



United Nations Children Fund (UNICEF)

**Evaluation of the UNICEF/UNFPA Joint
Programme "Support to Ghana's National HIV
AND AIDS Response: Scaling up Best Practices
on Prevention, Care and Support Interventions
for Young People"**

Final Report

22nd July 2011

Private and confidential

UNICEF Office
4 - 8th Rangoon Close,
P. O. Box 5051
Accra - North

22nd July 2011

Dear Sir/Madam,

Final Report: Consultancy Services for Evaluation of UNICEF/UNFPA Joint Programme "Support to Ghana's National HIV and AIDS Response: Scaling up best practices on prevention, care and support interventions for young people" (GHAA/RFP/2010/008A)

In accordance with our contract dated 8th October 2010, we are pleased in submitting this Report as our final deliverable under the Evaluation of UNICEF/UNFPA Joint Programme.

Purpose of our report and restrictions on its use

This final report was prepared on your instructions solely for the purpose of presenting our findings and recommendations following discussions held with key personnel of UNICEF, UNFPA, as well as state and non-state actors (implementing partners) involved in the implementation of the programme. This report takes cognisance of comments/suggestions made by representatives of UNICEF and UNFPA on the draft and draft final reports. Our findings are also based on reviews of relevant documents including narrative programme reports, policy documents, minutes of meetings, the final progress and utilisation report on Irish Aid Support and so forth. On the basis of information gathered through stakeholder consultations and document reviews, we have also presented our conclusions and recommendations.

Because others may seek to use it for different purposes, this report should not be quoted, referred to or shown to any other parties outside the UN agencies without our prior consent in writing. In carrying out our work and preparing our report, we have worked solely on the instructions of UNICEF and for UNICEF's purposes and therefore our report may not have considered issues relevant to any third parties. Any use such third parties may choose to make of our report is entirely at their own risk and we shall have no responsibility whatsoever in relation to any such use.

Scope of our work

Our work in connection with this assignment is of a different nature to that of an audit. Our report to you is based on inquiries of, and discussions with key personnel of UNICEF, UNFPA, and the implementing partners of the programme. We have not sought to verify the accuracy of the data or the information and explanations provided by stakeholders.

Our findings, conclusions and recommendations are therefore limited by the quality and completeness of information gathered as well as lack of access to some key documents relating to the programme.

We take this opportunity to express our appreciation for the cooperation extended by UNICEF and UNFPA sectional representatives and other staff members, the UNICEF M&E Specialist and representatives of the implementing partners. We look forward to a continuous mutual working relationship to ensure successful and timely completion of this assignment.

Yours faithfully,



Djabanor Narh
PARTNER

List of Acronyms

| | |
|--------------|---|
| ACMA | Advocacy, Communications, Monitoring and Analysis |
| ADHD | Adolescent Health and Development |
| AESOP | Annual Education Sector Operation Plan |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| ASM | Alert School Model |
| ASRH | Adolescent Sexual and Reproductive Health |
| AWP | Annual Work Plan |
| BCC | Behaviour Change Communication |
| CBO | Community-Based Organisation |
| CEDEP | Centre for the Development of People |
| CPAP | Country Programme Action Plan |
| CPO | Country Programme Outcome |
| CRI | Care Reform Initiative |
| CSO | Civil Society Organisation |
| DfID | Department for International Development (United Kingdom) |
| DHS | Demographic and Health Survey |
| DNA-PCR | Deoxyribonucleic Acid Polymerase Chain Reaction |
| DOL | Division of Labour |
| DR | Decentralised Response |
| DSW | Department of Social Welfare |
| EID | Early Infant Diagnosis |
| EMIS | Education Management Information System |
| ESP | Education Strategic Plan |
| GAC | Ghana Aids Commission |
| GES | Ghana Education Service |
| GETFUND | Ghana Education Trust Fund |
| GFTAM | Global Fund to Fight Tuberculosis AIDS and Malaria |
| GoG | Government of Ghana |
| GSGDA | Ghana Shared Growth Development Agenda 2010 - 2013 |
| GPRS | Ghana Poverty Reduction Strategy |
| HAART | Highly Active Anti-Retroviral Therapy |
| HIV AND AIDS | Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome |
| IP | Implementing Partner |
| JHS | Junior High School |
| JUNPS | Joint United Nations Programme of Support |
| JUTA | Joint United Nations Team on Aids |
| KAP | Knowledge Attitude and Practice |
| LPS | Life Planning Skills |
| M&E | Monitoring & Evaluation |
| MESW | Ministry of Employment and Social Welfare |
| MICS | Multiple Indicator Cluster Survey |
| MLGRD | Ministry of Local Government and Rural Development |
| MMDA | Metropolitan, Municipal and District Assembly |
| MOES | Ministry of Education and Sports |
| MOH | Ministry of Health |
| MoU | Memorandum of Understanding |
| MOWAC | Ministry of Women and Children's Affairs |
| MTDP | Medium Term Development Plans |
| NACP | National Aids Control Programme |
| NDPC | National Development Planning Communication |
| NGO | Non-Governmental Organisation |
| NPA | National Plan of Action |
| NSF | National HIV AND AIDS Strategic Framework |
| NSPS | National Social Protection Strategy |
| NTDs | Non Traditional Distributors |

List of Acronyms

| | |
|--------|--|
| NYC | National Youth Council |
| OVC | Orphans and Vulnerable Children |
| PLHIV | People Living With HIV and AIDS |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PPAG | Planned Parenthood Association of Ghana |
| PTA | Parent Teacher Association |
| SHEP | School Health Education Programme |
| SMC | School Management Committee |
| SWAA | Society for Women and AIDS in Africa |
| UN | United Nations |
| UNAIDS | The Joint United Nations Programme on HIV AND AIDS |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children Fund |
| UNIFEM | United Nations Fund for Women |
| UNISP | United Nations Integrated Support Plan |
| USAID | United State Agency for International Development |
| VCT | Voluntary Counselling and Training |
| YFS | Youth Friendly Services |

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1. Executive Summary

1.1 Overview

Irish Aid's support to Ghana's national response to HIV and AIDS from 2006 to 2010 was within the National Strategic Framework 2006-2010 (NSF II) which outlined seven (7) Thematic Areas where interventions were to be focused to reduce the incidence of HIV and AIDS.

The seven thematic areas of the NSF II were:

1. Policy, Advocacy and Enabling Environment;
2. Coordination and Management of the Decentralised Response;
3. Mitigating the Social, Cultural, Legal and Economic Impacts;
4. Prevention and Behavioural Change Communication;
5. Treatment, Care and Support;
6. Research, Surveillance, Monitoring and Evaluation; and
7. Mobilisation of Resources and Funding Arrangements.

This Irish Aid funded programme intervention was expected to contribute to national efforts at meeting the targets and objectives as outlined in the NSF II with an overall objective to accelerate *"...implementation of the NSF II as the national response to HIV and AIDS by demonstrating models for scaling-up a more effective HIV & AIDS response for young people and strengthening capacities of government and NGO partners...."*. Two UN agencies (UNICEF and UNFPA) were responsible for implementation of the programme, with UNICEF responsible for four of the five components. The five component activity areas were:

1. Prevention of HIV and AIDS among school children;
2. Prevention of HIV and AIDS among out-of-school youth;
3. Prevention of mother-to-child transmission (PMTCT) and provision of paediatric anti retroviral interventions, including treatment for children infected with HIV;
4. Protection, care and support for orphaned and vulnerable children (OVC); and
5. Strengthening the Three Ones.

Implementation of all activities was for the period 2007-2010. The first and second components were designed to be implemented as a joint programme between UNFPA and UNICEF in line with the principle of One UN.

This evaluation is expected to provide lessons learnt for future similar interventions by assessing the implementation of scheduled activity interventions executed as part of the programme.

A four-tier stakeholder consultative approach was adopted for the evaluation; the first tier involved programme owners including staff members of UNICEF and UNFPA, the second tier involved state actors, the third tier involved non-state actors (NGOs/CBOs), and the fourth tier included sampled beneficiaries in specific locations where the programme was implemented.

Five evaluation criteria were applied to all components of the programme. The five criteria were:

- Relevance to the national, sectoral, Global, UN and Agency development frameworks;
- Effectiveness of strategies and methods designed and adopted in the implementation;

- Efficiency of the joint programme approach;
- Sustainability of interventions and efforts; and
- Impact and results recorded.

Two specific evaluation issues were also considered. These relate to peer educators and out-of-school youth.

1.2 Findings

Component 1: Prevention of HIV and AIDS among school children (HIV and AIDS Alert School Model)

This component, described as the “flagship” of the entire Irish Aid support by UNICEF, targeted in-school children at the Junior High School (JHS) level (ages 10-14) for HIV education. It was designed as a joint activity with UNFPA in the Central Region and was primarily in support of a nationally designed HIV and AIDS education programme for school-going children by the Ghana Education Service (GES). Support for this component was within the context of the national response to HIV and AIDS to the Ghana Education Service (GES) in the implementation of the national Alert School Model (ASM) in five of the ten regions of Ghana.

UNICEF’s support to GES contributed the core assistance to the start-up and implementation of the programme in the initial five (5) out of the ten (10) Administrative Regions of Ghana. As at December 2010, the component had contributed both strategic institutional and systems development at the national level and financial support for implementation in the five regions. A Knowledge, Attitude and Practice (KAP) study was also undertaken to assess the impact of the intervention on in-school children at the Junior High School level.

The KAP study revealed that “.....the type of ASM exposure significantly influenced HIV and AIDS knowledge and that the children who have been exposed to the Alert phase acquired the highest knowledge followed by those in the Pass exposure phase. However, the children who were exposed to the Inception phase did not differ significantly in HIV and AIDS knowledge from those in the Control group.” On attitudes towards abstinence of the target population, the study indicated that “...in general there was a high degree of awareness about abstinence. The ASM groups in general had more favourable attitudes toward abstinence than the control group”. Findings from the study also suggested that “...ASM had more influence on the risk practices of the Peri-urban group than the Urban and Rural groups ... *(and also)*...had more impact on the risk practices of the 10-12 year old group than their older counterparts”.

Following the initial successes of implementation in the initial five regions, GES has been able to demonstrate the need and relevance of the programme and has succeeded in securing funding from both the Government of Ghana (GOG) and other Development Partners (DPs) to initiate implementation in the remaining five regions.

Component 2: Prevention of HIV and AIDS among out-of-school children

This component, designed as a joint activity between UNICEF and UNFPA, was a pilot programme to expand the Alert School Model outside the school environment by involving members/groups in the immediate community. This joint activity was implemented in the Central Region where UNFPA was already involved with engaging communities in behavioural change communications targeted at the youth. UNFPA was responsible for the implementation of this component. The joint effort between UNFPA and UNICEF was expected to provide an extensive coverage of HIV and Adolescent Sexual Reproductive Health (ASRH) for youth in selected communities in the Central Region.

Component 3: PMTCT and medical care for children of HIV positive mothers, including ART

PMTCT was also one of the key intervention areas in the NSF II under the thematic area "Prevention and Behavioural Change Communication". This component was primarily aimed at supporting the national PMTCT Plan which was piloted and has now evolved into a PMTCT Scale-up Plan (2011-2015), to accelerate coverage nationwide. Support was in the area of systems strengthening and human resource development at the national level as well as infrastructural development in the form of refurbishment of 108 PMTCT sites (9.3% of the national total) in the five UNICEF assisted regions, thus increasing PMTCT and paediatrics Antiretroviral Therapy (ART) coverage and quality.

Support for system strengthening and human resource development was basically in the form of support to the Ghana Health Service (GHS) in the training and refresher training programmes for service providers from public sector hospitals on PMTCT guidelines nationally. It was also extended to include some private midwives and nurses to facilitate their provision of client-centred PMTCT services.

Support was provided in the form of technical assistance to the Ministry of Health (MOH), GHS, and the National AIDS Control Program (NACP) to revise the national PMTCT guidelines. Support was also provided in printing of manuals to facilitate the roll-out of the new PMTCT guidelines. The design and development of the PMTCT Scale-up Plan (2011-2015), and the finalisation of Guidelines for Early Infant Diagnosis (EID) and the printing of EID training manual, were also supported.

Component 4: Protection, care and support for OVC

The primary objective of this component was to support and facilitate the de-institutionalisation of Orphaned and Vulnerable Children (OVC) in residential homes, and re-unite them with their families. The focus on residential homes was in response to the seemingly increasing and high growth rates of the establishment of residential homes for OVC in Ghana, and the capacity of the state to properly regulate these residential homes (usually privately owned and run) and promote and protect the rights of the children in these facilities. The Department for Social Welfare (DSW) was supported to efficiently and effectively supervise and monitor residential homes and streamline them to serve the purpose for which they were designed.

Support interventions for this component included technical assistance for the development of the National Plan of Action (NPA) on OVCs - a comprehensive framework which is expected to guide efforts at addressing the situation of OVCs and developing the systems and structures to identify and address issues that increase the vulnerability of children. UNICEF provided technical assistance for the development of national standards for the operation of residential care facilities for children and an Adoption Manual to guide and streamline adoption procedures in Ghana.

UNICEF provided some financial support to the Multi-Sectoral Committee on OVCs (a multi-sectoral group represented by sector ministries and some state agencies and departments) which helped the Committee establish six (6) regional multi-sectoral teams to assist DSW monitor the standards of care for children in residential homes across the country.

Regional and district social welfare officers were also trained to enable them better handle issues of children in need of care and protection.

Component 5: Cross-cutting - strategic monitoring and evaluation, and district response initiative

As outlined in the Programme Proposal, this component was expected to strengthen the Three Ones. Support was in the area of generation of strategic information and strengthening of local governments (*through the National Development Planning Commission and the District Response Unit of the Ministry of Local Government and Rural Development*) in the development of their district medium-term development plans, to make them more responsive to HIV issues/interventions.

The District Response Unit (DRU) of the Ministry of Local Government and Rural Development (MLGRD) was supported to strengthen its capacity to coordinate monitoring and evaluation (M&E) of HIV and AIDS at the district level.

The National Development Planning Commission (NDPC) was also supported in the development of the District Planning Guidelines to ensure that better attention is paid to issues of HIV and AIDS in all district medium-term development plans (MTDP). Support to local governments in the areas of integrating HIV and AIDS interventions in their district plans was undertaken in the three northern regions through the Regional Coordinating Councils (RCC).

Studies to generate strategic information for the purposes of better targeting, monitoring, and evaluation of issues relating to HIV and AIDS were also commissioned.

1.3 Conclusions

Overall, all five components were assessed as being relevant to the broader framework of the NSF II in addressing the seven thematic areas, the GPRS II, and individual sector strategic goals and objectives with respect to the described nature of the support for each of the components.

Secondly, all components were relevant to the global mandate of UNICEF and UNFPA with respect to the target groups and communities who were expected to directly and indirectly benefit from the interventions and support.

Finally the components were also aligned to the UNDAF 2006-2010, which gives the broader strategic areas of support of the UN in the country.

Some strategies, as outlined in the initial UNICEF proposal, were adjusted during implementation without adequate documentation to enable independent recognition of the need and justification for these adjustments. It was generally observed that these adjustments, changes, and/or alterations did not result in the same expected outcomes as agreed in the proposal.

With respect to the joint programme envisaged between UNICEF and UNFPA (Components 1 and 2), there were some initial challenges in putting into place some of the agreed modalities as documented in the Joint Programme Agreement between UNICEF and UNFPA. These challenges resulted in the late disbursement of funds allocated to UNFPA. However during this delayed disbursement, UNFPA applied core funds to support some of the planned activities for this period. The initial joint programme arrangement has now been redefined as a joint activity component within the Joint UN HIV and AIDS Programme of Support (JUNPS) coordinated by UNAIDS.

There is sufficient evidence to support the fact that most of the interventions undertaken under all five components could be sustainable over the short- to medium-term as most of the support was provided to existing state institution programmes and activities, coupled with the intention of the government to continue implementing most of these

interventions/programmes. It can be reasonably concluded that barring no significant shift in the focus of government and other development partners, gains from these interventions could be sustained. The impact of interventions could however not be assessed due to the timing of this evaluation which commenced in November 2010 - two months to the conclusion of project implementation - with the ASM evaluation being the only independent evaluation done for any of the components.

In addition, all the five components are reflected in the broad objectives of the Ghana Shared Growth and Development Agenda (GSGDA) 2010-2013 which indicates that development "...will be pursued with a renewed sense of urgency aimed at generating employment and improving the standards of living for our people, especially the marginalized and the disadvantaged".

1.4 Recommendations

Four main recommendations were made by the evaluation team to improve the design, development, and implementation of future programme interventions by both UNICEF and UNFPA.

1. Specific project reviews, such as gender and human rights assessments, have to be made prior to each intervention in the future. Where not available, baselines should be established and indicators developed for purposes of monitoring and evaluating progress on these issues during and on completion of the interventions.
2. Assessing the extent of implementation of strategies proposed and any changes made should be a critical component of progress reporting on all interventions. The extent to which designed and agreed strategies are applied, and any changes that occur, should be recorded and explained in the progress reports.
3. Future joint activities/programmes should develop joint work plans with a common M&E plan which should not only capture information relevant to reporting on the intervention, but also be relevant to the data needs of the agencies involved, and ensure it is aligned to the national M&E framework. Interventions which are sector specific or geographically limited should not use national indicators to assess performance as this may pose some difficulties in gauging the extent of progress in the sector or geographic scope.
4. In the design and development of project proposals, project outcomes should be better stated to make it possible to measure them objectively.

2. Background, purpose and scope of the evaluation

2.1 Background

In January 2008, Irish Aid and UNICEF signed an agreement for pass-through fund management of the joint UNICEF/UNFPA programme to support the implementation of key elements of the GPRS II and NSF II in achieving the Millennium Development Goal target number six, 'Halting and reversing the spread of HIV and AIDS by 2015'. The overarching objective of the support was to strengthen capacities of the Government of Ghana in implementing the national response on HIV and AIDS.

In line with the national priority intervention areas, the partnership agreement with Irish Aid covered five (5) components (see sub-section 23 below for details). UNICEF and UNFPA have received the full US\$4,784,311 that was committed by Irish Aid for the execution of the programme. Originally the programme was expected to come to an end in December 2009. UNICEF however requested for an extension till December 2010 which was granted by Irish Aid; Irish Aid requested that an evaluation be commissioned by UNICEF with funds available under the current agreement.

On the basis of the above, Ernst & Young was contracted by UNICEF on 8th October 2010 to conduct an evaluation of the effectiveness of the support provided by Irish Aid to support Ghana's National HIV and AIDS Response.

2.2 Purpose of the evaluation

The purpose of this evaluation is to assess:

- How efficiently UNICEF and UNFPA worked together to achieve a common purpose;
- How effective they were in the context of Delivering as One, and how the joint programme could have been carried out better;
- How well the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action were applied in support of Ghana's HIV and AIDS effort;
- The extent to which the support provided has contributed to achieving the goals and objectives of Ghana's National HIV and AIDS Strategic Framework (NSF II) and the Ghana Poverty Reduction Strategy (GPRS II); and
- How the assistance given by UNICEF/UNFPA to strengthen Ghana's national HIV and AIDS response through the main stakeholders involved in funding and implementing the programme was achieved.

2.3 Scope of the evaluation

The evaluation covers the following five (5) components of the UNICEF/Irish Aid partnership:

| |
|--|
| Component 1 - Prevention of HIV and AIDS among School Children (HIV and AIDS Alert School Model) |
| Objective Strengthen capacities within the GES to plan, implement and sustain HIV and AIDS prevention interventions in schools for positive behaviour change/reinforcement among children, teachers and the school community |
| Strategy Outcomes <ul style="list-style-type: none">80 % of all children, 10-18 years, possess information and skills to reduce their risks and vulnerability to HIV and AIDSInstitutionalized mechanisms in place to scale up and sustain HIV Alert model20,000 teachers trainedMonitoring and assessment systems for HIV Alert model in place |
| Component 2 - Prevention of HIV and AIDS among Out-of-School Youth |
| Objective Strengthen capacities in government and selected NGOs to increase HIV and AIDS knowledge and positive behaviour change among out-of-school youth. |
| Strategy Outcomes <ul style="list-style-type: none">Increased utilisation of high quality youth friendly and Voluntary Counselling and Testing (VCT) services by out-of-school youthDelay in age of sexual debutIncreased demand for and utilisation of condoms by sexually active youthDecreased teenage pregnancy rates |
| Component 3 - Prevention of Mother-to-Child Transmission (PMTCT) Plus and paediatric Anti Retroviral Therapy (ART) for HIV positive children |
| Objective Strengthen capacities in government to ensure that all pregnant women and HIV-positive children have access to treatment, care and support services. |
| Strategy Outcomes <ul style="list-style-type: none">50 % of HIV positive pregnant women in the 3 assisted regions receive prophylactic ARV to prevent MTCT40 % of all eligible HIV positive pregnant or lactating women in the 3 assisted regions receive ART.60 % of all eligible HIV positive children will receive ART in the 3 assisted regions |
| Component 4 - Protection, Care and Support to OVC |
| Objective Strengthen capacities of government and relevant stakeholders to provide care and support to OVC, with the aim of ensuring that their rights are respected and fulfilled. |
| Strategy Outcomes <ul style="list-style-type: none">Capacity established to implement the National Guidelines on the protection of OVC60 % reduction in the number of OVC under institutional careOVC monitoring indicators fully developed and tested in all 138 districts.An increase in the number of OVC receiving access to social services |
| Component 5 - Cross-cutting: Strategic Monitoring and Evaluation and Decentralised Response |
| Objective Strengthen capacities of government for strategic HIV & OVC related planning, budgeting and implementation at central and decentralized levels |
| Strategy Outcomes <ul style="list-style-type: none">Improved quantitative and qualitative information on the impact of HIV through studies and surveys, including MICSIncreased budget allocations for HIV programmingHIV programming incorporated in district plans |

2.4 Key stakeholders involved in implementation of the joint programme

The joint programme component of the project was between UNICEF and UNFPA in the area of behavioural change communication interventions, targeting both in-school and out-of-school youth in some selected communities in the Central Region.

UNICEF led in the implementation of the Alert School Model in five regions with the designed joint programme occurring in the selected communities in the Central region where UNFPA had interventions. UNFPA led in out-of-school activities targeting youth and youth groups in the selected communities.

UNFPA's support to the GOG in this joint programme was to the National Youth Council (NYC) and some partner NGO/CBOs in the communities. UNICEF support was solely to the Ghana Education Service (GES) which is the lead implementing government agency for the Alert School Model nationally.

UNAIDS and the Joint UN Team for HIV and AIDS (JUTA), as the coordinators of the Joint UN Plan of Support (JUNPS) for HIV and AIDS, were involved in reporting of progress on the joint programme to the UN system.

3. Evaluation approach and criteria

3.1 Evaluation criteria

The evaluation was conducted in line with the criteria outlined in the terms of reference (See Annex 6). Each component has been evaluated using the evaluation criteria outlined below.

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|--|
| Relevance |
| <ul style="list-style-type: none">• Relevance of the interventions: this includes both relevance to the general objectives of UNICEF and Irish Aid and relevance to the needs and priorities of the national HIV and AIDS response in Ghana.• Key cross-cutting issues: this covers verification on the one hand of the extent that account has been taken of the main cross-cutting issues (gender, human rights and institutional capacity building) in programming documents, and on the other hand, to what extent these issues have been reflected in the implementation modalities and in the effects of the intervention.• Design of the intervention strategy: this partly concerns the extent to which the resources foreseen were adequate in relation to the objectives set out in the programming documents. Verification was undertaken of the extent to which the joint intervention modality (instruments, aid delivery channels, etc) was appropriate to the objectives of the programme. |
| Effectiveness |
| <ul style="list-style-type: none">• Consistency of the implementation in relation to the strategy and its effectiveness: verification was undertaken of the extent to which the calendar and implementation of the intervention programme (type of interventions, geographical and sectoral distribution, instruments, aid delivery channels etc) were consistent with the strategy. The real beneficiaries, direct or indirect, of the intervention have been identified and compared to the target group population(s) in the programming documents. |
| Efficiency |
| <ul style="list-style-type: none">• Efficiency of the implementation: for the activities which were effective, it was necessary to question to what extent the joint programme modality, funding, human, resources, regulatory, and/or administrative resources contributed to, or hindered, the achievement of the objectives and results. |
| Sustainability |
| <ul style="list-style-type: none">• Sustainability of intervention and effects: an analysis of the extent to which services and impact are being, or are likely to be, maintained over time. |
| Impact |
| <ul style="list-style-type: none">• Results and Impact: Identify recorded results and impacts, including any unintended ones, and compare these to the intended. Also identify the changes which occurred in the areas on which these interventions were supposed to produce an impact. |
| Specific Evaluation Issues |
| <ul style="list-style-type: none">• Peer Educators: Assess the effectiveness of peer educators in effecting behavioural change and assess the institutional and systemic arrangements that have been strengthened to support and sustain the peer education system.• Out-of-School Youth: The evaluation should place special emphasis on evaluating achievements in reaching out-of-school youth. |

3.2 Evaluation approach

A four-tier stakeholder consultative approach was adopted for the evaluation. The first tier involved programme owners including staff members of UNICEF and UNFPA. The second tier involved state actors such as Ghana Education Service, Ghana Health Service, Ministry of Local Government and Rural Development, Decentralised Response, National Youth Council and the Department of Social Welfare. The third tier covered non-state actors like SWAA Ghana, Curious Minds, Centre for the Development of People (CEDEP), Theatre for a Change, and Planned Parenthood Association of Ghana (PPAG). The fourth tier included sampled beneficiaries in specific locations where the programme is being implemented.

The evaluation also involved a literature review, data analysis and validation, and was undertaken in line with the following key principles and guidelines.

| Principle | Measure |
|---|---|
| Useful | Constant interactions and building consensus with key UNICEF and UNFPA staff members at critical programme evaluation junctures to help shape the evaluation process. |
| Credible, objective, rigorous and impartial | Application of objective analysis using the chosen methodology as rigorously as possible. |
| Transparent | Discussion of findings and building consensus with key stakeholders around the results by facilitating working sessions. |

A brief description of the specific tasks that were undertaken as part of the evaluation process is provided below:

Inception Meeting

To kick-start the evaluation process, an inception meeting was held with the UNICEF M&E Specialist, who was the main client contact, on 6th October, 2010 to clarify the terms of reference, discuss our information requirements and to identify key UNICEF and UNFPA staff members to be engaged on the five (5) different components of the programme.

Briefing sessions with Sectional Heads

Briefing sessions were organised with the relevant sectional heads and key desk officers of UNICEF (Child Protection, Education, Health and Nutrition, Advocacy Communications Monitoring and Analysis (ACMA)) and UNFPA (Adolescent Reproductive Health) responsible for the five (5) components of the programme as well as the UNICEF M&E Specialist. The objective of the sessions was to gain understanding of the key issues as well as the state and non-state actors involved in the implementation of the programme. We also requested for relevant programme documentation and obtained contact details of the key actors (state and non-state) for follow-up interviews.

Literature Review

Having gained initial understanding of the issues relating to the programme during the briefing sessions, we reviewed literature collated from UNICEF, UNFPA and the implementing partners in the form of narrative programme reports, minutes of meetings, financial reports and policy documents (see Annex 2 for a list of documents reviewed). Following the document reviews, we developed fact sheets which

summarised key findings and issues requiring additional information for each of the programme components. The fact sheets were used as the basis for engaging the state and non-state actors as well as validating information collected during follow-up interviews with the sectional heads.

Development of data collection instrument

In order to facilitate a structured process for collecting data, an interview guide was developed based on the purpose and scope of the evaluation, as indicated in the terms of reference, and specifically to address the requirements of the five (5) programme components.

Key informant interviews

Key informant interviews have been conducted covering all the five (5) components (see Annex 1 for a list of key informants interviewed). Personal face-to-face interviews were held with implementing partners located in Accra, Northern, Upper East and Upper West regions. Phone interviews were also held with some implementing partners in Accra who were not available for face-to-face meetings.

Data analysis and validation

Data gathered from the key informant interviews were collated, analysed, translated and edited into findings for the respective components.

Validation sessions have been held with heads of the following sections: Child Protection, Health and Nutrition, Education, and ACMA in UNICEF, and the Adolescent Reproductive Health unit in UNFPA.

Progress update sessions

Throughout the evaluation, progress update sessions were held with the client contact (UNICEF M&E Specialist) to update her on work done to date, preliminary findings made, and any issues and challenges being encountered. These sessions were very useful and helped in addressing information gaps and confirming meetings with key personnel.

Limitations inherent in information collected

We have gathered considerable information for the evaluation of the programme through interviews of the UNICEF/UNFPA sectional heads, the UNICEF M&E Specialist and the state/non-state actors. In spite of this, certain limitations were identified which impacted on our findings and conclusions. The notable ones include the following;

- Some facts from interviews could not be verified through documented evidence as a result of limited document management by some of the implementing partners.
- The amount of effort and time required for the study was limited by the contract duration. As a result it was not possible to conduct in-depth analysis of all the issues.
- It was observed that systems needed to sustain institutional memory at the premises of some of the implementing partners (IPs) was inadequate. The team noted that in some instances, once an officer is transferred to another location, access to past information maintained/generated by that officer becomes unavailable to the IP. Examples of some locations (IPs) where such observations were noted include the GES SHEP, Tamale and the Regional Coordinating Council (RCC), Wa.
- It was not easy to compile information on the total funds paid to specific implementing partners for each component. During the period of our assessment, interviews were held individually with each component co-ordinator to determine the benefiting implementing partners for specific transactions. The payees for a

number of transactions had to be confirmed by interrogating UNICEF's financial system.

4. Findings

4.1 Component 1: Prevention of HIV and AIDS among school children (HIV and AIDS Alert School Model)

The objective of the component was to strengthen capacity within the Ghana Education Service (GES) to plan, implement and sustain HIV and AIDS prevention educational interventions in schools for positive behaviour change/reinforcement among children, teachers and the school community. This component was implemented as a joint programme (later re-branded a joint activity within the JUNPS) with component 2 (implemented by UNFPA), which focused on HIV and AIDS prevention activities relating to out-of-school youth within some selected communities in the Central Region.

Relevance of the Component

Implementation activities were in direct support of the Alert School Model (ASM) which was part of the School Health Education Programme (SHEP) of the Ghana Education Service and which was derived from the Education Strategic Plan 2003-2015 (ESP), and reflected in the Government of Ghana - UNICEF Country Programme Action Plan (CPAP) 2006-2010.

As was stated in the UNICEF Country Program Action Plan (CPAP), "UNICEF will support MOES in firmly establishing a school-based HIV and AIDS Alert School Model, using schools as an entry point for HIV and AIDS information and prevention interventions among young people, teachers, and the community. As reflected in the ESP, the Alert Model is expected to have a nationwide coverage by 2010. This will be done in close dialogue with the Joint United Nations Programme on HIV and AIDS (UNAIDS), particularly UNFPA and development partners, including USAID and DFID".

The Alert School Model also contributed to the expected country programme outcomes of the UNDAF (2006-2010), and was also consistent with Irish Aid's objectives under its poverty focus principle.

The implementation of the support programme and activities under this component was to contribute to the national response as outlined in the NSF II and within the spirit of the Paris Declaration on Aid Effectiveness and Accra Agenda for Action. It was also within the priority framework of the GPRS II. The focus was on prevention of HIV among school children, teachers and the school community and institutional and systems strengthening for the Ghana Education Service (GES).

The Technical Proposal by UNICEF to Irish Aid mentions the mainstreaming of gender issues into programme intervention. Even though no specific gender issues or strategies were immediately identified, as part of the implementation of the activities/interventions under component 1, UNICEF indicated that gender and human rights issues form part of their core values and guides their programme design and implementation. Also they indicated that the UN Country Common Assessment that was conducted in 2006 for the development of the UNDAF 2006-2010 involved an in depth gender and human rights assessment which guides Agency programmes aligned to the UNDAF.

In terms of institutional capacity building, all component activities were implemented within the policy and programme framework of the Ministry of Education and particularly the GES. These included the integration of the Alert Model into the Education Management Information System (EMIS), and the prioritisation of the Alert Model in the revised Education Sector Plan (ESP 2010-2020) and the Annual Education Sector Operation Plan (AESOP) 2010-2012. It also includes the

enhancement of the school monitoring and supervision systems by integrating the Alert Model into the system.

Effectiveness

The ASM was modelled on a three-prong approach in addressing the issue of disseminating accurate and relevant information on HIV and AIDS to children in basic schools nationwide. As a result, implementation targeted three groups identified as critical to achieving the objectives. The ASM thus has three (3) “Pillars” of focus; *The Child-led Pillar; Teacher-led Pillar; and School Community-directed Pillar.*

The Child-led pillar targets basic school children. School children are to be trained as peer educators to educate fellow students and friends on HIV and AIDS prevention.

The Teacher-led Pillar involves pre-service and in-service training for teachers. Teachers are trained to integrate HIV and AIDS education into their teaching and learning activities. A manual for teaching HIV and AIDS has been developed for use in schools.

The School Community-directed pillar involves systematic education activities designed to strengthen parental responsibility for reproductive health and HIV and AIDS education for their children.

The combined effectiveness of these three pillars was expected to increase the knowledge base of the children on issues of HIV and AIDS and eventually translate into behavioural change and reduced infection among the youth in Ghana. This strategy was maintained throughout the implementation of the programme.

Evidence from documents and reports available indicate that implementation focused on the planned strategy and with the overlap at the School Community-directed Pillar, being the point at which the UNFPA contribution (*Component 2*) was to impact on the children, the joint programme was created. The School Community-directed Pillar was primarily on sensitisation and dissemination of accurate and relevant information on adolescent sexual reproductive health to PTAs and the School Management Committees (SMC).

“The alert model is helpful... and we are receiving support from our teachers... our work is bringing change...sometimes when we speak to people in the community about HIV and AIDS, it helps to prevent them from getting involved in activities that would result in contracting HIV and AIDS”

Musa (Peer Educator)
Wulgia JSS Gwollu

The major results achieved with respect to UNICEF support to GES for the implementation of the ASM as at December 2010 were reported in a Knowledge, Attitudes and Practice (KAP) study. The study assessed changes since the initiation of Alert School Model. The findings of the study were disseminated to stakeholders in education. A certification process was used to categorise schools into three groups according to their progress towards Alert status. The three progressive phases are the Inception phase, Pass phase and the Alert Phase.

1. Some findings from the study included:

- The type of ASM exposure significantly influenced HIV and AIDS knowledge and that the children who have been exposed to the Alert phase acquired the highest knowledge followed by those in the Pass exposure phase.
- Children who were exposed to the Inception phase did not differ significantly in HIV and AIDS knowledge from those in the Control group.

- There was the suggestion that some of the differences in HIV and AIDS knowledge shown by the groups could be attributed to the ASM as well as the teacher and that it would appear that the mass media has had little to do with these differences in the groups' HIV and AIDS knowledge.
 - ASM had more influence on the knowledge of the children from the urban and peri-urban areas than on those from the rural areas. This erratic influence of the ASM on the urban and peri-urban children's knowledge seems to be influenced by lack of motivation on the part of the interveners.
 - In general there was a high degree of awareness about abstention. The ASM groups in general had more favourable attitudes toward abstention than the control group.
 - There were no differences within the ASM groups of attitudes toward PLHIVs which were observed to be favourable with the pattern of results similar to those of Abstinence. There was also no difference in attitudes between the Control and Inception groups.
 - ASM had more influence on the risk practices of the peri-urban group than the urban and rural groups. The ASM had more impact on the risk practices of the 10-12 year old group than their older counterparts.
 - Urban children tended to abstain longer than the other groups from the Control to the Inception phase but by the time they get to the Alert phase they have deteriorated in their ability to delay sex. It was suggested that one reason for this observation might be that perhaps, the affluence that accompanies city life might present more opportunities to the urban than the rural child for courtship, parties, etc., and this coupled with the confidence gained at the Alert Phase of the intervention could have created a recipe for sexual experimentation.
2. As at the close of 2009, the national coverage of the Alert Model was completed with UNICEF supporting the implementation in the initial 5 (Northern, Upper East, Upper West, Central, and Eastern regions) out of the 10 regions. DFID supported the Volta and Ashanti Regions, the Government of Ghana (GOG) supported the Western and Greater Accra Regions, and the Global Fund supported the Brong Ahafo Region.
 3. The Alert Model has been included in the revised Education Strategic Plan 2010-2020 (ESP 2) and the Annual Education Sector Operation Plan (AESOP) 2010-2012. This is an indication of GES' recognition of the need to sustain (and expand) the programme. Within the same document the Alert Model is prioritised as the key approach to HIV and AIDS behaviour change outcome among basic school children in Ghana.
 4. The Alert School Model is now a component of the Ghana AIDS Commission (GAC) Annual Programme of Work (2010), which further suggests the broader recognition of the programme as a component of the GAC's behaviour change strategy.
 5. The harmonisation of the Alert School Model into the curricular of Colleges of Education is expected to expand and sustain the resource base (teachers) that leads in the implementation of the ASM in the schools.
 6. The monitoring tools of GES have been revised to include the assessment and certification on the Alert School Model. This is expected to increase commitment of schools, and encourage school authorities to pay better attention to the implementation of the programme in their schools.
 7. To further strengthen M&E capacities across the country, 1,874 Circuit Supervisors and 7,966 Head Teachers nationally have been trained on integrated monitoring tools to better report on progress in the implementation of the ASM.

Efficiency of the Joint Programme modality

The joint programme modality which defined how the joint programme would be implemented suggests that implementation of both components 1 and 2 was within the Joint UN Programme of Support (JUNPS) during the implementation period 2006-2010.

However, at the inception of the programme, initial challenges relating to the administrative and financial systems of UNFPA and UNICEF resulted in UNICEF and UNFPA separately charging administrative cost to the programme rather than as one organisation. This was specific in the area of the proposed joint funding mechanism for components 1 and 2. Funding was eventually routed independently to each of the agencies, which resulted in a delay in the start of implementation (especially in the case of UNFPA where there was a 2 year delay in the receipt of funds). The Alert School Model as well as the UNFPA support to out-of-school youth in seven districts in the Central region featured in the United Nations Integrated Support Plan (UNISP) 2007, the Joint UN HIV and AIDS Programme of Support (JUNPS) 2008-2009, and JUNPS 2010 which were all developed as part of achieving the objectives of the One UN. In all three documents, the interventions of both UNICEF and UNFPA were aligned to the UNDAF Country Programme Outcome (CPO) 1 which was aimed at *"....further spread of HIV infection among most vulnerable and high risk groups reduced by 2010"*.

The Joint UN Team on AIDS (JUTA) which is the platform facilitating joint programmes within the UN with respect to support to the national response to HIV and AIDS is coordinated by the UNAIDS.

The observed resultant benefit of the joint programme approach in this case was the collaboration established between the National Youth Council (NYC) and GES in some communities in the Central Region and also the increased collaboration between these state agencies and IPs working with the youth in HIV education in these communities.

Sustainability

The institutional and systems strengthening strategic approach with respect to the implementation of activities under this component, and the integration and alignment of the ASM within the GES system has largely ensured the continued implementation and expansion of the programme.

Institutional mechanisms to scale up and sustain the Alert Model are currently in place and continue to receive assistance for strengthening from both government and some development partners. These include the integration of the Alert Model into the Education Management Information System (EMIS), the prioritisation of the Alert Model in the revised ESP 2010-2020 and the Annual Education Sector Operation Plan (AESOP) 2010-2012, and the enhancement of the school monitoring and supervision systems by integrating the Alert Model into the system.

Key GES Officers who are responsible for monitoring and supervision have been trained on the use of the harmonised monitoring tools. These include Regional and District Education Directors, Circuit Supervisors, and Head Teachers. In 2009, the Government made its first contribution to the Alert School Model in addition to funds from the Global Fund to Fight Tuberculosis, AIDS, and Malaria (GFTAM) for the Alert Model scaling up. The African Development Bank has also earmarked funding for the Alert Model in Senior High Schools (SHS) to cover 15 - 18 year olds.

The ASM has been incorporated into pre-service training curriculum of teacher trainees to ensure that all teacher trainees are trained in HIV and AIDS whilst in school. This is to ensure the integration of HIV and AIDS education in basic education in Ghana. Manuals

for Teachers and Teacher Trainees on teaching methodology for HIV and AIDS and its prevention have been completed and disseminated to all the 38 Teacher Colleges of Education.

The Ghana Shared Growth and Development Agenda (GSGDA) 2010-2013 which covered the last year (2010) of implementation of this project re-emphasises the intentions of government to further integrate HIV and AIDS information in education. The document in part indicates a focus *".....on education, youth development, sports development, human resource development and health including HIV and AIDS. Within education, the strategy is to link the content of education and training to HIV and AIDS/STI, in the school curriculum, and improve the management of education service delivery"*.¹

Impact

The following outcomes (with the listed output indicators) were expected at the end of the programme implementation period for this component;

| |
|--|
| <p>Outcomes</p> <ul style="list-style-type: none"> • 80% of all children, 10-18 years, possess information and skills to reduce their risk and vulnerability to HIV and AIDS; • Institutionalized mechanisms in place to scale up and sustain HIV-Alert model • 20,000 teachers trained; and, • Monitoring and assessment systems for HIV Alert model in place. |
| <p>Output Indicators</p> <ul style="list-style-type: none"> • % of schools certified as HIV Alert • % teachers using the teaching manual • Number of peer educators trained • Number of PTAs/SMCs trained |

As at November 2010, reports reviewed from the Education Section and other reports related to the implementation of this component suggest achievement of the following:

1. The Knowledge, Attitude and Practice (KAP) Study which was disseminated in November 2010 indicates that the knowledge levels of children of 10-14 years in the Alert School Model was generally very good. According to the report, 76.41% had very good knowledge of HIV and AIDS issues. The study was to evaluate the impact of the Alert School Model (ASM) on pupils' HIV and AIDS Knowledge, Attitudes, Behaviour and Practices (KABP) in Basic Schools in Ghana.
2. Institutional mechanisms and systems to help scale up and sustain the Alert Model have been established. These comprise the incorporation of the Alert Model into the Ghana educational system through the Education Management Information System (EMIS), and the prioritisation of the Alert Model in the revised ESP 2010-2020 and the Annual Education Sector Operation Plan (AESOP) 2010-2012. School monitoring and supervision systems have also been enhanced through capacity building for key persons in the Ghana Education Service.

The Alert Model has also been incorporated into teacher training at pre-service and in-service levels to adequately prepare teachers to teach lessons in HIV and AIDS in schools. All these interventions suggest the level of commitment of the GES to prioritise HIV education within the entire educational system and sustain these interventions by integrating them in the regular activities of the educational sector.

¹ Ghana Shared Growth and Development Agenda (GSGDA) 2010-2013, page 96

3. Training has been provided to monitoring and supervision personnel of the GES including Regional and District Education Directors, Circuit Supervisors, and Head Teachers on the application of the harmonised monitoring tools to further improve M&E of the ASM.
4. The target to train 20,000 teachers on the Alert Model had been exceeded as at December 2010. A total of 174,841² had been trained to integrate HIV and AIDS into their lessons. This was achieved through the use of existing GES training programmes. The original strategy to train 20,000 special HIV education teachers was changed after it was discovered that it was more expensive than the revised strategy of including the HIV education in routine training programmes which were being run by GES. Additionally, the integration of the Alert Model into the pre-service training of teachers was expected to provide the critical mass of competent and motivated teachers to teach pupils on HIV and AIDS. This approach has increased the resource base (teachers) for implementing the ASM.

“...our meetings have helped our colleagues a lot. Sometimes some of the students are told to trim their finger nails before coming to school,... some refuse and end up sharing blades with others but because we have been holding meetings, they have stopped doing that.”
 Justina (*Peer Educator*),
 Wulgia JSS Gwollu
5. As at the end of December 2010, a total of 11,736 Peer Educators (PE) had been trained and were operating in 7,966 Junior High Schools (JHS) reaching 876,424 pupils.
6. The Community-directed pillar has so far reached 3 million parents through PTA/SMC meetings. An integration manual has been developed and is being used to facilitate HIV and AIDS training at the meetings.

In addition to the above achievements, from the initial coverage of five (5) regions, all ten (10) regions of Ghana have now been covered and included in the Alert School Model of the GES.

The table below shows sources of funding for the Alert in all the 10 regions of Ghana

| Region | Source of funding support |
|---------------|---------------------------|
| Eastern | UNICEF |
| Central | UNICEF |
| Upper East | UNICEF |
| Upper West | UNICEF |
| Northern | UNICEF |
| Greater Accra | GET fund |
| Volta | DfID |
| Ashanti | DfID |
| Brong Ahafo | Global Fund |
| Western | GET fund |

Financing

Irish Aid funds spent for Component 1 activities from the year 2006 to December 2010 amounted to a total of USD 1,443,907. The table below shows a breakdown of the utilisation of these funds by implementing partner over the life of the programme.

² UNICEF Support to Ghana's National HIV and AIDS Response, Third Annual Progress and Financial Report, 2009

| COMPONENT 1 | Funds utilised in 2006 | | Funds utilised in 2007 | | Funds utilised in 2008 | | Funds utilised in 2009 | | Funds utilised in 2010 | | Total Funds utilised (2006 - 2010) | |
|-------------------------------------|------------------------|------|------------------------|-----|------------------------|-----|------------------------|-----|------------------------|-----|------------------------------------|-------------|
| | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % |
| Ghana Education Service (GES) | - | 0% | 385,743 | 51% | 49,422 | 31% | 188,638 | 83% | 148,128 | 51% | 771,931 | 53% |
| UNICEF Support * | 4,548 | 100% | 376,667 | 49% | 111,310 | 69% | 37,840 | 17% | 141,611 | 49% | 671,976 | 47% |
| Total utilised - Component 1 | 4,548 | | 762,411 | | 160,732 | | 226,478 | | 289,739 | | 1,443,907 | 100% |

*UNICEF refers to amounts spent by UNICEF to support the operations of the GES. This includes funds spent on activities such as technical assistance (paid for by UNICEF for the direct benefit of GES), material development, field monitoring, and office costs.

Other major donors who contributed to the HIV and AIDS alert model include DFID (USD 1.290million) and British Airways (USD 577,000).

4.2 Component 2: Prevention of HIV and AIDS among Out-of-school Children

Component 2 was a joint programme with Component 1 and focused on adolescent sexual reproductive health education for youth and youth groups in seven districts in the central region. As a joint programme with Component 1, this Component was expected to complement the Alert School Model by sensitising youth outside the school environment within the same communities as the Alert Schools.

The objective was to “demonstrate effective models for increasing HIV/AIDS knowledge and positive behaviour change among out-of-school youth and strengthen capacities in government and NGOs for scaling-up”. The geographical scope of implementation was seven (7) districts in the central region.

Relevance of the Component

The joint programme arrangement, and UNFPA's role in the implementation of Component 2, was inspired by the 2006-2010 Division of Labour (DoL) in the UNDAF 2001-2010, which assigned the role of leading in UN support to the Government of Ghana in the area of the Adolescent Sexual Reproductive Health (ASRH) for the period 2006-2010 to UNICEF and UNFPA.

The focus of this Component is supporting government in its Adolescent Sexual Reproductive Health, is in line with the MOH programme on ASRH.

It was also aligned to the Country Program Outcome (CPO) 1 of the UNDAF; - *“further spread of HIV infection among most vulnerable and high risk groups reduced by 2010”*; and responded to the NSF II objectives of:

- Reducing new infections among vulnerable groups and the general population;
- Mitigating the impact of the epidemic on the health and socio-economic systems as well as infected and affected persons; and
- Promoting healthy life-styles, especially in the area of sexual and reproductive health

It was also within the UNFPA country programme on Sexual Reproductive Health which was broader in context as compared to the ASRH programme. Within the JUNPS (2008-2009, and 2010) Component 2 was aligned to the NSF II Thematic Areas on Prevention and Behavioural Change Communication (BCC).

At the IP level, there was no evidence of signed agreements/standards between the IPs and UNFPA to determine the terms of reference for IPs with respect to addressing gender and human rights issues in activity design and implementation.

Institutional strengthening was primarily in the area of technical and financial support to the National Youth Council (NYC) to better document and coordinate activities of all youth and youth-focused groups and organisations nationwide. Due to the late disbursement of Irish Aid funds to UNFPA (June 2008), some Component 2 activities were implemented using UNFPA core funding.

Effectiveness of Implementation Strategies

Four (4) strategies were designed and developed to guide implementation of activities under this Component. These were:

- Community mobilisation and advocacy;

- Strengthening referral systems for ASRH Services;
- Integrating ASRH into existing livelihood skills development; and
- Promoting behaviour change communication.

According to the UNICEF Annual Reports to Irish Aid 2009 - 2010, evidence of activities implemented within the above strategies is as follows:

- About 120 advocacy networks in 60 communities were supported to promote legal literacy and address challenges related to gender-based violence, particularly among adolescents and children in their respective communities.
- UNFPA supported the National Youth Council (NYC) to improve coordination of youth led and youth focused organizations toward effective and efficient implementation of ASRH activities among others.
- Support provided to the Ghana Health Service by UNFPA to improve access to integrated SRH/HIV prevention services by young people was as follows:
 - Support was provided to the Adolescent Health and Development (ADHD) Unit to conduct review and monitoring activities under ASRH.
 - Support was provided by UNFPA to bring together its IPs to consult with Regional and District Public Health Nurses on ASRH in the central region.
 - Support was provided to the GHS Central Regional Directorate to facilitate a review meeting of peer educators and non traditional distributors.
 - Assistance was provided to the GHS and PPAG to increase the number of referral facilities for the YFS provision network.
- Support was provided by UNFPA to reach apprentices of artisans. SRH education has been integrated into the training of these young people, facilitated by the implementing partners. Existing data suggest that skills development interventions were mainly carried out in 2009 and 2010. UNFPA reports the cumulative figure for young people benefiting from ASRH to be 105 as of 2010.
- In 2009 and 2010, forty and twenty five young people respectively with disabilities benefited from SRH education through skills training in tailoring and shoe making. Additionally, thirty adolescent mothers benefited from ASRH education while engaged in batik tie and dye and baking training.
- Support was provided to IPs in 14 districts by UNFPA to undertake a package of relevant and specific activities that target out-of-school youth. The activities include:
 - The Life Planning Skills programme which seeks to empower young people through three modules that address issues facing young people. Approximately eight thousand (8,000) young people were reached through the three-module curriculum. The three modules tackled the following issues: 1) Importance of values 2) Body functions and changes associated with sexual and reproductive health, and lastly 3) Personal future planning.
 - Interactive theatre was utilized in drawing out-of-school youth to participate in educational activities with the aim of ensuring availability of HIV/STI information and promoting HIV counselling and testing among young people. In the central region, 6,000 youth benefitted from the interactive theatre sessions. 2,437 of the youth reached also tested for HIV.
 - 469,808 condoms were distributed amongst out of school youth with the aid of peer educators, NTDs and the GHS.

Efficiency of the Joint Programming

- In the central region, UNICEF and UNFPA together with all their IPs hold an annual work planning meeting where all the IPs for both agencies are brought together to develop an annual workplan. Based on reviews of annual reports from implementing partners and UNFPA, it appears that beyond the planning meeting, there is limited follow-up or review sessions between UNFPA IPs and UNICEF IPs during the execution of field activities.
- A pre-implementation UNFPA travel summary report for a PPAG review meeting dated August 2008 reported that there were some overlaps in the implementation of in-school and out-of-school peer education activities. In a separate initiative, funding from EQUAL/USAID was used to support peer education activities in the Mfantsiman district. PPAG also works with out-of-school youth in the same district. The report does not state whether the work by the two IPs were in the same communities or target group. This may indicate an inadequacy of central coordination for donor funded work in this district.
- There is also evidence to suggest that IPs supported by UNFPA collaborated amongst themselves during the implementation of Component 2 activities. This is in line with UNFPA's vision on coherence among IPs. It was reported that IPs operating in the Central Region agreed to collaborate on their collective work. In one instance UNFPA and its IPs developed a joint action plan to strengthen coordination amongst the IPs. The partners agreed on activities that linked school based and community based youth activities. Some of the initiatives agreed on included scaling up access to youth friendly services and recreational activities among young people.

Sustainability of Interventions

Component 2 activities were mainly geared towards prevention of HIV and AIDS amongst out-of-school youth. The most appropriate indicator of the sustainability of these interventions is the fact that adolescent sexual reproductive health is a priority area of interest for UNFPA and the Government of Ghana. Thus, for the foreseeable future the likelihood for support to sustain Component 2 activities is high.

The most significant initiative on sustainability with respect to Component 2 involves the strengthening of the National Youth Council (NYC). The NYC is the national body for coordinating youth programmes and activities in Ghana. UNFPA Irish Aids funds contributed about 36% (36,000 USD) of the total expenditures that can be attributed to the development and passing of the National Youth Policy in Ghana. With the launching of the National Youth Policy in August 2010, there seems to be an emerging government interest in issues affecting the youth and this could in the immediate future translate into increased and sustained budget support to NYC for better coordination and initiation of youth-led and youth targeted interventions.

Impact of Interventions

In reference to the outcome and output indicators proposed in the Irish Aid proposal, there is incomplete data, and in some cases a lack of data, to comprehensively monitor activities for this Component.

The following outcomes and outputs were expected at the end of the programme implementation period (2010);

| |
|---|
| Outcomes |
| <ul style="list-style-type: none"> Increased utilisation of high quality youth-friendly and VCT services by out-of-school young people; Delay in age of sexual debut Increased demand for and utilisation of condoms by sexually active youth; and, Decreased teenage pregnancy rates. |
| Outputs |
| <ul style="list-style-type: none"> Number of active community based networks Number of young people reached through livelihood skills programmes that have integrated ASRH messages Number of young people accessing youth friendly ASRH services through referral systems National guidelines developed to guide planning for out-of-school interventions in Ghana under the auspices of the GAC |

A summary of the results for the output data is presented as follows:

- Number of active community based networks: At the conclusion of the programme, there were 120 active communities.
- Number of young people reached through livelihood skills programmes that have integrated ASRH messages: analysis of the output results shows that from 2008 to 2010, about 120 young people were reached with ASRH training using livelihood skills development.
- Number of young people accessing youth friendly ASRH services through referral system: There is no data indicating the number of young people who access ASRH services through the referral system. However the data that was collected rather measures activities such as 1) number of peer educators (565), and 2) NTDs (228) trained and supported. This data does not give any indication of the number of young people accessing ASRH from the referral service.
- National guidelines developed to guide planning for out-of-school interventions in Ghana under the auspices of the GAC: In general there was no data collected for this indicator, but the National Youth Policy developed by the NYC under support from the UNPFA is a critical overarching guideline for national youth related programmes and activities.

The table below shows a summary of indicators for which data has been collected over the duration of the out-of-school programme. It also shows the outcomes that were collected on Component 2 activities.

| Component 2 Indicators | 2006 | 2007 | 2008 | 2009 | 2010 | Programme Duration |
|---|---------|---------|---------|---------|------|--------------------|
| Output Results | | | | | | |
| No. of Active community based networks | 110 | 110 | 120 | 120 | 120 | 120 |
| No. of young people reached through livelihood skills programmes that have integrated ASRH messages | 0 | 0 | 25 | 70 | 25 | 120 |
| No. of young people accessing youth friendly ASRH services through referral systems | | | | | | |
| No. of peer educators trained and supported | 50 | 104 | 168 | 168 | 216 | 565 |
| No. of NTDs trained and supported | 21 | 21 | 72 | 72 | 99 | 228 |
| National guidelines developed to guide planning for out-of- | No Data | No Data | No Data | No Data | 1 | 1 |

| Component 2 Indicators | 2006 | 2007 | 2008 | 2009 | 2010 | Programme Duration |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| school interventions in Ghana under the auspices of the GAC | | | | | | |
| Outcome Results | | | | | | |
| a. Increased utilization of high quality youth-friendly and VCT by out-of-school young people | Data not collated | Data not collated | Data not collated | Data not collated | Data not collated | Data not collated |
| b. Delay in age of sexual debut | No Data | No Data | No Data | No Data | No Data | No Data |
| c. Increased demand for and utilization of condoms by sexually active youth | 156,566 | 494,824 | 344,416 | 837,291 | 469,808 | 2,302,905 |
| d. Decreased teenage pregnancy rates | 16.3 | 17.2 | 16.1 | 16.2 | 15.5 | |

A summary of the results relating to Component 2 is presented below:

- No data was collected to measure the outcome results on increased utilisation of high quality youth-friendly and VCT services by out-of-school young people.
- In terms of delay in age of sexual debut, no data was collected with respect to information on sexual debut during the implementation of Component 2. However, the most recent Demographic and Health Survey from 2008 (DHS 2008) indicated that younger women (age 20 to 24) were likely to experience their first sexual intercourse at a later age than older women (age 45 to 59). This shows that sexual debut for women was on a delay trend as last measured by the DHS 2008. By the age of 18, 41% of younger women (age 20-24) had already had their first sexual experience compared to 51% for older women (age 45-49). On the contrary, sexual debut for men appeared to be occurring earlier where younger men (age 20 to 24) were having their first sexual intercourse earlier than older men (age 45-49). 27% of younger men (age 20-24) had their first sexual experience by the age of 18 years as compared to 23% for older men (age 45-49). However it should be noted that this data predates Component 2 implementation activities funded by Irish Aid which did not begin in earnest until 2009 due to late disbursement of Irish Aid funding to UNFPA. Nevertheless, UNFPA core funding may have still supported activities surrounding delaying sexual debut of out-of-school youth.
- In terms of increased demand for and utilisation of condoms by sexually active youth, by 2010 over 2 million condoms had been distributed as part of BCC Component 2 interventions; however it is difficult to evaluate this outcome indicator which is measuring demand and utilization of condoms. At best, the distribution figure of over 2 million can be interpreted and correlated with demand for condoms by sexually active youth. However there is no data to give an indication of condom use once it was distributed.
- According to data collected by UNFPA, teenage pregnancy rates decreased from 16.3% in 2006 to 15.5% in 2010 in the UNFPA supported areas in the Central Region.

In evaluating the impact of Component 2 interventions, it is important to point out that there are no defined targets for any of the defined outputs and outcomes of the Component 2 strategies. There was also no baseline done for which the indicator results can be compared against in order to draw conclusions.

Financing

UNFPA received its first tranche of Irish Aid funds in 2008. This delay was caused by issues surrounding the infeasibility of the pass through fund arrangement between UNICEF and UNFPA in the initial Irish Aid proposal. The delays in the receipt of the Irish Aid Funds for UNFPA meant that some programme activities had to be implemented

with UNFPA core funds from 2006 to 2008. Based on discussions with key UNFPA personnel, we understand that all the funds received from Irish Aid between 2008 and 2010 had been disbursed by the end of December 2010. Below is a breakdown of the funds disbursed to implementing partners for Component 2 activities.

| COMPONENT 2 | Funds utilised in 2006 | | Funds utilised in 2007 | | Funds utilised in 2008 | | Funds utilised in 2009 | | Funds utilised in 2010 | | Total Funds utilised (2006 - 2010) | |
|---------------------------------------|------------------------|---|------------------------|---|------------------------|------|------------------------|-----|------------------------|-----|------------------------------------|-------------|
| | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % |
| CEDEP | - | | - | | - | | 29,593 | 8% | 44,088 | 12% | 73,681 | 10% |
| Curious Minds | - | | - | | - | | 11,470 | 3% | 32,437 | 9% | 43,907 | 6% |
| CYIB | - | | - | | - | | 31,363 | 9% | 32,810 | 9% | 64,174 | 9% |
| Ghana Health Service (Central Region) | - | | - | | - | | 16,142 | 5% | 52,941 | 15% | 69,083 | 10% |
| Ghana Health Service (National-HQ) | - | | - | | - | | 5,687 | 2% | 33,440 | 9% | 39,127 | 6% |
| NYC | - | | - | | - | | 60,010 | 17% | 107,344 | 30% | 167,354 | 24% |
| PPAG | - | | - | | - | | 45,549 | 13% | 12,145 | 3% | 57,694 | 8% |
| SWAA | - | | - | | - | | 24,999 | 7% | 5,026 | 1% | 30,025 | 4% |
| TFAC | - | | - | | - | | 47,644 | 14% | 4,596 | 1% | 52,241 | 7% |
| UNFPA Support * | - | | - | | 156 | 100% | 79,531 | 23% | 37,430 | 10% | 117,118 | 16% |
| Total utilised - Component 2 | - | | - | | 156 | | 351,989 | | 362,257 | | 714,402 | 100% |

*UNFPA refers to amounts spent by UNFPA on activities such as technical assistance, (paid for by UNFPA for the direct benefit of the IPs), and field monitoring.

4.3 Component 3: PMTCT and medical care for children of HIV positive mothers, including Antiretroviral Therapy

The overall objective of the PMTCT plus Component as stated in the Project Proposal was to "...demonstrate effective models for PMTCT and Antiretroviral Therapy (ART) for HIV positive children, and strengthen capacities in MOH/GES to ensure that all pregnant women and HIV positive children have access to treatment, care, and support services". Three strategic outcomes were envisaged at the end of the implementation period (2006-2010). These were:

- a. 50% of all pregnant women who are HIV positive in the five assisted regions receive prophylactic ARV to prevent mother-to-child transmission;
- b. 40% of all eligible HIV positive pregnant or lactating women in the five assisted regions receive ART; and
- c. 60% of all children who are HIV positive and eligible will receive ART in the five assisted regions.

In the annual reports (2007, 2008, 2009, 2010) and the Project Logframe however, these outcome areas are limited to "the three assisted regions". Explanations from interviews with UNICEF officers indicated the discrepancy as an error and that the outcomes were to reflect results from the five UNICEF assisted regions.

Three progress indicators were also developed for this component.

- % and number of facilities providing PMTCT and ART services with minimum number of trained staff;
- % and number of health facilities providing ART services that have minimum stock of ART; and
- % and number of HIV positive pregnant women receiving ART to prevent mother to child transmission.

Except for the third indicator, there were challenges tracking the first two indicators as no sources of data were identified. The Project Technical Proposal also did not provide sources and means of verification of these indicators. Data available was on the number of health personnel per region who had been trained. Stock levels of ART were not immediately available.

Relevance of the Component

Interventions designed and implemented as part of this Component (PMTCT plus) were a response to, and aligned with, the National Strategic Framework 2006-2010 (NSF II) and the Ghana Poverty Reduction Strategy (GPRS II), and were consistent with the UNDAF. It also focused on the operationalisation of the PMTCT plus strategy adopted by the Ministry of Health (MOH) and the Ghana Health Service (GHS).

The Component was also designed and developed within UNICEF's Global campaign on AIDS (launched in October 2005) which was launched with UNAIDS to give strategic direction to interventions in the area of HIV and AIDS. This global campaign was to provide a child-focused framework for nationally owned programmes around the Four Ps - urgent imperatives that will make a real difference in the lives and life chances of children affected by AIDS.

- Prevent mother-to-child transmission of HIV: - By 2010, offer appropriate services to 80 per cent of women in need
- Provide paediatric treatment: - By 2010, provide either antiretroviral treatment or co-trimoxazole, or both, to 80 per cent of children in need
- Prevent infection among adolescents and young people: - By 2010, reduce the percentage of young people living with HIV by 25 per cent globally
- Protect and support children affected by HIV and AIDS: - By 2010, reach 80 per cent of children most in need

System strengthening, institutional development and institutional capacity building were the core areas of intervention that were part of the implemented activities for this component. The interventions included refurbishment and establishment of PMTCT sites in the five UNICEF operational regions. The interventions were also a reflection of the rights of the mother and child to proper and adequate health services.

Activities implemented as part of this Component were directly in response to national sectoral plans, strategies, and activities related to maternal and newborn health in Ghana. These are also reflected in the Ghana Health Service (GHS) "Roadmap for Accelerating the attainment of the MDGs related to maternal and newborn health in Ghana". This document contains "...strategies which exhibit an efficient and responsive health system collaborating with stakeholders including empowered households and communities for the health and safe delivery of pregnant women and the health and survival of the newborn" which is at the core of PMTCT plus activities/interventions.

UNICEF's annual workplans for the implementation period were generally a reflection of the 5-year programme of work (2007 - 2011) of the Ghana Health Service (GHS). The workplans were also in line with the "Road Map for Accelerating the attainment of the MDGs related to maternal and newborn health in Ghana" document also of the GHS.

At the national level, the two major national strategic frameworks which this Component was aligned with are the NSF II and the GPRS II. The interventions for this Component are aligned to two NSF II Thematic Areas namely:

- Prevention and Behavioural Change Communication; and
- Treatment Care and Support.

Additionally, this is captured in the Joint UN HIV and AIDS Program of Support (JUNPS) 2008-2009, which also highlights how these activity interventions are aligned with the UNDAF 2006-2010. The interventions are derived from two Country Program Outcomes (CPOs) of the UNDAF under the strategic area of cooperation "National Response on HIV and AIDS Strengthened". These are:

- CPO 1: Further spread of HIV infection among most vulnerable and high risk groups reduced by 2010; and
- CPO 2: Equal access to quality services and treatment for vulnerable and high risk groups improved by 2010.

Effectiveness of Interventions

Under the Health and Nutrition Programme within the Government of Ghana/UNICEF Programme of Cooperation 2006-2010, it is planned as a programme outcome that by 2010 "...PMTCT plus will be implemented nation-wide and a national response will be in

place for the detection, treatment and care of HIV-positive children". This is the target agreed between UNICEF and the Government of Ghana for the implementation period, and is also consistent with the broad objectives of this Irish Aid Component.

The component supports activities of the Government of Ghana (mainly through the Ghana Health Service and NACP) in three broad areas; human resource development, systems and institutional strengthening, and infrastructure development.

Human Resource Development: - Interventions aimed at building the human resource within the health sector were national in character, and were mainly in the area of training and retraining of health personnel in administering and improving PMTCT services nationwide. As at December 2010, support was provided to the Ghana Health Service in training and refresher training programmes for 995 service providers 635 in 2007, 200 in 2008, 160 in 2009 service providers from public sector hospitals on PMTCT guidelines by UNICEF. Also as at December 2010, a total of 295 health workers including clinicians, pharmacists, midwives and nurses from public sector hospitals in the five focus regions were trained to provide PMTCT services.

Forty (40) private midwives and nurses had also been trained to provide client-centred PMTCT services. In the Eastern and Central Regions, 64 (21 Central and 43 Eastern) health workers had received training on HIV exposed infant feeding in the context of "Infant and Young Child Feeding" (IYCF).



Training of 30 service providers in PMTCT scale-out in Upper East Region

Systems and Institutional Strengthening: - Support activities in this area were also at the national level targeting mainly the Ministry of Health (MOH), the Ghana Health Service (GHS), and NACP. These included:

- The revision of the national PMTCT guidelines;
- Provision of funds for the development and printing of 200 training manuals and 2,000 Participants' (service providers') manuals to accompany the roll-out of the new PMTCT guidelines;
- Production of the Reproductive and Child Health Unit's 2006 Annual Report;

- The design and development of a Comprehensive Ante-Natal Register with maternal and child health indicators;
- An HIV and AIDS Fact Sheet to provide useful information on the status of HIV and AIDS, PMTCT and paediatric HIV in Ghana;
- Support for the revision of PMTCT counselling and testing guidelines;
- Design and development of guidelines and standard operating procedures for Deoxyribonucleic acid - Polymerase Chain Reaction (DNA PCR);
- The design and development of the PMTCT Scale-up Plan 2011-2015; and
- The finalisation of Guidelines for Early Infant Diagnosis (EID) plus the printing of 40,000 EID training manuals and 8,000 policy guidelines to be used nationally.

Infrastructural Development: - Support provided here was both at the national level and specific to the five UNICEF operational regions but still within the national programs, targets, and objectives. As at December 2010, UNICEF had supported the refurbishment of 108 PMTCT sites in the five focus regions and the facilities were fully operational. In terms of the five UNICEF assisted regions, this figure contributes about 7.5% of the total PMTCT site numbers (1233³) nationwide. Within the five assisted regions, UNICEF's contribution to the development of PMTCT sites is slightly over 16% of the total number of PMTCT sites (570) in these five regions.

The immediate impact of these sites on PMTCT service delivery and general health in communities as narrated by a nurse at the Tamale West Hospital is that"....."we can now test patients in a private room and attend to a maximum of 30 pregnant women a day, and the support has helped with data entry and information dissemination as well as generation of reports."

Nurse, Tamale West Hospital

Fifteen (15) laptop computers were procured for the national and the five UNICEF assisted regional offices of NACP as well as five ultra-low freezers for the storage of dried blood spots.

For illustration purposes, the pictures below show the state of the Kanjarga PMTCT project in the Upper East region, before and after refurbishment.



Kanjarga PMTCT project before refurbishment Kanjarga PMTCT project after refurbishment

³ UNICEF, Final Progress and Financial Utilisation Report, Support to Ghana's National HIV and AIDS Response: Scaling up Best Practices on Prevention, Care and Support Interventions for Young People SC/2006/0606-1 and SC/2008/0293, March 2011

Sustainability of Interventions

As discussed above, all the support interventions for this component were directly in relation to national strategic interventions led by the Government of Ghana through the Ministry of Health, Ghana Health Service, and the NACP, and were within well defined national strategic frameworks. Interventions were therefore designed and developed to complement the Government's national strategies for implementing the PMTCT plus strategy.

The interventions undertaken over the implementation period have been identified as critical to achieving the global and national objectives of the PMTCT plus strategy. These efforts have culminated in the design and development of a PMTCT Scale-up Plan for the period 2011-2015 which was also supported by UNICEF as part of this component. This document (plan) has been officially approved and launched by the Government of Ghana.

The Scale-up Plan is aligned to the international commitments and revised national guidelines and protocols on PMTCT and related standards that tackle the challenges of HIV and AIDS, particularly mother-to-child transmission of HIV. The overall goal of the Scale-up Plan is virtual elimination of HIV transmission from mother-to-child and improvement in the health of the family, especially maternal, newborn and child health, within the context of the HIV and AIDS response in Ghana. It is expected that this will be achieved through the following objectives:

1. To increase effective utilisation of HIV and STI prevention services to 90% of the expected pregnant women in the country.
2. To increase effective utilisation of family planning (FP) services by 90% of the HIV infected women and their partners who access clinical services.
3. To increase effective utilisation of the standardised package for PMTCT to 90% of HIV infected pregnant and lactating women and their babies.
4. To increase effective utilisation of integrated, family-centred HIV care and treatment to 90% of pregnant and lactating women identified under the PMTCT programme.

Impact of the Component

The following outcomes (with the listed output indicators) were expected at the end of the program implementation period for this component;

| |
|---|
| Outcomes |
| <ul style="list-style-type: none">• 50% of HIV positive pregnant women in the 5 assisted regions receive prophylactic ARV to prevent mother-to-child transmission;• 40% of all eligible HIV positive pregnant or lactating women in the 3 assisted regions receive ART• 60% of all eligible HIV positive children will receive ART in the 3 assisted regions. |
| Output Indicators |
| <ul style="list-style-type: none">• % and number of health facilities providing PMTCT and ART services with minimum number of trained staff• % and number of health facilities providing PMTCT and ART services that have a minimum stock of ART• % of HIV positive pregnant women receiving ART to prevent mother-to-child transmission |

These were the same "Key Results Expected" under PMTCT plus as contained in the Government of Ghana/UNICEF Country Programme Action Plan 2006-2010 which also indicated a baseline figure of 2.5% (2005) for "HIV+ pregnant women receiving ARV to prevent mother-to-child transmission"⁴. There were no baseline figures for "eligible HIV positive pregnant or lactating women in the five assisted regions receive ART" and "children who are HIV positive and eligible will receive ART in the five assisted regions" in the same document.

Even though the outcomes of the PMTCT plus component were specific to the five UNICEF operational regions, a significant number of the interventions were in support of strategic interventions at the national level and therefore their effects went beyond the five target regions. For example, human resource development and technical assistance to Ghana Health Service (GHS) were more national in scope.

PMTCT Service Data (National)

| | 2006 | 2007 | 2008 | 2009 | 2010 ⁵ |
|-------------------|------------------|------------------|------------------|------------------|-------------------|
| Reg. for ANC | 36,155 | 104,045 | 297,466 | 381,874 | 520,900 |
| Number positive | 1,378 | 3,298 | 6,021 | 6,634 | 10,984 |
| Number on ART (%) | 1,239 (89.9%) | 2,896 (87.8%) | 4,991 (82.8%) | 3,643 (55.0%) | 5,845 (56.2%) |

Source NACP Annual Reports 2006, 2007, 2008, 2009

Data available and relevant to the outcomes covers numbers of children in HIV clinical care, number of children on ART, and number of children on co-trimoxazole for opportunistic infections. The table below provides a summary of the trend of the services for the period 2006-2009.

Paediatrics ART Service Data (National)

| | 2006 | 2007 | 2008 | 2009 |
|--------------------------------|----------------|----------------|----------------|----------------|
| Number in HIV Clinical Care | 303 | 1,115 | 1,540 | 1,752 |
| Number on ART (%) | 122 (40.2%) | 308 (27.6%) | 450 (29.2%) | 722 (41.2%) |
| Number on Co-trimoxazole (OIs) | 235 | 914 | 1,081 | 1,298 |

Source NACP Annual Reports 2006, 2007, 2008, 2009

There were challenges in accessing published data on regional breakdown of the national figures for the period 2007-2009. Checks confirmed that this was not due to the unavailability of the data but due to the fact that regional data were not compiled, published, and/or certified as part of the regular national data compiled and published by the National AIDS Control Program (NACP). The only published regional PMTCT data that was noted in the NACP Quarterly Bulletin for the last quarter (October-December 2010) is as depicted in the table below.

PMTCT Service Data (5 assisted regions)

| Assisted Regions | 2010 | |
|------------------|--------------|---------------|
| | No. Positive | On ART |
| Central | 771 | 569 (73.8%) |
| Northern | 325 | 116 (35.7%) |
| Upper East | 268 | 247 (92.2%) |
| Upper West | 287 | 154 (53.7%) |
| Eastern | 2,100 | 1,166 (55.5%) |

Source: Regional presentations February 2011

⁴ Government of Ghana - UNICEF Country Programme Action Plan 2006-2010, page 32

⁵ UNICEF Final Progress and Financial Utilisation Report, Support to Ghana's HIV and AIDS Response: Scaling up Best Practice, Care and Support interventions for young people, SC/2006/0606-1 and SC/2008/0293, March 2011.

Published regional breakdown for paediatrics ART was not readily available. These challenges in accessing published regional data makes it difficult to assess the three (3) outcome areas of this component which were specific to the five (5) UNICEF assisted regions. It is also important to note that the data as presented in the tables above are only based on registrants for ante-natal care (ANC) who were tested positive for HIV and not for the general population of pregnant women in Ghana/region as the outcomes sought to measure. This therefore poses a challenge to assessing the component outcomes which seems (as stated) to cover the general population of pregnant women in the region, whose data is not captured in any national database.

Financing

The table below shows the amount of Irish Aid funds disbursed to implementing partners for component 3 activities over the life of the programme.

| COMPONENT 3 | Funds utilised in 2006 | | Funds utilised in 2007 | | Funds utilised in 2008 | | Funds utilised in 2009 | | Funds utilised in 2010 | | Total Funds utilised (2006 - 2010) | |
|--|------------------------|------|------------------------|-----|------------------------|-----|------------------------|-----|------------------------|-----|------------------------------------|-------------|
| | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % |
| Ghana AIDS Commission (GAC) | - | 0% | - | 0% | - | 0% | - | 0% | 14,449 | 5% | 14,449 | 1% |
| Ghana Health Service (National) | 38,566 | 100% | 8,908 | 4% | 24,861 | 9% | 66,757 | 20% | 141,043 | 48% | 280,134 | 24% |
| Ghana Health Service (Central Region) | - | 0% | 47,075 | 20% | 38,761 | 14% | 40,261 | 12% | - | 0% | 126,097 | 11% |
| Ghana Health Service (Eastern Region) | - | 0% | 11,348 | 5% | 71,927 | 26% | - | 0% | 22,645 | 8% | 105,920 | 9% |
| Ghana Health Service (Northern Region) | - | 0% | 9,914 | 4% | - | 0% | 20,234 | 6% | - | 0% | 30,148 | 3% |
| Ghana Health Service (Upper East Region) | - | 0% | 7,785 | 3% | 5,078 | 2% | 8,616 | 3% | - | 0% | 21,479 | 2% |
| Ghana Health Service (Upper West Region) | - | 0% | 59,332 | 25% | 31,687 | 11% | 27,145 | 8% | - | 0% | 118,164 | 10% |
| Other | - | 0% | 63,407 | 27% | 33,816 | 12% | 117,768 | 35% | 39,755 | 13% | 254,747 | 21% |
| UNICEF Support * | - | 0% | 25,211 | 11% | 71,101 | 26% | 56,905 | 17% | 77,819 | 26% | 231,036 | 19% |
| Total utilised - Component 3 | 38,566 | | 232,981 | | 277,232 | | 337,685 | | 295,711 | | 1,182,174 | 100% |

*UNICEF refers to amounts spent by UNICEF to support the operations of the implementing partners and government agencies. This includes funds spent on activities such as technical assistance, (paid for by UNICEF for the direct benefit of IPs and government agencies) material development, field monitoring, and office costs.

4.4 Component 4: Protection, care and support for OVC

The Component on protection, care and support for OVC had an overall objective of demonstrating “.....effective models for respecting and fulfilling rights of OVCs and strengthen capacities of government and relevant stakeholders (families, communities, government, NGOs, and CBOs) for scaling-up”. Three key outcomes were outlined as areas of achievement by the end of the project implementation period, 2010. The key expected outcomes were:

- Strengthened programming, planning and monitoring capacity of key government institutions in relation to OVCs;
- Indicator systems for monitoring the situation of OVC fully developed and tested in all 138 districts (now 170 districts) nationwide; and
- Increased number of OVC with access to social services (education, birth registration, cash transfers, health and psycho-social support).

Two key strategies were recommended for achieving the outcomes. These were:

1. Policy, legislation, strategy development, coordination, planning and monitoring and evaluation; and
2. Support implementation of the National Social Protection Strategy (NSPS) in favour of OVC.

Relevance of the Component

Within the national framework of support for OVCs, the protection, care, and support for OVC Component was aligned to the NSF II Thematic Area on “Mitigating the Social, Cultural, Legal and economic impact”, which also prioritized care and support for OVCs. The GPRS II also takes into account the special needs of OVCs and outlines areas of intervention for realising the protection and promotion of the rights of OVCs.

Intervention activities under this component were primarily driven by the findings of a survey by Orphan Aid Ghana (an NGO) in 2006, which indicated a significantly high growth in the number of residential institutional facilities in Ghana since the late 1990s. The number had increased from less than 5 in the early 1990s to over 100 in 2006. This was especially significant for the period as Ghana was not a conflict/disaster zone and also has traditional social/family support systems that provided non-institutional family support for OVC.

The report recommended the need to reduce/manage growth of these facilities. Interventions were also guided by the UN Committee on the Rights of the Child which recommended the family environment as the best alternative for all children.

The initial strategy (as outlined in the project proposal) was to strengthen the institutional capacities of DSW, MOWAC, and GAC to efficiently and effectively address issues relating to OVCs in Ghana. However, given the mandate of DSW which includes care for OVCs, a decision was taken within UNICEF to strengthen DSW by improving its supervisory and coordinating role to address issues of OVCs in institutional care.

Both financial and technical support was therefore provided to DSW to enable the Department lead in the implementation of the NSPS with respect to the promotion and protection of the rights of OVCs. Intervention activities designed and implemented were to:

- Facilitate institutional and systems strengthening;
- Facilitate human resource development for the efficient and effective functioning of national systems and institutions to protect and promote the rights of OVCs; and
- Advocate at the national level to promote and protect the rights of OVCs.

The following outputs were recorded over the period 2007-2010;

Technical and financial support was provided by UNICEF to DSW for the design and development of software to collect and process data and information on OVC and children affected/infected by AIDS in the country. The Evaluation Team was informed that the database had been developed and data is being collected to test-run it. Eventually, this database is expected to generate data/information that will facilitate the tracking of OVCs nationwide and improve planning and response to issues concerning OVCs.

Technical assistance was also provided to support the development of a National Plan of Action (NPA) on OVCs which sets out the institutionalisation of a broad framework for addressing issues on OVCs in Ghana. The NPA was finalised and launched in 2010 by the Ministry of Employment and Social Welfare. It is expected that the NPA will serve as a cross-sectoral strategic document to ensure a more holistic approach to addressing issues on OVCs. Reproduction/printing of the NPA and the dissemination of copies of Guidelines for the Operation of Orphanages in Ghana was financed by UNICEF. The design of National Standards for the operation of residential care facilities in Ghana, and an Adoption Manual to guide and streamline adoption procedures in Ghana, all aimed at better protecting and promoting the rights of OVCs were done with technical assistance from UNICEF.

The development of the Standards for Residential Homes for OVC in Ghana in 2010 also received technical and financial assistance from UNICEF. It was developed to streamline the standard of service delivery and care being provided by the residential homes for OVCs. To further monitor the functioning and activities of the residential facilities for OVCs, UNICEF resourced the Multi-Sectoral committee to establish six (6) regional multi-sectoral teams to assist the DSW monitor the standards of care for children in residential homes across the country.

Financial support was also provided to train 280 regional and district-based social workers and CSOs to equip them with skills to handle issues of children in need of care and protection. These were to form the initial cadre who will lead in DSW efforts at de-institutionalising OVC residential facilities and integrating these de-institutionalised OVCs into families.

Financial support was also provided to DSW for the training of 70 social workers of DSW and 50 managers of privately run orphanages on family tracing and reunification to enable them trace and unify children in residential homes with family members.

Effectiveness of Interventions

To ensure an inter-sectoral and coordinated approach to addressing and discussing the issue of OVC, UNICEF provided financial support for the efficient and effective functioning of the OVC Coordinating Committee. The support was for the organisation of the quarterly meetings of the Committee during the project implementation period. The strengthening of the functioning of the Committee through the regular quarterly meetings resulted in extensive discussions (*as recorded in minutes of the quarterly meetings*) on issues of planning, monitoring and evaluation.

The targeted engagement with all stakeholders, directly and indirectly, involved in institutional care for children seems to have increased the level of discussion, debate, and awareness of issues that affect or impact on children in these institutions. Several knowledge based trainings and stakeholders meetings were organised with the DSW and managers of orphanages, social work practitioners, media personnel, Faith Based Organisations (FBOs), the Association of Children’s Homes (ACHO), traditional leaders and the general public to increase awareness on the negative impact of residential care on children and to minimize resistance to the de-institutionalization process.

It is estimated that these awareness creation initiatives for the general public have resulted in increased public and media interests in the abusive practices in institutions, and also on the progressive increase in the understanding of the advantages of family based care over institutional care.

Sustainability of Interventions

The interventions of this Component were mainly in support of the Care Reform Initiative (CRI) of the DSW which was designed and developed to support the implementation of the NSPS, and which was aimed at *“...system transformation to ensure that all Departments, agencies and NGOs in the country have the training and resources to encourage appropriate parental or alternative care, and to ensure that institutional care in orphanages is only used as a last resort”*⁶.

The CRI was therefore a DSW led state intervention which was aimed at facilitating the achievements of the broader objectives of the NSPS.

Institutional and systems strengthening support, provided by UNICEF has enabled DSW (and the OVC Coordinating Committee) to comprehensively address OVC issues (as relates to institutionalised facilities). This in turn has resulted in the development of the National Plan of Action (NPA) on OVC to holistically coordinate interventions aimed at protecting and promoting the rights of OVCs.

Child protection is further acknowledged and promoted under the area “Child Survival, development and Protection” in the Ghana Shared Growth and Development Agenda (GSGDA). It is indicated that the policy objective here is to address concerns of children and will include *“...promotion of effective child survival and development; protecting children from physical, emotional and psychological abuse and securing their rights; promoting child participation in decision making and strengthening of the policy, legal and institutional frameworks for child survival, development, protection and participation”*⁷.

Impact of the Component

The following outcomes (with the listed output indicators) were expected at the end of the programme implementation period for this component;

| |
|---|
| <p>Outcomes</p> <ul style="list-style-type: none"> • Capacity established to implement the National Guidelines on the protection of OVC; • OVC monitoring indicators fully developed and tested in all 138 districts • An increase in the number of OVC receiving access to social services |
| <p>Output Indicators</p> |

⁶ The Care Reform Initiative, Ghana - “Families are forever” brochure, Department of Social Welfare (DSW) Ministry of Manpower, Youth and Employment (MMYE)

⁷ GSGDA Page 123

- Number of officers trained
- Number of OVC receiving support
- Number of district assemblies with funded OVC implementation plans

There has been some immediate impact on the situation of OVCs in Ghana over the implementation period. The National Standards for the Operation of Residential Homes, as well as the Adoption Guidelines have been developed as part of system and structures strengthening. These are all expected to facilitate implementation of the NPA as regards improving the quality and standards of residential homes for children. Monitoring teams for orphanages and residential homes for OVC in all 10 regions have been established.

Monitoring systems and standard tools for the protection and promotion of OVC (as recommended in the UN Committee on the Rights of the Child) have also been developed.

Deinstitutionalisation of children in institutionalised facilities began in 2008. As at December 2010, data collated by UNICEF from DSW and the Osu Children's Home (the main public institutional facility for OVC) indicate that a total of 459 children had been deinstitutionalised and 10 orphanages closed down; seven (7) of them were closed down in 2010 alone.

Financing

A total of USD 608,234 was spent on component 4 activities between 2007 and 2010. Most of these funds (89%) were used by the Department of Social Welfare in addressing the OVC issues mentioned above.

| COMPONENT 4 | Funds utilised in 2006 | | Funds utilised in 2007 | | Funds utilised in 2008 | | Funds utilised in 2009 | | Funds utilised in 2010 | | Total Funds utilised (2006 - 2010) | |
|-------------------------------------|------------------------|---|------------------------|-----|------------------------|------|------------------------|-----|------------------------|-----|------------------------------------|-------------|
| | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % |
| Department of Social Welfare (DSW) | - | | 68,978 | 89% | 196,034 | 100% | 58,184 | 82% | 217,473 | 82% | 540,669 | 89% |
| Lesson for Life World | - | | 2,102 | 3% | - | 0% | - | 0% | - | 0% | 2,102 | 0% |
| UNICEF Support * | - | | 6,683 | 9% | - | 0% | 12,531 | 18% | 46,248 | 18% | 65,462 | 11% |
| Total utilised - Component 4 | - | | 77,763 | | 196,034 | | 70,715 | | 263,722 | | 608,234 | 100% |

*UNICEF refers to amounts spent by UNICEF to support the operations of the implementing partners and government agencies. This includes funds spent on activities such as technical assistance (paid for by UNICEF for the direct benefit of IPs and government agencies), material development, field monitoring, and office costs.

4.5 Component 5: Cross-cutting- Strategic Monitoring and Evaluation and Decentralised Response

The overall objective of component 5 was "... to strengthen commitment and capacities of government to develop policy, allocate resources, plan, and implement a more effective national response to HIV for children and adolescents at central and decentralised levels". This was to be achieved through:

- a. Improved quantitative and qualitative information related to HIV and AIDS and children and adolescents through strategic evaluations/studies and surveys, including a Multiple Indicator Cluster Survey (MICS);
- b. Integration of HIV and AIDS Response into five-year District Medium-Term Development Plans and annual District Plans of Action; and,
- c. Increased budget allocations for HIV programming for children

Key strategies for achieving the outcomes included:

1. Support monitoring and strategic evaluations
2. Support evidence-based advocacy
3. Support to Decentralised Response
4. Procurement and Supply Management

The effect of this component was to be cross-sectoral and strengthen planning, monitoring and evaluation systems at both national and sub-national levels.

Relevance of the Component

This component was primarily in response to the Paris Declaration and Accra Agenda on aid effectiveness which Ghana has signed up to. It seeks to promote the principles of the "Three Ones": one national planning framework, one M&E framework, and one Coordinating body. The focus of implementation activities under this component was to strengthen the national M&E framework for reporting on issues of HIV and AIDS nationwide.

Effectiveness of the Component

The Decentralised Response (DR) Unit of the Ministry of Local Government and Rural Development (MLGRD) was identified as critical to building the capacity of local governments to generate and report strategic information on HIV and AIDS. DR was therefore targeted and provided with both technical and financial support for purposes of strengthening the Unit to better position it to coordinate M&E for HIV and AIDS, within the local government system. However, as a result of inadequate human resources, attrition of the already limited staff, weak institutional support and low annual budgetary support (for example GHC 5,000 from the MLGRD in 2011 to the DR), the Unit could not fully deliver its M&E and coordinating function.

Support to NDPC resulted in the development of District Planning Guidelines for the preparation of District Medium Term Development Plans for all Metropolitan, Municipal and District Assemblies (MMDA) to include interventions, programs and activities that address issues of HIV and AIDS. Following the development of the guidelines, a total of 21 administrative districts of the Northern (8), Upper East (5) and Upper West (8) regions benefitted from support from UNICEF for the preparation of their Metropolitan, Municipal and District Assembly (MMDA) Medium Term Development Plans (MTDP) 2010-2013, which now reflect HIV and AIDS activities.

This was done through a mentorship programme. The purpose was to ensure that these MMDAs adequately include HIV and AIDS issues in their plans. To facilitate the planning and management of HIV and AIDS at the district level, the District Planning Officers were trained in HIV and AIDS management and control.

To further strengthen the capacity of the MMDAs to generate strategic information, District HIV and AIDS desk officers in the Northern, Upper East, and Upper West Regions have been trained in indicator identification, collection and assessment of data, and HIV and AIDS reporting to make them more effective in data collection and analysis at the district level.

As a result, more than 100 District Assemblies officials now have a deeper understanding of their role in management and coordination of HIV & AIDS in the three northern regions. Over 200 District Planning Officers in key decentralized departments have gained a greater understanding of the key components of the Medium Term Development Plans (MTDPs).

A review of District Plans shows significant integration of HIV and AIDS issues in all aspects of the planning process, structure and body of the plans. The review also showed that UNICEF's support to the NDPC to develop the guidelines for the district MTDP has significantly influenced the inclusion of HIV and AIDS issues in MTDPs and budgets.

In general, district plans responded to HIV and AIDS as follows:

- HIV and AIDS was identified as a priority development issue, and also listed among the main communicable diseases in the section on Health.
- In some cases, a whole page was dedicated to discussing the HIV and AIDS situation in districts including the prevalence rate, causes and challenges involved, as well as a list of institutions and organizations working on HIV and AIDS in the relevant District.
- In a few cases, HIV and AIDS was listed as one of the priorities under the chapter on human resource development.
- Districts also conducted Potentials, Opportunities, Constraints & Challenges (POCC) or SWOT analysis on HIV and AIDS issues and presented these as part of the analysis in their plans.
- Programmes of Action (PoAs) were also developed, capturing HIV and AIDS. Some PoAs included two pages of clear sets of objectives, strategies, activities, location, expected outputs, performance indicators, as well as responsible lead and collaborating agencies for addressing HIV and AIDS.
- The Annual Action Plans also addressed HIV and AIDS, and budgets were allocated for HIV and AIDS activities.

A follow-up assessment of training of district stakeholders on the management and coordination of decentralised HIV and AIDS response shows specific results as follows;

- Establishment of a quarterly platform/forum in all districts for stakeholders to share information, strategies and dialogue on HIV and AIDS response. The stakeholders include representatives from the Ghana Education Service, Ghana Health Service, Department of Social Welfare, Ministry of Food and Agriculture, Ghana Police Service, Ghana National Fire Service, National Commission on Civic Education Civil Society, Community Based and Non Governmental Organisations, the District/Municipal Assembly, Traditional Authorities, Religious Bodies, Youth Groups and Women's Groups.
- Annual harmonized activity workplans of all CBOs/CSOs/NGOs and government departments and agencies are now available to districts/municipalities.
- District Focal Persons have become more effective in the management and coordination of activities of stakeholder NGOS/CBOs/CSOs and district departments and agencies.
- The district focal person has since been using their monthly review meetings to share HIV and AIDS information, as well as training workshops for stakeholders. The People

- Living with HIV and AIDS (PLHIV) were meeting weekly and sharing information on ART and how to counsel people who are diagnosed as having the infection.
- For the PLWHAs the training program has enabled them to have more access to the GHS.

UNICEF provided financial support for some of the district review meetings to assess performance along various development indicators including HIV and AIDS.

Support was also provided for the completion and dissemination of a survey on High Impact Rapid Delivery (HIRD) supplementary MICS undertaken to provide health information including HIV and AIDS on children and women. The MICS was conducted in districts classified as poor in the Northern, Upper West, Upper East and Central Regions, plus Accra and Kumasi Metropolitan Areas. This was also in support of efforts to build both national and sub-national capacities to generate, store and disseminate strategic information that can be applied in the design and development of interventions on health in general and HIV and AIDS in particular.

The MICS included data on HIV and AIDS which served as a data source for the development of interventions in district medium term plans for the prevention of HIV and AIDS.

An assessment conducted on gender dimensions of HIV and AIDS in Ghana has been completed and disseminated. The report was funded by UNICEF in collaboration with UNDP, UNAIDS, UNFPA, UNHCR and UNIFEM. It has resulted in greater insight into gender and HIV and AIDS in Ghana including the following, that:

- The practice of Men having Sex with Men (MSM) has been practised in Ghana for a long time and involves Ghanaians.
- The Youth are being influenced into MSM activities by their peer, and older colleagues and relatives, largely at very young ages.
- MSM in Ghana cuts across all social classes, religions and ethnicities, and includes married men.
- MSM happens particularly where people convene for celebrations in urban areas.
- There are many prevailing factors that make MSM attractive particularly to youth, including adventure-seeking, poverty, ignorance, lure of older gays looking for partners and the belief that anal sex is safer than vaginal sex.
- Society's reaction to gays and homosexuality has driven them underground where it is difficult to provide them with health services.

Sustainability of Interventions

Sustainability of the programme requires the establishment of a robust national M&E system. The process of building capacity at the sub-national level to facilitate an efficient and effective national M&E system is still at its formative stage and is expected to be led by GAC through its M&E plan.

The National Development Planning Commission's (NDPC) guidelines for the preparation of the district and sector Monitoring and Evaluation Plan under the Medium Term Development Policy Framework (2010-2013) mandates sector ministers and chief directors to among others "...ensure that gender equality/equity indicators and other cross cutting issues, such as HIV& AIDS, environment, vulnerability and exclusion are considered in the M&E Plans"⁸. The Districts have submitted their medium term development plans (and some their M&E plans) to NDPC. As at December 2010, a review process had been commissioned by NDPC and MLGRD to assess the extent to which both the medium term plans and the M&E plans reflect issues of HIV.

⁸ Guidelines for the preparation of the Sector Monitoring and Evaluation Plan under the Medium Term Development Policy Framework (2010-2013) NDPC, 2009 page 8

An information sharing arrangement has been initiated for stakeholders to share information, strategies and to dialogue on HIV and AIDS response within all the districts. This includes quarterly stakeholders information sharing sessions with representatives from the Ghana Education Service, Ghana Health Service, Department of Social Welfare, Ministry of Food and Agriculture, Ghana Police Service, Ghana National Fire Service, National Commission on Civic Education, Civil Society Organizations (CSOs), Community Based Organizations (CBOs), Non Governmental Organizations (NGOs), the District/Municipal Assembly, Traditional Authorities, Religious Bodies, Youth Groups and Women's Groups.

Continued government support for activities undertaken as part of this component is reflected in the GSGDA which states that *"...Strategies to enhance management of HIV, AIDS, STI and TB response include: build institutional capacity to manage the national HIV, AIDS, STI and TB response at all levels, promote multi-sectoral and multi-disciplinary approach in the formulation, implementation, monitoring and evaluation of HIV, AIDS, STI and TB policies, programmes and projects at national, regional and district levels, develop and implement workplace HIV and AIDS policy, enhance coordination and management of, HIV, AIDS, STI and TB programmes at the national and decentralized levels, and mobilise resources to support HIV, AIDS, STI and TB control programmes"*.⁹

Impact of Interventions

The following outcomes (with the listed output indicators) were expected at the end of the program implementation period for this component;

| |
|---|
| <p>Outcomes</p> <ul style="list-style-type: none"> Improved quantitative and qualitative information on the impact of HIV through studies and surveys, including MICS; Increased budget allocation for HIV programming HIV programming incorporated in district plans |
| <p>Output Indicators</p> <ul style="list-style-type: none"> Number of independent strategic studies implemented and widely disseminated % and number of regional and district officers that have been trained in using the GhanaInfo for monitoring Experiences and evidence from district level engagements are clearly fed into national level fora |

Outputs/results recorded as part of this component partially contributed to the achievement of the stated outcomes above. The component contributes to the process of establishing a national M&E framework for HIV and AIDS which requires a cross-sectoral approach with the full commitment of all the relevant sector ministries, and is reflected in the M&E Plan of the NSP 2011-2015, which harmonises national cross-sectoral indicators on areas covered by the national response to HIV and AIDS.

Contributions from component 5 may not necessarily address the whole issue but it has at least highlighted areas of concern like building the capacity of the GAC to fully be responsible for HIV and AIDS coordination and monitoring to facilitate achievement of Government's objective of one M&E framework as per the Paris Declaration and the Accra Agenda on Aid Effectiveness.

A study report on follow-up assessment of training of district stakeholders on the management and coordination of decentralized HIV and AIDS Response covering Northern, Upper East and Upper West regions has been completed. The study has concluded that the

⁹ GSGDA Page 108

training added value to the work of most of the focal persons in management and coordination of HIV and AIDS activities.

HIV and AIDS has been visibly incorporated into MTDPs of MMDAs. HIV and AIDS activities have been programmed and budgeted for.

The training of district assembly staff has enhanced HIV and AIDS data management capacity to collect and analyse HIV and AIDS data for effective and efficient decisions pertaining to HIV and AIDS at the district, regional and national level.

Financing

The table below provides a summary of Irish Aid funds disbursed to component 5 implementing partners.

| COMPONENT 5 | Funds utilised in 2006 | | Funds utilised in 2007 | | Funds utilised in 2008 | | Funds utilised in 2009 | | Funds utilised in 2010 | | Total Funds utilised (2006 - 2010) | |
|--|------------------------|---|------------------------|-----|------------------------|-----|------------------------|-----|------------------------|-----|------------------------------------|-------------|
| | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % | US \$ | % |
| Ministry of Local Government and Rural Development (MLGRD) | - | | 16,023 | 28% | - | 0% | 57,857 | 39% | 18,998 | 13% | 92,877 | 21% |
| National Development and Planning Commission (NDPC) | - | | 15,317 | 26% | - | 0% | - | 0% | - | 0% | 15,317 | 3.5% |
| UNDP / UNIFEM | - | | - | 0% | 15,000 | 16% | - | 0% | - | 0% | 15,000 | 3% |
| RPCU - Upper East Region | - | | - | 0% | - | 0% | 8,902 | 6% | 32,486 | 22% | 41,388 | 9% |
| RPCU - Upper West Region | - | | - | 0% | - | 0% | 12,558 | 8% | 31,299 | 22% | 43,857 | 10% |
| RPCU - Northern Region | - | | - | 0% | - | 0% | - | 0% | 8,451 | 6% | 8,451 | 2% |
| Tamale Municipal Assembly | - | | - | 0% | - | 0% | - | 0% | 1,992 | 1% | 1,992 | 0.5% |
| Wa Municipal Assembly | - | | - | 0% | - | 0% | - | 0% | 3,096 | 2% | 3,096 | 1% |
| UNICEF Support * | - | | 26,729 | 46% | 78,254 | 84% | 69,915 | 47% | 48,810 | 34% | 223,708 | 50% |
| Total utilised - Component 5 | - | | 58,068 | | 93,254 | | 149,232 | | 145,133 | | 445,687 | 100% |

*UNICEF refers to amounts spent by UNICEF to support the operations of the implementing partners and government agencies. This includes funds spent on activities such as technical assistance (paid for by UNICEF for the direct benefit of IPs and government agencies), material development, field monitoring, and office costs.

4.6 Common themes and issues

Financing and financial reporting

Pass through fund management between UNICEF and UNFPA did not work as planned in the programme proposal. According to the proposal, the Irish Aid financial support was to be paid to UNICEF, who would in turn transfer the portion for Component 2 work to UNFPA. This would have resulted in less funds being available for implementation of programme activities as recovery cost of 7% levied by both agencies' headquarters on receipt of any funds would have been charged twice on the same amount (once when received by UNICEF and again when received by UNFPA). Also, the two UN agencies use different financial systems and it would have been difficult to reconcile the amounts within their systems.

Based on discussions with key finance personnel of UNICEF and UNFPA as well as limited review of some financial reports, it was noted that the current setup of the financial management systems facilitates reporting on funds spent on relevant activities by individual donors. However, where activities are being funded by multiple donors, it is not easy to readily determine the contribution of donors to a particular activity without reference to detailed transactional analysis of donor accounts.

In order to produce a summary of the total funds paid to specific implementing partners for each component, interviews were held individually with each component co-ordinator to determine who the payees were for specific transactions.

As per the Joint Programme document, Irish Aid committed a total of US \$4,784,311 over a three-year period to back the UNFPA/UNICEF partnership of support to Ghana's HIV and AIDS response. Although the funds were to be received over three years, there were delays in the disbursement of funds and financial reporting to Irish Aid. As such, UNICEF applied to have the programme extended to 31st December, 2010 and this was agreed by Irish Aid. By the end of December 2010, the US \$4,784,311 pledged by Irish Aid had been received. The table below gives a breakdown of the funds allocated to each of the components of the programme per year in US dollars:

Funds allocated per component per year (in USD)

| Component | 2006 | 2007 | 2008 | 2009 | 2010 | Total | Total (%) |
|------------------|--------|-----------|-----------|---------|---------|-----------|-----------|
| Component 1 | 4,548 | 763,871 | 160,734 | 226,481 | 289,740 | 1,445,374 | 32% |
| Component 2 | - | - | 644,078 | 120,631 | - | 764,709 | 17% |
| Component 3 | 38,566 | 237,159 | 277,232 | 345,244 | 295,717 | 1,193,918 | 27% |
| Component 4 | - | 77,764 | 196,034 | 70,715 | 264,331 | 608,844 | 14% |
| Component 5 | - | 58,712 | 93,710 | 149,232 | 145,780 | 447,435 | 10% |
| Cross - Sectoral | - | - | - | 3,856 | - | 3,856 | 0% |
| Total | 43,113 | 1,137,507 | 1,371,788 | 916,159 | 995,569 | 4,464,135 | 100% |

The total amount of US \$4,464,135 was available for work on the programme in Ghana after the 7% recovery cost of US \$319,891 had been deducted from the amount received by the UNICEF headquarters in New York. This is in line with the programme budget for years 1 to 3 (assuming any minor differences were due to Euro - US dollar exchange rate differences). See Annex 3 for a summary of the proposed total budget for the programme in US dollars (2006 - 2010) by component.

UNICEF allowed funds to be reallocated across the components it was responsible for (i.e. 1, 3, 4, and 5) provided the movement of funds between components was less than 15% in any given year. This resulted in components 1 and 5 utilising more funds than had been budgeted over the life of the programme with components 3 and 4)

using less than budgeted amounts. However, overall total funds received from Irish Aid and disbursed for executing activities for all five (5) components were in line with the proposed budget.

5. Conclusions and Lessons Learned

Relevance of the Project

Priorities for HIV/AIDS in Ghana

All the implemented activities of the five (5) components were firstly contained in the Government of Ghana/UNICEF Country Programme of Cooperation (2006-2010) which was the cooperation agreement with the Government of Ghana on areas of support from UNICEF to the Government over the period. These agreed areas of cooperation were based on government needs and priorities for achievement of national targets in sectors within the mandate of UNICEF.

Secondly, all the five (5) components were aligned to the NSF II, GPRS II, GSGDA, and the relevant sector strategic frameworks, and included in the Annual Programme of Work of the relevant sector ministry's Annual Work Plans.

At the level of the UN, all the components contributed to the country programme outcomes of the UNDAF 2006-2010 and responded directly to the Paris Declaration and Accra Agenda on Aid Effectiveness.

Human Rights and Gender Mainstreaming

Gender and human rights issues are central to all program interventions and the Common Country Assessment (CCA), through the UNDAF 2006-2010 which included a gender and human rights assessment. Also it was stated (by UNFPA) that the criteria for the selection of implementing partners included the organisation's (IP's) responsiveness to gender and human rights issues.

While HR and Gender are core in all UN programming, in the design and implementation of activities under all five (5) components, there were no explicit actions to address gender and human rights issues; these were generally implicit in the nature of activities implemented. In response to this observation by the Evaluation Team, UNICEF insisted that the fact that gender and human rights *"was not documented does not mean that gender and human rights were not the driving force."*

For instance the rights of the child to be adequately guaranteed was the basis for the design and implementation of the Alert School Model as well as the complementary activities led by UNFPA to address similar adolescent sexual reproductive health issues among out-of-school youth in the communities.

The component on PMTCT was based on an assessment of the issue of gender, human rights, and HIV and the identification of infected women being a major source of transmission of the virus to children, and the need to protect the unborn child from being infected by the virus.

The OVC component was not generally responding to gender issues but rather the protection and promotion of the rights of OVCs to live in "decent" and appropriate family settings.

The fifth component was initially designed to build the capacity of districts to identify and address issues of HIV and OVCs within their medium term district plans. However evidence from activities implemented seems to suggest the focus was more generalised (*HIV and AIDS in general*) rather than the planned focus on OVCs.

Institutional capacity

Institutional capacity building and systems strengthening were the major outcomes of all activities implemented. The activities included support for the design and development of national guidelines as well as systems and procedures to be applied nationwide to address specific systemic issues. The purpose was to enhance performance within the sector based on the objective of each of the components.

Support was also provided for infrastructural development (refurbishment of PMTCT sites) and supplies specifically to enhance the implementation of the PMTCT plus.

Effectiveness of Implemented Activities/Interventions

Implementation of activities for all five (5) components was generally in line with the proposed strategies outlined in the Technical Proposal of the Project. However, information gathered suggests that in some instances, some strategies proposed were not adopted in full. Explanations to this issue suggest that at the time of implementation some dynamics resulting from reassessments of the situation necessitated the need to adjust appropriately.

A case in point is that of the proposed strategy as part of the component on OVCs which was to "... support MOWAC and Ministry of Manpower, Youth and Employment (MMYE) at the national level in the areas of policy, strategy development, coordination, planning, and monitoring and evaluation and leveraging of resources to support implementation of the NSPS in support of OVC".

Information gathered indicates that support for the OVC component was mainly directed at Department for Social Welfare (DSW) with little or no support to MOWAC and GAC. Explanation for this is that, a reassessment upon start of implementation identified that, DSW was the only institution among the three mandated to oversee the needs and concerns of institutionalised OVC.

Efficiency of the Implementation of the Joint Programme

Components 1 and 2 were initially designed as a joint program between UNFPA and UNICEF. The purpose was to have a comprehensive coverage of both in-school and out-of-school youth in the communities where both UNICEF and UNFPA are operating, with respect to HIV education and availability of HIV/ASRH services.

There were obvious challenges encountered in the joint programme modalities per the agreement between UNICEF and UNFPA, especially in the joint management of funds as well as synchronising implementation to achieve ultimate results and possibly impact.

Since the development of the Joint UN HIV and AIDS Program of Support (JUNPS) in 2008 (coordinated by UNAIDS), the status of this "joint program" has been changed to that of a joint activity as part of the JUNPS. Within the JUNPS and the Joint UN Team on HIV and AIDS (JUTA), this joint activity between UNFPA and UNICEF is considered a model for effective and efficient UN support to the country.

The major challenge identified is the difficulty in assessing the combined results of the two efforts. For instance the challenge was the absence of empirical evidence in assessing the extent to which both sets of activities (in-school and out-of-school youth) complemented each other and eventually translated into behavioural change among the youth in the communities and schools.

Sustainability of Interventions

Implementation of all five (5) components was also directed by sector needs and priorities and the assistance provided by this Project was therefore to support the Government of Ghana on areas of interventions which have already been identified and committed to by government.

For component 1, the integration of HIV education into the curricular of Colleges of Education for training teachers guarantees the institutionalisation and continuation of the "supply" of teachers who understand issues of HIV and AIDS and how to approach its teaching in the class-room.

Component 2 in strengthening the functioning of the NYC, and the institutionalisation of Joint Annual meetings between all stakeholders (both state and non-state) involved in youth education/sensitisation in ASRH and HIV and AIDS, has demonstrated a model which could increase the communication and coordination between the state actors.

Component 3 provided guidelines and supported the development of a PMTCT Scale-up plan which has been adopted by the Government of Ghana for implementation.

The National Plan of Action for OVCs has been developed alongside an Adoption Manual and a National Standard for Residential Homes in Ghana as part of the support provided by UNICEF under Component 4. This, in addition to the strengthened OVC Coordinating Committee, has enabled the DSW to be in a better position to lead in the implementation of the NPA.

Component 5 was able to build district level capacity in mainstreaming HIV and AIDS interventions in their medium term development plans. An assessment is currently being undertaken (July 2011) to ascertain the level of successes of the MMDA in addressing HIV and AIDS issues in their MTDP. There is the need for a follow-up to assess the extent to which proposed interventions were actually implemented.

The Decentralised Response (DR) will have to be re-assessed against its viability under the Ministry of Local Government and Rural Development. There is limited commitment from the Ministry of Local Government and Rural Development to ensure the efficient functioning of the Unit. This is demonstrated by the meagre GHC 5,000 budget allocation for program/activities to the unit for the financial year 2011.

Impact of Interventions

Due to the time of evaluation of the project (immediately on completion), what was generally observed as impact were the immediate institutional transformations and the increased commitment of the Government of Ghana in some of the areas of intervention.

For Component 1, there has been a KAP study of the Alert School Model to assess the extent of knowledge acquisition and its translation into the behavioural patterns of the in-school youth. Results from this study give a varied level of impact of the ASM on the behaviours of in-school youth. As indicated earlier, the type of ASM exposure significantly influenced HIV and AIDS knowledge; - the children who have been exposed to the Alert phase acquired the highest knowledge followed by those in the Pass exposure phase.

The technical and financial assistance from UNICEF to GES in implementing the ASM in the initial five regions seems to have been the catalyst that generated interest in other developing partners and the GOG. This pioneering role played by UNICEF in the implementation of the Alert Model demonstrated the viability and effectiveness of the ASM to generate behavioural change in the youth with respect to HIV and AIDS

education. This resulted in other DPs and the GOG providing support to cover the remaining five regions where UNICEF was not supporting.

GES now seems to have a clear focus on how to further implement, expand, and improve this intervention as it is outlined in the new Education Strategic Plan (2010-2020). In the medium- to long-term, the integration of HIV and AIDS education into the curriculum of the Colleges of Education is a demonstration of the recognition of the ASM as an effective and efficient mechanism in contributing to the national response.

The major impact of Component 2 is the demonstration of the fact that given the right arrangements and the necessary financial/technical support and commitment of donors, state institutions could efficiently and effectively collaborate with civil society organisations and community based organisations to address common issues. This is evident in the joint programme with UNFPA in selected communities in the Central region which has been able to generate collaboration between GES, NYC, CSO/CBO, UNICEF, and UNFPA. The purpose was to better coordinate their efforts in these communities, in addressing issues of HIV and AIDS education of the youth.

Component 3 has significantly supported the MOH/GHS to implement its PMTCT plus programme which is being followed up with a scale-up plan for the period 2011-2015. The support was well targeted as it provided the expected support to both the MOH and GHS with respect to PMTCT. In the five UNICEF assisted regions, the enhanced PMTCT services especially with respect to health infrastructure has improved the quality of general health service as the refurbished PMTCT sites are also used for general health services.

GHS personnel training, supported by UNICEF at the national and district levels also ensured that in addition to infrastructural development, the health personnel were updated on PMTCT and EID guidelines. Equipment procured and supplied to GHS as part of infrastructure for EID added to the improved quality of maternal and child health care especially in the five UNICEF assisted regions.

Component 4 has facilitated the development of the basic structures/infrastructure for the protection and promotion of OVCs in residential facilities. Support targeted the strengthening of DSW to better lead in efforts at ensuring the safety and wellbeing of OVCs in residential facilities. All these efforts/support culminated in the design and development of the National Plan of Action (NPA) on OVCs, the National Standard for Residential Homes in Ghana, and the improved and continuous functioning of the national multi-sectoral Committee on OVCs.

UNICEF support provided under Component 5 highlighted the issues of HIV and AIDS in the design and development of the district MTDPs. Support for training of districts to better identify and integrate HIV and AIDS issues into their district MTDPs focused on the three (3) northern regions.

Because of the nature of the interventions under this component, more time will be required to assess the impact level with respect to the extent to which HIV and AIDS planning and programming has been decentralised and owned by district assemblies.

Recommendations

1. Even though gender and human rights is core to all activities of both UNICEF and UNFPA, there is the need for both Agencies to ensure that these core values are explicitly represented in all their programmes and activities. In this particular programme intervention, there was no evidence of a gender and human rights analysis/assessment for all the components either as part of the project design or prior to implementation of activities/interventions. The same was the case for human rights. This is also demonstrated by the fact that the “Specific Component Progress indicators” as contained in the Technical Proposal had no indicators measuring human rights and gender.

Gender and human rights assessment need to be undertaken prior to the design and implementation of future activities/interventions. Progress indicators measuring identified gender and human rights issues with respect to the specific activity/intervention will have to be developed for purposes of monitoring, to ensure that the eventual output/outcome considers these issues.

2. The implementation of all five components was based on some set of outlined strategies which had been identified to be efficient and effective at delivering the outcomes outlined. It was observed that there were some level of variations in strategy for some of the components, which may have been relevant and contributed to better efficiency, considering the dynamic geo-political nature of the national/regional and global environment - however, these were not documented. Verbal explanations on the variations were therefore relied upon during the evaluation.

While it is acknowledged that the variations may have been necessary to achieving the specific and broader objectives of the project, it is important to document these variations (either through internal memos, minutes of meeting, or in Annual Reports). This would give a better understanding of the changing issues, and reasons behind the changes, assist in developing best practices when the need arose, and provide institutional memory for any future assessments and evaluation.

3. It was evident that there were initial challenges with management of the joint arrangement as agreed in the MOU between UNICEF and UNFPA in relation to the implementation of components 1 and 2. Recognising that this was the first joint programme within the UN system in Ghana managed independently by two Agencies, the initial challenges could have been anticipated and guarded against. For instance, with respect to the financial arrangements, the difficulties encountered that resulted in delays of funds received by UNFPA could have been anticipated by both Agencies. This resulted in the challenge encountered in synchronising operational procedures in both Agencies to enable the efficient and effective functioning of a joint effort (especially at managing fund disbursement) and therefore effective monitoring of activity implementation.

Progress indicators will need to be developed specifically for the joint programme to track progress of the combination of efforts of all agencies involved.

4. The level of sustainability of interventions depended significantly on the extent of control and ownership of the eventual service by the state institution/organisation being supported. For instance the GES and the GHS have a significant control over basic school education and health service delivery respectively, and are therefore in a position to better integrate any support into the national agenda for the sector. They also lead in the design and implementation of major sector plans and programmes.

Therefore, identification of the key state institution/organisation is critical to the sustainability of interventions. In instances where there is no clarity on the mandate and scope of authority of a number of state institutions/organisation on the issue to be supported, it is recommended that the support in this case should focus on facilitating the clarification and strengthening of the institutional arrangements for the efficient and effective functioning of state institutions in that sector. This implies that intervention areas that are cross sectoral should also include strengthening of the functional and working relationships between the state institutions/organisations.

5. The project, as indicated was designed and developed to assist in the national response to HIV and AIDS. The outcomes in the national response are broad and inter-sectoral in nature. Information gathered through document reviews and interviews as part of this evaluation indicated that the most visible impact sectors as a result of the efforts of all five (5) Components were the health and education sectors. This could be attributed to interventions in Components 1 and 3 which were sector specific and impacts could be immediately detected and attributed.

The difficulty of making attributions to interventions which were implemented in areas that are cross-sectoral was evident in components 4 and 5. In spite of this difficulty, the support to DSW as part of component 4 made some significant impact in the area of institutionalised children.

It is therefore recommended that objectives of future interventions be more sector specific for gains to be properly observed and recorded per sector to enable assessors make better judgements of short- medium- and long-term impacts. In instances where the intervention is cross-sectoral, efforts should be made to identify all sector indicators that can guide progress and achievements.

Annexes

Annex 1 - Key persons interviewed

| Component | Interviewee | Designation |
|---|--|---|
| Component 1: Prevention of HIV and AIDS among school children :HIV and AIDS alert school Model | <ul style="list-style-type: none"> • Ellen Mensah • Charles Aheto-Tsegah • Emmanuel Effah-Sekyi • Bernadette Kafari • Agnes Atagabe • Lydia Charity Domalene • Simon Peter Ansolitere • Andrew Osei | <ul style="list-style-type: none"> • National Coordinator SHEP GES • Ministry of Educational (Coordinator Donor Funds) • Teacher Education Division -In-Service Training, GES • Regional Coordinator SHEP Northern Region • Regional Director Education Upper East Region • Regional SHEP Coordinator Upper East Region • Regional SHEP Coordinator Upper West Region • UNICEF |
| Component 2: Prevention of HIV and AIDS among Out-of-School Youth | <ul style="list-style-type: none"> • Ernest Amoako • Rejoice Nutakor • Esther Dua Oyinka • Owusu-Poku • Aba Oppong • Cecelia Senoo • Samuel Kissi | <ul style="list-style-type: none"> • National Youth Council - • Ghana Health Service (Adolescent Unit Family Health Division) • Ghana Health Service • Theatre for Change • CEDEP • SWAA Ghana • Curious Minds |
| Component 3: PMTCT plus and paediatric ART for HIV positive children | <ul style="list-style-type: none"> • Geoffrey Acaye • Amama Kaleen Habib • Dr. Akwasi Twumasi • Dr. Jacob Mahama • Paul Yikpotey • Margaret Nmini • Hajia Fati Grant • Nixon Duut • Hardi Abdulai • Dr. Patrick Bampoe • Genevieve Yiribayi | <ul style="list-style-type: none"> • Child Development Specialist-UNICEF • Health and Nutrition Specialist-UNICEF • Regional Health Director-Northern Region • Deputy Director Public Health-Northern Region • Northern Regional HIV and AIDS Data Manager • Deputy Director Nursing Services (Public Health)-Northern Region • Midwife, Tamale West Hospital PMTCT site • DDNS-Tamale West Hospital • Estate Officer, GHS, Tamale • Regional HIV and AIDS Coordinator-Northern Region • Regional HIV and AIDS Coordinator-Upper West Region |
| Component 4: Protection, Care and Support to OVC | <ul style="list-style-type: none"> • Helen Obeng Asamoah • William Niyuni • Iddris Abdallah | <ul style="list-style-type: none"> • DSW (Care Reform Initiative) • OVC Coordinating Committee • UNICEF-Child Protection Specialist |
| Component 4: Protection, Care and Support to OVC | <ul style="list-style-type: none"> • Geoffrey Acaye • Amama Kaleen Habib • Dr. Akwasi Twumasi • Dr. Jacob Mahama • Paul Yikpotey • Margaret Nmini • Hajia Fati Grant • Nixon Duut • Hardi Abdulai • Dr. Patrick Bampoe • Genevieve Yiribayi | <ul style="list-style-type: none"> • Child Development Specialist-UNICEF • Health and Nutrition Specialist-UNICEF • Regional Health Director-Northern Region • Deputy Director Public Health-Northern Region • Northern Regional HIV and AIDS Data Manager • Deputy Director Nursing Services (Public Health)-Northern Region • Midwife, Tamale West Hospital PMTCT site • DDNS-Tamale West Hospital • Estate Officer, GHS, Tamale • Regional HIV and AIDS Coordinator-Northern Region • Regional HIV and AIDS Coordinator-Upper West Region |
| Component 5: Cross-cutting; Strategic Monitoring and Evaluation and DR | <ul style="list-style-type: none"> • Charity Adusu • Gregory Addah • Sagito Issaka • Osman Baba • Crispin Yamgo-Kaarawo • Amama Kaleem | <ul style="list-style-type: none"> • Decentralised Response-MLGRD • Chief Economic Planning Officer, RPCU-Northern Region • RPCU-Upper West Region • Chief Economic Planning Officer, RPCU-Upper West Region • Economic Planning Office, RPCU-Upper West Region • ACMA, Child Development Specialist, UNICEF |

| Component | Interviewee | Designation |
|-----------|---|---|
| | Habib | |
| General | <ul style="list-style-type: none"> • Dr. Leo Zekeng • Clement Adams | <ul style="list-style-type: none"> • Country Coordinator, UNAIDS • UNICEF Tamale Office |

Annex 2 - List of documents reviewed

| Contact | Component | Documents reviewed |
|--|--|--|
| Andrew Osei /UNICEF - Education | Component 1: Prevention of HIV and AIDS among school children: HIV and AIDS alert school Model | <ul style="list-style-type: none"> • Assessment report School Alert Model (2010) • Annual Education Sector Operation Plan (2007-2009) • Approved SHEP Policy-GES Vol. 1 & 2 • Education Strategic Plan 2010-2020 • HIV Alert School Model-Reporting Format on Award and Certification Systems • Alert Certification System (Forms B2 & C) |
| Esi Awotwi/ Ben Treveh UNFPA-HIV and AIDS/M&E | Component 2- Prevention of HIV and AIDS among Out-of-School Youth | <ul style="list-style-type: none"> • Fund flow Irish Aid 2009 • Final Composite AWP HIV 2009 • Programme Coherence Strategy-UNFPA • Annual Work Plan for IP in the RH Component for 2009 • Final Report UNFPA IP PPAG • Irish Aid Funding Received- Funds approved in proposal • Annual Work Plan for IPs in the RH Component for 2010 • End line assessment report of the Interact! Project for out-of-school youth in the Ajumako Enyan Essiam district in the central region of Ghana (facilitators)-Theatre for Change • End line assessment report of the Interact! Project for out-of-school youth in the Ajumako Enyan Essiam district in the central region of Ghana (participants and control group) • CEDEP-UNFPA cp-5 reproductive health programme composite annual report January-December 2008 • UNFPA Policies and Procedures: Programme, Country Programme Implementation: CPAP and AWP • Baseline Survey in the Twifo Hemang Lower Denkyira District of the Central region of Ghana, PPAG 2006 • Planned Parenthood Association of Ghana, UNFPA 5th Country Programme, 2006 • Baseline assessment report of the interact project for out-of-school youth in the Ajumako Enyan Essiam District in the Central region of Ghana 2008 • Final report of the Interact! Project for out-of-school youth in the Ajumako Enyan Essiam District in the Central region of Ghana,2008 • UNFPA Logframe indicators • Trip report CEDEDP TFAC training Jul. 2009 Cape Coast • Trip report August 3-5, 2010 Central Region • Trip report CEDEP fun games 24-25 Sept. 2010 • Trip report PPAG 15-17 Jun. 2009 • Funds flow-Irish Aid and core funds for youth activities 2010 |

| Contact | Component | Documents reviewed |
|--|---|--|
| | | <ul style="list-style-type: none"> • Funds flow-Irish Aid 2009-2010 • UNFPA Country Office Annual Report 2006 • UNFPA Country Office Annual Report 2007 • UNFPA Country Office Annual Report 2009 • Curious minds budget 2007 • Policies and procedures Country Programme Implementation (CPAP and AWP) 2007 , UNFPA • Annual work plan for IPs in reproductive health component, 2009 • Funds Flow Irish Aid 2009, UNFPA • National Youth Council AWP Core Funds • Annual Budget for Reproductive Health for Theatre for a Change, 2008 • Travel Report, 27-28 August, 2008 • SWAA budget for ASRH |
| Rhoda Manu/ UNICEF-Health and Nutrition | Component 3- Prevention of Mother-to-Child Transmission (PMTCT) Plus and paediatric Anti Retroviral Therapy (ART) for HIV positive children | <ul style="list-style-type: none"> • PMTCT Sites in Five Regions • Ghana Shared Growth and Development Agenda-2010-2013 Vol.1 • Prevention of Mother-to-Child transmission of HIV in Ghana(scale up plan 2011-2015) + Brochure • UNICEF Supported ANC/PMTCT sites • Training manual for healthcare workers in Ghana, November 2009 • PMTCT update 2009 • PMTCT/Paediatric HIV update 2008 & 2009 • Case study on Nyankpala Health centre Gets a face lift |
| Iddris Abdallah/Child Protection | Component 4- Protection, Care and Support to OVC | <ul style="list-style-type: none"> • National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana 2010 • Ghana's National Plan of Action For Orphans And Vulnerable Children (2010 - 2012) • OVC National Plan of Action • Irish Aids funds utilisation • Coordinating Committee Meetings • AWP for DSW and UNICEF • Document showing the flow of funds to donors • Care Reform Initiative, Discussion guide for Annual Planning Exercise, UNICEF • Presentation on DSW Activities at UNICEF Annual Review and Planning Meeting 2010 • Presentation by DSW on DSW/UNICEF Collaboration on OVC, 2006 • Minutes of OVC Committee 2006-2010 • National Standards for Residential Homes, Ghana • Irish Aid Funds Utilisation, 2008 • LEAP Social grants Pilot Implementation Design Ghana, 2007 • National Social Protection Strategy, Ghana, 2007 |

| Contact | Component | Documents reviewed |
|----------------------------------|---|---|
| Charles Dzradosi/ UNICEF-ACMA | Component 5-Cross-cutting: Strategic Monitoring and Evaluation and Decentralised Response | <ul style="list-style-type: none"> • ACMA 2007 AWP • ACMA AWP 2009-2010 • Gender HIV and AIDS report • Regional review report Northern Region 2007 • ACMA IRISH AID report 2009 • UNICEF AWP 2006-2010 • UNICEF Ghana Report December 2006,2007,2008 • Handbook for preparation district HIV and AIDS strategic plans, May 2006 • Documentation of district HIV and AIDS multi sectoral strategic plan preparation process • UNICEF MLGRD Report 2009-2010 • ACMA Report on IRISH AID DR November 2008 draft • UNICEF proposal for funds to IRISH AID • NDPC District Planning Guidelines • Log Frame & Indicators for Assessing Output of Training • HIV and AIDS Annual Programme of Work (APOW) MLGRD • Draft Terms of Assessment (Follow-up assessment of Training of District Stakeholders on the Management and Coordination of the Decentralized HIV and AIDS Response) • Follow-up Assessment of Training of District Stakeholders on The Management and Coordination of Decentralised HIV and AIDS Response, 2010 • Monitoring and Evaluation Template • Presentation on Sissala West District • Monitoring of HIV and AIDS Trip Report, 16-19 April 2008 by Charles Dzakosi |
| Jane Mwangi UNICEF M&E | General Documents | <ul style="list-style-type: none"> • Letter of Agreement between Irish Aid and UNICEF (pass-through fund management) • Memorandum of Understanding Between UNFPA and UNICEF regarding the Operational Aspects of a Joint Programme on national HIV and AIDS response in Ghana • Proposal to scale up best practices on prevention, care and support interventions for Young People • UNFPA, Project Budget Balance • UNICEF, Utilisation of funds by RBD (4 versions) • UNICEF, First Annual Progress and Financial Utilisation Report, Support to Ghana's National HIV and AIDS response Scaling up Best Practices on prevention, Care and Support Interventions for Young People (Donor Irish Aid) • UNICEF, Second Annual Progress and Financial Utilisation Report, Support to Ghana's National HIV and AIDS response Scaling up Best Practices on prevention, Care and Support Interventions for Young People (Donor Irish Aid) • UNICEF, Third Annual Progress and Financial Utilisation Report, Support to Ghana's National HIV and AIDS response Scaling up Best Practices on prevention, Care and Support Interventions for Young People (Donor Irish Aid) |

| Contact | Component | Documents reviewed |
|----------------------------|---|--|
| | | <ul style="list-style-type: none"> • Irish Aid, donor Report Checklist UNICEF Ghana • UNICEF-Adapted UNEG Evaluation Reports Standards • UNEG-Standards for Evaluation in the UN System • UNEG-Core Competencies for Evaluators of the UN System • DAC Criteria for Evaluating Development Assistance • UNEG-UNEG Quality Checklist for Evaluation Reports • Evaluation standards • DAC Evaluation Quality Standards • UNEG-UNEG Principles of Working Together • UNEG-Norms for Evaluation in the UN System Strategic Framework II Ghana • Joint Review of the Nation • Status Report on the National HIV Response -Ghana aids Commission 2009 • National report on the Follow-up to the United Nations General assembly Special Session (UNGASS) Declaration of Commitment on HIV and AIDS 2004-2005 • Review And Analysis Of The Application Of The "Three Ones" Principles In Ghana-draft country report 2009 • Joint Action for Results- UNAIDS Outcome Framework 2009-2011 • Joint UN HIV and AIDS Programme of Support (JUNPS) 2008-2009) • NSF II 2005 • 2009 Irish Aid donor report • Project Budget Balance 2008 • Utilisation of funds 2006 • Utilisation of funds 2008 • Utilisation of funds 2009 • Donor report feedback form 2009 • Country Programme Action Plan 2006-2010 • Results Matrix, Child Protection 2006-2010 • Results Matrix, Education Programme 2006-2010 • Results Matrix, Health and Nutrition 2006-2010 • Result Matrix, Advocacy Communications, Monitoring and Analysis 2009-2010 |
| CEDEP/Implementing partner | Component 2- Prevention of HIV and AIDS among Out-of-School Youth | <ul style="list-style-type: none"> • Annual workplan March. 2010 • Annual workplan, June 2010 • Annual workplan Sept. 2010 • Annual workplan for KEEA and Wa West • Annual workplan monitoring tool Jul. 2010 • Quarter 1 Report March 2010 (KEEA) • Quarter 2 report Apr-Jun 201 (KEEA) • Quarter 3 report Jul-Sept. 2010 (KEEA) |

| Contact | Component | Documents reviewed |
|--|---|---|
| | | <ul style="list-style-type: none"> • Quarter 4 report Oct.-Dec.2010 (KEEA) • Quarter 2 Youth Behaviour Change Report Jul. 2010 • Terms of reference for workshop |
| Curious Minds/ Implementing partner | Component 2- Prevention of HIV and AIDS among Out-of-School Youth | <ul style="list-style-type: none"> • Progress report Population & Development (P&D) Jul.-Sept. 2010 • Progress report Reproductive Health (R&H) 2010 • Progress report Jan.-Mar. P&D/R&H 2010 • Progress report Oct.-Dec. 2009 • Progress report Dec.-Mar. 2008 • Progress report Apr.-Jun. 2009 • Progress report Jul.-Sept. 2009 |

Annex 3 - Proposed Budget in US dollars (2006 - 2010) by component

The UNICEF Ghana office had estimated that activities for the five components would cost US \$ 8.4million over a five-year period. Irish Aid funding was received to support the first three years of this budget.

| Components | Year 1 | Year 2 | Year 3 | Total (Yrs 1-3) | Total (Yrs 1-3) % | Year 4 | Year 5 | Total (Yrs1-5) |
|---|------------------|------------------|------------------|------------------|-------------------|------------------|------------------|------------------|
| Prevention of HIV and AIDS among Schoolchildren | 493,950 | 485,070 | 444,000 | 1,423,020 | 29.7% | 507,270 | 502,830 | 2,433,120 |
| Prevention of HIV and AIDS among Out-of-School Youth* | 249,750 | 244,200 | 244,200 | 738,150 | 15.4% | 299,700 | 299,700 | 1,337,550 |
| PMTCT Plus | 416,250 | 421,800 | 438,450 | 1,276,500 | 26.7% | 466,200 | 471,750 | 2,214,450 |
| Protection, Care and Support for OVCs | 177,600 | 199,800 | 233,100 | 610,500 | 12.8% | 277,500 | 277,500 | 1,165,500 |
| Strategic Monitoring and Evaluation, Advocacy and DR | 138,750 | 138,750 | 138,750 | 416,250 | 8.7% | 138,750 | 138,750 | 693,750 |
| Total Programmable | 1,476,300 | 1,489,620 | 1,498,500 | 4,464,420 | 93.3% | 1,689,420 | 1,690,530 | 7,844,370 |
| Recovery Cost** | 105,839 | 106,715 | 107,337 | 319,891 | 6.7% | 121,256 | 121,344 | 562,481 |
| TOTAL | 1,582,139 | 1,596,335 | 1,605,837 | 4,784,311 | 100% | 1,810,676 | 1,811,864 | 8,406,851 |

*Applying the Provision for Joint Programming of the United Nations Development Group, funds for this component were to be transferred by UNICEF to UNFPA through a pass through arrangement. UNICEF, under this arrangement was to assume responsibility for preparing periodic consolidated financial reports.

**Recovery Cost: The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board decision 2006/7 of June 2006.

(Source: UNICEF, Proposal to Scale up Best Practices on Prevention, Care and Support Interventions for Young People, June 2006, pg. 32)

Annex 4 - Evaluation Questions

| | Component 1 | Component 2 | Component 3 | Component 4 | Component 5 |
|---------------|--|---|---|---|--|
| Relevance | <ol style="list-style-type: none"> 1. How relevant is this component to general objectives of UNICEF, Irish AID, NFS II, GPRS II, UNDAF and GES? 2. What are the component indicators with respect to cross-cutting issues¹⁰? 3. How were these issues assessed prior to the development of activities? 4. How are the cross-cutting issues accounted for in M&E? 5. To what extent did the component activities meet the outputs as outlined in the project logframe? | <ol style="list-style-type: none"> 1. How relevant is this component to general objectives of UNFPA, Irish AID, NFS II, GPRS II and UNDAF? 2. What are the component indicators with respect to cross-cutting issues? 3. How were these issues assessed prior to the development of activities? 4. How are the cross-cutting issues accounted for in M&E? 5. To what extent did the component activities meet the outputs as outlined in the project logframe? | <ol style="list-style-type: none"> 1. How relevant is this component to general objectives of UNICEF, Irish AID, NFS II, GPRS II, UNDAF and the health sector? 2. What are the component indicators with respect to cross-cutting issues? 3. How were these issues assessed prior to the development of activities? 4. How are the cross-cutting issues accounted for in M&E? 5. To what extent did the component activities meet the outputs as outlined in the project logframe? | <ol style="list-style-type: none"> 1. How relevant is this component to general objectives of UNICEF, Irish AID, NFS II, GPRS II, UNDAF and DSW? 2. What are the component indicators with respect to cross-cutting issues? 3. How were these issues assessed prior to the development of activities? 4. How are the cross-cutting issues accounted for in M&E? 5. To what extent did the component activities meet the outputs as outlined in the project logframe? | <ol style="list-style-type: none"> 1. How relevant is this component to general objectives of UNICEF, Irish AID, NFS II, GPRS II, UNDAF and National/District Planning process? 2. What are the component indicators with respect to cross-cutting issues? 3. How were these issues assessed prior to the development of activities? 4. How are the cross-cutting issues accounted for in M&E? 5. To what extent did the component activities meet the outputs as outlined in the project logframe? |
| Effectiveness | <ol style="list-style-type: none"> 1. To what extent did scheduled activities meet the set time lines? 2. To what extent was implementation of component activities consistent with outlined strategies? 3. Who were the real beneficiaries (direct+indirect)? | <ol style="list-style-type: none"> 1. To what extent did scheduled activities meet the set time lines? 2. To what extent was implementation of component activities consistent with outlined strategies? 3. Who were the real beneficiaries (direct+indirect)? | <ol style="list-style-type: none"> 1. To what extent did scheduled activities meet the set time lines? 2. To what extent was implementation of component activities consistent with outlined strategies? 3. Who were the real beneficiaries (direct+indirect)? | <ol style="list-style-type: none"> 1. To what extent did scheduled activities meet the set time lines? 2. To what extent was implementation of component activities consistent with outlined strategies? 3. Who were the real beneficiaries (direct+indirect)? | <ol style="list-style-type: none"> 1. To what extent did scheduled activities meet the set time lines? 2. To what extent was implementation of component activities consistent with outlined strategies? 3. Who were the real beneficiaries (direct+indirect)? |

¹⁰ Gender, human rights, and institutional capacity building

| | Component 1 | Component 2 | Component 3 | Component 4 | Component 5 |
|----------------|---|---|---|---|---|
| Efficiency | <ol style="list-style-type: none"> 1. To what extent did the joint program modality contribute to the achievement or otherwise of the objectives of this component? 2. To what extent did funds and other resources allocated for this Component contribute to the achievement or otherwise of objectives and results for the Component? | <ol style="list-style-type: none"> 1. To what extent did the joint program modality contribute to the achievement or otherwise of the objectives of this component? 2. To what extent did funds and other resources allocated for this Component contribute to the achievement or otherwise of objectives and results for the Component? | <ol style="list-style-type: none"> 1. To what extent did funds and other resources allocated for this Component contribute to the achievement or otherwise of objectives and results for the Component? | <ol style="list-style-type: none"> 1. To what extent did funds and other resources allocated for this Component contribute to the achievement or otherwise of objectives and results for the Component? | <ol style="list-style-type: none"> 1. To what extent did funds and other resources allocated for this Component contribute to the achievement or otherwise of objectives and results for the Component? |
| Sustainability | <ol style="list-style-type: none"> 1. What institutional structures, systems, and processes have been designed and developed (<i>with both state and non-state organisations</i>) to sustain and expand the gains of the interventions? 2. Who are the key stakeholders (<i>state and non-state</i>) critical to sustaining gains of this component? 3. What role (<i>new or otherwise</i>) can these stakeholders play to facilitate the continuation of gains? | <ol style="list-style-type: none"> 1. What institutional structures, systems, and processes have been designed and developed (<i>with both state and non-state organisations</i>) to sustain and expand the gains of the interventions? 2. Who are the key stakeholders (<i>state and non-state</i>) critical to sustaining gains of this component? 3. What role (<i>new or otherwise</i>) can these stakeholders play to facilitate the continuation of gains? | <ol style="list-style-type: none"> 1. What institutional structures, systems, and processes have been designed and developed (<i>with both state and non-state organisations</i>) to sustain and expand the gains of the interventions? 2. Who are the key stakeholders (<i>state and non-state</i>) critical to sustaining gains of this component? 3. What role (<i>new or otherwise</i>) can these stakeholders play to facilitate the continuation of gains? | <ol style="list-style-type: none"> 1. What institutional structures, systems, and processes have been designed and developed (<i>with both state and non-state organisations</i>) to sustain and expand the gains of the interventions? 2. Who are the key stakeholders (<i>state and non-state</i>) critical to sustaining gains of this component? 3. What role (<i>new or otherwise</i>) can these stakeholders play to facilitate the continuation of gains? | <ol style="list-style-type: none"> 1. What institutional structures, systems, and processes have been designed and developed (<i>with both state and non-state organisations</i>) to sustain and expand the gains of the interventions? 2. Who are the key stakeholders (<i>state and non-state</i>) critical to sustaining gains of this component? 3. What role (<i>new or otherwise</i>) can these stakeholders play to facilitate the continuation of gains? |
| Impact | <ol style="list-style-type: none"> 1. What were results recorded? 2. To what extent were these results consistent with those anticipated by the project document? | <ol style="list-style-type: none"> 1. What were results recorded? 2. To what extent were these results consistent with those anticipated by the project document? | <ol style="list-style-type: none"> 1. What were results recorded? 2. To what extent were these results consistent with those anticipated by the project document? | <ol style="list-style-type: none"> 1. What were results recorded? 2. To what extent were these results consistent with those anticipated by the project document? | <ol style="list-style-type: none"> 1. What were results recorded? 2. To what extent were these results consistent with those anticipated by the project document? |

| | Component 1 | Component 2 | Component 3 | Component 4 | Component 5 |
|----------------------------|--|--|--|--|--|
| Specific Evaluation Issues | <ol style="list-style-type: none"> 1. What are the institutional and systemic arrangements that have been strengthened to sustain and support the peer education system? 2. Has there been a formal assessment/evaluation of the effectiveness of peer educator in effecting behavioural change? | <ol style="list-style-type: none"> 1. What are the institutional and systemic arrangements that have been strengthened to sustain and support the peer education system? 2. Has there been a formal assessment/evaluation of the effectiveness of peer educator in effecting behavioural change? | Not applicable | Not applicable | Not applicable |
| NSF II/GPRS II | <ol style="list-style-type: none"> 1. To what extent were the Component objectives aligned to the Thematic Areas of the NSF II/GPRS II? | <ol style="list-style-type: none"> 1. To what extent were the Component objectives aligned to the Thematic Areas of the NSF II/ GPRS II? | <ol style="list-style-type: none"> 1. To what extent were the Component objectives aligned to the Thematic Areas of the NSF II/ GPRS II? | <ol style="list-style-type: none"> 1. To what extent were the Component objectives aligned to the Thematic Areas of the NSF II/ GPRS II? | <ol style="list-style-type: none"> 1. To what extent were the Component objectives aligned to the Thematic Areas of the NSF II/ GPRS II? |
| Delivering as One (DaO) | <ol style="list-style-type: none"> 1. Was there any collaboration (<i>formal/informal</i>) between UNICEF and any other UN Agencies (other than UNFPA) in the implementation of activities of this component? 2. What was the contribution of the joint program approach (<i>Components 1 & 2</i>) to achieving UN DaO and Paris and Accra Declarations? | <ol style="list-style-type: none"> 1. Was there any collaboration (<i>formal/informal</i>) between UNFPA and any other UN Agencies (other than UNICEF) in the implementation of activities of this component? 2. What was the contribution of the joint program approach (<i>Components 1 & 2</i>) to achieving UN DaO and Paris and Accra Declarations? | Was there any collaboration (<i>formal/informal</i>) between UNICEF and any other UN Agencies in the implementation of activities of this component? | Was there any collaboration (<i>formal/informal</i>) between UNICEF and any other UN Agencies in the implementation of activities of this component? | Was there any collaboration (<i>formal/informal</i>) between UNICEF and any other UN Agencies in the implementation of activities of this component? |
| Financing | <ol style="list-style-type: none"> 1. How much was expected from Irish Aid for this component? 2. How much was received from Irish Aid for this component? 3. What were the expected dates of receipt of the funds? | <ol style="list-style-type: none"> 1. How much was expected from Irish Aid for this component? 2. How much was received from Irish Aid for this component? 3. What were the expected dates of receipt of the funds? | <ol style="list-style-type: none"> 1. How much was expected from Irish Aid for this component? 2. How much was received from Irish Aid for this component? 3. What were the expected dates of receipt of the funds? | <ol style="list-style-type: none"> 1. How much was expected from Irish Aid for this component? 2. How much was received from Irish Aid for this component? 3. What were the expected dates of receipt of the funds? | <ol style="list-style-type: none"> 1. How much was expected from Irish Aid for this component? 2. How much was received from Irish Aid for this component? 3. What were the expected dates of receipt of the funds? |

| | Component 1 | Component 2 | Component 3 | Component 4 | Component 5 |
|--|--|--|---|---|---|
| | <p>4. What were the actual dates on which the funds were received?</p> <p>5. Were the receipts in line with plan?</p> <p>6. Was a separate account kept for the receipt and disbursement of Irish Aid funds?</p> <p>7. How much was disbursed to the implementing agencies (if any) over the period?</p> <p>8. How much of the funds disbursed was utilised by the implementing agencies over the period?</p> <p>9. How much of the funds was spent in the respective geographic locations, on which interventions, and were the expenditures in line with the original plan?</p> <p>10. In cases where not all the funds were utilised, what were the reasons for the low utilisation of funds?</p> <p>11. Were funds received from other sources for the implementation of this component?</p> <p>12. What were the sources of funds and how much was received over the period?</p> <p>13. Which interventions were funded by other donors, apart from Irish Aid?</p> <p>14. To what extent has the utilisation of Irish Aid funds adhered to the UNICEF/UNFPA Joint</p> | <p>4. What were the actual dates on which the funds were received?</p> <p>5. Were the funds received through UNICEF or directly from Irish Aid?</p> <p>6. Were the receipts in line with the plan (amounts received and timing)?</p> <p>7. If the funds were delayed, did the delay in receipt influence activities for this component?</p> <p>8. Would UNFPA have done more if the funds had been received earlier, and were activities increased once the funds had been received?</p> <p>9. Was a separate account kept for the receipt and disbursement of Irish Aid funds?</p> <p>10. How much was disbursed to the implementing agencies (if any) over the period?</p> <p>11. How much of the funds disbursed was utilised by the implementing agencies over the period?</p> <p>12. How much of the funds was spent in the respective geographic locations, on which interventions, and were the expenditures in line with the original plan?</p> <p>13. In cases where not all the funds were utilised, what were the reasons for the low utilisation of funds?</p> | <p>4. What were the actual dates on which the funds were received?</p> <p>5. How much was disbursed to the implementing agencies (if any) over the period?</p> <p>6. Were the receipts in line with the plan?</p> <p>7. How much of the funds disbursed was utilised by the implementing agencies over the period?</p> <p>8. How much of the funds was spent in the respective geographic locations, on which interventions, and were the expenditures in line with the original plan?</p> <p>9. In cases where not all the funds were utilised, what were the reasons for the low utilisation of funds?</p> <p>10. Were funds received from other sources for the implementation of this component?</p> <p>11. What were the sources of funds and how much was received over the period?</p> <p>12. Which interventions were funded by other donors, apart from Irish Aid?</p> <p>13. To what extent has the utilisation of Irish Aid funds adhered to the UNICEF/UNFPA Joint Programme Agreement?</p> | <p>4. What were the actual dates on which the funds were received?</p> <p>5. How much was disbursed to the implementing agencies (if any) over the period?</p> <p>6. Were the receipts in line with the plan?</p> <p>7. How much of the funds disbursed was utilised by the implementing agencies over the period?</p> <p>8. How much of the funds was spent in the respective geographic locations, on which interventions, and were the expenditures in line with the original plan?</p> <p>9. In cases where not all the funds were utilised, what were the reasons for the low utilisation of funds?</p> <p>10. Were funds received from other sources for the implementation of this component?</p> <p>11. What were the sources of funds and how much was received over the period?</p> <p>12. Which interventions were funded by other donors, apart from Irish Aid?</p> <p>13. To what extent has the utilisation of Irish Aid funds adhered to the UNICEF/UNFPA Joint Programme Agreement?</p> | <p>4. What were the actual dates on which the funds were received?</p> <p>5. How much was disbursed to the implementing agencies (if any) over the period?</p> <p>6. Were the receipts in line with the plan?</p> <p>7. How much of the funds disbursed was utilised by the implementing agencies over the period?</p> <p>8. How much of the funds was spent in the respective geographic locations, on which interventions, and were the expenditures in line with the original plan?</p> <p>9. In cases where not all the funds were utilised, what were the reasons for the low utilisation of funds?</p> <p>10. Were funds received from other sources for the implementation of this component?</p> <p>11. What were the sources of funds and how much was received over the period?</p> <p>12. Which interventions were funded by other donors, apart from Irish Aid?</p> <p>13. To what extent has the</p> |

| | Component 1 | Component 2 | Component 3 | Component 4 | Component 5 |
|-------|---|---|---|---|---|
| | Programme Agreement? | 14. Were funds received from other sources for the implementation of this component? 15. What were the sources of funds and how much was received over the period? 16. Which interventions were funded by other donors, apart from Irish Aid? 17. To what extent has the utilisation of Irish Aid funds adhered to the UNICEF/UNFPA Joint Programme Agreement? | | | utilisation of Irish Aid funds adhered to the UNICEF/UNFPA Joint Programme Agreement? |
| UNDAF | 1. To what extent were the Component objectives aligned with that of the UNDAF? 2. Which Country Program Outcome (CPO) did the Component contribute to? 3. What was the nature of the contribution? | 1. To what extent were the Component objectives aligned with that of the UNDAF? 2. Which Country Program Outcome (CPO) did the Component contribute to? 3. What was the nature of the contribution? | 1. To what extent were the Component objectives aligned with that of the UNDAF? 2. Which Country Program Outcome (CPO) did the Component contribute to? 3. What was the nature of the contribution? | 1. To what extent were the Component objectives aligned with that of the UNDAF? 2. Which Country Program Outcome (CPO) did the Component contribute to? 3. What was the nature of the contribution? | 1. To what extent were the Component objectives aligned with that of the UNDAF? 2. Which Country Program Outcome (CPO) did the Component contribute to? 3. What was the nature of the contribution? |

Annex 5 - Evaluation Team

| | | |
|---------------|----------------|--------------|
| Djabanor Narh | Michael Sackey | Sam Essah |
| Simon Dankyi | James Aryeetey | Lina Acquaye |

Annex 6 - Evaluation Terms of Reference

Terms of Reference

for the evaluation of the support provided by Irish Aid to the UNFPA/UNICEF joint programme: "Support to Ghana's National HIV and AIDS Response: Scaling up Best Practices on Prevention, Care and Support Interventions for Young People"

| | |
|----------------------------|--|
| Type of consultancy | Team of consultants or institution |
| Purpose | Evaluation of UNFPA/UNICEF joint programme "Support to Ghana's National HIV and AIDS Response: Scaling up best practices on prevention, care and support interventions for young people" |
| Location | Accra |
| Duration | 3 months |
| Start Date | 1 st October 2010 |
| Reporting to | Advocacy, Communication, Monitoring and Analysis Unit (ACMA) UNICEF Ghana |
| Budget Code/PBA No | PBA SC/2008/0293 |
| Project and activity codes | |

BACKGROUND

In January 2008, Irish Aid and UNICEF signed a Letter of Agreement for pass-through fund management of the joint UNICEF/UNFPA Programme in support of the National HIV/AIDS response in Ghana. In line with the national priority intervention areas, the partnership agreement with Irish Aid covered the following five main components and objectives:

| Component | Objective |
|--|---|
| Component 1: Prevention of HIV/AIDS among Schoolchildren (HIV/AIDS Alert School Model) | Strengthen capacities within the GES to plan, implement and sustain HIV/AIDS prevention interventions in schools for positive behaviour change/reinforcement among children, teachers and the school community. |
| Component 2: Prevention of HIV/AIDS among Out-of-School Youth | Strengthen capacities in government and selected NGOs to increase HIV/AIDS knowledge and positive behaviour change among out-of-school youth. |
| Component 3: PMTCT Plus and paediatric ART for HIV positive children | Strengthen capacities in government to ensure that all pregnant women and HIV-positive children have access to treatment, care and support services. |
| Component 4: Protection, Care and Support to OVC | Strengthen capacities of government and relevant stakeholders to provide care and support to OVC with the aim of ensuring that their rights are respected and fulfilled. |
| Component 5: Cross-cutting: Strategic Monitoring and Evaluation and DRI | Strengthen capacities of government for strategic HIV & OVC related planning, budgeting and implementation at central and decentralized levels. |

UNICEF and UNFPA have received the full USD 4,784,311 specified in the signed commitment. Officially, the project was going to come to an end in December 2009, but a request by UNICEF to extend the project till December 2010 was accepted. Irish Aid has suggested that this evaluation be commissioned by UNICEF with funds available under the current agreement.

PURPOSE OF THE EVALUATION

Although accountability in terms of the delivery of specified actions against agreed programme objectives is important, UNFPA and UNICEF are looking for an institution or team of consultants to provide lessons learnt for future similar interventions. More specifically, the consultants need to assess

- a) how efficiently the joint UNICEF/UNFPA programme modality, as outlined in the Programme Agreement, worked in terms of achieving a common purpose;
 - b) how well this modality fits and informs ONE UN reform and how effective it was in the context of Delivering as One;
 - c) how it could have been done better. It will be important to identify what made this a joint programmatic approach; how did the agencies work together and what was the comparative advantage that each agency brought to bear in ensuring delivery of results; and ultimately what were the benefits of joint working
- To assess how well the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action were applied in terms of harmonization, alignment, beneficiary country ownership and sustainable country systems strengthening
 - To present a general overall judgement of the extent to which the support provided has contributed to achievement of the goals and objectives of Ghana's National HIV/AIDS Strategic Framework (NSF II) and the Ghana Poverty Reduction Strategy (GRPS II).
 - To provide the main stakeholders involved in the funding and implementation of this project with an independent and accountable evaluation of the assistance provided under this project to strengthen the national HIV/AIDS response in Ghana.

SCOPE AND FOCUS

DAC general evaluation criteria

Relevance

- **Relevance of the interventions:** this includes both relevance to the general objectives of UNICEF and Irish Aid and relevance to the needs and priorities of the national HIV/AIDS response in Ghana.
- **Key cross-cutting issues:** Verification should be undertaken, on the one hand, of the extent that account has been taken of the main cross-cutting issues (gender, human rights and institutional capacity building) in the programming documents and, on the other hand, to what extent these issues have been reflected in the implementation modalities and in the effects of the intervention.
- **Design of the intervention strategy:** this partly concerns the extent to which the resources foreseen were adequate in relation to the objectives set out in the programming documents. The Consultant will also verify the extent to which the joint intervention modality (instruments, aid delivery channels, etc.) was appropriate to the objectives, paying particular attention to the objectives of this evaluation as laid out in the Purpose section.

Effectiveness

- **Consistency of the implementation in relation to the strategy and its effectiveness:** the consultant shall verify the extent to which the calendar and implementation of the intervention programming (type of interventions, geographical and sectoral distribution, instruments, aid delivery channels, etc.) were consistent with the strategy. The consultant shall demonstrate who are the real beneficiaries, direct or indirect, of the intervention and compare them to the target

population(s) in the programming documents, paying particular attention to the objectives of this evaluation as laid out in the Purpose section.

Efficiency

- **Efficiency of the implementation:** for the activities which were effective, it will be necessary to question to what extent the joint programme modality, funding, human, resources, regulatory, and/or administrative resources contributed to, or hindered, the achievement of the objectives and results, paying particular attention to the objectives of this evaluation as laid out in the Purpose section.

Sustainability

- **Sustainability of interventions and effects:** an analysis of the extent to which services and impact are being, or are likely to be, maintained over time.

Impact

- **Results and Impact:** the consultant shall identify all recorded results and impacts, including any unintended ones, and compare these to the intended. The consultant will also identify the changes which occurred in the areas on which these interventions were supposed to produce an impact.

Specific Evaluation Issues

- **Peer Educators:** Assessing the effectiveness of peer educators in effecting behavioural change and assessing the institutional and systemic arrangements that have been strengthened to support and sustain the peer education system..
- **Out-of-school Youth:** The evaluation should place special emphasis on evaluating achievements in reaching out-of-school youth.

EVALUATION PROCESS AND METHODS

The evaluation basic approach will consist of five phases in the course of which several methodological stages will be developed. The consultant's contribution is essentially the area marked grey in the table below.

| <i>Phases of the evaluation</i> | <i>Methodological Stages</i> |
|--|--|
| 1. Preparation Phase | <ul style="list-style-type: none"> • Drafting of ToR • Selection of consultant and signing of contract |
| 2. Desk Phase | <ul style="list-style-type: none"> • Structuring of the evaluation |
| 3. Field Phase | <ul style="list-style-type: none"> • Data Collection, verification of hypotheses |
| 4. Synthesis phase (seminar in the country) | <ul style="list-style-type: none"> • Analysis |
| 5. Creation of draft report, obtaining feedback and creation of final report | <ul style="list-style-type: none"> • Summary for the main stakeholders |
| 5. Dissemination | <ul style="list-style-type: none"> • Duplication and dissemination of final report. |

STAKEHOLDER PARTICIPATION

The consultant will have to ensure that all key stakeholders (programme partners, donor representatives and beneficiaries) are involved and consulted during the entire evaluation process. Special emphasis should be placed on the active participation of children and women during the consultations.

ACCOUNTABILITIES

The ACMA unit in the UNICEF office in Ghana will be responsible for the management and monitoring of the evaluation. The Deputy Representative and the Heads of the Child Protection, Education, and Health and Nutrition Sections of the UNICEF office in Accra and the Deputy Representative of UNFPA shall be responsible for the provision of technical guidance, the co-ordination with stakeholders involved and the approval of intermediate and final products.

EVALUATION TEAM COMPOSITION

The evaluation team should possess a sound level of knowledge and experience in:

- evaluation methods and techniques in general and, if possible of evaluation in the field of development and cooperation;
- the country and/or the region;
- the following fields: HIV/AIDS, child protection, health and nutrition, PMTCT, education, behavioral change strategies and planning and budgeting processes;
- the following language(s): English, knowledge of one of the local language would be an advantage;
- assessment of effective inter-agency collaboration;
- assessment of systemic benefits and systems strengthening effects from an HIV and/or thematic approach;
- assessment of achievement of broader development objectives through an HIV and/or thematic approach.

The consultant team should include local consultants (notably, but not only, during the field phase) with in-depth knowledge of key areas of the evaluation.

PROCEDURES AND LOGISTICS

The consultancy should start on the 1st October 2010 and be completed before the 31st December 2010. The dates mentioned in the following section may be changed with the agreement of all concerned.

| Workshop Phases and Steps | Notes and Reports | Timeline |
|--|-----------------------|---------------|
| Starting Stage | | October 2010 |
| Desk Phase | | |
| Desk Study | Desk Report | October 2010 |
| Field Phase | | |
| Interviews, focus groups meetings, etc | | November 2010 |
| Final Report-Writing Phase | | |
| | 1 st draft | December 2010 |
| | Seminar | December 2010 |
| | Final Report | December 2010 |

PRODUCTS/DELIVERABLES

The consultant team will need to produce a report of the desk review and a first and final draft of the report. The overall layout of the final report should contain an executive summary, a section with the context of the evaluation, the replies to the evaluation questions, the conclusions and a section with the recommendations.

The final report must be kept short (25 pages maximum excluding annexes). Additional information on the context, the programme or the comprehensive aspects of the methodology and of the analysis will be put in the annexes. The chapter on "Conclusions" will outline lessons learnt that make it possible to identify subjects for which there are good practices and the subjects for which it is necessary to think about modifications or re-orientations.

Recommendations have to be linked to the conclusions without being a direct copy and have to be treated on a hierarchical basis and prioritised within the various key themes. They have to be realistic, operational and feasible. As far as is practicable, the possible conditions of implementation have to be specified.

The consultant will facilitate a small seminar towards the end of the consultancy that will help to identify lessons learnt.

The overall quality of the evaluation will be measured using the quality assessment grid presented in Annex 1.

RESOURCE REQUIREMENTS

The proposal of the **consultants, institution or consultant team** should contain an accurate and detailed estimation of cost of the evaluation: the budget should include personnel per day, travel expense, supplies and equipment, translations, copies, communications, etc.

EXPECTED BACKGROUND AND EXPERIENCE

Required competencies

- Understanding of human rights-based approaches to programming
- Understanding of gender mainstreaming
- Familiarity with results-based management instruments and their application
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability
- Strong capacity to gather and analyze comprehensive information on complex problems or situations
- Ability to work in teams
- Excellent organizational skills
- Ability to prioritize activities to ensure optimum use of time and resources
- Demonstrates excellent oral and written communication skills
- Demonstrates openness and flexibility
- Responds positively to critical feedback and differing points of view

Required Skills and Experience

- The team of consultants or institution should have advanced degrees in the social sciences (sociology, anthropology and/or development studies), economics/demography or related fields relevant for the assignment.
- The consultants should have at least 5 years experience in conducting (large scale) evaluations.
- Experience with evaluation of UN funded projects/programmes is an asset.
- Knowledge and demonstrated experience with Human Rights Based Approach to Programming and Results Based Management.
- The consultants must possess outstanding writing and communication skills in the English language.

GENERAL CONDITIONS: PROCEDURES AND LOGISTICS

- The team of consultants/institution must be present in Accra for at least four weeks. If the consultants are not currently stationed in Accra, flight expenses and DSA will be paid.
- The consultants should provide their own materials, i.e. computer, office supplies, etc.

- The consultants/institution will be paid a lump sum upon completion of the assignment. An advance payment of not more than 30% can be arranged if necessary.

Policy both parties should be aware of:


- Under the consultancy agreements, a month is defined as 21 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.
- Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
- No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.
- For international consultants outside the duty station, signed contracts must be sent by fax or email. Signed contract copy or written agreement must be received by the office **before Travel Authorisation is issued.**
- No consultant may travel without a signed travel authorisation prior to the commencement of the journey to the duty station.
- Unless authorised, UNICEF will buy the tickets of the consultant. In exceptional cases, the consultant may be authorised to buy their travel tickets and shall be reimbursed at the "most economical and direct route" but this must be agreed to beforehand.
- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- Consultant will be required to sign the Health statement for consultants/individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
- The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant upon arrival at the HR Section.

Prepared by:

Name: René van Dongen

Title: Deputy Representative UNICEF

Date: 20, 04, 2010.

Signature: 

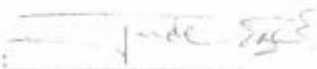
Approved by:

Jane Mwangi, M&E Specialist UNICEF

Signature: JMwangi

Date: 20/04/2010

Jude Edochie, Officer in Charge UNFPA Ghana

Signature: 

Date: 20/04/10

Yasmin Ali Haque, Representative UNICEF Ghana

Signature: 

Date: 20, 04, 10

Annex 1 - Quality assessment grid

| Concerning these criteria, the evaluation report is: | Unacceptable | Poor | Good | Very good | Excellent |
|---|--------------|------|------|-----------|-----------|
| 1. Meeting needs: Does the evaluation adequately address the information needs of the commissioning body and fit the terms of reference? | | | | | |
| 2. Relevant scope: Is the rationale of the policy examined and its set of outputs, results and outcomes/impacts examined fully, including both intended and unexpected policy interactions and consequences? | | | | | |
| 3. Defensible design: Is the evaluation design appropriate and adequate to ensure that the full set of findings, along with methodological limitations, is made accessible for answering the main evaluation questions? | | | | | |
| 4. Reliable data: To what extent are the primary and secondary data selected adequate. Are they sufficiently reliable for their intended use? | | | | | |
| 5. Sound analysis: Is quantitative information appropriately and systematically analysed according to the state of the art so that evaluation questions are answered in a valid way? | | | | | |
| 6. Credible findings: Do findings follow logically from, and are they justified by, the data analysis and interpretations based on carefully described assumptions and rationale? | | | | | |
| 7. Validity of the conclusions: Does the report provide clear conclusions? Are conclusions based on credible results? | | | | | |
| 8. Usefulness of the recommendations: Are recommendations fair, unbiased by personnel or shareholders' views, and sufficiently detailed to be operationally applicable? | | | | | |
| 9. Clearly reported: Does the report clearly describe the policy being evaluated, including its context and purpose, together with the procedures and findings of the evaluation, so that information provided can easily be understood? | | | | | |
| Taking into account the contextual constraints on the evaluation, the overall quality rating of the report is considered. | | | | | |