[*West Africa AIDS Foundation*]
End-of-project Report

[Strengthening HIV programming for Most at Risk Populations (MARP's) using ICT & improving quality of treatment & care for PLHIVs & MSM through effective management.]

Health information reaches the vulnerable through live audio conferencing

Submitted by: WAAF
Date: 26th November 2014
Signature

1. What was the development problem that your project sought to address? [*The context and background to the problem that required your project intervention*

Findings from various surveys such as a 2012 cross-sectional survey conducted in 3 administrative districts in Ghana, a study in 2005 that compared the stigma felt by Ghanaian males living with HIV to that felt by African American HIV + males and WAAF's own experience from the field indicated high levels of stigma towards Key Populations at risk for and living with HIV throughout the health care profession. This often led to Persons Living with HIV (PLHIV) feeling that they received sub-standard treatment, were discriminated and misinformed at ART centres, all leading to high numbers of lost to follow up cases, delays in seeking treatment with all the negative consequences. This coupled with a knowledge deficit in health information and referrals among especially certain Key populations often led to negative consequences such as individuals not seeking health care treatment or waiting until they were very sick. This is a serious problem given the necessity for proper care in combating HIV.

Equally, as of 2013, Spectrum/EPP modeling estimates 224,488 persons, made up of 189,932 adults (85%) and 34,557 children (15%), are living with HIV and AIDS (PLHIV). Sadly in 2013, 10,074 people died from AIDS including 2,248 (22%) children 0-14 years; 472 of the children who died were infants of 1- 4 years of age.

Although specific numbers cannot be associated, one cannot help but recognize the vast number of individuals that need stigma and discrimination free care but who currently are not receiving it. This lack of proper care can be a significant barrier in preventing HIV/AIDS related mortality and morbidity.
As a result, WAAF embarked on the project to try and combat HIV related stigma at the health care setting using various approaches.

2. Where you worked – your project's geographic areas
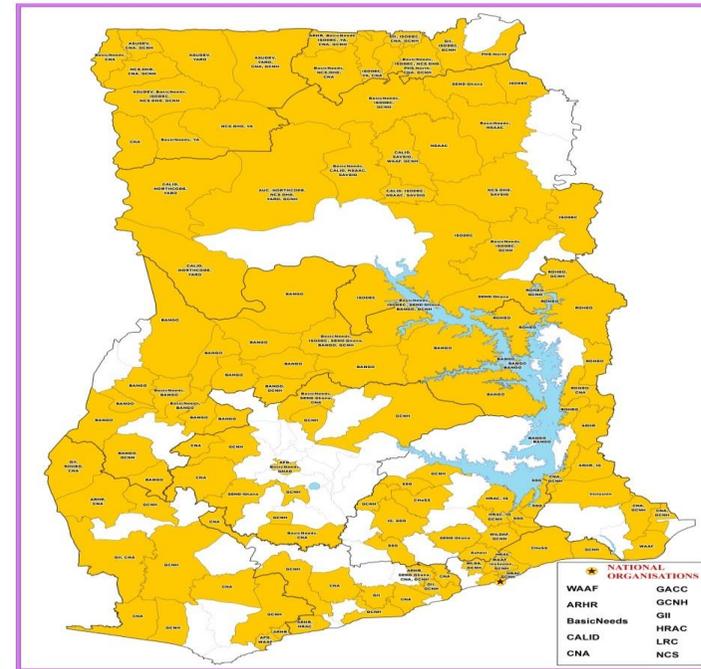
Indicate below all MMDA(s) your project covered:
Ga East District, Lejor Kuku District, (James Town), (Chorkor); in the Greater Accra Region;
 Keta Municipality in the Volta Region;
Savelugu- Nanton District in the Northern Region
 STMA in the Western Region.
Cape Coast in the Central Region
However use of ICT reached out to individuals across the entire country**.**

3. Key outputs delivered by your project

i. How many people did your project reach directly?

Category	Male	Female
General Population	17,329	16,960
PWD	2	0
Other Social Groups	1891	160
Total	19,222	17,120

ii. What is the estimated number of citizens your project reached through media?

	Category	Estimated Number
	Listenership	8,000
	Readership	4,000
	Viewership	3,679
	Geographic coverage	National (all 10 regions of the country were reached through media reports)
Total		15,679

iii. How many duty bearers (MMDA, Traditional Authorities, etc) did you cooperate or work jointly with over the course of your project?

Level	Name of Duty Bearer(s) – e.g. Bia District Assembly, etc	Issue(s)
National (7)	National Health Insurance Authority (NHIA)	1. Delays in clients receiving NHIA cards after registration 2. Extremely late reimbursement of National Health Insurance claims submitted by Health Facilities (focusing on PLHIV's as the GAC has and continuous to register PLHIV's onto the scheme, aiming for affordable quality health care for this target population)
	Parliamentary Subcommittee on Health	1. Need for an effective health referral network 2. Promotion of understanding of Patient Charter by all and both clients and service providers adhering to this.
	Ghana AIDS Commission	1. Late reimbursement of health facilities by the NHIA for NHIS claims submitted
	National AIDS Control Program	1. Use of ICT to combat some of the constraints faced in providing care to PLHIVs
	National Association of Persons Living with HIV & National TB Voice Network	1. Advocate for their rights in terms of equal access to quality health care

	Commission on Human Rights and Justice (CHRAJ)	1. Creating a platform to allow for reporting of stigma and discrimination related issues that would be taken up by the relevant authorities.
Regional 2	Regional Coordinating Council GAR and WR	1. Various HIV related issues such as the works of various NGO's in the field and how their work can be better structured to give better impact keeping in mind limited resources
District 7	Municipal and District Health Directorates in 4 regions of the country (Ga East, Keta, STMDH, Savelugu- Nanton)	1. Working towards HIV related stigma reduction where they collaborated effectively in providing HCW's to undergo trainings by the project
	Municipal and District Assemblies in mainly 3 regions of the country (Keta-VR; Savelugu-Nanton-NR; and STMA-WR)	1. Issues related to HIV prevention, treatment and stigma reduction and how resources can be streamlined to ensure value for money when addressing such issues
Community 12	Traditional Authorities and Religious leaders	1. Using their positions and authority to assist NGO's in fighting HIV
Cite supporting evidence here and attach copies **(zipped in Narrative supporting doc 1)**	1. Letter to GAC regarding late reimbursement to facilities & response by GAC captured in minutes from a meeting with the GAC 2. Topics submitted to Parliamentary Subcommittee on Health 3. Email sent to NACP regarding new project WAAF proposes to combat challenges in HIV care 4. Report on invites and presentations by WAAF at RCC 5. Correspondence between WAAF and some DHD 6. Report from FGD addressing involvement of TA in HIV	

iv. **Did you present or make any submission to government (national – district) on any of the issues you sought to address?** ○ Yes ○ No
If yes, complete table.

Type of submission	Received by [Duty bearer(s)]
Presentation to the members of the Parliamentary Subcommittee on Health on gaps in health referral system and lack of understanding of patient charter	Members of the Parliamentary Sub Committee on Health
Physical visit and follow up emails to the MP of Savelugu- Nanton District on WAAF's wish to present to the Northern Regional MP's, WAAF work especially focusing on work in the North and how to collaborate to ensure maximum impact	MP's of Savelugu - Nanton District
Email correspondence to management of the National AIDS Control Program on WAAF's project, the issues it seeks to address, how to collaborate effectively in order to ensure maximum outcome as well as introduction of other WAAF's project ideas to compliment the STAR-Ghana funded project	Deputy Program Manager and other Management staff
Physical visits as well as email correspondence with the Ghana Country Coordinating Mechanism of the Global Fund (CCM-Ghana) on more involvement of Key affected persons in decision making processes so that the issues that need to address are effectively addressed	Executive Secretary of the Ghana CCM, Global Fund West Africa Portfolio Manager
Cite supporting evidence here and attach copies **(Zipped in Narrative Doc 2 file)**	1. Presentation submitted to Parliamentary Subcommittee on Health (already submitted in doc 1) 2. Emails/Report of visit to MP of Savelugu 3. Emails to NACP (some already submitted in doc1 file) 4. Emails to CCM and Portfolio Manager

v. **Did you generate any evidence (findings, materials, proof, etc) to influence duty bearers' (e.g. National Parliament, MMDAs, Traditional authorities, etc.)**
decisions or practice? ○ Yes ○ No **If yes, complete table below and attach supporting evidence:**

Evidence generated	Recipient (duty bearer that evidence was presented to)	Targeted Action (What action(s) were you seeking to influence?)	Was your evidence considered by the duty bearer? (uptake of evidence or under review with intent to take action)	What is the proof? (Evidence zipped in Narrative Doc 3 file)
Lack of effective involvement of NGO's and private health sector in research as well as testing of new technologies	National TB Control Program	To involve Private health facilities (private sector) & NGO's in the areas mentioned	○ Yes ○ No	NGO/Private sector has been involved in finalization of NSP TB 2015 - 2020. TB has stepped up in collaborating with NGO' and Private Sector; Private rep to represent TB constituency on CCM - Ghana as of

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				December 2014
Inadequate functioning HIV referral system leading to poor treatment outcomes in every day clinical work	NACP, GAC, Ga East DHD, STMA and Regional HIV Focal Person from STMA	To give evidence of what we all know is not working so as to get buy in from government entities so that efforts in trying to ensure an adequate working referral system will get the needed attention		NACP has acknowledged this, they will work on this but in the meantime have given go ahead for some tools to be developed and used. GAC acknowledges an effective and functioning referral system to be necessary and stated best practices from India to be replicated in Ghana.
Delays in receiving of NHIS cards after registration of clients (especially PLHIV's) onto NHIS leading to the clients not being able to access health care.	GAC / NHIA	Improve the time between registration of persons onto the scheme and time of receiving of NHIS card which should not exceed 1 month and ideally to register those who paid premiums but never received their cards via the biometric system so they get their cards instantly.		Much improvement since the start of the biometric registration.
Testimonials from key populations (MSM and PLHIV) on the bad treatment received from health care workers when seeking health care as well as evidence through mystery client exercises depicting actual experiences by clients as they visit the various facilities.	Stakeholders, GHS, SPMDP, GMA , DHD's	In charges as well as health care workers to get first hand information on the rate of HIV related stigma at the health facility level, which hopefully will lead to seeing the need for sensitivity trainings in universities/nursing schools, training institutions to address the issue long before the HCW starts work and for those already working		The fight against HIV&TB related stigma is a priority these days and is on the agenda of every HIV/TB related function/event. NGO's are encouraged to conduct (operational) research into HIV related stigma

		find a way to sensitize them through trainings as well as coming up with some sort of system that will not allow for them to be promoted if any such complaint has been made against them.		areas.

vi. **Outline any other significant outputs you would want to highlight** *[E.g. Total No of workshops, community durbars, reports/publications produced, etc.]*

1. 100 MSM and 200 PLHIV's interviewed showcasing firsthand experience with HIV related stigma mainly at the health facility level
2. A simple and cost effective platform that can be used by vulnerable groups to educate themselves on health related matters established
3. 120 Health Care Workers mainly from HIV treatment centres, both public and private trained in specific needs of Key population groups
4. Simple tools developed for ensuring an effective HIV referral system/network
5. 1251 MSM's, 156 FSW and over 30,000 members from the general population reached via audio conferencing with health education and key population specific medical outreach services
6. Pre recorded health education platform established
7. Report on results/findings of mystery client exercises conducted across various health facilities completed
8. 5 Focus Group Discussions held with various beneficiaries, partners, stakeholders
9. Participated in testing of social value methodology method
10. Formed strong allies with other STAR-Ghana GP's. (HRAC, Savana Signatures, alliance for reproductive health)

Overall Outcome (Insert statement as stated in Results Framework)

Increased number of Key population members from across Ghana accessing Health information and treatment referrals & Improved client friendly heath care services at selected Anti retroviral clinics (ART) in 4 regions of Ghana

Baseline (Insert statement as stated in Results Framework)

High levels of stigma found in health care workers leading to poor attitudes and discrimination towards Key Populations. Stories from PLHIV, relating to stigma, discrimination, and poor treatment at various ART centres leading to Key Population members not accessing these sites for treatment. Knowledge deficit amongst Key population on health so that they either do not seek health care, seek this at very late stages than required and at wrong facilities

i. **In relation to your overall outcome and baseline, what are the most significant/key changes your project has brought about?**

Overall, WAAF is proud of the significant changes this project has been able to bring to pass. As of now, more health care workers from various ART sites are conversant with the specific health needs of key populations which has led to the provision of enhanced quality care in terms of HIV related stigma as depicted by the mystery client exercise conducted.
At WAAF, we believe this is key to ensuring the safety of not only those key populations but for all Ghanaians. As those key populations feel safe enough to access health care, the burden of disease decreases and thus benefits the individual and the country as a whole.
WAAF is also proud that those key population are able to access health information and referrals via live conferencing and pre-recorded platforms. We continue to see improving patronage of the sessions as well as use of other social media platforms for the same purposes that were brought about by the project. This is important as those key populations begin to access health care more they need to be advocates for themselves and know what services and care to expect. Likewise, it helps the key populations learn information that otherwise might be difficult to get in a different setting and context.

ii. **Outline any unintended changes/outcomes (negative and positive) your project recorded**

Unintended positive results recorded from the project are:
- WAAF's enhanced usage of other social media platforms such as: Facebook, Twitter, Viber for the purpose of disseminating health education. This resulted from WAAF's effort in linking up the Project's audio live conferencing platforms as well as IVR with other social media platforms to enhance outcome and this has worked very well.

- The audio conferencing platform, originally meant for health education for strictly MSM has also turned out to benefit a wider audience and has even gone outside of only focussing on health education into using the platform for project meetings and Board meetings.

- International partners have also shown high interest in duplicating the platform in their countries e.g. Heartland Alliance International- Nigeria as well as the McSilver Institute for Poverty Policy and Research who have shown interest in expanding the platform to include psychosocial support network/system

iii. **What were the most significant Beneficiary and Stakeholder Feedback on Results Achieved?**

Beneficiaries especially those from the Key Population are grateful for the following:
1. The effort put into addressing HIV related stigma at the health facility level

2. MSM's are very pleased with the convenient and cost effective way of enhancing their knowledge on health related matters

3. Stakeholders like the GAC are appreciative of the partnership with WAAF and for the STAR-Ghana funded project as it has boosted the overall work of the GAC. They also use the reports submitted by WAAF to prepare their quarterly and annual reports and they are grateful for the information provided which assists them in getting a holistic picture of HIV related matters.

- Mystery client reports

- Itel database reports

- MSM outreach reports/ DIC reports

==**Attach feedback sheet**== **(Attached in Narrative Doc 4 file)**

Your Results - Outcomes

Result 1 (Insert statement as stated in Results Framework)
Improved client friendly healthcare services at selected Anti retroviral clinics (ART) centres in 4 project regions for KP's and Increased access to health information and treatment for key populations

Baseline (Insert statement as stated in Results Framework)
Stories from KP's and PLHIV's relating to stigma, discrimination and poor treatment at various ART centers discouraging them from seeking health services there. Judgemental, discriminating and stigmatizing attitudes from health care workers leading to key population not conversant in seeking heath care. Knowledge deficit among key population on health related issues including knowledge deficit on HIV and ignorance about existing friendly treatment referral facilities.

i. In relation to your Result 1, what are the most significant/key changes your project has brought about?

- Members of the Key Population feel a sense of belonging as they feel their concerns in relation to stigma and discrimination at the health care level are being taken seriously.
- Members of the key population, especially those belonging to the Men who have sex with Men(MSM) group have had their knowledge enhanced on health related issues, have had access to health treatment they so much deserve and they have had the opportunity to not only make their voices heard but there are now existing platforms where negative issues concerning their overall well being, even beyond health issues can be effectively

addressed. Example being the S&D help desk of the CHRAIJ where cases can be reported to.
- More educated MSM's acting as agents of change and advising their peers/colleagues to ensure they also stay healthy
- Even though there still remains stories of bad treatment by health care providers, there seems to be a drop and even some are stating being impressed by the services they received. So it definitely tells us that progress is being made**.**

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ii. Outline any unintended changes/outcomes (negative and positive) your project recorded

The possibility to have been able to secure funding from another donor to carry on with the achievements gained from the STAR-Ghana funded project through a joint collaboration by 2 STAR-Ghana IP's.

iii. What were the most significant Beneficiary and Stakeholder Feedback on Results Achieved?

Both beneficiaries and stakeholders rated the project as highly relevant to the expressed needs of mainly the MSM and PLHIV population, which

is mainly fighting HIV related stigma and access to health for excluded groups.

iv. Cite Evidence to support results achieved (Zipped in Narrative Doc 4 file)

Your Results - Outcomes

Result 2 (Insert statement as stated in Results Framework)
N/A

Baseline (Insert statement as stated in Results Framework) N/A

i. In relation to your Result 2, what are the most significant/key changes your project has brought about?
N//a
ii. Outline any unintended changes/outcomes (negative and positive) your project recorded
N/A

iii. What were the most significant Beneficiary and Stakeholder Feedback on Results Achieved?
N/A
iv. Cite Evidence to support results achieved
N/A

5. Cross-cutting Achievements [Please give concrete examples.]

i. **To what extent did your project benefit or contribute to improving the lives of disadvantaged or socially excluded groups?**

The project is a highly GESI focused one that focused on tackling detrimental issues directly concerning Persons Living with HIV and Men who have sex with Men, two socially excluded groups, namely stigma and discrimination focusing on the health facility level as this jeopardizes their health. Through the use of live audio conferencing by using mobile phone and same to enable client listen to pre recorded health information, individuals from these groups were given the opportunity to access stigma free health education at their own convenience.

Also through the people centered advocacy activities factored in the health care worker trainings, these same target population have had the chance and support to voice their concerns out directly to the service providers (in this case the health care workers) which we feel gives a bit more personal touch to dealing with the issue.

Finally through community systems strengthening, again targeting these vulnerable groups, they are being empowered in knowledge and skills so as to have confidence in standing up to participate in issues/discussions that at the end of the day concerns they themselves.

ii. **In what ways did your project make the best use of resources to achieve your project results?**

- As opposed to going to the operator of the audio conferencing platform every week for facilitation of the conferencing activities, WAAF had 2 staff trained in the management of the platform, upgraded the internet connection in house and has since been able to provide the service from within house allowing not only for it to be used for educational purpose as initially planned but for weekly

projects meeting, meetings with Peer Educators and meetings.

- The ongoing capacity building WAAF received from S   a has allowed for WAAF to step up in terms of institutional capacity building which is also allowing for WAAF pass on this knowledge to its beneficiaries.
- . Lastly, the ongoing influx of interns and volunteers, both nationally and internationally continues to assist WAAF as some of these individuals are MPH holders and others with years of experience in various health related areas that would otherwise have cost WAAF a lot of money should they have been hired.

6. Your influence on the governance of public goods and services

i. What changes did your project bring about in government (local and national) processes, decisions or actions?

The project itself alongside all the benefits that came with it, (capacity building) has assisted WAAF tremendously in being not only recognized more by major stakeholders but allowing WAAF to move to the next level which is contributing with the like organizations in influencing governance of services. An example is the way WAAF has alongside other Civil Society Organizations, contributed to the way the MOH and its Specific Program areas (HIV and TB) conduct the putting together and reviewing of the country National Strategic Plans. There is now conscious efforts in involving CSO and even Key Affected Populations in the putting together and reviews of such documents as opposed to years back when this did not happen.

WAAF has also been recognized now as a key partner and has been invited to put together the first ever Country specific Advocacy, Communication and Social Mobilization (ACSM) Framework together.

ii. What changes did your project bring about in private sector processes, decisions or actions?

With WAAF's capacity being built through STAR-Ghana' funded projects WAAF being an NGO with an affiliated Private health facility, has been able to get the attention of the private sector involved in HIV and TB related issues. Not only are Private health facilities passively involved in the work surrounding HIV care in Ghana, they are being encouraged to be actively involved (e.g gaining accreditation to be an Anti Retro viral (ART) / Direct Observed Treatment (DOTs) site, being more involved in research and testing of new technologies especially in the fields of HIV/TB and they are encouraged to stand on behalf of the Key Affected Populations where the MD of WAAF's affiliated clinic and a Board member of the TB CSO Umbrella organization has been nominated to represent that constituency on the Ghana CCM of the Global Fund in the renewal of members of the Country Coordinating Mechanism (CCM)

iii. What changes did your project bring in traditional authority processes, decisions or actions

The STAR-Ghana project had as one of its major activity Quarterly Focus Group Discussions which were meant to give all involved in the project an opportunity to get feedback from WAAF on project progress but also to get views and input from the beneficiaries and stakeholders. Traditional authorities (chiefs, queen mothers) who always participated in such discussions continued to show improved interest in the issues discussed and as per their own testimonials, they will ensure they assist WAAF in his work in the field of HIV focusing on prevention amongst the youth as well as stigma reduction efforts by ensuring that such health related topics are part of their planned activities for their constituencies. They actually did so by inviting WAAF for the very first time during a festival in the WR (kundum festival) to conduct health education and screening exercise under the Oil and Gas funded project.

iv. Provide Evidence to support the results achieved below
(in Narrative Doc 5)

1. TB NSP's email correspondence
2. ACSM document with all related correspondence
3. TB review invite/program
4. Invite TA to conduct screening in Dixcove

v. **Which development activity or policy processes were you invited by government, private sector or traditional authority to participate as a result of your project? Complete table and attach evidence**

No	Activity	Invitee/Duty bearer	Cite supporting evidence
1	Inclusive Country Dialogue for Submission of Concept note to the Global Fund	CCM	Emails on the subject matter
2	Demographic Dividend and Post 2015 Advocacy Dialogue	NDPC	Emails and Reports
3	ICT in Health	E-Governance Platform	Emails and Recording
4	Training of Trainers in Global Funds New Funding Model	Global Coalition of TB Activists Stop TB Partnership TB/HIV Care Association	Emails Reports

7. Learning

i. **State two (2) most effective strategies/approaches that helped you achieve your results**

1. Quarterly Focus Group Discussion on Project progress, allowing also for input both ways between implementers, stakeholders and beneficiaries.

2. Dissemination of reports after specific activities where stakeholders and beneficiaries were engaged and also quarterly reports on entire project implementation and progress to the various constituencies involved.

ii. **State one (1) significant innovation you introduced in implementing this project**

Making efficient use of Information Communication Technology (ICT) for different purposes in implementing the project ranging from
- health education dissemination through the use of a mobile phone
- weekly project meetings and some Board meetings through the live audio conferencing platform

iii. **What were the 2 main challenges you encountered and how did you address them?**

1. A poorly formulated Results - Based M&E system from scratch of the project
- WAAF addressed this by seeking help from STAR-Ghana who addressed this by providing Capacity Building in M&E amongst other things. A Framework was put together and the training in addition to this allowed for WAAF to pick up and move on

steadily with the project.
2. Unspecified Sources of Project specific baseline and target data/indicators
- WAAF addressed this by falling more on a mixed methodology in doing a before / after comparison focusing not only on quantitative but qualitative data.

iv. **What key lessons have been learnt that can be utilized in the future to guide project design?**
- A well formulated Project specific Results based M&E framework from scratch is key

- Sources of baseline data/ indicators available and clearly stated

- Project specific data collection tools to be in place before project implementation

- Beneficiaries to be involved more at the planning stage of project

v. **What key lessons have been learnt that can be utilized in the future to guide project implementation?**
- Setting realistic achievable targets is essential to producing quality work
- impact is not only about quantitative but also qualitative value (social value) is equally important
- Citizen involvement leads to value for money and sustainability of project
- Capacity Building in the areas of advocacy, communication and leadership truly enhances the effectives of NGO's
-Documentation is key and documenting as much as possible helps seeing the impact of the project

vi. **What would you do differently to enhance achievement of your project results if this project was to be replicated?**

Even though the approaches used are good and will definitely be deployed again if the project was to be replicated, what would be done differently would be:
- to also make use of the social value / political value methodology approach to be able to allow for WAAF to also capture the inherent social value amongst the beneficiaries/citizens

- to use a robust Project specific Results Based Framework from project planning stage so as to be able to capture all changes/results and have strict evidence to back them.

- conduct an operational research within the project implementation so as have evidenced knowledge on interventions, strategies or tools that can enhance the quality, effectiveness or coverage of programs/projects

8. Sustainability and Scale Up

i. Share any on-going efforts you have taken to sustain results

WAAF's commitment to ensuring the long-lasting and sustainable results of this project can be showcased through the following efforts:

1. Current funding that has been secured through support from the Royal Embassies of the Netherlands and Norway which gained recognition and interest by the embassies as 2 STAR-Ghana grant partners were showing collaborative efforts in the field of rights for marginalized persons. This follow up project will surely build up on the gains achieved through the STAR-funded projects of both WAAF and HRAC.

2. WAAF and Audio conferencing platform host are working out plans to sustain the platform far beyond the STAR-Ghana funding period. Plans of adding on other telecommunication entities is also being worked on.

3. With the capacity of WAAF being built by the project and all that came with it, WAAF is more influential in contributing towards change in the attitudes of health care workers and there are ongoing talks with influential entities like the NTP, NACP, GAC as WAAF and the like organizations lobby for changes in the curriculum of health training institutions with the need of reflecting on health related stigma and how to deal with this

4. Both the STAR-Ghana organizational capacity assessment exercises and the various capacity building received through the project has strengthened WAAF's institutional structures and capacity and with the unique model of WAAFs setup, consisting of an NGO with an onsite clinic, internal income generation has been enhanced which will surely assist sustain project gains.

ii. Outline any key aspects of this project that can be replicated or scaled up

The use of ICT in Health (in this case mobile phones) and the use of social media platforms for Health education are certainly aspects of this project that can be easily replicated and scaled up. For example, the high interest shown by international entities in not only duplicating the platform but also scaling it up to include psychosocial support network/system

Health care worker trainings can easily be replicated but it will even be better to focus on Health related stigma as a curriculum on its own that can be incorporated into the curricula of training institutions.

Medical outreach especially for excluded groups can also be easily replicated and also scaled up to not only tackle issues of financial constraints in accessing health care but also the stigma associated with accessing health care at the health facility level for PLHIVs and MSM's. The outreach can for instance be expanded to create treatment support groups that allow for one person from the group at a given point to act as the counselor of the group ensuring psychologically the members are okay. this person will pick up medicines for the entire group for a certain time at which times he/she will be the liaison with the health facility counselor and the group ensuring all are healthy. This activity has proven to lead to better treatment outcomes in countries in southern Africa.

9. Feedback

i. Share the benefits of our capacity building support (Financial Management, Advocacy, Monitoring & Evaluation) in project implementation and achievement of results

A credible organization has to not only have basic procedures in place but will need to continue to grow and see itself move to a next level in a given period of time. This is what STAR-Ghana's capacity building support has done for WAAF. Although the organization had the basics in place, getting the extra capacity building has ensured accounting and financial management procedures have been polished, WAAF just doesn't sit somewhere and do things but interacts with its constituencies, advocates together with them for positive change and equally important, WAAF has learnt a lot in the area of Monitoring and Evaluation, an area that certainly is ensuring WAAF is more confident in applying for other funding from other donors.

ii. Share any other relevant information about your project that has not been stated/ captured above

The overall experience working on this STAR-Ghana project has been a positive one. Not only was adequate funding provided to ensure an excellent project could be implemented but STAR-Ghana itself functioned as a partner ensuring to give its implementing partner the needed technical assistance to ensure maximum outcome. Implementing the project alongside the capacity building provided has made WAAF a different organization and it is impressive to see the recognition WAAF gets today from stakeholders and member NGO's.

iii. Any recommendation(s) to STAR-Ghana?

WAAF will forever be grateful to STAR-Ghana for providing such a wonderful opportunity not only in terms of funding but also help WAAF develop and grow as an organization. Apart from all the things already mentioned, STAR-Ghana's effort in assisting it's implementing partners in creating linkages has been extremely valuable. Providing sessions with Parliamentary subcommittees for NGO's has also been very influential to the CSO arena.

However it is worthwhile mentioning that at some point WAAF and we are sure other IP's became overwhelmed with the number of consultants we had to deal with. In such a situation in the future, it might be better to have the GP determine where they feel they need capacity building from the onset as opposed to doing that at the last end of the project which happened this time round.

WAAF would like to recommend STAR-Ghana to bid to be a Principal Recipient to the Global Fund as we have really enjoyed the excellent professional collaboration with STAR-Ghana and will fully defend STAR-Ghana in terms of efficiency, effectiveness, value for money, all the things needed to manage funds well in a time of limited donor funding.

Thank you very much STAR-Ghana and we truly hope we can work again together in the future.

Thank you for completing this report. Your time and effort is very much appreciated