.1	19.2	38.0	28.6	36.5	26.1	37.5
	Discharge from penis / vagina	19.8	29.7	18.8	40.0	19.7	23.4	19.4	31.0
	Burn/itch in penis/vagina	18.5	34.2	14.2	21.5	10.3	16.8	14.3	24.2
	Sores/growth in genital area	2.8	23.9	4.2	23.5	5.9	24.0	4.3	23.8
	Don't know	48.0	27.7	58.6	35.5	53.2	26.9	53.3	30.0
	Other	1.2	-	5.0	-	2.5	-	2.9	-

%

Table 8: Comparison of Knowledge Indicators for STIs

	Baseline	Baseline	Mid-Term
	Eastern Region	Ashanti Region	
HIV and AIDS	87.3 %	92.8 %	90.6 %
Gonorrhoea	63.8 %	54.6 %	73.0 %
Herpes	1.20 %	1.20 %	2.5 %
Syphilis	21.3 %	15.6 %	40.2 %
Candidiasis	5.2 %	11.6 %	13.9 %
Don't Know	7.8 %	6.0 %	4.2 %

Table 9: Percentage of Respondents Who Had STIs (Mid-term Survey, 2007)

District	Sample Size	Experience of STI	Those who Sought Treatment	Those who informed Partner	Where treated ?		
					Drugstore	Hospital or health facility	Herbalist, etc.
New Juabeng	200	6.0	66.7	25.0			
Kwaebibirem	200	7.5	60.0	53.3			
Atwima Nwabiagya	200	2.0	75.0	50.0			
Total	600	5.2	67.2	42.8	45.0	55.0	11.3

Table 10: Percentage of Respondents Who Had STIs (Baseline Survey, 2005-6)

District	Sample Size	Experience of STI	Those who Sought Treatment	Those who informed Partner	Where treated ?		
					Drugstore	Hospital or health facility	Herbalist, etc.
Amansie East	250	10.1	80.0	-	62.5	37.5	-
Atwima	250	2.7					
Kwahu South	250	12.4	89.3	-	44.0	36.0	20.0
New Juabeng	250	2.6					
Kwaebibirem	250	6.7					
Asuogyaman	250	9.3	90.0	64.0	50.0	41.7	8.3
Sekyere West	249	7.4					
KMA	248	11.3					
Birim North	250	7.1					
Akuapem North	250	4.2					
Total	2497	7.4	87.7	64.0	50.1	38.6	11.3

Out of the total respondents who mentioned they had ever had sex (33%), 5.2% said they had the infection (Table 9). Out of this number 35.5% did not seek treatment and 58.1% did not inform their partners. Those who actually sought treatment did so in hospitals (55%) and drugstores (45%). As for the STI experience of the target group, there seems to be no significant change between the data of the mid-term survey and that of the

baseline survey. Only the percentage of those who sought treatment has rather decreased (by as much as 20%), the reason of which could not be clarified during the research.

When those who did not inform their partners of STI status are asked about the reason, 38.9% answered “because they felt embarrassed/shy”, 22.2% said “because they did not know where partner was”, 5.6% said “because they were afraid of partner's reaction,” and 33.3% had different reasons.

HIV and AIDS

Knowledge of HIV and AIDS is universal with 99.5% of the respondents saying they know, while the Baseline Survey data of all the ten districts show 98.8% of the respondents know HIV and AIDS.

The top 5 sources of information on HIV and AIDS for the youth were:

Table 11: Source of Informatin on HIV and AIDS

(1)	Radio	80.3 %
(2)	Television	70.9 %
(3)	Peer Educator	47.4 %
(4)	School Patron	43.7 %
(5)	Film Show	36.5 %

In-depth knowledge of the virus and the disease also registered improved levels compared with the baseline survey. Whereas, only a quarter described HIV as virus causing AIDS in the baseline, a little more than half has said so in the mid-term survey, a trend that cuts across all districts as well as in-school and out of school youth (Table 12). Whereas in the baseline survey, more than a third described HIV as a bad/incurable illness and a fifth said HIV is the same as AIDS, the mid-term survey registered 18.8% and 12.7% for the indicators, respectively.

Knowledge on modes of transmission of HIV is still largely limited to unprotected sex and sharing sharp objects just as the baseline survey came up with, but, there has been a positive movement. Table 13 shows that nearly 10 percentage points were added to the number of those who mentioned blood transfusion and mother to child transmission in the mid-term compared to the baseline survey. The number of those answering “Don’t Know” has also reduced.

Table 12: HIV and AIDS Knowledge (In Percent), 2007 Survey

	New Juaben	Kwaebibirem	Atwima Nwabiagya	In-School	Out-of-School	Total
What is HIV						
Same as AIDS	9.4	8.8	19.9%	8.1	19.1	12.7
A Form of STI	20.9	15.5	17.3%	18.9	16.8	17.9
Virus that Causes AIDS	52.9	66.5	53.6%	63.7	50.5	57.7
Bad/Incurable illness	22.0	12.4	21.9%	18.9	18.6	18.8
Don't Know	14.7	11.3	5.6%	9.3	10.5	10.5
Knows that there is a difference between HIV and AIDS	68.3	69.3	57.3	75.3	53.6	65.0
Modes of Transmission						
Through Sex	95.0	95.5	96.0%	96.5	93.3	95.5
Blood Transfusion	18.6	21.1	20.6%	20.9	20.5	20.1
Sharing Sharp Objects	82.4	82.9	72.9%	82.0	78.1	79.4
Mother to Child	13.1	18.6	5.5%	12.8	12.1	12.4
Don't Know	1.0	2.0	1.0%	0.9	2.2	1.3
Symptoms of AIDS						
Consistent weight loss	73.0	85.7	86.4%	82.8	80.7	81.8
Frequent diarrhea	27.0	36.7	31.7%	33.5	29.4	31.8
Persistent cough	25.9	31.1	12.6%	23.4	23.4	23.1
Shingles/boils/rashes	57.1	63.8	37.2%	55.2	49.5	52.6
Loss of appetite/hair	21.7	21.4	20.1%	21.4	21.6	21.1
Don't know	7.9	6.6	3.5%	3.9	8.7	6.0
Ways of Prevention						
Abstinence	67.4	64.1	62.6%	72.6	54.4	64.7
Condom Use	72.6	70.8	52.3%	58.3	74.7	65.2
Avoid sharing sharp objects	50.5	60.0	52.3%	61.3	47.0	54.3
Faithful to partner	17.9	21.0	17.4%	11.0	28.1	18.8
Avoid multiple partners	13.2	12.8	8.2%	9.2	14.3	11.4
Don't know	1.6	2.1	2.6%	1.8	2.8	2.1
Think he/she is at risk of contracting HIV	58.3	63.1	67.3	60.5	68.6	62.9

Table 13: Comparison of Responses to Modes of HIV Transmission

	Baseline		Mid-term
	Eastern Region	Ashanti Region	
Through Sex	90.7 %	93.3 %	95.5 %
Blood Transfusion	12.6 %	11.3 %	20.1 %
Sharing Sharp Objects	69.8 %	59.3 %	79.4 %
Mother to Child	3.7 %	2.4 %	12.4 %
Don't Know	4.2 %	3.6 %	1.3 %

Comparative figures on symptoms of AIDS showed enhanced recognition of symptoms like persistent cough, shingles and boils, and loss of appetite.

Table 14: Comparison of Responses to Symptoms of AIDS

	Baseline		Mid-term
	Eastern Region	Ashanti Region	
Consistent weight loss	81.6 %	89.4 %	81.8 %
Frequent diarrhea	24.4 %	38.5 %	31.8 %
Persistent cough	8.9 %	10.8 %	23.1 %
Shingles/boils/rashes	42.2 %	24.6 %	52.6 %
Loss of appetite/ hair	8.4 %	6.7 %	21.1 %
Don't know	6.9 %	4.9 %	6.0 %

Comparative figures on ways of preventing AIDS showed the same level of responses to abstinence and faithfulness to partner. However, there has been an enhanced recognition of means such as condom use, avoidance of sharp object sharing and having multiple partners.

Table 15: Comparison of Responses to Ways of HIV Prevention

	Baseline		Mid-term
	Eastern Region	Ashanti Region	
Abstinence	62.6 %	66.8 %	64.7 %
Condom Use	49.8 %	33.6 %	65.2 %
Avoid Sharing Sharp Objects	38.3 %	33.4 %	54.3 %
Faithful to Partner	18.6 %	18.4 %	18.8 %
Avoid Multiple Partner	5.6 %	8.0 %	11.4 %
Don't Know	3.8 %	3.0 %	2.1 %

The knowledge level of the difference between HIV and AIDS has been improved among the youth: approximately 60 % know that there is a difference in the mid-term survey, while the baseline survey only generated nearly 50 % recognizing the difference. Perception of one's risk has remained at about 60 %, the same as the baseline survey results. There are still more than a third of the youth believing they are not at risk of contracting HIV.

Finally, responses to certain notions on HIV and AIDS have also improved from the baseline although it is still a concern that almost a quarter of the youth believe that mosquitoes and witchcraft are causes of the virus, and that less than half know that some children born of HIV positive mothers may not have the virus.

Table 16: Percentage (%) of Respondents Who Answered “True” to the Following Statements

	A healthy looking person can be carrier of the HIV		It is easier to get HIV when you have an STI		A person can get HIV the first time he or she has sex		A person can get HIV sharing utensils with infected persons	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
<i>District</i>								
New Juaben	89.5	81.9	75.3	71.4	86.7	84.9	13.7	10.6
Kwaebibirem	92.4	93.0	64.1	74.9	83.5	85.9	19.7	10.6
Atwima Nwabiagya	79.8	79.4	34.4	62.4	82.5	82.3	26.3	13.6
<i>Education Status</i>								
In –School		84.6		70.8		85.3		9.6
Out-of-School		85.7		69.2		84.8		13.0
<i>Sex</i>								
Male		89.5		70.7		83.6		12.9
Female		80.2		68.4		85.1		10.3
<i>Age</i>								
10 – 14		76.4		63.6		74.5		14.4
15 – 19		88.5		71.4		89.9		10.4
20 - 24		92.0		76.8		90.2		9.0
Total	87.2	84.8	57.9	69.6	84.2	84.4	19.9	11.6

	One can get AIDS through mosquito, flea, or bedbug bites		HIV and AIDS is caused by witchcraft		Some children born to HIV positive mothers may not have the HIV virus	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
<i>District</i>						
New Juaben	21.0	21.6	13.3	16.7		49.2
Kwaebibirem	35.9	30.3	43.4	26.6		63.8
Atwima Nwabiagya	45.7	18.6	38.0	28.3		32.7
<i>Education Status</i>						
In –School		17.2		16.1		50.3
Out-of-School		32.6		33.5		46.9
<i>Sex</i>						
Male		24.6		23.5		45.9
Female		22.4		24.2		51.5
<i>Age</i>						
10 – 14		23.1		19.5		43.1
15 – 19		20.9		21.3		52.4
20 - 24		30.4		38.4		50.9
Total	34.2	23.5	31.6	23.9		48.7

The community FGD confirmed the level of HIV and AIDS awareness among the youth and also showed that adults have relatively greater understanding, indicating their potential to also educate the younger ones.

Prevention of Mother To Child Transmission (PMTCT)

The knowledge level of PMTCT and its prevention is one of the areas where the improvement is appearing most clearly.

Majority (87.3%) of the youth knew that the HIV could be passed on from a mother to her baby (Table 16). This is a little higher than the baseline survey result (80.9 %). Encouragingly, all the other indicators also show better trends.

Table 17: Knowledge on PMTCT, 2007 Survey

	Baseline (average of all the target district)	Mid-term
Those who believe HIV can be transmitted from mother to baby	80.9 %	87.3 %
Those who believe an HIV mother can give birth to a child who is not infected	37.5 %	53.9 %
Those who know there is a prevention drug for MCT	18.0 %	46.6 %
Those who know that the drug should be taken at the onset of labour	1.8 %	4.7 %

But this rapid improvement might be attributed to the very low knowledge level of PMTCT in the baseline survey. Indeed, in spite of the improvement, the knowledge level in this area has by no means become high.

Interestingly, such a result may be a general gap in community knowledge about PMTCT. Responses of adults to the same question during the FGD also indicate that most of them believe (with exception of Nkoran adults) all children born of an infected mother will have the virus

Voluntary Counseling and Testing (VCT)

VCT as part of the messages conveyed by the project has low uptake based on the responses in the series of FGD (Table 18). The improvement from the baseline survey data has been limited, the percentage of youth who has ever tested is still low (13.8%). Notably, females and youth aged 20 -24 years registered relatively higher percentage tested. There seem to be incongruence between this result and the highly positive responses to the questions of willingness to test (85.4%), knowledge of VCT facilities (65.1%), and willingness to inform partners (69.6%). Consistent with actual awareness, willingness to live with an HIV partner is still barely half (49.4%) of the total respondents.

Fears of rejection and knowledge of death were the major reasons for not having tested given by the youth during the FGD. “It is better not to know” or “I will die of worry and may even commit suicide,” some of them said.

Not only has there been marginal number of community members, adult and youth, who said they have tested, majority of those concerned with the field activities, the Peer Educators, CBSAs, PPAG Field Officers, and Focal Persons have not also taken the test. This finding may be consistent with the essence of VCT (voluntary), but, the project has to examine the significance and the sphere and range of the influence of the

BCC and IEC activities: having enough knowledge and being committed to the HIV related activities might not necessarily be deciding factors for human behaviour.

Table 18: Percentage of Respondents According to their Attitude Towards VCT

	Ever Undertaken an HIV Test		Willing to Take an HIV Test voluntarily		Knows a Facility where test is done		Willing to Inform Partner if HIV Test is Positive		Willing to be friends with an HIV partner	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
District										
New Juaben	8.3	11.5	89.8	79.9	59.5	63.1	78.9	70.9	52.7	45.2
Kwaebibirem	5.9	21.9	82.3	87.4	34.4	72.9	70.4	69.7	32.9	53.3
Atwima Nwabiagya	3.8	7.6	84.4	88.9	41.9	59.3	66.4	68.3	34.8	49.7
Education Status										
In –School		10.3		87.2		65.6		70.0		46.8
Out-of-School		18.8		85.3		65.2		70.1		54.0
Sex										
Male		9.7		87.4		68.3		66.7		52.0
Female		17.9		83.5		62.0		72.5		46.9
Age										
10 - 14		4.1		75.9		53.5		57.7		41.2
15 - 19		13.1		92.2		69.1		74.3		52.4
20 – 24		33.0		87.5		77.7		81.3		58.0
Total	6.0	13.7	85.5	85.4	45.3	65.1	71.9	69.6	40.1	49.4

Those who said they are not willing to inform their partners if they obtain a HIV positive result gave the following reasons:

Table 19: Reason Not to Inform Partner of the HIV Infection

Fear to be divorced or left by partner	42.2 %
Will inform others	29.4 %
Feel disturbed/ frustrated/ embarrassed	11.7 %
To infect partner	2.8%

The mobile VCT, which is planned in the project, have potential to improve the indicators. the mid-term survey showed that some of the youth (as well as the adults) would be willing to take up the test if privacy is guaranteed and it is brought to their doorstep. A trial Mobile VCT service has been conducted in Kwaebibirem and had a 100% referral and testing outcome. In terms of intake numbers, it was quite successful as the district recorded the highest number tested (21.9%).

Stigmatization and Discrimination Against PLWHA

Stigmatization of PLWHA poses a big barrier to the complete openness of the youth to the messages of HIV and AIDS prevention. Unwillingness to take VCT, that is, reluctance to know one's own HIV status, would

possibly have something to do with the image of the PLWHA or the possibility of being alienated.

The youth respondents were assessed on their attitude towards PLWHA by asking them to say “yes” or “no” to a set of questions. On the whole, there was some improvement: e.g. those who would be willing to sleep in the same bed as a PLWHA have increased from 59.8% in the baseline to 69.1% in the mid-term survey .

Table 20: Percentage of Respondents According to their Attitude towards PLWHA

	Willing to eat from the same plate as a PLWHA		Willing to sleep in the same bed as a PLWHA		Willing to allow your child and sibling to play with a PLWHA		Willing to take care of a relative who has AIDS		Willing to accept and integrate an AIDS orphan into family	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
District										
New Juaben	73.8	70.5	72.9	72.4	63.0	74.6	79.8	85.4	77.8	78.3
Kwaebibirem	52.8	77.4	50.4	71.9	41.5	72.8	58.1	86.3	54.4	78.8
Atwima Nwabiagya	56.7	63.3	56.3	62.9	55.1	62.4	69.4	82.4	62.8	72.4
Education Status										
In –School		76.5		71.7		73.5		86.5		80.8
Out-of-School		64.7		67.7		66.5		83.9		72.2
Sex										
Male		76.9		75.1		73.6		89.5		79.9
Female		64.4		63.2		66.4		80.1		73.2
Age										
10 - 14		64.8		59.1		65.6		79.1		71.2
15 - 19		76.6		75.8		74.4		88.8		79.9
20 – 24		67.0		72.1		67.6		85.7		78.4
Total	61.1	70.4	59.9	69.1	53.2	69.9	69.1	84.7	65.0	76.5

Some Comments on the BCC and IEC Activities

BCC materials have proven effective, but, most stakeholders, including the Peer Educators and CBSAs, required increased quantity as well as enhanced graphics for better communication of HIV and AIDS messages. There should be an assessment of demand (based on youth population) and longevity of materials, to calculate the practical requirements for production.

Messages on abstinence and faithfulness may have to be enhanced. The life planning skill training that have been withheld should be re-considered. It was originally planned to train in-school Peer Educators on the life planning skills manual, but they were found too young to effectively absorb the requisite skills. A strategic planning for this intervention may be more productive if done with the Ghana Education Service.

One day training was provided for Peer Educators and CBSAs and subsequent joint meetings sought to update and refresh their knowledge on HIV and AIDS. This system should continue but properly planned so that meetings, as earlier indicated, can also be diagnostic.

The role of Project Management Committees (PMC) has been properly identified. Indeed, the Peer Educators and CBSAs have recognized the importance of leadership and guidance for them to be effective in their education work. However, not all PMC members are familiar about their roles in the whole education set-up and they lack the technical awareness on HIV and AIDS. A one-day orientation meeting was provided for PMCs, and additional knowledge inputs are also given during the quarterly joint meetings. Again, not all PMC members get to attend these meetings. The number of PMC members is also not consistent across the communities.

4.5 Contribution to Output 3: Increase Condom Use Among Sexually-Active Youth

Access to condom by the youth has increased as evidenced by the increased number of distributed* condoms in the through CBSAs. PPAG progress report for the first two quarters of 2007 indicate that the target number of distributed condoms (from PPAG Field Officers to CBSAs, NGOs and CBOs) has been reached or even exceeded.

Table 21: Percentage of Respondents According to Condom Use, 2007 Survey

	Ever used a Condom		Used Condom at First Sex		Frequency of Condom Use in last 12 months								
	Base line	Mid-term	Base line	Mid-term	Always/ Almost Always		Sometimes		Once in a while		Never		
					Base line	Mid-term	Base line	Mid-term	Base line	Mid-term	Base line	Mid-term	
District													
New Juaben	70.7	57.1	81.1	60.7	43.4	42.9	26.4	32.1	11.3	14.3	18.9	10.7	
Kwaebibirem	56.8	58.0	58.0	54.2	36.7	40.4	38.8	29.8	12.2	25.5	12.2	4.3	
Atwima Nwabiagya	45.3	44.1	41.2	50.0	35.3	24.1	32.4	34.5	17.6	13.8	14.7	27.6	
Education Status													
In –School		46.8		72.7		40.9		27.3		22.7		9.1	
Out-of-School		54.1		49.3		34.7		34.7		18.1		12.5	
Sex													
Male		66.7		45.8		39.7		32.8		19.0		8.6	
Female		42.3		66.0		32.6		30.4		19.6		17.4	
Age													
10 - 14		20.0		0.0		50.0		50.0					
15 - 19		47.3		65.1		33.3		35.7		16.7		14.3	
20 – 24		61.9		50.0		38.3		28.3		21.7		11.7	
Religion													
Traditional		50.0		0.0				100.0					
Islam		47.8		54.5		27.3		36.4		18.2		18.2	
Christian		54.2		57.1		39.3		28.1		20.2		12.4	
Total	57.6	53.1	60.1	55.0	38.5	35.8	32.5	32.1	13.7	17.9	15.3	14.2	

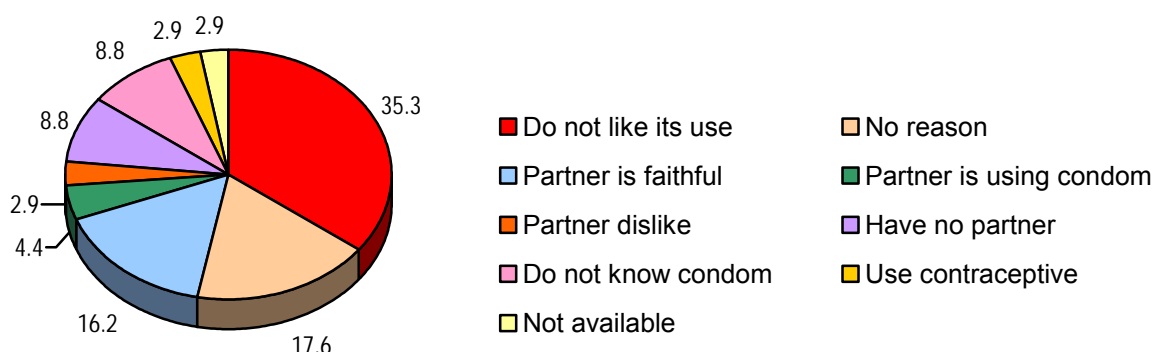
* Correctly speaking, condoms are not distributed free, but sold at the special low price.

The work of CBSAs, NGO and CBOs has also opened the role for non-traditional distributors in the communities such as bars, bread sellers, hairdressers, etc. Benefits of the project intervention also flowed into the traditional pharmacies and drug stores, some of which attributed their increased condom sales to the educational activities of the project.

Actual and consistent use, however, remains low based on the mid-term survey. Only a little more than half of the youth who ever had sex has ever used a condom. This has been a reversal of trend particularly for New Juaben Municipal District where condom use drop down from 70.7% in the baseline survey to 57.1% in the mid-term survey. The same is the case for Atwima Nwabiagya District. Combining the results of a reduced median age for first sex, these two districts may have to be watched closely in terms of the factors that move the youth towards high-risk behaviour.

Inconsistency of condom use is another concern in which only 36.5% of those who had sex in the last 12 months almost always used a condom. Reasons for not using condom were consistent with the outcomes of the baseline survey, where the most significant answer was “I don’t like condom use”. Figure 1 shows the overall results.

Figure 1: Reasons for Not Using Condom, 2007 Survey



The FGD also brought out the fact that many of the youth, and indeed some of the adults, don’t like the use of condom. The actual words given by the youth were: “They don’t feel it”, “You don’t eat toffee w/ wrapper”, “We will not drink palm nut soup with cover in the tongue”, and so on.

Simultaneously, CBSAs distributing condoms are still challenged by misconceptions on the price of condoms. Some of the youth believe the volunteers got the condoms for free. Indeed some NGOs funded by M-SHAP are apparently distributing condoms for free, which can be one of the cause of this confusion.

Perceptions on condom use still leave much to be desired. Table 22 shows that a little more than half (55.4%) said that condoms were needed only when partners has other sexual partners. In the same vein, there is still almost half (48.5%) who said condom is not necessary when one moves from casual to serious relationship. It

is encouraging, nevertheless, that the number of youth who knows condom should be used only once has increased from 71.8% in the baseline to 81.3% in the mid-term survey.

Table 22: Percentage of Respondents Who Agree to the Following Statements

	Condoms only needed if partners have other sexual partners		If a partner refuses to use condoms one should have sex anyway		When a relationship moves from being casual to serious condoms are no longer necessary		A condom can get lost in a woman's body		Using condom means one is promiscuous		A new condom must be used for each round of sex	
	Base line	Mid-term	Base line	Mid-term	Base line	Mid-term	Base line	Mid-term	Base line	Mid-term	Base line	Mid-term
District												
New Juaben	48.4	52.5	24.2	26.8	43.1	52.5	22.2	19.2	32.9	29.6	79.6	80.8
Kwaebibirem	49.0	52.5	26.1	20.0	45.0	42.0	21.7	22.0	37.1	38.5	79.8	82.5
Atwima Nwabiagya	60.7	61.0	28.5	28.0	41.5	51.0	26.7	28.3	34.4	31.7	68.6	80.5
Education Status												
In -School		57.1		17.4		42.9		21.8		33.2		81.2
Out-of-School		50.4		30.8		57.6		24.2		30.8		81.3
Sex												
Male		57.8		25.2		45.6		26.2		34.5		84.0
Female		53.0		30.8		57.6		24.2		30.8		81.3
Age												
10 - 14		52.3		25.5		44.9		23.8		37.4		75.9
15 - 19		56.7		18.1		51.1		23.3		32.3		85.6
20 - 24		58.0		40.2		49.1		21.4		27.7		81.3
Total	52.7	55.3	26.3	24.9	43.2	48.5	23.5	23.2	34.8	33.3	76.0	81.3

4.6 Recognition of the Project Intervention in the Communities

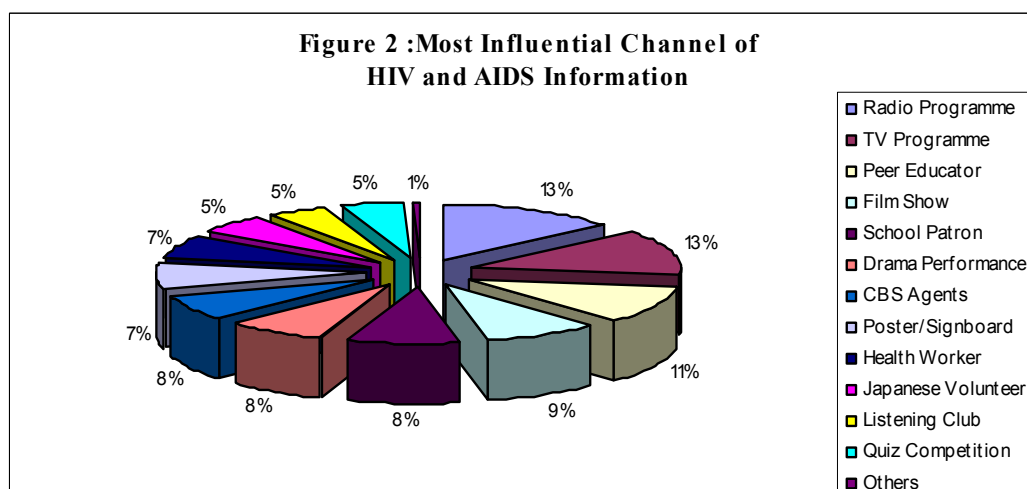
The survey tried to assess the level of awareness of the youth as far as the project activities are concerned. The respondents were asked about the frequency of their exposure to the various media employed by the project, and the results are presented in terms of the most significant response per category of media. Table 23 shows that the youth are mostly exposed to posters/flyers, radio programmes, film shows and drama performances. The youth seem to be mostly exposed to radio as a significant number, across the districts and for both in-school and out of school, has listened more than six times. What can be a concern was the seeming lack of engagement by many of the youth in volunteer discussions. Except for New Juaben Municipal and Kwaebibirem District, most of the youth, who were randomly selected, have not attended any discussions. This result tallies with what was said in the FGD that only a small number of the participating youth have actually attended volunteer discussions. In fact, the volunteers have lamented during the FGD that they are able to meet from 5 to 25 peers each week and they tend to be the same individuals.

Table 23: Frequency of Exposure to Source of Information on HIV and AIDS, 2007 Survey

- Most Significant Response per Category -

	How many times looked at a poster/flyer	How many times listened to a radio programme	How many times watched a film show	How many times watched a drama performance	How many times attended a peer educator discussion	How many times attended a CBSA discussion
District						
New Juaben	>6 Times (34.2%)	>6 Times (36.2%)	2-3 Times (35.4%)	2-3 Times (30.5%)	>6 Times (26.8%)	0 (53.8%)
Kwaebibirem	2-3 Times (27.6%)	>6 Times (35.9%)	2-3 Times (42.2%)	2-3 Times (31.5%)	2-3 Times (28.6%)	0 (34.7%)
Atwima Nwabiagya	>6 Times (36.4%)	>6 Times (43.7%)	2-3 Times (40.1%)	2-3 Times (35.7%)	0 (43.4%)	0 (51.8%)
Education Status						
In -School	2-3 Times (31.4%)	>6 Times (34.7%)	2-3 Times (40.0%)	2-3 Times (33.6%)	0 (26.0%)	0 (51.5%)
Out-of-School	>6 Times (38.4%)	>6 Times (46.9%)	2-3 Times (37.1%)	2-3 Times (31.5%)	0 (35.3%)	0 (38.8%)
Total	>6 Times (30.7%)	>6 Times (38.2%)	2-3 Times (39.3%)	2-3 Times (32.5%)	0 (30.4%)	0 (46.7%)

The youth were also asked what would be the medium that has the most influence in their change of knowledge on and behaviour towards HIV and AIDS. The highest rank turned out to be radio and television followed by Peer Educators and film show. The results are shown in Figure 2. It should be noted that even as the Peer Educator has relative importance in influencing the youth, it is still possible that those who responded in favour of the Peer Educator has listen to the volunteer in other events such as film shows and drama, but have not attended group discussions.



5. Conclusion

- (1) The project activities has initiated an education process that has enhanced the knowledge on HIV and AIDS among a greater number of youth in selected communities compared to the level of education obtaining before the project. The process, if continued, has the potential to reach out to the rest of the youth in the communities, spilling over to the adults especially with the type of mobile and mass media education campaign employed.
- (2) Positive effect on behavioural change has yet to be realized, nevertheless, considering that attitudes towards sex and stigma are influenced by more complex socio-economic factors. This change can be expected to take a longer time (perhaps even beyond the project lifetime) to materialize and strongly require policy and multi-sectoral (formal and informal education, health, communication) strategy support if behavioural change is desired to be seen among a significant number of the youth.
- (3) The package of mass and inter-personal media of education has contributed significantly to the enhanced knowledge and should continue in order to reach out to more youth in the communities. Currently, the Project does not measure its outreach vis a vis the total population of youth.
- (4) The ten PPAG Field Officers are challenged by a huge task to mobilize and educate 20 communities per district in 10 districts, given limited equipment and financial resources. PPAG staff and management have to manage this situation by reducing targets and sacrificing opportunities for enhanced networking at the district and community levels. This situation is not conducive to the achievement of Project aims. A thorough assessment of cost effectiveness for each of the education components have to be conducted in order to identify ways to maximize the outcome of each Project activity.
- (5) The activities to build coordinative capacity at the district and national levels have been carried out intensively and producing some positive effects. But the current PDM does not define a clear and tight package of activities to achieve coordinative capacity.

6. Recommendations

Based on the above points, some recommendations are forwarded for further consideration in the latter part of the evaluation study. To wit:

- (1) **The project has to reflect on the activities and indicators of Output 1 that aims to enhance coordinative capacity.** There is relevance in building capacities especially at the district level whilst PPAG implements education work of the Project. The capacity-building needs for monitoring, evaluation, coordination and networking among the critical actors in HIV and AIDS education, which could be properly identified within the project framework.
- (2) **The Project should re-visit its original plan to build advocacy groups among parents, church**

leaders, traditional and political leaders. The support of adult leaders is needed by Peer Educators if they are to succeed to reach out to more of their peers. Integrating the role for the adults will also facilitate the discussion on overcoming the more complex socio-economic determinants of HIV and AIDS prevalence. The approach to advocacy, however, should be made efficient and along the principle of community ownership of the education process. This may mean re-aligning some of the project management activities (as used in the budget) to achieve the aims of advocacy.

- (3) **A serious discussion on the pricing of condom needs to be done and can be initiated by the Project, spearheaded by GAC.** There is no consistent information on condom policy or pricing on the ground, leading to misconceptions and difficulty in promotion. __
- (4) **The message on abstinence from sex, especially among the younger children, may have to go beyond the prevention of HIV and AIDS.** Attitudes towards sex have been greatly influenced by, growing parental neglect, economic needs, exposure to unregulated media, pressure of tradition, etc. The original plan to introduce Life Planning Skills training (for both in-school and out-of-school youth) has to be revived with vigour, bringing in the Ministry of Education and GES for appropriate strategizing.
- (5) **The form of stakeholder and management meetings should be reviewed to assess whether resources (funds, human and time) actually translates to the strengthening of education work.** The relative budget allocated to project Management Activities demand that the utility of these meetings be reviewed. Aside from coordinating stakeholder implementation, such meetings should be designed to be diagnostic, recommendatory and be followed-up by well-planned action and feedback. The documentation of such meetings should be a must, but, should be used for effective follow-up by the management and coordinators.
- (6) **A framework to monitor, analyze, and document the education approaches of the project should be considered.** The project has the potential to contribute to the identification of an effective package for HIV and AIDS education to the youth, thus, facilitating district and national planning and review of HIV and AIDS programs and projects. This has to be discussed and implemented with strong collaboration with GAC.
- (7) **An assessment of practical demand (based on youth population per community) as well as most effective distribution channels should be done** to determine the actual number of BCC materials that should be produced periodically.
- (8) **Community ownership should be enhanced by facilitating discussions among PMCs and community leaders on how the community can assist the work of the Peer Educators and CBSAs during and after the Project.**

Appendix 1: Schedule of the Study

Month	Date	Day	Main Activity	Site
AUG	28	Tue	Briefing about the Project and the Mid-term Evaluation Plan from Shimizu to the Consultant	Accra
	29	Wed	Documents review Revision of the Evaluation Preparation of the Evaluation Grid, Questions and Questionnaires for the 1st phase of the study	
	30	Thu	Documents review Preparation of the Evaluation Questions 2:00-4:00 pm 1st Conference (re: Research Schedule, Sampling, Evaluation Grid, and Questions)	
	31	Fri	10:00 am-2:00 pm Meeting (re: Exchange of Information) Document review	
SEP	1	Sat		E/R Koforidua Kumasi Accra Accra E/R & A/R Accra & Kumasi A/R & Accra
	2	Sun		
	3	Mon	Document review	
	4	Tue	Preparation of the Evaluation Grid Preparation of the Evaluation Questions and Questionnaires for the 1st phase of the study	
	5	Wed	Logistic Arrangement for the Field Implementation, Accountancy	
	6	Thu	Preparatory work to Field Implementation	
	7	Fri	(Meeting with the District HIV Focal Persons and PPAG Field Officers)	
	8	Sat	Finalization of Evaluation Grid	
	9	Sun	Finalization of Questions Questionnaires for the 1st phase	
	10	Mon	Start to visit to JOCVs & their co-workers in A/R	
	11	Tue	Document Review	
	12	Wed	Training and Pre-testing of KAP Survey and Interviews in Koforidua	
	13	Thu	Implementation of KAP Survey and interviews in E/R	
	14	Fri		
	15	Sat		
	16	Sun		
	17	Mon	Focus Group Discussion in Koforidua targeting 6 Focal Persons and 6 District HIV & AIDS Focal Persons Start to visit to JOCVs & their co-workers in E/R	
	18	Tue	Focus Group Discussion in Koforidua targeting 12 Peer Educators and 12 CBSAs	
	19	Wed	Focus Group Discussion in 8 communities	
	20	Thu		
	21	Fri		
	22	Sat	Documentation and Preliminary write-up	
	23	Sun		
	24	Mon	Starting Data Entry Training and Pre-testing of KAP Survey and Interviews in Kumasi	
	25	Tue	Implementation of KAP Survey and interviews in A/R	
	26	Wed		
	27	Thu		
	28	Fri	Focus Group Discussion in Kumasi targeting 6 Focal Persons and 6 District HIV & AIDS Focal Person	
	29	Sat	Focus Group Discussion in Kumasi targeting 12 Peer Educators and 12 CBSAs	
	30	Sun		
OCT	1	Mon	Focus Group Discussion in 8 communities	Accra
	2	Tue		
	3	Wed		
	4	Thu	Data Processing & Analysis	
	5	Fri		
	6	Sat		
	7	Sun		
	8	Mon		

9	Tue	2:00-4:30 pm The 2nd Conference Presentation of the findings of the 1st phase of the study by Mrs. Marian Discussion on the Presentation Planning of the 2nd phase of the Study	
10	Wed		
11	Thu		
12	Fri		
13	Sat		
14	Sun	12:00 pm Arrival of Dr. Handa 4:00 pm Brief Briefing Briefing from about the Evaluation study from Shimizu to Dr. Handa,	
15	Mon	10:30 am Meeting Meeting of members of the Evaluation Team Briefing from Ms. Sakurai to Dr. Handa 2:00 pm Meeting Briefing from Mrs. Marian to Dr. Handa Discussion Document Review	Accra
16	Tue	Meeting with Mr. Wakasugi and Mr. Hashimoto 10:30 am Courtesy Visit to GAC, Discussion with some of the GAC personnel 2:00 pm Meeting with one of the National SHEP staff 3:30 pm Meeting with the Coordinator, MLGRDE (Mr. Louis Agbe)	
17	Wed	10:00 am Meeting with the Director of NACP (Dr. Akwai Addo) 1:30 pm Visit to PPAG Discussion with the Programme Director and the Southern Zonal Manager	
18	Thu	Trip to Ashanti Region 3:00 pm Meeting with the Middle Zonal Manager of PPAG (Mrs. Elsie Ayeh) 6:00 pm Observation of the field activities of PPAG (Amansie East District)	A/R
19	Fri	10:00 am Visit to Kwahu South District Assembly 11:00 pm Visit to Kwahu South Government Hospital (VCT Centre) 3:00 pm Kwabibirem District Assembly 4:00 pm Kwabibirem District GHS	E/R
20	Sat	Team Meeting	
21	Sun	Preparation for the Workshop	
22	Mon	Supplementation of the data and information Team Meeting How to arrange and facilitate the Workshop Evaluation Results Preparation for the Workshop	Accra
23	Tue	8:30 am – 3:30 pm The 3rd Conference (at the Conference Hall, Miklin Hotel, East Legon) Dissemination of Evaluation Result & Discussions	
24	Wed	Supplementation of the data and information	
25	Thu	11:00 am Mi-Term Evaluation Result Presentation in JICA Ghana Office	
26	Fri	17:30 Departure of Dr. Handa	
27	Sat		
28	Sun		
29	Mon	Evaluation Report Writing	
30	Tue		
31	Wed		

Appendix 2: List of Key Informants

National & Regional Staff Members:

Prof. S. A. Amoa, Director General, Ghana AIDS Commission(GAC)
Dr. Nii Akwei Addo, Programme Director, National AIDS Control Programme (NACP), GHS
Mr. M. Boamey, Coordinator for Ashanti Region, NACP, GHS
Mr. Manu Boahen, Patrick, Programme Officer for HIV & AIDS Education for National SHEP, GES
Mr. Louis Agbe, Chairman of CCM Ghana/ HIV & AIDS Coordinator, Ministry of Local Government Rural
Development and Environment
Mrs. Golda Asante, HIV/AIDS Focal Person for Eastern Region, MLGRDE

District Chief Executive

Hon. Nana A. Frempong, Brim North District Assembly, Eastern Region
Mr. Yaw Yiadom Boakye, Kwaebibirem District Assembly, Eastern Region
Mr. Haruna Boateng, Sekyere West District Assembly. Ashanti Region

District M&E Focal Persons for HIV&AIDS

Mr. Micheal Agyemang, New Juaben Municipal Assembly, Eastern Region
Mr. Seth Kofi Kpodji, Kwahu South District Assembly, Eastern Region
Mr. Akoto D. Attafuah, Birim North District Assembly, Eastern Region
Mr. Kwaku Amakye Odoi, Akuapem North District Assembly, Eastern Region
Mr. Sylvanus Adzornu, Asuogyaman District Assembly, Eastern Region
Mr. Afari Daniel, HIV & AIDS Focal Person, Kwaebibirem District Assembly, Eastern Region
Mr. Opoku-Fofie Apraku, HIV & AIDS Focal Person, Atwima Nwabiagya District Assembly, Ashanti
Region
Mrs. Beatrice O. Kwarteng, HIV & AIDS Focal Person, Sekyere West District Assembly. Ashanti Region
Mr. Richard Blevi, HIV & AIDS Focal Person, Kumasi Metropolitan Assembly, Ashanti Region
Mr. Mohammed Yahaya, HIV & AIDS Focal Person, Amansie East District Assembly, Ashanti Region

Other District Level of Personnel

Dr. Joseph K. L. Opare, District Director of Health Service, Kwahu South District, Eastern Region
Mrs. Rose Nane, Principal Community Health Nurse, District GHS, New Juaben Municipal District,
Eastern Region
HIV & AIDS Coordinator and VCT Counsellor, District GHS, Brim North District, Eastern Region
HIV & AIDS Coordinator and VCT Counsellor, District GHS, Asuogyaman District, Eastern Region
Mrs. Regina Klutse, Public Health Nurse, VCT Counsellor, Akuapem North District Hospital, Eastern
Region
Mrs. Appau Beatrice, Director of District GHS, Atwima Nwabiagya District, Ashanti Region
Mrs. Irene, SHEP Coordinator, District GES, Atwima Nwabiagya District, Ashanti Region
Mr. King, SHEP Coordinator, District GES, Amansie East District Assembly, Ashanti Region

Others

Mr. Yaw Otchere Baffour, A member of DAC, Representative of Light for Children, Ghana (Local NGO),
Kumasi, Ashanti Region

Mr. Jones Amoako-Ampaw, PMC Chairman, Suhyen, New Juaben Municipal District, Eastern Region
Alhaji Alhassan, Assemblyperson, Zongo C, New Juaben Municipal District, Eastern Region

PPAG Staff Members

Mr. Akwasi Boakye-Yiadom, Programme Director, PPAG
Mr. Emmanuel Obeng, M&E Manager, Quality Assurance Unit, PPAG
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Mr. Albert Wuddah-Martey, Southern Zonal Manager, PPAG
Mrs. Elsie Ayeh, Middle Zonal Manager, PPAG
Mr. Osman A.A., Middle Zone Financial Officer, PPAG
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Mr. Beatrice Amenado, Field Officer for Amansie East, PPAG
Mr. Charles Agyepong, Field Officer for Kumasi Metro, PPAG
Mr. Rexford Owusu-Banahene. Field Officer for Sekyere West, PPAG
Mr. Peter Dakurah, Field Officer for Asuogyaman
Mr. Franklin Asuo, Field Officer for Kwahu South
Mr. Emmanuel Okanta Akoto, Field Officer for Kwaebibirem
Mr. Moses Aboagye, Field Officer for Birim North
Mr. Ken Bartimeaus, Field Officer for Akuapem North
Ms. Patricia Kodoe, Field Officer for New Juaben, PPAG

Japanese Overseas Cooperation Volunteers

Mr. Yamanaka Takayuki, Regional Hospital, JOCV
Mr. Ogama Masaki Asinema JOCV
Ms. Hashimoto Maiko, Akuapem North District Assembly, JOCV
Ms. Takagi Kanae, Asuogyaman District Assembly, JOCV
Ms. Aida Hanae Asuogyaman District Health Service JOCV
Ms. Nitani Nobuko Kwahu South District Assembly JOCV
Ms. Ito Yoshimi Kwahu South District Hospital JOCV
Ms. Misawa Naomi, Kwaebibirem District Assembly, JOCV
Ms. Omori Chihiro, Kwaebibirem District Health Service JOCV
Ms. Nanko Mika, PPAG Middle Zone Office JOCV
Ms. Ito Tae, Sekyere West District Assembly JOCV
Ms. Shiozawa Tomoko, Sekyere West District Hospital JOCV
Ms. Ogami Junko, Cambridge Int'l Secondary School JOCV
Ms. Miyamoto Sachiko, Amansie East District Health Service JOCV
Ms. Goto Kumiko, Amansie East District Assembly JOCV

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JICA Ghana Office Staff and Expert

Mr. Yuji Wakasugi, Assistant Representative, JICA Ghana Office

Ms. Yukiko Sakurai, JICA Expert

Mr. Shingo Hashimoto, Field Coordinator, JICA Ghana Office

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Appendix 4. Project Design Matrix (PDM) as of September 2007

Project Name: The Project for HIV/AIDS Prevention through Education

Project Period: 1st Oct. 2005 --- 30 Sep. 2009

Target Areas: Eastern Region (6 districts) and Ashanti Region (4 districts)

Target Age: Aged 15-24 as the core target group with an overlap to the 10-14 age groups

Narrative Summary	Objective Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal: Sexual transmission of HIV infection among youth in target districts is reduced.</p>	<p>HIV prevalence rate (Aged 15-24)</p>	<p>Report of National HIV/AIDS surveillance</p>	
<p>Project Purpose: High-risk behaviors among youth in target districts are reduced.</p>	<ol style="list-style-type: none"> 1. Increase of number of youth who report consistent condom use in the past 6 months by 20% annually. 2. Increase of number of youth who had HIV test during last year. 3. Median age at first sex of boys and girls. 4. Proportion of youth who had sex with non-regular partner during last year 	<ol style="list-style-type: none"> 1. Conduct survey 2. Conduct survey 3. Conduct survey 4. Conduct survey 	<ol style="list-style-type: none"> 1. The Ministry of Health does not change the National HIV/AIDS Strategy significantly 2. The BCC activities of HIV/AIDS prevention are continued by the district Assemblies 3. Other donors and international organizations are retained to support the combat of HIV/AIDS
<p>Output 1: The coordinative capacity of BCC/IEC activities and campaigns at the national level and at the district level is improved.</p>	<ol style="list-style-type: none"> 1-1 Number of coordinative activities such as stakeholders meeting etc. 1-2 Number of the guideline production of community-based BCC/IEC activities for the national responses. 1-3. Number of district M&E focal person on HIV/AIDS selected and trained. 	<ol style="list-style-type: none"> 1-1 Project report 1-2 Guideline 1-3 Project report 	<p>Political situation is stable and security does not deteriorate in Ghana</p>
<p>Output 2: The awareness and knowledge of HIV/AIDS/STIs & VCT/PMCT for the targets has increased.</p>	<ol style="list-style-type: none"> 2-1. Number of spots aired on radio 2-2. Number of BCC materials distributed by community-based service(CBS) agencies. 2-3. Number of mobile campaigns held 2-4. 100% of peer educators and CBS agencies acquired appropriate skills and knowledge on HIV/AIDS/STIs and VCT/PMCT 2-5. Number of youth reached by peer educators and CBS agencies. 2-6. Number of youth who has appropriate knowledge on HIV/AIDS/STIs increased by 50% annually. 	<ol style="list-style-type: none"> 2-1 Project report 2-2 Project report 2-3 Project report 2-4 Conduct survey 2-5 Project report 2-6 Conduct survey 	
<p>Output 3: Condom use among sexually active youth in targets districts has increased.</p>	<ol style="list-style-type: none"> 3-1. Quantity of condoms distributed within the project. 	<ol style="list-style-type: none"> 3-1 Project report 3-2 Project report 	

<p>Activities:</p> <p>1. Capacity building of coordination at the national level and the district level</p> <p>1-1 Supporting the coordination and implementation of BCC/IEC activities and campaigns being organized by GAC at the national level.</p> <p>1-2 Conducting the assessment of Community-based BCC/IEC activities and developing the guideline of Community-based BCC/IEC activities for the national response.</p> <p>1-3 Training District M&E Focal Persons on HIV/AIDS in the targeted districts.</p> <p>1-4 Developing capacity to design, manages, and implement quality HIV prevention program in the targeted districts.</p>	<p>Inputs:</p> <p><u>Japanese side</u></p> <p>1) Japanese Experts (40 M/M ; Coordinator, IEC, Monitoring & Evaluation)</p> <p>2) Provision of equipment Vehicles 5, Motorbikes 10, Audiovisual machineries 4 sets, Learning materials</p> <p>3) Operational cost (campaign, material, training etc)</p>	<p>1. Trained community volunteers are retained</p> <p>2. The access roads to access to the targets communities are not destroyed by natural disasters</p> <p>3. No other infectious disease outbreak</p>
<p>2. Strength BCC/IEC activities in the communities</p> <p>2-1 Implementing mass media campaigns for HIV/AIDS Prevention.</p> <p>2-2 Producing and distributing BCC/IEC materials for HIV/AIDS/STIs&VCT/PMTCT.</p> <p>2-3 Conducting mobile campaigns for HIV/AIDS prevention.</p> <p>2-4 Identifying & Training peer educators and Community-based service agencies.</p> <p>2-5 Visiting as many households as possible and providing the education HIV/AIDS/STIs&VCT/PMTCT by CBS agencies.</p> <p>2-6. Supporting HIV/AIDS education and livelihood development skills program in school in the targeted areas.</p> <p>2-7. Creating Youth Corner within selected MOH facilities or Youth councils and providing youth friendly services.</p> <p>2-8 Strengthening the networks of NGO/CSO/CBOs and Youth Action Movement, and forming Parent Advocacy network groups.</p> <p>2-9. Conducting base line-survey, middle survey, and final evaluation on BCC/IEC activities.</p>	<p><u>Ghanaian side</u></p> <p>1) Assignments of Counterparts Ghana AIDS Commission, Eastern/Ashanti Region, District Assembly, Ghana Health Service</p> <p>2) Salary of the staff</p> <p>3) Facilities</p> <p>4) Office for Japanese coordinator</p>	
<p>3. Condom promotion and distribution</p> <p>3-1 Expanding condom promotion and distribution.</p> <p>3-2 Conducting base line-survey, middle survey, and final evaluation on usage of condoms.</p>		<p>Pre-conditions:</p> <p>1. Ghana AIDS Commission assures smooth implementation of the project.</p> <p>2. People in target districts will accept the activities of the project.</p>

Appendix 5. Evaluation Grid

(1) Verification of performance and implementation process

Evaluation Main Item	Questions Detailed Items (Sub-question)	Standard/Method for Judgement / Assessment Necessary Data / Information	Information/Data Resource and Information/Data Collection Method
Is the performance level of the project high?	<p>Have the inputs implemented as planned?</p> <p>Are planned inputs received according to agreements?</p>	<p>- PDM and PO</p> <p>- Japanese side</p> <p>Japanese expert (45MM)</p> <p>Provision of equipments</p> <p>5 vehicles</p> <p>10 motorbikes</p> <p>5 sets of audio equipments for mobile campaigns</p> <p>Operational costs</p> <p>Operational costs for implementation of BCC activities in the districts</p> <p>- Ghanaian side</p> <p>Assignments of counterparts (Ghana AIDS Commission, MMDAs and GHS in target districts and regions)</p> <p>Salary of the counterparts staffs</p> <p>Facilities</p> <p>Office for Japanese expert</p>	<p>Observation</p> <p>Document Review</p> <p>Project Reports</p> <p>Financial Records</p> <p>- Interview</p> <p>GAC</p> <p>PPAG HQ/ Zone Offices</p> <p>JICA Expert</p> <p>Focal Group Discussion</p> <p>District HIV Focal Person</p> <p>PPAG Field Officers</p> <p>CBS Agents</p> <p>Peer Educators</p>
	<p>If there were deviation in the implementation of inputs, what were the reasons?</p> <p>What were the actions taken after deviating from the plan or agreements?</p>	<p>- Assessed constraints in implementation of plans or agreements</p> <p>- Assessed action on deviations</p>	
	<p>Are activities implemented as planned?</p> <p>Are planned activities implemented according to agreements?</p> <p>If there were deviation in the implementation of activities, what were the reasons?</p>	<p>- See PDM and PO</p>	<p>Observation</p> <p>Document Review</p> <p>Project Reports</p> <p>Financial Records</p> <p>- Interview</p> <p>GAC</p>

	<p>Has the output 1 been being produced as planned?</p>	<ul style="list-style-type: none"> - Knowledge of youth target BCC/IEC activities are increased among focal persons at district level - Number of accepted proposals for GAC/ MSHAP is increased. - Timely District Reports submitted to GAC are increased from the year 2005 - Coordinating meetings (e.g.RCC,DAC,District Steering Committee, PMC quarterly meetings, PE and CBS Agents meetings, School Patron meetings) are regularly organized. - Annual HIV plans of work are improved. 	<p>JICA Expert - Focal Group Discussion District HIV Focal Person PPAG Field Officers CBS Agents Peer Educators</p> <p>- Document Review HIV District Quarterly Reports to GAC Meeting Minutes Annual Plan District Strategic Plan - Interview GAC District GHS MLGRDE One of the DRMT members Regional Coordinating Council</p> <p>JICA Expert JOCVs</p> <p>- Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers</p>
<p>Has the output 2 been being produced as planned?</p>	<ul style="list-style-type: none"> - Percentage of youth who has acquired correct knowledge on HIV and AIDS, STIs, VCT and PMTCT is increased. 	<p>Document Review Project Reports - Kap survey Inhabitants (Youth) Peer Educators CBS Agents</p>	
<p>Has the output 3 been being produced as planned?</p>	<ul style="list-style-type: none"> - The number of condom distributing agencies is increased. - Condoms distribution within the project is increased by 20% from the beginning of the project implementation. 	<p>Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers CBS Agents Peer Educators Community PMC and others Interview GAC District NACP ro GHS JOCVs</p>	

	<p>Has the project purpose been being achieved?</p>	<p>In target communities</p> <ul style="list-style-type: none"> - Number of youth who report consistent condom use in the past 6 months is increased by 20% from result of the baseline survey. -Number of youth who had HIV test is increased by 20% from the year 2005. - Median age at first sex remains as same as result of the baseline survey. - Number of youth who had sex with non-regular partner is decreased by 20% from result of the baseline survey <p>In the whole target districts</p> <ul style="list-style-type: none"> - Number of and expenditure (e.g. 1% Common Fund and M-SHAP Fund) for district BCC activities are increased. 	<ul style="list-style-type: none"> - Document Review <ul style="list-style-type: none"> Project Reports HIV District Quarterly Reports to GAC Results of the Baseline Studies GHS Clinic Records - Kap survey Inhabitants (Youth) Peer Educators CBS Agents - Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers CBS Agents Peer Educators Community PMC and others - Interview <ul style="list-style-type: none"> GAC NACP JOCVs
<p>Is the project management system adequate?</p>	<p>Is there a clear delineation or roles and responsibilities among project management and implementation units?</p>	<ul style="list-style-type: none"> - Assessed perception of roles and responsibilities among management and implementing units - Assessed relationship, perceived and actual, among management and implementing units 	<ul style="list-style-type: none"> - Document Review <ul style="list-style-type: none"> National Strategic Plan Regional/ District Strategic Plan Project Reports - Interview <ul style="list-style-type: none"> GAC MLGRDE Regional HIV Focal Person District GHS JICA Expert JOCVs - Focal Group Discussion District Focal Person PPAG Field Officers
	<p>Are the functions and the tasks of each implementer defined and demarcated clearly?</p> <p>Is the mutual relationship of the Project implementers defined clearly?</p>	<ul style="list-style-type: none"> - The functions / tasks of: - The inter-relationship (communication system) among: <ul style="list-style-type: none"> GAC MLGRDE Regional HIV Focal Person District HIV Focal Person NACP 	

	GES District Office PPAG JICA Expert JOCVs	
How much budget is allocated to which items? What were the actual expenses?	- Financial management of each stakeholder	<ul style="list-style-type: none"> - Document Review Financial Report on HIV and AIDS MSHAP Reports - Interview GAC MLGRDE District GHS One of the DRMT members JICA Expert Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers
Who is responsible for management of the budget and expenditure?		
Is there transparency in the decision-making process?	<ul style="list-style-type: none"> - Assessed number of occasions for stakeholders to have discussions and to exchange ideas and information Assessed frequency and mode of communication between GAC and JICA Staff Assessed frequency and the mode of communication among GAC, the target District Assemblies, NACP and other stakeholders 	<ul style="list-style-type: none"> - Interview GAC MLGRDE Regional HIV Focal Person District GHS One of the DRMT members JICA Expert Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers
Does the project have an adequate monitoring system?	<ul style="list-style-type: none"> Extent of implementation of project monitoring plans - Assessed level of participation of various project stakeholders in project monitoring activities - Extent of use of field monitoring feedbacks in project decision-making 	<ul style="list-style-type: none"> Document Review Project Reports HIV District Quarterly Reports to GAC - Interview GAC MLGRDE JICA Expert Focal Group Discussion District HIV Focal Persons PPAG Field Officers

<p>What is the commitment level of each stakeholder?</p>	<p>What is the commitment level of the project management and implementation units?</p>	<p>- Assessed commitment of various units based on the extent of their implementation of roles and pursuance of agreed relationship with other units?</p>	<p>- Interview GAC MLGRDE District GHS One of the DRMT members JICA Expert JOCVs Focal Group Discussion District HIV Focal Persons PPAG Field Officers</p>
<p>Does the project have a high recognition among the staff of the implementing agency and the counterpart?</p> <p>Does the project have a high recognition among the inhabitants of the target areas?</p> <p>Is the degree of participation of the District Assemblies high?</p> <p>Is the degree of participation of District Health Service high?</p> <p>Is the degree of participation of MLGRDE high?</p>	<p>- Knowledge about the Project</p> <p>- Incentive toward the Project implementation</p>	<p>- Interview GAC MLGRDE Regional HIV Focal Person District GHS JICA Expert JOCVs - Kap survey Inhabitants (Youth) Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers CBS Agents Peer Educators Community PMC and others</p>	<p>- Interview GAC MLGRDE Regional HIV Focal Person District GHS JICA Expert JOCVs - Kap survey Inhabitants (Youth) Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers CBS Agents Peer Educators Community PMC and others</p>
<p>Did any other problems occur during the process of implementing the project?</p>	<p>Were there any activities which were delayed?</p> <p>Were there any activities which have not yet been done?</p> <p>What impeded the accomplishment of the above activities?</p>	<p>- The Project implementation process</p> <p>- Promoting factors and inhibiting factors</p> <p>- External factors which influenced the implementation process</p>	<p>Observation Document Review Project Reports Financial Records - Interview GAC PPAG HQ JICA Expert Focal Group Discussion District HIV Focal Person PPAG Field Officers</p>
<p>What kinds of external factors influenced the Project implementation process?</p>	<p>Were there any unexpected incidents in the course of the Project implementation?</p>		

	Did the unexpected incidents influenced significantly the Project implementation process?	CBS Agents Peer Educators
Is the output achievement level adequate? (in comparison of the performance with targets)		Analysis of the research data and verification concerning the implementation process - Interview GAC PPAG HQ JICA Expert Focal Group Discussion District HIV Focal Person PPAG Field Officers CBS Agents Peer Educators
Is the achievement level of the project purpose adequate? (in comparison of the performance with targets)		

(2) Relevance

Evaluation Main Item	Questions Detailed Items (Sub-question)	Standard/Method for Judgement / Assessment Necessary Data / Information	Information/Data Resource and Information/Data Collection Method
Is the project in line with the national policy of Ghana?	Is the project consistent with the development policy of Ghana?	- Development policy and plan (in respect to HIV and AIDS) of Ghana	Document Review GPRS II National Health Policy The 3rd Health Sector Five Year Programme of Work (2007-2011)
	Is each component of the project consistent with the Ghana's national policy as regards HIV & AIDS?		Document Review National HIV, AIDS & STI Policy of Ghana AIDS Commission
Is the project in line with Japan's foreign aid policy?	Is the project in line with Japan's aid policy to Ghana?	- Japan's aid policy toward Ghana	Document Review Japan's Country Assistance Plan to Ghana JICA's plan for a country-specific program implementation

<p>Was the selection of the target group adequate?</p>	<p>What is the priority for the target communities? (Was the criteria and the process of the selection appropriate?)</p>	<p>- Present HIV and AIDS Prevalence - The number of newly infected people</p>	<p>Document Review HIV Sentinel Survey Report Interview GAC District NACP JICA Expert Focal Group Discussion District HIV Focal Person PPAG Field Officers</p>
<p>Can the needs of inhabitants in the target areas be recognized?</p>	<p>Can any synergy effects with Ghana's national programme or with other donors' interventions be recognized?</p>	<p>- the needs of the people</p>	<p>- Kap survey Inhabitants (Youth) Focal Group Discussion CBS Agents Peer Educators CommunityPMC and others</p>
<p>At present is the Project complementary to other donors' programmes, projects or activities?</p>	<p>Have there been any changes in the surrounding conditions or environment of the project (politics, economy, society, etc.) since the beginning of the project?</p>	<p>- Ghana's national programme on HIV and AIDS - The interventions of international organizations and other donors - The concerns, interests and plans of international organizations and other donors</p>	<p>Document Review National HIV, AIDS & STI Policy of Ghana AIDS Commission Interview GAC MLGRDE District GHS JICA Expert International organization and Donors Questionnaire JOCV's</p>
<p>Have there been any changes in the surrounding conditions or environment of the project (politics, economy, society, etc.) since the beginning of the project?</p>	<p>Have there been any changes in environment of the project (politics, economy, society, etc.) since the beginning of the project?</p>		<p>- Observation Interview GAC JICA Expert International organization and Donors Focal Group Discussion District HIV Focal Person PPAG Field Officers</p>

(3) Effectiveness

Evaluation Main Item	Questions Detailed Items (Sub-question)	Standard/Method for Judgement / Assessment Necessary Data / Information	Information/Data Resource and Information/Data Collection Method
Is the project outputs likely achieved?	Are the project outputs likely achieved?	- Assessed sufficiency of outputs to produce purpose	<ul style="list-style-type: none"> - Document Review Project Reports HIV District Quarterly Reports to GAC Results of the Baseline Studies GHS Clinic Records - Survey Inhabitants (youth) Peer Educators CBSAs - Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers CBS Agents
	Are there any factors that contribute to the achievement of the project outputs?		
	Are there any factors that promote the achievement of the project outputs?	- Assessed internal and external potentials (or constraints) contributing to the achievement of outputs	
	Are there any factors that inhibit the achievement of the project outputs?	- Assessed internal and external potentials (or constraints) inhibiting to the achievement of outputs	
	Is the project purpose likely achieved?	-	
Is the project purpose likely achieved?	Are there any factors that contribute to the achievement of the project purpose?	- Assessed internal and external potentials (or constraints) contributing to the achievement of the Project purpose	<ul style="list-style-type: none"> Peer Educators Community PMC and others - Interview GAC NACP JOCVs
	Are there any factors that promote the achievement of the project purpose?	- Assessed internal and external potentials (or constraints) inhibiting to the achievement of the Project purpose	
	Are the outputs sufficient to bring about the project purpose?		
	Are the important assumptions from the outputs to the project purpose applicable to the current situation?	- Assessed influence from important assumptions	
	Will the important assumptions be realized?	- Assessed continuing relevance of identified assumptions	
Are the important assumptions fixed appropriately?		Analysis of the research data and information and the results of the Verification of performance and implementation process	

(4) Efficiency

Evaluation		Questions	Standard/Method for Judgement / Assessment	Information/Data Resource and Information/Data Collection Method
Main Item	Detailed Items (Sub-question)			
The amount / volume of inputs and activities are well balanced with the expected outputs?	Is the level of inputs adequate or more than necessary to achieve the target milestone outputs?	- Assessed level of inputs used per activity and consequent result of activities	- Analysis of the research data and information and the results of the Verification of performance and implementation process - Document Review Project Reports HIV District Quarterly Reports to GAC Results of the Baseline Studies GHS Clinic Records - Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers - Interview	
	Were the activities sufficient to produce the outputs?	order of the activities relationship with other activities of the counterparts	- Interview GAC NACP JICA Expert JOCV Coordinator JOCVs	
	Are the important assumptions from the activities to the outputs true of the current situation?		- Interview GAC MLGRDE NACP District Focal Person District Health Service PPAG Field Officers JICA Expert JOCVs	
	Has there been any significant influence from important assumptions?		- Document Review Reports on the similar JICA Projects	
	Were the inputs of adequate quantities and qualities performed in the appropriate time?		- Interview GAC District NACP or GHS	
	Has the Project been being implemented in good timing?			
Has the Project been being utilizing existing resource?	Are there human resources, who are available but who are not mobilized in the Project implementation process? Are there any materials, which are available, but which are not utilized in the Project implementation process?	- Reference to the evaluation reports of other similar projects of JICA - Comparison with expenses of similar projects of JICA		
Does the output justify the cost to be invested compared to similar projects?	Compared with expenses of similar projects of JICA, are the effects against unit cost of this project relatively high? Are there any possible ways to achieve the same outputs, cutting down on expenses?			

International organization and Donors PPAG Field Officers JICA Expert JOCVs		- Is there any alternative ways to enhance the achievement level of the outputs at the same cost?	
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(5) Impact

Evaluation Main Item	Questions Detailed Items (Sub-question)	Standard/Method for Judgement / Assessment Necessary Data / Information	Information/Data Resource and Information/Data Collection Method
Are there prospects that the overall goal will be produced as an effect of the project?	Is the possibility that the overall goal will be achieved 3 years after the termination of the project high?	Sexual transmission of HIV infection among youth in target districts is reduced.(Comparison of the past records)	
	Are there factors that will promote the achievement of the overall goal?		
	Are there factors that impede the achievement of the overall goal?		
	Are the causal relationships between the goal and the purpose correct? (Will the overall goal be achieved as a consequence of the project purpose?)		- Analysis of the research data and information and the results of the Verification of performance and implementation process
	Are the important assumptions from the project purpose to the overall goal true of the current situation?		
Are any synergy effects recognized between the Project implementation and the JOCV Programme?	In what organization are the JOCVs assigned at present?		- Interview GAC JOCVs Counterpart organization of JOCVs JICA Filed Coordinator JICA Expert
	In what activities do the JOCVs engage themselves?		
	What activities of the JOCVs overlap the Project activities?	What activities of the JOCVs do not overlap the Project activities?	
	Do the JOCVs understand the Project very well?		- Focal Group Discussion District HIV Focal Person PPAG Field Officers
	Do JICA Expert understand the JOCVs' activities very well?		

	<p>Does the JOCVs activities have a high recognition among the counterpart organization and inhabitants of the target areas of their activities?</p> <p>How do the counterpart organization and the stakeholders at District level assess the synergy effect between the Project implementation and the JOCV Programme?</p> <p>Are there prospects that the achievement of the overall goal will have an impact on the development plan of Ghana?</p>		
<p>What kind of ripple effects will be expected through the implementation of the Project?</p>	<p>Is there any influence of the project on the management skill/technique at the district-level out of HIV & AIDS issue?</p>		<p>- Interview GAC PPAG HQ MLGRDE NACP District GHS One of the DRMT members JICA Expert - Focal Group Discussion District HIV Focal Person PPAG Field Officers</p>
	<p>Is there any economical influence of the project in the target areas?</p>		<p>- interview JICA Expert JOCV/s</p>
	<p>Is there any social or cultural influence (especially on gender relations) of the project?</p>		<p>- Focal Group Discussion District Focal Person PPAG Field Officers CBS Agents Peer Educators Community PMC and others</p>
	<p>Is there any influence of the project on environmental protection</p>		
	<p>Are any other negative influence of the project observed?</p>		

(6) Sustainability

Evaluation		Questions	Standard/Method for Judgement / Assessment	Information/Data Resource and Information/Data Collection Method
Main Item	Questions	Necessary Data / Information		
What is the level of sustainability in terms of policy and system	Are the relevant regulations and legal systems prepared / being prepared?			- interview GAC MLGRDE District GHS JICA Expert Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers
	Will effort be taken to spread the undertakings of the project to other areas?			- Interview GAC MLGRDE District GHS One of the DRMT members JOCVs
	How much priority is given to the implementation of the project components in the various activities of MLGRDE, District Assemblies and District GHS?			- Focal Group Discussion District Focal Person PPAG Field Officers
Is there sufficient organizational capacity to implement activities to produce effects also after the cooperation has ended?	Is the sense of ownership towards the project at the implementing agencies sufficiently secured?			- Interview GAC MLGRDE One of the DRMT members JOCVs JICA Expert Questionnaire JOCVs
	Are human resources enough to continue the activities?			- interview GAC MLGRDE District GHS Regional HIV and AIDS Focal Person
	Is there any adequate system or mechanism to make decisions, share information or ideas among stakeholders?			

			Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers
	Is there any adequate system or mechanism to scoop up community-level of needs concerning HIV & AIDS?		- interview GAC NACP Regional HIV and AIDS Focal Person - Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers
	Are Districts' members concerned with HIV & AIDS appropriately motivated?		
	Are CBS Agents and Peer Educators are well motivated in their activities?		- Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers CBS Agents Peer Educators Community PMC and others
Are financial conditions favourable for continuation of the activities after the cooperation has ended?	Has the counterpart organization and implementation bodies secured the operating expenses?		- interview GAC MLGRDE - Focal Group Discussion District Focal Person PPAG Field Officers
	Will the counterpart organization obtain the budget for the activities after the cooperation has ended?		
	Will other donors who are supporting the counterpart organization financially continue to do?		Interview GAC NACP MLGRDE International Organizations and Donors
	Are there any donors which will begin to support Ghana's HIV & AIDS programme financially?		
	How high is the probability that the budget increases in the future through the implementation of the project?		Interview GAC NACP MLGRDE International Organizations and Donors
Is the method of the technical cooperation suitable to the counterpart organization?	Is the level of the technique suitable to the implementing agencies?		Observation Analysis of the research data and

	<p>Are necessary equipment available for the GAC and other organization concerned with the Project?</p>	<p>information and the results of the Verification of performance and implementation process</p> <ul style="list-style-type: none"> - Interview <ul style="list-style-type: none"> GAC JICA Expert JOCVs - Focal Group Discussion <ul style="list-style-type: none"> District HIV & AIDS Focal Person PPAG Field Officers
	<p>Is the equipment appropriately maintained and managed?</p> <p>Are there sufficient number of members on the part of the counterpart and other bodies who can engage themselves in the implementation of the Project?</p>	<ul style="list-style-type: none"> - Document Review <ul style="list-style-type: none"> Project Reports HIV District Quarterly Reports to GAC - Interview <ul style="list-style-type: none"> GAC JICA Expert District NACP JOCVs - Focal Group Discussion <ul style="list-style-type: none"> District HIV & AIDS Focal Person PPAG Field Officers
<p>To what extent is sustainability factored in project activities and target outputs?</p>	<p>What factors exist that can contribute or inhibit the sustainability of project effects beyond the project completion date?</p>	<ul style="list-style-type: none"> - Observation - Analysis of the results of KAP Survey <ul style="list-style-type: none"> Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers CBS Agents Peer Educators Community PMC and others
<p>Does the project contain a mechanism for its dissemination?</p>	<p>Does the project contain a mechanism for its dissemination? How high is the probability that the implementing agencies can maintain the mechanism for its dissemination?</p>	<ul style="list-style-type: none"> - Assessed factors of sustainability (or non-sustainability) at various levels including the community - Assessed factors of sustainability at the level of the combination of the components

Are social, cultural and environmental conditions favourable for the sustainability of the effects of the project?	Will the project have a negative effect on social and cultural perspectives of the project site?	- Interview JOCVs District GHS - Focal Group Discussion District Focal Person PPAG Field Officers CBS Agents Peer Educators Community PMC and others
	Will social and cultural effect resulted by the project have a negative effect on the project?	
	Does the project consider gender relationship in the target areas?	
	Does the project consider the poor in the target areas?	
Are there any other factors that might inhibit sustainability?		- Analysis of the research data and information and the results of the Verification of performance and implementation process

(7) Necessity of Adjustments

Evaluation	Questions	Standard/Method for Judgement / Assessment	Information/Data Resource and Information/Data Collection Method
Main Item	Detailed Items (Sub-question)	Necessary Data / Information	Information/Data Resource and Information/Data Collection Method
Is there any room to take some measures in order to enhance the achievement levels of the project outputs and purpose?	Is there any points for the JICA Expert to consider newly to enhance the achievement level of the outputs and purpose of the project?		- Analysis of the research data and information and the results of the Verification of performance and implementation process - Interview GAC NACP MLGRDE Regional HIV and AIDS Focal Person JICA Expert - Focal Group Discussion District HIV & AIDS Focal Person PPAG Field Officers
	What is the possible effectiveness and impact of the mobile VCT?	- The effectiveness and the impact of mobile VCT activities conducted at present. - Policy making concerning VCT	- Observation - Interview GAC NACP VCT Nurse District HIV & AIDS Focal

<p>Person</p> <p>PPAG Field Officers</p> <p>JICA Expert</p> <p>JOCV/s</p> <p>International Organizations and Donors</p>			
<p>- Analysis of the research data and information and the results of the Verification of performance and implementation process</p> <p>- Discussion (Workshop)</p> <p>All concerned with the Project</p>		<p>Is it necessary to adjust the inputs?</p> <p>Is it necessary to adjust the activities?</p> <p>Is it necessary to adjust the outputs?</p> <p>Are there any new important assumptions that influence the project?</p> <p>How have problems, issues, risks, etc. pointed out in the ex-ante evaluation changed?</p>	<p>Is it necessary to adjust the logical framework of the project?</p> <p>In which way should the Project terminate/phase out?</p>

Appendix 6: Field Survey Questionnaire

Questionnaire for the Mid-Term Evaluation Filed Research For the Structured Interviews to the Target Youth (Aged 10-24)

Identification

Date:2007, The Name of Interviewer:

Name of Community: District:

100	SECTION 1: BACKGROUND CHARACTERISTICS	CODING CATEGORIES	CODE	SKIP
101	Sex of respondent? (Do not ask)	Male Female	1 2	
102	How old are you now?	_____ years Don't know	99	
103	What is your religion?	Traditional Islam Christian	1 2 3	
104	Have you ever attended any formal school?	Yes No	1 2 →	107
105	What is the highest level of school you attended?	Primary Junior Secondary Post-Secondary	1 2 3 4	
106	Are you currently attending school?	Yes No	1 2	
107	Have you ever been married?	Yes No	1 2 →	110
108	How old were you when you got married?	__ __ years Don't know	99	
109	What is your current marital status?	Married Living together Separated/divorced	1 2 3	
110	With whom do you live most of the time?	Both parents Mother only/Father only Brother/sister Grandmother/Grandfather Other relative/Guardian On my own Boyfriend/ girl friend Husband/wife Other (specify.....)	1 2 3 4 5 6 7 8 9	
111	What is your main Occupation	Salaried worker Fishing/farming Trading/Small scale Business Artisan Student Unemployed Apprenticeship Other (specify.....)	1 2 3 4 5 6 7 8	

200	SECTION 2: SEXUAL EXPERIENCE	CODING CATEGORIES	CODE	SKIP
201	Do you have a lover/boyfriend/girlfriend?	Yes No	1 2	
202	How old were you when you had your first sexual intercourse?	_____ Years Can't remember	99	
203	Have you ever had sexual intercourse?	Yes No	1 2 →	307
204	Before the first sexual intercourse, how long had you known this person with whom you had this sexual intercourse?	Less than 1 week 1 to 4 weeks 1 to 3 months 3 to 6 months Over six months Since birth/infancy	1 2 3 4 5 6	
205	When was the last time you had sex	Less than one month Between 1-3 months More than 3 mths – 6 mths More than 6 mths – 1 year More than 1 year	1 2 3 4 5 →	307
206	How many sexual partners have you had within the last 1 year?	_____ Partners Cannot remember.	99	
207	How many children do you have?	_____	99	

300	SECTION 3: CONDOM KNOWLEDGE, ATTITUDE AND USE	CODING CATEGORIES	CODE	SKIP
301	Have you ever used a (male/female) condom?	Yes No	1 2 →	307
302	The first time you had sex, did you use a condom?	Yes No Don't remember	1 2 3	
303	How often did you use a condom in the last 12 months?	Always/almost always Sometimes Once in a while Never	1 → 2 → 3 → 4 →	307 304 305 306
304	What is the reason why you sometimes used a condom?		
305	What is the reason why you have used a condom once in a while?		
306	What is the reason why you have never used a condom?		

I am going to read some STATEMENTS to you, please tell me whether you agree or disagree with me				
		1. Agree	2. Disagree	3. Don't know
307	Condoms are only needed if the person you have sex with has other partners.			
308	If a partner refuses to use a condom, one should have sex anyway.			

309	When a relationship moves from being casual to serious, it is no longer necessary to use a condom.			
310	A condom can get lost in a woman's body			
311	Using a condom means one is promiscuous			
312	A new condom must be used for each round of sex			

313	Can a girl get pregnant when she has sex standing up?	Yes No	1 2	
314	Can a girl get pregnant the first time she has sex?	Yes No	1 2	
315	At what time in a woman's monthly cycle is she most likely to get pregnant when she has sex?	During her period Immediately after her period About 2 weeks before her period Just before her period Don't know	1 2 3 4 5	

400	SECTION 4: SEXUALLY TRANSMITTED INFECTIONS (STD's) KNOWLEDGE AND EXPERIENCE	CODING CATEGORIES	CODE	SKIP
401	Please tell me the names of any diseases you know that one can get through unprotected sexual intercourse. (Probe "Others", Circle all mentioned)	HIV/AIDS Gonorrhea Herpes Syphilis Candidiasis Don't know Others (<i>specify</i>)	1 2 3 4 5 6 7	
402	Please tell me what physical problems or symptoms a person might have that suggest that he or she has a sexually transmitted disease. (Circle all mentioned)	Lower abdominal pain/painful urination Discharge from penis/vagina Burn/itch in penis/vagina Sores/ growth in genital area Don't know Others (<i>specify</i>).	1 2 3 4 5 6	
403	Have you ever had an ST Infection?	Yes No Not sure	1 2 → 3 →	501 501
404	When you had this infection did you get medical treatment?	Yes No	1 2 →	406
405	Where did you go for treatment?	Hospital/Clinic Drug shop Shop Others (<i>specify</i>)	1 2 3 4	
406	When you had this infection, did you inform your partner?	Yes No	1 → 2	407
407	Why did you not inform your partner?	Did not know where partner was Afraid of partners reaction Felt embarrassed/shy Other (<i>specify</i>)	1 2 3 4	

500	SECTION 5: KNOWLEDGE AND PERCEPTIONS ABOUT HIV AND AIDS	CODING CATEGORIES	CODE	SKIP
501	Have you ever heard about HIV and AIDS?	Yes No	1 2 →	End

502	What was your source of information about HIV and AIDS (Circle all mentioned)	Radio TV School Patron Peer educator Health worker Family relations Book/Magazine/Poster etc CBS Agents Listening Club Drama Performance Film Show Quiz competition Other (specify.....)	1 2 3 4 5 6 7 8 9 10 11 12 13	
503	What is HIV? (Circle all mentioned)	HIV is the same as AIDS A form of STI The virus that causes AIDS Bad/incurable illness Don't know Others (specify.....)	1 2 3 4 5 6	
504	Is there a difference between HIV and AIDS?	Yes No	1 2	→ 506
505	If YES , what is the difference? (Circle all mentioned)	HIV is the virus that causes AIDS HIV develops into AIDS HIV can be controlled but AIDS cannot be cured Cannot tell if one has HIV but AIDS can be seen Other (specify.....)	1 2 3 4 5	
506	How is HIV transmitted? (Circle all mentioned)	Through Sex Blood transfusion Sharing of sharp objects Mother to child Don't know Other (specify.....)	1 2 3 4 5 6	
507	What are the symptoms of AIDS (Circle all mentioned)	Consistent weight loss Consistent/frequent diarrhoea Long/persistent bouts of cough Shingles/boils/rashes Loss of appetite/loss of hair Don't know Others (specify.....)	1 2 3 4 5 6 7	
508	Do you think you are at risk of contracting HIV and AIDS?	Yes No	1 2	→ 510
509	If YES , what is the MAIN reason why you think you are at risk of contracting HIV	Everybody is at risk Practice unprotected sex/sexually active Partner may be unfaithful May use an infected object Other (specify.....)	1 2 3 4 5	

510	If NO , what is the MAIN reason why you think you are not at risk of contracting HIV	Faithful to partner Use condom always Abstaining Don't share sharp objects Other (specify.....)	1 2 3 4 5	
511	How can HIV/AIDS be prevented? (Circle all mentioned)	Abstinence Condom use Avoid sharing sharp objects Remain faithful to faithful partner Avoid having multiple partners Don't know Other (specify.....)	1 2 3 4 5 6 7	

I am about to read some statements to you please tell me whether it is true or false				
		1. True	2. False	3. Don't know
512	A healthy looking person can be a carrier of the HIV			
513	It is easier to get HIV when you have an STI			
514	A person can get HIV the first time he or she has sex?			
515	A person can get HIV/AIDS through sharing utensils with an infected person			
516	One can get AIDS through mosquito, flea, or bedbug bites			
517	HIV/AIDS is caused by witchcraft			
518	Some children born to HIV positive mothers <u>may not</u> have the HIV virus			

Mother –To Child Transmission		CODING CATEGORIES	CODE	SKIP
519	(To females respondents who have given birth) Did you take HIV test during the ante-natal care for the 1st pregnancy?	Yes No Don't know	1 2 3	
520	Can the HIV virus be transmitted from a mother to her baby?	Yes No	1 2 →	522
521	At what stage does the virus pass on from an infected mother to her child? (Circle all mentioned)	During pregnancy During delivery During Breastfeeding Other (specify.....)	1 2 3 4	
522	Can an HIV positive mother give birth to a child who is not infected?	Yes No Don't know	1 2 3	
523	Do you know that there is a drug that an HIV positive mother can take during pregnancy to reduce the chances of her baby being infected?	Yes No	1 2 →	601
524	At what stage is the mother suppose to take the drug?	At the beginning of the pregnancy In the middle of the pregnancy Close to the time of delivery At the onset of labour After delivery Can't tell Other (specify.....)	1 2 3 4 5 6 7	

600	SECTION 6: VOLUNTARY COUNSELLING AND TESTING FOR HIV	CODING CATEGORIES	CODE	SKIP
601	Do you know that there is a test for HIV?	Yes No	1 2 →	606
602	Have you ever undertaken an HIV test?	Yes No	1 2 →	606
603	When did you have the first HIV test	_____ (Month) _____		
604	Why did you take the test	Voluntary Marriage requirement Pre-employment screening Doctor's request Other (specify.....)	1 2 3 4 5	
605	Did you collect the result?	Yes No	1 2	
606	Would you want to take the test voluntarily if given the opportunity?	Yes No	1 → 2	608
607	Give reasons why you would <u>not</u> want to be tested	Fear/psychological trauma Not at risk of infection Has no cure Results may be wrong Not necessary Other (specify.....)	1 2 3 4 5 6	
608	Do you know of any facility or place in the district where you can go to be tested for HIV?	Yes No	1 2 →	610
609	Name the place/facility you can go for HIV testing	Hospital/clinic (general) Specific Hospital/clinic Laboratory NGO Other (specify.....)	1 2 3 4 5	
610	If you found out that you are HIV positive will you inform your partner?	Yes No	1 → 2	612
611	If no, why	Will inform others Divorce/leave me Feel disturbed/frustrated/embarrassed To infect him/her No reason/not necessary Other(specify.....)	1 2 3 4 5 6	
612	Will you be friends with your partner if you found out that he/she is HIV positive?	Yes No	1 → 2	701
613	If no, why	Might be infected He/she is not faithful Stigmatized Has no cure Other (specify.....)	1 2 3 4 5	

700	SECTION 7: STIGMATISATION, DISCRIMINATION, CARE AND SUPPORT FOR PLWHA	CODING CATEGORIES	CODE	SKIP
701	How would your community react to someone diagnosed with HIV?	Kept in isolation/Hospital Be cared for Nothing would be done Would be neglected Be talked/gossiped about Don't know/can't tell Other (specify.....)	1 2 3 4 5 6 7	
702	Will you be willing to eat from the same plate with a person who is HIV positive?	Yes No	1 2	
703	Will you be prepared to sleep on the same bed with a person who is HIV positive?	Yes No	1 2	
704	Would you allow your child or sibling to play with a child who has HIV?	Yes No	1 2	
705	If your relative has AIDS, would you be willing to care for him or her?	Yes No	1 2	
706	Will you be prepared to accept and integrate an HIV and AIDS orphan into your family?	Yes No	1 2	
707	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	Yes, close relative Yes, close friend No	1 → 2 → 3	709 709
708	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes No	1 2 →	801
709	If yes, how was the person treated by the family?		

800	SECTION 8: RECOGNITION AND ASSESSMENT OF NATIONAL CAMPAIGNS / HAPE	CODING CATEGORIES	CODE	SKIP
801	Do you know anybody working with HIV/AIDS Prevention Campaign?	Yes No	→	803
802	Who is this person (Circle all mentioned)	Radio Broadcaster TV Broadcaster School Patron Peer educator Health worker CBS Agents PPAG Field Officer M&E Focal Person Japanese Volunteer Others, please specify (-----)	1 2 3 4 5 6 7 8 9 10	

803	How many times have you looked at a poster or signboard concerning HIV and AIDS?	0 1 2- 3 4 - 6 More than 6	1 2 3 4 5	
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804	How many times have you listened to a radio programme or watched a television programme concerning HIV and AIDS?	0 1 2- 3 4 - 6 More than 6	1 2 3 4 5	
805	Have you ever watched a film show concerning HIV and AIDS?	0 1 2- 3 4 - 6 More than 6	1 2 3 4 5	
806	How many times have you watched a drama performance concerning HIV and AIDS?	0 1 2 - 3 4 - 6 More than 6	1 2 3 4 5	
807	How many times have you attended a Peer Educator Group Discussion?	0 1 2 - 3 4 - 6 More than 6	1 2 3 4 5	
808	How many times have you attended a Community-Based Support Agents (CBSA) Group Discussion?	0 1 2- 3 4 - 6 More than 6	1 2 3 4 5	
809	Please rank the following information channels in terms of importance in influencing your knowledge, behavior, and practice related to HIV/AIDS (Use of 20 stones, and instruct the R to put the most number of stones to the most important information channel, and the least number to the least important channel)	Radio Programme TV Programme School Patron Peer educator Health worker Poster/Leaflets CBS Agents Listening Club Drama Performance Film Show Quiz competition Japanese Volunteer Others, please specify (-----)	1 2 3 4 5 6 7 8 9 10 11 12 13	

End: Do you have any questions you would like to ask me? [NOTE QUESTIONS ASKED]

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THANK RESPONDENT FOR HIS/HER TIME AND COOPERATION.

Appendix 7: Record of Focal Group Discussions

(1) Community Adults & Youth

Date: The 1st and 2nd October 2007

Target Communities: Effiduase, New Juaben Municipal District; Amanfrom, Kwabibirem District; Awukugua, Akuapem North District; Ayigya Zongo, Kumasi Metropolitan; and Nkoran, Atwima Nwabiagya District

Questions	Effiduase		Amanfrom		Awukugua		Ayigya Zongo		Nkoran	
	6 adults and	12 youths	10 adults and	16 youths	15 adults and	20 youths	12 adults and	13 youths	11 adults and	11 youths
Since when you heard about HIV & AIDS?	1-3 yrs. >20 yrs.	1 - 3 months 1 - 3 yrs.	10 - 20 yrs	3 - 7 yrs. ago	3 - 20 yrs	1 - 4 yrs. ago	10 yrs.	1 - 10 yrs	1 yrs (Most)	
How did you hear about HIV & AIDS?	TV, Radio, HAPE officer & volunteers	PPAG Officer TV AIDS NGO	TV, Radio, newspaper, church	Radio, school, doctor	Radio, TV PPAG Officers (10 yrs. Ago) JICA School for girl drop-outs	TV, school, church PE	TV, Radio PPAG Officers (10 yrs. Ago) University, school	Radio, TV Assemblyman School, church	Radio CBSA, PPAG Ruddia (NGO who came in 2000)	
What message did you hear?	a. AIDS is a killer disease, no cure b. One gets AIDS if one uses unsterilized equipment such as syringe c. AIDS can be prevented by using condom d. AIDS can be prevented by abstaining from sex e. When "meeting" a man who is not your partner, use a condom f. One should be	h. Friends can lure you to sex and give you AIDS i. Sharing blades will give you AIDS	Same as - a - Same as - c - Same as - d - Same as - f - Same as - g - j. Women should agree with husbands not go for other partners k. A woman with AIDS contracted it through sexual intercourse l. Use your own blade, rollers, towel, comb, toothbrush m. Do not shun PLWHA n. One should	Same as - a - Same as - b - Same as - c - Same as - d - Same as - f - Same as - g - Same as - i -	Same as - a - Same as - b - Same as - c - Same as - d - Same as - f - Same as - g - Same as - i -	Same as - a - Same as - c - Same as - d - Same as - f - Same as - l -	Same as - a - Same as - b - Same as - c - Same as - d - Same as - f - Same as - g - Same as - i -	Same as - c - Same as - d - Same as - l - Same as - i - r. Disease caused by homosexuals and that if you contract it there will be some rushes all over your body till you die	Same as - a - Same as - b - Same as - c - Same as - d - Same as - f - Same as - g - Same as - i -	

What can be done to prevent HIV & AIDS	Awareness of HAPE activities	a. PE educate youth, lead discussion groups b. School patrons educate children c. PMC (only by Chairman) -Help distribute condom -Ensure that youth abide by rules of protection - Transfer information to others - Meet with PMC members & volunteers	Same as - a - Same as - d - e. CBSA organizes play and do meetings f. Listening Club	Same as - a - Same as - d - e. Role of PMC (only by Chairman) - House to house visits - Help organize games - Invite Field Officer to do film show	Same as - a - Same as - d - Role of PMC (only by Chairman) - House to house visits - Help organize games - Educate people in church - Organize PMC meetings - Make sure Pes have meetings	h. Promote condom simultaneous with education i. Peer Education should continue j. Parents should be the one to educate & advise their children.	k. Youth should be careful and stay away from sex l. Use of newspaper, signboards, radio, and TV to educate m. Expand education to other communities	know their status Will test if there is mobile VCT & results are made confidential	Same as - a - Same as - b - Same as - l -	g. Field Officer campaigns against AIDS Role of PMC (only by Chairman) - Puts up posters, use opportunity to talk to people about disease - Educate about modes of HIV transmission - Educate people about PLWHA - Monitor pupil behaviour towards sex - Meet with	Will test if there is mobile VCT	r. More education on importance of HIV test	s. HAPE activities should continue Youth can help by: (i) Helping the volunteer (ii) Cooperating and motivating the volunteer	Same as - d - Fact: Only very few have attended volunteer discussion Why: Some have watched films
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	Usefulness of HAPE activities					PMC members & volunteers - Talk in Mosques, churches, & youth societies (around 20 groups)	Out of 700 people in the community, 600 would have watched film show & received the message	
<p>d. Film shows, house to house visits, books given out, quarterly meetings for volunteers, one on one talk, drama</p> <p>a. Boys in the community do not resist condom after seeing the project films and drama</p> <p>b. The Project has come to rescue the community since most children are now aware of the disease & protection</p> <p>c. Girls now know how to go in for boyfriends</p> <p>d. Adults & youth are now using condom as evidence by litter of used condom</p> <p>e. People are now rushing in for condom sold even by bread sellers, bars, provision shops, etc.</p>	<p>e. Youth should be given books, flyers</p> <p>f. Youth should be supported to form football clubs so message</p>	<p>Same as - f -</p> <p>h. Films should be shown more frequently (e.g. 4 times in a month) & not repeat the</p>	<p>Same as - f -</p> <p>h -</p> <p>j. Talk from a PLWHA will help</p>	<p>Same as - h -</p> <p>k. Educators should talk to parents first</p>		<p>Same as - d -</p> <p>l. Youth population is big and there are only 5 PE. More should be added</p>	<p>Same as - h -</p> <p>n. More home and church visits</p>	
Suggestions to HAPE	<p>a. Provide refreshments & motivation to drama troupe</p> <p>b. Project should extend beyond 2009</p>							

<p>What is the role of the community?</p>	<p>c. Provide more motivation to volunteers, especially as they are poor d. Provide bicycles, more radio, micro-phones, T-shirts to volunteers</p>	<p>can be given g. Youth should be trained to give out message</p>	<p>same film i. HIV & AIDS message should be preached in the streets like the gospel</p>	<p>c. PMC will look for alternative support to education d. Community should contribute e. DCE/DA should also contribute</p>			<p>m. Increase membership of PMC from 2</p>	<p>h. Youth should talk about it with their friends and spread the information about AIDS i. Get GHS to vaccinate people j. Be mindful of how to dispose of sharp objects k. Parents to educate their children</p>	<p>l. Everything depends on "Nana" (village chief) in terms of calling on all & providing financial support m. Inform community about volunteer work and costs incurred at work</p>	
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Number of Respondents Who Answered “True” to the Following Statements

Statements	Effiduase		Amanfrom		Awukugua		Ayigya Zongo		Nkoran	
	6 Adults	12 youths	16 youths	20 youths	15 adults	20 youths	16 youths	8 adults	11 youths	
A healthy looking person can be carrier of the HIV	6	12	16	20	15	20	16	8	11	
One can get AIDS through mosquito, flea, or bedbug bites	0	2	0	4	0	4	1	0	4	
HIV and AIDS is caused by witchcraft	0	2	2	19	0	19	1	0	1	
Once can get HIV through kiss with a person who is HIV positive.	6	12	7	15	3	15	12	0	4	
Every child born to HIV positive mothers has the virus.	6	6	11	14	15	14	15	0	4	

Number of Respondents Who Answered “Yes” to the Following Statements

Statements	Effiduase		Amanfrom		Awukugua		Ayigya Zongo		Nkoran	
	6 Adults	12 youths	16 youths	20 youths	15 adults	20 youths	16 youths	8 adults	11 youths	
Willing to eat from the same plate as a PLWHA	6	12	10	17	14	17	12	8	10	
Do you think HIV positive teachers should not continue teaching?	0	8	12	3	15	3	15	5	2	
Would you allow your child & sibling to play with a PLWHA	6	1	8	16	15	16	12	7	7	
Willing to take care of a relative who has AIDS	6	12	12	19	15	19	16	8	9	
Would accept and integrate an AIDS orphan into family	6	12	12	16	2	16	12	7	6	

(2) Peer Educators & Community Based Service Agents (Ashanti Region)

Date: the 29th September 2007

Target Group: 12 Peer Educators and 9 Community Based Service Agents in Ashanti Region

List of FGD Attendants

Attendants	Role	Length of being PE or CBSA	Age	Occupation	Level of Education
Amansie East District					
1	PE, Ofoase-Kokobin	1 year	14	Student	JSS
2	PE, Behenase	1 year	13	Student	JSS
3	PE, Ofoase-Kokobin	1 year	15	Student	JSS
4	CBSA, Dominase	1 year	24	Teacher	SSS
5	CBSA, Nyamedusa	1 year	23	Student	SSS
6	CBSA, Bekwai-Zongo	1 year	24	Student & Teacher	Post Secondary
Atwima Nwabiagya District					
7	CBSA, Adankwame	1 year	20	-	SSS
8	CBSA, Asenemaso	1 year	22	-	SSS
9	PE, Adankwame	1 month	12	Student	JSS
10	PE, Asuofua	1 year	14	Student	Primary
11	CBSA, Asuofua	1 year	25	Electrician	SSS
12	PE, Asenemaso	1 year	16	Student	JSS
Kumasi Metropolitan					
13	PE, New Suame	5 years	26	Radio and TV Mechanic	SSS
14	PE, Old Suame	1 year	26	Part Time Teacher	Tertiary
15	PE, Bomso	7 months	23	Self Employed	SSS
Sekyere West District					
16	CBSA, Ninting	4 months	18	Student	SSS
17	CBSA, Nkwanta	4 months	20	Student	SSS
18	CBSA, Kiremfaso	4 months	19	Student	SSS
19	PE, Ninting	4 months	14	Student	JSS
20	PE, Apaah	4 months	12	Student	JSS
21	PE, Bonkrong	4 months	13	Student	JSS

A. Role of Peer Educator and CBSAs

Peer Educators:

- Talk to peers, and other community members, about the basic facts on HIV and AIDS, its prevention and causes
- Form Radio Listening Clubs, form drama group, help in showing films/videos, in order to educate on STD, HIV and AIDS dangers and prevention
- Conduct group and individual discussions on HIV and AIDS
- Refer people to appropriate health centre for HIV, AIDS, STI testing
- Advise peers to avoid sex or use the condom
- As peer educator, I should abstain from sex

CBSA (including Kumasi Metropolitan Peer Educators for Out-of-School Youth)

- Educate and create awareness among the youth on the dangers of HIV and AIDS
- Advise on HIV and AIDS prevention
- Conduct group and individual discussions on Sexual Reproductive Health (SRH), HIV, AIDS, STD, and teenage pregnancy
- Organize film shows and drama performances
- Promote condom use (why use condom, how to use and dispose of condom)
- Sell condoms
- Make referrals to health units for HIV, AIDS, STI testing
- Use radio programmes on HIV and AIDS as basis for discussing STD, VCT, and condom use with the youth
- Distribute leaflets on HIV and AIDS, inform people about the radio programme schedule

B. Group Discussions and Radio Listening Club

- Group discussions organized by the volunteers can include listening clubs, school class, school group and community groups e.g. fan clubs, informal groups, artisans, church goers, etc.
- Listening clubs that arise from group listening of HIV and AIDS radio programme can reach up to the following numbers:

	CBSA	In-School Peer Educator
Amanse East	10-15	10-20
Atwima Nwabiagya	15-30	8-10
Kumasi Metropolitan	10-30	
Sekyere West	10-25	

- Other group discussions can reach the following numbers:

	CBSA	In-School Peer Educator
Amansie East	5-37	10-25
Atwima Nwabiagya	20-35	10-15
Kumasi Metropolitan	2-20	
Sekyerere West	15-20	10-30

Volunteers are not satisfied with the numbers

- They want more to join the Listening Club and Group Discussions in order to educate more
- Community and school population is big compared to the small number they get to participate
- Some volunteers have problem of retaining the attention of participating youth
- Contrary to what some community members say, not everybody in the community has learned all about HIV and AIDS

Why participation is low

- Some are just not interested
- Some members of the community believe volunteers receive money during project meetings, thus, “why should they waste their time listening to nonsense things”.
- They believe volunteers have money to distribute
- Some say they have heard about HIV and AIDS before, thus, “do not waste our time”
- Some thought volunteers got condoms for free and do not understand why volunteers need to be selling them to the youth
- Some say “they are not young students to listen to talk on HIV and AIDS”
- Some believe PEs (especially) are too young to be listened to by the older ones
- Some believe that HIV and AIDS is a curse

What can be done to increase participation

- Perhaps if there are more film shows
- Perhaps they have to do more personal contact with people, e.g. house to house
- Since most household have their own schedules, it will be better for the volunteer to assess the time of availability in the homes, during which he/she will make the visit
- People come more often to football games

How adequate is organizing work for group discussions? Most volunteer believe organizing work is not adequate

- Handouts should have more pictures, stories in order to keep the interest of the youth
- There should be more graphic illustrations, especially of the physical implications of HIV and AIDS
- Film shows should also have more stories on PLWHA

- Film shows should also be done more frequently. To date, communities per district would have had film shows in the following numbers:

Amansie East (5):	0 to 1 film show	Atwima Nwabiagya (3):	3 to 4 film shows
Kumasi Metropolitan (3):	3 film shows	Sekyere West (5):	1 film show

How to address inadequacy of education materials

- Copies of the cassette can be played by the communities themselves in local DVD players and be watched in a group
- The Assembly person and Chief should support mobilization of equipment for film showing

What can be done by the volunteers and other support units

- Volunteers should communicate or link up with community leaders (Assemblyperson, Chiefs, Unit Committee members, religious leaders, Headmasters, health personnel, NGOs, parents) and PMC to mobilize support for their work
- Constant visit by Field Officer to encourage community support to volunteers
- Regular meetings between Assemblyperson, and other leaders
- PMC should be having a CBSA member

C. Message of Abstinence and Use of Condom

- A few volunteer believe that condoms should be given free to people and gifts like pens should also be given to those who buy condom in order to encourage more use
- Many more volunteers believe free condoms will lead to abuse and may even suggest that sex should be done anyway and anyhow. They believe price is already affordable, and with a price, those who will buy it will use it properly

What can be done for messages to be heard and followed

- Volunteers should be careful of their own behaviour and attitude
- The manner of dressing and talking to people would determine how people will receive them
- They should know their subject matter very well, but allow other ideas to also be brought up

Abstinence, what age do youth start with sexual intercourses

Amansie East	9, 12, 13, 14, 16
Atwima Nwabiagya	15, 17, 18, 18 (It was lower before the project intervention)
Kumasi Metropolitan	10, 10, 12
Sekyere West	13, 13, 18, 18, 19

The low first sex age is not good

- Individuals are not matured and are burdening themselves too early

- It increases the chances of contracting HIV
- The youth is the future

Why do individuals engage in early age

- Exposure to movies that show such behaviour
- Girls think sex is fun
- They need the money

D. Voluntary Counseling and Testing (VCT)

Volunteers are not satisfied with the low number of referrals so far.

Expressed reasons for refusing to test:

- People do not want to pay for the test
- Some people fear that results will leak and spread through the community, thus, “they will be refused sex”
- People prefer not to know that they are HIV positive because of fear of death

Ways to change attitude of youth:

- Volunteers should emphasize the importance of knowing ART, and that there are known diseases that can also kill, e.g. hepatitis, diabetes, etc.
- Volunteers should have more counseling skills

E. Role in Film Showing and Drama Performances

There are more people attending film shows than drama performances, for most of the communities. Possible reasons:

- Film shows are more well-prepared and equipped
- Amanzie East district does not have a drama group
- Most youth members are shy to act
- No costumes, props available

Option: Identify a community event during which drama on HIV and AIDS can be shown, rather than mobilizing people just to see the drama performance.

F. Quiz Competition

- Older students do not participate
- Amansie East has not conducted quizzes

G. Preparation for and Reporting on Education Work

- All volunteers prepare by choosing the topic, informing the group about the time and place. They bring along the basic facts handout. Flyers are given only to those who are interested and who can read English

H. Who Can Help After the Project Ends in 2009

All the volunteers said they are prepared to continue their education work beyond the Project life. However, they will need the following:

- a. Supervision from external entities (e.g. Field Officers) to provide guidance
- b. Support and motivation from community leaders and members_

I. Suggestions on Other Activities and Inputs from the Project

What other activities do you think the Project should be doing to educate the youth on HIV and AIDS prevention?

Amansie East	Atwima Nwabiagya	Kumasi Metropolitan	Sekyere West
<p>a. The people are very religious & attached to religious activities. Hence, Churches & Mosques should be involved in the education through Church Leaders & Imams.</p> <p>b. VCT should be carried to the door step of the people in the communities.</p> <p>c. CBSA should be supported (in the form of prizes for students) to organize HIV & AIDS programmes from time to time in schools.</p>	<p>a. Forming Football Club bearing the name of HAPE Project and other Clubs like Keep-Fit to create a ground for discussing HIV and AIDS always.</p> <p>b. Volunteers need bikes</p> <p>c. We also need hand-books containing pictures and stories</p> <p>d. We also need T-shirts, bags and good radio-sets</p> <p>e. Need more than 6 film shows within a year and also CB players containing information about HIV and AIDS.</p>	<p>a. There should be a float and during which there should be free distribution of hand-out, condoms and other needed materials.</p> <p>b. We have to reach-out to different organizations outside the communities, such as NGOs.</p> <p>c. We have to also visit the prisons and educate them.</p> <p>d. The source of information should be informal thus in our languages and also there should be programmes on television educating people about the causes and prevention of HIV and AIDS.</p>	<p>a. Advertising.</p> <p>b. By training more or new people from each community.</p> <p>c. Providing an adequate material for the CBSA and the PE.</p> <p>d. There should be more film show and drama.</p> <p>e. Provision of radio sets.</p> <p>f. We also need T' Shirts and bags</p>

What additional information/skills do you think the project should give the Volunteers?

Amanzie East	Atwima Nwabiagya	Kumasi Metropolitan	Sekyere West
<p>a. CBSA should be equipped with bicycles as means of transportation to enhance carry out their duties. Equipment includes hand-outs and pictures of symptoms of the disease to deter others.</p> <p>b. There should be refresher courses for CBSA/Peer Educators</p>	<p>a. To get further training to refresh our mind on what we have been taught and also new members joining need the training.</p> <p>b. Every community is in need of a drama group.</p> <p>c. Also a training on stigmatization and discrimination.</p>	<p>a. Proper training about Counseling.</p> <p>b. There should be refresher courses for the Volunteers.</p> <p>c. There should be proper hand-out which contains everything about HIV and AIDS.</p> <p>d. We should be trained about how to use power point software.</p> <p>e. We should be provided with lap-tops to keep all information and reports for safe keeping</p>	<p>a. By giving us more training about HIV and AIDS.</p> <p>b. By encouraging/motivating the Volunteers.</p> <p>c. There should be more regular visits from the Project Coordinator.</p> <p>d. Establishment of Drama Groups in our communities.</p> <p>e. They should be giving us more hand-outs.</p>

(3) Peer Educators & Community Based Service Agents (Eastern Region)

Date: the 18th September 2007

Target Group: 12 Peer Educators and 9 Community Based Service Agents in Eastern Region

List of FGD Attendants

Attendants	Role	Length of being PE or CBSA	Age	Occupation	Level of Education
New Juaben District					
1	CBSA, Zongo C	1 ½ years	22	-	SSS
2	PE, Zongo Oyoko	1 ½ years	22	Seamstress	JSS
3	PE, Zongo A	1 ½ years	21	Student (Teacher)	SSS
4	PE, Asokore Zongo	1 ½ years	24	Student	English Tech. II
Birim North District					
5	CBS, Amoa	3 years	39	Teacher	GCE '0' Level
6	PE, Old Abirem	1 ½ years	17	Student	JSS
7	PE, Amoa	1 ½ years	17	Student	JSS
Kwahu South District					
8	CBSA, Kwah Daa	1 ½ years	27	Trader	SSS
9	PE, Kwahu Obo	1 ½ years	16	Student	JSS
10	PE, Kwahu Bepong	1 ½ years	22	Student	Training College
11	CBSA, Kwahu Praso	1 ½ years	24	Health Extension Worker	SSS
Asuogyaman District					
12	CBSA, Aimpoku J.	1 ½ years	24	Student	Polytechnic
13	PE, New Akrade	1 ½ years	24	Driver	JSS
14	CBSA, Senchi Ferry	1 ½ years	24	Trader	SSS
15	CBSA, Mangoase	1 ½ years	24	Student	SSS
Kwabibirem District					
16	CBSA, Amanfrom	1 ½ years	27	Unemployed	Eng. Tech. Part III
17	CBSA, Adankrono	1 ½ years	32	Farmer	Form Four Leaver
18	PE, Akim Abodom	1 ½ years	20	Teacher	SSS
19	PE, Amanfrom	1 ½ years	16	Student	JSS
Akuapem North District					
20	PE, Mamfe	7 months	20	Student	SSS
21	PE, Amanfro	1 ½ years	19	Student	SSS

A. Role of Peer Educator and CBSAs

Peer Educators (In-school)

- Talk to peers, and other community members, about the basic facts on HIV and AIDS, modes of transmission, its prevention and causes
- Form Radio Listening Clubs, form drama group, help in showing films/videos, in order to educate on STD, HIV and AIDS dangers and prevention
- Conduct group and individual discussions on HIV and AIDS
- Refer people to appropriate health centre for HIV, AIDS, STI testing
- Advise peers to avoid pre-marital sex, be faithful, or use the condom
- Advise peers to avoid negative peer influence

CBSA (including Peer Educators for out-of-school youth)

- Educate and create awareness among the youth on the dangers of HIV and AIDS
- Advise on HIV and AIDS prevention
- Conduct group and individual discussions on Sexual Reproductive Health (SRH), HIV, AIDS, STD, abortion, and teenage pregnancy
- Organize film shows and drama performances
- Advise peers how to continue abstaining from sex
- Promote condom use (why use condom, how to use and dispose of condom)
- Sell condoms
- Make referrals to health units for HIV, AIDS, STI testing
- Refer some problems of the youth to the Field Officer
- Use radio programmes on HIV and AIDS as basis for discussing STD, VCT, and condom use with the youth
- Distribute leaflets on HIV and AIDS, inform people about the radio programme schedule
- Advise peers on how to live with PLWHA

B. Scope of Education Work

- [Asogyaman District]
 - Conduct house to house visits at the initial stages, after church group discussions, and individual discussions
 - A group can number up to 25, usually the same people
- [Akuapem North District]
 - Conduct house to house visits at the initial stages, after church group discussions, visit to community library
- [Birim North District]
 - Go to outreach clinic and discuss with pregnant women, nursing mothers
- [Kwaebirem District]
 - Discussions with organized group, after church group.
 - Keep Fit Club, clean-up campaign, and individual discussions with market women, artisans
 - A group can number from 15 to 40 (especially after church)

- [Kwahu South District]
- Conduct house to house visits at the initial stages, after church and Mosque group discussions, in-school, hospitals, and among footballers
- [New Juaben Municipal District] - Conduct house to house visits at the initial stages, during out-dooring, weddings, and individual discussions
- A group can number up to 7, usually the same people

C. Role in Film Showing and Drama Performances

- Inform people through the HAPE van megaphone. At times, the services of the *gong-gong* beater is utilized. Some chiefs deploy the beater without fee, but some volunteers have to pay the beater from their own pockets or from the sale of condoms.
 - Answer people's question and provide education after film show and drama performance
 - Sell condoms and give out HIV and AIDS booklets
 - Wrote a poem on HIV and AIDS, and read this before and after a drama performance (Kwaebibirem)
 - NJMA and Amanfrom in Akuapem North do not have a drama group
- Recommendations:
- HAPE organize performances of drama troupes across districts to cater to those without drama group as well as enhance working together among volunteers

D. Radio Listening Club

- For out-of-school youth, individual schedules are organized for group listening to HIV and AIDS radio programme. Discussions are held afterwards
- For in-school, PE reminds teacher of the schedule for HIV and AIDS radio programme and the teacher organize the students. After the programme, PE explains the topic further with the assistance of the teacher
- Schedules: 12:30 pm, for Kuwaebibirem, Birim North and Kwahu South
4:30 pm, for Asuogyaman
2:00 pm, for New Juaben Municipal and Akuapem North
- The number of listeners can range from 5 (New Juaben Municipal) to 50 (4 districts). The average is 25. Bigger groups are divided into smaller ones after the radio programme
- For some, radio programme is scheduled during classes and volunteers resort to taping (e.g. New Juaben) the programme for a re-playing after school. They have to buy the empty cassettes, the price of which has increased to 80 pesewas (approximately US\$86.00).
- Volunteers have to buy the batteries
- Radio programme is limited. Another schedule should be included for the week.

E. Voluntary Counselling and Testing (VCT)

- Individuals are referred to hospitals
- Number referred to date:

[Asogyaman District]	(4)	2, 2, 3, 5	Akuapem North District]	(2)	3, 4
[Birim North District]	(3)	2, 2, 3	[Kwaebibirem District]	(4)	3, 5, 23, 27
[Kwahu South District]	(4)	0, 4, 9, 11	[New Juaben Municipal District]	(4)	4, 7, 8, 13

Volunteers are not satisfied with numbers. Expressed reasons for refusing to test:

- Those who are sexually active ages 13 and above are afraid to test because their lifestyle put them at risk
- Some people fear that results will leak and spread through the community
- People prefer not to know that they are HIV positive because “they may die early from worry”
- Those who test positive for HIV tend to be stigmatized
- Cost of test may not be the main reason for hesitance because free VCT programmes were not also patronized

Ways to change attitude of youth:

- HIV Test should be recommended within a total health check alongside other test for diseases like diabetes. This will reduce the fear of individuals
- Should start with volunteers (Only a third out of the 21 volunteers have tested for HIV to date)
- Ensure that volunteers project an image of a confidante and not a gossip

F. Message of Abstinence, Faithfulness, and Use of Condom

- Among Moslems and Christians, youth start sex early, from 7 to 14 years old
- Proper counselling to young people needed
- Volunteers should set an example by abstaining themselves
- The problem is lack of discipline among the youth brought about by lack of parental care and neglect of responsibilities
- a pupil asked a teacher who was talking about abstinence from sex to “stop spoiling their plans”
- Some volunteers complain that condoms are now sold to them at a higher price (from 40 to 60 Ghana pesewas), and they need to sell these at 2 pesewas per piece, from 1 pesewa per piece

G. Preparation for and Reporting on Education Work

- All volunteers prepare by determining the age group they will talk to, the type of message they will provide, how they will provide it and when
- Some concerns on education work:

- a. Schedules may be suddenly changed by the individuals themselves or bad weather
- b. There is lack of material for education. Field Officers have been promising but these are yet to come
- c. Reporting format has limited space for substantive remarks. A few buy their own notebooks
- d. Resource materials should be written in simple English for easier understanding

H. Support From Community Members

Who supports volunteer work

- [Asougyaman District] (4): 3 Assemblypersons, 2 PMC
- [Akuapem North District] (2): 2 Assemblypersons, 2 PMC
- [Birim North District] (3): 2 Assemblypersons, Chief/elders
- [Kwaebibirem District] (4): 2 Assemblypersons, 2 Chief/elders, PMC
- [Kwahu South District] (4): PMC, Chief
- [New Juaben Municipal District] (4): 3 Assemblypersons, PMC

Who male volunteer work difficult

- [Kwahu South District]: Jehovah Witnesses
- [New Juaben Municipal District]: 50% of the youth themselves

I. Who Can Help After the Project Ends in 2009

District Assembly support:

- Volunteers from 3 districts believe the district assemblies will not be able to help them continue the education base on the low visibility of district assembly work in their community
- Volunteers from 2 districts can not tell what will happen
- Volunteers from Kwaebibirem believe the DA will continue the work

Volunteers Continuing Work

- 2 volunteers said they would continue education within their own families
- 16 volunteers said they would continue education work with the community

J. Suggestions on Other Activities and Inputs from the Project

What other activities do you think the Project should be doing to educate the youth on HIV and AIDS prevention?

Kwahu South	Asuogyaman	Akuapem North	Kwaebibirem	New Juaben	Birim North
a. Refresher training like to attend workshops to gain more knowledge about HAPE Project	a. Keep Fit Club b. Provision of materials in terms of rewarding competitors c. initiating sporting activities.	a. Film show – increased frequency per community b. Quiz – members should be from community, increase frequency c. Drama – should use Volunteers for drama d. Sports – to be introduced	a. Quiz – increase in number b. Radio Discussion – should be two times a week c. Drama – More drama	a. Quiz/Debate b. Film show c. Education on Impact of Rape d. Education on Drug Abuse e. Education on Lack of parental care	a. The Project should continue doing the current activities and even add more if at the evaluation level objectives are found to be achieved and the Project is successful.

What additional information/skills do you think the Project should give the Volunteers?

Kwahu South	Asuogyaman	Akuapem North	Kwaebibirem	New Juaben	Birim North
a. Motor bicycle/bicycles to facilitate easy means of transport because some of our communities are quite big. b. Raincoat and umbrellas c. Even though it is voluntary but at least we should be given allowances	a. Provision of materials should be enough to support the volunteers when the Project is ended so that the remaining materials can be used to run the community. b. Better attention should be paid to the Volunteers for them to have the ability to continue the Project.	a. Counseling: should be provided on what volunteers should be doing and not be doing b. Education on effective Public Speaking – to avoid teasing	Training on a. First Aid b. Family planning c. Balance Diet d. Sexual reproductive Health e. Provide bicycles	a. HIV/AIDS updates b. Further training, (Drama), Acting and Direction c. Further training on SRH Others: a. Sporting activities b. Excursions	a. Volunteers will be equipped and well skilled if the project organize periodic refresher courses b. There should be regular meeting to discuss problems facing volunteers in their communities. c. Volunteers should be provided with logistics such as bicycles, radio sets, hand-outs for reference and others for effective work. d. The Project should also supervise volunteer work for proper monthly reports and also help in some of their problems. e. Incentive packages should be given to volunteers

(4) District Focal Persons & PPAG Field Officers, Eastern Region, 17 September 2007

Date: 17th September 2007

Focal Group: 6 District HIV and AIDS Monitoring and Evaluation Focal Persons and 5 PPAG Field Officers in Eastern Region

A. The Roles and Responsibilities of Field Officers

Role	District A	District B	District C	District D	District E	District F
1. Ensuring that BCC activities are implemented as planned	<p>Activities: Education on HIV/AIDS/STI (Film show, drama, cultural dance). Promotion of VCT/PMTCT education. Condom distribution Rating: Fair Reason: Although activities are carried out in all the Project Areas some community responses are still low.</p>	<p>Activities: Conducting film shows Drama performances Quiz competitions Rating: Good Reason: Excellent drama troupe Good equip't for film shows' Responsive community</p>	<p>Activities: Screen films and organise drama to support the PE/CBSA . Update knowledge of PE/CBSA on HIV and AIDS Rating: Good Reason: Target is set for each activity to be met. The capacity building exercise is done on monthly basis</p>			<p>Activities: Home visits, discussions (individual/groups) meeting PE and some PMC members Rating: Fair Reason: Peer Educators are challenged to attend to individual discussion. PMC's support is not satisfactory may be due to lack of enough interest and capacity.</p>
2. Supervision of CBSAs and PEs		<p>Activities: Meetings Supervisory and monitoring visits Rating: Fair Reason: Delay in release of funds</p>	<p>Activities: Conduct supervisory visits to project communities Rating: Fair Reason: Most of the activities of PEs/CBSAs are done in the evening and this sometimes make it difficult for the PO to go on supervision Too much work load</p>			
3. Ensuring stakeholders and collaborators involvement in Project	<p>Activities: Formation of Community PMC and Municipal PMC, Collaboration with 4-H Ghana, GES,</p>	<p>Reason: Responsive PMC Enthusiastic & participatory health directors, focal person,</p>				<p>Activities: Youth organisations into SRH/HIV/AIDS or otherwise are rolled into HAPE programmes or</p>

management	Municipal GHS, Media Houses (Eastern FM) and Rural Watch Rating: Good Reason: Training session was conducted for 40 School Patrons to support the in-school Peer Educators Although all communities in the Project Area have PMC, they are not up to task. Collaboration with other stake holders have been very encouraging due to the interest shown on the projects	SHEP Coordinator			HAPE communities take part in their programmes Rating: Fair Reason: CBO's/NGO's are not functioning in HAPE project communities mainly owed to lack of funding collaborations with church and school groupings
4. Reporting and Record keeping		Activities: Writes monthly and quarterly reports Rating: Good Reason: Have the equipment laptop, printer etc. to generate a good report	Activities: Distribution of reports from compiling and writing reports Rating: Good Reasons: Timely submission of reports NO budget for stationery		
5. Supply contraceptives		Supply condoms to CBSAs and out of school PEs, distribute condoms to community members during programmes			
6. Capacity building and technical support	Activities: Identification of Project Communities, CBS Agents and PEs Training of CBS Agents and PEs Training of Referral Points staff in Youth Friendly Services Training of School Patrons Rating: GOOD				

<p>7. Liaison with PMC and PE</p>	<p>Reason: Project communities were identified in collaboration with the District Assembly and other stake holders. Effective training session was conducted for selected CBSAs. Effective training was conducted for referral Points staff to make facility youth friendly.</p> <p>Activities: Participate in PMC meetings to discuss quarterly programme of action for implementation</p> <p>Rating: Good</p> <p>Reason: Regular meetings are conducted with Project Coordinators and other members</p>				<p>Activities: Organise PE meetings and coordinate Focal Person/PMC meetings to assess the progress of the project in the communities. Give support to the PMC/Focal Person Meeting as the officer on the ground</p> <p>Rating: Fair</p> <p>Reasons: Lack of mutual understanding & interest on the side of PMC and PE Immobility to reach communities during poor weather condition Lack of office accommodation to effectively assist Field Officers PMC members /PE's pull out/withdraw and replacement lacks the capacity and briefing to perform. PMC/PE's complain of lack of motivation and lost of interest in implementing reforms</p>
<p>8. Project Planning and Implementations</p>		<p>Activities: Plan, Implement and supervise activities under the project in collaboration with Field Volunteers</p> <p>Rating: Good</p> <p>Reason Target set for activity is</p>	<p>Activities : Film/Video Shows Drama performance Radio discussions Group discussions Individual discussions Referral for VCT, etc Project management meetings Monitoring visits</p>		<p>Activities : Visit homes, discuss issues on individual basis and then make referrals</p> <p>Reasons: PMS's effort to support PE's is very minimal because of lack of</p>

			<p>always achieved The collaboration between the office and the Community Volunteer when it comes to such activity</p>	<p>Rating : Fair Reason: Low motivation for drama groups and they need further training No radio station in the district hence this activity is conducted outside the district. Because of inadequate budget for this activity, a less popular radio station was elected for this activity. Less BCC materials for Peer Educators to use for their group activities More confidential Most peers who are referred for further counselling and testing for VCT do not turn up because the distance between their communities and the VCT centre There is active participation in decisions concerning the project Regular monitoring visits motivate the volunteers to work harder</p>		<p>monetary motivation. Clients are unwilling to attend referrals points because of lack of total confidentiality Follow up is low because feedback is not considering Field Officers role. Trained PEs pulled out</p>
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B. Rating of the Project Performance Level

Project Inputs	District A	District B	District C	District D	District E	District F
<u>Personnel</u> Quality	Good Have knowledge, capacity and skills to deliver services The project has only a Field Officer and Driver Mechanic and when the Field Officers is out on other assignment, NSP and Volunteers have to assist Driver to carry out Film shows in communities	Good	Fair Driver cannot speak Twi	Good Dedicated to duty and well-trained.	(As answered by JOCV for the project)	Fair He has just been introduced into the project (1 st -2 nd quarter). Getting use to the requirement of the project Only 1 project staff for the project in the District
Quantity	Fair	Fair Only one Field Officer is at post	Fair Only one performing all activities	Poor 1 driver handling 2 districts 1 Project Officer handling 20 communities		Poor
Timeliness	Good Services of staff are readily available. At times work on week ends to meet community demands	Good	Good Always there when needed	Fair Sometimes the driver is needed in one district but he will be engaged in another district		Good
	Recommendation: Further orientation and training to update staff will be welcome The number of staff as against the 20 communities is challenging. An additional staff would be recommended. The suggestion for payment of overtime for Driver needs to be addressed	Recommendation: The project should consider recruiting one more person to augment the staff so that in the absence of one project will continue	Recommendation: Driver should learn Twi or PPAG should recruit new one An assistant should be provided	Recommendation: Additional driver and a vehicle should be made available		Recommendation: Periodic briefing/orientation on the requirement of the HAPE project These should be a support staff or financial motivation for volunteers who assist

<p>Funds Quality</p>	<p>Fair Budgets released for Project Implementation at times do not match the realities on the ground</p>	<p>Fair Targets for some activities were too high</p>	<p>Fair Does not meet expectations of volunteers</p>	<p>Fair Inflation not catered for by budget</p>	<p>Fair Some activities have inadequate budget e.g. radio discussions</p>	<p>Poor</p>	<p>Fair</p> <p>Budgetary allocations to some activities in the project performance is not commensurable A lot of activities will need funding but it is not identified These must be continuation of funding when rolling into the next quarter Funding must be made available for other activities that will help boost some of the activities</p>
<p>Timeliness</p>	<p>Fair Untimely release of funds for project implementation</p>	<p>Poor Delay in release of funds</p>	<p>Fair Funding delays</p>	<p>Fair Funds are usually not release on time</p>	<p>Poor Sometimes we could not plan for film shows because money did not come on time</p>	<p>Fair</p> <p>Funds are not made available on time when needed</p>	<p>Recommendation: Relevance be attached to budgetary allocation e.g. PE's meeting. Field Officers be asked to introduce other activities that will best suit the project area in conjunction with the programmes office At group discussion, motivations must be given to participants to sustain their interest. E.g. award</p>

							of prizes to best attentive participants and toffees to participants Funding should be available immediately the next quarter begins
<u>Materials</u> Quality	Good The messages are clear and simple	Good	Good New BCC materials	Good Materials are up to date and has relevant information	Fair	Fair BCC materials are not quite relevant to HIV and AIDS prevention and VCT, the main objective of the project. The training materials are not printed Materials are not satisfactorily enough in running programmes It takes sometime to be delivered when demanded	
Quantity	Fair Inadequate supply of materials to the project communities (in terms of educational materials such pamphlets, stickers and posters)	Fair Quantity not enough for community members	Fair Supply not regular RECOMMENDATIONS: More BCC materials should be supplied regularly	Fair Materials provided are usually not enough	Fair		
Timeliness	Fair Materials only comes as and when they are available	Fair Materials not released on time		Fair Materials are not usually released on time	Fair DVD for film show is good T-shirts for volunteers not enough. The people who support HAPE should also be given T-shirts. PEs wear the T-shirt during meetings making them aware of their roles.		
	Recommendation: Flipchart on HIV & AIDS, signs, symptoms	Recommendation: Production and distribution of more BCC		Recommendation: Enough materials should be made available on time		Recommendation: There should be enough BCC materials printed	

	etc for CBSA More educational materials produced, dis-tributed in communities Produce more films on HIV & AIDS since films being shown have been watched over and over in the communities Timely production, supply of materials	materials and condom Regular and timely supply of materials				and represented in the communities. Posters should be prescribed in the local language and also in the simplest form Collaboration with other relevant organisations like Family Health International to bring out posters on PLWHA's BCC/Training materials should be made available at all times
Equipment Quality	Good Project equipment such as vehicle, motorbike, projector, generator, computer etc are in good working condition	Good New Screen small and spoilt	Good	Good	Good	Good Equipment available were new
Quantity	Fair Project vehicle being shared among 2 districts	Fair Van rotates	Fair 1 bus is shared between 2 districts	Fair 1 bus is shared between 2 districts	Poor	Poor Two district using one or more equipment is inadequate
Timeliness	Good With proper programming (itinerary) the 2 districts are able to sue the vehicle on schedule	Good Supplied from the start of Project	Good Bus not always available	Good We use one project car with another district. Sometimes it is difficult to plan the use of one. Project car is also not good for bad road.	Fair	Fair Available equipment, since its shared amongst two communities, as and when needed is not always available
	Recommendation: Regular servicing of equipment should be maintained It is recommended that each project area have one vehicle to keep in line with implementation schedule	Recommendation: Each Project District should have a laptop, vehicle, camera, generator, printer etc				Recommendation: They should be replaced over a period of use e.g. project, screen etc Every district should have a vehicle, PA system/equipment for film show, etc Provide every project site with the requisite

	Although the 2 districts are effectively using one Project Vehicle, it is recommended that a vehicle is allocated to each project district					equipment
<u>Management & Supervision</u> Quality	Fair Although monthly request is sent to my immediate supervisor during which discussion on the project are done, visit to the project sites is inadequate. There is regular feedback from supervisor	Good Supervision is regular	Good	Good Lack of office accommodation and equipment/logistics e.g. computer, camera etc		
Quantity	Good The Field Officer is always in touch with supervisors at Zonal, and always ready to assist Field Officer in times of need	Fair Budget allocations does not support frequent supervision	Fair Irregular visit by management team	Good There have been periodic planning		
Timeliness	Good Recommendation: Recommend regular visits to the project site There should be adequate funds for supervisors to visit project sites Adequate logistics should be made available to enable supervisors pay regular visits to project sites	Fair Recommendation: There should be upward adjustment in budgetary allocations for management	Fair Recommendation: There should be more budget allocation for monitoring by management team	Good It falls within the structured time frame Recommendation: Management should assist in addressing most of our challenges when they arise		

C. To What Extent has the Project Workplan been implemented

Activities	District A	District B	District C	District D	District E	District F
1. Quiz Competition		Done. Promoting Factors: High patronage and availability of funds for activity				Done. Promoting Factors: If quiz is done/organised amongst communities it attracts a larger crowd and enhances the education process
2. PEs and CBSAs Meetings	Done. Promoting Factors: T&T and refreshment are provided to CBSA and PE on attendance. There has been an increase in amount (from GH¢3 to GH¢5) Use the meeting for orientation and updates	Not Done. Inhibiting Factors: Delay in release of funds have affected planned activities. Funds released in the second month of a quarter affect planned activities for the first month.	Done. Promoting Factors: Orientation during meeting. T&T re-imbursed		Done. Promoting Factors: T&T and LUNCH are provided during meetings and health staff support these meetings	
3. Radio Discussion	Done. Promoting Factors: The project site through the collaboration from Eastern FM Station was able to do more radio discussions than scheduled. (The Project is being allowed to run 4 sessions a month instead of the two paid for). Wahala series put on cassette for commun.	Not done. Inhibiting Factors: Planned weekly programmes have changed to monthly programmes due to budget cuts. This has affected listening patterns	Done. Promoting Factors: Teacher's involvement. PMC member's involvement. Use of local language. Phone-in segment	Done. Promoting Factors: --	Done. Promoting Factors: Listening clubs have been provided with radio sets	Done. Promoting Factors: The local dialect being used enhances the community to participate to a larger extent
4. Drama Performance		Done. Promoting Factors: Efficient Drama Troupe and high patronage	Done. Promoting Factors: Chief of the town was supportive. Vehicle available to convey drama troupe	Not done. Inhibiting Factors: Initial budget was inadequate to motivate groups to perform.		

5. Group Discussion			members. PMC/PE/CBSA active	Done Promoting Factors S: Regular monitoring	Done Promoting Factors: Community realised the effect of HIV/AIDS because detailed information in awareness is created
6. Individual Discussion	Done. Promoting Factors: Both CBSA and PEs carry out the activities in the community with the support from Field Officers and other Health Staff			Done. Promoting Factors: Good Interpersonal relationship	
7. Film shows/Video Shows	Done. Promoting Factors: Field Officers with support from Community Members carry out scheduled film show and drama performance. Drama Troupes in the Municipality have also contributed (Asokore, Akwedum, Oyoko and Magazine Drama Troupes) are used Well equipped vehicle has also enhanced the implementation of activities.			Not done Inhibiting Factors Logistics for film shows not always available. Initial targets where too high	Done. Promoting Factors: Community members get a firsthand information from the film show because of the clarity
8. Training of Volunteers (PE/CBSA)			Done. Promoting Factors: High expectations from the PE/CBSA	Done. Promoting Factors: Community leaders involved in the selection process	

9. PM Meetings	Done. Promoting Factors: Committee members continue to support project		Done. Promoting Factors: Motivation – T&T Orientation during meeting	Not done Inhibiting Factors: Inaccessible VCT Centres		
10. Monitoring Visits			Done. Promoting Factors: Availability of Motor cycle	Done. Promoting Factors: Availability of Motor cycle		
11. Orientation of Communities, heads of schools			Done. Promoting Factors: Information was given in good time. Expectation very high			
12. Identify and Training Focal Points Persons CBOs in community mobilization, ASRH and PLA			Done. Promoting Factors: High attendance because people informed in good time			
13. Listening Clubs			Done. Promoting Factors: Radio set and dry cell batteries were provided PMC members involved			
14. Condom Promotion	Done. Promoting Factors: Initial supply was given to be sold and used as seed money for subsequent purchase of condom. Other NGO/CBO are already into condom promotion					

D. Assessment of the Relationship Between the Project Stakeholders

Stakeholders	District A	District B	District C	District D	District E	District F
DA		<p>Assessment: Good Reason: DA has provided the project with an office and has also provided venue for meetings</p>	<p>Assessment: Good Reason: Project receives a lot of support from the DA e.g. Logistics and equipment Recommendation: Improve commitment or financial support to the project</p>	<p>Assessment: Good Reason: DA is very supportive by making available all the necessary equipments at the Disposal of HAPE</p>		<p>Assessment: Fair Reason: Does not satisfy most of its obligation/support Recommendation: Ministerial/funding Agency intervention</p>
GHS	<p>Assessment: Good Reason: Staff are always readily available and ready to support Project. Recommendation: Support with VCT services To train Nurses for VCT services at referral points</p>	<p>Assessment: Good Reason: It has provided technical support (radio discussions, trainings, etc)</p>	<p>Assessment: Good Reason: Strong collaboration e.g. conduct of mobile VCT. Facility been used as referral point for service delivery Recommendation: Sustain the bond of collaboration</p>	<p>Assessment: Good Reason: Supports HAPE project with logistics and invites project officer to their review meeting</p>		<p>Assessment: Fair Reason: Collaboration not effective. Project not recognised Recommendation: Convening of all stakeholders/collaborators to identify roles and performance enhance</p>
GES	<p>Assessment: Fair Reason: Some teachers are not able to give the needed support Recommendation: Teachers should be oriented or trained in LPS so that LPS manual provided can be used</p>	<p>Reason: Has helped in the selection of PEs and School Patrons</p>	<p>Assessment: Good Reason: Joint programme and supervision of In-school activities. Easy access to data on request. Easy access to school pupils and teachers Recommendation: GES to incorporate project into UNICEF IN-school HIV programme</p>	<p>Assessment: Good Reason: Authorities of schools are cooperative in the area of schools programmes</p>		<p>Assessment: Fair Reason: Collaboration level not identified. Recommendation: Convening of stakeholders meeting to identify roles</p>
CBOs/NGOs	<p>[ADRA & Rural Watch] Assessment: Good Reason: Supports with films [4-H Ghana] Assessment: Good</p>	<p>Assessment: Fair Reason: Organisation has not sufficient funding</p>	<p>Assessment: Fair Reason: NGO/CBO are donor funded dependant</p>	<p>Assessment: Good Reason: CBO/NGO assists Project Officer in community mobilisation</p>		<p>Assessment: Good Reasons: Few CBOs/NGO's identified especially with churches</p>

	<p>Reasons: Supports with condom distribution</p> <p>[Hackman Foundation]</p> <p>Assessment: Good</p> <p>Reason: Collaborate for VCT services by paying for cost</p> <p>Recommendation: To be encouraged to continue their collaboration with the HAPE Project</p>	<p>Recommendation: Build their capacity in resource mobilization</p>		<p>Recommendation: Identify more performing CBO's and NGO's to work together. T be supported by DAC</p>
Media	<p>[Eastern FM]</p> <p>Assessment: Good</p> <p>REASON: Allowed the project airtime to reduce cost. So that more sessions were carried out</p> <p>Recommendation: Realistic budget</p> <p>Provision of airtime</p>	<p>Assessment: Fair</p> <p>Reason: They are not located in the district so collaboration is not strong</p>	<p>Assessment: Fair</p> <p>Reason: Support is not enough collaborative level not encouraging</p> <p>Recommendation: Must focus on VCT more. HIV and AIDS should come at prime times</p>	
DAC	<p>(No comment, but, Project Officer is a member)</p>	<p>Assessment: Good</p> <p>Reason: Contribute activities of NGO/CBOs and other activities related to HIV and AIDS</p>	<p>Assessment: Poor</p> <p>Reason: District commitment towards the project not enough</p> <p>Recommendation: Convening of all stakeholders /collaborators to identify roles and performance enhancement</p>	
Com. PMC		<p>Assessment: Good</p> <p>Reason: Help in monitoring and community mobilisation</p>	<p>Assessment: Good</p> <p>Reason: Meet regularly with project staff to discuss project activities in communities</p>	

E. Assessment of Youth Knowledge on HIV and AIDS Since the Commencement of the Project

Items	District A	District B	District C	District D	District E	District F
HIV and AIDS	Increased Reason: Intensive community sensitisation programmes by HAPE Project in and out of school PE, CBSA. Condom promotions, Film shows, Drama and collaborations with other NGOs	Increased Reason: Increased and improved number of BCC activities		Increased Reason: More condom usage amongst sexually active youth. Accurate responses during interactions. Presence of PE in the communities Regular BCC activities . Availability of condoms		Increased Reason: Peer Educators activities alongside film shows
STI	Increased Same reasons	Increased Reason: Intensification of educational programmes by PE/CBSA				Increased Reason: Increased level not appreciable because the youth have fixated their mind on only the few STI's they know. (probably because most symptoms seem smaller)
VCT	Increased Same reasons	Increased Reason: Increased awareness programmes such as Radio discussion				Increased Reason: It has been realised that thee knowledge gain isn't enough because PE's don't concentrate much on VCT during educational activities. Lack of nearness to a VCT Centre is not enough, hence the low level of increase
PMTCT	Increased Same reasons	Increased Reason: Increased awareness programmes such as Radio discussion				Increased Reason: Education is yet to be done, especially by PEs

F. Project ion on the Project Purpose Achievement by the End of the Project Implementation (Not Likely, Likely, Most Likely)

Indicators	District A	District B	District C	District D	District E	District F
Number of youth who report consistent condom use in the past 6 months is increased by 20% from result of the baseline survey.	<p>Assessment: Likely</p> <p>Reason: High HIV and AIDS/STI awareness but not translating into behavioural change</p> <p>Recommendation: With many people getting infected and affected. It is increasing behaviour change especially on condom usage. Need to continue with intensive HIV and AIDS prevention programmes</p>	<p>Assessment: Likely</p> <p>Reason: Increased knowledge of condom use, access to condom by the youth</p> <p>Recommendation: Should consider giving condoms free of charge as done by NGO/CBOs under MSHAP</p>	<p>Assessment: Most likely</p> <p>Reason: PE has been effective. Also because it has been one on one education. There has been increase in condom distribution</p> <p>Recommendation: Intensify one-on-one education on condom use.</p>	<p>Assessment: Most likely</p> <p>Reason: Presence of CBSA in the communities. Availability of condoms. Regular BCC activities</p>		<p>Assessment: Likely</p> <p>Reason: Only PE's exist and are encouraged to distribute condom purposefully to enhance prevention and most likely to generate income</p> <p>Recommendation: CBSA'S be trained to focus on condom distribution</p>
Number of youth who had HIV test is increased by 20% from the year 2006	<p>Assessment: Likely</p> <p>Reason: Many NGOs, Youth Clubs are incorporating VCT into their programmes</p> <p>Recommendation: Need to sustain all VCT centers and probably increase mobile VCT activities</p>	<p>Assessment: Likely</p> <p>Reason: Willingness to test is high. However, access to VCT centres in communities is lacking.</p> <p>Recommendation: The Project should incorporate mobile VCT in its activities</p>	<p>Assessment: Most likely</p> <p>Reason: Increase in number of mobile VCT organised</p> <p>Recommendation: VCT should be free</p>	<p>Assessment: Likely</p> <p>Reason: Lack of VCT Centres but is hoped that this area will be looked at in the near future</p> <p>Recommendation: Encourage mobile VCT in communities</p>		<p>Assessment: Not Likely</p> <p>Reason: Education on HIV and AIDS Prevention just started (HAPE)</p> <p>Recommendation: Support from project to enable us visit project communities to promote VCT. Type of support – transportation and funds to support technical staff</p>

Median age at first sex remains as same as result of the baseline survey	<p>Assessment: Likely</p> <p>Reason: With intense HIV and AIDS/STI education in the communities it is likely to achieve that</p> <p>Recommendation: Sustain the current programmes at the communities</p>	<p>Assessment: Likely</p> <p>Reason: Abstinence is being emphasized as a preventive measure for in-school youth</p> <p>Recommendation: Abstinence clubs should be formed in schools and communities</p>	<p>Assessment: Most unlikely</p> <p>Reason: Intensification of abstinence and formation of Sarah Clubs(Virgin) in the schools will ensure an increase in the median age at first</p> <p>Recommendation: More virgin clubs should be formed, supported and sustained</p>	<p>Assessment: Most Likely</p> <p>Reason: Because of in school PE activities. Enrolment levels are increasing because of the government policy on free education</p> <p>Recommendation: Refresher training of PE should be done. Replacement of PE who have moved should be replaced.</p>	<p>Assessment: Not likely</p> <p>Reason: Survey findings just made available</p> <p>Recommendation: Will work with findings to make some corrections</p>
Number of youth who had sex with n on-regular partner is decreased by 20% from result of the baseline survey	<p>Assessment: Likely</p> <p>Reason: With intense HIV and AIDS/STI education in the communities it is likely to achieve that</p> <p>Recommendation: Sustain the current programmes at the communities</p>	<p>Assessment: Likely</p> <p>Reason: Project intervention emphasizes faithfulness to one regular uninfected partner as a preventive measure</p> <p>Recommendation: Formation of advocacy groups to promote good morals and faithfulness (Religious advocacy network)</p>	<p>Assessment: Likely</p> <p>Reason: One on one discussion. Intensity of mobile VCT which shows the risk involved in having more than one regular partner</p> <p>Recommendation: Intensification of education on faithfulness relationship. Intensification of mobile VCT</p>	<p>Assessment: Most likely</p> <p>Reason: Increased BCC activities</p>	<p>Assessment: Not likely</p> <p>Reason: Survey findings just made available</p> <p>Recommendation: Will work with findings to make some corrections</p>

G. Assessment of Training

Training Attended	District A	District B	District C	District D	District E	District F
HIV/AIDS stigma reduction workshop		<p>Usefulness of Training: Better equipped to advocate for change for attitudes towards people living with HIV in communities</p> <p>Further Training Updates on HIV/AIDS in general</p>	<p>Usefulness of Training: Very useful</p> <p>Further Training Monitoring and evaluation Project management</p>			
Field Officers Orientation training on HAPE Project	<p>Usefulness of Training: Gave me insight o the HAPE Project I had some update in terms of 'QQR' formula</p> <p>Further Training Any training to update oneself would be most welcomed</p>			<p>Usefulness of Training: Provided a total understanding of the Project requirement.</p> <p>Further Training Training: VCT/PMCTC counselling will be very useful</p>		<p>Usefulness of Training: HAPE project was introduced and some roles outlined.</p> <p>Further Training Roles of the Field Officer in HAPE Project/DA/GAC Management Roles Stigmatization</p>
Capacity building on CRIS software				<p>Usefulness of Training: Enhance the use of data in analysing the project.</p> <p>Further Training Training: The software is quite cumbersome and difficult to install, a more comprehensive training is required.</p>		

H. The Project Involvement in District Assemblies' HIV and AIDS Planning

District Expenditures on HIV and AIDS

- Sources of fund come from GAC M-SHAP and 1% of the DA Common Fund (DACF), as a statutory allocation. Fund are deposited in a DRI (District Response Initiative) Account
- Although statutory, the 1% of DACF is not transferred automatically. The Focal Persons has to demand for it.

District Reports to GAC

- Focal Persons submit regular quarterly reports based on format given by the Commission. They basically compile all project reports and submit as 1 report

District Strategic Plan for HIV and AIDS

- The first one came out in 2005, essentially guided by the 5 year National Strategic Framework for HIV and AIDS
- The Plan served as a guide in drawing up Annual Plans and the basis for approving proposals for M-SHAP
- Monitoring and Evaluation is done by the end of the year during which activities implemented are assessed against plan for the year. Under-accomplishments are rolled over for the next year.

There is also assessment of what went wrong and what went right

- CRIS as a software for Monitoring and Evaluation takes inputs from NGOs and CBOs funded by M-SHAP. Only in early 2007, were indicators for the project were given. Software problems caused some delay in the integration

Involvement of the PPAG Field Officers in the Strategic Plan

- Field Officers have not been involved in the formulation nor the review of the Strategic Plan, except for one district.

What would be the value of Field Officer's involvement in the plan review?

- Obtain information on the various stakeholder activities
- Determine how the project can fit within the district plan
- Lobby the district assembly to support the project
- Participate in apportioning roles
- Avoid duplication (It was found that some communities are also covered under another donor-funded project approved for an NGO doing the similar education on HIV and AIDS)

A Focal Person suggested that PPAG Field Officers should attend the various district meetings on health for mutual benefit. The various meetings include: DAC, DRMT, Quarterly Health Review meeting, and the semi-annual district assembly stakeholders' meeting.

In fact, the Field Officer has been part of the DAC screening of M-SHAP proposals for. They selected proposals that are outside the geographical scope of the project. Another Focal Person, on the other hand, reported that the criteria also involved complementarity of the project services in the same geographical area.

It was stated that during one of the RCC meetings of the project, the JICA Expert to GAC recommended that district assemblies should involve the PPAG Field Officers in DAC meetings.

The project's contribution to the district assemblies

- Training of Focal Persons on CRIS, a data monitoring software that has helped them compile information on HIV and AIDS

I. Selection of The Project Target Areas

Criteria for the Selection of Target Groups

- No one among the officers knew how the districts were selected
- Selection of communities: Joint task with DHMT, Focal Person, and Field Officer. Used DHMT definitions of sub-districts and communities as base
- Criteria used:
 - a. High level of HIV and AIDS prevalence rate
 - b. Urban-rural balanceDistrict A: Selected randomly
District B: Proximity and those having schools
District C: High prevalence rate especially among teenage pregnant women
District D: Prevalence rate, presence of NGOs, size of population vis a vis provision for CBSA
District E : Level of cooperation of community

J. Project Implementation Issues

Condom Distribution and Abstinence

- There are CBOs who got projects under M-SHAP that distributed condoms for free
- It is important to advocate for church and Mosque support to condom promotion and abstinence. They can form an advocacy network, as much as there should also be Parents Advocacy Network, and Youth Advocacy Network
- GAC should also assist in influencing a change in media practice to show adverts and programmes that expose children to sex at an early age

VCT

- There is low uptake of VCT because people ask “when we know, and then what?”
- There is still fear of stigma for HIV positive people and avoidance of cost
- Apparently, there is a plan to train Community-based Health Planning and Services (CHPS) personnel on VCT

Sustainability

- A core of trained CBSAs and PEs can manage education activities after the project, as CBOs. The district assemblies would provide priority institutional support

(5) District Focal Persons & PPAG Field Officers, Ashanti Region

Date: 28th September 2007

Focal Group: 4 District HIV and AIDS Monitoring and Evaluation Focal Persons and 4 PPAG Field Officers in Ashanti Region

A. The Roles and Responsibilities of Field Officers

ROLE	District G	District H	District I	District J
1. Ensuring BCC activities are implemented as planned	<p>Activities: BCC activities also should be checked e.g. group discussion etc. Rating: Good REASON:</p>	<p>Activities: Implement project activities (film shows, drama, meetings, quiz, condom distribution and radio discussion). Rating: Good Reason: Most of the set targets are achieved per quarter while some have been exceeded.</p>		<p>Activities: Organise film shows Organise drama Promote VCT/PMTCT Conduct training/orientation Organise meetings. Rating: Good Reason: Clear understating of the project and what the activities seek to achieve.</p>
2. Supervising CBSAs and PEs	<p>Activities: Making sure that they listen to the radio programmes Rating: Good Reason: I am always visiting the implementing communities and see how far they are doing their work.</p>	<p>Activities: Supervise Volunteers in the discharge of duties (individual discussions, group discussions, condom distribution) Rating: Fair Reason: Factors such as limited resources and equipment hinders supervision</p>	<p>Activities: Supervise PE and CBSA</p>	
3. Ensuring stakeholders and collaborators involvement in Project management	<p>Activities: GHS to the Director about VCT Kits. Rating: Good Reason: Because I always organise programmes on VCT Sharing ideas with DA, GHS etc. Any problem that I face in my district I go to the Focal Person or the Director of Health</p>	<p>Activities: Involve collaborating agencies in project planning implementations Rating: Poor Reason: Most collaborating agencies are not supportive</p>	<p>Activities: Coordinate activities between projects communities and PPAG Office</p>	
4. Reporting/ Record keeping	<p>Activities: Go to the Schools in the Project communities to see their Group Discussions and the individual</p>	<p>Activities: Collate reports from community to be put together as a district report. Service Focal Persons and major</p>		<p>Activities: Distribute activity tracking forms to CBSA, Collate figures on monthly basis.</p>

	<p>Rating: Good Reason: I submit my reports at the appropriate time</p>	<p>stakeholders with project reports Rating: Good Reason: Reports always submitted on time and to most of the stakeholders</p>	<p>Write reports on quarterly basis Rating: Good Reason: Knows the importance of reporting in project implementation and therefore attaché same to it.</p>
5. Capacity building and technical support	<p>Activities: Organise HIV and AIDS programmes such as VCT/PMYCY and stigma reduction</p>		
6. Monitoring and Evaluation	<p>Activities: Go to the Schools in the Project communities to see their Group Discussions and the Individual Patrons and the Head about the filing of their report formats</p>		<p>Activities: Supervise condom demonstrations. Tracking CBSAs/PEs activities Rating: Fair Reason: Communities are too many and no control over voluntary movement/commitment.</p>
7. Project Planning and Implementations	<p>Activities: Organise film shows and drama performance Rating: Fair</p>	<p>Activities: Plan implementation plan with Focal Person Rating: Fair</p>	<p>Activities: Project implementation activities Rating: Fair</p>
8. Radio Broadcast			
9. Film Shows			<p>Rating: Good Reason: A lot of callers call from far and wide indicating that the programme is being listened to</p> <p>Rating: Good Reason: Each community within the district embrace the shows with much attention and contribute keenly to during the discussion sessions. Target for last quarter was exceeded</p>
10. Group and Individual Discussion			<p>Rating: Good Reason: Amongst the PE in the communities the group and individual discussion has come to serve as a challenge to each one organising or having a time to do them</p>

B. Rating of the Project Performance Level

Project Inputs	District G	District H	District I	District J
Personnel Quality	Good The Focal Person also is very supportive to the Project	Good Have the required qualification for project implementation/work Fair one officer incharge of 20 communities 100 .. and all the activity makes implementation difficult	Good Most of the PMCs and PE are cooperating and supportive	Good Because I have coordinated whole project before
Quantity	Good The Volunteers also do their work well		Good	Fair Communities too many
Timeliness	Fair	Recommendation: Need update on HIV/AIDS issues/sexual and reproductive health	Good Recommendation: PE especially could be given a token (allowance) to boost their performance	Fair Assigned on time. Recommendation: Personnel welfare in terms of accommodation should be considered.
Funds Quality	Fair Volunteers complain of scanty T&T	-	-	Good It has already been agreed.
Quantity	Fair The funds should be increased	Fair The Variation in amount for T&T and refreshment during meetings, quantity for full per activity not enough, and some activity are without budget e.g. condom distribution	Good	Fair Not motivating to Volunteers
Timeliness	Poor It may be improved if it comes early	Poor Funds are released late into the quarter which makes achieving set targets difficult.	Poor Late release of funds	Good Release on time
		Recommendation: There should be equal fixed amounts for Volunteers meetings, PMC, School Patrons, etc Funds should be released during the first week of the quarter	Recommendation : Funds could be released half-yearly to avoid lateness	Recommendation: Increase allocation yearly reflect the economic situation.

Materials Quality	Good All out materials are in good condition except the Radio sets	Fair	Fair Some of the materials are too open and do not tell the exact link with the Project	Good Posters, pamphlets and stickers okay.
Quantity	Fair The radio sets are not sufficient	Fair The target of 500 BCC material per quarter is not enough for 20 communities	Fair	Fair
Timeliness	Fair	Fair	Good Recommendation: MATERILAS e.g. :Who are to Judge” need to be specific and address HIV issue	Fair T-shirts, bags not yet in Recommendation: Working tools for Volunteers should be looked at.
Equipment Quality	Good In good condition	Good Some materials should be in the local language with more illustration. I recommend 2,000 materials per quarter	Good All equipments are shared which sometimes delays project implementation	Fair Vehicle(Bus) not good for the road network in the District
Quantity	Fair Not sufficient	Fair Sharing of the equipment	Fair	Fair
Timeliness	Good Recommendation:: Every District should get a car	Good Recommendation: The size of the project screen not suitable for outdoor activity/large audience since its small. Will be glad if it will be replaced in future with a large one	Fair Recommendation: Total control over equipment like laptop could facilitate reporting and increase targets	Good Recommendation: 4X4 Wheel vehicle is required. Computer sharing at different location is bad
Management & Supervision Quality	Fair When JICA comes on Supervision we don't get any feedback	Fair NO feedback most of the times especially by JICA Team	Good	Good Developed alongside the proposal
Quantity	Good		Fair	Fair Field staff have not got is
Timeliness	Fair		Fair	Fair Yet to be seen

	Recommendation: We need feedback after supervision from JICA	Recommendation: Feedback is required	Recommendation: Monitoring plan should come with the activity plan on quarterly basis.
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C. To What Extent Has the Project Workplan been Implemented

Activities	District G	District H	District I	District J
1. Quiz Competition	Achieved 1 / Plan 1			
2. PEs and CBSAs Meetings	Achieved 2 / Plan 2			
3. Radio Discussion	Achieved 1 / Plan 6 Inhibiting Factors: Funds and the use of vehicle	Done. Inhibiting Factors: Exorbitant rates (air time)	Done. Promoting Factors: The first quarter was very successful which attracted a lot of listeners but the second quarter has been crippled with funds which is very insufficient.	
4. Drama Performance	Achieved 8 / Plan 8	Done. Promoting Factors: Volunteers and PMC		Done. Promoting Factors: Collaborated with local NGO to do.
5. Film shows/Video Shows	Achieved 10 / Plan 10	Done. Promoting Factors: Pressure form	Done. Promoting Factors: There are already PMC and PEs in the communities who help to prepare the grounds and even seek for approval and consent from the Opinion Leaders before the day of the shows	Done. Promoting Factors: Planned when to use the vehicle
6. PM Meetings	Achieved 1 / Plan 1			
7. VCT Referrals		Not done. Inhibiting Factors: Referral forms, referral Centre and referral point staff		
8. Orientation of Communities, heads of schools				Done. Promoting Factors: Deep thinking/strategising (funds too small)

9. Condom Promotion		Done. Promoting Factors: Condom distribution through CBSA has exceeded the target but still very low for NGO/CBOs (just 200 single male condom distributed through an NGO)		
10. Other BCC activities to be carried out by Volunteers				Done. Promoting Factors: Volunteers performing the assigned roles effectively
11. Meetings		Done. PROMOTING FACTORS: Sharing of experiences from community level e.g. challenges, achievements, ways of operating		

D. Assessment of the Relationship between the Project Stakeholders

Activities	District G	District H	District I	District J
DA	Assessment: Good Reason: The DA is supporting the project in terms of monitoring and coordinating	Assessment: Good Reason: Cordial relationship between staff and Focal Person and necessary support from him Recommendation: GetDCE committee to the project as well as project staff into the DAC	Assessment: Good Reason: Coordination	Assessment: Good Reason: Provided office accommodation and always asking questions to know what is going on
GHS	Assessment: Good Reason: Provide staff for VCT and PMTCT referrals	Assessment: Poor Reason: Apathy toward Project	Assessment: Good Reason: Coordination	Assessment: Good Reason: Pledged to provide Counsellors for Mobile VCT Recommendation: Budget for OSC meetings
GES	Assessment: Fair Reason: To monitor the activities for the Project in the Schools	Assessment: Good Reason: Support form school Patrons		Assessment: Good Reason: Assigned a teacher to manage the Clubs in schools Recommendation: Budget for in-school

CBOs/NGOs	Assessment: Fair Reason: To promote condom use in the community	Assessment: Fair Reason: : Most of them rather expect support from the Project Recommendation: Need to help in the distribution of condoms and capturing of reports on use of condom	Assessment: Good
Com. PMC		Assessment: Good Reason: : Support in most community very good	Assessment: Good Reason: Monitoring the Project Activities at the community level:
NCCE			Assessment: Fair
Unit Committee			Assessment: Fair Reason: Support the idea but not too much committed

E. Assessment of Youth Knowledge on HIV and AIDS since the Commencement of the Project

Items	District G	District H	District I	District J
HIV and AIDS	Increased Reason: There has been a great increase in knowledge on HIV and AIDS in some communities in my project area because the Volunteers talk about it to their peers	Increased Reason: Reduction in high risk activities in some communities	Increased Reason: The level of knowledge has increased which could be deduced from the fact that in some of the communities HIV and AIDS was seen as non existing but through the film shows and radio broadcast a lot has testified and contacted me personally to tell their stories about immorality and how they want to change their lifestyles. Secondly, condom use in especially Suame and Ayigya Zongo has increased which hitherto were communities which frowned at eh use of condoms. Condom usage was labelled as for the promiscuous but not the patronage is very high as compared to some questions that they asked when the programme was launched in the community	Increased Reason: Film shows/Drama
STI	Increased Reason: Because apart from HIV and AIDS people don't fear	Increased Reason: Community members do ask where to seek for complete treatment after film shows	Increased Reason: Like HIV and AIDS, STI knowledge has increased when pictures on STIs was shown condom usage and patronage has increased which testifies to the fact that people are changing. Moreover, some people who were resorting to the use of herbal medicines form STI treatment due to shyness now boldly attend the Bomso Youth and Wise Clinic for	Increased Reason: CBSAs/PEs ACTIVITIES

VCT	Increased Reason: Because almost all the CBSA have done it	Increased Reason: Knowledge is high but willingness to go for VCT is low May be due to fear of discrimination	counselling and treatment Increased Reason: The level of knowledge on VCT has increased initially. Most of the community members had the idea that knowing ones status brings fear into the individual, but the launching of the HAPE project has brought or shed light on VCT as a means of knowing ones status thereby adopting the best way to live sexually. Moreover, there has been counselling on individual basis by the PEs which draws people into out clinics to ask for more insight and testing	Increased Reason: Staff promotion
PMTCT	Same Reason: Because the facility is one which is at the District Capital Hospital i.e. Bekwai. Those in the Villages fail to come to Bekwai for it	Increase Reason: In most communities it is now known mothers could transmit HIV to child & the breast milk contains the virus when the mother is infected	Increased Reason: Most of the pregnancies are recorded amongst the teens that refuse or even don't have funds to go to Ante-natal for instance Ayigya. However, now things are changing as conform use is being patronised	The Same Reason: Do not know

F. Projection on the Project Purpose Achievement by the End of the Project Implementation (Not Likely, Likely, Most Likely)

Activities	District G	District H	District I	District J
Number of youth who report consistent condom use in the past 6 months is increased by 20% from result of the baseline survey.	Assessment: Not likely Reason: Because the communities above the youth don't use condoms	Assessment: Not likely Reason: There is no format to collate this information Recommendation: Develop a tool to measure consistent use of condom	Assessment: Most likely Reason: Increase in condom distribution Recommendation: Points of sale be increased to reach a lot	Assessment: Likely Reason: Condoms distributed by CBSA Recommendation: Respond to free condoms demand and assess the change
Number of youth who had HIV test is increased by 20% from the year 2006	Assessment: Most likely Reason: Because before the project none of the youth had done VCT. The Volunteers have done VCT Recommendation:	Assessment: Can't be assessed Reason: Referrals are done but not sure whether actual test is done Recommendation: Strengthen VCT Centres, increase campaign and mobile VCT	Assessment: Likely Reason: There is still stigma and discrimination Recommendation: HIV should be seen as any type of disease	Assessment: Likely Reason: Intensive VCT promotion is on-going Recommendation: Start mobile VCT as soon as possible

Median age at first sex remains as same as result of the baseline survey	<p>Assessment: Likely</p> <p>Reason: Teen age pregnancy has decreased</p>	<p>Assessment: Not Yet</p> <p>Reason: No tool to measure this</p>	<p>Assessment: Most likely</p> <p>Reason: HIV and AIDS awareness keeps increasing</p> <p>Recommendation: Sex education need start at primary school level</p>	<p>Assessment: Most likely</p> <p>Reason: Promotion of abstinence</p> <p>Recommendation: Provide funds for In-school activities</p>
Number of youth who had sex with n on-regular partner is decreased by 20% from result of the baseline survey	<p>Assessment: Not likely</p>	<p>Assessment: Not Yet</p> <p>Reason: No tool to measure this</p> <p>Recommendation: Develop a tool to measure but this likely to be influence since it likely to be captured through testimony</p>	<p>Assessment: Most likely</p> <p>Reason: HIV and AIDS is gradually being understood</p>	<p>Assessment: Most likely</p> <p>Reason: Activities are driven towards achieving that</p> <p>Recommendation: Promote traditional values that serve the purpose</p>

C. Assessment of Training

Type of Training	District G	District H	District I	District J
HIV/AIDS stigma reduction workshop	<p>Usefulness: After the training all my Volunteers have known how to relate with PLWA. They are teaching their peers also.</p> <p>Further Training: I still need the same training</p>	<p>Usefulness: Helped in educating Volunteers on stigma and discrimination</p> <p>Further Training: Yes</p>	<p>Usefulness: Tact and dissemination of information</p>	
Capacity building on CRIS software				<p>Usefulness: Enhanced computer skills</p> <p>Further Training: Update on how CRIS is used to present HAPE activity reports</p>

H. The Project Involvement in District Assemblies' HIV and AIDS Planning

DA Support to HAPE

- The Two PPAG Field Officers have their own offices at district assemblies. Another Field Officer shares a room with Focal Person and his assistant coordinating director, and the other one does not have any office but Focal Person promised to investigate further at the district assembly.

Relationship Between M-SHAP and HAPE

- The project falls within the thematic area “prevention and education” of the National Strategic Framework on HIV and AIDS. Other than this, there is no concrete input of the project to M-SHAP

District Expenditures on HIV and AIDS

- Although statutory, the 1% of DACF for HIV and AIDS is flouted by many district assemblies. The most important reason is that DACF releases and amounts are not regular, thus when it comes, the DA allocate to other priorities. The Focal Persons has to demand for it.

Involvement of PPAG Field Officers in the DAC and DRMT

- Only two Filed Officers have been involved with the DAC and DRMT

I. Selection of the Project Target Areas

Criteria for the Selection of the Target Groups

- Remote communities – most NGOs select communities nearer the capital and along the road. Sekyere East, on the other hand, chose nearby communities that are easy to reach
- Those areas bordering Kumasi – flow of activities is assumed to be heavier
- High level of HIV and AIDS prevalence rate
- Non-PPAG areas – since benefits are still being experienced through established volunteers. KMA communities, on the other hand, were selected because they were PPAG project areas
- Those not covered by CBOs and NGOs who had received M-SHAP funds
- Balance distribution across constituency

J. Project Implementation Issues

Training and Retention of Volunteers

- The delays in the release of project funds limits the time for proper community entry and preparation including proper selection of volunteers.
- Some of the volunteers initially selected were JSS graduates awaiting their placement for SSS studies. After being trained, they left for school. The replacements have never received any training. Nevertheless, through orientation given during monthly district level meetings, the new ones caught up and performing as well as the trained one
- The limited time for community preparation did not also allow for certain innovations such as identifying the key leaders and units who could have been involved in smoother project implementation.

Condom Distribution and Abstinence

- There is no format for monitoring consistent use of condom by the youth. The only indicator is the number of condom distributed. A PPAG Field Officer said that he sells four boxes to the CBSAs of every community every month. He can be certain that the CBSAs would know the group of youth who normally come to buy condoms. Monitoring buyers by name may not be too practical.

The message of abstinence is only given out in school and Listening Clubs.

LPS Manual

- In one district, a one day the project orientation was given for School Patrons in May 2007. In July 2007, 20 copies were given to 20 patrons without training on the manual
- In another district, the Field Officer has never seen a copy, but, saw that the distribution of the manual was in the workplan
- In another district, the Field Officer is postponing the distribution until funds for training the teachers/patrons are made available. He believes more than one day or more that an orientation is needed to ensure that the teacher successfully use the manual. The original plan was to train the PEs , but it was realized they were too young to absorb the training inputs.

VCT

- A Filed Officer slowed down in its message of VCT since the promised mobile VCT was not materializing and people were inquiring. The current plan is to hold the VCT between October and December. They continue to promote and refer VCT in health centres.
- The Focal Person of the same district gave an anecdote of 10 people who tested and only 5 obtained their results.
- Another constraint of VCT service delivery is the limited number of trained Counselors

Stakeholder Collaboration

- In one district, DHMT representation to the DRMT has not been consistent. It seems that the need of the project for mobile VCT has not been communicated back to DHMT management
- In another district, the DHMT Head has always been attending district meetings. The problem of the DHMT is limited personnel. There was only one mobile VCT service in one community during World AIDS Day.
- A Field Officer in another district meets with Health Director and received advice.
- In another district, all the PEs and CBSAs have gone for VCT

Sustainability

- Consistent with the decentralization concept, the Unit Committees can be actively involved by the project. They can include the project activities in their community plan that they present to the district assemblies