

Findings

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Good Practice
Infobrief



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Ghana: The AIDS Response project (GARFUND)

The specific objectives of this project - financed through an IDA credit of \$28.7 million (2002-05) – were to : (i) provide resources that would enable the government to implement a balanced, diversified multi-sector response, engaging all relevant government sectors, non-governmental organizations (NGOs) and grassroots initiatives; (ii) to expand contributions made by the Ministry of Health (MOH) engage civil society in the fight against AIDS; and (iii) finance eligible activities conducted by civil society organizations, including NGOs, community-based organizations (CBOs), faith-based organizations (FBOs), trade and professional associations, associations of people living with HIV/AIDS (PLWHAs), districts, and line ministries to ensure a rapid multi-sector scaling-up of HIV prevention and care activities in all regions and at all administrative levels.

Impact on the ground

- The project facilitated a nation-wide mobilization against the epidemic through a broad range of partners. Through intensive Information, Education and Communication (IEC) campaigns, there were significant improvements in creating almost universal awareness of HIV/AIDS amongst men and women of reproductive age. It is estimated that 96% of women and 98% of men believe that there is a way to avoid the virus which causes AIDS.
- The project's prevention interventions have also contributed to increasing the percentage of males and females who know that they can avoid HIV by using condoms from 40% to 86% for males and from 22% to 77% for females.
- According to the Ghana Demographic Health Survey (GDHS - 2003), 95% of males and 90% of females now know that they can avoid HIV by sticking to one unaffected partner, as compared to 60% of males and females at baseline.
- In the area of care and support, 35% of the 110 districts have organized care for AIDS orphans and 50% have conducted community-based care for PLWHAs. The project also provided support to several organizations for the benefit of 17,500 orphans and vulnerable children (OVCs).

- The project's proposal-funding window funded a total of 3,026 sub-projects through four rounds of proposals. Approximately 82% of these projects were completed. DfID supported training and technical assistance to beneficiaries with a grant of 20 million sterling. The major areas of GARFUND sub-project interventions were in the areas of (i) IEC and peer education; (ii) HIV/AIDS in the workplace programs; (iii) advocacy and counseling; (iv) condom promotion; (v) behavior change promotion for sex workers; (vi) voluntary counseling and testing (VCT); and (vii) care and support for PLWHAs and OVCs.
- The numbers of people who benefited or from or utilized services is exemplified by these figures: medical care and psychosocial support – 482,526; peer education – 2,984,183; condom distribution – 7,334,295; IEC – 3,360,683; advocacy and community mobilization – 4,251,922, capacity building and training – 587,379; counseling – 638,495.
- Flexibility of funding allowed the implementation of community HIV/AIDS control initiatives that could be considered best practice. One such accomplishment was the «Condom Purse» program for the police which aimed at 100% condom use for casual sex.
- The Ghana AIDS Commission (GAC) has produced a technical manual on HIV/AIDS related issues completed for NGOs, CBOs, Ministries, Departments and public agencies (MDAs), District Assemblies, FBOs and the private sector, organized leadership training for beneficiary organizations and trained its field investigators in supervision, research and analysis. Focal persons in 74 MDAs have been trained to prepare and implement HIV/AIDS plans and all line ministries have provided HIV/AIDS training for their trainers at the district level. More than half of the MDAs have received support and training in preparing their strategic plans and civil society institutions have been trained in budgeting and accounting.
- The education sector developed and implemented an HIV/AIDS policy and programs targeting its employees; set up a full time secretariat, an HIV/AIDS task force and a steering committee to oversee implementation. The Curriculum Research and Development Sector has integrated HIV/AIDS information into the primary and secondary school curricula, and regional and district Directors of Education have been trained in HIV/AIDS competence. Training has also been provided to about 28,000 teachers at primary, junior secondary and senior secondary school levels, including private school teachers. Universities have developed institutional HIV/AIDS policies, and the national Council for Tertiary Education has implemented a program for the distribution of condoms. Finally, the ministry and its NGO partners have rolled out an unprecedented amount of prevention activities in most schools, including tertiary level universities. This could be regarded as an example of best practice.
- Nine regional PLWHAs networks were created and strengthened by capacity building programs supported by GARFUND and other partners in the areas of program coordination and management.
- All districts regularly received information on best practices regarding HIV/AIDS interventions. Collaborating with other development partners, the GAC had developed a policy framework and guidelines for an OVC program targeting children in difficult situations.
- By having representatives of the respective Assemblies as members of the HIV/AIDS committees, a concerted effort has been made to integrate and mainstream the HIV/

AIDS response into the regional and District Assemblies workplans. Except for the 28 newly-created districts, all the other 110 districts have multisectoral District HIV/AIDS committees.

- The project has facilitated GAC's evolution into a viable multisectoral and multidisciplinary body, which serves as a lead agency for policy development and coordination of the national response to the pandemic.

Lessons learned

- The use of HIV prevalence data, though an excellent monitoring tool for the epidemic in countries, should not be a measure of success for a Bank-assisted HIV/AIDS project. In a mature or maturing epidemic where mortality due to HIV/AIDS becomes a significant factor in determining prevalence rates and in a country that embarks on a rapid ART scale-up, prevalence cannot be regarded as a valid indicator to measure success or failure.
- The project was designed without an MOH component – in follow-up Multisectoral AIDS Programs (MAPs), a health component with dedicated funding is essential to fully empower the MOH to deliver key health-related HIV prevention and care services that will respond to the increased demand from communities induced by civil society interventions.
- Contracting out to an international auditor to assess the use of funds by civil society contributed to a balance between implementation facilitation and fiduciary responsibility.
- An effective monitoring and evaluation system is essential for the optimal effectiveness of the MAP «learning by doing» strategy. Monitoring and evaluation functions in large-scale financing of civil society organizations are well-served by a functional decentralized set-up, when issues related to capacity building including time allocation for focal persons are adequately addressed.
- The private sector as an engine of growth should be more systematically included in the implementation of MAP projects.

This Infobrief was excerpted from Implementation Completion Report no. 36119. For more information, e-mail Aissatou Diack : adiack@worldbank.org

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