

Country Name	Project for Strengthening Operational Capacity of Prevention of Mother-to-Child Transmission of HIV (PMTCT)
Republic of Ghana	

I. Project Outline

Background	<p>The Government of Ghana has sustained its efforts in the prevention of mother-to-child transmission of Human Immunodeficiency Virus (HIV) (PMTCT) so as to tackle infection of under-five children through vertical transmission from positive mothers. The Government also recognized PMTCT as a key for attaining the Millennium Development Goal (MDG) 4 (reduce child mortality), MDG 5 (improve maternal health) and MDG 6 (combat HIV and AIDS, malaria and other diseases). Recognizing the significance of this strategy, the Ministry of Health, the Ghana AIDS Commission and the Ghana Health Service with support from the development partners such as the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) formulated the "PMTCT Scale-up Plan 2011-2015". The main purpose of the scale up plan was to accelerate the efforts to achieve the national goal of virtual elimination of mother-to-child transmission of HIV by 2015 as stipulated in the "National HIV & AIDS Strategic Plan 2011-2015." However, in the efforts to increase the accessibility of quality comprehensive PMTCT services, the Government of Ghana faced challenges including the lack of variety of IEC (Information, Education, and Communication) materials, user-friendly manuals for PMTCT services, and adequate supervisions.</p>										
Objectives of the Project	<p>Through improving the capacity of supervisors for PMTCT services, providing PMTCT-IEC services using PMTCT-IEC materials, and enhancing the capacity of PMTCT counsellors' PMTCT-IEC service delivery in the Greater Accra Region, the project aimed at strengthening the administrative system of providing PMTCT-IEC services in the Greater Accra Region, thereby contributing to enhancing the quality of PMTCT service delivery in Ghana.</p> <ol style="list-style-type: none"> Overall Goal: The quality of PMTCT service delivery is enhanced in Ghana. Project Purpose: The administrative system of providing PMTCT-IEC services are strengthened in the Greater Accra Region. 										
Activities of the Project	<ol style="list-style-type: none"> Project Site: Greater Accra Region Main Activities: 1) development of the PMTCT Practical Handbook and conducting training for supportive supervision on PMTCT, 2) development and distribution of PMTCT-IEC materials, and 3) conducting PMTCT training for different cadres of healthcare providers. Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese side</td> <td style="width: 50%;">Ghanaian side</td> </tr> <tr> <td>1) Experts: 9 persons</td> <td>1) Staff allocated: 21 persons</td> </tr> <tr> <td>2) Trainees received: 10 persons</td> <td>2) Land and facilities: office space</td> </tr> <tr> <td>3) Equipment: vehicle, computers, printers, projector, etc.</td> <td>3) Local cost: cost for utility of offices (electricity, water, telephone charges), printing cost, etc.</td> </tr> </table> 			Japanese side	Ghanaian side	1) Experts: 9 persons	1) Staff allocated: 21 persons	2) Trainees received: 10 persons	2) Land and facilities: office space	3) Equipment: vehicle, computers, printers, projector, etc.	3) Local cost: cost for utility of offices (electricity, water, telephone charges), printing cost, etc.
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Project Period	April 2012 – March 2015	Project Cost	(ex-ante) 300 million yen, (actual) 306 million yen								
Implementing Agency	Ghana Health Service (National AIDS/STI* Control Programme (NACP), Family Health Division, Greater Accra Regional Health Directorate), Ministry of Health, Ghana AIDS Commission *STI: Sexually Transmitted Infection										
Cooperation Agency in Japan	Japanese Organization for International Cooperation in Family Planning (JOICFP) Japan Anti-Tuberculosis Association (JATA)										

II. Result of the Evaluation

<Special Perspectives Considered in the Ex-Post Evaluation>

- The achievement of the Indicator 2 of the Project Purpose was evaluated only by the proportion of pregnant woman attending ANC (antenatal care) counselled and tested for HIV. Since antiretroviral (ARV) drug was prescribed only in the antiretroviral therapy (ART) centres attached to limited health facilities¹, the other two components of the indicator, proportion of HIV infected pregnant women who receive ARVs for PMTCT and proportion of HIV exposed infants² on ARVs prophylaxis for PMTCT, were irrelevant and not applicable for the facilities targeted by the project.
- The achievement of the Overall Goal was evaluated only by the Indicator 1 and 2 because the Indicator 3 was not about the Overall Goal (enhancement of a quality of PMTCT service), but an expected impact caused by the achievement of the Overall Goal (super goal). Three targets of the Indicator 2 were the same as the ones of the Indicator 2 for the Project Purpose only the target areas were different, which were the five target facilities for the Project Purpose but the entire area of the Greater Accra Region for the Overall Goal. Therefore, the targets of the Indicator 2 were relevant for the Overall Goal and a part of data was available.

I Relevance

<Consistency with the Development Policy of Ghana at the Time of Ex-Ante Evaluation and Project Completion>

The project has been consistent with the "National HIV and AIDS Strategic Plan" (2011-2015) which aimed at the reduction of new infection of HIV by half by 2015 as one of the targets of comprehensive HIV/AIDS countermeasures, and placed PMTCT as one of the most significant issues for its realization.

<Consistency with the Development Needs of Ghana at the Time of Ex-Ante Evaluation and Project Completion>

The project is consistent with the development needs of Ghana. At the time of ex-ante evaluation, although NACP and the Greater

¹ Out of the five target facilities, the Jamestown Maternity Home and the Sege Health Centre were not attached with the ART centres and not prescribed ARV drug.

² Infants who are exposed to high risks of HIV infection.

Accra Regional Health Directorate were obliged to extend their PMTCT services according to the national guidelines, there were no practical handbooks to refer to for providing specific services. Therefore, there was an urgent need to develop handbooks for standardizing the quality of services, establish supportive supervision system for sustaining and improving the quality of services, and provide training for operationalizing them. At the time of project completion, recognizing the importance of PMTCT, the Government of Ghana was keenly working on the scale-up of PMTCT services. For the scale-up, there were strong needs to enhance the supervisory and monitoring capacities of health personnel and to develop PMTCT-IEC materials to provide pregnant women with information for decision making on their own.

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation>

The project was consistent with the Japan's ODA policy for Ghana at the time of ex-ante evaluation. In the "Country Assistance Program for the Republic of Ghana" (September 2006), one of the four strategic objectives was the improvement of basic social services in deprived areas, and community health improvement and infectious disease control was placed as a prioritized cooperation area in it.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement of the Project Purpose at the time of Project Completion>

The Project Purpose was achieved by the time of project completion. The PMTCT practical handbook and IEC materials developed by the project were endorsed by the Ghana Health Service (Indicator 1), and on the average the percentage of pregnant women attending ANC being counselled and tested for HIV achieved beyond the national target of 95% at the five targeted facilities (Indicator 2).

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

The project effects have been continued. The endorsement on the PMTCT practical handbook and IEC materials has been continued (Indicator 1). The percentage of pregnant women attending ANC being counselled and tested for HIV achieved 100% in 2015 at all of five targeted facilities and it has been maintained until the time of ex-post evaluation (Indicator 2).

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

The Overall Goal has been partially achieved at the time of ex-post evaluation. While the PMTCT practical handbook and IEC materials developed by the project have been distributed to related health facilities, projects and other stakeholders in all of ten regions in the country (Indicator 1), the national targets for percentage of pregnant women attending ANC counselled and tested for HIV (Indicator 2-1) and the percentage of HIV-infected pregnant women who receive ARVs for PMTCT (Indicator 2-2) in the Greater Accra Region have been partially achieved by reaching to the national target values. The insufficient progress was due to region-wide issues of inadequate funding, limited infrastructures such ART centres and advanced diagnostic equipment, delays in procurement, insufficient training for staff, and manpower shortage.

<Other Impacts at the time of Ex-post Evaluation>

While no quantitative data available, some impacts on people's behaviour can be observed. According to interviews with the regional and district HIV coordinators, midwives, and the target facilities, because the counselling skills and attitudes of health workers and midwives have been improved by the project, self-discrimination of people with HIV/AIDS has been considerably reduced, and the number of clients visiting health facilities for counselling and treatment has been increased. No resettlement and land acquisition, and no other negative impact were caused by the project.

<Evaluation Result>

Therefore, the effectiveness/impact of the project is high.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results																																																
Project Purpose: The administrative system of providing PMTCT-Information, Education, and Communication (IEC) services are strengthened in the Greater Accra Region.	Indicator 1 PMTCT practical handbook and IEC materials developed under the Project are endorsed by GHS (NACP/FHD).	Status of the Achievement: achieved (continued) (Project Completion) The PMTCT practical handbook and IEC materials were endorsed by GHS in 2013, and they were printed and distributed to related health facilities and projects in all of ten regions and nationwide stakeholders. (Ex-post Evaluation) The handbooks and IEC materials with logos of GHS and the Ministry of Health embossed were observed in health facilities visited by the ex-post evaluation.																																																
	Indicator 2 Projected national target values of PMTCT goals on the final year of the Project are achieved at the target health facilities (i.e. % pregnant woman attending ANC counselled and tested for HIV; % HIV infected pregnant women who receive ARVs for PMTCT; and % HIV exposed infants on ARVs prophylaxis for PMTCT).	Status of the Achievement: achieved (continued) (Project Completion) (Ex-post Evaluation) % of pregnant woman attending ANC counselled and tested for HIV at five facilities targeted by the project (national target: 95%) <table border="1"> <thead> <tr> <th>Year</th> <th>2011</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Ridge Hospital</td> <td>-</td> <td>-</td> <td>98</td> <td>100</td> <td>100</td> <td>100</td> </tr> <tr> <td>Jamestown Maternity Home</td> <td>-</td> <td>-</td> <td>98</td> <td>100</td> <td>100</td> <td>100</td> </tr> <tr> <td>Ada Health Centre</td> <td>-</td> <td>-</td> <td>97</td> <td>104³</td> <td>100</td> <td>100</td> </tr> <tr> <td>Kasseh Health Centre</td> <td>-</td> <td>-</td> <td>62</td> <td>105</td> <td>100</td> <td>100</td> </tr> <tr> <td>Sege Health Centre</td> <td>-</td> <td>-</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> </tr> <tr> <td>Average</td> <td>77</td> <td>99</td> <td>91</td> <td>102</td> <td>100</td> <td>100</td> </tr> </tbody> </table>	Year	2011	2013	2014	2015	2016	2017	Ridge Hospital	-	-	98	100	100	100	Jamestown Maternity Home	-	-	98	100	100	100	Ada Health Centre	-	-	97	104 ³	100	100	Kasseh Health Centre	-	-	62	105	100	100	Sege Health Centre	-	-	100	100	100	100	Average	77	99	91	102	100
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Overall Goal:	Indicator 1	Status of the Achievement: achieved																																																

³ Over 100% achievements were recorded in some health centres because they accepted referrals from other facilities without ART centres.

The quality of PMTCT service delivery is enhanced in Ghana.	PMTCT practical handbook and IEC materials, developed under the Project, are introduced to more than 2 regions outside the Greater Accra.	(Ex-post Evaluation) The PMTCT practical handbook and IEC materials developed by the project have been distributed to related health facilities and projects in all of ten regions and nationwide stakeholders at the time of the project completion.																								
	Indicator 2 National target values described in the PMTCT Scaleup Plan 2011-2015 are achieved in the Greater Accra Region.	Status of the Achievement: partially achieved. (Ex-post Evaluation) % of pregnant woman attending ANC counselled and tested for HIV in the Greater Accra Region (national target: 95%) <table border="1"> <thead> <tr> <th>Year</th> <th>2011</th> <th>2013</th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>%</td> <td>-</td> <td>71</td> <td>89</td> <td>86</td> <td>89</td> </tr> </tbody> </table> % of HIV-infected pregnant women who received ARVs for PMTCT in the Greater Accra Region (national target: 90%) <table border="1"> <thead> <tr> <th>Year</th> <th>2011</th> <th>2013</th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>%</td> <td>-</td> <td>51</td> <td>62</td> <td>59</td> <td>79</td> </tr> </tbody> </table> % HIV exposed infants on ARVs prophylaxis for PMTCT in the Greater Accra Region (national target: 95%) No data available.	Year	2011	2013	2015	2016	2017	%	-	71	89	86	89	Year	2011	2013	2015	2016	2017	%	-	51	62	59	79
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Indicator 3 % of HIV positive neonates/children, whose mothers are HIV positive, is decreased.	Status of the Achievement: not applicable (Ex-post Evaluation) This Indicator was not applicable because this was not about the Overall Goal (enhancement of a quality of PMTCT service delivery), but an impact caused by the enhancement of the quality of PMTCT service delivery (super-goal).																									

Source: Final Report (2015); District Health Information System (DHIMS); questionnaires to and interviews with HIV Unit, Regional Health Directorate, the Greater Accra Region

3 Efficiency

Although the project period was within the plan (the ratio against the plan: 100%), the project cost exceeded the plan (the ratio against the plan: 102%). The outputs were produced as planned. Therefore, efficiency of the project was fair.

4 Sustainability

<Policy Aspect>

The Government of Ghana has updated HIV/AIDS related policies including the “National HIV and AIDS Strategic Plan” (2011-2015) to the 2016-2020 version and issued new policy directives aiming at the achievement of the target of 90-90-90⁶ set by UNAIDS. One of the HIV/AIDS strategic framework objectives set by the Government for achieving the target of 90-90-90 was the universal PMTCT coverage at sub-district level. Therefore, the project effects are expected to be sustainable from the perspective of policy aspect.

<Institutional Aspect>

The institutional setup and human resource allocation to PMTCT has not been significantly changed since the time of project completion, while the volume of activities has been increasing due to the introduction of new policies including 90-90-90 and “test and treat all⁷” strategy. The number of staffs in charge of PMTCT particularly in the Regional Health Directorate, hospitals and health centres has not changed significantly from the time of project implementation and has become further insufficient for increasing activities. According to the District HIV coordinators, along with the quarterly supportive supervision on health facilities by the District Offices, they keep constant communication and information sharing with health facilities and midwives by visiting them or by using WhatsApp platform (smart application for instant messaging). This close communication has ensured the quality PMTCT services.

<Technical Aspect>

Most of the ex-counterparts are still in their positions and have sustained their skills and knowledge through day to day activities and by attending conferences and workshops in and out of the country. Some of them have been promoted to be facilitators for early infant diagnosis, leaders of regional supportive supervision, and decision makers. Regional, district and facility level officials and staff involved in the project also have maintained their skills and knowledge through constant practice and continuous learning. Besides training programs provided by development partners, the Greater Accra Regional Health Directorate and NACP organize annual programs for early infant diagnosis training and PMTCT training. As for the materials and tools developed by the project, some items such as supervisory checklists for supportive supervision and interactive cards for appointment scheduling have been highly utilized. Because they have been highly utilized, they are out of stock in some health centres but not reprinted due to financial constraints. Video drama of “Mama’s Determination” has been shown in limited facilities because of the TV’s and DVD player’s troubles.

<Financial Aspect>

The budget for HIV/AIDS related activities has been highly dependent on the external funds especially on the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) (Table 1). Since Ghana is listed as one of the eligible countries for the GFATM’s 2020-2022 funding cycle, the fund is highly expected to be allocated until 2022. Besides, because the national economic capacity and disease burden

Table 1. Fund from GFATM for HIV/AIDS related activities

Unit: thousand US\$

Year	2014	2015-2017	2018-2020
Total amount	14,591	97,900	66,436

Source: Annual Report of NACP (2014, 2015, 2016)

⁶ The treatment target aiming at 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression by 2020. (Source: “90-90-90 An ambitious treatment target to help end the AIDS epidemic” (2014), UNAIDS)

⁷ The strategy advocated by WHO, which recommends that everyone with HIV be offered ART as soon as they are diagnosed. (Source: “Progress Report 2016: Prevent HIV, Test and Treat All” (2016), WHO)

can hardly be expected to change drastically in the near future, the funding support from GFATM is anticipated to continue after 2022.
<Evaluation Result>

In light of the above, slight problems have been observed in terms of institutional and technical aspects of the implementing agency. Therefore, the sustainability of the project effect is fair.

5 Summary of the Evaluation

The Project Purpose was achieved by developing the handbook and IEC materials for PMTCT and by increasing the percentage of pregnant women attending ANC being counselled and tested for HIV in the project targeted facilities. The Overall Goal expected to extend the project effects region-wide has been partially achieved. As for sustainability, while the manpower in the Regional Health Directorate, hospitals and health centres has not necessarily been sufficient, improvement of communication linking healthcare providers and sustained technical level of staff have ensured the quality of PMTCT services. As for efficiency, the project cost exceeded the plan. Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

- In order to improve the institutional sustainability and to cope with the increasing volume of works relating to HIV/AIDS including PMTCT, it is recommended for NACP and the Greater Accra Regional Health Directorate to request the Ministry of Health to increase the number of staffs of the Regional Health Directorate, hospitals and health centres, and try to disperse possible parts of workloads by training and involving some new actors such as community volunteers.
- For improving technical sustainability and to contribute to the achievement of the Overall Goal by disseminating project effects to other regions, it is recommended for NACP and the Greater Accra Regional Health Directorate to reproduce and distribute the materials and tools developed by the project including supervisory checklists and interactive cards. It is also expected to fix or replace faulty TVs and DVD players not only for the video drama of “Mama’s Determination” developed by the project but also for other audio visual materials.
- For financial sustainability of the project effects, it is recommended for the Government of Ghana to continue its commitment to directly funding the operational activities of PMTCT by facilitating the implementation of the national HIV and AIDS fund which would be a statutory fund allocated to the Ghana Aids Commission and other implementation agencies in charge of HIV and AIDS.

Lessons Learned for JICA:

- In this project, out of seven indicators for the Project Purpose and the Overall Goal, three indicators were irrelevant and not applicable. Indicators are targets as well as the definitions of project objectives. Without appropriate targets and definitions, it is hard to properly manage and evaluate a project. Therefore, careful and cautious considerations are expected to be given for indicators at the planning stage of the project.



Video drama DVDs “Mama’s Determination” and a DVD player at a Health Center



Mother’s interactive card indicating the date of her next visit