

EVALUATION OF TIM AFRICA AID GHANA ACTIVITY IN AHAFO ANO NORTH DISTRICT

Evaluation report

Submitted to the Tim Africa Aid Ghana

For the assessment of their activity

(Robert Mensah)

ACKNOWLEDGEMENT FOLLOWING THE TIM AFRICA AID GHANA TWO (2) YEARS ACTIVITY EVALUATION.

A technical report exhibiting evaluation of Tim Africa Aid Ghana activity undertaken by Ghana Health Service staff in Ahafo Ano North District Health Directorate from your communities.

I am very grateful and wishes to express my sincere gratitude to all individuals and groups who offered useful comments and different ways in marking this evaluation a successful one.

I wish to congratulate you and the entire team in the Ahafo Ano North District on your effort to mobilize against HIV.

Attached is the evaluation report with the summary finding for your information and action

Thanks for your continues support and care in the fight against HIV/AIDS

Yours sincerely

Robert Mensah

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AhafoAno North District.

Abbreviations:

AIDS..... Acquired Immune Deficiency

SyndromeANC.....Ante natal clinic

ART..... Anti-Retroviral Therapy

CBSV..... Community Based Surveillance volunteers

CHN.....Community Health Nurse

CHO..... Community Health Officer

HIV..... Human Immunodeficiency Virus

HTC..... HIV Testing and Counselling

KYSC..... Know Your Status Campaign

MAH..... Mobilize Against HIV

PMTCT..... Prevention of Mother to Child Transmission

STIs..... Sexually Transmitted Infections

TAAG..... Tim Africa Aid Ghana

Executive summary

Despite the numerous efforts in creating awareness on HIV/AIDs some people still feel uncomfortable buying condom from shops and still depend on free condom for safe sex practice and Tim Africa Aid Ghana provided opportunity to forty communities in Ahafo Ano North District.

Reported HIV confirmed cases from PMTCT increased from 20 cases in 2014 to 22 in 2015 and then to 27 cases in 2016 and the increase is attributed to the intensive awareness created by the Tim Africa Aid Ghana

All the eleven (11) health facilities are aware of the TAAG activities in the district and have ever participated in their stakeholders meetings, and that their activities helped early ANC attendance in the various facilities,

54.5% facilities received referrals from the peer educators for both PMTCT and HTC services and also accounted for the early ANC attendance at the facilities.

The District Health Directorate 2015 and 2016 annual report increase in testing and positives from 2014 and this increase was attributed to the TAAG activities in the district. The reduction in teenage pregnancy in the district from 457 in 2016 to 405 in 2015 and then to 380 was contributed to the TAAG condom distribution.

The community perceived TAAG activities have contributed to knowledge acquisition on HIV and other STIs transmission and for their continuity of activities in the district for others to also benefit.

TAAG activities have contributed to the use of condom for safe sex practices in the communities and direct reduction of STIs in the beneficial communities as said by the peer educators.

Introduction

Evaluation is the periodic collection of information about the activities, characteristics, and outcomes of programs in order to make judgments, improve effectiveness, and/or identify lessons learned

Tim Africa Aid Ghana is non-governmental organization who worked in the Ahafo Ano North District for Two (2) years in the fight of HIV/AIDS. During their period of operation in the district, they worked with forty (40) peer educators in 40 communities drawn from all the five (5) sub districts. This was done in consultation with Ghana Health Service who were using them as Community Based surveillance Volunteers (CBSV) in the district. All the peer educator have had some of formal education. The organization organized two (2) trainings for the forty in two divided session including their staff. The session covered 23 peer educators for the first phase of the project and 17 for the second phase. Before the end of the project in 2016 December, their 17 active peer educators

Tim Africa Aid Ghana Mobilize Against HIV (MAH) project organizes preventive and intensify education activities in communities. Their main focus is on women and adolescent, both males and females to benefit from HIV preventive messages through awareness creation, from peer educators through one-on-one, small group discussion, community durbar/drama, Promote early ANC for pregnant women to benefit from PMTCT services. Condoms distribution is also one of their key activity in promoting safe sex practices. Besides they conduct know your HIV status campaigns and positives refer to ART centers for treatment.

HIV/AIDS awareness was the main activity of TAAG but in the course of executing their activity other activities were such as STIs, TB, BU and Family Planning were also covered as found during the community focus group discussion. The Condom distributed for safe sex practices was also a key in the family planning as well.

TAAG develops leaflets, brochures, posters and cards containing information of various STIs and photos of pregnant women which assist as part of promoting and making HIV/AIDS related information available to the target audience.

TAAG conduct monthly review meetings with peer educators where reports are collected and feedbacks from monitoring visits by supervisors are given. During meetings messages on the ground to strengthen the weakness of the peer educators and thereby building their capacity are given.

They also conduct stakeholders meeting to disseminate information on the project progress.

TAAG only seeks to improve the knowledge of youth and Adult on transmission, prevention and management of HIV / AIDS in selected communities of operation.

OBJECTIVE

To evaluate the activities of Tim Africa Aid Ghana in Ahafo Ano North District

METHODOLOGY/MATERIALS AND METHODS

PROFILE OF THE ACTIVITY AREA

Ahafo Ano North district is one of the thirty (30) administrative municipal / districts in Ashanti Region of Ghana. It is located in the Northern part of Ashanti region and shares common boundaries with Ahafo Ano south district in the Ashanti Region and three districts; Tano North, Tano South and Asutifi district in the Brong Ahafo region of Ghana. It is divided into five (5) sub-districts with a total population of 110,368 according to 2010 population census with a growth rate of 2.7%.

The Ahafo Ano North district covers a total land area of approximately 55,734 hectares with its capital Tewa. The district's total kilometer feeder road is about 320km, the road network consist of most untarred feeder roads linking small settlement and Kumasi – Goaso high way which is tarred.

There are 107 communities divided into thirty – nine (39) CHPS zones which is in line with the district assembly electoral areas.

VEGETATION

The vegetation in the district is mainly of forest – savannah woodland. Grassland forms the major portion of the Northern sector, whereas Southern and the Western portion is mainly semi-deciduous type. The district has its major rainy season in April to June and minor in August to November.

OCCUPATION

Farming is the main occupation in the district forming 61.7% of the labor force with illegal mining (galasey) activities in the segment of the district. The main food crops grown are vegetables, plantain, cassava, and cocoa is the only major cash crop grown. They all visit the Tewa markets every Thursday where all people from west of world visit because of Newmount mining staff reside.

Government employee and private entrepreneurs forms only 38.3% of the labor force in the district.

ETHNIC GROUPS

The population is predominantly Akans, forming the greater part; 88.6 % of the entire population. However, other ethnic groups which are immigrant population engage in farming are the Ewes, Frafra, Kusase, and Dagabas.

RELIGIOUS GROUPS

Majority of the people are predominantly Christians, Muslims while traditionalist form the minority of the population in the district.

TRANSPORT AND COMMUNICATION

The main Kumasi- Goaso trunk road runs through the district. However, most roads connecting the communities are untarred making accessibility a problem during the rainy season. The district is connected to telephone network.

SOCIAL AMENITIES

Most of the towns and the villages in the Ahafo Ano North district have electricity and their sources of water are from boreholes, streams and rivers.

EDUCATIONAL FACILITIES

The Ghana Education Service has divided the district into six circuits with a total of 171 schools, comprising of 8 Creche, 87Kindagartes, 14 Primary, 57 JHS, 2 SHS, and 1Community Health Training School.

HEALTH CARE SYSTEM

The district is divided into five (5) Sub-districts and sub divided into 39 CHPS zones for easy access to health delivery. The District has 12 health facilities, comprising of 1 District Hospital 5 Health Centres, 4 CHPS compounds and 2 private Maternity/clinic Homes.

In addition to the health facilities and health staff, there are 106 Community Based Surveillance Volunteers (CBSVs), 183 Community Based Agents (CBAs) and 79 Traditional Birth Attendants (TBAs) that support service deliveries in the district.

Evaluation Design

The evaluation was a descriptive type. Both qualitative and quantitative methods were used to collect information from health facilities, Peer Educators and Community members to evaluate the HIV activities conducted by Tim Africa Aid Ghana in Ahafo Ano North District

Target Population/Study Population

The study population involved all health workers who provides HIV/AIDs services such as PMTCT and HTC and Reproductive Health services at the health facilities in the District, including the Community members who are the primary beneficiary of the project and Peer Educators who also base in the communities creating awareness on HIV/AIDs.

3.4 Sample Size Determination

The sampling was for 11 midwives who are directly involved in HIV services in all the 11 health facilities within the District. In addition, 25 Peer Educators selected from communities within the 40 beneficial communities and 25 focus groups from 25 randomly selected communities

The evaluation was carried out in all of the 11 health facilities of which the midwives in charge of PMTCT and HTC were interviewed.

Sampling Procedure

Purposive sampling was used for the selection of 11 out of 12 health facilities in district. Random sampling was employed in facilities where two (2) people are responsible for activity of interest to the evaluation. The evaluation was purposely carried out in the community and peer

educators as they are the primary beneficial body and direct TAAG service providers respectively. For the peer educators a random sampling technique was used in the selection of the 25 community Peer educators as respondents.

Data Collection Procedure

In-depth Interview

This evaluation was conducted using a face-to-face in-depth interview schedule for the collection of qualitative and quantitative data from health workers, peer educators and the community members.

An open and well-structured interview guide that elicit the answers to the research questions was used to collect information from the responses of the selected health workers in the selected health facilities. The responses from the respondents was transcribed to suit the presentation of the evaluation findings.

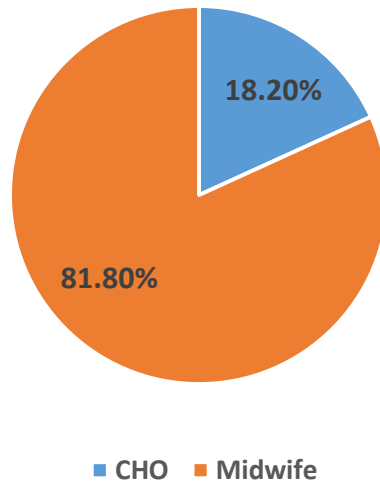
Results / findings:

All the eleven (11) health facilities are aware of the TAAG activities in the district and have even ever participated in their stakeholders meetings, and that TAAG activities have helped early ANC attendance in the various facilities.

The minimum age worked for the health midwives interviewed was 2 years and the age worked with TAAG by the peer educators was 6 months.

All the health facilities have HIV focal persons responsible for HTC and PMTCT service as indicate by the figure 1 below. All the focal persons have had formal education and competent for the work at the facility as required by the Ghana Health Service.

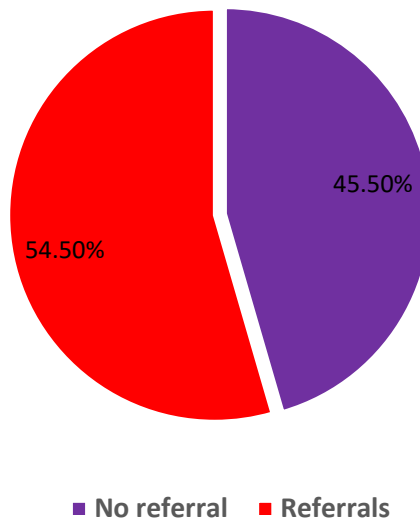
Figure 1: Type of staff as HIV focal person



Out of the eleven (11) focal person, only 27.3% (3) had HIV training for one week. The remaining 72.7% (8) had the HIV training for two weeks.

The Peer Educators in their educational rounds supposed to refer clients to health facility for health care including PMTCT/HTC services and five of the facilities (45.5%) said they did not receive referrals as against 54.5% who received referrals from the peer educators as indicate by the figure2 below.

Figure 2: Facility received referrals



Although 54.5% of the facilities received referrals from the peer educators, none had a copy of the referral forms in the, they were given to the clients as soon as they are provided with the services of interest.

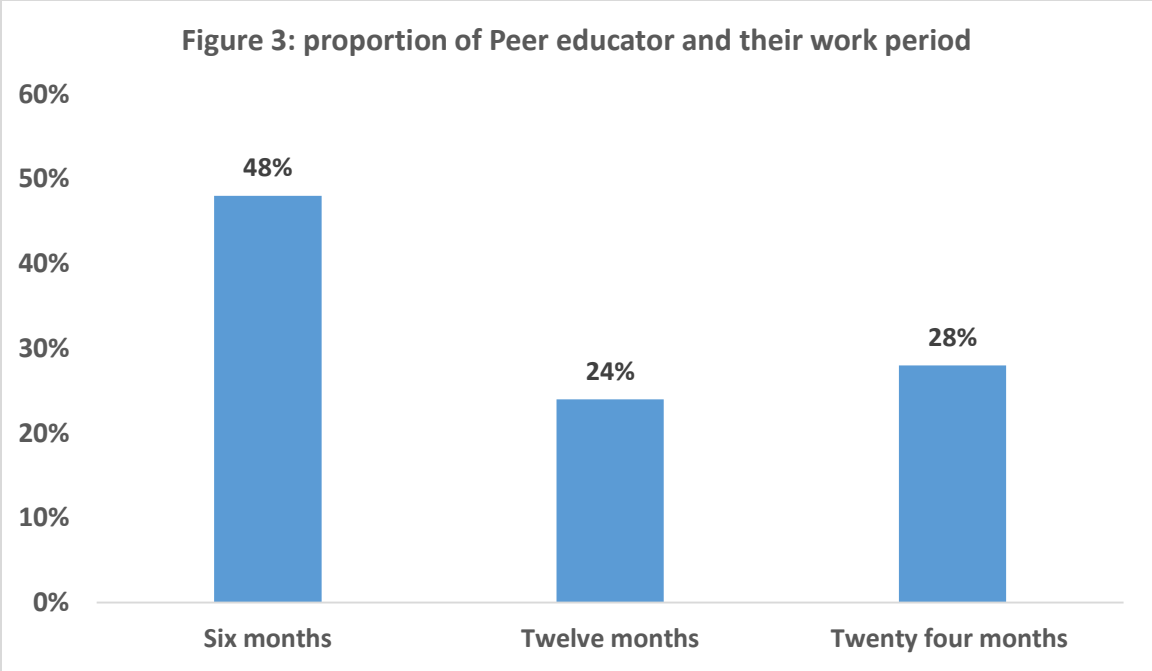
All the Twenty five (25) peers educators interviewed have had some form of formal education and were also trained by the TAAG for three days.

All the respondents were given monthly reporting forms for standardization of the reports by TAAG and referral forms for documentation of clients referred.

Out of the 25 peer educators interviewed 72% (18) has copies of some of their monthly report available while 28% (7) could not produce copies.

According to the peer educators, an average of six (6) supervisory visits were received during the project period by their superior officers.

From the graph below, out of the 25 peer educator interviewed 12 worked for six months, 6 for twelve months and 7 for 24 months respectively



Feedbacks on peer educator activities after monitoring visits were given at the meeting grounds where challenges and field experiences are shared to improve the work of peer educators.

The table 1 below indicates that, 76.0% of the peer educators were been supported by their community in the form of mobilizing the community for them to create awareness of the topic of interest, they are also given audience during their local community durbars.

Table 1: Assessment of community support to peer educators

Response	Frequency	Percentage (%)
Yes	19	76.0
No	6	24.0

From the focus group discussion, the community think they gained enough knowledge on HIV/AIDS and other sexually transmitted infections (STIs) mode of spread and prevention.

A lot of people have had opportunity to know their HIV status and also have adopted safe sex practices to avoid been infected with any STIs and many others, because Ghana health service doesn't offer know

your status campaign in the community any longer and there is also enough free condom distribution for safe sex practices.

According to them, the TAAG activities have helped in the reduction of prostitution in their community in that, it has putting fear into the youth who are sexually active in the society. Besides, teenage pregnancy has also reduce in the communities.

It also came out that, the activities have helped to improve on early ANC attendance and have also demystify the negative perception on early ANC and has provided a medium for pregnant women to receive Prevention of mother to Child Transmission of HIV services.

It was also based on these activities that some people got to learn how to wear both male and female condom and also got to know pictures of different forms of STIs.

Out of 25 community focus groups discussions heard barely 63.6% does not know TAAG as the sole funder of the peer educators in their community. Whiles only 36.4 % of them said their peer educators clearly introduced TAAG as their funder at any education session.

From the 25 focus group discussion, 20% (5) of the communities benefited from community durbar on HIV/AIDS, TB and Family Planning (FP) awareness, and out of the five (5) communities, four (4) benefited from both durbar and know your status campaign. Forty- eight percent (48%) of the twenty five focus group discussion communities benefited for only know your status campaign.

It was also realize from District Health Directorate 2015 and 2016 annual report that, though the TAAG worked in only 40 out of 105 communities in the district, but their activities have contributed to the reduction in act risk pregnancy as the table 2 below and this confirms what was said at the focus group discussions.

Table 2: Trend of Teenage and above 35 years pregnancy

Sub-district	# Of Teeg. Preg. Age 10-14 Yrs			# of Teen. Preg. Age 15-19Yrs			# of Preg. Age 35 Yrs & bove		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Tepa	2	0	4	228	195	184	224	192	199
Manfo	6	0	4	69	68	58	56	53	55
Anyinasu	2	0	0	66	64	53	67	32	54
Betiako	1	4	1	47	39	37	61	47	49
Subriso	1	1	1	35	34	39	36	73	32
Total	12	5	10	445	400	371	444	397	389

The same DHD annual report as indicated in the table 3 below shows improvement in early ANC for the past two years, so as the number tested and positives outcomes who are all on treatment.

Table 3: PMTCT services

PMTCT services	NO.COUNSELLED			NUMBER TESTED			NUMBER POSITIVE		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Tepa	1523	1398	1532	1523	1486	1532	11	12	13
Manfo	312	456	388	305	451	388	2	2	6
Anyinasuso	422	468	390	4230	468	390	5	1	6
Betiako	290	302	231	290	302	231	0	1	1
Subriso	251	292	269	244	289	267	2	6	1
Total	2798	3004	2810	2785	2996	2808	20	22	27

The scarcity of the test kits accounted for the low figures in 2016 as compared to 2015. Most of these figures are attributed to the Tim Africa Aid Ghana” know your status”(KYS) campaign at the community level as shown in the table 4 below

Table 4: trend of HTC

HTC			
INDICATORS	2014	2015	2016
NUMBER TESTED	3108	5624	2494
NUMBER POSITIVE	83	87	78
NUMBER RECEIVING ART	40	63	53

Strengths:

Tim Africa Aid Ghana has capable staff who see to the smooth running of their activities in the district.

There is available trained Peer Educators committed to discharge duties of awareness creation on HIV/AIDs in all their activity communities.

Tim Africa Aid Ghana enjoys financial support from both Local and International level to carried out their activities.

There is available ART centers in the District where HIV positive clients are referred to for treatment.

There is also a strong collaboration between Tim Africa Aid Ghana, District Assembly and Ghana Health Service in the district.

All the health facilities have available counsellors who support TAAG in their Know You Status Campaign (KYSC) services.

Challenges:

Some of the peer educators did not keep copies of their report submitted to the TAAG office.

Although the community is aware of the activities of the peer educators in their communities only few communities were aware of the Tim Africa Aid Ghana (NGO).

Few communities enjoyed the Know Your Status Campaign because of scarcity of HIV test kit at some point in time

The Muslims dominated communities were against the free condom distribution with the view that it promotes prostitution in that some youth are intensifying in dose act.

Some communities prefer peer educator to be doing the testing and counselling whiles on awareness campaign.

Transportation difficulty in conducting awareness campaign in communities outside the peer educator' residential communities.

Recommendation:

Tim Africa Aid Ghana should intensify their supervision and engage communities with specific problems in a dialogue to demystify the negative perception of the communities about HIV/AIDS.

If possible the organization should continue with their activities for other communities to also benefit from their good work.

The TAAG should also improve on their community entries, and beside peer educators wearing TAAG T-shirts as a way of portraying their sponsors, they should also take pain to explain and demonstrate to the communities that they are working for TAAG.

Reference

GHA. AhafoAno North district health directorate 2015 and 2016 Annual report.

AHAFO-ANO NORTH DISTRICT MAP

