

2015

WAAF Site Visit

Report

TB/HIV Oversight Committee

21 December 2015

INTRODUCTION

The HIV/TB oversight committee paid a site visit to WAAF, a Global Fund (GF) Sub Recipient (SR) under the Ghana AIDS Commission, and NAP+, who is a Sub Sub Recipient, in Accra on December 21st, 2015 to familiarize itself with their work.

CCM OVERSIGHT TEAM

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OBJECTIVES OF THE VISIT

- Hold discussions with representatives of WAAF and NAP+ on the content of the new Community Systems Strengthening (CSS) component of Ghana AIDS Commission
- Understand the reasons of the delayed project start
- Get an overview on the status quo of the implementation, understand the objectives and the contributions of each organization
- Anticipate any challenges

INTRODUCTION

The site visit took place Monday, 21 December, from 3pm – 5:15pm at the office of WAAF, a Sub Recipient of the Global Fund under Ghana AIDS Commission, with representatives of WAAF and their Sub Sub Recipient NAP+. Since the oversight team was not familiar with the new concept of CSS, this site visit was considered as important. However, due to the very recent start of activities, it was not possible to organize an actual “field” visit.

The team was greeted by Dr. Naa Ashiley Vanderpuye, CEO of WAAF (West African AIDS Foundation) who also moderated the discussion. Seven other members of the WAAF team as well as five representatives of NAP+ were present to provide the site visit team with information on the CSS module and to answer the many questions.

BACKGROUND OF THE CSS MODULE

While the contribution of civil society to the improving the health status of Ghanaians is not in doubt, there is a dearth of logistic and human resource capacity among CBO networks resulting in poor data collection, reporting, limited service provision and impact across the country. Upon a request of NAP+, the lead implementing network NGO for HIV and AIDS, to strengthen their institutional capacities, the HIV and TB programs have earmarked a budget of 3.5 million USD in the concept note to provide NAP+

- leadership and oversight,
- capacity building, and
- monitoring and reporting responsibilities for their branches and affiliate associations at the regional, district, and community level involved in providing services in HIV.

When the concept note was approved, a request for proposal was published. WAAF's proposal was approved. NAP+ did not qualify as an SR but was proposed to serve as an SSR. This has led to disagreements in the past, in the course of which the CCM was requested to serve as an arbitrary.

While most of the CCS money is earmarked for NAP+ and NAP+ is expected to implement the majority of the activities, WAAF was requested to coach and to oversee the NAP+ implementation. Thereby, NAP+ underlies a "zero cash policy". The NAP+ activity plan and budget were approved by GAC.

CONTENT OF THE CSS MODULE

CSS has three pillars:

1. Social mobilization, building community linkages

NAP+ GHANA shall carry out mapping of PLHIV Associations to help in social mobilization and demand creation for HIV prevention services at the community level as well as provide support for the delivery of services at the facility (e.g. assist at the clinic with counselling) and community levels. Furthermore, at basic community level, they will deliver key health messages as part of community sensitization, refer clients to health and community facilities, provide community and home-based care for HIV and TB patients (especially for bed-ridden patients), follow up on defaulters, and undertake active TB case finding and contact tracing.

The majority of the before-mentioned activities will be carried out by Models of Hope who have now a significantly more important role to play. While before Models of Hope used to work on a voluntary basis primarily at clinic level, the current additional workload is reflected in the monthly allowance of 250 GHC. The previously existing peer educators were phased out but are considered as very important by NAP+ since some Models of Hope may not be able to shoulder all of the tasks equally well.

2. Institutional capacity building within the community

Following an initial capacity needs assessment, the institutional capacity of NAP+ and their district level support groups shall be strengthened at all levels in order to enable them to provide effective

leadership and advocacy on HIV/AIDS issues. Administrative and financial systems shall be improved. NAP+ shall become a national secretariat. In order to improve their representation across the nation and to enhance their leverage, regional and district branches of NAP+ shall be enabled to establish an office whenever resources are available.

3. Advocacy for social accountability

Social Accountability Monitoring Committees (SAMC) shall be established at community level to monitor the provision of services, to ensure access to high quality health services, and to create a lobby in communities where this objective is not achieved. Feedback from those SAMC shall be forwarded to national level to be addressed promptly.

Training packages, methods and materials appropriate for different target groups at community level (= key stakeholders) will be developed on social accountability. NAP+ in collaboration with community networks will use various media to disseminate messages on implementation of activities and advocacy thereby enhancing community participation, inclusiveness and dialogue.

The CCS component will be implemented country wide with a focus on the four high prevalence regions GAR, Ashanti, Eastern and Western regions.

STATUS QUO OF THE CSS IMPLEMENTATION

The CSS component should have started in July. Various factors delayed its implementation, including the delayed grant signature that led to a late disbursement of funds, the delayed SR contracting that was finalized in November only, disagreements of NAP+ with the procedures as well as modifications in the approach considering the novel nature of the CSS component combined with a perceived lack of adequate communication. Activities had consequently just started and quarter four results are expected to be minimal.

1. Social Mobilization

The mapping of ART sites in the four high prevalence regions is ongoing. ART sites are evaluated to which extend they are functional and sufficiently big in order to be selected for the project. At each ART site selected, models of hope are contracted following criteria of literacy, organizational capacities, and experience. However, ART sites are also selected based on the availability of a Model of Hope on-site. The mapping in the Eastern region is finalized; GAR, Western and Ashanti regions are expected to be covered by mid January.

2. Institutional capacity building

The capacity needs assessment, implemented by WAAF, of NAP+ and their support groups in the four regions is ongoing. The assessment of the National Executive Council (including the regional executive committees) as well as of the support groups will be finalized by the end of January. Based on the results of the capacity needs assessment, WAAF will take the next steps, incl. organization of training programs and procurement of office equipment for regional offices and HQ. The HR and accounting manuals shall be developed with the help of a consultant.

3. Social accountability

The terms of reference for the establishment of social accountability monitoring committees are currently being developed in collaboration with GAC and expected to be finalized by the end of January 2016.

CHALLENGES ENCOUNTERED

Zero Cash Mechanism:

NAP+ is very unhappy about the recently introduced zero cash mechanism. They explained that they had already signed a MoU with GAC when the zero cash mechanism was introduced and NAP+ was requested to sign a different MoU that replaced the first one and that they consider disadvantageous. The functioning of the mechanism did not seem very clear at the time of the site visit. The site visit team understood that NAP+ will have to request the necessary funds for individual activities by providing an activity description including a budget that will have to be approved by WAAF before the funds are made available to NAP+. WAAF monitors NAP+ expenditures continuously. NAP+ is afraid that this mechanism will significantly hinder the smooth implementation of the project and feels disadvantaged by GAC. NAP+ believes that WAAF will have to send a representative in order to monitor the implementation of every activity and pay for related expenditures; however, WAAF corrected later onwards that they would monitor only selective activities personally and that there will be different payment mechanisms. There have been comments that can be interpreted as lack of mutual trust between NAP+ and GAC. The oversight committee fears that the prevailing attitudes affect program implementation much stronger than the zero cash mechanism.

WAAF explained that NAP+ had called for a meeting with GAC in which the zero cash mechanism had been explained in detail. At that time, WAAF had the impression that the GAC explanations have met the satisfaction of NAP+. However, NAP+ is requesting another meeting with WAAF, GAC and the CCM, in which a mutually satisfactory solution shall be identified.

Communication of GAC:

According to NAP+ as well as WAAF, there was lack of proper and timely communication from GAC on changes that affected the implementation of the project resulting in front and back movement of activities. Feedback on requests was supposedly provided by GAC with an important delay, so that the three parties had a different understanding of the underlying conditions. Timely and proper communication is crucial not only to reach the progress intended and to achieve targets but also for building a trustful and effective relationship with partners. WAAF confirmed however that GAC has recently undertaken a lot of efforts in order to improve communication. The site visit team hopes that these efforts can be kept up in the future.

Indicators not yet communicated:

According to WAAF, GAC had not yet shared the indicators with WAAF. Consequently, WAAF was not able to finalize the data collection tools.

Anticipated lack of test kits:

The CSS component contains mobile outreaches with HTC in certain communities. However, WAAF is aware of the shortages of test kits for general population testing and fears that targets cannot be achieved if this problem is not resolved soon.

Confusion about fees borne by PLHIV:

NAP+ complained that PLHIV are still requested to pay 5GHC as a copayment in public as well as private healthcare facilities if they cannot produce a valid NHIS card while this fee was officially waived. Apparently, it is not clear neither to PLHIV nor to public and private healthcare facilities which products and services must be provided free of charge to PLHIV and which fees must be borne by the patient (and possibly under which circumstances). WAAF mentioned that NACP does not have a clear procedure on how to account for the 5 GHC that were charged in the past. Healthcare facilities have been asked to safeguard the money until a procedure is communicated.

Peer educators:

NAP+ is afraid that Models of Hope alone are not able to fulfill all the responsibilities. Some are responsible alone for up to 16 villages or towns. The tracing of defaulters and the care especially of bed ridden clients are very time consuming activities that may not leave sufficient time for community outreach activities, e.g. sensitization campaigns. NAP+ is thus advocating for the reintroduction of the peer educators.

Disbursements:

The participants of the site visits were informed that GAC handed over five digit amounts in cash to WAAF which puts the handling WAAF staff at unnecessary risks. There are much more secure ways for disbursements.

RECOMMENDATIONS

- Ensure that all partners (GAC, WAAF, NAP+) have the same understanding about the functioning of the “zero cash” mechanism (GAC)
- Contact GAC in order to make the indicators available to WAAF as quickly as possible (GAC confirmed on the 18th January that this was sorted out)
- GAC shall avoid to hand over large amounts of cash to its SRs and refer to disbursements in check or bank transfer
- NACP is recommended to develop an overview on payable health commodities and services for NHIS insured and non-insured PLHIV in private and public healthcare facilities
- Review if workload of Models of Hope is feasible (NAP+ and WAAF) once the activities have kicked off

LIST OF CONTACT PERSONS

	Name	Designation	Organization	Contact no
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