



OPPORTUNITIES INDUSTRIALIZATION CENTERS INTERNATIONAL
Transforming hopelessness to hope through human resource development

OICI Ghana FY2005-2009 DAP (MYAP)

HOPE Mid-term Evaluation Report

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USAID
FROM THE AMERICAN PEOPLE

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EXECUTIVE SUMMARY

Background and Methodology

The Enhancement of Household Agriculture, Nutrition, Risk Reduction and Community Empowerment (ENHANCE) program, operating in nine districts in the Northern Region of Ghana, started in the second quarter of Fiscal Year (FY) 2005 and is expected to continue until 2009. The HOPE Program is a special complementary component of ENHANCE, with its goal to improve care and support and provide economic opportunities to people living with HIV/AIDS (PLWHA) and orphan and vulnerable children (OVC) in four high HIV/AIDS prevalence regions of Ghana.

The objective of the mid-term evaluation was to perform an assessment of the program's progress and the exercise aimed to provide an external and objective assessment of project progress and interventions in the first 18 months of implementation through September 30, 2006.

This mid-term evaluation was primarily a qualitative assessment using focus group discussions and key informant interviews as its primary source of information and program documentation as the secondary source. Fieldwork was conducted between 23 November and 14 December 2006.

Overall the mid-term evaluation found that the program as a whole is well designed and well implemented in terms of the major assumptions and that the program interventions are appropriate. Although the implementation of activities started late, the program is on track. However, it is essential that the targets be adapted at mid-term level to be realistic in terms of the available budget. Beneficiary satisfaction is high and there is evidence that technical skills are applied by both beneficiaries and non-beneficiaries.

Findings

The HOPE program is implemented well and good linkages exist between government and local institutions. Implementation is hampered by lack of sufficient vehicles, which makes delivery of services difficult.

An M&E system is in place and functional and the program appointed an M&E officer in the first months of FY07.

The HOPE program budget has the same short-comings of the ENHANCE budget, with specific limitations in the provision for monitoring and evaluation; insufficiently budgeted for administrative issues and equipment, resulting in cramped office space and a lack of office equipment; and also under-estimated the costs of certain vocational skill areas.

The HOPE program's positive results have been recognized and have resulted in OICI being awarded funding from the Ghana AIDS Commission M-SHAP to replicate the HOPE program on a smaller scale in two Northern Region districts. This will expand the outreach of the program to a new region.

IR 6: Improved care and support for 8965 PLWHA and 7,385 OVC

Indicator	Actual Results FY05	Actual Results FY06	Actual Results FY05 & FY06	Actual Results for measured period compared to targeted results for same period
# of care and support providers trained	281	525	806	+ 66
Increased knowledge of PLWHA and OVC care and support providers	51%	80%	--	+ 20%
# of PLWHA and OVC participate in psychosocial counseling	686	1300	1986	-114
% of target beneficiaries who can identify two ways of preventing HIV/AIDS	60	92	--	+22%
% of target beneficiaries who can describe good nutritional practices for PLWHA	40%	94%	--	+36%
% of beneficiaries who can describe two methods of care and treatment	40%	88%	--	+30%
# of OVC attending school or returning to school	271	229	500	-100
# of OVC provided with food rations and vocational skills training scholarships	413	946	1459	-191
# of PLWHA who have received food rations and nutritional education	460	1160	1620	-130
MT of food distributed to PLWHA and OVC	242	1100	1342	-937
# of income generating activities established	3	6	9	+1

Sources: OICI HOPE Performance Indicator Tracking Table (Feb.03, 2006); FY05 HOPE Annual Results Report; FY06 HOPE Semi-annual Results Report; FY06 Annual Results Report.

The FY05 and FY06 targets for providing scholarships to OVC were not achieved and at the time of the mid-term evaluation the program had only reached 33.3% of the LOA. The main reason for not achieving the target is an inadequate budget.

At September 30, 2006 the food rations distributed was 25% of the overall program target. Much of the backlog was due to delay in arrival of food in the country and region.

As part of the program's monitoring process all beneficiaries receiving food rations are weighed monthly. These records indicate an improvement in the weight of beneficiaries. Anecdotal evidence in focus group discussions further confirms that there is a link between the food rations and the physical improvement they are experiencing.

Recommendations

1. Re-visit the targets and adjust these to be realistic and be synchronized with the available budget.
2. The community health nurses should if possible be assisted with logistics to allow them to extend their services directly to the group and its individual members.

3. HOPE should endeavor to build even closer relationships with the District Assemblies, in particular the offices of the District M&E Focal Persons.
4. Where possible and budget permitting, a dedicated counseling space should be found in regional offices to allow counseling to be done in privacy.
5. It is recommended that OICI liaises with the District Health Directors and their teams to deal with the issue of community health nurses not being allowed to practice their new knowledge gained through OICI training within the hospitals.
6. The bottleneck causing the delayed arrival of the monthly stipends for OVC should be investigated and cleared to address these issues.
7. Separate funds and/or donations should be sought to enable the purchase of tools and other equipment for the OVC scholarship beneficiaries.
8. It is recommended that the HOPE program explore options available through the District Assemblies' Youth Employment Fund for attachment of graduates to master craftsmen.

Acronyms

ADRA	Adventist Development and Relief Agency International
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CHA	Community health agents
CRS	Catholic Relief Services
CSH	Child Survival and Health
CTO	Chief Technical Officer
CWSA	Community Water and Sanitation Agency
DAP	Development Assistance Program
DAP I	OICI's first food security and livelihood enhancement programs in Ghana (1999-2003)
DAP II	OICI's second food security and livelihood enhancement programs in Ghana (2005-2009) - ENHANCE
ENHANCE	Enhancement of Household Agriculture, Nutrition, Risk Reduction and Community Empowerment
FFP	Food for Peace
FY	Fiscal Year
FY05	Fiscal Year 2005
FY06	Fiscal Year 2006
FY07	Fiscal Year 2007
GHS	Ghana Health Services
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HOPE	HIV/AIDS orphans and vulnerable children and PLWHA's care, support and economic opportunities enhancement program.
IR	Intermediate results
ISS	Inventory Storage Services
LOA	Life of Activity
M&E	Monitoring and Evaluation
MoFA	Ministry of Food and Agriculture
MYAP	Multi-Year Activity Program

NGO	Non-governmental organization
NVTI	National Vocational Training Institute
OICI	Opportunities and Industrialization Centers International
ORS	Oral re-hydration salts
OVC	Orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PITT	Performance Indicator Tracking Table
PLWHA	People living with HIV/AIDS
PM	Program Manager
SFSG	Soy fortified sorghum grits
SHARP	Strengthening HIV/AIDS Response Partnership
SO	Strategic Objective
USAID	United States Agency for International Development
WHO	World Health Organization
WSB	Wheat soy blend

1 INTRODUCTION

1.1 Brief Description of the Program

Opportunities and Industrialization Centers International (OICI) Ghana started its food security and livelihood enhancement programs in 1999 with its first Food Security Program named the Food Security Training and Outreach Services Initiative Program in six districts of the Northern Region. The intervention was aligned with the United States Agency for International Development (USAID) Ghana Mission strategy of enhancing food security, health care, and access to education. The program was successfully completed.

The implementation of OICI's second five-year Development Assistance Program (DAP¹) in Ghana started in the second quarter of Fiscal Year (FY) 2005 and is expected to continue until 2009. Although USAID Food For Peace (FFP), Washington, has recently prioritized 16 countries for Title II support and Ghana is not included on this list, FFP has recently announced that all DAPs will be funded to completion.

The DAP II is called the Enhancement of Household Agriculture, Nutrition, Risk Reduction and Community Empowerment (ENHANCE) program. The HOPE Program is a special complementary component of ENHANCE², based on the reality that more than 400 000 Ghanaians are estimated to be living with HIV/AIDS and about twice this number have died since the pandemic started.³ HOPE is co-funded by the USAID/Ghana Mission's Development Assistance funds, specifically the Child Survival and Health (CSH) fund. The goal of the HOPE program is to improve care and support and provide economic opportunities to people living with HIV/AIDS (PLWHA) and orphan and vulnerable children (OVC) in high HIV/AIDS prevalence regions of Ghana. These regions are Ashanti, Eastern, Greater Accra and Western regions. It also aims to bring dignity and hope to PLWHA and OVC through psychosocial support and counseling. The communities worked with are more urban-based than that of the ENHANCE program, which is more rural.

The HOPE Program objectives are:

- To build the capacity and to increase the knowledge and skills of 2000 PLWHA and OVC care and support providers
- To train 1500 OVC in vocational skill, entrepreneurship and business development at OIC Ghana vocational schools and other artisan training centers through the orphan scholarship
- To increase the nutritional intake of 5600 PLWHA and 3785 OVC through the distribution of monthly household food rations

The HOPE program contributes to achieving some of the intermediate results (IRs) of the USAID strategic objective for health (SO7), HIV/AIDS framework and the President's Emergency Plan for AIDS Relief (PEPFAR).

¹ These programs are now referred to as "Multi-Year Activity Program" (MYAP).

² HOPE (I.R. 6 of ENHANCE) is subsumed into ENHANCE under Transfer Authorization Award No. FFP-A00-04-00085-00. The HOPE component was made available under the Modified Acquisition and Assistance Request Document (MAARD) # 641-0007-3-30058.

³ HOPE Baseline survey.

The program has a close working relationship with the Strengthening HIV/AIDS Response Partnerships (SHARP) program and the Catholic Relief Services (CRS). These three programs collaboratively develop HIV/AIDS related training materials, such as the counseling training manual and the home-based care guide. They also report on the same SOs and IRs to USAID. SHARP is also responsible for collating information from HOPE and CRS in order to report on PEPFAR indicators.

The three programs also collaborate on a program activity level. In 2004, under the USAID Institutional Support Grant, CRS mentored OICI in food distribution and provided logistics training. The programs currently still share some food storage facilities. The HOPE program also provides scholarships for those OVC who benefit from CRS activities.

SHARP and HOPE currently have the following joint activities:

- Training in couple counseling
- Training of family members in infection prevention
- Providing home-based care for bedridden PLWHA
- Disclosure sessions with PLWHA

HOPE also worked with 39 local implementing partners during the period under review, including the OIC Ghana vocational schools, PLWHA associations, orphanages, queen mothers associations and traditional healers. Currently HOPE has 53 local implementing partners.

1.2 The objective of the mid-term evaluation and the scope of work

ENHANCE and HOPE will reach mid-term in its implementation during the second quarter of FY 2007⁴. This mid-term evaluation was done to reflect the first 18 months of implementation⁵ through September 30, 2006. The mid-term evaluation was brought forward due to Ghana no longer qualifying as a prioritized country and the initial request by FFP to prepare to down-size and phase out the program. Subsequent to the completion of the evaluation, FFP announced that all DAPs would be funded to completion.

The objective of the mid-term evaluation is to perform an assessment of the impact of ENHANCE and HOPE through September 30, 2006, and to assist OICI/Ghana to review the program's sustainability strategy, given that Ghana is no longer on the country-priority list of USAID Food for Peace, Washington. Specifically, the evaluation process aimed to provide an external and objective assessment of project interventions up to September 30, 2006, and complete a general evaluation that addresses the following issues:

1. Validity of the project design in terms of the major assumptions made, appropriateness of activities, coverage of interventions and the time frame with which project objectives are to be achieved;
2. Progress in the implementation of the ENHANCE and HOPE M&E system establishment with regard to documentation and data quality assessment;

⁴ During the period: January to March 2007.

⁵ Implementation of the program was delayed for several reasons (please refer to Section 2.1 for further information) resulting in only 18 months of implementation completed at September 30, 2006.

3. Progress toward the achievement of program results focusing on inputs, outputs, outcomes and obvious impacts;
4. Beneficiary satisfaction and assessment of how technical skills acquired through the program are being applied;
5. Lessons learned that will serve to strengthen the implementation of the ENHANCE and HOPE for the remaining years of the program.
6. Assessment of the financial and technical aspect of the ENHANCE and HOPE program.

The complete Scope of Work of the evaluation is attached as Appendix A.

1.3 Evaluation Methodology

The fieldwork for this mid term evaluation was conducted between 23 November 2006 and 14 December 2006. It was primarily a qualitative assessment.

Due to the inadequate program budget⁶, it was suggested by USAID that the HOPE mid-term evaluation be combined with the CRS mid-term evaluation, which SHARP had scheduled for the same time period. It was decided that the CRS lead consultant⁷ would supervise and provide care and support observation input to the HOPE evaluation. In turn the HOPE consultant⁸ would provide assistance to the CRS mid-term evaluation by doing key-informant interviews with relevant persons covering issues of importance to both CRS and HOPE, do field observations and supervise fieldwork assistants in the field. The consultant would then share the information with the CRS team. Where possible the CRS/SHARP evaluation team would do the same. SHARP also generously provided and paid for the services of fieldwork assistants for the HOPE evaluation.

Focus group discussion guidelines and key informant interview guidelines were developed in collaboration with the CRS/SHARP consultants based on the scope of work and the specific activities. Field workers were trained by CRS/SHARP. Focus groups and key informant interviews were conducted in all four of the regions where HOPE is being implemented. The regions are:

- Greater Accra
- Western Region
- Ashanti Region
- Eastern Region

The following methodology was utilized:

- Review of key program documents
- Key-informant interviews with program management and staff
- Key-informant interviews with program partners and beneficiaries
- Focus group discussions

⁶ Please refer to Sections 1.4 and 2.3 for further information.

⁷ Ms. Deborah Bickel

⁸ Mr. Lawrence Aduonum-Darko

1.4 Report Structure

This evaluation report reports on the program's two Strategic Objectives (SOs⁹) and their Intermediate Results (IRs) and thus the report is structured accordingly. The findings in the report start off with the issues which underlie the implementation and functioning of the program, and then proceeds to report on the specific IRs.

Focus group discussion techniques have been used increasingly over the past decade as both a self-contained method of conducting qualitative research and in conjunction with other research methods. (Morgan, 1997)¹⁰ Discussion with focus groups is an effective means to identify and understand different perspectives within a given community. It often offers more substantive details than surveys. In a well facilitated focus group discussion it is easily discernable whether the group is in agreement with a specific speaker's views and opinions at a specific time. Generally they will verbally and/or non-verbally (through nodding of heads) indicate their agreement with the speaker. On the other hand if they are not in agreement, they will also indicate this both verbally and non-verbally, often in a louder manner than when in agreement.

All quotations from community members used in this report reflect the understandings and feelings of all the participants in the focus group discussion. A verbatim quote was only recorded to be used in the report when it was agreed by the participants that they all agree fully with the statement and that it reflects the wishes, feelings and understanding of the group as a whole.

1.5 Limitations

The inadequate initial budget¹¹ for the program has also affected the mid-term evaluation. There were not sufficient funds available to spend sufficient time in the field or to engage in a more thorough evaluation. However, an effort was made to select a wide and representative sample of beneficiary communities and to speak to as many key informants as available in the time available.

The HOPE mid-term evaluation had several more limitations than the ENHANCE mid-term evaluation. The implementation was hampered primarily by the capacity of the various consultants, which resulted in poor quality tools, difficulties in the field, and limited collaboration between the CRS/SHARP team and the HOPE team. Neither party collaboratively interviewed key informants, and limited observations done. There was limited sharing of expertise, skills or information.

This notwithstanding, a thorough analysis was done with what was available and all findings were cross-referenced and triangulated with project reports. The findings are thus valid.

⁹ SO.1: To enhance livelihood capacity and community resiliency of households in six (now nine districts) vulnerable districts in the Northern Region. (covers IR 1 – IR 3)

SO.2: To enhance human capabilities through improved health and nutrition in ten vulnerable districts in the Northern and Southern Regions of Ghana. (covers IR 4 – IR 6)

¹⁰ Morgan, D.L. 1997. *Focus groups as qualitative research*. 2nd edition. Thousand Oaks, California, Sage.

Also see: Morgan, D.L. 1996. "Focus groups" in *Annual Review of Sociology*

¹¹ Please refer to Section 2.3 for further information.

2 ENHANCE Findings

The following is the program’s Intermediate Results and Primary Activities:

Strategic Objective	Intermediate Results	Primary Activities
ENHANCE Goal: Reduce food and livelihood insecurity in 10 vulnerable districts in Ghana by 2009 by reaching some 130,000 direct and indirect beneficiaries in 250 communities.		
SO. 1: To enhance livelihood capacity and community resiliency of households in 6 vulnerable districts (currently 9 districts) in the Northern Region	IR 1: Improved sustainable food production among 3250 farm households	1.1. Training in sustainable crop production systems including facilitation of access to agriculture inputs 1.2. Training in livestock production and management and provision of recommended breeds of animals and inputs through the Heifer International model of “PASSING ON THE GIFT”
	IR 2: Post-harvest handling and storage losses for 3250 households reduced from 20 – 35% to 5%	2.1. Training in post-harvest handling and safe storage technologies for grains, tubers, and vegetables 2.2. Construction of household silos and community storage facilities 2.3. Establishment of vulnerability surveillance and response system (VSRS)
	IR 3: Income generating capacities of 3500 women improved	3.1. Technical skills training in food processing and value added technologies 3.2. Formation of women’s business groups for market and input access
SO. 2: To enhance human capabilities through improved health and nutrition in 10 vulnerable districts in the Northern and Southern Regions of Ghana.	IR 4: Improved health and nutrition practices of 28,500 women and children	4.1 Behavior change communication and education on key messages in health, nutrition, and sanitation for men, women and children 4.2 Training of CHA in prevention and treatment of diarrhea, malaria, guinea worm and water-borne diseases 4.3 Growth monitoring and promotion.
	IR 5: Access to potable water and sanitation facilities increased for 32,000 people	5.1 Construction of 100 ¹² borehole wells.
	IR 6: HOPE Special Initiative: Improved care and support for 8965 PLWHA and 7,385 OVC	6.1 Capacity building and training of 2000 PLWHA and OVC care and support providers
		6.2 Train 1500 OVC in vocational skill, entrepreneurship and business development at OICG skills training centers through OVC scholarship program 6.3 Provide nutrient dense take-home food rations for 8965 PLWHA households and 7,385 OVC households

Source: MTE Scope of Work (November 08, 2006)

¹² Discrepancy between this number (100) and the number (80) reflected in the PITT.

2.1 Program Implementation

Food distribution logistics

OICI and CRS share food storage facilities at the national level. Food is distributed quarterly directly from the CRS warehouse at Tema to the regional groups. This process works well and control was found to be stringent. Entries in the tally cards were accurate. Monthly reports from the regions are sent to the Logistics Manager, who in turn visits the regional centers on a monthly basis for monitoring.

Greater Accra and the Eastern Region are sharing one vehicle for food distribution, training and counseling assignments. Sharing a vehicle makes delivery of the services very difficult. Another vehicle is required.

Linkages with government and local institutions

There is strong evidence of a good rapport between program staff and District Assemblies. The program staff in the regions actively involves the District Assemblies when taking major decisions about program implementation in the district. The District Assemblies are mandated to set aside one percent of their budget's common fund¹³ to be used for HIV/AIDS activities.

Some collaborating District Assemblies in the Ashanti Region have donated some vocational training equipment to OVC and in the Shama Ashanta East Metropolitan Assembly has provided some OVC job attachments.

Collaboration with the Ghana Health Services have resulted in community health nurses who were provided supplementary training, now providing psychosocial counseling and home-based care as part of their routine work. HOPE participates in the referral system that is in place between the Ministry of Health hospitals and the PLWHA associations, the Queen Mothers, EngenderHealth and M-SHAP. The referral system insures that all PLWHA referred to the hospital from any of the groups return with a signed form from the hospital to indicate that the referred person received service at the VCT/ART centre at the hospital. This system is practiced at the Effia Nkwanta Hospital in Takoradi and the Atua Government Hospital in Atua, Eastern Region¹⁴. Both hospitals regard HOPE as a health partner.

The Ministry of Food and Agriculture in the Manya Krobo District is also assisting in the implementation of community farms with technical input.

The District Assembly M&E Focal Persons felt that the relationship between the HOPE program and their offices could be strengthened significantly. This could be done by regular meetings and the submissions of the HOPE annual or quarterly work plans to their offices so that they are aware of HOPE's planned activities for the period and could incorporate these into the district's plans and budgets.

¹³ This is in addition to what they receive from M-SHAP.

¹⁴ These were the two hospitals visited by the field workers.

In focus group discussions in the Western Region, participants indicated that the PLWHA trained by the HOPE program had been recruited by the Regional Effia Nkwanta Hospital in Takoradi to educate other PLWHA in the region's HIV/AIDS program. A similar situation was reported in the Ashanti Region with HOPE-trained PLWHA being recruited by the Okomfo Anokye Hospital in Kumasi.

2.2 Program Monitoring

The budget for the program did not include any funding for a monitoring and evaluation officer, monitoring activities or a mid term evaluation. A Pfizer International Health Fellow developed an M&E system for the program during FY06. After June 2006 until the end of the fiscal year, there was no staff member dedicated to analyzing the data. However, the program has appointed an M&E officer during the first months of FY07.

The Eastern Region shares a vehicle with the Greater Accra region. It is thus impossible for either of the two regions to monitor the program effectively or efficiently.¹⁵ The regional staff submits their monitoring reports to the Accra OICI office on a monthly and quarterly basis.

2.3 Budget

The original budgeting process had several influences, with the two most important:

- the need to have the proposal accepted by USAID and the budget approved; and
- the fact that certain cost components were grossly underestimated or not promoted for at all.

The budget has been exceeded for both fiscal years so far due to the case of underestimation. The initial budget was not realistic for the scope of activities envisioned and had many oversights, such as:

- an unrealistic personnel budget, which could not support the caliber of professionals required to deliver on the program.
- an unrealistic budget for administrative costs considering the expansion of the program into many new operational areas.
- no contingency budget line for the unexpected increase in the costs of implementation, such as fuel costs, and this is combined with the situation where the budget was developed based on systematic annual increases over each previous year's estimates, resulting in an 'accumulation'¹⁶ of short falls.

In specific the HOPE budget made limited provision for monitoring and evaluation; insufficiently budgeted for administrative issues and equipment, resulting in cramped office space and a lack of office equipment; and also under-estimated the costs of certain vocational skill areas. Often the lack of adequate office space leaves no space where PLWHA and OVC can be offered counseling

¹⁵ Interview with David Tekbenor, Assistant Program Officer, Eastern Region on 09 December 2006.

¹⁶ Any short falls experienced for any year automatically affects the estimate for the succeeding year. An example of this trend: Using the original budget, a gallon of fuel was estimated at \$2.50 and \$2.62 for FYs 2005 and 2006 respectively - @ 5% increment. The actual cost of same in FY 2005, however, was \$3.33. Thus using the same incremental factor, the estimate for FY 06 should be \$3.5 – all things being equal. Thus the estimates made for years subsequent to FY 05 had become unrealistic following the gaps experienced in the base year. It's for this reason that the resource request for FY 07 was made based on current operational costs.

in private by HOPE program officers. The program urgently requires another vehicle for the Eastern Region and it is estimated that it requires at least two more logistical and program staff for the effective implementation of the program.

Other external factors also influenced the budget. Although the P.L. 480 program has a built-in mechanism for assuring that there are no pipeline breaks, and although OICI has submitted their Annual Estimate of Requirements and Annual Pipeline Analysis on time for each fiscal year, the delayed arrival and sale of the commodities resulted in periods at the beginning of FY 2006¹⁷ when the program had cash flow problems.

The excess costs of FY 2005 and FY 2006 have been funded using surplus monetization proceeds. However, the request for FY 2007 has been more realistic in terms of planned program activities and will thus exceed the LOA budget for FY 2007. It is expected that the same need for a more realistic request will exist for FY 2008. In the light of this and continued crises in the rest of the world, which might require emergency food aid and thus influence food aid available to the program in later fiscal years, it is highly recommended that the targets for the remaining half of the program be adjusted to be in sync with the budget. It will allow the program to phase out at a gradual and reasonable pace and a better option than continuing in this trend and having to severely cut activities in FY 2009.

There appears to have been limited understanding of the severe limitations of the budget for these first two fiscal years. The finance department appeared not to be consulted about proposed activities and appeared at the time to have had no powers to reign in the spending in the field. This is a very unhealthy situation, which has been recognized by OICI. The finance department is the financial watchdog and the financial management of a program needs to be stringent and it needs to have all parties actively participating in the process. At the time of the mid-term evaluation, OICI had taken steps to address the misunderstandings around the budget and currently has an effective system in place that allows for stringent financial management as well as better cooperation between the program managers and the finance department. It is anticipated that these changes will be very beneficial for the financial health of the remainder of the program.

HOPE's positive results have been recognized and have resulted in OICI being awarded funding from the Ghana AIDS Commission M-SHAP to replicate the HOPE program on a smaller scale in two Northern Region districts. This will expand the outreach of the program to a new region. This excellent achievement notwithstanding, the HOPE program is forced to actively engage in private fund raising in order to deliver the program's expected outputs.

¹⁷ The pipeline analysis for FY 05/06 tide-over was dated August 24, 2005 with the anticipated pipeline break to be February 2006.

2.4 Findings according to the Strategic Objectives

IR 6.1 Capacity building and training of 2000 PLWHA and OVC care and support providers

Table 1: Results: Capacity building and training of 2000 PLWHA and OVC care & support providers

Indicator	Baseline	2005		2006	
		Target	Actual	Target	Actual
# of care and support providers trained ¹⁸	0	300	281	440	525
Increased knowledge of PLWHA and OVC care and support providers ¹⁹	51%	51%	51%	60%	80%
# of PLWHA and OVC participate in psychosocial counseling	0	800	686	1300	1300
% of target beneficiaries who can identify two ways of preventing HIV/AIDS	60%	60%	60%	70%	92%
% of target beneficiaries who can describe good nutritional practices for PLWHA	40%	40%	40%	58%	94%
% of beneficiaries who can describe two methods of care and treatment	40%	40%	40%	58%	88%

Sources: OICI HOPE Performance Indicator Tracking Table (Feb.03, 2006); FY05 HOPE Annual Results Report; FY06 HOPE Semi-annual Results Report; FY06 Annual Results Report.

Appropriateness of targeted support providers

Care and support providers targeted in the HOPE program are Queen Mothers²⁰, PLWHA Association leaders and members, community health workers, home-based caregivers, orphanage caregivers, OIC Ghana counselors and traditional healers.

¹⁸ This indicator also responds to PEPFAR Indicator 4.6, 4.7; USAID PI 2.1, S11 and FFP indicator 1.

¹⁹ This indicator responds to USAID PI 2.1 and FFP Indicator 2, 2.1, 2.2, 2.3 – Information is gathered through semi-annual surveys that tries to locate the same individuals who responded to the baseline survey, which is a difficult process.

²⁰ Traditionally, the Queen Mothers in different communities in Ghana played a variety of roles, ranging from ancestral heads equal to the male chief, to respected persons within the community charged with the responsibility of performing various traditional rituals and rites. One thing common to all the Queen Mothers is that their positions are inherited and that they are recognized as leaders for other women within the community. They are natural leaders and custodians of initiation rites of virgins into adulthood. However, the role of the Queen Mothers in some traditional areas has been challenged in the face of the HIV/AIDS pandemic and its legacy. Illiteracy, lack of resources, incomplete knowledge of HIV/AIDS and reproductive health and poor coordination among stakeholders have further constrained community intervention. In recognition of this threat, the Queen Mothers of the seven regions in Ghana came together and formed the *Queen Mothers Associations*. The Associations are regionally based. HOPE works through one branch of such an Association, the Manya Krobo District branch.

These are the appropriate targeted support providers. There is an acute shortage of medical professionals in Ghana and according to the Ghana Ministry of Health, Greater Accra Region has only 120 nurses and 30 physicians per 1000 population.²¹ Nationally the ration of medical doctors to population is 1:20 000 and the ratio of traditional healers to population is 1:200. Often, for the rural and urban poor, traditional healers provide the only affordable and accessible form of health care. The majority of the time the traditional healers are the first line of contact in the healthcare system in rural areas. HIV/AIDS treatment cannot be scaled up in a successful and sustainable manner without training and capacitating non-professionals such as the community health workers, home-based caregivers and traditional healers.

With the national HIV/AIDS prevalence rate at 2.7%²², there are an estimated 204,000 children who have been orphaned because of HIV/AIDS. Many of these children have been forced onto the streets because their family support systems have broken down due to HIV/AIDS. The orphanages accommodate some of these children and it is important that the orphanage caregivers be capacitated and trained in these issues.

The PLWHA Associations are support groups for and managed by PLWHA²³. HOPE worked in partnership with 17 PLWHA associations during the period under review. The associations are regionally distributed as follows:

- Ashanti Region: 7 associations
- Eastern Region: 3 associations
- Western Region: 2 associations
- Greater Accra: 5 associations

OIC Ghana vocational school instructors and staff were also trained before the OVC were admitted for classes in order to equip them with skills to handle the day-to-day issues of having OVC in their care. Topics included the following subjects:

- What is HIV/AIDS?
- Signs and symptoms of AIDS
- Mode of disease spread
- Risk factors
- Prevention of the disease
- How HIV acts within the body
- Voluntary Counseling and Testing
- Effects of the disease on individuals, family, community and the economy

²¹ This is 30 times more physicians and four times more nurses than available in the Northern Region.

²² 2005 National Sentinel Survey

²³ These support groups are all registered at the Registrar General's Department as NGOs or CBOs.

Overall the target groups are appropriate. Although the target for the activity was not achieved in FY05, primarily due to delays with the development of training material, the target was exceeded for FY06 by 85 individuals. It was possible to reach the PLWHA beneficiaries at their monthly meetings and provide training at these sessions instead of in residential hotels, which has not only reduced the cost of training, but has ensured that the maximum PLWHA Association members are reached. The slow pace of this training is beneficial as it allows the participants to gather information, return to their activities and apply it, and return the next month with questions, which then also acts a summary refresher course of subject matter covered the previous month.

Numbers trained

In terms of the LOA target of 2000 individuals to have received capacity building and training, 40.3% has been reached at mid-term. It would be possible with the new approach of training PLWHA leaders at their monthly meetings to be able to reach 100% of the target at the end of the program.



Figure 1: HIV/AIDS Training

Home-based care workers and community health nurses interviewed as part of the mid-term evaluation found their five-day training provided by HOPE to be satisfactory. However, the training is not recognized by the hospital authorities and thus they are not allowed to practice their new knowledge within the hospital. In the interviews the community health nurses suggested that OICI should formally inform the hospital authorities of the training, its content and quality, to enable them to use their new skills and knowledge both within the hospital and the home-based

setting. Several of them have also been trained by other agencies working the field, primarily the Ghana Aids Commission and Family Health International.

Although there was no evidence of this at the time of the mid-term evaluation, it is anticipated that the core nurses trained by HOPE will become trainer-of-trainers and train other nurses in the districts. This will make the program sustainable as the skills and knowledge acquired will remain and be used at district level. The community health nurses also suggested that they be assisted with logistics that will enable them to extend their services directly to the members of the associations.

The traditional healers of Akwapim²⁴ South District attended a four-day training session organized by HOPE for 30 participants. At that time they had very limited, if any, knowledge of HIV/AIDS and recalled in a focus group discussion²⁵ that they were trained on topics such as:

- Home-based care
- Psychosocial and nutritional counseling
- HIV/AIDS and pregnancy

The traditional healers reported that the training was very useful and that they have had the opportunity to use this knowledge in their work. They now provide psychosocial counseling to patients, counsel HIV/AIDS patients to disclose their status, how to avoid re-infection or infecting others, and refer them to a support group.

The community health nurses, home-based care workers and the traditional healers still work largely without home-based care kits. They reported in their interviews that they were promised such kits at the training sessions, but that they have not as yet received them. The lack of home-based care kits is due to a lack of funding. However, SHARP will supply such kits during FY07. The community health nurses currently use educational pictorial materials that were designed and produced by the Ghana AIDS Commission. The key informants also indicated that antiretroviral (ARV) drugs are too expensive for their clients.

Stigma is a problem within communities and this appears to not only affect the PLWHA and OVC, but also influence the work of the community health nurses. Research has indicated that few PLWHA disclose their status to their partners, family members and community members. The HOPE baseline found that 51% of the respondents knew the status of their partners, with the different regions having different degrees of disclosure:

- Ashanti Region: 35.7%
- Eastern Region: 29.3%
- Greater Accra: 60.2%
- Western Region: 35.7%

In the various focus group discussions issues of disclosure were discussed. The lack and fear of disclosure still appears to be largely linked to the negative connotation that HIV/AIDS is spread through promiscuous and immoral conduct. Most of the married women in the focus group discussions fear disclosing their status to their husbands because they fear divorce. The fear of not only exposing their patients' status by visiting their homes, but fear of gossip and also being thought of as HIV positive themselves, have hampered the home-based care work of the community

²⁴ Another spelling used: Akuapem South District.

²⁵ Focus group discussion held on 09 December 2006.

nurses. They now only go to visit during the weekend when they can be out of uniform and wear *mufti*²⁶. *“It is difficult to visit patients since people tend to think you are a patient yourself.”*²⁷

The PLWHA focus group participants reported that since they have joined the associations and have gained knowledge and new emotional and physical strength, they are now more able to consider disclosing their status than before they joined. Not many of the participants have as yet acted on it.

Transfer of Knowledge

The activities of PLWHA Association were described as follows in a focus group discussion with female members of the West Link Association²⁸:

“We are encouraged and advised on how to take the medication and to avoid the use of unapproved medication. They also advise us on what kinds of food to eat and the importance of this. We are frequently counseled by the doctors at the Workers’ College on sexual practices in relation to the various stages of HIV/AIDS. We are advised on how to live in order to remove thoughts of fear of death. When new members join, we as old members help to support and educate the new ones.”

Further services from the group were described by focus group participants as food, health education and medical reimbursement²⁹. The participants³⁰ described the change in their lives since joining the PLWHA Association as follows:

- Their physical appearances and general health has improved compared to how sickly they looked before joining. They are inspired by other members to take care of themselves and are more energetic and happier.
- They are happier now compared to how depressed they felt due to the stigmatization. *“Our fear of death has been driven away and we have stopped thinking about legacies and last wills because we look forward to our Tuesday meetings.”*
- Before joining they felt the need to hide from the public, but with their new found confidence, they walk around freely and even attend public events.
- *“I would have poisoned myself if it was not for the counseling and education I got from this group.”*
- Their own perception of the disease has changed because they now know that they can have safe sex, a good marital life and children, and they can avoid spreading the disease to others.

The Queen Mothers of the Manya Krobo District reported in a focus group discussion³¹ that they discuss HIV/AIDS information with the children in their care. They advise them about abstinence, condom use, the danger of sharp objects and being careful with PLWHA with open sores and other bodily fluids. In focus group discussions with OVC in the same district, there was strong evidence that they knew about HIV/AIDS and how the virus is transmitted. Some of the responses of how it can be transmitted were:

- When you have unprotected sex with an infected person
- When you use an infected blade or other sharp instrument
- Through blood transfusion

²⁶ A term used to describe ‘civilian’ dress for someone who is normally in uniform.

²⁷ Female community health nurse working in Manya Krobo District, no name recorded, interviewed on 07 December 2006.

²⁸ Focus group discussion held on 30 November 2006, Takoradi, Western Region

²⁹ Medical reimbursement does not come through the HOPE program, but through the NACP.

³⁰ Information compiled from two focus group discussions in Takoradi with PLWHA Association members on 30 November 2006.

³¹ Focus group discussion held on 07 December 2006.

- Using the same tooth brush as an infected person
- Through deep kissing and unprotected sex

In every district those OVC participating in the focus group discussion were able to identify more than two ways of preventing HIV/AIDS infection.

Most said that they use condoms or abstain from sex – *“I keep myself busy by reading or visiting my friends when I feel like having sex”*. They also mentioned not sharing blades and/or toothbrushes as ways to be protected. When the focus group participants were asked whether they were afraid they might get infected, the overall majority of the male participants said no, while most of the female participants said yes. Some of the reasons for the female participants’ fears were:

“I am worried because I can be forced into sex.”

“I am worried because it can happen to me just as it has happened to so many people.”

“I am worried because I might get infected when I unknowingly use a sharp object already used by an infected person.”

“I am worried because I cannot trust anybody.”

IR 6.2: Train 1500 OVC in vocational skill, entrepreneurship and business development at OICG skills training centers through OVC scholarship program

Table 2: Results: Train 1500 OVC in vocational skills

Indicator	Baseline	2005		2006		Life of Activity	Achievements for FY05 and FY06	Mid term as % of LOA
		Target	Actual	Target	Actual			
# of OVC attending school or returning to school ³²	0	300	271	300	229	1500	500	33.3

Sources: OICI HOPE Performance Indicator Tracking Table (Feb.03, 2006); FY05 HOPE Annual Results Report; FY06 HOPE Semi-annual Results Report; FY06 Annual Results Report.

The HOPE baseline found that in respect of skills training 89.9% of the 15-19 age group and 69.2% of the 20-24 year old group had no training prior to the baseline survey. Overall 84.3% OVC respondents had never received training. The worst scenario was in the Western Region where 91.4% reported that they had never received any training.

The targets for both FY05 and FY06 were not achieved and at the time of the mid-term evaluation the program had only reached 33.3% of the LOA. There are various reasons why the targets are not reached. The main reason for not achieving the target is limited funding. There was not sufficient funding to provide sponsorship for the targeted 300 OVC. A few students stayed away from classes or drop out. Many of the children were not cared for or supervised before they were taken in by orphanages or Queen Mothers and still tend to display tendencies towards truancy: *“some of children are stubborn, have no respect and play truancy.”*³³ *“Those girls who have stayed home*

³² This indicator also reports results for USAID Indicator S2, S7; FFP Indicator 6

³³ From focus group discussion with Queen Mothers on 07 December 2006

for a long time are a bit difficult to manage because they are not naïve or innocent³⁴.” Financial constraints are another reason. Some students drop out because the stipend is not sufficient to cover their transport costs, while others drop out because they do not have the funds to purchase tools. In a focus group discussion³⁵ with male OVC benefiting from the training, they spoke of the grinding poverty that prevented them from completing their school education: “*There is difficulty in getting jobs and life is hard. There was no money to pay for school fees. I was an apprentice but had to stop because of lack of funds.*”

HOPE does not have a budget line or any excess funding that can be used to purchase tools for the scholarship recipients. The tools and materials are necessary for the OVC to master their trade and to be able to start a small business after training. In 2004 OICI fixed several broken machinery in the various OIC Ghana vocational schools prior to the start of the HOPE OVC training. The program has managed to raise some external funds to purchase tools and equipment for individual OVC to assist further. During FY06 the Ejisu-Juaben and Sekyere East District Assemblies donated four sewing machines to four OVC enrolled in vocational training in the district. Women in Development, an NGO working in the Daboase area, donated sewing machines to HOPE OVC. This donation allowed the beneficiaries to establish their own businesses after training. Churches, private institutions and individuals³⁶ have donated in cash and in-kind to the program. The cash donations were used to purchase tools for the scholarship beneficiaries while the in-kind donations were distributed to OVC and PLWHA. This fund-raising is ongoing.



Figure 2: OVC Beneficiaries in class

³⁴ Interview with Mrs. Paulina Hanson-Nortey, owner of the school on 09 December 2006.

³⁵ Conducted on 30 November 2006.

³⁶ Some of the donors include the Kingsway International Christian Centre, Akosombo Textiles Ltd, GIHOC Distilleries, and Eyaqueen Interior Decorators.

Only 25% of the graduates could be placed in a job after training. This is not unusual in Ghana as the country has a high unemployment rate with few formal employment opportunities. The program has sourced some master craftsmen and women to place some of the graduated students. The Paul Hans Vocational Training School and Sewing Shop provides training for 15 OVC in both catering and dressmaking. The training has an attachment component with caterers and hotels for the catering students, while the school offers attachment to the sewing students in its shop³⁷. The Shama Ashanta East Metropolitan Assembly has provided some scholarship beneficiaries job attachments. The District Assemblies³⁸ can assist in the area of attaching the graduates to master craftsman provided that they are officially informed of such students. The districts should also be able to assist the OVC to access the Youth Employment Fund to start their own businesses. The Youth Employment Fund, which is aimed at helping youth at district level, is established under the Ministry of Youth, Manpower and Employment. Any group, individuals or cooperatives can submit proposals and access the funds through the District Chief Executive. It is recommended that the HOPE program explore this option with the various district assemblies.

The length of training was mentioned by key informants and focus group participants as problematic as most training schedules require two years. The owners of the schools who were interviewed said that the one year was not sufficient to allow the students to pass the National Vocational Training Institute (NVTI) examinations and to find jobs. They mentioned specifically that trades such as draughtsmanship, dressmaking, catering and welding require two years training. Mr. Noah Gbetey³⁹ who trains four young men between the ages 19-23 said the following about this matter: *“Initially the plan was to only train them to draw, but these days the drawing goes along with the draughtsmanship, so one is compelled to do the two. Actually, it takes three years to become a master in the trade. One however tries hard to work within the one year support period of OICI.”* All four of Mr. Gbetey’s FY05 trainees passed the exams and are currently employed.

HOPE only provides scholarships for one year due to financial constraints based on the program proposal and the budget. The cost of the scholarship also includes the transport costs to and from the school. Transport and other related costs have increased sharply leaving very little room for maneuvering within the fixed budget. More than 80% of the students are trained at OIC Ghana vocational schools. This one-year program has been run by OICI all over the world for over 30 years. Thus a similar concept was used for the HOPE program. OIC Ghana’s concept of training includes entrepreneurial and business development skills apart from the vocational skills training which should allow most beneficiaries to go into self-employment. It also allows students to start training at any time of the calendar year. At the time of finalizing this report, OIC Ghana was officially notified by the National Vocational Training Institute to extend the training to two years with immediate effect.

The costs of vocational training is higher than what has been budgeted for and with the continued increase in general living expenses in the country mainly due to the increased fuel prices, it will be difficult to achieve the targets set for the activity. If the budget cannot be increased to address increased school fees, the extra year now necessary and other expenses, the target must be lowered to a more realistic number.

³⁷ Interview with Mrs. Paulina Hanson-Nortey, owner of the school on 09 December 2006.

³⁸ Interview with Mr. Nyarko Adu Henri, DCE, Kauapim South District on 09 December 2006.

³⁹ Mr. Noah Gbetey, Master Craftsman, Jelord Craftsmanship and Construction Works, was interviewed on 09 December 2006.

A general trend in the key informant interviews were reports of monthly stipends arriving too late, which forces the orphanage or the caregiver to provide the OVC with transport money to and from the training schools. Once the money arrives, it is paid directly to the student, who then does not pay it back to the orphanage or caregiver. Sometimes the OVC do not attend classes because their monthly allowance was delayed and they did not have transport money⁴⁰. As the frequent delay in delivery of the stipends is influencing the stability of the OVC training, the delays should be investigated and if possible, corrective measures should be taken to allow for stipends to arrive on time.

IR 6.3: Provide nutrient dense take-home food rations for 8965 PLWHA households and 7,385 OVC households

Table 3: Results: Nutrient dense food rations for 8965 PLWHA and 7385 OVC households

Indicator	Baseline	2005		2006	
		Target	Actual	Target	Actual
# of OVC provided with food rations and vocational skills training scholarships ⁴¹	0	650	513	1 000	946
# of PLWHA who have received food rations and nutritional education ⁴²	0	750	460	1 000	1160
MT food distributed to PLWHA and OVC ⁴³	0	1223	242	1056	1100
# of income generating activities established ⁴⁴	0	4	3	4	6

Sources: OICI HOPE Performance Indicator Tracking Table (Feb.03, 2006); FY05 HOPE Annual Results Report; FY06 HOPE Semi-annual Results Report; FY06 Annual Results Report.

The OVC reported on for this IR are children under the age of 18. The targets for the number of OVC who received food during FY05 was not achieved – there was a shortfall of 137 beneficiaries. This was due to the late arrival of the food combined with a vigorous screening process of beneficiaries as it was the first year of implementation. Ninety-five percent of the FY06 was achieved. The remaining 5% is a result of children or their parents/guardians not arriving to collect the food rations due to lack of money for transportation or illness. In FY06 an additional 283 OVC who are older than 18, and not included in the USAID indicator results because of their age, also received food rations.

Although the FY05 target for the number of PLWHA was not achieved, it was exceeded by 160 individuals in FY06. As both the targets for the numbers of OVC and PLWHA receiving food were exceeded in FY06, it follows that the quantity of food distributed also exceeded the target for FY06.

⁴⁰ An interview with a Master Craftsman in Obuasi on 12 December 2006 – no name was recorded.

⁴¹ This indicator also reports results for FFP Indicator 7

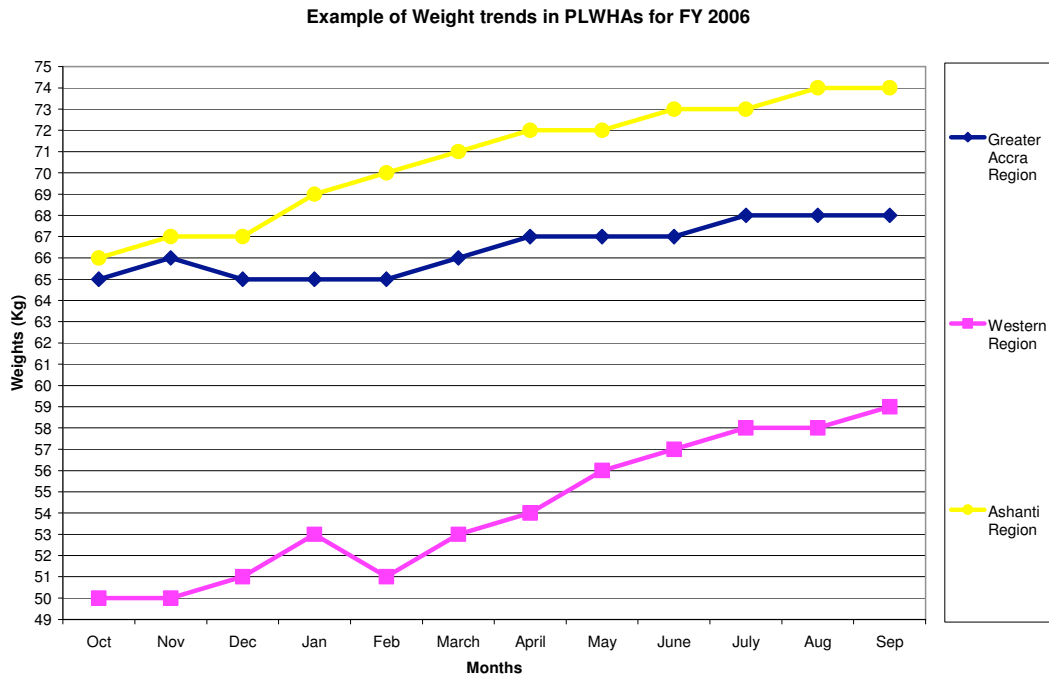
⁴² This indicator also reports results for USAID Indicator S1; FFP Indicator 8

⁴³ This indicator also reports results for FFP Indicator 9.

⁴⁴ This indicator also reports results for FFP Indicator 10.

As part of its monitoring process all beneficiaries are weighed on a monthly basis to assess the physical well-being of the beneficiaries and indirectly the effect of the regular food rations. From these records one can see an improvement in the weight of beneficiaries. The graph below demonstrates the steady increase in weight of three different beneficiaries from the Ashanti, Western and Greater Accra Regions for FY06:

Figure 3: Graph demonstrating weight trends in PLWHA in three regions for FY 2006



Apart from the above data, anecdotal evidence in focus group discussions confirms that there is a link between the food rations and the physical improvement they are experiencing. The participants⁴⁵ described the change in their lives since joining the PLWHA Association as follows: Their physical appearances and general health has improved compared to how sickly they looked before joining. They are also now more energetic. The food rations serve as food security in these impoverished and stigmatized households.

The Aninwaa Medical Centre in Kumasi indicates that fewer members of the Anidaso Ni Nkabom Kuo PLWHA Association report to the clinic with illness and for admission since the introduction of the food rations. “The program has impacted so much on the beneficiaries. The death rate among PLWHAs who belong to the association has reduced. Opportunistic infections have reduced considerably among beneficiaries. One woman mentioned that she was starving because she did not have money but now she can smile.”⁴⁶ Proceeds from the sale of maize and cassava from the

⁴⁵ Information compiled from two focus group discussions in Takoradi with PLWHA Association members on 30 November 2006.

⁴⁶ Focus group discussion with administrative staff at the Aninwaa Medical Centre, Kumasi, on 12 December 2006. Participants were:

Kofi Akohene Mensah	Administrator
Mrs. Comfort Osei Owusu	Matron
Richard Boateng	Logistics

Association's community farm are being used to supplement the cost of drugs needed by the association's members, which also contributes to the results.

The Queen Mothers of the Manya Krobo District, who takes care of OVC, also established community farms in order to supplement their household food supply with fresh items.

There was strong evidence in the Ashanti Region that beneficiaries are being prepared for 'graduation' from the food rations⁴⁷. Directives from USAID require that PLWHA be graduated from the feeding program after being on it for two years, unless the person is "critically ill". This is necessary in order to lessen the dependence on the food rations and to encourage the PLWHA to fend for themselves. However, after graduating from the program, they would continue to benefit from the other services provided by the program, such as psychosocial counseling and OVC scholarships.

In the light of this, it is important to start assisting the PLWHA in the establishment of income generating activities. The focus group participants in Kumasi said that they would only be able to survive without the food rations if they can be assisted through loans to start their own businesses with the skills they have acquired through the HOPE training. The PLWHA focus group participants in Takoradi also requested for technical advice and loans to assist them in starting such income generating activities such as operating a corn mill.

In FY06 six new income generating activities were established. The Ultimate Life Foundation PLWHA Association submitted a proposal to HOPE for assistance in farming activities as part of their income generating activities. HOPE could not provide the ₵19,000,000⁴⁸ requested in the proposal, but donated the farming inputs, which enabled the association to cultivate three acres at Nsawam. Lack of funding and a dedicated budget line for income generating activities are hampering progress.

During the FY06 HOPE was requested by the USAID Mission Office to reduce the size of the food ration from the original 20kg wheat soy blend (WSB), 20kg soy fortified sorghum grits (SFSG), 1 gallon vegetable oil to 10kg of WSB, 5kg of SFSG and 2 liters of oil with effect from 01 October 2006. This was done to harmonize the size of the HOPE and CRS food rations. In focus group discussions with PLWHA the participants indicated that they would continue coming to the meetings even if there would be no more food rations available because of the other value support they receive by being part of the group. There were nevertheless shock at the drastically reduced rations and requests that the size of the food ration should be restored to its initial size.

Frank Fosu Nyantakyi

Outreach Coordinator

⁴⁷ Focus group discussions in Kumasi on 11 and 12 December 2006.

⁴⁸ US\$2000 - using an estimated exchange rate of ₵9500 per US\$1

3 Recommendations

In conclusion the mid-term evaluation found that the program as a whole is well designed and well implemented in terms of the major assumptions and that the program interventions are appropriate. Although the implementation of activities started late, the program is on track. However, it is essential that the targets be adapted at mid-term level to be realistic in terms of the available budget. Beneficiary satisfaction is high and there is evidence that technical skills are applied by both beneficiaries and non-beneficiaries.

1. Re-visit the targets and adjust these to be realistic and be synchronized with the budget. Activities need to be limited to what is possible within the budget. In particular the targets for IR 6.2 - the number of OVC attending school or returning to school – is too high for the available budget. At this time it is recommended that this target be adjusted to a more realistic target.
2. The community health nurses should if possible be assisted with logistics to allow them to extend their services directly to the group and its individual members.
3. HOPE should endeavor to build even closer relationships with the District Assemblies, in particular the offices of the District M&E Focal Persons. This could be done through regular meetings and the submission of HOPE’s work plans to the M&E Focal Persons.
4. There is frequently no private space in HOPE’s regional office where PLWHA and OVC can be counseled in private by program officers. Where possible, and the budget permitting, a dedicated counseling space should be found to allow counseling to be done in privacy.
5. The training provided by HOPE to the community health nurses is not recognized by the hospital authorities and thus they are not allowed to practice their new knowledge within the hospital. It is recommended that OICI liaises with the District Health Directors and their teams to address this issue.
6. Home-based care kits should be made available to home-based caregivers and traditional healers, if this is possible within the current budget. If the budget is not sufficient, alternative funding or a donation of such care kits should be investigated.
7. The late arrival of OVC scholarship monthly stipends has negative effects including absenteeism and truancy. The bottleneck causing the delayed arrival of the monthly stipends should be investigated and cleared to address these issues.
8. Separate funds and/or donations should be sought to enable the purchase of tools and other equipment for the OVC scholarship beneficiaries. The EU implements a program that donates school bags and uniforms to OVC in the HOPE implementation area. It is recommended that this program as well as others be approached to request for donations of tools and other equipment.
9. The District Assemblies can assist in the area of attaching the graduates to master craftsman provided that they are officially informed of such students. The districts should also be able

to assist the OVC to access the Youth Employment Fund to start their own businesses. The Youth Employment Fund, which is aimed at helping youth at district level, is established under the Ministry of Youth, Manpower and Employment. Any group, individuals or cooperatives can submit proposals and access the funds through the District Chief Executive. It is recommended that the HOPE program explore this option with the various district assemblies.

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5 Appendices

Appendix A: Scope of Work

Objectives

The overall objective of the mid-term evaluation is to perform an assessment of the impact of ENHANCE and HOPE to date, and assist OICI/Ghana to review its sustainability strategy. Specific objectives include:

1. Validity of the project design in terms major assumptions made, appropriateness of activities, coverage of interventions and the time frame with which project objectives are to be achieved;
2. Progress in the implementation of the ENHANCE M&E system establishment with regard to documentation and data quality assessment;
3. Progress toward the achievement of program results focusing on inputs, outputs, outcomes and obvious impacts; including gap analysis;
4. Beneficiary satisfaction and assessment of how technical skills acquired through the program are being applied;
5. Lessons learned that will serve to strengthen the implementation of the ENHANCE program for the remaining years of the program; and
6. Assessment of the financial and technical aspect of the ENHANCE & HOPE program.

Approach

Review and assess the following:

- a. Performance and program implementation
- b. Program design and monitoring and evaluation
- c. Partnerships and strategic alliances

The evaluation will provide an external and objective assessment of project interventions to date, to ensure that programs, strategic objectives and intermediate results are being met.

Appendix B: Key Informants

Amoah Wontumi, Victory Generation
Felicia Dapaah, Regional Coordinating Council, Ashanti
Kofi Akohene Mensah, Aninwaa Medical Center
Comfort Osei Owusu, Aninwaa Medical Center
Richard Boateng, Aninwaa Medical Center
Frank Fosu Nyantakyi, Aninwaa Medical Center
Cynthia Asiamah, OVC scholarship graduate
Louise Timothy, Adullam Orphanage
Peter Uka, Adullam Orphanage
Elizabeth Opuni, Adullam Orphanage
Grace Engmann, Midwife, Eastern Region
Francis Narh, OVC Scholarship graduate, Eastern Region
Moses Botignaa Alhassan, District Coordinating Officer, Eastern Region
Gloria Nyarvor, M&E Focal Person, Manya Krobo District, Eastern Region
Nyarko Adu Henri, DCE, Akuapim South District
Paulina Hanson-Nortey, Paul Hans Vocational Training School and Sewing Shop
Noah Gbetey, Jelord Craftsmanship and Construction Works
Mr. Amakye, Focal Person, Akuapim North
Emmanuel K. Mintah, Ultimate Life Foundation
Isaac, OVC beneficiary, Takoradi
Dr. Sutherland, HIV/AIDS Focal Person, Ashanta West District
Margaret Anderson, GHAFTRAM
Paulina Amuzuvi, OVC Scholarship graduate, Takoradi
Dina Amoah, OVC Scholarship graduate, Takoradi
Gertrude Egey, Link Up Care Initiative
Female home-based care volunteer, Eastern Region⁴⁹
Female home-based care volunteer, Easter Region
HIV/AIDS focal person, Greater Accra Region
Various staff members both in the regional offices, as well as at OICI, Accra

⁴⁹ Names were not recorded by field workers for several of the key informant interviewees

Appendix C: Sites visited as part of the HOPE mid-term evaluation⁵⁰

At the beginning of the fieldwork, the CRS team leader accompanied by OICI/Accra staff Program Officer for Greater Accra, the newly appointed Evaluation Officer and the Assistant Logistics Manager paid a visit to one of the Groups in Accra (Russia). It was a meeting day for the Wisdom Group for educational programs and food rationing. The team sat in to listen to the Community Health Nurse delivering a lecture on Nutrition and ART.

We observed the weighing process, checked the records to see the trends in weight gain/loss of the PLWHAS. We also observed the food rations being given to each PLWHA. A series of photographs were taken on these.

In the Western region, at Daboase, the team visited Vida's sewing centre, a dressmakers shop for female apprentices under the supervision of SCMPP.

At Krobo Odumase in the Eastern Region, the team interacted and observed the Queen mothers listening to educational talks and making beads as one of the income generating activities of the Association.

⁵⁰ Compiled by Lawrence Aduonum-Darko.