

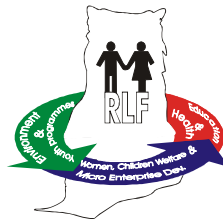
*Article*

# Resource Link Foundation (RLF) HIV/AIDS Strategic Plan for (2007-2010)

Christopher Sieh Kwaku Dapaah

E-mail: [chrisdapaah@yahoo.com](mailto:chrisdapaah@yahoo.com)

Accepted 9 May 2007



## EXECUTIVE SUMMARY

Resource Link Foundation (RLF)-NGO is one of the active civil society organizations operating in the Tain District in Brong Ahafo Region of Ghana. The threat of HIV/AIDS to the survival of mankind has attracted the attention of Governments, the District Assembly, Civil Society Organizations and Traditional Authorities to marshal both human and financial resources to combat it. In line with this, the government of Ghana through the Ghana AIDS Commission is co-coordinating and collaborating with local agencies and institutions mandated to ensure prevention and control of the HIV/AIDS menace. It is in line with this that the Resource Link Foundation (RLF) has developed this 4-year HIV/AIDS Strategic Plan to help undertake programme systematically in the target communities. The peculiar problem driving HIV/AIDS in the Target communities is the misconception of the HIV/AIDS coupled with object poverty that cause people to travel far and near in search of non existing greener pastures which invariably leads most of the people especially the women in prostitution or commercial sex. Again, the seasonal booming cashew industry leading to the emergence of long distance traders including drivers and high level of superstition also account for this disease in the Area. Generally, the strategic plan seeks to enhance on HIV/AIDS programmes in the District to help reduce the prevalence rate of 3.2% to 1%.

## Table of Contents

Executive Summary  
Table of Content  
Acronyms  
Acknowledgements

1.0	<b>Chapter One:</b> Introduction
2.0	<b>Chapter Two:</b> Profile of the Resource Link Foundation (RLF)-NGO
2.1	Mission Statement
2.2	Goal
2.3	Objectives
2.4	Organizational description
2.4.1	Background
3.0	<b>Chapter Three:</b> HIV/AIDS SITUATION, SELECTED PRIORITIES AND IMPLEMENTATION STRATEGIES
3.1	HIV/AIDS Situation Analysis
3.1.1	Knowledge about HIV/AIDS
3.1.2	HIV/AIDS Cases in the Area.

3.2.3	Traditional Healers	
3.2.4	Controlling HIV/AIDS in the Target Area or District	
3.2.5	Gaps in the On-Going HIV/AIDS Programme	
3.2.6	STI management in the Resource Link Foundation (RLF)-NGO was limited to only the Nsawkaw government hospital.	
3.2.7	Key Factors Driving HIV/AIDS in the Target Communities. The factors driving HIV/AIDS in the Resource Link Foundation (RLF)-NGO include but not limited to the following;	
3.2.8	Identified Risk/Targeted Groups	
3.2.9	Stakeholder Analysis	
3.3	Selected Priorities/Intervention Areas	
3.4	Implementation Strategies	
	Implementation Strategies	Error! Bookmark not defined.
4.0	<b>Chapter Four:</b>	Error! Bookmark not defined.
	Four-Year Programme of Action/Implementation Plan	Error! Bookmark not defined.
	Four-Year Programme of Action/Implementation Plan	Error! Bookmark not defined.
5.0	<b>Chapter Five:</b> Monitoring and Evaluation Arrangements	Error! Bookmark not defined.
	Monitoring and Evaluation Arrangements	Error! Bookmark not defined.
6.0	<b>Chapter Six:</b> Programme and Budget	Error! Bookmark not defined.
	Programme and Budget (2007 - 2010)	Error! Bookmark not defined.
7.0	<b>Chapter Seven:</b> Annual Work Plan (2007-2010)	Error! Bookmark not defined.
7.1	Annual Work Plan	Error! Bookmark not defined.
7.2	Summary of Contributions (2007-2010)	Error! Bookmark not defined.

**Acronyms**

AIDS	– Acquired Immune Deficiency Syndrome
CBO	– Community Based Organization
RLF	– Resource Link Foundation (RLF)-NGO
RLFNC	– Resource Link Foundation (RLF)-NGO AIDS Committee
RLFMT	– Resource Link Foundation (RLF)-NGO Health Management Team
RLFMT	– Resource Link Foundation (RLF)-NGO Response Management Team
FBO	– Faith Based Organization
DP/D	- Development Partners/Donors
GES	– Ghana Education Service
GHS	– Ghana Health Service
GPRTU	– Ghana Private Road Transport Union
GTZ	– German Technical Co-operation
HIV	– Human Immune-deficiency Virus
MOFA	– Ministry of Food and Agriculture
NGO	– Non Governmental Organization
PLWHA	– People Living With HIV/AIDS
PMTCT	– Prevention of Mother to Child Transmission
PROTOA	– Progressive Transport Owner Association
RCC	– Regional Co-ordinating Council
STD	– Sexually Transmitted Disease
STI	– Sexually Transmitted Infection

**ACKNOWLEDGEMENTS**

The development of this HIV/AIDS/STD Strategic Plan for Resource Link Foundation (RLF) (2007 – 2010) would not have been possible without the immeasurable assistance from countless individuals and organizations. Our special thanks goes the Almighty God, Tain District Assembly ,Ghana AIDS Commission, every individual and organizations especially GTZ/GFA consults (Civil Society Component) who took the time and effort to assist in the development of the document, be it through drafting sections or reading and commenting several times to improve the quality.

**Specifically, the objectives of the plan are;**

1. To increase access to HIV/AIDS information by 100% to the Vulnerable groups –youth and women, long distance traders, migrants, and underserved comm.-unities in the District.

2. To institute pragmatic measures that will make treatment, care and support serves easily available to PLWHA, OVC and other related families.
3. To streamline measures that will promote effective collaboration and networking among NGOs, CBOs, and other stakeholders for effective management of HIV/AIDS activities and programmes of Resource Link Foundation (RLF)-NGO in the District

The plan will be implemented by Resource Link Foundation – NGO through the local NGOs, CBOs and FBOs in the District. These organizations will take up activities in their area of operation and implement in the communities of the District. The Assembly will also be tasked to implement and monitor activities in the plan in order for the Resource Link Foundation (RLF)-NGOs and target communities to achieve the goals.

It was found out that 99.1% of the population has knowledge about HIV/AIDS, out of the 220 people surveyed in 8 Town/ Tain District Assembly have heard about the HIV/Aids. It is also realized that 18 (78.3%) female cases were recorded in the first half of 2005 while 12 (66.7%) cases were detected in 2006 for the same period. Again, 77.8% (12) of the total cases recorded from January to June 2006 were females whilst 22.2% (6) were males. It analysis also found out that none of the traditional healers are into HIV/AIDS.

The implementation of the strategic plan covers these thematic areas:

- Prevention and behavioral change communication,
- Treatment, care and support,
- Management.

The total budget for the implementation of the programme from 2007 to 2010 is 4.799 Billion Cedis (¢4,799,000,000). Out of this figure, Resource Link Foundation and the Tain District Assembly will take 14% and the contribution from Development Partners/Donors is 72.7% while other Organizations (NGOs/ CBOs, etc) will contribute 13.3%.

## 1 Chapter one

### INTRODUCTION

The threat of HIV/AIDS to the survival of mankind has attracted the attention of Governments, Resource Link Foundation (RLF)-NGO Assemblies, Civil Society Organizations and Traditional Authorities to marshal both human and financial resources to combat it. In line with this, the government of Ghana through the Ghana AIDS Commission is co-ordinating and collaborating with local agencies and institutions to ensure prevention and control of the HIV/AIDS menace.

It is in line with this that Resource Link Foundation (RLF) has developed this 4-year HIV/AIDS Strategic Plan in dealing with the HIV/AIDS issues in the district. In preparing the plan, the stakeholders in the Plan Preparation Team immensely benefited from capacity building programmes from GTZ/and District Assembly to helped to enrich the planning process. The team also made every effort to encourage active stakeholder participation so as to ensure acceptability and ownership of the plan... This process was simultaneously accompanied with collection of secondary data from our mother (Wenchi) District, the Tain District and Regional Health Directorates, other NGOs and CBOs. A baseline survey on HIV/AIDS was also carried out in the communities. Having gathered adequate primary and secondary data, a two day brainstorming stakeholders' workshop was organized for eighty (80) key stakeholders drawn from all parts of the District.. It was at this workshop that the information collected from the survey and secondary sources were presented by the planning team and digested by the participants /stakeholders. This process helped us to agree on priorities, working goal, objectives, programmes and activities for the plan.

The four-year strategic plan provides the road map for dealing decisively with the HIV/AIDS menace in the Target communities. The document deals with important issues such as a brief profile of the Resource Link Foundation (RLF)-NGO, HIV/AIDS situation (what has been done, the existing caps, factors driving the epidemic, identified risk groups and stakeholder analysis) and selected priorities to address the HIV/AIDS menace in the District. Others are a four year programme of action, monitoring and evaluation arrangements, a programme budget and an annual work plan.

It is hoped that the zeal and commitment shown towards preparation of the plan would be exhibited during implementation for the realization of the planned objectives.

## 2. Chapter two: Profile Of The

Resource Link Foundation (RLF)-NGO

### 2.1 Mission Statement

The Resource Link Foundation (RLF)-NGO exists to improve upon the quality of life of the people by harnessing all available resources through the collaboration of all stakeholders through the prevention, control and Management of HIV/Aids and other STDs for the promotion of development.

### 2.2 Goal

Reduce the HIV/AIDS prevalence rate to 1.2% through increased public education on prevention and behavioral

change communication, provision of treatment, care and support to PLWHAs, and effective HIV/AIDS management practices.

### 2.3 Objectives

Specifically, the objectives of the strategic plan for the Resource Link Foundation (RLF)-NGO are as follows;

1. To increase access to HIV/AIDS information and services to women, long distance drivers and traders, commercial sex workers, PLWHAs, migrants, the youth and underserved communities in the communities by 80%.
2. To institute pragmatic measures that will make treatment, care and support services easily available to PLWHAs, OVCs and their related families.
3. To streamline measures that would promote effective collaboration and networking among NGOs, CBOs/FBOs, MDAs, and other stakeholders for effective management on HIV/AIDS activities and programmes by Resource Link Foundation (RLF)-NGO.

### 2.4 Organizational description

#### 2.4.1 Background

Resource Link Foundation (RLF) is Non-profit making organization Incorporated under companies Code, 1963 (Act 179) Limited by Guarantee. RLF started through volunteerism of young individuals wanting to help in diverse ways towards development of deprived and rural communities (Less advantaged communities). Since the early 90s, volunteers have been actively involved in learning to help, solicit unavailable but needed resources and share what they had (Human, knowledge, funds, energy, enthusiasm and information). With a passage of time, RLF developed deeper partnership in rural/community development Programme including: - Preventing HIV/Aids, the protecting and sustaining the environment as well as other social developments programmes.

Resource Link Foundation is of the view that, development can take place when the needed resources are available and the necessary skills and techniques applied at the right time and place, the lives of the less resourced Community can be improved.

It is based on this rationale that, RLF is in existence as an organization to help and to solicit range of resources from far and near to link to the deprived or less – advantage communities so as to decrease the gap between the ‘haves’ and ‘haves nots’ in development parameters. Currently, RLF is operating in the Brong Ahafo and Ashanti Regions of Ghana.

#### 2.4.2 Management

The organization has (5) five office staff, seven (7) seasoned professionals on the Executive Board and one hun-

dred and eighteen (118) registered volunteers in their respective fields who bring their expertise and acumen to bear on the direction and management of the organization. The Administration enforces the rules and regulations of the organization and implements decisions of the Board. The Programme Manager supervises the projects and volunteers and reports to the Committee who meet periodically to evaluate activities and take decisions in line with the policies. RLF has a permanent Secretariat located at the Head and field offices (Kumasi, Mampong and Wenchi, B/A) headed by the Coordinating Director who administer the working environment of the office Assistants.

The RLF also has standing committees who carry out the specialized and technical aspects of RLF'S work plan and make relevant recommendations to the Executive board through the executive Director at the Board Meetings.

Tain District, the target operational area is in the Black Volta Catchments area, which covers the western part of Brong Ahafo and the southern part of Northern Regions, The area has about 90,933 people. The literacy rate in this area is very low. The area stretches to the North & South of the river Black Volta and the west to Ghana – Cote D'Ivoire border, one of the West African countries with highest HIV/Aids cases.

#### 2.4.3 Vegetation

Deciduous forest and Savanna characterize this area and in many of the higher areas – away from the river. The vegetation is part; a function of the climate that includes pronounced dry Season, the savanna grassland dry out, followed by resurgence in growth when the rains start. The annual rainfall is 1160 mm/year mainly falling in April, May and June and again in October.

Subsistence agriculture is the dominant livelihood system throughout the rural area. The people occasions are based primarily on food grown for household consumption, as well as the cultivation of crops like cashew, teak and the sale of surpluses of food crops.

Rural households also raise livestock, and rely on fishing, hunting and harvesting of other wild products to meet household requirements and to generate income. There is no major commercial agriculture in the immediate community.

Cassava is the staple food for households in the area, supplemented by cultivation of yams, maize, other grains, fruits and vegetables.

Of late, some households also cultivate cashew, teak and other cash crops. Farming technique and tools are simple, relying on the cutlass, the hoe and rainfed irrigation. There is increasing demand for irrigation dams and tractors to prepare fields for cultivation.

In the absence of fertilizers, and other inputs, traditional farming practices in this area are based on shifting cultivation patterns or bush fallow techniques by the use of slash and burn agriculture.

### 3. Chapter Three: HIV/AIDS Situation, Selected Priorities and Implementation Strategies

#### 3.2 HIV/AIDS Situation Analysis

##### 3.2.3 Knowledge about HIV/AIDS

Out of Tain District Assembly surveyed, it was realized that 99.1% have knowledge about the disease. This makes it clear that there is much awareness on HIV/AIDS and other Sexually Transmitted Diseases but behavioral change is biggest challenge.

From the various correspondents, HIV/AIDS is known to be a sexually transmitted disease and has no cure. Therefore, there is the need to enhance on prevention of the disease, and also manage and support People Living with HIV/AIDS.

##### 3.2.2 HIV/AIDS Cases in the Area.

From January to the end of June 2006, Brong Ahafo Region recorded 1,145 cases of HIV/Aids as against 884 for the same period last year-2005.

In the Tain District, a total of 37 cases were recorded in the District from January to December 2005. However, 23 HIV/AIDS cases have been recorded in the District between January and June 2006 compared to 18 cases detected in the same period in 2005. This implies that the disease is on the increase.

On the other hand, considering the current prevalence rate 3.2% as compared to the 3.3% for the regional it clearly indicates that the situation in the District is better. With this, it is noted that, ignorance, indiscipline, complacency and risky sexual behaviour have given way for the increasing numbers.

##### 3.2.3 Cases by Sex and Age.

Below is a table showing HIV/AIDS cases by age and sex for the first half of the years 2005 and 2006 (Table1). From the table, 18 female cases were recorded in the first half of 2005 representing 78.3% compared to 12 (77.8%) females cases for the same period in 2006. On the other hand, there has been an increase in cases for males (22.2%) in 2006 compared to 21.7% cases detected in 2005 between January and June.

Between the ages of 10 – 19 years, females recorded 4.3% and the male counterpart recorded 0% for the first 6 months of 2005. For the same period and age group in 2007, nothing was recorded. This means that preventive measures have been applied by both sexes in 2006 as against 4.3% for females in 2005 who might not have applied the adequate preventive measures.

Again, between the ages of 55years and 60+ recorded 0% within the first half of the two years. This is because the desire for sex has decline completely and for that matter do not change partners. On the other hand, between 0 – 9 years 4.3 cases were recorded in 2005 and 5.6 in 2006. This could be attributed to the fact that most

of the active age groups are infected and for that matter when they give birth their child will be affected.

The economically active group (i.e. 20 – 54 years) recorded the highest cases for both males and females with 35 – 39 age groups having the peak of 21.7% in 2005 and 33.3% in 2006. At these age groups, the people are sexually active and therefore vulnerable to sexually transmitted diseases including HIV/AIDS. Also, the active labour force migrates to seeking for greener pasture.

In all, 77.8% representing 12 of the total cases from January to June 2006 were females whilst 22.2% (6) were males. This makes it clear that females are more vulnerable to the disease compared to males.

##### 3.2.4 Traditional Healers

Out of the 542 traditional healers in the Target Areas, only 163 (30.1%) have registered and 379 (69.9%) are unregistered. None of the traditional healers are into HIV / AIDS but rather cure other sexually transmitted disease such as gonorrhoea and syphilis. They are also into curing malaria, bilharzias, stomach ache, ulcer, rheumatism, piles, menstrual disorders, etc.

From all analysis, there is no indication where traditional healers realize treating HIV/AIDS. This implies that there is the need to educate the traditional healers for them to know the common symptoms of the disease. This will help reduce the perception that HIV/AIDS is a curse and also do away of the superstition on the disease.

##### Controlling HIV/AIDS in the Target Area or District

Although, under our mother (wenchi) District, attempts were made in combating the disease in the Target communities, a number of factors including limited resources, the vast nature of the Target Area, low stakeholder participation and inadequate monitoring served as constraints in making any meaningful impact in curtailing the spread of the AIDS virus in the District. One could only talk of six Community Based Organizations (CBOs) and one Non Governmental Organization -Resource Link Foundation (RLF)-NGO that were involved in carrying out HIV/AIDS activities in the whole district.

For now, there are about three (3) NGOs and twelve (12) CBOs carrying out HIV/AIDS activities in the District. With the help of Ghana AIDS Commission, 2 NGOs and 4 CBOs have access to money to carry out some HIV / AIDS activities. The activities that will be carried out focus on Prevention and Behavioral Change Communication, Treatment, Care and Support. Some of the active-ties that will be carried out include

1. Form Peer Educator/Virgin/ Abstinence Clubs in each of the 9 Town/ Tain District
2. Distribute and promote proper use of condoms
3. Promote Prevention of Mother to Child Transmission
4. Identify and support PLWHAs and OVCs
5. Educate communities on the need to show love and

**Table 1.** HIV/AIDS Cases by Age/Sex (January – June).

AGE GROUP	2005				TOTAL		2006				TOTAL	
	SEX						SEX					
	FEMALE		MALE				FEMALE		MALE			
	FIG	%	FIG	%	FIG	%	FIG	%	FIG	%	FIG	%
0-4	0	0	0	0	0	0	0	1	5.6	1	5.6	
5-9	1	4.3	0	0	1	4.3	0	0	1	5.6	1	5.6
10-14	1	4.3	0	0	1	4.3	0	0	0	0	0	0
15-19	1	4.3	0	0	1	4.3	0	0	0	0	0	0
20-24	0	0	1	4.3	1	4.3	1	5.6	0	0	1	5.6
25-29	5	21.7	0	0	5	21.7	2	11.1	1	5.6	3	16.7
30-34	2	8.7	2	8.7	4	17.4	2	11.1	0	0	2	11.1
35-39	3	13.0	2	8.7	5	21.7	4	22.2	2	11.1	6	33.3
40-49	4	17.4	0	0	4	17.4	2	11.1	1	5.6	3	16.7
50-54	1	4.3	0	0	1	4.3	1	5.6	0	0	1	5.6
55-59	0	0	0	0	0	0	0	0	0	0	0	0
60+	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	18	78.3	5	21.7	23	100	12	77.8	6	22.2	18	100

**Table 2.** High Risk Groups

High Risk Group	Proposed Intervention
1. Long Distance Drivers and cross border traders	- Education/Sensitization, - Provision of male and female condoms - Promotion of VCT
2. Migrant/Seasonal commercial sex workers (during cashew season)	-do-
3. Cashew dealers	-do-
4. Female Apprentices	- Education/Sensitization - Financial Support - Promotion of VCT - Provision of male and female condoms
5. Female Students	- Education/Sensitization - Financial Support - Formation of peer/abstinence clubs - Promotion of VCT
6. Women	- Education/Sensitization, - Provision of male and female condoms - Financial Support - Promotion of VCT/PMTCT
7. Youth	- Education/Sensitization - Financial Support/Job creation - Formation of peer/abstinence clubs - Promotion of VCT
8. Security Personnel	- Education/Sensitization, - Provision of male and female condoms - Promotion of VCT
9. Civil Servants (teachers and others)	- Education/Sensitization, - Provision of male and female condoms - Promotion of VCT

**Table 3.** Stakeholders and their Roles

Institution	Complementary Roles
DHMT/GHS	Awareness creation, development of IEC materials, undertake HIV/AIDS test, provide HIV/AIDS counseling services, facilitate formation of association of PLWHAs, assist in identification of OVCs, assist in STIs management, assist in provision of care and support to PLWHAs, OVCs and their immediate families, assist in the implementation of PMTCT programmes, facilitate setting up and implementation of VCT centre.
MOFA	Awareness creation especially among farmers, people in the rural communities and undertake workplace HIV/AIDS education programmes.
GES	Awareness creation, facilitate formation and operation of peer educator/health/virgin/abstinence clubs in schools and undertake workplace HIV/AIDS education programmes for both teaching and non teaching staff.
NGOs/ (Resource Link Foundation)	Awareness creation, provide care and support to PLWHAs and OVCs, securing funds for the implementation of the plan, promote VCT, playing advocacy role, facilitate formation of association of PLWHAs and formation of abstinence clubs.
CBOs	-do-
Religious Organizations (FBOs)	-do-
Traditional Rulers and opinion leaders	Awareness creation, assist in identification and provision of care and support to PLWHAs and OVCs, securing funds for the implementation of the plan and playing advocacy role.
Donor Agencies	Funding the implementation of the plan.
Brong Ahafo Regional Co-coordinating Council (RCC)	Monitoring and Co-ordination
Ghana AIDS Commission (Development Partners/Donors)	Policy Guidelines, Provision of Funds, Training, Monitoring and Co-ordination

compassion for PLWHA. It is pathetic to know that, these worthy programme lack resources to enable them fully implement activities as planned.

### 3.2.4 Gaps in the On-Going HIV/AIDS Programme

In assessing the HIV/AIDS situation in the District, and informed by the activities and programmes carried out over the years in combating the HIV/AIDS menace in the target communities, some areas did not received the needed attention thus creating gaps in the HIV/AIDS prevention programme. These gaps have therefore informed prioritization of programmes and activities for the plan. The gaps are indicated below;

1. No pragmatic measures were put in place to identify and cater for PLWHAs, OVCs and their immediate families.
2. Limited promotion of Voluntary Counseling and Testing (VCT).
3. No programme to promote PMTCT.
4. Limited promotion and use of condoms among high risk groups.
5. Limited focus on behavioral change programmes e.g. formation of abstinence clubs.
6. STI management in the Resource Link Foundation (RLF)-NGO was limited to only the Nsawkaw govern-

ment hospital.

7. Limited institutional capacity to support HIV/AIDS programmes.
8. Limited stakeholder participation in HIV/AIDS activities and programmes.
9. Inadequate funding and logistics to support HIV/AIDS programmes as funding of HIV/AIDS programmes were largely limited to the GARFUND.
10. Programme Co-ordination and monitoring needed to be strengthened.

### 3.2.5 Key Factors Driving HIV/AIDS in the Target Communities.

The factors driving HIV/AIDS in the Resource Link Foundation (RLF)-NGO include but not limited to the following;

1. Proximity to La Cote d'Ivoire which has higher HIV prevalence rate and the engagement of the two sister countries in cross border activities.
2. High level of poverty (unemployment and underemployment)
3. Lack of good parental care and increasing single parenthood.
4. The seasonal booming cashew industry leading to emergence of long distant drivers, loading boys and prostitutes.

**Table 4.** Implementation Strategies.

<b>Intervention Area</b>	<b>Strategy</b>
1. Prevention	<ul style="list-style-type: none"> <li>- Undertake house-to-house education</li> <li>- Promote peer education</li> <li>- Encourage formation of peer educator/abstinence/virgin clubs</li> <li>- Promote VCT</li> <li>- Promote STI management</li> <li>- Promote PMTCT</li> <li>- Promote effective condom use among the high risk groups</li> <li>- Provision of employable skills for the high risk groups</li> <li>- Organisation of periodic mini community durbars</li> <li>- Promote HIV/AIDS film Shows</li> </ul>
2. Provision of Care and Support to PLWHAs and OVCs.	<ul style="list-style-type: none"> <li>- Identify and support PLWHAs and OVCs</li> <li>- Facilitate formation of association of PLWHA</li> <li>- Promote effective condom use among PLWHAs.</li> <li>- Provide employable skills to PLWHAs</li> <li>- Promote love and compassion for PLWHAs to reduce stigma and discrimination against PLWHAs and OVCs</li> <li>- Encourage use of immune enhancing drugs and certified herbal medicine.</li> <li>- Facilitate access to Arts among PLWHAs.</li> </ul>
3. Institutional Strengthening and Capacity Building	<ul style="list-style-type: none"> <li>- Decentralize implementation of the plan at the area council levels</li> <li>- Build capacity of stakeholders and RLFC/DRMT members.</li> </ul>
4. Strengthen Monitoring and Co-ordination of the Implementation Process.	<ul style="list-style-type: none"> <li>- Institutionalize regular stakeholder meetings</li> <li>- Ensure regular monthly and quarterly reporting</li> <li>- Carry out regular field visits/monitoring.</li> </ul>

5. High level of superstition and denial about the existence of the disease.
6. Peer group influence.
7. High rate of seasonal migration to Sefwi (Western Region) to either carter for cocoa farms or practice learned trade where the migrants leave behind their spouses and regular partners for months.
8. High rate of illiteracy.
9. Increased wake-keeping and entertainment.

### 3.2.6 Identified Risk/Targeted Groups

Based on the peculiar location and situation of the District, a number of groups in the Target communities have been identified as being highly risk and more prone to HIV infection. A number of these groups of people and their respective proposed intervention areas are presented in the Table 3 below (Table 2);

### 3.2.7 Stakeholder Analysis

In our attempt to combat the HIV/AIDS menace in the District, there is the need to bring on board all groups, agencies, departments and individuals that have stake in combating the HIV/AIDS pandemic. Accordingly, the stakeholder analysis as shown in the Table 4 below has

been carried out to identify such possible collaborators and the respective roles they can play in combating the disease in the Target communities (Table 3).

### 3.3 Selected Priorities/Intervention Areas

As a guide for the formulation of a four-year programme of action to combat the HIV/AIDS menace in the District, the following activities and programmes have been prioritized (Table 4).

1. Prevention of New HIV Infection (HIV/AIDS education, promotion of VCT and promotion of condom distribution and usage)
2. Provision of Care and Support to PLWHAs and OVCs.
3. Institutional Strengthening and Capacity Building
4. Strengthen Monitoring and Co-ordination of the Implementation Process.

### 3.4 IMPLEMENTATION STRATEGIES

#### 1. CHAPTER FOUR:

Four-Year Programme Of Action/Implementation Plan (Table 5).



**Table 5.** Four-Year Programme of Action/Implementation Plan.

Component	Objective	Activity	Expected Output	Resources	Responsible Agency	Collaborating Agency	Time Frame 2007-2010			
							2007	2008	2009	2010
Prevention	To increase access to HIV/AIDS information and services to high risk groups and underserved communities in the District	Undertake house-to-house education to intensify public education on the existence and effects of HIV/AIDS	- Under served communities and high risk groups duly educated on the dangers of HIV/AIDS. - HIV/AIDS awareness creation reached at least 99% of the people	Funds, Vehicles/ fuel/T&T, Stationery, IEC Materials & Allowance	- RLF - NGOs - CBOs/FBOs - Tain District Assemblies	- GHS, MOFA, GES, GIS, - C'nities - Traditional Councils - DEVELOPMENT PARTNERS/DONORS, RCC - Donor Agencies	████████████████████			
		Form Peer Educator/Virgin/ Abstinence Clubs in each of the 9 Town/ Tain District Assemblies	- A club formed in at least each JSS and SSS in the Target communities. - Behavioral change promoted among the youth	-do-	- RLF - NGOs - CBOs/FBOs - GES	- GHS, DEVELOPMENT PARTNERS/DONORS - RCC - Traditional Councils - Donor Agencies	██████████			
		Organize HIV/AIDS film shows	Under served communities sensitized and behavioral change promoted among high risk groups	TV Set, Deck/ DVCD, Generator/ Electricity, Films, Vehicle/Fuel	- RLF - NGOs - CBOs/FBOs	GES, Communities, GIS, DEVELOPMENT PARTNERS/DONORS, RCC, Traditional Councils, Donor Agencies	████████████████████			
		Distribute and promote proper use of condoms	Condom distribution expanded to reach women and other high risk groups	- Funds - Carrier bags - Condoms - IEC Materials - Allowance	- RLF - NGOs - CBOs/FBOs - Tain and District Assemblies	GHS, MOFA, GES, GIS, C'nities, - Traditional Councils DEVELOPMENT PARTNERS/DONORS, RCC, & Donor Agencies	████████████████████			
		Set up VCT Centre and	- More people know their HIV/AIDS status - Behavioral	- Funds - Personnel - HIV/AIDS	- RLF - GHS	- DEVELOPMENT PARTNERS/DONORS - RCC	██████████			

Table 5. Contd.

		promote VCT in the District	Change promoted among the people	<ul style="list-style-type: none"> <li>kits</li> <li>- Stationery</li> <li>- Furniture</li> <li>-Office Accommodation</li> </ul>	- NGOs	-Traditional. Councils, CBOs	
		Promote management of STIs	Spread of HIV through STIs reduced	-do-	-do-	-do-	_____
		Promote Prevention of Mother to Child Transmission	MTCT HIV/AIDS cases reduced	-do-	-do-	-do-	_____
		Organize periodic open fora and community durbars	Underserved communities sensitized on HIV/AIDS	<ul style="list-style-type: none"> <li>- Chairs</li> <li>- Canopies</li> <li>- P.A. System</li> <li>- Snack and Lunch</li> <li>-Facilitators allowance</li> <li>- Transport</li> <li>- Brass Band</li> <li>- Stationery</li> </ul>	<ul style="list-style-type: none"> <li>- RLF</li> <li>- NGOs</li> <li>- CBOs/FBOs</li> </ul>	<ul style="list-style-type: none"> <li>- C'nities</li> <li>- DEVELOPMENT PARTNERS/DONORS</li> <li>- RCC</li> <li>- Traditional Councils</li> <li>- Donor Agencies</li> </ul>	_____
		Organizes quizzes and debates on HIV/AIDS at the Basic and SSS levels	Increased knowledge base on HIV/AIDS by the target group	<ul style="list-style-type: none"> <li>- Funds</li> <li>- Vehicles/ fuel/T&amp;T</li> <li>- Stationery</li> <li>- IEC Materials</li> </ul>	<ul style="list-style-type: none"> <li>- NGOs</li> <li>- CBOs/FBOs</li> </ul>		_____
		Erect HIV/AIDS Sign Boards at strategic locations in the District	- HIV/AIDS information made easily accessible to the people and visitors to the District	<ul style="list-style-type: none"> <li>- Funds</li> <li>- Paints</li> <li>- Land</li> <li>- Workmanship</li> </ul>	- RLF	-DEVELOPMENT PARTNERS/DONOR NGOs, RCC, CBOs Donor Agencies -Traditional. Councils, CBOs	_____

Table 5. Contd.

2. Provision of Treatment, Care and Support to PLWHAs and OVCs.	To institute pragmatic measures that will make care and support services available to PLWHAs, OVCs and their related families.	Identify and support PLWHAs and OVCs	PLWHAs and OVCs in the District identified and supported with food supplements and immune enhancing drugs & assisted to access ARTs from designated hospitals.	- Funds - Vehicles/ fuel/T&T - Stationery	RLF (RLF/DRMT)	NGOs, CBOs, FBOs, GHS, GES, DEVELOPMENT PARTNERS/DONORS, Communities, PLWHA				
	Form Association of PLWHA	Association of PLWHA formed by the end of December 2007	- Funds - Vehicles/ fuel/T&T - Stationery	RLF (RLF/DRMT)	NGOs, CBOs, FBOs, GHS, GES, DEVELOPMENT PARTNERS/DONORS, Communities, PLWHA	Form Association of PLWHA				
	Promote condom use among PLWHA	Effective condom use promoted among PLWHA	- Funds - Male/Female condoms - Stationery	RLF ,NGOs, CBOs, FBOs, GHS	GES, DEVELOPMENT PARTNERS/DONORS, Communities, PLWHA	Promote condom use among PLWHA				
	Provide employable skills to PLWHA	All identified PLWHA/ their caretakers assisted with credit facilities to engage in economic activities of their choice	- Funds - Stationery	RLF	NGOs, CBOs, FBOs, GHS, GES, RCC, DEVELOPMENT PARTNERS/DONORS, Donor Agencies, Communities, PLWHA	Provide employable skills to PLWHA				
	Educate communities on the need to show love and compassion for PLWHA	Stigma and discrimination against PLWHA & OVCs reduced and families and relatives willing to associate with PLWHA	- Funds - Allowance to volunteers - IEC Materials	RLF ,NGOs, CBOs, FBOs, GHS	GHS, GES, RCC, DEVELOPMENT PARTNERS/DONORS, Donor Agencies, Communities, PLWHA	Educate communities on the need to show love and compassion for PLWHA				

Table 5. Contd.

3. Management	To streamline measures that would promote effective collaboration and networking among NGOs, CBOs/FBOs, MDAs, and other stakeholders for effective management of HIV/AIDS activities and programmes in the District	Decentralize implementation of the plan at the area community levels	Community level AIDS Committees formed, trained and resourced to monitor HIV/AIDS activities at their levels.	Funds, Venue, Stationery, Offices, Furniture, IEC Materials, Allowances, Snack & Lunch	RLF /DA	DEVELOPMENT PARTNERS/DONORS, RCC, NGOs, Tain and Wenchi Resource Link Foundation (RLF)-NGO Assemblies, CBOs/FBOs & Communities	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><hr/></td> </tr> </table>					<hr/>			
<hr/>															
		Organize capacity building training programmes for RLF/DRMT members & other stakeholders	Capacities of RLF/DRMT members & other stakeholders adequately built on HIV/AIDS.	Funds, Venue, Stationery, Feeding , Allowances IEC Materials, Snack & Lunch	RLF /DA	NGOs, CBOs, FBOs, GHS, GES, DEVELOPMENT PARTNERS/DONORS, C'nities, PLWHA	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><hr/></td> </tr> </table>					<hr/>			
<hr/>															
		Organize monthly DRMT meetings and quarterly RLF meetings	RLFC/DRMT quarterly & monthly meetings held and appropriate measures taken to arrest the spread of the disease.	Funds, Venue, Stationery, Feeding , Allowances, T&T	RLF /DA	GHS, NGOs, CBOs/FBOs, DEVELOPMENT PARTNERS/DONORS, RCC, Donor Agencies, Communities	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><hr/></td> </tr> </table>					<hr/>			
<hr/>															
		Organize quarterly stakeholder meetings on HIV/AIDS	HIV/AIDS programmes and activities streamlined and co-ordinate	Funds, Venue, Stationery, Feeding , Allowances, T&T	RLF /DA	GHS, GES, NGOs, CBOs/FBOs, DEVELOPMENT PARTNERS/DONORS, RCC, Donor Agencies, Communities	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><hr/></td> </tr> </table>					<hr/>			
<hr/>															

Table 5. Contd.

		Ensure monthly reporting for CBOs/FBOs & quarterly reporting for NGOs	Periodic reports on HIV/AIDS in the Resource Link Foundation (RLF)-NGO provided for decision making.	Stationery, T&T, Funds	RLF/DA	NGOs, CBOs, FBOs, DEVELOPMENT PARTNERS/DONORS, RCC, GHS				
		Carry out regular field visits/ monitoring	All HIV/AIDS activities carried out in the Resource Link Foundation (RLF)-NGO monitored, streamlined and co-ordinate.	Funds, Fuel/Vehicle/T&T, Stationery, Allowance	RLF/DA	NGOs, CBOs, FBOs, DEVELOPMENT PARTNERS/DONORS, RCC, GHS, Communities				

Table 6. Monitoring and Evaluation Arrangements

Component	Objective	Activity	Indicators	Responsibility		
				Who	How	Where
1. Prevention	To increase access to HIV/AIDS information and services to high risk areas and underserved communities in the District	Undertake house-to-house and person-to-person education	-No. of communities, houses or people sensitized - No. of NGOs/CBOs /Institutions involved in HIV/AIDS education in the District	Focal Person, DRMT, RLF, RCC & DEVELOPMENT PARTNERS/DONORS	-Interviews -Field Visits - Examination of Reports by institutions involved in HIV/AIDS in the District	-In the C'nities - RLF's Office - Offices of the participating institutions.
		Form Peer Educator/Virgin/ Abstinence Clubs in each of the 9 Town/ Tain District Assembly	- No. of functional Peer educator/virgin/abstinence clubs formed. - No. of beneficiaries.	Focal Person, D/A, RCC, GES & DEVELOPMENT PARTNERS/DONORS	-do-	-do-
		Organize HIV/AIDS film shows	-No. of communities or people sensitized - No. of HIV/AIDS films shows organized	-do-	-do-	-do-

Table 6. Contd.

		Distribute and promote proper use of condoms among high risk groups	- No. of Condoms distributed. - No./category of beneficiaries	Focal Person, DRMT, RLF, RCC, GPRTU, GHS & DEVELOPMENT PARTNERS/DONORS	- Interviews - Examination of Reports by institutions involved in HIV/AIDS in the District.	-do-
		Set up VCT Centre and promote VCT in the District Promote management of STIs	-No. of VCT centres the District - No. of beneficiaries/Level of patronage No. of STI cases reported and treated	Focal Person, DRMT, RLF, RCC, GHS & DEVELOPMENT PARTNERS/DONORS Focal Person, DRMT, RLF, RCC, GHS & DEVELOPMENT PARTNERS/DONORS	- Interviews - Examination of Reports by institutions involved in promotion of VCT in the dist - Interviews - Examination of RLF/GHS Reports.	- RLF's Office - Offices of the participating institutions. - Offices of RLF/GHS
		Promote Prevention of Mother to Child Transmission (PMTCT)	Percentage reduction in MTCT	-do-	-do-	-do-
		Organize periodic open fora and community durbars in District	- No. of durbars/open fora organized. - No. of people attended	Focal Person, DRMT, RLF, RCC & DEVELOPMENT PARTNERS/DONORS	-Interviews -Field Visits - Examination of Reports by institutions involved in HIV/AIDS in District.	-In the C'nities - RLF's Office - Offices of the participating institutions.
		Organizes quizzes and debates on HIV/AIDS at the Basic and SSS levels	- No. of quizzes/debates organized. - No. of people/ participating schools	Focal Person, DRMT, RLF, RCC, GES & DEVELOPMENT PARTNERS/DONORS	-Interviews - Visits to participating schools - Examination of Reports by institutions involved in HIV/AIDS in the District	-In the Schools - RLF's Office - Offices of the participating institutions.
		Erect HIV/AIDS Sign Boards at strategic locations in District	No. of HIV/AIDS Sign Boards erected	Focal Person, DRMT, RLF, RCC, & DEVELOPMENT PARTNERS/DONORS	- Interviews - Observation - Examination of Reports by institutions involved in erecting the HIV/AIDS Sign Boards in the District	- At their locations - RLF's Office - Offices of the participating institutions.

Table 6. Contd.

		Organize and participate in annual World AIDS day celebrations	No. of annual World AIDS days organized.	Focal Person, DRMT, RLF, RCC, & DEVELOPMENT PARTNERS/DONORS	- Interviews - Observation - Examination of RLF's Reports on World AIDS day celebrations in the District	- At RLF's Office - At the Durbar Grounds
		Enact bye-laws against involvement of children in social and cultural activities that promote the spread of HIV. (E.g. wake keeping, attending video shows, night clubs, dance etc.)	-Evidence of availability of the bye-law and its enforcement	Focal Person, DRMT, RLF, RCC, & DEVELOPMENT PARTNERS/DONORS	- Interviews - Observation - Examination of Reports by the RLF.	- RLF's Office
2. Provision of Treatment, Care and Support to PLWHAs and OVCs.	To institute pragmatic measures that will make care and support services available to PLWHAs, OVCs and their related families.	Identify and support PLWHAs and OVCs	-No. of PLWHAs/OVCs identified and supported. - Type of service provided to the PLWHAs/OVCs.	Focal Person D/A, RCC, GHS & DEVELOPMENT PARTNERS/DONORS	-Interactions with PLWHAs/OVCs - Visits to communitie where PLWHAs/OVCs reside - Examination of Reports by institutions involved in providing care & support to PLWHAs/OVCs.	-In the C'nities - RLF's Office - Offices of the participating institutions.
		Form Association of PLWHA	- Membership of the association of PLWHAs. - Name and Constitution of the Association. - Minutes of the Association	Focal Person, D/A RCC, GHS & DEVELOPMENT PARTNERS/DONORS	-Interactions with PLWHAs - Observe meetings of Association of PLWHAs - Examination of Reports by institutions involved in providing care & support to PLWHAs.	-do-
		Promote condom use among PLWHA	- No. of Condoms distributed to PLWHA. - No. of PLWHAs provided with condoms	Focal Person, D/A, RCC, GHS, DEVELOPMENT PARTNERS/DONORS & Association. of PLWHAs	Interactions with PLWHAs/Association. Of PLWHAs. - Examination of Reports by institutions involved in providing care & support to PLWHAs.	-In the C'nities - RLF's Office - Office of Association. of PLWHAs - Offices of the participating institutions

Table 6. Contd.

		Provide employable skills to PLWHA	- No. of PLWHAs provided with employable skills or supported financially to engage in economic activities.	-do-	-do-	-do-
		Educate communities on the need to show love and compassion for PLWHA	-No. of communities, houses or people sensitized - No. of NGOs/CBOs /Institutions involved in HIV/AIDS in the District	-do-	-do-	-do-
				Responsibility		
Component	Objective	Activity	Indicators	Who	How	Where
3. Management	To streamline measures that would promote effective collaboration and networking among NGOs, CBOs/FBOs, Midas, and other stakeholders for effective management of HIV/AIDS activities and programmes the District	Decentralize implementation of the plan at the area council levels	-No. of Area Council AIDS Committees formed. - No. of Area Council AIDS Committees trained & equipped to handle HIV/AIDS activities at their levels.	Focal Person, DRMT, RLF, RCC, GHS & DEVELOPMENT PARTNERS/DONORS	-Interactions with Area Council members/Area Council AIDS Cattie members. - Examination of RLF's and Target Area Reports.	-In the C'nities - RLF's Office - Offices of Tain District Assembly.
		Organize capacity building training programmes for D/A members & other stakeholders	- No. /type of training organized for RLF/DRMT members and other stakeholders.	Focal Person, DRMT, RLF, RCC, GHS & DEVELOPMENT PARTNERS/DONORS	-Interactions with RLF/DRMT members and other beneficiaries. - Observe capacity building training workshops and programmes. - Examination of RLF's Reports	- RLF's Offices Workshop/Training venue



Table 6. Contd.

		Organize monthly DRMT meetings and quarterly RLF meetings	<ul style="list-style-type: none"> <li>- No. of RLF quarterly meetings held annually.</li> <li>- No. of HIV/AIDS monthly meetings held annually.</li> <li>- Rate of attendance in each meeting.</li> </ul>	Focal Person, DRMT, RLF, RCC, & DEVELOPMENT PARTNERS/DONORS	<ul style="list-style-type: none"> <li>- Interactions with RLF/DRMT members.</li> <li>- Observation of RLF/DRMT meetings.</li> <li>- Examination of RLF's Reports</li> </ul>	- RLF's Offices
		Organize quarterly stakeholder meetings on HIV/AIDS	<ul style="list-style-type: none"> <li>- No. of quarterly meetings held with stakeholders annually.</li> <li>- Rate of attendance in each meeting.</li> </ul>	-do-	<ul style="list-style-type: none"> <li>- Interactions with stakeholders.</li> <li>- Observe meetings with stakeholders.</li> <li>- Examination of RLF's Reports</li> </ul>	-do-
		Ensure monthly reporting for CBOs/FBOs & quarterly reporting for NGOs	<ul style="list-style-type: none"> <li>- No. of monthly/quarterly reports submitted.</li> </ul>	-do-	<ul style="list-style-type: none"> <li>- Interactions with stakeholders.</li> <li>- Examination of RLF's Reports and that of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>- RLF's Office</li> <li>- Offices of Institutions involved in HIV/AIDS in the District</li> </ul>

**2. Chapter Five: Monitoring And Evaluation Arrangements**

Basically, monitoring and evaluation of HIV/AIDS activities in the District will be the core function of the Monitoring and Evaluation Focal Person. The M&E Focal Person will however be ably supported by the District Assembly. It is also anticipated that monitoring of HIV/AIDS activities at the Community/District level will be supported by other Partner organizations (Table 5- 6).

**4. Chapter Six:**

**Programme and Budget**

**5. Chapter Seven:**

**Annual Work Plan (2007-2010)**