

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

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

The process of implementing CHAG-AYA ASRH Window of Hope Project in ten (10) CHAG implementing facilities situated in AYA intervention districts in Ashanti, Gt. Accra and Central regions of Ghana is steadily in progress.

Having laid the firm grounds for the take off of the project by organising the pre-implementation workshop for the implementing facilities in Accra from October 27-30, 2002, the stage was set for the training of trainers' (TOTs) workshop, institutional staff orientation and frontline ASRH staff training, field supervisors' training and Youth Peer Service Providers Volunteers' training and deployment.

During this quarter (January-March 2003), TOTs' and Field Supervisors' training workshops were conducted for the implementing facilities of CHAG while the preparatory arrangement for the youth volunteers training and deployment to be held through April to July 2003 was finalised. In the process, CHAG organised facility assessment on ASRH for two new entrants of the AYA-CHAG programme in replacement of Manna Mission Hospital and Akim Wenchi Salvation Army Clinic as well as participating in the AYA-Ghana Monitoring and Evaluation workshop held in Sagakope.

### **2. TOTs' Workshop:**

A training of trainers' workshop was conducted from 10<sup>th</sup> through 21<sup>st</sup> February 2003 at the Ghana Registered Nurses' Association Conference room, Accra.

#### **2.1 Purpose:**

The purpose of the workshop was to train master trainers in ASRH who would in turn facilitate training sessions for CHAG front-line service providers in ASRH through workshops at the facility level.

#### **2.3 Methodology:**

Prior to the training Workshop, a series of meetings and telephone discussions were held between the Reproductive and Child Health Unit, Ghana Health Service and CHAG/AYA to agree on the modalities for the training. The GHS Facilitators also met to review the previous training sessions held, revised their training agenda and agreed to use the current version of Adolescent Health (ADH) training manuals for the CHAG master trainers' training.

In all twenty-one (21) participants representing ten (10) mission health institutions and the CHAG head office were trained as resource persons:

- CHAG Head office, Accra
- SDA Hospital, Kwadaso, Ashanti
- SDA Hospital, Asamang, Ashanti
- Church of Christ Mission Clinic, Bomso, Ashanti
- SDA Hospital, Onwe, Ashanti

- Salvation Army Clinic, Wiamoase, Ashanti
- Lake Bosomtwi Methodist Clinic, Amakom, Ashanti
- Salvation Army Urban Aid Clinic, Maamobi, Accra
- Alpha Medical Centre, Madina, Accra
- Assin Praso Presbyterian Health Centre, Assin Praso, Central Region
- Assin Nsuta Presbyterian Health Post, Assin Nsuta, Central Region

The 21 participants were mainly Professional Nurses (17), Accounts Officer (1), health educator (1), Administrator (1) and Project Officer (1). There were two persons who were trained as master trainers from each of the ten health institutions.

The workshop started and closed with opening and closing ceremonies. In all fifteen (15) modules and SWOT analysis and Action Planning were taught in about thirty (30) sessions. Adult learning techniques including a field visit to a youth centre were used to impact the requisite knowledge and skills.

During the workshop, both pre- & post course assessments were done. Using a standard evaluation form, each session taught was assessed by participants.

Facilitators clarified issues based on emerging comments. Facilitators also observed closely acquisition of knowledge and skills in counselling young people and reviewed techniques to help participants acquire the requisite basic skills, since counselling is the bedrock of the training programme.

Participants had experiential counselling with one of the Counsellors during the workshop period. This was done with the aim of exposing them to actual counselling sessions involving the participants themselves. These private counselling sessions were held in participants' own time.

Participants were given a set of handouts and resource documents. The resource documents include:

- National Adolescent Health Training Manual for Health Workers and Facilitators' Guide
- ABC of Counselling (Basic Counselling Skills)
- Adolescent Health Programme Brief

At the end of each day, Facilitators met and reviewed activities carried out during the day. The class president and the Project Officer joined in the meetings for the first quarter or half hour of the meeting to give general and specific comments made by the class in relation to the course and house keeping issues. These issues were addressed accordingly with the support of the class president and the Project Officer.

Participants evaluated the two (2) week course using Standard Ghana Health Service, Human Resource Development Forms.

## **2.4 Results-Analysis & Interpretation:**

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

- Pre-course Assessment Range: 3.3% -78.5%
- Average: 25.1%
  
- Post-test Range: 57.5%-94.8%
- Average: 67.6%

Generally, as the results showed, there were adequate knowledge and skills gain in ASRH and all participants stated that the course was valuable for their work. At least six months' Action Plan was developed for implementation by each facility.

Both the participants and facilitators evaluated the course as very successful. Participants obtained Certificates of Participation at the end of the course.

### **3. Field Supervisors' Training Workshop:**

The Field Supervisors' Training workshop was conducted in Kumasi at Samaritan Villa from 24<sup>th</sup> –26<sup>th</sup> March 2003.

#### **3.1 Purpose**

The purpose was to prepare Field Supervisors to plan, implement and follow up peer providers' supervisory activities.

#### **3.2 Objectives:**

The objectives were that by the end of the workshop participants would be able to:

- Prepare for a supervisory visits
- Use technical supervisory protocols during a supervisory visit for planning
- Collect data on peer providers' performance and working conditions
- Provide technical assistance to peer providers
- Use information and data collected during a supervisory visit
- Prepare supervisory visit report
- Prepare supervisory visit report
- Prepare an action plan and supervisory visit schedules

#### **Practice Objectives:**

- Set objectives for supervisory visits
- Conduct supervisory visit
- Use the checklist to supervise the peer educator
- Analyse peer providers managements documents
- Identify strengthens and weaknesses of a peer provider

- Give an effective feedback to peer provider
- Evaluate the achievement of supervisory objectives
- Prepare a report on the supervisory visit.

### **3.3 Methodology**

Prior to the training Workshop, a series of meetings and telephone discussions were held between PPAG and CHAG/AYA to agree on the modalities for the training.

In all ten (10) participants representing ten (10) mission health institutions and the CHAG head office were trained as Field Supervisors:

- SDA Hospital, Kwadaso, Ashanti
- SDA Hospital, Asamang, Ashanti
- Church of Christ Mission Clinic, Bomso, Ashanti
- SDA Hospital, Onwe, Ashanti
- Salvation Army Clinic, Wiamoase, Ashanti
- Lake Bosomtwi Methodist Clinic, Amakom, Ashanti
- Salvation Army Urban Aid Clinic, Maamobi, Accra
- Alpha Medical Centre, Madina, Accra
- Assin Praso Presbyterian Health Centre, Assin Praso, Central Region
- Assin Nsuta Presbyterian Health Post, Assin Nsuta, Central Region

The 10 participants were mainly Nurses (9), and Dispensing Technician (1).

The workshop started and closed with opening and closing ceremonies. Adult learning techniques were used to impact the requisite knowledge and skills.

Participatory approach was used throughout the training period. Participants were involved actively in discussions and practical activities and this helped them to draw conclusion on group assignments and have understanding of the day's activities.

It also helped participants to think about ways of working as supervisors and how to put skills acquired into practice.

The main methods used were:

- Group work
- Case Study
- Games
- Exercise
- Role Plays
- Assignments
- Mini Lecture

### **3.4 Evaluation:**

Pre test questionnaire was administered at the beginning of the training to assess the knowledge in supervision skills and to guide facilitators in

addressing weak areas identified. Daily evaluation was done to help improve the next day's activities.

Facilitators also met at the end of each day's activities were also done and where necessary corrections were made.

At the end of the training period a post test questionnaire of the same questions was administered to assess the level of knowledge gained over the period.

Using a standard evaluation form, each session taught was assessed by participants.

### **3.5 Results-Analysis & Interpretation:**

Participants acquired skills in administrative and technical supervision.

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

- The highest pretest score was 80%
- The lowest pretest score was 12%
- The highest post test score was 92%
- The lowest post test score was 40%

The highest knowledge gained was fifty two (52) percent and the lowest knowledge gained six percent (8%). Various skills acquired were also demonstrated during the role-plays, presentations and supervision practice. Responses from the final evaluation by participants indicated that the training was quite successful and that the objectives could have been entirely achieved if the training days had been extended to six days or more.

They also felt that the topics treated would be most useful in their work as supervisors. However, they felt the time was short and needed more time for the supervision practice.

### **4.0 Facility Assessment:**

Two of the facilities implementing the AYA CHAG Window of Hope Project had to be replaced. One of them- Salvation Army Clinic at Akim Wenchi- was disqualified from participating in the programme because it is located outside AYA intervention district. The other one- Manna Mission Hospital in Teshie-Nungua, Accra -opted out voluntarily due to its perceived conflict of the AYA minimum service package with its religious doctrines.

They were replaced by Church of Christ Mission Clinic, at Bomso in Kumasi and Onwe SDA Hospital, Onwe in Ejisu-Juabeng district in Ashanti region.

As a result, CHAG in collaboration with AYA conducted facility assessment for these two facilities to assess their youth friendliness and ASRH service delivery. The pre-implementation and facility assessment meeting for Onwe SDA Hospital was March 12-15, 2003. The Church of Christ Mission Clinic was assessed in November 12, 2003.

### **5.0. Monitoring and Evaluation Workshop:**

CHAG participated in M&E workshop organised by AYA from February 2-7 2003. We were taken through the process of developing M&E data collection tools for the AYA IPs.

Various kinds of tools were developed though CHAG would need to finalise on these tools and to train its implementing facilities on their handling.

### **6.0. Conclusion**

The process of making the implementing facilities youth friendly was given a major push when the ASRH TOT Workshop and Field Supervisors' Training were successfully carried through. Reports indicate that the staff of the facilities had had at least a day's orientation on youth friendliness resulting in the change of staff attitude towards the youth for the better. It is hoped this new development would begin to impact positively on the youth patronage of the facilities' services now and in the next quarter and beyond as this youth friendly atmosphere is strengthened by ASRH training of the frontline staff and the training of the youth volunteer service providers and non traditional condom distributors. The youth volunteers are expected to advertise the youth friendly services delivered in the implementing facilities and to provide basic services including referrals.

As the flow of funding from AYA to CHAG seems to have been streamlined, the facilities would be well sourced in terms of funding for training and provision of supplies/equipment to accelerate the process of the implementation of the project in the facilities.