

ACTION FOR RURAL EDUCATION (A.R.E)



ANNUAL NARRATIVE AND FINANCIAL REPORT (2009) ON HIV INTERVENTIONS IN CENTRAL REGION MSHAP 2009- CSO's

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LIST OF ACRONYMS

ARE	Action for Rural Education
GAC	Ghana AIDS Commission
GHS	Ghana Health Service
HEAL	Health Education Awareness and Literature
SSF	Social Support Foundation
AFC	Ablaze for Christ
NNN	New Nation Network
NF	Newlife Foundation
RA	Rural Agenda
CEWEFIA	Central and Western Fishmongers Association
THLDD	Twifo Hemang Lower Denkyira District
AAK	Abura Asebu Kwamankese District
KEEA	Komenda Edina Eguafo Abirim District
UDE	Upper Denkyira East Municipal
UDW	Upper Denkyira West District
AN	Assin North Municipal
AS	Assin South District
GWD	Gomoa West District
GED	Gomoa East District
VCT	Voluntary Counselling and Testing.
SR's	Sub Recipients.

BACKGROUND

This report highlights the activities carried out by Action for Rural Education and its Implementing Partners for the HEAL 11 project: Social Support Foundation (SSF), Ablaze for Christ (AFC), New Nation Network (NNN), Newlife Foundation (NF), Rural Agenda (RA) and Central and Western Fishmongers Association (CEWEFIA) in Central Region. The Health Education Awareness and Literature (HEAL 11) project funded by the Ghana AIDS Commission as part of the 2009 MSHAP for CSO's.

HEAL 11 targets a reduction in HIV infections among the youth in Central Region. The youth constitute a major fraction of HIV infections in Ghana. Attaining the goal of reducing further the 1.9% prevalence rate requires intensifying efforts aimed at educating the youth to deepen their knowledge and erase HIV misconceptions, working towards promoting healthy and responsible sexual lifestyles and behaviours. This is more challenging recognizing the 2.0% prevalence rate for the Central Region in 2008. The project adopts a participatory approach to HIV education and Capacity Building at the community level. It adopts a mix of community mobilization, capacity building and advocacy (including media) activities to educate and trigger positive behavioral change among community member. It targets youth aged between 17-49 in 52 communities and 16 private second cycle institutions in nine districts in central region.

Goal: Reduced HIV infections among the youth.

Objectives:

- Enhanced knowledge on HIV contraction and prevention.
- Reduce the number of youth who engage in risky sexual behaviour.
- Enhanced community capacity to take local action against HIV

HEAL 11 Intervention Districts-The HEAL 11 is being implemented in nine districts in the Central Region:

- Twifo Hemang Lower Denkyira District (THLDD)
- Assin North District
- Assin South District
- Upper Denkyira West District
- Upper Denkyira East District
- Gomoa East District

- Gomoa West District
- Abura Asebu Kwamankese District
- Komenda Edina Eguafo Abriem District.(KEEA)

The scope covers five communities and two private second cycle institutions in each district with the exception of THLDD, where the project covers 10 communities and two second cycle institutions. The project strategies include community outreach using PLA methodology, IEC (production and circulation of posters), capacity building (training and supporting community and school HIV peer educator groups), school HIV outreach exercises and condom distribution in project communities and schools and Voluntary Counseling and Testing in project communities.

3.1 PROJECT LAUNCH AND INDUCTION WORKSHOP

Date: 10th – 12th August, 2009

Venue: GNAT Hall, Cape Coast

Participants: Action for Rural Education, Social Support Foundation, New Nation Network , Ablaze For Christ, CEWEFIA, Rural Agenda and New Life Foundation, Regional HIV focal person, Media.

A Capacity Building Workshop was organized by ARE for all its Implementing Partners in the nine(9) districts to brief them on the objectives and aims of the project, the activities to be carried out in the project and also enhance their capacity to deliver on the project. Emphasis was placed on the project strategy, Monitoring Framework and reporting formats.

Project Manual: A community facilitator guide and a PLA protocol for HIV education was developed for the workshop and ultimately the project. The manuals were developed to assist implementing partners to remain within project goals and objectives and guide them in adopting the respective project strategies. It included topics like How to Organize PLA, How to draw community level HIV action plans and the basics of community entry, facilitation and mobilization.

Participants capacity in the application of PLA methods in HIV outreach, the appreciation of country and regional contextual issues in HIV in Ghana, the logical and monitoring framework for the HEAL 11 project and how to produce credible reports on activities and outcomes were enhanced. Financial guidelines, in line with GAC's regulations were discussed extensively with participants.

The end of the three day session was marked by two events: The signing of contracts with Implementing Partners and the official launch of the HEAL 11 project. Executives from the respective implementing organizations signed contracts which had specific activities, targets and budgets with specific timelines for the one year contract period. The official launch proceeded the signing of contracts and was attended by the media.

3.2 PARTICIPATORY LEARNING AND ACTION (PLA) ACTIVITIES

Date: Aug – Sept, 2009

Venue: THLDD, AAK, KEEA, AN, AS, GED, GWD, UDE, UDW

Participants: Implementing NGO's, Chiefs and Elders and Community members of project communities.

PLA activities were carried out in 52 communities in the nine (9) districts to sensitize the community members and also to make the community members part for the successful implementation of the project. PLA activities were not only to educate community members on HIV contraction and prevention but also to collect baseline data on community sexual lifestyles and behaviors including the availability and use of condoms. The baseline survey was done on day one of the PLA exercise, after the formal community entry and transect walk.



A PLA meeting with men at Diaso

PLA exercises commenced with community transect walks to identify hot spots in the communities. The outcomes of transect walks gave facilitators a fair idea about the social structures in the community, and how it affected social lifestyles. Transect walk results contained in PLA reports indicated among others the absence of condom sales outlets in 43 out of the 52 project communities. It also revealed the existence and location of video club houses, concert houses and drinking bars and the likely effects on social life in the communities.

The PLA exercises mobilized community members in support of HIV initiatives and also educated community members on the contraction and prevention of HIV. Community meetings were held with three separate two groups-Men, Women. This was to create an independent platform to enable women to feel free and discuss sensitive issues relating to sexuality and HIV contraction, prevention etc.

On the final day of the PLA, community wide meetings were held to validate commitments made by men and women in their separate group meetings. Among such commitments which were subsequently factored into an action plan for the community were targets /activities like organizing HIV community outreach and community drama as well as church to church campaigns to preach HIV. Activities were to be carried out in other satellite communities, usually referred to as villages with the support of the implementing partners in the project districts. The Action Plans, referred to by the HEAL 11 project as the Community HIV Advocacy Action Plans (CHAPs) were developed by the communities and pasted at a central location in the community or where public meetings are normally held, to serve as a constant reminder to the community.

An HIV oversight committee was formed by the community. Eight members were nominated by the community, upon the acceptance of persons and the traditional authorities in the communities.

TARGET	ACTIVITIES TO BE UNDERTAKEN	RESOURCES NEEDED	TIME FRAME START-FINISH	WHO IS RESPONSIBLE	MONITORING INDICATORS
ENHANCE HIV/AIDS EDUCATION	Organize HIV/AIDS PLA in the Community Organize Community forum on HIV/AIDS contraction and prevention strategies in imprumem Community and nearby villages eg. Gayedat, Oshin	HIV/AIDS educ. Materials, Time, T & T	SEPTEMBER 2009 - DECEMBER 2009	Mr. AMBAKO ROGER (New Life Foundation) Freda Abekele (HIV Committee Secy)	500 Community members in and around imprumem to be educated on HIV contraction and prevention in forum
FORM HIV COMMITTEE	Elect/select HIV COMMITTEE Build the Capacity of HIV Committee formed	Education materials on HIV, training Stationery	SEPT. 2009 - DEC. 2009	(Mr. Ose. Kwakye) NLF	HIV Committee formed and trained in the Community.
PROMOTE CONDOM USAGE	CREATE/Identify Sale of Condom Outlets in the Community. Distribution of Condoms Organize football matches to demonstrate how to wear Condoms	Football, Condoms, whistle, warden cap	SEPT. 2009 - DEC. 2009	Mr. John Mensah (HIV Committee Chairman) Samuel Appoh (HIV Committee Organizer)	- No. of sale of condom outlets created - No. of football matches organized - No. Condoms distributed
ORGANISE PRE-TEST COUNSELING	Organize Community Districts on pre-test counseling Enhance on house to house campaign on pre-test counseling in and around nearby villages.	Public Address System, Stationery, TPT	SEPT. 2009 - DEC. 2009	Elizabeth Gbetin (HIV Committee member)	No. of people counseled on pre test counseling
PROMOTE BEHAVIOUR CHANGE	Committee should hold regular meeting Film shows Distribution of BCC materials	Commitment, BCC materials, TV/VCD, projector and computer.	SEPT. 2009 - DEC. 2009	Freda Abekele (Committee Secretary) John Mensah (Committee Chairman) Elizabeth Gbetin (Committee Chairman) Moses Terehien	- No. of meetings held - No. BCC materials distributed - No. of film shows

Community HIV Advocacy Action Plan for Gomoa Mprumem

Apart from constituting a local HIV team to mobilize communities actions in pursuit of the targets set out in the CHAPs, they were trained and used as peer educators for the project, conducting one-on-one and small group campaigns with district implementing partners. In all, three thousand two hundred and twenty four (3,224) people were reached during the PLA's with 52 HIV/AIDS committees being formed in 52 communities.

3.3 PEER EDUCATORS TRAINING

Date: September, 2009

Venue: THLDD, AAK, KEEA, AN, AS, GED, GWD, UDE, UDW

Participants: Facilitators from GHS, District HIV/AIDS Focal Persons, Staffs of Implementing NGO's and HIV/AIDS Committees.

ARE and its Implementing Partners organized a day-training for two hundred and eighty six (286) peer educators in the 50 communities in the nine (9) districts. The participants were selected from the eight (8) member HIV/AIDS Committees formed during the PLA from the fifty (50) communities for the project.

The aim of the training was to build the capacity of the peer educators on HIV/AIDS education and also for the peer educators to go out with the correct message on HIV/AIDS. The training emphasized HIV/AIDS education, proper condom usage, Voluntary Counseling and Testing (VCT) and GAC reporting tools to be used by peer educators.

The Facilitators from GHS took participants through the HIV/AIDS education, proper condom usage and how to advice the community members to resort to free voluntary counseling and testing and the M&E/Project Officers took the participants through the GAC Monitoring tools for peer educators. At the end of the training participants were given condoms for distribution in their various communities

The peer educators would be responsible for the day to day HIV education, condom sales in the various communities and also help in the organization of community durbars, drama and video shows in the various project communities. They will also be responsible to report monthly to the Project Officers of ARE and its implementing partners using the GAC Monitoring Tools.

One hundred and six thousand and fifty three (106,053) general population were reached in the nine (9) districts and one hundred and fifteen thousand three hundred and fourteen (115,314) male condoms were distributed.

3.4 VOLUNTARY COUNSELLING AND TESTING (VCT)

The Implementing Partners in conjunction with the Ghana Health Service (GHS) organized thirty seven (37) mobile VCT sessions in some of the 50 communities for the project with the aid of the peer educators. The aim of the mobile VCT was to make VCT accessible at the doorsteps of community members and also for them to know their HIV status.

The implementing partners with the aid of the peer educators do the community mobilization and the actual VCT is done by certified counselors from the Ghana Health Service. The activity starts with a general education on HIV/AIDS. After,

community members who want to undergo the VCT are taken through individual pre test counseling. When the person is convinced, the actual testing is done and final post test counseling is given before the individual goes for his or her results. Those tested negative are given three (3) months to confirm their status again and that of the positive are referred to the GHS for anti retroviral drugs.



A Counseling and Testing session at Nkran

The session ends with condom promotion to enable community members to have access to affordable condoms. Three thousand six hundred and eighty two (3,682) people received their test result with twenty nine (29) positive cases.

3.5 DRAMA AND VIDEO SHOWS.

Drama and video shows were organized in some private second cycle institutions and communities to educate students and community members of the causes and prevention of the spread of HIV/AIDS by implementing partners with the aid of the peer educators in the various project communities.

The aim of the drama and video show is to let community members and students to know the possible causes of the virus through real HIV stories and movies and also for them to know that the HIV/AIDS menace is in existence but not a mere saying as they say.

The movie is interpreted by the organizers of the programme for viewers to have better understanding of the show to help reduce the spread of the disease.

Thirty six thousand two hundred and fifty eight people were educated through the drama performance and video shows.

3.6 REVIEW MEETINGS

A review meeting was organized by ARE and all its Implementers together with the District HIV/AIDS Focal Persons from the nine (9) districts as well as the Regional HIV/AIDS Focal Person. The meeting was to assess the impact of the project, lessons learned and the way forward for the successful implementation of the project. Presentation of narrative and financial reports were made by all implementing partners and the project lead to enable a peer review session of assessing partners outputs against project milestones. It also discussed project challenges and success stories. The session finally confirmed the workplans for quarter 2 of the project. District Focal Persons had an opportunity to also interact and share experiences with implementing partners.

A national review session for the project was also organized by Ghana AIDS Commission to review the progress of southern partners in reaching project targets in the performance framework. A.R.E participated in the meeting which was held at Ho, in the Volta Region. The session enabled a successful synchronization of A.R.E's project targets with the approved project targets set out in the Performance Framework. It also afforded the opportunity of learning and sharing project experiences, reinforcing project re-strategy and focus. A.R.E also participated in the annual review meeting held in Koforidua.

3.7 MONITORING AND EVALUATION.

Monitoring and evaluation visits were carried out by ARE on its Implementing Partners to monitor progress of work and check whether they are conforming to planned activities and expenditures. M&E visits were carried out quarterly to all project districts to provide technical support to partners and reinforce project documentation and partnerships at the district level. A.R.E also conducted activity specific visits to partners where requests were made in support of the implementation of specific activities in the communities.

HEAL 11 PROJECT COMMUNITIES

THLDD

1. MOSEASO
2. SOMNYAMEKODUR
3. ADUGYAA
4. BROFOYEDUR
5. KYEABOSO
6. ASAMOAKROM
7. BIMPONGSO
8. BAAKONDZIDZI
9. PAASO
10. ABODOM

ABURA ASEBU KWAMANKESE

1. ABURA OBOHEN
2. KORADO
3. ABURA ABOKA
4. NEW EBU
5. NEW ODONASE
6. ABOASE
7. TETSI

ASSIN SOUTH

1. NUANUA (FANTE)
2. NUANUA (BUNSO)
3. APPIAKROM
4. KWAFOKROM
5. ABODWESESO

KEEA

1. ABEE
2. NKONTRODO
3. ATONKWA
4. NTRANOA
5. DWIDA AKYREM

ASSIN NORTH

1. ANHWEASU
2. ODUMASI
3. GANGANG
4. AMOAHKROM
5. BROFOYEDUR

GOMOA WEST

1. ANKAMU
2. MPRUMEM
3. TARKWA
4. ESHIEM
5. AKYEMFO

UPPER DENKYIRA WEST

1. DENKYIRA OBUASI
2. ABORA
3. NKOTUMSO
4. AYANFURI
5. JAMESO NKWANTA
6. NTOM

GOMOA EAST

1. AFRANSI
2. ACHIASE
3. OBUASI
4. ESIKUMA
5. GYAMAN

UPPER DENKYIRA EAST

1. ACCRA-TOWN
2. BUABIN
3. KYEKYEWERE
4. AKROPONG
5. ADWUMAM
6. ASIKUMA