

## 付 属 資 料

M/M（含む、「合同終了時評価調査報告書」及び「PDM」）



**Minutes of Meetings**  
**between**  
**Ghanaian Authorities Concerned**  
**and**  
**The Japanese Terminal Evaluation Study Team**  
**on**  
**Japanese Technical Cooperation for**  
**Project for HIV and AIDS Prevention through Education**


The Japanese Terminal Evaluation Study Team (hereinafter referred to as “the Team”) organized by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and headed by Mr. Hitoshi SATO conducted the Terminal evaluation of the technical cooperation project for Project for HIV and AIDS Prevention through Education (hereinafter referred to as “the Project”) between 12<sup>th</sup> July 2009 and 29<sup>th</sup> July 2009.

The Team together with counterparts from the Ghanaian Authorities concerned jointly evaluated the implementation, performance and achievements of the Project.

During the evaluation period, the Team exchanged views and had a series of discussions with the Ghanaian authorities concerned with the Project.

As a result, both Japanese and Ghanaian sides agreed upon the issues referred to in the document attached hereto.

Accra, July 28, 2009



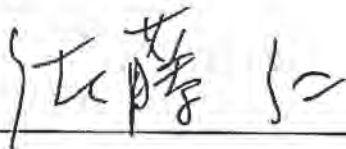
Mr. Hitoshi SATO  
Deputy Resident Representative,  
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The Republic of Ghana

**Joint Terminal Evaluation Report**  
**On**  
**Project for HIV and AIDS Prevention through Education**

Accra, July 28, 2009



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Mr. Hitoshi SATO  
Leader  
Japanese Evaluation Team  
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Ghana Office  
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Dr. Angela El-Adas  
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## List of acronyms and abbreviations

Abbreviation	
AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adrescent and Sexual and Reproductive Health
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)
DA	District Assemblies
DAC	District AIDS Committee
DHS	Demographic Health Survey
FGD	Focus Group Discussion
Focal Person	HIV and AIDS Monitoring and Evaluation Focal Person
GAC	Ghana AIDS Commission
GES	Ghana Education Service
GHS	Ghana Health Service
HAPE	Project for HIV and AIDS Prevention through Education
HIV	Human Immunodeficiency Virus
HQ	Head Quarters
HSS	HIV Sentinel Survey
IEC	Information, Education and Communication
JFY	Japanese Fiscal Year
JICA	Japan International Cooperation Agency
JCC	Joint Coordination Committee
JOCV	Japan Overseas Cooperation Volunteer
JPY	Japanese Yen
JSS	Junior Secondary School
KAB	Knowledge, Attitudes and Behaviour
MLGRD	Ministry of Local Government and Rural Development
MOH	Ministry of Health
MSHAP	Multi-Sectoral HIV and AIDS Programme
NACP	National AIDS Control Programme
NGO	Non Governmental Organization
PDM	Project Design Matrix
PEs	Peer Educators
PLHIV	Persons Living with HIV
PMC	Project Management Committee
PMTCT	Prevention of Mother to Child Transmission
PPAG	Planned Parenthood Association of Ghana (Name of NG(O))
RCC	Regional Coordination Committee
RCC	Regional Coordination Council
SHEP	School Health Education Programme
SSS	Senior Secondary School
STIs	Sexually Transmitted Infections
TOR	Terms of Reference
UNAIDS	Joint United Nations Programme on HIV and AIDS
VCT	Voluntary Counselling and Testing

## 1. Introduction

### 1.1 Evaluation Study Team

#### (1) Japanese Team

Job Title	Name	Position (Organization)	Period
Team Leader	Hitoshi SATO (Mr)	Deputy Resident Representative, Ghana Office, JICA	2009/7/13 ~ 2009/7/29
IEC/BCC	Akiko HAGIWARA (Dr/Ms)	Senior Advisor, Human Development Department, JICA	2009/7/19 ~ 2009/7/29
Evaluation Assistance/Volunteer Cooperation	Tomonori NAGASE (Mr)	Regional Division 4 (Africa), Secretariat of Japan Overseas Cooperation Volunteers, JICA	2009/7/19 ~ 2009/7/29
Evaluation Planning	Megumi KATO(Ms)	Assistant Resident Representative, Health Section, JICA Ghana Office	2009/7/13 ~ 2009/7/29
Evaluation Analysis	Kanako TANIGAKI (Ms)	Consultant, IC Net Limited.	2009/7/13 ~ 2009/7/29
Evaluation Assistance	Miyuki TAN (Ms)	Local Consultant, Health Section, JICA Ghana Office	2009/7/13 ~ 2009/7/29
Evaluation Assistance	Yoshisuke MIKI (Mr)	Local Consultant, Planning Section, JICA Ghana Office	2009/7/13 ~ 2009/7/29

#### (2) Ghanaian Team

Job Title	Name	Position (Organization)	Period
Team Leader	Angela El-Adas (Dr/Ms)	Acting Director-General, Ghana AIDS Commission	2009/7/13 ~ 2009/7/29
Team Member	Richard N. Amenyah (Dr/Mr)	Director, Technical Services Ghana AIDS Commission	2009/7/13 ~ 2009/7/29
Team Member	Kyeremeh Atuahene (Mr)	Acting Director, Monitoring and Evaluation Ghana AIDS Commission	2009/7/13 ~ 2009/7/29
Team Member	Cosmos Ohene-Adjei (Mr.)	Sub-Project manager, Technical Services Ghana AIDS Commission	2009/7/13 ~ 2009/7/29

### 1.2 Background and Summary of the Project

HIV and AIDS continue to be one of the priority targets for the Government of Ghana. Although prevalence rate seems to be assuming a downward trend, the infectious rate among the young people aged 15-24 increased from 2005 to 2007, so that the preventive measures against new infection among the youth are vitally important.

The Project started on October 1st, 2005 with the cooperation period of four years between Ghana AIDS Commission (GAC) and Japanese International Cooperation Agency (JICA). It has the purpose to create the awareness about the risk of infecting HIV and Sexually Transmitted Infections (STIs) among the youth and the social environment, to reduce youth high risk behaviours in the communities.

Within the Project, GAC was the supervising and coordinating agency and Planned Parenthood Association of Ghana (PPAG) was the implementing agency. The Project was implemented in 181 communities in 10 districts in the Eastern and Ashanti Regions of Ghana. The Project combined Behavioural Change Communication (BCC) with mass media and interpersonal communication and HIV and AIDS clinical services. Framework of activities implemented by PPAG was shown in Table 1.

**Table.1 Framework of activities implemented by PPAG field officers**

NO.	ACTIVITIES	FREQUENCY	LOCATION
1.	FILM SHOW	TEN SCREENING PER QUARTER	IN and OUT OF SCHOOL.
2.	DRAMA	TEN PERFORMANCES PER QUARTER	IN and OUT OF SCHOOL
3.	QUIZ	TWICE PER QUARTER	IN and OUT OF SCHOOL.
4.	RADIO DISCUSSION	WEEKLY- (7 TIMES IN A QUARTER)	RADIO STATION- KESSBEN, MIGHTY FM, LIFE FM.
5.	GROUP DISCUSSION	ONE DISCUSSION PER WEEK	IN and OUT OF SCHOOL
6.	INDIVIDUAL DISCUSSION	FIVE DISCUSSIONS PER WEEK	IN and OUT OF SCHOOL
7.	PROJECT MANAGEMENT COMMITTEE MEETING	QUARTERLY	DISTRICT ASSEMBLY
8.	SCHOOL PATRONS MEETING	ONCE IN A QUARTER	DISTRICT ASSEMBLY
9.	PEER EDUCATORS MEETING	TWICE IN A QUARTER	DISTRICT ASSEMBLY
10.	COMMUNITY BASED SERVICES AGENTS MEETING	TWICE IN A QUARTER	DISTRICT ASSEMBLY
11.	DISTRICT STEERING COMMITTEE MEETING	ONCE IN A QUARTER	DISTRICT ASSEMBLY
12.	CONDOM DISTRIBUTION	6,000 SINGLE PER QUARTER	COMMUNITIES
13.	REFERRALS	25 REFERRALS PER QUARTER	COMMUNITES
14.	MOBILE COUNSELING and TESTING	3 MOBILE CT PER QUARTER	PROJECT COMMUNITES
15.	HOME VISIT	ONCE PER WEEK	COMMUNITES
16.	MONITORING VISIT	THREE TIMES PER QUARTER	COMMUNITES
17.	LISTENING CLUB	WEEKLY (7 TIMES IN A QUARTER)	IN and OUT OF SCHOOL.

(Resources: PPAG 2009)



## **2 Methodology of Evaluation**

### **2.1 Method of Evaluation**

#### **Joint Evaluation**

The Project was jointly evaluated by the Ghanaian and Japanese evaluation teams (hereinafter referred to as "the Team") in accordance with the Project design matrix (PDM). The evaluation activities included Knowledge, Attitude, and Behavior (KAB) Survey, analysis of exiting reports and the Project documentations, interviews with the Project members at national, regional, and district level. The Project had been evaluated based on the Development Assistant Committee<sup>1</sup> five evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability. The Team also collected information through questionnaires from the concerned members, and conducted interviews with participants of the Project and field observations in the four target districts.

#### **2.2 Data Collection Method**

The data were collected through both Ghanaian consultants and the Team. Prior to the Japanese evaluation team's arrival, Ghanaian consultants had field survey in all 10 districts to conduct both quantitative and qualitative survey such as KAB survey, analysis of exiting reports and the Project documentations, and interviews with the Project members in national, regional and district level. Based on the results, the Team mainly conducted in-depths interviews with related stakeholders.

#### **2.3 Five Criteria of Evaluation**

##### **1) Relevance**

Relevance refers to the integrity and necessity; whether the Project purpose meets the needs of the intended beneficiaries; whether it is consistent with the Government the Republic of Ghana's policies and Japan's aid policies; and whether the Project approach is appropriate.

##### **2) Effectiveness**

Effectiveness refers to the extent to which the Project purpose has been achieved to benefit the beneficiaries and target societies.

##### **3) Efficiency**

Efficiency refers mainly to the relationship between the costs and outputs: whether input resources have been utilized effectively or not.

##### **4) Impact**

Impact refers to long-term effects and ripple effects brought by the implementation of a Project; including the achievement level of the overall goal and unintended positive and negative effects.

##### **5) Sustainability**

Sustainability refers to the extent to which the achievements of the Project would be further continued or expanded after the completion of cooperation.

#### **2.4 Scope of Terminal Evaluation**

The joint terminal evaluation study was conducted with the following scopes:

- (1) To evaluate the level of achievement, overall effects and strategies of the PDM;
- (2) To examine the process of project implementation;
- (3) To evaluate the Project in terms of the five criteria shown above;
- (4) To identify obstacles and/or enabling factors that affected the implementation process;

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<sup>1</sup> Development Assistance Committee (DAC), OECD, "Glossary of Key Terms in Evaluation and Results Based Management" [www.oecd.org](http://www.oecd.org)

- (5) To provide recommendations on the Project regarding the measures to be undertaken for the remaining period;
- (6) To provide recommendations for sustaining the benefits of the Project; and
- (7) To identify lessons learned from the Project in order to utilize them in future Project designs.

### **3 Project Performances and Implementation Process**

#### **3.1 Input**

##### **3.1.1 Japanese side**

Japanese experts dispatched by the Japanese side are listed in Annex 4. One Japanese expert was planned to dispatch for the project period (Total 46M/M). The first expert completed her term in April 2008 (28 M/M) while the second expert was assigned to the Project from April 2008 to October 2<sup>nd</sup>, in 2009 (18M/M).

Equipment provided by the Japanese side is listed in Annex 6. Equipment worth \$US 353,346 in total has been provided.

Local cost borne by the Japanese side is indicated in Annex 3. Local cost covers the contract fee for PPAG, purchasing small equipment and experts activities fee.

Information of counterpart training conducted under the Japanese budget was given in Annex 5. Two persons (Communication Officer of GAC and Zonal Manager of PPAG) participated in a 'Training of BCC Strategy for Improving Reproductive Health Status' held in Japan.

Relevant Inputs by the Japanese side which is not usually included in as the Project input but very close relation with project activities and contributed to achieve of the project purpose, are given in Annex 7, which are the dispatch of Japan Overseas Cooperation Volunteers (JOCV), Group Training in Japan and medical equipment.

##### **3.1.2 Ghanaian side**

GAC provided an office for expert, cost of fuels and electricity for the office, and salary for the direct counterpart in GAC. An office for a PPAG field officer has been provided by District Assemblies (DA) in some districts.

#### **3.2 Output**

The outputs of the Project are:

1. The knowledge about HIV and AIDS, STIs and condom use is acquired by the youth in the target communities.
2. The knowledge about Voluntary Counselling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) is increased by and the services are promoted to the youth in the target communities.
3. Capacity of communities and schools to conduct HIV education in the target districts is improved.

#### **3.3 Achievement of Project Purpose**

Implementation process and achievements of the Project are explained below.

##### **Outputs**

##### **Output 1**

Main achievements of Output 1 were summarized in Table 2. Indicators of Output 1: "The knowledge about HIV and AIDS, STIs and condom use is acquired by the youth in the target communities," was almost achieved except for misconceptions on HIV and condom use. Target population increased their

knowledge of STIs, mode of HIV transmission and measures of HIV prevention as expected on the PDM. However, they did not increase their knowledge of misconceptions and knowledge of condom usage as expected. These results indicated that the target group improved their knowledge of HIV transmission and ways of prevention. There was room for them to improve their knowledge of misconception on HIV and condom use to achieve output 1.

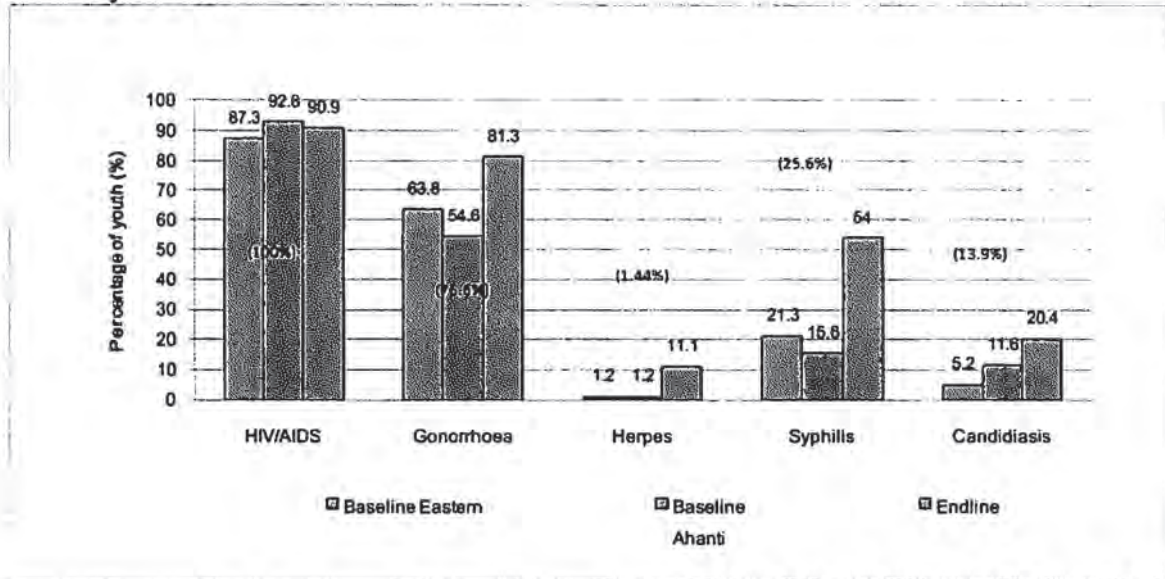
Activities of Output 1 were carried out according to the Project plan mainly by PPAG field officers under monitoring by PPAG Head Quarters (HQ) and the JICA expert.

**Table 1: Achievements of Output 1**

Objectively Verifiable Indicators	Achievements to date
1-1) Percentage <sup>2</sup> of youth who can correctly answer the name of STIs has increased by 20 % from the year 2005.	<ul style="list-style-type: none"> <li>• Knowledge of the name of STIs except HIV and AIDS has increased more than 20% of the baseline data as expected except HIV and AIDS.</li> </ul>
1-2) Percentage of youth who can correctly answer the mode of HIV transmission has increased by 20 % from the year 2005.	<ul style="list-style-type: none"> <li>• Knowledge of the mode of HIV transmission except sexual intercourse was improved to achieve the indicator. Sexual transmission was already known well in the baseline survey and it did not change.</li> </ul>
1-3) Percentage of youth who can correctly answer ways of preventing HIV infection has increased 20% from the year 2005.	<ul style="list-style-type: none"> <li>• Knowledge of the ways of HIV prevention except sexual intercourse was improved to achieve the indicator. Sexual transmission was already known well in the baseline survey and it did not change.</li> </ul>
1-4) Percentage of youth who can correctly answer the myths of HIV and AIDS has increased 20% from the year 2005.	<ul style="list-style-type: none"> <li>• Only one out of seven myths is satisfied the output setting.</li> <li>• More than 20% of the Target population improved their knowledge of "Mother to child transmission" compared with the results of baseline survey.</li> <li>• Some of the myths such as "HIV is not caused by mosquito bites" and "HIV is not caused by witchcraft" among the target population were misunderstood among the target population.</li> <li>• Rates of population who had correct knowledge of other myths increased although they did not achieve goal.</li> </ul>
1-5) Percentage of youth who can correctly answer about condom use has increased 20% from the year 2005.	<ul style="list-style-type: none"> <li>• Only one out of six items asking knowledge of condom usage was satisfied the output setting.</li> <li>• Knowledge of "Using condom does not mean one is promiscuous" was improved.</li> <li>• Knowledge of condom usage such as "Condoms are needed regardless the partner has other partners or not", "If a partner refuses to use condoms, one should not have sex", "When a relationship moves from being casual to serious condom are still necessary" did not change.</li> </ul>

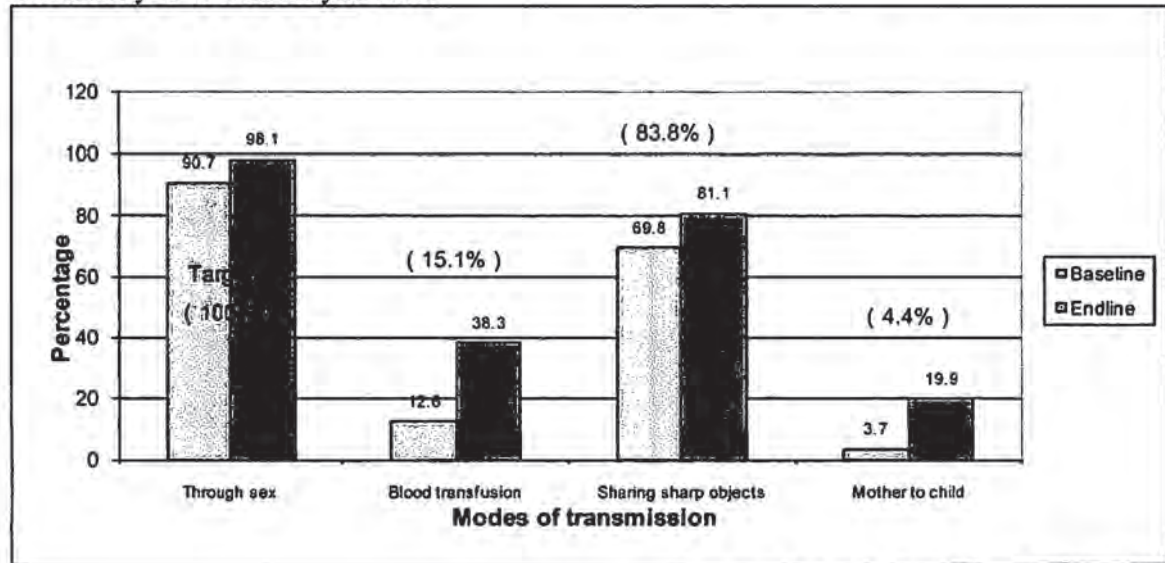
<sup>2</sup> Original indicator in the PDM was "Number of youths of youth who can correctly answer the name of STIs has increased by 20 % from the year 2005. "Due to different number of target group, percentage was chosen for the comparison of data. Same manner was applied to other indicators.

**Indicator 1-1): Percentage of youth who can correctly answer the name of STIs has increased by 20 % from the year 2005.**



(Sources: End-line Evaluation Report, 2009)

**Indicator 1-2): Percentage of youth who can correctly answer the mode of HIV transmission has increased by 20 % from the year 2005.**

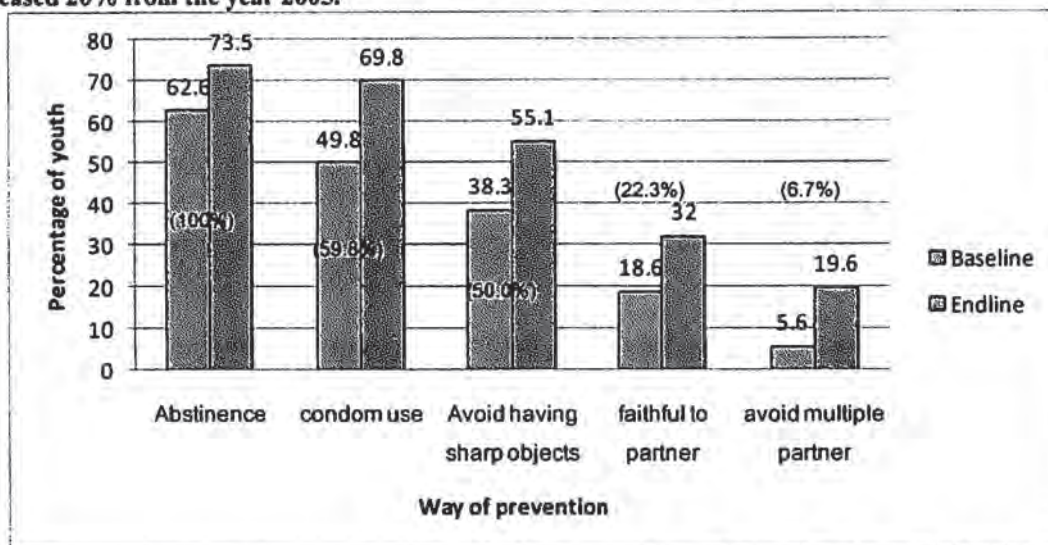


(Sources: End-line Evaluation Report, 2009)

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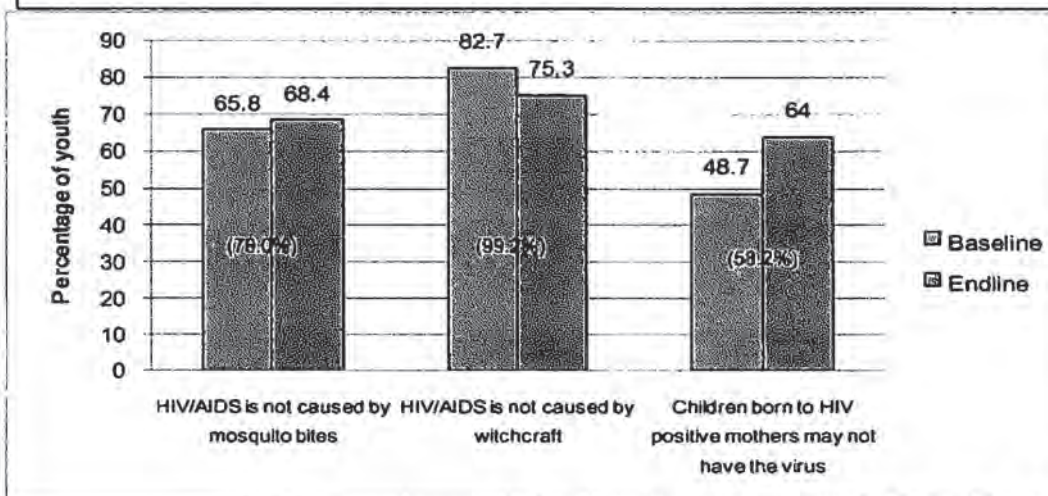
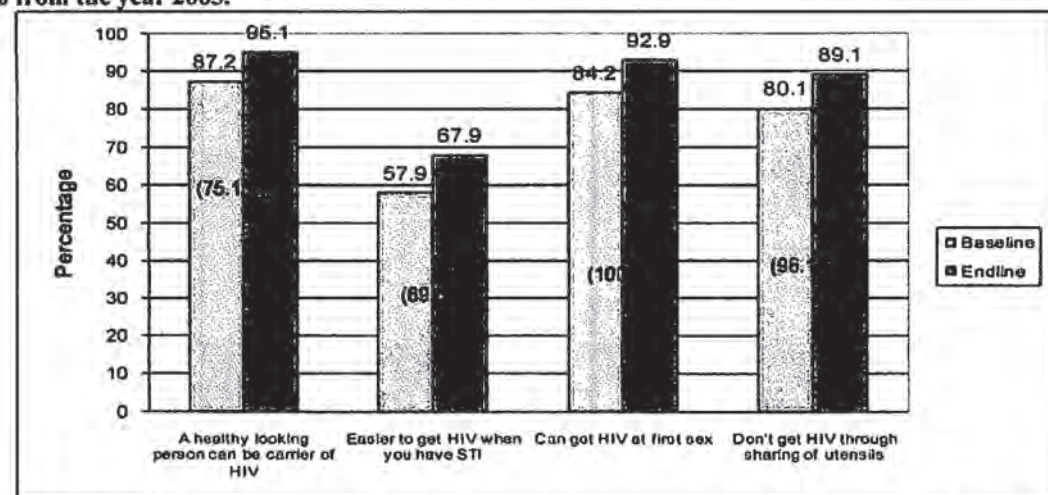
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**Indicator 1-3): Percentage of youth who can correctly answer ways of preventing HIV infection has increased 20% from the year 2005.**



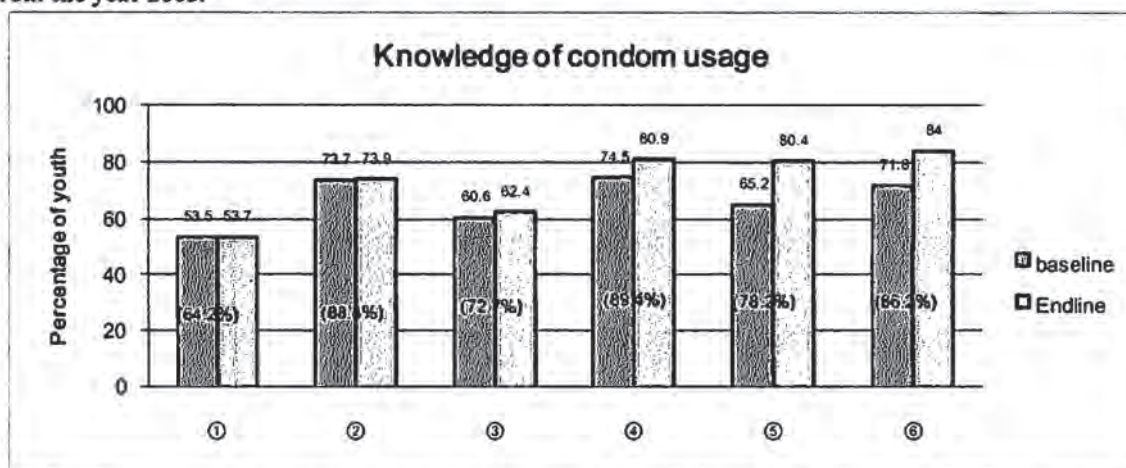
(Sources: End-line Evaluation Report)

**Indicator 1-4): Percentage of youth who can correctly answer the myths of HIV and AIDS has increased 20% from the year 2005.**



(Sources: End-line Evaluation Report, 2009)

**Indicator 1-5): Percentage of youth who can correctly answer about condom use has increased 20% from the year 2005.**



- ① Condoms are needed regardless the partner has other partners or not.
- ② If a partner refuses to use condoms one should not have sex.
- ③ When a relationship moves from being casual to serious condoms are still necessary
- ④ A condom can not get lost in a woman's body
- ⑤ Using condom does not mean one is promiscuous
- ⑥ A new condom has to be used for each round of sex

(Sources: End-line Evaluation Report, 2009)

## Output 2

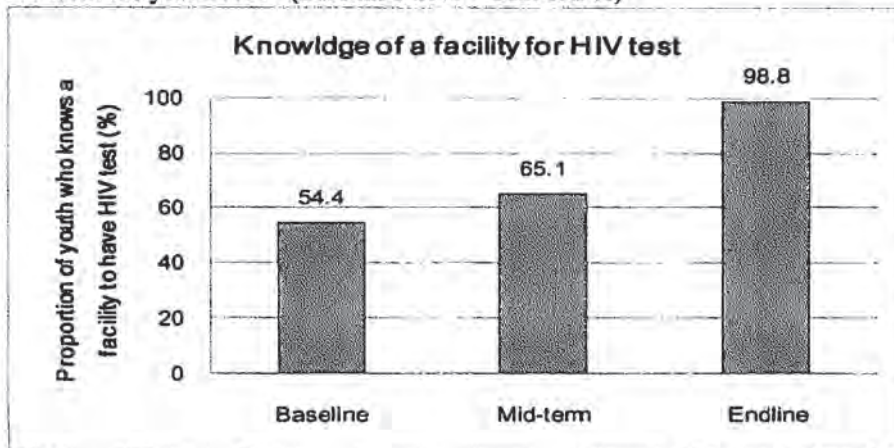
Main achievements of Output 2 were summarized in Table 2. Indicators of Output 2: "The knowledge about VCT and PMTCT is increased by and the services are promoted to the youth in the target communities." was almost achieved. The target group obtained correct knowledge of the place to take HIV test and mother-to-child transmission. The percentage of target group who have willingness to take HIV test voluntarily was also increased although it did not reach the goal. These results indicated that the knowledge of VCT and PMTCT increased however the attitude changed less than expected.

**Table 2: Achievements of Output 2**

Objectively Verifiable Indicators	Achievements to date
2-1 Percentage of youth who know of any facility or place for HIV test in the district has increased 20% from the year 2005.	<ul style="list-style-type: none"> <li>• Youth improved their knowledge of VCT facilities at the endline survey. Target goal was achieved.</li> </ul>
2-2 Percentage of youth who want to take the test voluntarily if given the opportunity has increased 10% from the year 2005.	<ul style="list-style-type: none"> <li>• The target improved their attitude to take HIV test voluntarily although it did not achieve the goal. (Achievement: 104%)</li> </ul>
2-3 Percentage of youth who knows about mother to child transmission has increased 20% from the year 2005.	<ul style="list-style-type: none"> <li>• Knowledge of mother-to-child transmission increased among target group. Target goal was achieved.</li> </ul>

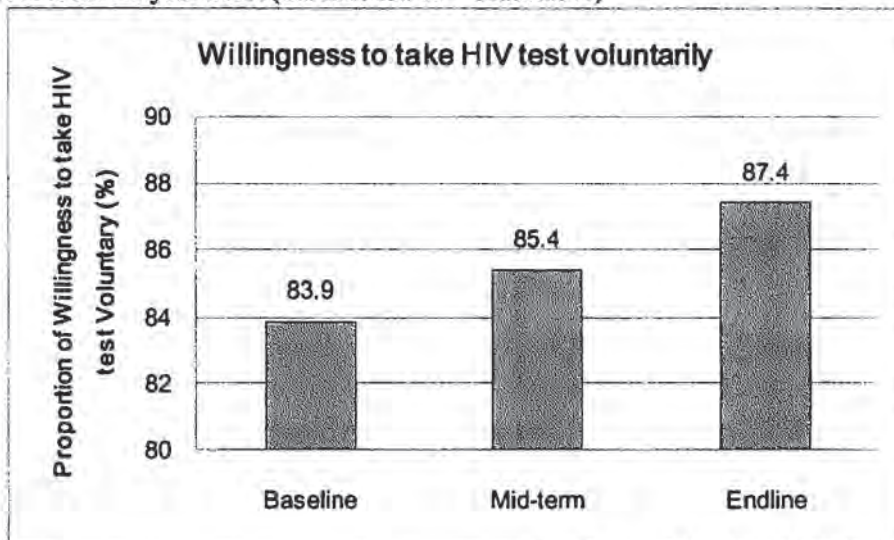
Activities of Output 2 are carried out according to the Project plan mainly by PPAG field officers under monitoring by PPAG Head Quarters and the JICA expert.

**Indicator 2-1 Percentage of youth who know of any facility or place for HIV test in the district has increased 20% from the year 2005. (Baseline 54.4%→Goal 65.3%)**



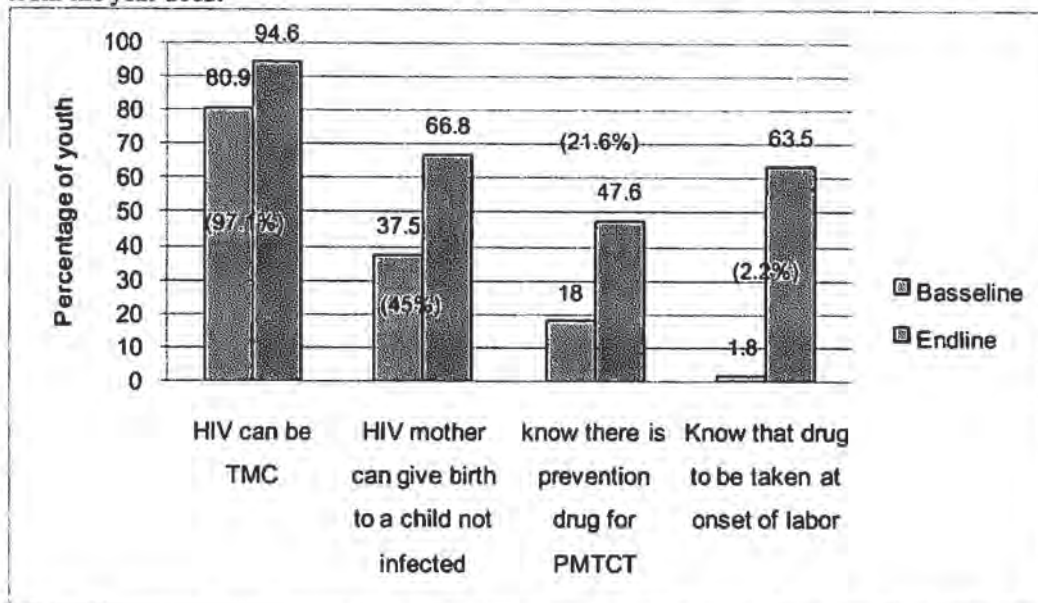
(Sources: End-line Evaluation Report, 2009)

**Indicator 2-2 Percentage of youth who want to take the test voluntarily if given the opportunity has increased 10% from the year 2005. (Baseline 83.9%→Goal 92.3%)**



(Sources: End-line Evaluation Report, 2009)

**Indicator 2-3 Percentage of youth who knows about mother to child transmission has increased 20% from the year 2005.**



(Sources: End-line Evaluation Report, 2009)

### Output 3

Main achievements of Output 3 are summarized in Table 4. Indicators of Output 3: “Capacity of communities and schools to conduct HIV education in the target districts is improved.” was almost achieved. These results indicated that all the key persons such as Peer Educators (PEs), Community Based Service Agents (CBSA), Project Management Committee (PMC), and school patrons continuously participated in the Project activities.

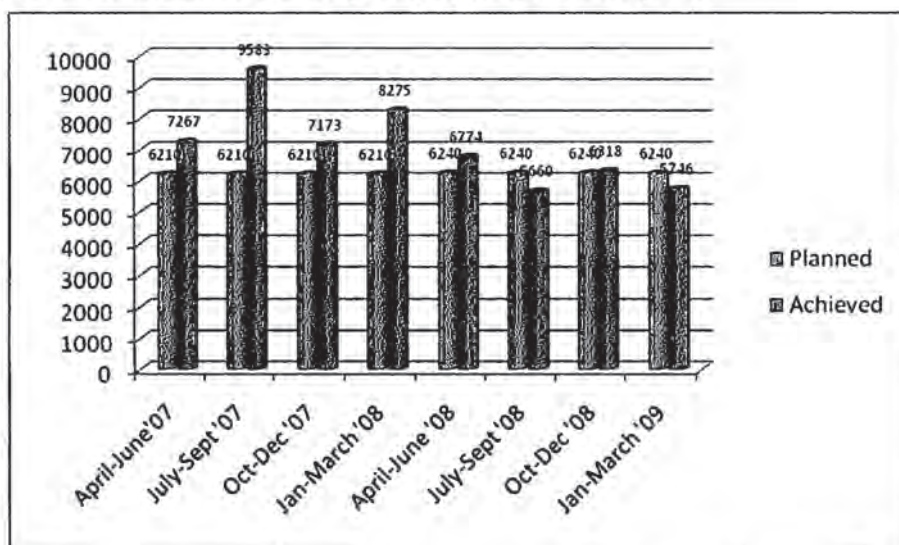
**Table 4: Achievements of Output 3**

Objectively Verifiable Indicators	Achievements to date
3-1 PMC is formed in every community and 80% of PMC is active.	<ul style="list-style-type: none"> <li>PMC was formed and active in all the 181 communities.</li> </ul>
3-2 Number of discussions held by Peer Educators and Community Based Service Agents is maintained.	<ul style="list-style-type: none"> <li>More than 80% of PE and CBSA discussions planned were held since 2007..</li> </ul>
3-3 Number of School Patrons who attend the quarterly meetings is maintained.	<ul style="list-style-type: none"> <li>Numbers of attendance of school patrons were maintained. More than 80% of the school patrons participated in the quarterly meetings.</li> </ul>
3-4 Knowledge of BCC/IEC activities by District Focal Persons is improved.	<ul style="list-style-type: none"> <li>The District Focal persons interviewed on the survey knew the BCC/IEC activities implemented by the Project.</li> </ul>



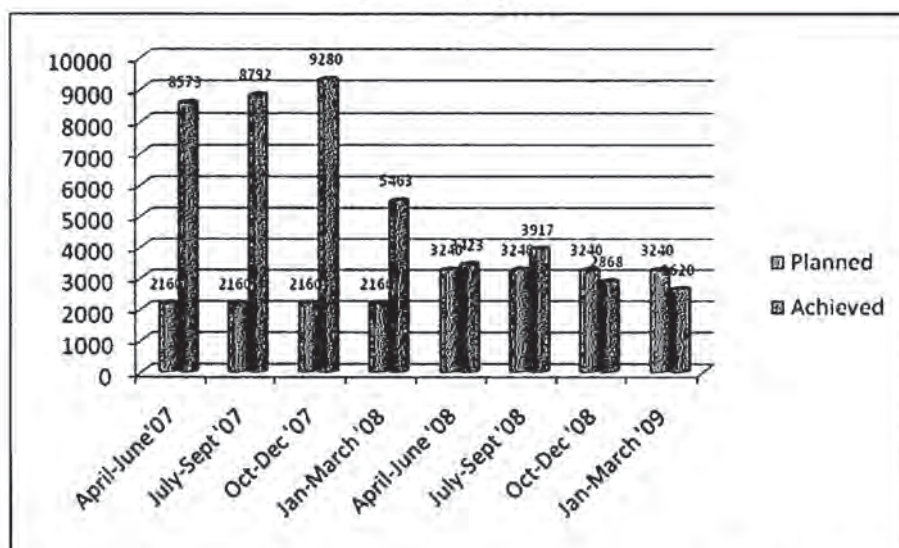
**Indicator 3-2) Number of discussions held by Peer Educators and Community Based Service Agents is maintained.**

**Fig: Number of Discussions held by PEs, April 2007-March, 2009**



(Sources: End-line Evaluation Report, 2009)

**Fig: Number of Discussions held by CBSAs, April 2007-March, 2009**

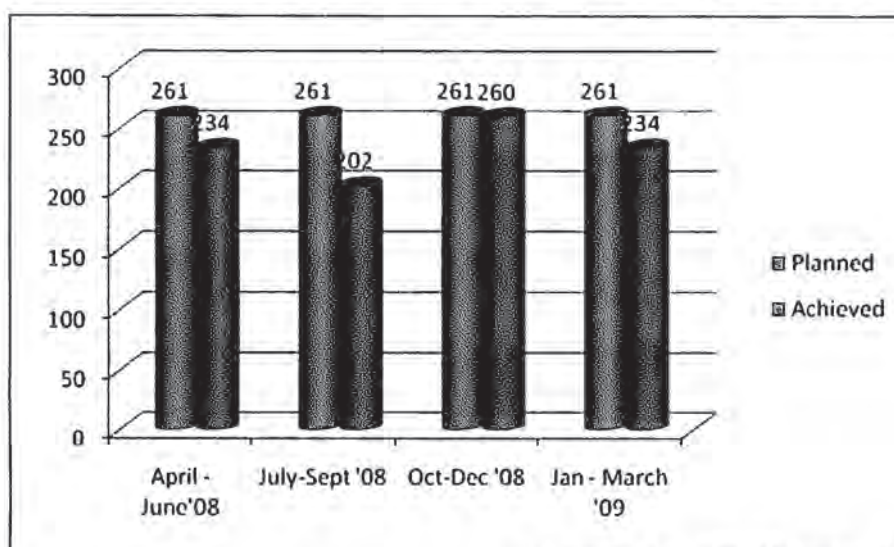


(Sources: End-line Evaluation Report, 2009)

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**Indicator 3-3) Number of School Patrons who attend the bi-annual meetings is maintained.**



(Sources: End-line Evaluation Report, 2009)

Table 5 presented retention rate among PEs, CBSAs and School Patrons. Since the inception of the project 520 PEs have been trained whilst 479 were still working as at March 2009 giving a retention rate of 92%. Similarly, retention rates among CBSAs and School Patrons are low (95% and 91%, respectively).

**Table 5: Retention rate among PEs, CBSAs and School Patrons**

	Retention Rate among PEs, CBSAs and School Patrons		
	# Trained	# still working	% working
PEs	520	479	92
CBSAs	270	257	95
School Patrons	261	237	91

(Sources: End-line Evaluation Report, 2009)

**Project purpose**

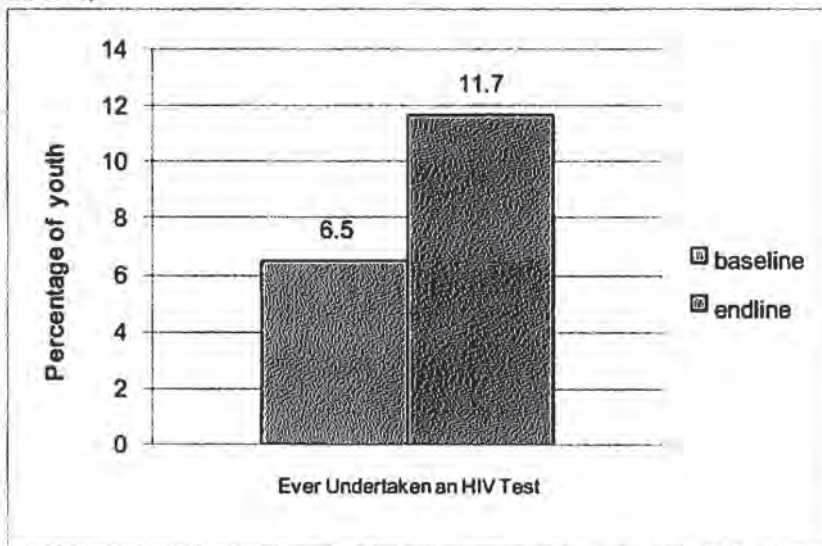
The Project purpose: "The awareness about (on) the risk of infecting (getting infection of) HIV and STIs among the youth and the social environment to reduce youth high risk behaviour are created in the target communities." is likely to be achieved by the end of the Project. Achievements so far were summarized in Table 6.

Indicator 1 indicated that the awareness of the risk of HIV infection increased and behaviours to seek HIV tests started to increase recently. Percentage of the target people who had positive attitude toward PLHIC increased.

**Table 6: Achievements of Project purpose**

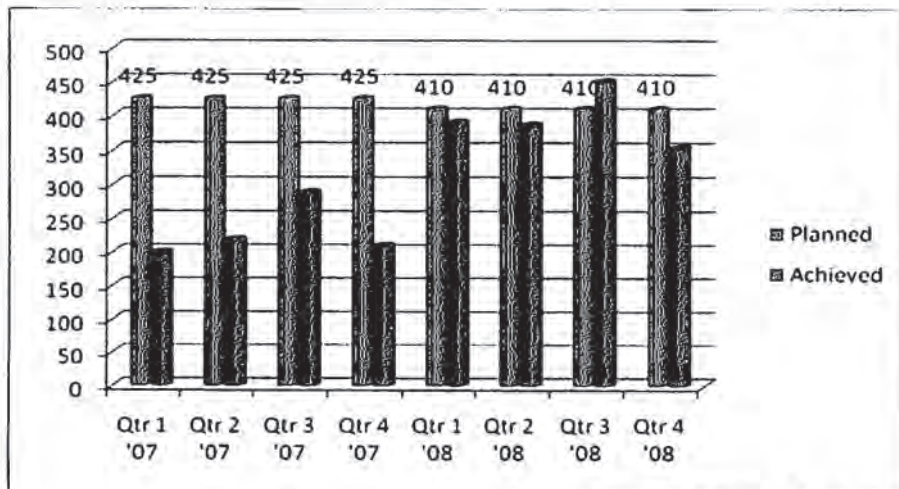
Objectively Verifiable Indicators	Achievements to date
1. Percentage of youth who had HIV test is increased by 20 % from the year 2005.	<ul style="list-style-type: none"> <li>Rate of the youth who ever taken HIV test increased from 6.5% to 11.7%. It achieved the goal of this indicator. It increased almost twice.</li> </ul>
2. Number of youth who were referred to health service is increased by 20 % from the year 2005.	<ul style="list-style-type: none"> <li>There was no data of the indicator. Instead of this indicator, number of referrals in 2007 and 2008 were examined to measure increase of the referrals. Number of youth referred was almost twice in 2008 compared with the data in 2007.</li> </ul>
3. Percentage of youth who has positive attitude toward PLHIV is increased by 20 % from the year 2005.	<ul style="list-style-type: none"> <li>All the queries to measure the attitude toward PLHIV were improved at the end-line survey. This indicator was achieved.</li> </ul>

**Indicator 1: Number of youth who had HIV test is increased by 20 % from the year 2005. (Baseline: 6.5%→Goal: 11.52%)**



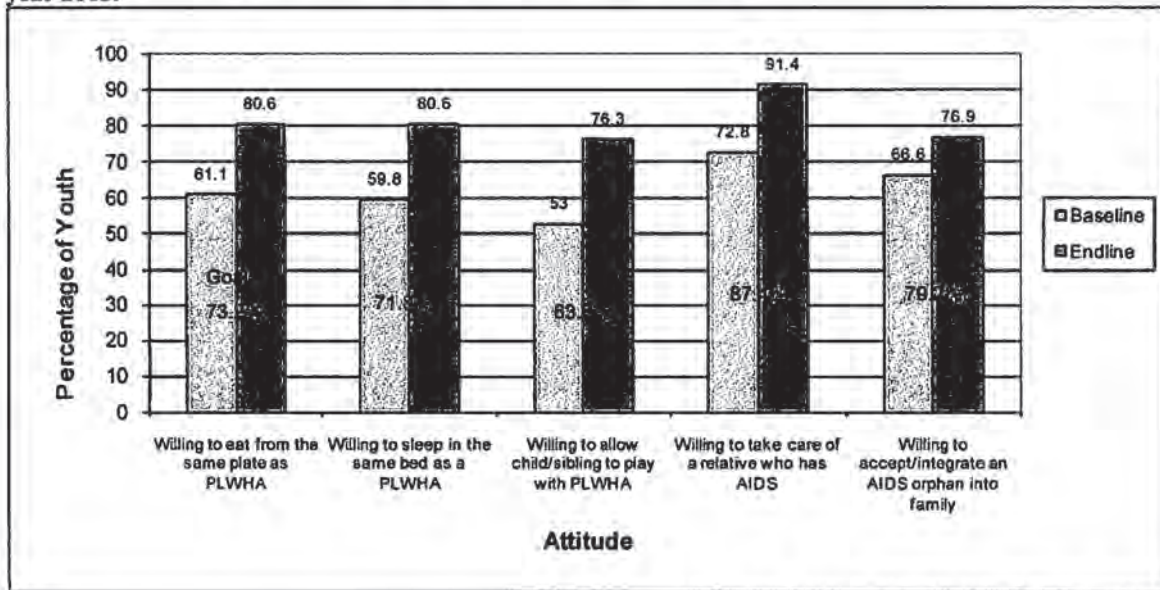
(Sources: End-line Evaluation Report, 2009)

**Indicator 2: Number of youth who has referred to health service is increased by 20 % from the year 2005.**



(Sources: End-line Evaluation Report, 2009)

**Indicator 3 Percentage of youth who has positive attitude toward PLHIV is increased by 20 % from the year 2005.**



(Sources: End-line Evaluation Report, 2009)

In addition to the indicators shown above, it was observed in the community that the supportive environment was created in the communities to reduce youth high risk behaviour.

The Project established the platform for various actors and organization which conducts HIV and AIDS related activities in the district, such as District Ghana Health Service (GHS), District Ghana Education Service (GES), District School Health Education Programme (SHEP) Coordinator, NGOs, religious organizations, youth organizations and other community organizations. The platform contributed to create supportive environment for youth to promote their risk reducing behaviours.

The Project also developed the framework for the community to conduct HIV and AIDS prevention activities in the community level. The Project established PMCs involving authorities such as religious leaders and chief of the community. The community chose all the key persons such as PEs and CBSAs from community members. These people are active agents in sustaining HIV and AIDS prevention activities as well as other community development activities.

Youth friendly BCC activities conducted by the districts and communities created positive attitudes towards HIV prevention activities among members of community including youth and their parents' generations.

**Overall goal**

It is likely that the indicators of the overall goal: "High risk behaviour among the youth in the target districts are reduced." will be achieved in future under the condition that the Project activities to be continued and the youth and community members continue to pay attention to these activities.

HIV prevalence rate of the target districts (Koforidua, Kumasi, and Mampong) were referred from National sentinel survey. The HIV prevalence rates dramatically decreased in Koforidua and Kumasi and slightly increased from 2007 to 2008 in Mampong<sup>3</sup>.

<sup>3</sup> The project started in Koforidua in 2006 and Kumasi and Mampong in 2007.

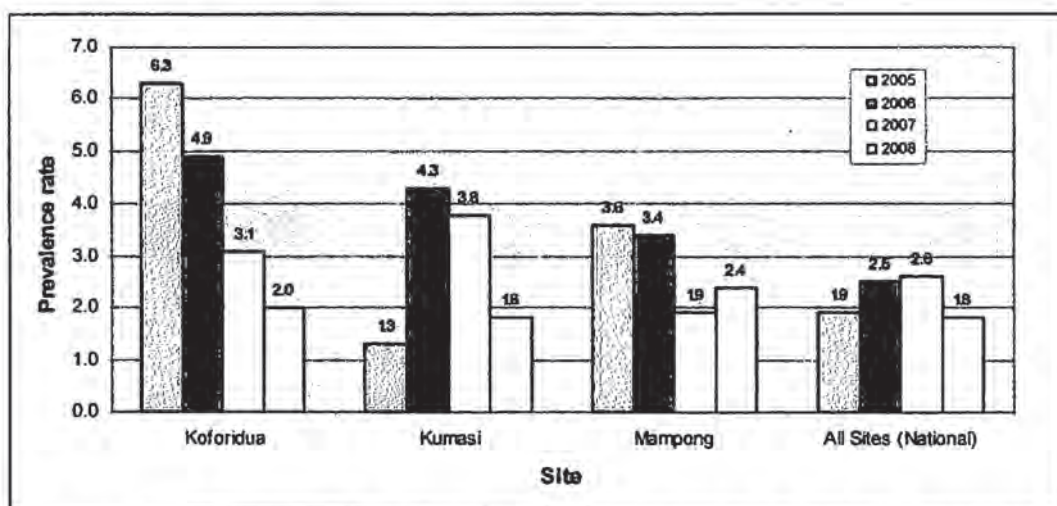
The results indicated that the “abstinence” (indicator 3) and “be faithful” (indicator 4) achieved the goal at the end-line survey. Number of youth who uses condom consistently slightly increased.

Achievements so far were summarized in Table 7.

**Table 7: Achievements of Overall goal**

Objectively Verifiable Indicators	Achievements to date
1. HIV prevalence aged between 15 and 24	<ul style="list-style-type: none"> <li>HIV prevalence data tends to decrease in the target districts compared with National average although the target areas of the Project were limited.</li> </ul>
2. Number of youth who report consistent condom use in the past 1 year is increased by 20% from result of the baseline survey. <sup>4</sup>	<ul style="list-style-type: none"> <li>106% of the youths reported consistent condom use in the past 1 year in the end-line survey compared with the baseline survey.</li> </ul>
3. Mean age at first sex remains as same as result of the baseline survey <sup>5</sup> .	<ul style="list-style-type: none"> <li>Mean age in the end-line survey was 16.77, slightly decreased compared with the age in the baseline survey (16.80).</li> <li>The Project might contribute to keep mean age of the first sex same.</li> </ul>
4. Percentage of youth who has more than 1 sexual partner within 12 months <sup>6</sup> .	<ul style="list-style-type: none"> <li>The goal of this indicator was achieved (baseline: 33.7%, goal: 26.9%, endline: 26.8%)</li> </ul>

**Indicator 1 HIV prevalence aged between 15 and 24**



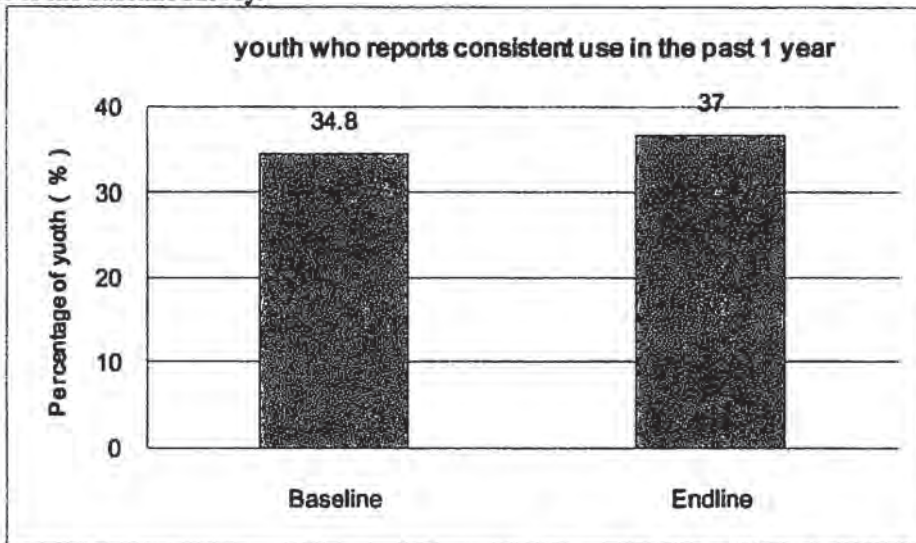
(Sources: End-line Evaluation Report Original data was retrieved from HIV and AIDS Sentinel Survey 2005-2008)

<sup>4</sup> Original indicator in the PDM was “Number of youth who report consistent condom use in the past 6 month is increased by 20% from result of the baseline survey”. Due to lack of baseline data, the description of the indicator was slightly revised.

<sup>5</sup> Original indicator in the PDM was “Median age at first sex remains as same as result of the baseline survey”. Due to lack of baseline data, the description of the indicator was slightly revised.

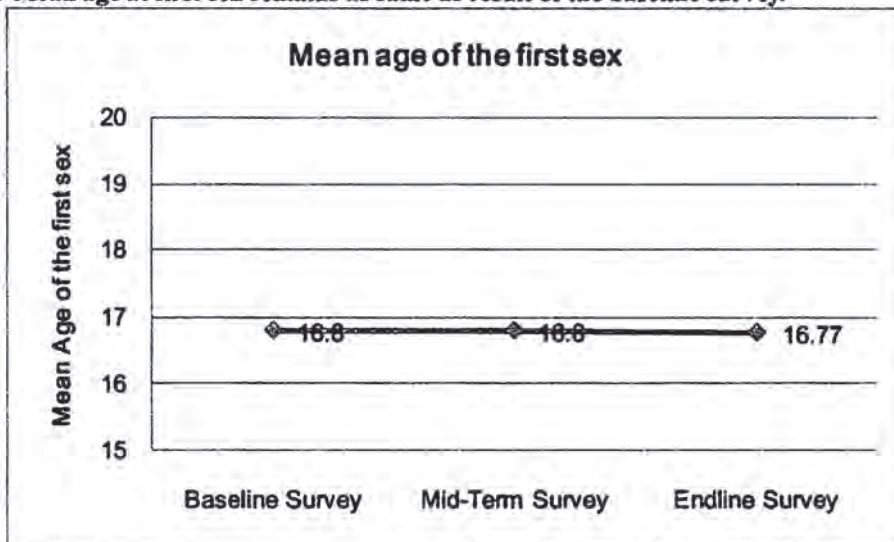
<sup>6</sup> Original indicator in the PDM was “Number of youth who had sex with non-regular partner is decreased by 20% from result of the baseline survey”. Due to lack of baseline data, the description of the indicator was slightly revised.

**Indicator 2** Number of youth who reports consistent condom use in the past 1 year is increased by 20% from result of the baseline survey.



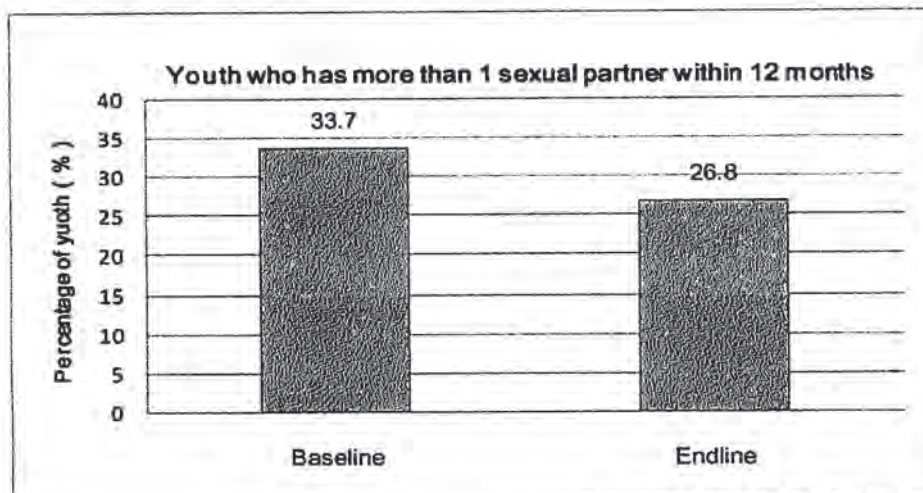
(Sources: End-line Evaluation Report, 2009)

**Indicator 3** Mean age at first sex remains as same as result of the baseline survey.



(Sources: End-line Evaluation Report, 2009)

**Indicator 4 Percentage of youth who has more than 1 sexual partner within 12 months.**  
(Baseline 33.7% → goal 26.9%)



(Sources: End-line Evaluation Report, 2009)

### 3.4 Implementation Process of the Project

#### (1) Monitoring of Project activities

The Project activities were appropriately monitored on a quarterly basis. PPAG Project officer, a direct implementer of the Project activities, prepares a report of his activities monthly bases, and submitted the report to PPAG Zonal Officers. PPAG Zonal Officers checked the contents of the report and submitted it to PPAG HQ quarterly bases. PPAG HQ checked the contents of the report submitted by PPAG Zonal Officers and submitted it to the expert. The expert checked the contents and submitted it to JICA Ghana Office. After examining the contents of the report, JICA Ghana Office disbursed budget for a next quarter. Based on the interview from relevant stakeholders, there are some issues to be considered by the Project.

Based on the interview, PPAG often delayed submission of the report. It caused a delay of budget allocation and prolonging interruption of the implementation. This affected effectiveness of the Project.

Reporting format needed to be mutually agreed upon prior to the onset of the project implementation. It was not easy for the Project to monitor the progress or the project activities when the reporting format was suddenly changed by PPAG.

Joint Coordination Committee (JCC) at national level, Regional Coordination Committee (RCC) at regional level and Quarterly meeting at district level were held quarterly. Progress and issues were shared at those quarterly meetings which served as means of smooth monitoring of the project activities at target areas (181 communities) among various stakeholders.

#### (2) Communication

Although the Project covered a large number of target areas with various stakeholders, communications among the stakeholders was sufficient with the efforts of all related parties. Quarterly meetings at national, district and community level were established in the initial stage of the project implementation so that the communication channels were secured in the regular basis. Communication between the Project and GAC improved dramatically when the Project office moved to the GAC building physically.

#### (3) Technical transfer

As an exit strategy, the Project supported districts to create their own HIV and AIDS prevention plan among youth to continue the activities after the Project. At the first step, the Project provided training on the DA HIV and AIDS Focal Person on how to make plans. After the training, the focal persons developed their own implementation plans together with their stakeholders such as GES, GHS, PEs, CBSAs, and PMCs utilizing knowledge and skills obtained through the training. Involvement of these stakeholders assured the plan to be more realistic and sustainable for a district as well as for a community. BCC tools which have been effective in a community were chosen for the plan. Estimated budget and institution/organization in charge of each activity were added on the plan.

#### **4 Results of evaluation**

##### **4.1 Relevance**

The relevance of the Project is high.

The Project had implemented HIV and AIDS prevention activities targeting youth between 10 to 24 years of age. The HIV prevalence rate in Ghana was 2.2 % (Ghana National Sentinel Survey, 2008) which was still on the stage of focusing on the prevention of HIV infection. In fact, Ghanaian government has prioritized prevention activities among most at risk population in terms of HIV infection in the National Strategies such as Ghana Poverty Reduction Strategy II (2006-2009), 5-year national Health Strategic Plan (2007-2011), and HIV and AIDS activity Program 2009. The relevance of the Project did not change from the beginning based on the consistency of these policies. The Project purpose and overall goal remained relevant to "Improvement of Basic Social Services", one of key Japanese aid policies.

The target group of this Project was youth between 10 to 24 years old. The selection of target group was relevant because (1) Youth is one of the most at risk groups of HIV infections since they are sexually active, (2) Percentage of people using condom was relatively low in these age groups (DHS 2003), (3) Behavioural changes are easier for younger people than adults, (4) It is easier to access and to implement Project activities for youth since they belong to a school and a community.

The target areas of the Project were 10 districts in two regions. 4 districts (Amansie East, Atwima Nwabiagya, Kumashi, and Sekyere West) in Ashanti Region and 6 districts (Asuogyaman, Akwapim North, New Juabeng, Birim North, Kwahu South, and Kwaebibirem) in Eastern region. Selection of the target areas was reasonable. Target regions were chosen based on regional HIV prevalence rate and accessibility to implement the Project. Eastern region had the highest HIV prevalence and Ashanti had also the highest HIV prevalence rate among the regions. Among these two regions, target districts were chosen based on the discussion with Regional Focal Person of HIV and AIDS and JICA mainly considering HIV prevalence rate.

Implementation process was appropriate. GAC, National HIV and AIDS co-ordination body was chosen as a main counterpart and district HIV and AIDS focal person in District Assemblies were chosen as counterparts in district level. Assignment of GAC as the main counterpart promoted the smooth implementation of the Project. GAC was a chair of JCC and functioned as a responsible governmental organization in the Project. GAC has made feedback to the Project activities in the district level on the periodical meeting and also got actual situation of the community levels.

At the district level, District HIV and AIDS Focal person played a role to coordinate with other organizations such as Ghana Health Services, Ghana Education Services and local NGOs. It created the platform to tackle with HIV and AIDS.

Selecting PPAG as implementation agency was also appropriate since it had many experiences implementing BCC activities in community level. PPAG was well accepted by the targeted communities and the experienced PPAG field officers brought smooth implementation of the activities at the communities.





## 4.2 Effectiveness

Selecting GAC as a main counterpart made the Project more effective in implementing activities. GAC was national coordination body and it supervised District HIV and AIDS Focal Person. Collaborating with GAC gave the Project accreditation and it brought smooth and effective implementation.

Although only one Japanese expert was dispatched, this Japanese Expert was strategically assigned to work directly with GAC, which contributed to the effective management of the overall project implementation. Effectiveness could have been better if there was another Japanese Expert who can support current Japanese Expert, especially in the coordination with the fields.

The Project raised awareness of HIV and AIDS among youth through attractive interventions. Youths were widely approached by the various channels of activities introduced by the Project. The Project increased youths' knowledge and positive attitude towards HIV and AIDS prevention through the entertainment educational interventions.

Although the effectiveness of the Project was sufficient, the implementation processes should be reconsidered for the future project.

BCC strategies should have been developed based on the results of a behaviour survey in the planning stage. Behaviour survey identifies target's needs, effective approaches, and the message to be customly prepared for the target group. Factors promoting/interrupting targeted behavior need to be carefully studied. One of the target behaviors in HAPE was condom use. There was an interruption of the provision of condoms from GAC during the project. Some youth who sought for condom could not receive it due to unavailability. Provision of the condom was an important prerequisite in promoting condom use. In order further promote condom use, other barriers; enabling/reinforcing factors need to be taken into the consideration in project design. (i.e. Reasons for not using it, Preferred channels to receive information, Positive and negative reinforcing factors in using condom.)

Strategic collaboration of Ministry of Local Government and Rural Development/DA and Ministry of Health/GHS/NACP was needed from the planning stage of the Project. The Project activities included health services and educational activities in school. If the partnerships have been created with them, the Project could have implemented more effectively.

## 4.3 Efficiency

The overall efficiency of the Project is high.

It was cost effective to hire local NGOs to implement the Project into communities. PPAG, the local NGO was chosen to implement actual activities in the community.

It was efficient to hire local NGOs in aspect of smooth implementation of the Project in the communities. Since the PPAG field officers knew well about the districts, it was easy for them to develop relationship with the DA focal person and other stakeholders. It was also easy them to get into the communities to formulate coordination system among communities. Due to the smooth integration of the Project into the districts and the communities, Project was conducted efficiently. If the PPAG field officers lived in the districts, both costs and time spending for transportation were saved, too.

Overall plan of operations for entire project period was not confirmed from the beginning. Detailed plan of the project such as input, training and timing of each activity should have been strategically designed to achieve project purpose efficiently. Some of the activities and inputs should have been done a lot earlier than the actual implementation, such as 1) training on stigma, 2) printings of manuals and IEC materials, and 3) production of project documentary.

Some of the PPAG Field Officers assigned as a part-time status may have affected the efficiency of achieving the outputs in some districts.

Intensity of interventions should have been rationalized by the size of the community in order to assure the efficiency. The intensity of the interventions may not have been sufficient to reach to the behavioural changes, especially in the large cities, where a large number of youth exist and the same intensity of interventions were conducted as in the smaller villages.

#### **4.4 Impact**

There were several positive impacts brought by the Project.

As a result of baseline and end-line survey conducted by the HAPE Project, the needs for youth HIV and AIDS Prevention Programme were demonstrated for the first time. It provided evidence for the National HIV Policy to focus on youth as a main target for prevention program.

Management capacity of DA built through participation of the project and training conducted by the Project may contribute to the management of other development project at the district.

PMC members, PEs and CBSAs improved their capacity through participation of the project and trainings conducted by the Project. Youth who were trained as PEs or CBSAs gained knowledge and skills and improved self-esteem. They became active sender of the health messages rather than passive receiver. Youth were empowered through participation to the Project. The empowered youth, PEs and CBSAs, can be agents to initiate other community activities.

The Project was often covered by the media. The project succeeded in advocating importance of HIV prevention among youth through mass media.

#### **4.5 Sustainability**

Prospects of sustaining project activities are relatively high.

GAC added HIV Prevention Program for youth (10-24 years old) as another focused target group in Multi-Sectoral HIV and AIDS Programme (MSHAP) from 2009. HAPE Project's youth friendly approaches would be assimilated into MSHAP and sustained.

The Project succeeded in ensuring the sustainability of the community BCC activities through trainings and supports to District Assembly to develop District Sustainability Plan. The District Sustainability Plan, which was developed in participatory manner with various stakeholders, contributed to increase and sense of ownership.


The district HIV Focal Persons built its capacity to sustain the Project activities. The Project created the exit strategy to take over the activities of the Project to the Ghanaian side. The DA focal persons were trained planning skills and they created their own sustainability plans of the Project activities with other stakeholders including GHS, GES, PMC, PEs, CBSA, and school patrons. The DA focal persons introduced their plans on the meeting and provided feedback from the expert, GAC, and PPAG. The plan was clearly indicated detailed budget allocations and responsible persons of each activity. It made the plan more realistic.

There is budget resource for HIV and AIDS prevention activities in district level. 0.5% of the DA Common Fund will be allocated to HIV and AIDS prevention activities. Some DA focal persons mentioned that they planned to allocate this fund to the sustainability plan.

Manuals and guidebooks are to be printed before the completion of the Project. Prior to the completion of those materials, trainers' trainings for PEs were completed. The materials are to be utilized for the

training of newly recruited PE's trainings in future. "Stigma Reduction Manual", which was produced by the Project in cooperation with GAC, UNAIDS and Christian Council of Ghana (NGO), are highly recommended to be reprinted and utilized nationwide.

Sustainability to keep PEs, CBSA, PMC and School patrons in the communities were not assured yet. It was not on the district sustainability plan. Some districts had ideas of training new PEs and CBSA utilizing local resources such as (1) NGO, (2) PPAG staff and (3) PMC/School patrons.



#### 4.6 Conclusion

HAPE Project conducted BCC interventions for the HIV and AIDS prevention for youth (10-24 years old), who were vulnerable target group with high needs, in the selected target areas in Ghana. Although it had problems in its design and planning, the Project demonstrated significant achievements and thus it is expected to achieve its project purpose by the completion of the project. The Project contributed to produce evidence necessary for the future HIV prevention program for youth in Ghana. It is indispensable to continue to support Ghana Aids Commission (GAC) for their further Capacity Development in order to ensure the project activities to be merged into the National HIV and AIDS Prevention Program and to be sustained.

The key achievements of the Project were followings:

(1) Youth Friendly BCC Approaches

Youth Friendly BCC Approaches were introduced in the HAPE Project, such as recruitment and assignment of Peer Educators from their community, Entertainment Theater and film show at the community, as well as listening club for the radio programs in/out of school.

(2) Assimilation of HAPE Project Youth Friendly Approaches to National HIV Prevention Program

GAC added HIV Prevention Program for youth (10-24 years old) as another focused target group in Multi-Sectoral HIV and AIDS Programme (MSHAP) from 2009. HAPE Project's youth friendly approaches would be assimilated into MSHAP and sustained.

(3) Youth(10-24 years old) as a target group for National HIV Program

As a result of baseline and endline survey conducted by the HAPE Project, the needs for youth HIV and AIDS Prevention Programme were demonstrated for the first time. It would provide some evidence for revising the National HIV Policy to focus on youth as a main target for prevention program.

(4) Multi-Sector Approach

The Project established the platform for various actors and organization which conducts HIV and AIDS related activities in the district, such as District GHS, District GES, District SHEP Coordinator, NGOs, religious organizations, youth organizations and other community organizations. The platform contributed to create supportive environment for youth to promote their risk reducing behaviors.

(5) Strengthening Linkage of Learning Activities at the community with Health Services

Peer Educators (PEs) and Community Based Service Agent (CBSAs) promoted BCC activities for youth as well as referrals of youth to health services, such as VCT. Some BCC activities were conducted with mobile CT. This approach contributed to the increase of VCT among youth. PEs and CBSAs also distributed condoms outside of the school.

(6) District Sustainability Plan for the Community BCC Activities

The Project succeeded in ensuring the sustainability of the community BCC activities through trainings and supports to District Assembly to develop District Sustainability Plan. The District Sustainability Plan, which was developed in participatory manner with various stakeholders, contributed to increase the sense of ownership.

(7) Contribution of Manuals and Guidebook developed by the Project

Manuals and guidebooks are to be printed before the completion of the Project. Prior to the completion of those materials, trainers' trainings for PEs were completed. The materials are to be utilized for the training to sustain entire project activities. "Stigma Reduction Manual", which was produced by the Project in cooperation with GAC, UNAIDS and Christian Council of Ghana (NGO), are highly recommended to be reprinted and utilized nationwide.

(8) Empowerment Approach

Youth who were trained as PEs or CBSAs gained knowledge and skills and improved self-esteem. They became active sender of the health messages rather than passive receiver. Youth were empowered through participation to the Project. The empowered youth, PEs and CBSAs, can be agents to initiate other community activities.

(9) Assignment of PPAG (local NGO) to conduct BCC activities in the community

It was advantageous for the Project to assign PPAG as an implementer of the community BCC interventions.

## 5 Recommendation

### 5.1 Recommendation

#### I. Program/Project Design:

**Make all programs related to HIV and AIDS coordinated and mutually supportive for the better program impact.**

- Capacity Development of GAC at national level, Regional Coordination Council (RCC) at regional level and District Assembly (DA) at district level is needed for the sustainability of the HAPE project activities and achievements.
- GAC's role as a national coordination body to prepare policy and to coordinate HIV and AIDS programs should be further strengthened so that the various HIV and AIDS related programs under MOH, MOE, MLGRD,...etc. and other programs which are mainly initiated by international and local NGOs are all supervised and coordinated under the umbrella of National Coordination Mechanism.
- RCC's role is for regional coordination and monitoring and evaluations of Regional HIV and AIDS programs. The role of RCC is important as the policy in Ghana is shifting to decentralization. RCC takes roles for scaling up HAPE project activities within the region.
- At the district level, DA is a key stakeholder to coordinate all the vertical programs related to HIV and AIDS in the district. GAC should monitor and support DA in coordinating various actors and organization which conducts HIV and AIDS related activities in the district, such as District GHS, District GES, District SHEP Coordinator, NGOs, religious organizations, youth organizations and other community organizations. District AIDS Committee (DAC) at each DA should act as a technical secretariat for this coordination mechanism at district level. This task was performed by the PPAG Field Officer, DA and HIV and AIDS Focal Person during the HAPE project.
- It is extremely important to link learning activities and health services to promote targeted behavioral changes. The linkage among GAC, GES, GHS, Youth Council, RCC, and DA should be planned in the project design.
- It was useful to strengthen the existing DAC to conduct the HAPE Project. HAPE joined the DAC as an additional assets with new target group (youth 10-24) with new tools and approaches (comprehensive and integrated multi-channel BCC approaches). HAPE's activities and approaches can be sustained as a part of District HIV Program. This experience should be replicated for other areas.
- In order to sustain the District Sustainability Plan, District Common Fund should be allocated to the district budget according to the regulation (0.5% of DCF for HIV program). Close monitoring and provision of necessary support for the District Sustainability Plan is absolutely necessary. GAC, RCC and DA should monitor the implementation process carefully and provide necessary technical supports.
- It is also important to avoid the sudden transfer of District HIV and AIDS focal person to ensure the implementation of the District Sustainability Plan.
- Long-term impact of HAPE Project should be examined. Real impact is yet to come. It is necessary to follow-up the Project and to monitor the mid- long-term impact of the Project.
- Upon the completion of the project at the end of September 2009, the vehicles, motorbikes and audio-visual equipment shall be returned from PPAG to GAC. GAC shall hand over those to DA so that DA can sustain the Project activities.

#### II. BCC strategies

- Multi-sector approach was effective in creating supportive environment for youth to promote risk-reducing behaviors.
- Interactive Theater, Radio and film show were effective for youth's behavioral changes. Entertainment and follow-up interactions are keys to convince youth and promote their behavioral changes.
- Combinations of BCC interventions, such as combination of interpersonal communication and mass

- media, were effective for behavioral changes.
- Interactive Theater and Film Show should be accompanied with mobile/outreach CT in order to increase number of CT among youth.
- PEs and CBSAs are effective agents to deliver information and services to youth. However, the referral should be an integrated part of PE's and CBSA's tasks. Continuous capacity building, close supervision and sufficient logistics are needed to have maximum benefits of PEs and CBSAs.
- PEs and CBSAs were empowered through series of training, meetings and involvement in the Project. Youth is not merely the recipient of the project but the actor of the project.
- Manuals for stigma reduction should be printed for national distribution by additional external resources.
- Youth's needs for HIV and AIDS and HIV and AIDS information need to be integrated into broader Adolescents' Sexual and Reproductive Health (ASRH) services.
- Policy dialogue should be there to fill the gap between policy and actual sexual practice among youth.

## 5.2 Lesson Learned

- (1) Strategic collaboration of GAC, MLGRD/RCC/DA and MOH/GHS from the planning stage was necessary to ensure the success of the Project.
- (2) Utilization of existing organization/mechanism and past experiences was the key for successful implementation of the Project.
- (3) Provision of adequate logistics, capacity building and supervision was the key to reduce drop-out among PEs and CBSAs.
- (4) Using community volunteer such as PMC contributed to the smooth implementation of the project activities in the community with sustainability.
- (5) Ensure the Intensity and Timing of Interventions  
Individuals and communities need to be exposed to enough information and favorable behavioral choices to actually change their behaviors. It is not only time which is needed for BCC but the intensity of the interventions. Even an effective intervention cannot promote behavioral changes if the intensity and timing are not appropriately designed.
- (6) Avoid factors which interrupt behavioral changes by BCC strategies and planning  
Intermittent shortage of the condoms in Ghana adversely affected the condom distribution which interrupted behavioral changes. Provision of the condom could have been internalized as Project's input if it was planned.

## 6 Others

### Japan Overseas Cooperation Volunteers

Japan Overseas Cooperation Volunteers (JOCV) were dispatched for HIV and AIDS control who were expected to work with HAPE Project since the beginning of the Project. The number of JOCVs related to this Project is twenty seven and they are posted to the Project target districts such as Akiwapin North, Kwahu South district in Eastern region and Atwima Nwabiagya in Ashanti region. The allocations of JOCVs are well planned. A pair of JOCVs are posted in a target district mainly at DA and district GHS. DA and district GHS have roles and responsibilities for the HIV and AIDS prevention. JOCVs are expected to work together in order to enhance the collaboration between DA and GHS.

JOCVs are not direct input to the Project. Each JOCV usually works on his/her own interest along with his/her official TOR given by his/her recipient agencies. Although the participation to the HAPE project was not mandatory for them, most of JOCVs were active in HAPE project.

The advantage of JOCV is their capacity and willingness to work at grass roots level. They live in the local communities and work with local people. Therefore, they can have more close communication and relationship with local people. They can grasp the actual need and demand of the target communities. For the achievement of the Project purpose, the activities in the local communities are very significant. JOCVs are into the local communities and advocate importance of prevention of HIV and AIDS. They work at communities to raise awareness of HIV and AIDS prevention among youth through educational activities.

JOCVs tried several activities for the local communities such as Entertainment Theater, film show, and outreach VCT. One of the contributions of JOCV to the HAPE project was the integration of entertainment activities with VCT. It was one JOCV's idea attract more people to take CT. This was very successful, and other JOCVs adopted this approach. This approach was gradually taken in the HAPE Project.

On the other hand, according to their reports, some JOCVs, especially the volunteers who dispatched the beginning of the Project, were not satisfied with their activities. There are several reasons such as failure of their attempt, realization of the gap between ideal and actual, and shortage of the support or understanding from their recipient agencies. It is not easy for JOCV to continue to work with the Project if there is not enough support and understanding from the recipient agencies.

Many JOCVs, however, are satisfied with their activities, because the Project become popular and their activities become well known among the districts. Eventually most of JOCVs gained understanding and support from their recipient agencies.

It can be conclude that the JOCV was one of the significant assets to the successful implementation of the Project. They produced some positive impact to the Project and to the target communities. The official dialogue should be continued how to make best use of JOCV within the framework of the technical cooperation project.

Project Design Matrix (Version 2, revised on 2008.5.1)

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

Project Period: 1<sup>st</sup> October 2005 – 30<sup>th</sup> September 2009

Target Areas: Six Districts in Eastern Region and Four Districts in Ashanti Region – 181 Target Communities in the Districts

Target Age: Aged 10 – 24 (Aged 15 – 24 as the core target group with an overlap to the aged 10 – 14)

Narrative Summary	Objective Verifiable Indicators	Means of Verification	Assumptions/Risk
<p><b>Overall Goal:</b> High risk behaviours among the youth in the target districts are reduced.</p>	<ol style="list-style-type: none"> <li>1. HIV prevalence aged between 15 and 24</li> <li>2. Number of youth who report consistent condom use in the past 6 months is increased by 20% from result of the baseline survey.</li> <li>3. Median age at first sex remains as same as result of the baseline survey.</li> <li>4. Number of youth who had sex with non-regular partner is decreased by 20% from result of the baseline survey.</li> </ol>	<ol style="list-style-type: none"> <li>1. National Sentinel Survey Reports</li> <li>2. Baseline, Midterm and Endline Survey</li> <li>3. Baseline, Midterm and Endline Survey</li> <li>4. Baseline, Midterm and Endline Survey</li> </ol>	<p>The government commitment to the National Responses to HIV and AIDS is not worsen.</p>
<p><b>Project Purpose:</b> The awareness about the risk of infecting HIV and STIs among the youth and the social environment to reduce youth high risk behaviours are created in the target communities.</p>	<ol style="list-style-type: none"> <li>1. Number of youth who had HIV test is increased by 20 % from the year 2005.</li> <li>2. Number of youth who has referred to health service is increased by 20 % from the year 2005.</li> <li>3. Number of youth who has positive attitude toward PLHIV is increased by 20 % from the year 2005.</li> </ol>	<ol style="list-style-type: none"> <li>1. Baseline, Midterm and Endline Survey</li> <li>2. PPAG quarterly reports</li> <li>3. Baseline, Midterm and Endline Survey</li> <li>4. Baseline, Midterm and Endline Survey</li> </ol>	<ul style="list-style-type: none"> <li>• The government does not change the National HIV and AIDS Strategy drastically.</li> <li>• Supplies of kits, equipments and personnel for VCT, PMTCT and STIs services by MOH/GHS do not become worse.</li> </ul>
<p><b>Output:</b> 1. The knowledge about HIV, AIDS, STIs and condom use is acquired by the youth in the target communities.</p>	<ol style="list-style-type: none"> <li>1-1 Percentage of youth who can correctly answer the name of STIs has increased by 20 % from the year 2005.</li> <li>1-2 Number of youth who can correctly answer the mode of HIV transmission has increased by 20 % from the year 2005.</li> <li>1-3 Number of youth who can correctly answer ways of preventing HIV infection has increased 20% from the year 2005.</li> <li>1-4 Number of youth who can correctly answer the</li> </ol>	<ol style="list-style-type: none"> <li>1-1 Baseline, Midterm and Endline Survey</li> <li>1-2 Baseline, Midterm and Endline Survey</li> <li>1-3 Baseline, Midterm and Endline Survey</li> <li>1-4 Baseline, Midterm and Endline Survey</li> </ol>	<ul style="list-style-type: none"> <li>• The government does not change the BCC strategy drastically.</li> <li>• Educated youth are retained in the communities.</li> <li>• Involvement of collaborators and community members is continued.</li> <li>• Radio remains a good</li> </ul>



Project Design Matrix (Version 2, revised on 2008.5.1)

Annex I

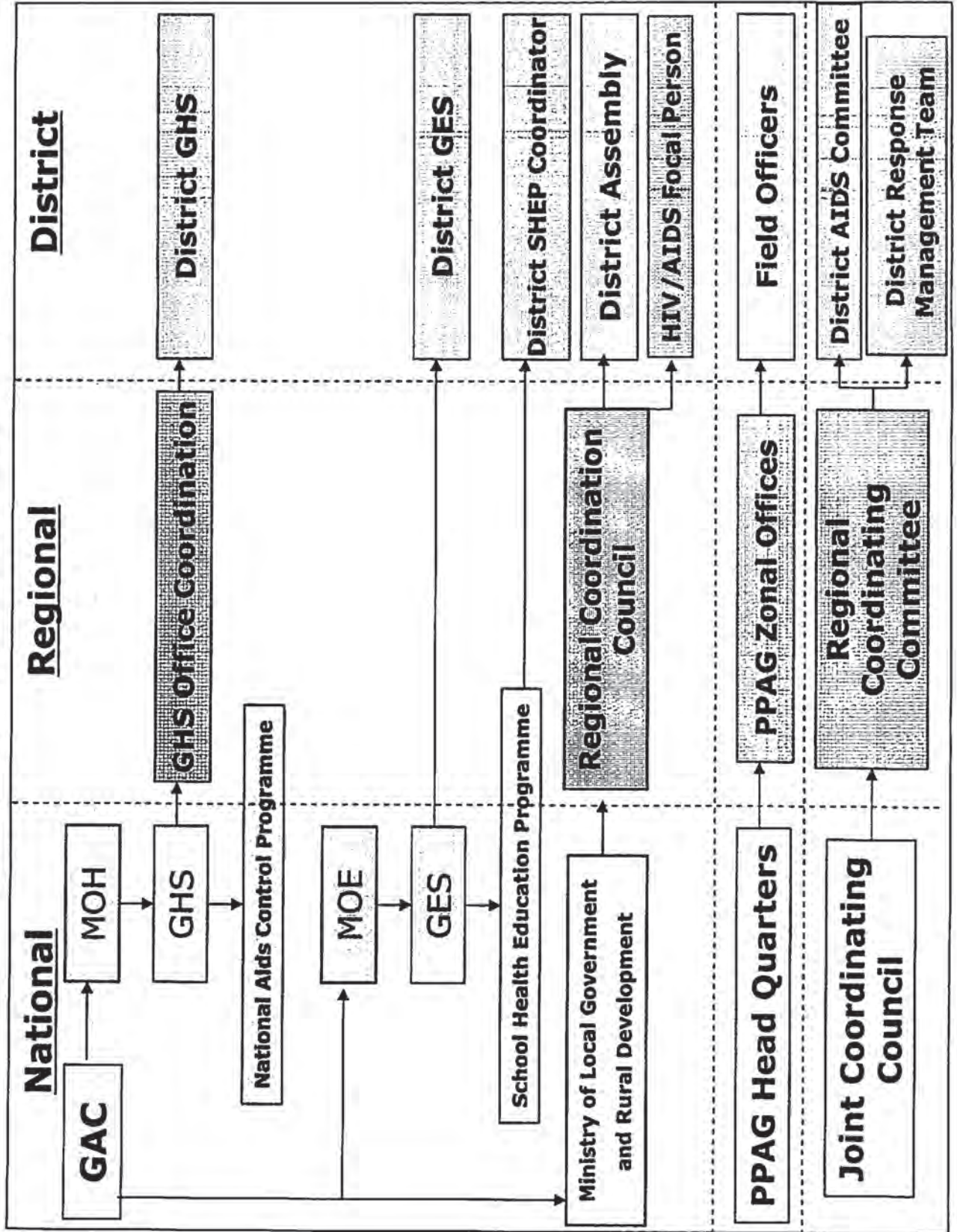
			Survey	means of receiving information by community members.
	<p>1-5 myths of HIV and AIDS has increased 20% from the year 2005. Number of youth who can correctly answer about condom use has increased 20% from the year 2005.</p>	<p>1-5 Baseline, Midterm and Endline Survey</p>	<ul style="list-style-type: none"> <li>Trained PE and CBS Agents are retained.</li> <li>Communities are continued to support the project.</li> <li>School involvement is continued.</li> <li>Donor funding to ensure contraceptive security, especially condom supply, is continued.</li> <li>Distributed condoms are correctly used.</li> </ul>	
2.	<p>The knowledge about VCT and PMTCT is increased by and the services are promoted to the youth in the target communities.</p> <p>2-1 Percentage of youth who know of any facility or place for HIV test in the district has increased 20% from the year 2005. 2-2 Percentage of youth who want to take the test voluntarily if given the opportunity has increased 10% from the year 2005. 2-3 Percentage of youth who knows about mother to child transmission has increased 20% from the year 2005.</p>	<p>2-1 Baseline, Midterm and Endline Survey 2-2 Baseline, Midterm and Endline Survey 2-3 Baseline, Midterm and Endline Survey</p>	<ul style="list-style-type: none"> <li>The government does not change the BCC strategy</li> <li>Educated youth are retained in the communities</li> <li>Involvement of collaborators and community members is continued</li> <li>Radio remains a good means of receiving information by community members</li> <li>Trained PE and CBS Agents are retained</li> <li>Communities are continued to support the project</li> <li>School involvement is continued</li> </ul>	
3.	<p>Capacity of communities and schools to conduct HIV education in the target districts is improved.</p> <p>3-1 PMC is formed in every community and 80% of PMC is active. 3-2 Number of discussions held by Peer Educators and Community Based Service Agents is maintained. 3-3 Number of School Patrons who attend the bi-annual meetings is maintained. 3-4 Knowledge of BCC/IEC activities by District</p>	<p>3-1 PPAG Quarterly Reports 3-2 PPAG Quarterly Reports 3-3 PPAG Quarterly Reports 3-4 Interview</p>	<ul style="list-style-type: none"> <li>Trained people are retained</li> <li>Communities are continued to support the project</li> <li>School involvement is continued</li> <li>Active involvement of collaborators and</li> </ul>	

Project Design Matrix (Version 2, revised on 2008.5.1)

Annex 1

	Focal Persons is improved.	community members is continued
<p><b>Activities:</b></p>		
<p>1-(1) Produce materials, manuals and/or guideline to train youth target BCC/IEC activities</p>		
<p>1-(2) Produce youth target BCC/IEC materials</p>		
<p>1-(3) Distribute BCC/IEC materials through PEs and CBS Agents to target youth</p>		
<p>1-(4) Implement mass media programmes through radio</p>		
<p>1-(5) Form and activate the radio listening clubs</p>		
<p>1-(6) Select and form drama troops</p>		
<p>1-(7) Conduct mobile campaigns such as drama performances and film shows in communities and at schools</p>		
<p>1-(8) Conduct interpersonal discussions to target youth by PEs and CBS Agents on HIV and AIDS, STIs, and condom use</p>		
<p>1-(9) Plan and implement educational activities and events such as quiz competition by PEs and CBS Agents on HIV and AIDS to target youth</p>		
<p>1-(10) Distribute condoms through CBS Agents and collaborative agencies</p>		
<p>1-(11) Conduct baseline, midterm and end line survey</p>		
<p>2-(1) Provide education on VCT and PMTCT through radio, mobile campaign and discussions to youth</p>		
<p>2-(2) Promote VCT and PMTCT services to target youth</p>		
<p>2-(3) Provide necessary referrals to health services to target youth</p>		
<p>2-(4) Conduct baseline, midterm and end line survey</p>		
<p>3-(1) Select communities and form the Project Management Committee</p>		
<p>3-(2) Conduct quarterly PMC meetings at district level</p>		
<p>3-(3) Select and provide trainings to PEs and CBS Agents</p>		
<p>3-(4) Conduct monthly PE and CBS Agents' meetings at district level</p>		
<p>3-(5) Identify collaborative agencies and coordinate the networks and stimulate collaboration with other stakeholders, agencies, NGOs, and Community Based Organizations (CBOs)</p>		
<p>3-(6) Select school patrons and organize the biannual meetings at district level</p>		
<p>3-(7) Provide education on HIV and AIDS, STIs, VCT and PMTCT to the PMC members and school patrons</p>		
<p>3-(8) Conduct trainings on youth friendly service, management of HIV and AIDS activities, Youth Sexual and Reproductive Health and Life Skills to PEs, CBS Agents, School Patrons and PMC members</p>		
<p>3-(9) Produce materials, manuals and/or guideline for management of HIV and AIDS activities</p>		
<p>3-(10) Conduct meetings and trainings to the district focal persons</p>		

# Organisation Chart



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## List of Japanese Experts Dispatched

Name	Title	Duration
Yukiko SAKURAI (Ms.)	AIDS Program Coordinator	2006.1.9. – 2008.4.27
Etsuko YAMAGUCHI (Ms.)	AIDS Program Coordinator	2008.4.7. – 2009.10.2



AS1

## Machinery and Equipment Provided by the Japanese Side (Purchased from "Equipment" cost)

Year	Equipment	Specification	Quantity	Price (USD)	Utilisation Situations	Current Location
2005	Motor Vehicle	Toyota Land Cruiser	1	33,464	Good Condition	Birim North
		Toyota HiAce	2	46,190	Good Condition	Birim North
	PC	DELL D800	1	1,769	Good Condition	GAC Office
		Toshiba Satellite	2	15,384	Good Condition	Akwapim North
					Partially Replaced/Repaired	Birim North
	Printer	HP Laser jet 260	1		Good Condition	Akwapim North
	FAX	Panasonic KX-FP3620X	1		Good Condition	Akwapim North
		Subtotal		96,807		
2006	Motor Vehicle	Toyota HiAce	2	47,170	Good Condition	KMA
	Motor Cycle	Yamaha DT125 and equipments	6	17,472	Good Condition	Nkawie or Nkaw
					Good Condition	Nkawie
					Good Condition	Nkawkaw
					Good Condition	Bekwai
					Under Repair	Asuogyaman
					Good Condition	Kwaebiberem
	Motor Cycle	Suzuki TF125	4	10,963	Good Condition	New Juaben
					Good Condition	Birim North
					Good Condition	Akwapim North
	PC	Toshiba Satellite	1	3,000	Good Condition	KMA
	Printer	HP Colour laser Jet 2600N	2	1,000	Partially Replaced/Repaired	Birim North
	Projector	Toshiba LCD Projector	1	1,400	Good Condition	Akwapim North
	Digital Camera	Sony DSC-W50	1	751	Good Condition	Birim North
	DVD Player	Sony DVP-M20	1		Good Condition	Birim North
	Stabiliser	SVS3800	1	243		Birim North
Generator	Honda EC2500	1	1,020	Good Condition	Birim North	
PA System		1	988	Good Condition	Birim North	
		Subtotal		84,007		
2008	Motor Vehicle	Toyota HiAce	5	133,820	Good Condition	Bekwai
					Good Condition	Mampong
					Good Condition	Asuogyaman
					Good Condition	Kwaebiberem
					Good Condition	New Juaben
	PC	DELL A860 Vostro	5	5,797	Good Condition	Bekwai
					Good Condition	Mampong
					Good Condition	Asuogyaman
					Good Condition	Kwaebiberem
					Good Condition	New Juaben
	Printer	Hewlett-Packard	5	2,625	Good Condition	Bekwai
					Good Condition	Mampong
					Good Condition	Asuogyaman
					Good Condition	Kwaebiberem
	Toner		40	5,407	Missing	New Juaben
Digital Camera	Canon	5	1,751	Good Condition	-	
				Good Condition	Bekwai	
				Good Condition	Mampong	
				Good Condition	Asuogyaman	
DVD Player	Sony Multi DVD Player	5	685	Good Condition	Kwaebiberem	
				Good Condition	New Juaben	
				Good Condition	Bekwai	
				Good Condition	Mampong	
				Good Condition	Asuogyaman	

				Good Condition	Kwaebiberem
				Good Condition	New Juaben
Projector	Sony	5	5,575	Good Condition	Bekwai
				Good Condition	Mampong
				Good Condition	Asuogyaman
				Good Condition	Kwaebiberem
				Good Condition	New Juaben
				Good Condition	Bekwai
Screen	LCD Projector Screen	5	1,252	Good Condition	Mampong
				Good Condition	Asuogyaman
				Good Condition	Kwaebiberem
				Good Condition	New Juaben
				Good Condition	Bekwai
Stabiliser	Sollatek SVS20-22	5	540	Good Condition	Mampong
				Good Condition	Asuogyaman
				Good Condition	Kwaebiberem
				Good Condition	New Juaben
				Good Condition	Bekwai
Generator	Honda EP5000 GENSET	5	9,600	Good Condition	Mampong
				Good Condition	Asuogyaman
				Good Condition	Kwaebiberem
				Good Condition	New Juaben
				Good Condition	Bekwai
PA System		5	4,480	Good Condition	Mampong
				Good Condition	Asuogyaman
				Good Condition	Kwaebiberem
				Good Condition	New Juaben
				Good Condition	Birim North
UPS		10	1,000	Good Condition	Akwapim North
				Good Condition	KMA
				Good Condition	Nkawie
				Good Condition	Nkawaw
				Good Condition	Bekwai
				Good Condition	Mampong
				Good Condition	Asuogyaman
				Good Condition	Kwaebiberem
				Good Condition	New Juaben
Subtotal			172,532		
Total			353,346		

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AS 7

## Machinery and Equipment Provided by the Japanese Side (purchased from "local activities" cost)

	VEHICLE TYPE	YEAR OF PURCHASE	DELIVERY	CURRENT LOCATION	SITUATION
1	HONDA GENERATORS	2006	AUGUST	AKWAPIM NORTH	GOOD CONDITION
2	AMPLIFIERS	2006	AUGUST	AKWAPIM NORTH	GOOD CONDITION
3	4 SPEAKERS	2006	AUGUST	AKWAPIM NORTH	GOOD CONDITION
4	CORDLESS MIC	2006	AUGUST	AKWAPIM NORTH	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2006	NOVEMBER	AKWAPIM NORTH	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2006	NOVEMBER	AKWAPIM NORTH	GOOD CONDITION
7	SONY DIGITAL CAMERA	2006	AUGUST	AKWAPIM NORTH	NOT FUNCTIONING/ UNDER REPAIR
8	TOSHIBA LAPTOP	2006	AUGUST	AKWAPIM NORTH	GOOD CONDITION
9	SONY LCD	2006	AUGUST	AKWAPIM NORTH	GOOD CONDITION
10	HP 2600n COLOR LASER JET PRINTER	2006	AUGUST	AKWAPIM NORTH	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2006	AUGUST	AKWAPIM NORTH	GOOD CONDITION
1	HONDA GENERATORS	2006	AUGUST	KMA	GOOD CONDITION
2	AMPLIFIERS	2006	AUGUST	KMA	GOOD CONDITION
3	4 SPEAKERS	2006	AUGUST	KMA	GOOD CONDITION
4	CORDLESS MIC	2006	AUGUST	KMA	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2006	NOVEMBER	KMA	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2006	NOVEMBER	KMA	GOOD CONDITION
7	SONY DIGITAL CAMERA	2006	AUGUST	KMA	GOOD CONDITION
8	TOSHIBA LAPTOP	2006	AUGUST	KMA	GOOD CONDITION
9	SONY LCD	2006	AUGUST	KMA	GOOD CONDITION
10	HP 2600n COLOR LASER JET PRINTER	2006	AUGUST	KMA	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2006	AUGUST	KMA	GOOD CONDITION
1	HONDA GENERATORS	2006	AUGUST	NKAWIE	GOOD CONDITION
2	AMPLIFIERS	2006	AUGUST	NKAWIE	GOOD CONDITION
3	4 SPEAKERS	2006	AUGUST	NKAWIE	GOOD CONDITION
4	CORDLESS MIC	2006	AUGUST	NKAWIE	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2006	NOVEMBER	NKAWIE	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2006	NOVEMBER	NKAWIE	GOOD CONDITION
7	SONY DIGITAL CAMERA	2006	AUGUST	NKAWIE	GOOD CONDITION
8	TOSHIBA LAPTOP	2006	AUGUST	NKAWIE	GOOD CONDITION
9	SONY LCD	2006	AUGUST	NKAWIE	GOOD CONDITION
10	HP 2600n COLOR LASER JET PRINTER	2006	AUGUST	NKAWIE	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2006	AUGUST	NKAWIE	GOOD CONDITION
1	HONDA GENERATORS	2006	AUGUST	NKAWKAW	GOOD CONDITION
2	AMPLIFIERS	2006	AUGUST	NKAWKAW	GOOD CONDITION
3	4 SPEAKERS	2006	AUGUST	NKAWKAW	GOOD CONDITION
4	CORDLESS MIC	2006	AUGUST	NKAWKAW	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2006	NOVEMBER	NKAWKAW	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2006	NOVEMBER	NKAWKAW	GOOD CONDITION
7	SONY DIGITAL CAMERA	2006	AUGUST	NKAWKAW	UNDER REPAIR
8	TOSHIBA LAPTOP	2006	AUGUST	NKAWKAW	GOOD CONDITION
9	SONY LCD	2006	AUGUST	NKAWKAW	GOOD CONDITION
10	HP 2600n COLOR LASER JET PRINTER	2006	AUGUST	NKAWKAW	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2006	AUGUST	NKAWKAW	FAULTY
1	HONDA GENERATORS	2009	AUGUST	BEKWAI	GOOD CONDITION

2	AMPLIFIERS	2009	AUGUST	BEKWAI	GOOD CONDITION
3	4 SPEAKERS	2009	AUGUST	BEKWAI	GOOD CONDITION
4	CORDLESS MIC	2009	AUGUST	BEKWAI	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2009	NOVEMBER	BEKWAI	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2009	NOVEMBER	BEKWAI	GOOD CONDITION
7	CANON DIGITAL CAMERA	2009	AUGUST	BEKWAI	GOOD CONDITION
8	DELL LAPTOP	2009	AUGUST	BEKWAI	GOOD CONDITION
9	LCD PROJECTOR	2009	AUGUST	BEKWAI	GOOD CONDITION
10	HP 2600n COLOR LASER JET PRINTER	2009	AUGUST	BEKWAI	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2009	AUGUST	BEKWAI	GOOD CONDITION
1	HONDA GENERATORS	2009	AUGUST	MAMPONG	GOOD CONDITION
2	AMPLIFIERS	2009	AUGUST	MAMPONG	GOOD CONDITION
3	4 SPEAKERS	2009	AUGUST	MAMPONG	GOOD CONDITION
4	CORDLESS MIC	2009	AUGUST	MAMPONG	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2009	NOVEMBER	MAMPONG	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2009	NOVEMBER	MAMPONG	GOOD CONDITION
7	CANON DIGITAL CAMERA	2009	AUGUST	MAMPONG	GOOD CONDITION
8	DELL LAPTOP	2009	AUGUST	MAMPONG	GOOD CONDITION
9	LCD PROJECTOR	2009	AUGUST	MAMPONG	GOOD CONDITION
10	HP 2600n COLOR LASER JET PRINTER	2009	AUGUST	MAMPONG	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2009	AUGUST	MAMPONG	GOOD CONDITION
1	HONDA GENERATORS	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
2	AMPLIFIERS	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
3	4 SPEAKERS	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
4	CORDLESS MIC	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2009	NOVEMBER	ASUOGYAMAN	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2009	NOVEMBER	ASUOGYAMAN	GOOD CONDITION
7	CANON DIGITAL CAMERA	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
8	DELL LAPTOP	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
9	LCD PROJECTOR	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
10	HP 2600n COLOR LASER JET PRINTER	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2009	AUGUST	ASUOGYAMAN	GOOD CONDITION
1	HONDA GENERATORS	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
2	AMPLIFIERS	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
3	4 SPEAKERS	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
4	CORDLESS MIC	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2009	NOVEMBER	KWAEBIBEREM	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2009	NOVEMBER	KWAEBIBEREM	GOOD CONDITION
7	CANON DIGITAL CAMERA	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
8	DELL LAPTOP	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
9	LCD PROJECTOR	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
10	HP 2600n COLOR LASER JET PRINTER	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2009	AUGUST	KWAEBIBEREM	GOOD CONDITION
1	HONDA GENERATORS	2009	AUGUST	NEW JUABEN	GOOD CONDITION
2	AMPLIFIERS	2009	AUGUST	NEW JUABEN	GOOD CONDITION
3	4 SPEAKERS	2009	AUGUST	NEW JUABEN	GOOD CONDITION
4	CORDLESS MIC	2009	AUGUST	NEW JUABEN	GOOD CONDITION
5	SOLLATEK SVS20-22 STABILIZER	2009	NOVEMBER	NEW JUABEN	GOOD CONDITION
6	SONY MULTI DVD PLAYER	2009	NOVEMBER	NEW JUABEN	GOOD CONDITION
7	CANON DIGITAL CAMERA	2009	AUGUST	NEW JUABEN	GOOD CONDITION
8	DELL LAPTOP	2009	AUGUST	NEW JUABEN	GOOD CONDITION
9	LCD PROJECTOR	2009	AUGUST	NEW JUABEN	MISSING
10	HP 2600n COLOR LASER JET PRINTER	2009	AUGUST	NEW JUABEN	GOOD CONDITION
11	LCD PROJECTOR SCREENS	2009	AUGUST	NEW JUABEN	GOOD CONDITION

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## Expenses for the Project by the Japanese Side

Unit: Thousand Yen

Japanese Fiscal Year	2005	2006	2007	2008	2009 (as of 2009.7.22)	Total
Experts	3504	14525	10558	13717	4746	47050
C/P Training				3027		3027
Equipment		17171		15643		32814
Local Activities	19948	32020	43351	48194	47838	191351
Missions			5230		1376	6606
Total	23452	63716	59139	80581	53960	280848

**Counterpart Training in Japan**

2 counterparts attended the region focused training as a counterpart training during the project period.

**Training course:** BCC Strategy for Improving Reproductive Health Status

**Duration:** November 18 2008 – December 13 2008

**Training Center:** Tokyo International Center (TIC)

**Participant:**

- Mr. Eric Pwadura, Communications Officer, Ghana AIDS Commission
- Mr. Albert Nii Tetteh Wuddah-Martey, Zonal Manager, Planned Parenthood Association of Ghana

**Course Outline:** Participants will be able to concretely describe the theory of information and Communication for strategic BCC, explain information technology transfer method which appeals to individual emotion and explain the method to create an environment for implementation of BCC.



### List of Relevant Input by the Japanese Side

The following input were done individually out of the Project framework, although they had relevancy with the Project.

#### 1. Dispatch of Japan Overseas Cooperation Volunteers

Japan Overseas Cooperation Volunteers (JOCVs) who are in the areas of HIV and AIDS control were assigned to the GAC, Municipal assembly, District Assemblies, District Hospitals, NGO and school in the HAPE Project sites.

The total number of JOCVs dispatched to the HAPE project sites was twenty-seven (27), from November 2005 to June 2009. The volunteers have contributed in various activities in the HAPE projects.

For instance, they assisted in maintaining the quality of Counseling and Testing (CT) service in VCT center in the district hospitals.

The volunteers assisted in the Peer Educator's Meeting and Film Show in the community, and also contributing by providing logistical work in their recipient agencies. It was therefore an effective output, which brought some volunteers developed Income Generation Activity (IGA) for the association of People Living with HIV (PLWHIV). For the details, see Annex 7-1.

#### 2. Group training in Japan

The selection of the participants was well coordinated with the project. For the details, see Annex 7-2.

#### 3. Medical Equipment Supply Program

Equipment for AIDS control and blood test was provided through Medical Equipment Supply Program. For the details, see Annex 7-3.

List of Relevant Input by the Japanese Side (Japan Overseas Cooperation Volunteer)

No	Name	Region	District	Assignment	Duration
1	OGAMA Masaki	Eastern	Akiwapin North	Planned Parenthood Association of Ghana	30-Nov-2005 - 24-Nov-2007
2	SATO Ikuko	Eastern	Birim North	Ghana Health Service Office	30-Nov-2005 - 24-Nov-2007
3	HASHIMOTO Maiko	Eastern	Akuapem North	District Assembly	30-Nov-2005 - 24-Nov-2007
4	TAKAGI Kanae	Eastern	Asuogyaman	District Assembly	29-Mar-2006 - 23-Mar-2008
5	AIDA Hanae	Eastern	Asuogyaman	Ghana Health Service Office	28-Jun-2006 - 22-Jun-2008
6	GOTO Kumiko	Ashanti	Amanzie East	Municipal Assembly	28-Jun-2006 - 22-Jun-2008
7	NANKO Milka	Ashanti	Kumashi	Planned Parenthood Association of Ghana	8-Sep-2006 - 2-Sep-2008
8	NITANI Nobuko	Eastern	Kwahu South	District Assembly	28-Jun-2006 - 22-Jun-2008
9	MINEMATSU Rie	Eastern	Kwahu South	Government Hospital	8-Sep-2006 - 1-Feb-2007
10	MISAWA Naomi	Eastern	Kwaebibirem	District Assembly	4-Oct-2006 - 28-Sep-2008
11	YAMANAKA Takayuki	Eastern	New Juaben Municipal	Regional Hospital	4-Oct-2006 - 28-Sep-2008
12	OMORI Chihiro	Eastern	Kwaebibirem	Ghana Health Service Office	11-Jan-2007 - 5-Jan-2009
13	OGAMI Junko	Ashanti	Kumashi	International School	7-Feb-2007 - 1-Feb-2009
14	ITO Yoshimi	Eastern	Kwahu South	Government Hospital	11-Jan-2007 - 5-Jan-2009
15	MIYAMOTO Sachiko	Ashanti	Amanzie East	District Hospital	11-Jan-2007 - 5-Jan-2009
16	ITO Tae	Ashanti	Sekyere West	Municipal Assembly	28-Mar-2007 - 22-Mar-2009
17	INABA Shigeko	Ashanti	Atwima Nwabiagya	District Assembly	28-Mar-2007 - 5-May-2009
18	SHIOZAWA Tomoko	Ashanti	Sekyere West	District Hospital	28-Mar-2007 - 22-Mar-2009
19	NAKAZATO Ayaka	Ashanti	Atwima Nwabiagya	Ghana Health Service Office	20-Jun-2007 - 14-Jun-2009
20	NAKANO Kumiko	Eastern	Birim North	Ghana Health Service Office	26-Mar-2008 - 20-Oct-2008
21	KATSUMATA Yumi	Eastern	Asuogyaman	District Assembly	26-Mar-2008 - 20-Mar-2009
22	GOCHO Yoko	Eastern	Asuogyaman	Ghana Health Service Office	24-Sep-2008 - 24-Sep-2010
23	MATSUO Ujako	Ashanti	Amanzie East	Municipal Assembly	24-Sep-2008 - 24-Sep-2010
24	SHIRAI Mio	Eastern	Kwaebibirem	District Assembly	8-Jan-2009 - 2-Jan-2011
25	TANAKA Yuko	Eastern	Birim North	Ghana Health Service Office	8-Jan-2009 - 2-Jan-2011
26	HAYASHI Asako	Eastern	Kwahu South	District Assembly	25-Mar-2009 - 19-Mar-2011
27	YAMAKAGE Miwa	Ashanti	Amanzie East	District Hospital	24-Jun-2009 - 18-Jun-2009

List of Relevant Input by the Japanese Side (Group Training in Japan)

Year	Type of the training	Course title	Duration	Training Center	Participant History	Course Outline
2007	Group Training	Workshop on Reproductive Health Strategy for NGO Senior Officers	August 14, 2007 – September 11, 2007	International Center (TIC)	Mr. Peter Dakurah, Project Officer, Planned Parenthood Association Ghana	The implementation of sustainable strategies by non governmental organizations for reproductive health activities. Participants will be able to understand global measures against HIV/AIDS by acquiring knowledge and techniques regarding public health and prevention, epidemiology screening/diagnosis and treatment of HIV/AIDS. The will be strengthen their ability to solve existing problems and develop effective measures to accelerate HIV/AIDS control in their countries.
2008	Group Training	Prevention and Control Measures of AIDS	July 14, 2008 – August 10, 2008	Kyushu International Center (KIC)	Dr. Thomas Agyarko-Poku Regional Health Directorate Ghana Health Service, Ashanti Region	Participants will learn epidemiology and virology of HIV/AIDS and acquire diagnosis/screening techniques, understand and control measures against HIV/AIDS, including safe blood transfusion, public health administration and educational activities. They will also understand treatment and social support, including psychiatric approach and mental care for people living with HIV/AIDS and global strategy to control HIV/AIDS.
2008	Group Training	HIV/AIDS Diagnosis, Prevention and Control Plan	August 4, 2008 – September 6, 2008	Osaka International Center (OSIC)	Dr. Anthony Ashinyo Medical Officer Volta Regional Hospital, Ghana Health Service	The implementation of sustainable strategies by non governmental organizations for reproductive health activities.
2008	Group Training	Workshop on Reproductive Health Strategy for NGO Senior Officers	September 23, 2008 – October 13, 2008	Tokyo International Center (TIIC)	Ms. Patricia Awisi Kodjoe, Project Coordinator, Planned Parenthood Association Ghana/JICA HAPE Project – New Juaben Municipal	

2009	Group Training	HIV/AIDS Diagnosis, Prevention and Control Plan	May 5 2009 – June 13 2009	Osaka International Center	Dr. Peter Dotse Pupilampu Senior Specialist Department of Medicine Korle Bu Teaching Hospital	Participants will learn epidemiology and virology of HIV/AIDS and acquire diagnosis/screening techniques, understand and control measures against HIV/AIDS, including safe blood transfusion, public health administration and educational activities. They will also understand treatment and social support, including psychiatric approach and mental care for people living with HIV/AIDS and global strategy to control HIV/AIDS.
2009	Group Training	Prevention and Control Measures of AIDS	May 26 2009 – June 20 2009	Sapporo International Center	Mr. Cosmos Ohene-Adjei Sub-Projects Manager Ghana AIDS Commission	global measures against HIV/AIDS by acquiring knowledge and techniques regarding public health and prevention, epidemiology screening/diagnosis and treatment of HIV/AIDS. The will be strengthen their ability to solve existing problems and develop effective measures to accelerate HIV/AIDS control in their countries.

Year	Equipment	Specification	Quantity	Price(USD)	Utilisation Situations
2004	CD4 Count Machine		2		Each machinery is delivered to Tema General Hospitals Laboratory and Atua Hospitals Laboratory
	Chemical Analyzer	Semi-Auto	2		
	Hematology Analyzer		2		
			subtotal	13,598,000	
2006	CD4 Count Machine		2		Each machinery is delivered to Werchi Methodist Hospitals Laboratory and Dormma Presby Hospitals Laboratory
	Chemical Analyzer	Semi-Auto	2		
	Hematology Analyzer		2		
			subtotal	17,233,000	
2007	CD4 Count Machine		2		Each machinery is delivered to Sogakope Hospitals Laboratory and Hohoe Hospitals Laboratory
	Chemical Analyzer	Semi-Auto	2		
	Hematology Analyzer		2		
			subtotal	16,663,000	
2008	CD4 Count Machine		2		Each machinery is delivered to Pantang Hospitals Laboratory and Dodowa Hospitals Laboratory
	Chemical Analyzer	Full-Auto	2		
	Hematology Analyzer		2		
			subtotal	16,966,000	
			Total	64,460,000	







