

## **ACTIVITY REPORT ON CHAG-AYA WINDOW OF HOPE PROJECT (AI-GH-002)- APRIL-JUNE 2003:**

### **1. Situation Review/Overview:**

The preparatory activities aimed at making the ten (10) mission health facilities located in Ashanti, Gt. Accra and Central regions in seven<sup>1</sup> out of twenty AYA intervention districts youth friendly have almost all been carried out successfully.

By the end of March 2003 (since July 2002), pre-implementation workshop to introduce and clarify the scope of the Window of Hope Project, ASRH training of trainers' (TOTs) workshop for the implementing facilities, institutional staff orientation in YFS and the training of field supervisors had been carried through.

In this second quarter (April-June 2003), the training of youth volunteers, facility action planning and the ASRH training for frontline staff of the project implementing facilities were the focus.

As many as 200 Peer Volunteers with almost equal representation of both sexes were trained to provide services to their peer counterparts in 28 communities with the support of the facility level Field Supervisors and the National Project Officer as organisers and PPAG as the training institution.

The training of the frontline facility staff in ASRH was also tackled in all the implementing facilities and it should be completed by the end of the first month of the third quarter of the year.

The third and last quarters of the year would be geared towards providing more technical support in data collection at both the facility and community levels, reinforce the technical competence of the field supervisors and peer volunteers and step up supportive supervision and monitoring in the implementing facilities.

### **2. The Peer Volunteers' Selection and Training from 6th April- 13 July 2003:**

#### **2.1. Selection:**

Based on the under listed criteria 200 Peer Volunteers of ages between 15-23 years were selected from 28 Communities in the seven AYA intervention

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<sup>1</sup> The seven districts are in ( 1). Ashanti Region: **Afigya-Sekyere District** where Wiamoase Salvation Army Clinic and Asamang SDA Hospital are located, **Ejisu Juaben District**, where Onwe SDA Hospital is located, **Bosomtwi-Kwanwoma District** where Amakom Lake Bosomtwi Methodist Clinic is located, **Atwima District** where Kwadaso SDA Hospital is located, and **Kumasi Metropolitan Assembly** where Bomso Church of Christ Mission Clinic is located, (2.) Central Region: **Assin District**, where Assin Nsuta Presby Clinic and Assin Praso Presby Clinic are sited and (3) Gt. Accra Region: **Ga District** where Alpha Medical Centre is located and **Accra Metropolitan Assembly** where Maabobi Salvation Army Urbanaid Clinic is also located.

districts within the catchment areas of the CHAG-AYA ten (10) project implementing facilities.

Criteria for selection of Peer Volunteers to be trained as Peer Service Providers:

1. Volunteerism-ready to serve free of charge.
2. Willingness/ability to talk about sexuality issues.
3. Literacy- fair idea of how to read and write.
4. Known history of community participation
5. Nominated by target group
6. Age between 15 and 22 years.
7. Future plans- availability for the next 2-3 years.

Additional criteria used for the section of Peers to be trained as Non-Traditional Condom Distributors include:

- Preferably nominated from barbering, hairdressing, dressmaking and chemical shops where patronage is high.
- Owners of the selected shops should ideally be young between 15-22 years and popular with the youth.

In all 100 Non-traditional condoms distributors- 53 females and 47 males- and 100 Peer service providers-51 females and 49 males- were selected and trained. The facilities were resourced to recruit and transport the Peers to the training grounds.

## **2.2: Training:**

The training took place in phases at centres that were considered closer and convenient to both the facilities and the catchment communities. The training began in April and ended in June 2003.

### **Purpose:**

The purpose was to train peer volunteers as peer service providers and non-traditional condoms distributors respectively who would be able to provide minimum services in ASRH counselling, referrals and condom distribution to their peers.

### **Objectives:**

The training objectives for the Peer Service Providers' training were aimed at:

- Improving the knowledge and skills in specific youth sexual and reproductive health (SRH) and adolescent development issues by 10%
- Improving the knowledge and skills to inform and educate their peers on specific youth SRH and developmental skills.
- Building the skills of participants to counsel their peers on specific youth SRH and developmental skills.

- Improving the knowledge and skills of participants to be able to refer their peers they cannot help for further management

The training objectives for the non-traditional condoms distributors' training were aimed at:

- Increasing their knowledge levels on sexual reproductive health (SRH)
- Being enabled to educate their peers about CHAG/AYA Window of Hope project
- Improving their basic knowledge and skills in communication to counsel, educate and market non-prescriptive contraceptives.
- Teaching them to refer clients to the nearest health facility for further assistance.

### **Methodology:**

The format used in both training was the same. The resource persons used a number of tools to facilitate the various sessions. These included:

- Brainstorming
- Games and Activities
- Group work/Plenary Presentations
- Film show
- Songs
- Games
- Role plays
- Case studies
- Demonstrations
- Experience sharing
- Group Assignments
- Risk Assessment Exercise
- HIV/AIDS transmission game (wild-life)

Topics treated:

a. In the Peer Service Providers' training:

- Concept of Peer Education
- Youth Friendliness
- Concept of Sexual and reproductive Health
- Peer Education Facilitation Tools
- Communicating About Sex
- Personal Development and Pubertal Changes
- Relationships
- Pregnancy and Child birth
- Abortion (Causes and effects)

- Family Planning Methods
- HIV/AIDS/STDs
- Harmful Traditional Practices
- Communication Skills
- Counselling Skills
- Effective Referral
- Goal setting
- Self Esteem
- Drug and Substance Abuse
- Gender Issues
- Leadership skills

b. In the non-traditional condoms distributors' training topics treated were as follows:

- My community and me (Diagnosis, need, resources and roles)
- Sexual and Reproductive Health (SRH) and its components
- Sexually Transmitted diseases (STDs)
- HIV/AIDS Basic facts on transmission, effects and prevention
- Family Planning-concept, rational and methods
- Behavioural change communication-concept and skills
- Client friendliness and qualities of a non-traditional distributors
- Records keeping and reporting
- The Non-traditional Distributor and the Supervisor

The training took place in all the three regions. In Greater Accra, training took place in Abokobi Presby Women's Centre, in Ashanti- Kumasi Samaritan Villa, Jamasi Catholic Monastery and Kwaso Thomas Centre and in Central-Assin Foso Even Me Hotel. The Peer Service Providers' training took five (5) days followed by the Non –Traditional Condoms Distributors training which also took three (3) days. Twenty (20) participants attended each training session. The rational for this approach was to bring the training as close as possible to the peer volunteers and to reduce training cost.

#### **Materials Used:**

Training materials used were:

- Pre and Post Test Questionnaire
- Flip charts and makers
- Overhead Projector and transparencies
- TV and Deck
- Film (STDs/HIV/AIDS, Counselling and Peer education)
- Samples of male and female condoms
- Pelvic and penis model
- Maggie Apron
- Contraceptives

## Results-Analysis & Interpretation:

### Peers Trained:

The total number of Peer Volunteers trained was 200. Out of this, 53 females and 47 males were trained as Non-traditional condoms distributors; 51 females and 49 males as Peer service providers, in 28 catchment communities (see Table 1 for distribution of peers in their communities).

### Evaluation:

The pre-course and post tests done yielded the following results:

For the Non-Traditional Condoms Distributors:

- Pre-course Assessment Range: - 50-100%
- Post-test Range: 80-100%

For the Peer Service Providers:

- Pre-course Assessment Range: - 16-88%
- Post-test Range: 61-100%

Generally, the results showed that there were adequate knowledge and skills gain and all participants rated the courses as very relevant and said the objectives were generally achieved.

Both the participants and facilitators evaluated the courses as very successful. Certificates of Participation are ready for distribution to all participants.

**Table1: Distribution of Peer Volunteers in 28 Communities:**

No.	Community	PSP <sup>2</sup>		NTCD <sup>3</sup>		Total	District
		F	M	F	M		
1.	Abenase	1	1	0	0	2	Ejisu Juabeng
2.	Achina	3	0	0	0	3	Ejisu Juabeng
3.	Kwaso	1	1	0	3	5	Ejisu Juabeng
4.	Onwe	1	2	6	2	11	Ejisu Juabeng
5.	Adugyaman	1	0	1	2	4	Bosomtwi-Kwanwoma
6.	Amakom	1	3	1	1	6	Bosomtwi-Kwanwoma
7.	Ankaase	2	1	2	0	5	Bosomtwi-Kwanwoma
8.	Atafram	1	1	0	2	4	Bosomtwi-Kwanmoma
9.	Asamang	8	3	1	6	18	Afigya-Sekyere
10	Konya	0	1	0	1	2	Afigya-Sekyere
11	Wiampoase	7	3	7	3	20	Afigya-Sekyere
12	Ahensan Est.	0	0	0	1	1	Kumasi Metro Assembly
13	Anwomaso	1	1	1	0	3	Kumasi Metro Assembly
14	Bomso	2	4	0	0	6	Kumasi Metro Assembly
15	Kentinkrono	1	0	0	0	1	Kumasi Metro Assembly
16	Kotei Deduako	0	2	1	1	4	Kumasi Metro Assembly

<sup>2</sup> Peer Service Provider

<sup>3</sup> Non-traditional Condoms Distributor

No.	Community	PSP		NTCD		Total	District
		F	M	F	M		
17.	Teck	0	0	4	1	5	Kumasi Metro Assembly
18.	Kwadaso	5	5	5	5	20	Atwima
19.	Assin Asempanaye	3	1	0	4	8	Assin
20.	Assin Anyabrim	1	2	0	4	7	Assin
21.	Assin Fosu	0	0	0	1	1	Assin
22.	Assin Dansame	0	2	1	1	4	Assin
23.	Assin Kwataa	2	1	1	0	4	Assin
24.	Assin Nsuta	3	2	1	4	10	Assin
25.	Assin Praso	2	1	2	1	6	Assin
26.	Maabobi	1	3	3	5	12	Accra Metro Assembly
27.	Nima	3	3	1	1	8	Accra Metro Assembly
28.	Madina	3	7	5	5	20	Ga
	<b>Total</b>	<b>51</b>	<b>49</b>	<b>53</b>	<b>47</b>	<b>200</b>	

### 3.0 Action Planning for the Implementing Facilities:

#### a. Technical Assistance to CHAG Window of Hope from 28<sup>th</sup> April to 10 May 2003:

Ms Gwyn Hainsworth from Pathfinder International was here in Ghana to offer a technical assistance to CHAG's Window of Hope in building capacity of CHAG to facilitate the development of Action Plans based on facility assessment reports in CHAG project implementing facilities.

A three- member CHAG Team joined their counterpart from PPAG to undertake the exercise from 28<sup>th</sup> April to 10<sup>th</sup> May 2003, which included practicum in some selected facilities of CHAG and PPAG in Accra and Kumasi led by the Ms Gwyn. Four CHAG implementing facilities namely Alpha Medical Centre, Urban Aid Clinic from Gt. Accra and Kwadaso SDA Hospital and Wiamoase Salvation Army Clinic in Ashanti benefited from this capacity building exercise by having their Action Plans developed with them.

#### b. Action Planning by Facilities with CHAG Team

Thereafter, in May and June 2003, the CHAG Team undertook to facilitate the development of the Action Plans for the remaining six implementing facilities with active involvement of the youth.

Reports on the Action Planning were submitted to all the facilities. The corresponding budgets were to be prepared by the facilities themselves and submitted to CHAG Secretariat for possible financial support by AYA, Ghana.

The full implementation of these action plans by the implementing facilities would be expected to make the facilities youth friendly.

## **4.0 ASRH Training For Frontline staff**

The training in implementing facilities of the frontline staff in ASRH started in the second quarter. The master trainers who were trained in the first quarter for the facilities conducted the training for their own facilities. Where capacity was not adequate assistance was solicited from colleagues in the sister facilities.

This step down approach using the facilities' own master trainers was to facilitate training of all frontline staff in the facilities using internal convenient arrangement for the training without destructing normal service deliveries and also to enhance ownership of the project by the implementing facilities. Unfortunately, the CHAG Secretariat could not guarantee the same quality of training in all the implementing facilities as plans to monitor the training could not materialised.

Unconfirmed reports from four of the facilities specifically Maamobi Urban aid Clinic, Assin Praso Presby Health Centre, Assin Nsuta Presby clinic and Alpha Medical Centre indicated that they are successfully through with their frontline staff training in ASRH. All the other implementing facilities are in the process of completing the ASRH training.

## **5. Constraints:**

In spite of the considerable advancement towards the achievement of the project objectives, there were some constraints. These include:

- The delay in receiving the project vehicle from UNFPA, a whole year in the implementation of the three year project,
- The lateness in receiving the second quarter project funds from AYA resulting in our inability to provide logistic for the Peer providers
- Poor reporting systems of project implementing facilities
- Inadequate data collection format for the project facilities

## **6. Way Forward:**

The thrust in the third quarter would be to improve data collection in the project facilities, provide logistics and other incentives such as ID cards, T-shirts and Kits etc to the Peer volunteers in the 28 communities, improve the technical capacities of the field supervisors and the Peer volunteers and step up supervision and monitoring in the project facilities.

## **7. Conclusion:**

CHAG is on course. The foundation is laid and what is required is sustained effort to finally achieve the project objectives. It is hoped that the constraints would be minimised if not completely eradicated to enhance ARH service delivery to the youth both at the facility and community levels.