

ACTIVITY REPORT ON CHAG-AYA WINDOW OF HOPE PROJECT (AI-GH-002)- JULY-SEPTEMBER 2003:

1.0 Project Goal and Objectives

1.1 Goal:

The Project's overall goal is to improve adolescent sexual and reproductive health, especially in rural and underserved areas, through making existing health service delivery points and outreach activities youth friendly.

1.2 Objectives

To create community awareness and acceptance of the project's youth friendly services among parents, church leadership, and youth leadership

To increase use of ASRH clinic-based and outreach services by making 10 CHAG member institutions youth friendly, by training 91 clinic service providers and 200 peer providers and Non-traditional Condom Distributors

To collaborate with AYA BCC Consortium to create demand for youth friendly services and to promote the project's static and non-static YFS

To integrate quality assurance and continuous quality improvement into all youth friendly services, both clinical and outreach.

2.0 Progress in Implementation:

So far with the collaborative efforts of CHAG and Pathfinder International since July 2002 the Window of Hope Project has orientated over 370 staff in all the ten project-implementing facilities in YFS and trained over 190 frontline staff in ASRH. Furthermore, 200 Peer volunteers have also been trained as Peer Service Providers and Non-traditional Condom Distributors. All the project-implementing facilities (PIFs) have been assessed in YFS and action plans developed with them for implementation.

The third quarter (July-September 03), was dubbed the 'beginning' of actual period of implementation of YFS in the PIFs as it was the period that resources in terms of funds for the facilities and supplies such as condoms, T-shirts, bags, ID cards etc for the Peer volunteers were procured for the PIFs. During this period, a follow up supportive supervisory visits conducted by the Project Officer to the PIFs indicates that great efforts were being made to implement the action plans and the Peer volunteers were beginning to make their influence felt in the 26 communities in which they come from.

The last quarter of the year is geared towards providing top up training for the field supervisors and youth volunteers of the implementing facilities and supportive monitoring and supervision in the implementing facilities.

2.1: Youth Friendly Clinical Services in PIFs

During the quarter in view, all the ten PIFs provided YFS in HIV/AIDs counselling, STIs counselling and management, distribution of dual protection (especially condoms), provision of general counselling, pregnancy tests, post

abortion care, antenatal services, post natal services and minor and complicated ailments.

Clinical services statistics (see attached) indicates that out of 44,568 clinic visits to the PIFs 10,171 were youth (10-24 years). This constitutes about 23% of the total visits.

Service statistics for counselling, lab services, treatment, family planning, contraceptives and other supplies and referrals indicate varying degrees of youth patronage from as low as 2% to as high as 100% (see attached)

There was more STD treatment offered than tested since most of the PIFs rely on syndromic diagnosis.

Referrals to the facilities have begun to show some positive results and indications are that this will increase as the peer volunteers step up their outreach services. Assin Praso Presby Health Centre for instance reported that there has been a 50% increase in the number of referrals since the introduction of peer service concept.

Unfortunately, the PIFs are yet to receive any IEC materials and Job aids for distribution.

As at now some PIFs are in the process to streamline properly their data collection system to adequately capture all the data required by the project. Two of the facilities, Bomso Church of Christ Mission Clinic and Onwe SDA Clinic, are being assisted by Ghana Health Service to set up their own family planning units as part of the implementation of their action plans and hope this would improve youth clients' visits in these facilities.

2.2 Youth Volunteers' Outreach Services:

Majority of the 200 Peer volunteers are providing outreach services in all the 26 communities where they were recruited. So far they have engaged in 1,914 activities (see attached) involving group discussions (442x), individual discussions (637 x), home visits (471x), religious talk shows (41x), indoor games (41x), football competitions (3x), film shows (41x), and clean up (no records of number of times) and storytelling (21x). The Peer volunteers took the opportunities offered by these activities to educate their colleagues on STI/HIV/AIDS in particular and to demonstrate the proper use of male and female condoms. Those of their peers who needed referrals were also referred to the health facilities. So far 7,075 male condoms and 163 female condoms were distributed to the youth and 45 referrals were made to the affiliated health facilities.

Though there is a great progress in the activities of the Peer volunteers within this short time, meetings with them suggested there was the real need for further skill training in facilitation and community entry, mobilisation and advocacy. Some of them complained of hostile environment as parents and other elderly members do not support their efforts.

2.3 Meetings:

Weekly meetings were held in all the PIFs this quarter. The meetings served as practicum for the youth in preparation for their outreach services.

Demonstrations, role-plays and lectures were the means by which the Peer volunteers were prepared for service in their communities.

All the youth groups of PIFs have set up youth advisory committees whose main function is to see to the welfare of their colleagues and to discuss how best they can make their outreach services attractive to the youth in their communities.

The facility project management committees are yet to be fully operational in all the PIFs.

3.0. Additional Activities

AYA Ghana organised a three-day Data and Reporting format workshop from 29th –30th August, 2003 for the CHAG PIFs where the data and reporting formats to capture and report on the CHAG-AYA project activities were looked at.

At the end of the workshop, the PIFs agreed on the data and reporting format to be used for collecting data and reporting on the AYA-CHAG project activities.

A 5-day Proposal Writing Capacity Building Workshop from 20th to 23rd July 2003 was organised in the quarter for NGOs at Sogakope by AYA Ghana and CHAG participated. This was a very useful training for the NGOs.

As is the tradition of the AYA family, the AYA Ghana and its IPs held its third annual project implementation review and harmonisation workshop from 1st to 6th September at the Villa Cisneros Hotel Sogakope. The objective was to look at each IPs proposal and the 2003 work plan and budget in relation to the extent of implementation to date to ascertain how much of the agreed 2003 work plan could be practically implemented before the end of year 2003 and to roll over what could not possibly be implemented in year 2004.

The workshop allowed the IPS to develop their work plan and budget for year 2004 whilst AYA PTOs in consultation with IPs provided the necessary guidance to ensure enhanced synergy and complementarity of project implementation at all levels.

Again, three of our Peer volunteers from the three regions where CHAG PIFs are located were selected for a week's training in digital camera from 29th September to 5th October 2003 in Accra. The training was meant to equip the youth with skills in camera usage and interviewing to supplement the implementation of ASRH programmes in Ghana.

3.1. Arrival of CHAG Project Vehicle.

In September 2003, CHAG took delivery of a 4DW Toyota Vehicle from UNFPA through AYA Ghana to facilitate the implementation of the Window of Hope Project in implementing facilities.

3.2. Supportive Visits to PIFs

As part of the quarterly activities, the Project officer undertook supportive visits from 8th September to 19 September 2003 and from 28th September to 11 October 2003 to all the PIFs.

The trip's objectives were to;

- determine the extent of progress with implementation of action plan for making the facilities youth friendly
- clarify areas of misunderstanding in the implementation of their action plan
- ensure continuous all-staff collective support for the project in the facilities
- clarify areas of confusion in the data and reporting formats developed with them.

Findings:

It was very encouraging to realise that all the facilities had received their funds for implementation and were enthusiastically setting up their youth clinics and implementing other tenets of their action plans. Almost all the facilities had either set up a separate time to service the youth or were in the process of setting up a separate time and space for youth clinic service.

However, it was realised that in some of the facilities the staff complained of non-involvement in the process, as it seemed that the core project staff had sidelined them. The brief meeting with whole staff at each PIFs helped a lot to clarify the issues at stake and helped to reactivate the total staff interest in the project.

It also became apparent that the PIFs would need constant supervision to ensure proper use of the funds and to sustain the effort of implementing their action plans to the letter. However, it is clear that more funds will be needed to complete the implementation of the action plans.

Meetings with the Peer volunteers and their Field Supervisors revealed the real need for more community based advocacy and BCC to provide suitable environment for them to perform more effectively. CHAG intend to factor this need in the next quarter's top up training workshops to be organised for the peer volunteers and the field supervisors.

Finally, CHAG and AYA Ghana should intensify efforts to procure IEC materials and Job aids for the PIFs for distribution to clients. All the PIFs complained of lack of these materials.

Conclusion:

There is a healthy indication that the PIFs are making great strides toward making their services youth friendly and patronage of services in these facilities by the youth is expected to be on the ascendancy in the next quarter.

What is most required is to step up community mobilisation and advocacy in ASRH to ensure more conducive environment for the PIFs to serve the youth better.

3.4: Exploratory Study into the institutionalisation of YFS in CHAG member training Institutions.

The service of a two member technical team was engaged to explore the possibility of institutionalising YFS in CHAG member health training institutions as part of the ongoing process of improving utilisation of health services by youth in health facilities in Ghana. The exercise was undertaken at the close of September 2003.

The Terms of Reference were to

- i. Investigate from CHAG member Nurses Training Institutions what components of Reproductive Health they are currently training their trainees in.
- ii. Find out whether or not YFS is part of the Institutions' Curricula
- iii. Find out the appreciation of the right of young people to reproductive health
- iv. Determine the willingness of the Training institutions for assistance to introduce YFS in their curricula if need be
- v. Identify the line of authorisation –who and who to contact or bring on board in the process if the exercise is to succeed.

Fortunately, the study has been completed and report submitted to AYA Ghana through the Executive Secretary, CHAG. All the 6 Nursing Training Institutions expressed their interest in such a project and looked forward to its implementation in the training facilities.

4.0 Lessons Learnt

The continuous support to sustain the efforts of implementing facilities is paramount to the success of the project. In introducing any new system, facility heads should be equipped with skills in change management and conflict resolutions to ensure smooth implementation of such a system.

5.0 Success Story

All the 10 CHAG implementing facilities have taken off in the implementation of the youth friendly services. Assin Praso Presby Health Centre reports of 50% increase in the number of referrals to the centre in this quarter. To show how committed Kwadaso SDA hospital is to the YFS project, it is on record that a cleaner who was reported to be rude to a youth was given the sack by the hospital management. It is interesting to note that Kwadaso SDA hospital is fast gaining the reputation of being a youth friendly hospital.

6.0 Major Challenges

The major challenges to the project implementation are as follows:

The creation of more conducive environment in the catchment communities of the PIFs for the delivery of youth friendly services as most of the catchment communities do not have the IPs offering BCC and Advocacy in ASRH operating in them.

The provision of adequate funding for the implementing of the project in the implementing facilities especially in refurbishment and equipping. Keeping to the minimum possible the attrition of peer volunteers sustaining their interest in their outreach services. Those in rural communities are requesting for a number of bicycles to be purchased for each rural PIFs to facilitate their movement to other surrounding communities.