Country Response Information System

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Use of CRIS as
M&E tool in Ghana

2006 Implementation update

**Progress report to
GAC management, UNAIDS and Development
Partners**

Contents

Summary

Background

Ghana has been at the forefront in implementing the three ones principles[1]. The last but equally important element, the monitoring and evaluation system, has been identified as one of the key areas for the National Strategic Framework II (2006-2010). Among the critical issues is the collection, collation, application and sharing of data on HIV and AIDS.

In 2004 the Joint Annual Review of the national response recommended the implementation of Country Response Information System (CRIS). CRIS would serve as the database tool to supplement the current M&E system. In preparation of the NSF II the stakeholders have accepted CRIS as the tool for data management. UNAIDS has provided technical assistance in this process.

Lessons learned from CRIS pilot in 2005

In 2005 UNAIDS together with Ghana AIDS Commission implemented Country Response Information System (CRIS) in selected pilot sites. Two districts were selected from each of the ten regions. Key observations were made on the pilot activities, and reported to Ghana AIDS commission (GAC) (see implementation update November 2005). The geographical spread of pilot sites was too wide to enable effective on-site support, hence only the Southern zone districts were reporting. In its current set-up GAC does not have sufficient capacity to support the districts.

Expanding the CRIS to ten new districts

Based on the positive feedback from users in pilot sites, Japanese International Co-operation Agency (JICA) and GAC decided to collaborate in expanding CRIS to 10 more districts. Ten district focal points in Eastern and Ashanti regions were trained. The regional focal points were also involved, which enabled effective reportage and integration to the activities of GAC. The training included also Planned Parenthood Association of Ghana (PPAG), which works in all the ten districts.

The feedback from the trainees was positive, however, they wanted more time on practical exercises. These were done during the follow-up site visits, which were scheduled right after the trainings. The site visits were to ensure installation of the software, and answer any pending questions. Two regional follow-up trainings were organised to support data use and quality, and to enhance presentation skills. As a result the reports from districts and regions have been much more visual, informative and easy to share.

M&E Operational Manual Update

The National Monitoring and Evaluation (M&E) Framework for 2006-2010 is operationalized through the M&E Operational Manuals. These are produced in four volumes (national, district, private sector, CSOs). Several consultations were held at different levels to consolidate the stakeholders' views into the documents. This resulted in a more harmonised documentation and integration of data collections formats between the national M&E tools, such as CRIS.

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[1] International Conference on HIV and AIDS in Africa (Kenya, September 2003) defined "Three ones" to improve coordination on HIV and AIDS: one national framework, one national coordinating body, and one monitoring and evaluation system for HIV and AIDS.

Recommendations to GAC

The in-house capacity of GAC to provide the necessary support to the districts is limited. This can be resolved through hiring of a full time technical staff on M&E (planned as part of an institutional review of GAC). For expanding the use of CRIS, GAC needs to develop a plan to roll out in stages, and to consider outsourcing the training/capacity building of the focal points. DfID has already committed funding for this purpose.

Further trainings are recommended to also provide training for data clerks in the districts. Trainings should be followed up on quite frequently, focusing first on smaller geographical areas where technical support and peer support between users is more available.

Enhancing donor coordination and monitoring with CRIS

The development partners were requested to provide their financial data of 2006 Annual Programme of Work (APOW), which was entered into CRIS. This was used for planning of APOW 2007. CRIS could be used for 2007 APOW monitoring, collecting the stakeholder data every six months as was agreed in the formulation of national plan. UNAIDS is collaborating with GAC's finance department to enhance exchange of data and monitor the implementation of APOW at both GAC and the development partners.

UN Implementation Support Plan has been entered into CRIS, ensuring more effective data sharing between the UN system and GAC. While the APOW could be monitored through CRIS, UN staff has already been trained in CRIS and is ready to share its data with GAC when required.

1. Background

This report is an overview of the CRIS roll-out in Ghana for the period January-December 2006. It shows the follow-up activities such as reporting and use of the data in the districts. Finally recommendations have been made for future actions.

Ghana has been at the forefront in the application of the three ones principles to the national response to HIV/AIDS. Ghana AIDS Commission (GAC) as the one national coordinating body for the national response has driven the process to design the second National Strategic Framework (NSF II) for 2006-2010. On the basis of the NSF the National M&E Plan has been updated and the implementation arrangements reviewed. Among the critical issues is the collection, collation, application and sharing of data, which is among the key priorities for the NSF II.

The Joint Annual Review of the National Strategic Framework in 2004 recommended the implementation of Country Response Information System (CRIS) as the database tool to supplement the current M&E system. Stakeholders subsequently accepted the CRIS tool for data management in the Multi Sectorial HIV/AIDS Programme (MSHAP). UNAIDS PAF funds released in early 2005 were utilized to build up national capacity for CRIS.

A plan was developed to train 10 Regional M&E focal points. GAC and UNAIDS agreed that CRIS would be piloted with 10 Regional M&E focal points, and 2 selected District M&E officers from each region (20 out of the total of 138). The report from November 2005 listed a few key observations from the pilot project:

- Most of the pilot districts were given ad-hoc support, with priority given to the southern zone districts which were easier to access;

- GAC did not have enough human resources in M&E to provide continuous IT support to the districts;

- Piloting should focus on smaller geographical area where technical support and peer support between the users is better available.

Additional funding was received from UNAIDS in 2005 to complement and expand on the CRIS trainings, and to coordinate the 2006 UN Implementation Support Plan (UNISP) using CRIS. JICA supported the training of 10 districts in the Eastern and

Ashanti regions in June 2006 to enhance reporting from the districts it supports to both GAC and JICA.

An Overview of the Ghana M&E system

The following chart features the Ghana M&E system and the data flows linked to the GAC structures. The CRIS software was piloted between the selected Regions and Districts, and between the UN agencies. The data on UN project implementation and technical assistance is shared with GAC to ensure effective coordination of the national response to HIV and AIDS.

Figure 1: Ghana HIV/AIDS M&E system (grey chart) linked with M&E data flows
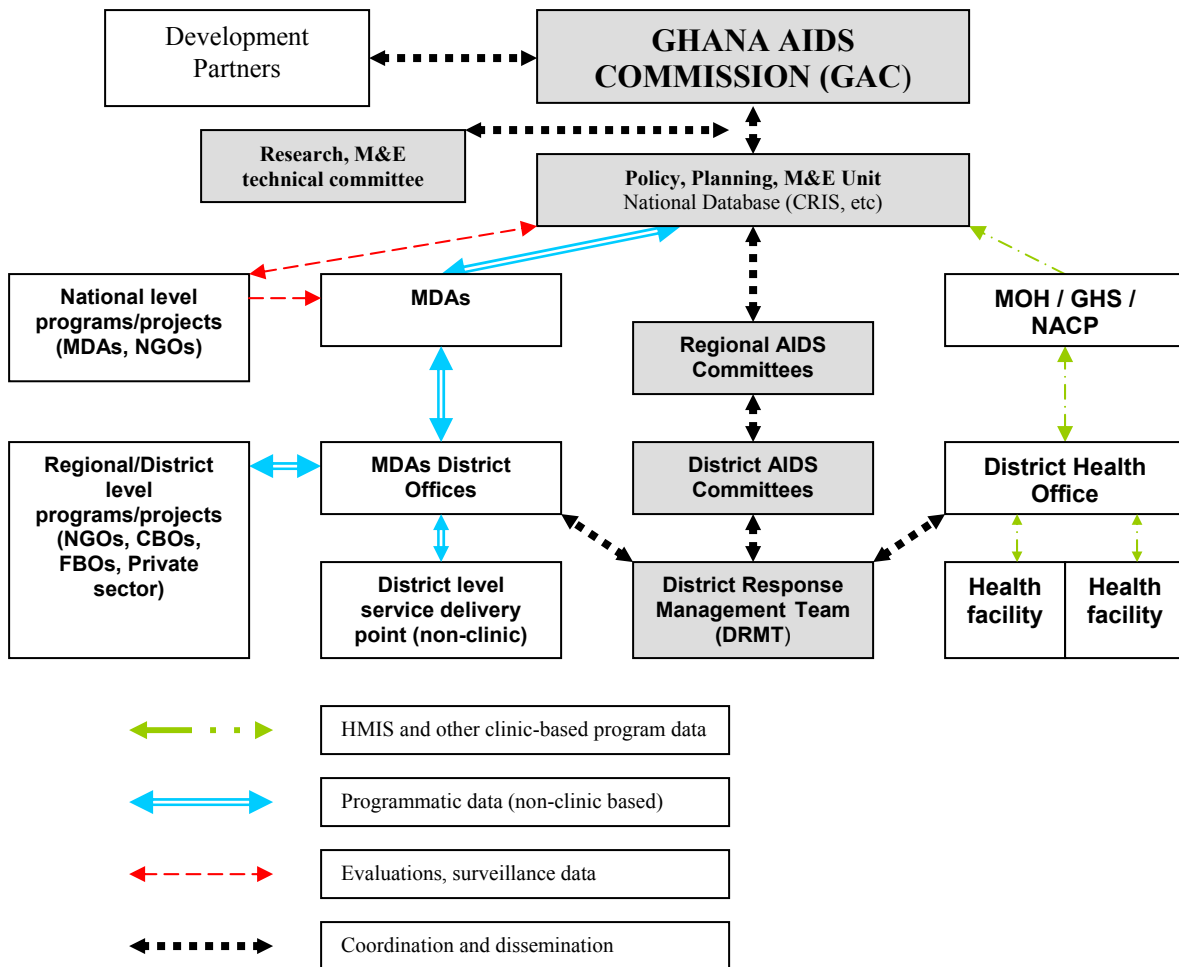
2. Expansion to additional 10 districts in 2006

As Ghana has strongly decentralized implementation arrangements for the national response, there is great emphasis on district level planning and monitoring. GAC monitors the implementation of the National response through the 10 Regional Coordinating Councils (RCC), the Regional M&E officers, 138 Municipal, Metropolitan and District Assemblies (MMDAs). Each region and district has an M&E officer. Their duties and responsibilities are described in Annex I.

 Some of the pilot districts trained in 2005 have not received on-site support from GAC in 2006. However, for most pilot districts in the southern zone, follow up site visits have been undertaken by UNAIDS and meetings held during the course of the year. Six out of the original twenty pilot districts have been duly monitored; two (Akuapim North and Kwaebibirem) out of the six were retrained as part of the expansion of sites in 2006.

JICA, in June 2006, decided to support the training of 10 districts in Eastern and Ashanti Regions to further enhance their reporting to GAC as a complement to the current M&E system. The capacity building of the focal persons went on in two phases, with the following activities.

Phase 1:

1) The previously trained focal persons were to update the project database for the new programming period (2006).
2) Indicator data was to be updated on quarterly basis.
3) Training workshop was organized for the Eastern and Ashanti regional M&E officers, 6 district M&E officers from Eastern Region and 4 M&E officers from Ashanti region. Planned Parenthood Association of Ghana (PPAG) officers were trained in addition to the above number of M&E Officers. A JICA Volunteer joined the training. The training dates were 8-9 June, Eastern and Ashanti regions (See Annex II for detailed list of participants).

Phase 2:

4) Follow-up site visits were organised to facilitate installation of the software, and provide on-site support for all districts.

5) CRIS was used for quarterly reporting in 2006, and for an implementation report to GAC.

6) Quarterly regional meetings were organised to coordinate the findings, assess the data and enhance on presentation skills and data use.

7) Integration of CRIS reporting formats to M&E Operational Manual to National, Regional and District Officers.

Content of the training

The strategy for the JICA training in June 2006 was to build up the capacity of the regional M&E focal points, the district focal points and the PPAG Officers on the implementation and utilization of CRIS. The Regional M&E focal points would later support the district level M&E officers in implementing the CRIS, and provide basic technical support. The role of PPAG Officers was to ensure that projects undertaken in these districts, funded by JICA, were reported using CRIS. In the two-day training (8-9 June 2006), the M&E focal points were introduced to the software. They went through basic exercises on indicator creation, data entry, project data entry and analysis.

The UNAIDS M&E Adviser briefed the M&E focal points on the purpose of the training, connecting the process with the national M&E plan. The objectives and emphasis were:

- To strengthen the capacities of HIV/AIDS focal persons in M&E in the ten selected districts.

- To train the focal persons to have the skills in the use of CRIS as part of the HIV/AIDS monitoring system in both district and national levels.

Daily training objectives were highlighted and went on to discuss the following;

- National M&E Framework   - Global framework for CRIS

- The background of CRIS in Ghana   - The purpose of CRIS

- CRIS installation process

- CRIS administration management

- CRIS Project data and exercises

- CRIS Indicators and exercises.

- Entering project data

- Analysis using indicator data

- Exporting and importing data (reporting)

- Institutional framework

- Advantage of CRIS to M&E Officers

- Who should enter the data?

- Who uses the data?

- Planning CRIS

- CRIS work plan for the year

Basic functions for data entry, analysis, reporting and work plan for reporting were explained and discussed with the participants.

Feedback from the participants

In the end of the training the participants were requested to provide feedback and share their views on the CRIS training. This revealed the following:

i. General comments:

Participants were asked various questions based on the training in general. Most participants were very satisfied with the course content, and all participants were satisfied with the design of the training for CRIS. The hands-on exercises were well received and appreciated by the participants, meeting their expectations on the training. Few participants marked that the overall time spent on the course was not enough (two full days), for which the organisers proposed the follow-up site visits to further satisfy their extra technical and educational needs and orientation to the software. Only one person was dissatisfied with the pace of the course (the participant had limited computer skills). Almost all participants were very satisfied with the appropriateness of the examples used in the training. The verbal feedback from the participants was that the training was effective and motivating, however, more time would be needed for the training ("two days is not enough") and additional refresher training would be needed later. Technical

problems occurred in only few cases where a lap-top and a desktop computer refused the installation of CRIS, despite several attempts.

ii. Facilities

All participants were very satisfied with the facilities provided during the training (setup of the training room, training materials and equipment, lighting, sound, coffee breaks, lunch).

iii. Participant confidence on their skills in CRIS

Most participants showed considerably high levels of self confidence in their ability to work with the software. This was the best on the points of installing CRIS; managing the database, category codes, place names; creating and using indicators; correctly entering project data; creating and analyzing reports using pivot tables. The confidence of the participants was divergent on the points of sharing data, performing backups and restoring data, and customising the CRIS configuration file. Only one person noted his incapability in performing backups and restoring data. A copy of the feedback form can be found in Annex XI.

Observations from organisers

Most users proved to be better skilled in the use of computers than they themselves estimated. Most were able to use the computer easily, and they quickly acquired the trained skills. Only one focal person admitted his computer illiteracy, but assured he was ready to learn and had an assistant who would enter the data locally and regularly.

The Regional M&E officers (two participated in the training) are important linkages between District M&E officers and the GAC. Their tasks include:

- Compilation of data from the districts under their supervision, and submission to GAC;
- Facilitate sharing of data and its use between the districts (quarterly meetings).

Feedback from the training of the M&E officers was encouraging: unanimously they proposed that their quarterly reporting should be done through CRIS. This will not only save time and reduce likelihood of errors but will also enable more effective analysis of the data.

In the training the detailed reporting format was agreed, with the plan that quarterly reporting with CRIS from the districts to Regional Coordinating Council and GAC will be done for both project and indicator data. The training session was carried out as two-day training. The session was done jointly by JICA and UNAIDS staff (M&E Advisor and Data Use Coordinator).

The organisers recognised the additional training needs for which reason the follow up site visits were planned. They were to be jointly carried out by GAC, JICA and UNAIDS. Adequate support was provided to the participants from all districts trained. Staff in the JICA office were also trained to meet the needs of their project. The human resources to provide continuous support to the M&E officers in the field have been up to the beat in meeting the technical needs of the trainees.

Follow-up activities

Two joint follow-up meetings were held in Ashanti and Eastern Regions in August and September respectively after the JICA CRIS training in June to assess progress made, identify possible problem areas and provide further training and support in use of CRIS.

The meetings centred on the use of CRIS; resolving issues encountered during and after installation, reporting using data collected and update on Indicator Reporting using CRIS. Participants were updated on exporting project data, creating reports with Excel tables and using it as per desired chart to report to their Chief Executives. The participants were impressed by the way they could present the regional data (see figure 2) together and be able to compare the

activities between districts and regions. This created also healthy competition in challenging the data and encouraged participants to improve on their data sets.

Figure 2: <u>Target groups of implemented projects (CRIS report from RCC Meetings)</u>
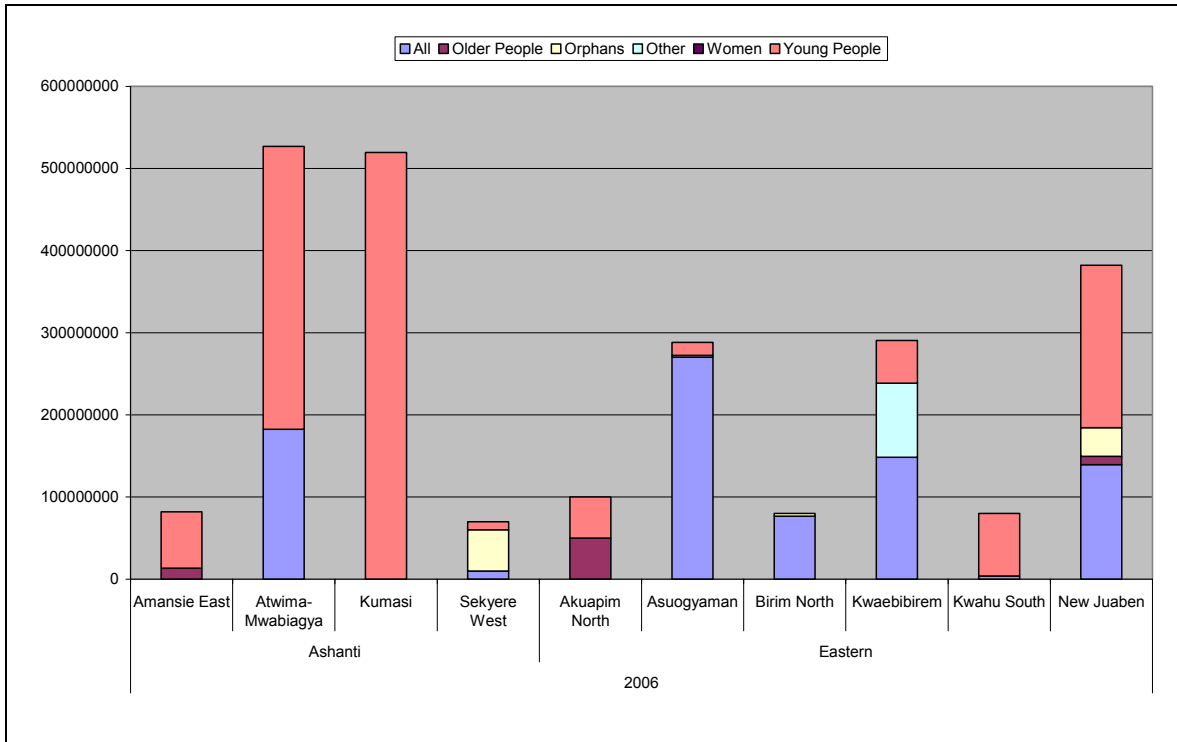
Tasks and timelines to be carried out by the focal persons were decided in both meetings. The timelines differed as per Region. The tasks as agreed on can be found in Annex VII.

As of December 2006, all 10 districts trained in June, in addition to four out of the twenty districts trained in the pilot training have provided reports and project data using CRIS. The list of District indicators can be found in Annex V, and a few sample Excel reports generated from the CRIS District database can be found in Annex IV.

The last CRIS meeting for the year was held in the Eastern Region in December 2006, in which the districts trained in the region were given an overview on

presentation skills using data entered locally into CRIS. This was to build the capacity of the focal persons on reporting to their District Chief Executives and further enhance their skills on data analysis. Components of the presentation used for the capacity building was culled from a MEASURE Evaluation PowerPoint presentation on 'Communicating Strategic Information to Decision Makers'[2]. Follow up visits and capacity building will continue in 2007. DfID has committed funds for further capacity building trainings of districts on the use of CRIS in 2007. This will include the districts that have not had follow up site visits since the pilot training in 2005.

3. Linkages to M&E Framework and M&E Operational Manual

The objective of the M&E Operational Manual is to provide guidance on practical implementation of M&E on HIV/AIDS in different levels. The manual will facilitate the practical implementation of the National M&E Framework. The M&E Operational Manual is produced in four (4) volumes, focusing on different needs of different audiences. The manual was drafted with the help of a consultant hired by GAC. The role of the manual is also to provide reporting formats, which would be synchronised with different monitoring tools, such as CRIS.

Various consultation meetings with stakeholders were held during the year to discuss enhancements on data sharing, reporting, timelines for reporting and the different reporting formats to be used across all sectors implementing HIV/AIDS activities in the country. The processes that took place during the year to finalise the various volumes of the M&E Operational Manual are as follows:

- A consultant was hired early 2006 to draft the Operational Manual on M&E for regions, district assemblies, etc.
- A data sources meeting was held in June 2006 as a consultation platform where Health Sector officers and Ministry of Local Government officers met to discuss enhancement on data sharing among stakeholders and

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[2] Connecting People to Useful Information – guidelines for effective presentations. MEASURE. April 2003.

provide guidance for the M&E Operational Manual. They decided that the M&E Operational Manual should be printed in four (4) volumes:

- Vol. I – National Level
- Vol. II – Decentralised Level
- Vol. III – Civil Society
- Vol. IV – Private Sector 2006-2010

- The template work plan agreed on in the June meeting was included in the manual.

- JICA and GAC held a stakeholders' consultation meeting the four draft volumes in October 2006

- Another consultation meeting with district and regional Health and M&E officers on the second volume (Vol. II – Decentralised Level) in December 2006, recommended changes to the document. It was agreed to add the district level indicators which have been created and entered into CRIS into the document for the use of all stakeholders.

- Guidance for reporting lines, timelines for reporting and forms for reporting have been included in the manual.

- Universal Access targets will be included and highlighted in CRIS as a separate indicator set (see annex VIII).

4. Next steps for CRIS and use of operational manual

While CRIS is a tool for M&E system, it needs to be adjusted to meet the needs of the M&E reporting. The following steps were identified in the course of the trainings and follow-up meetings to enhance the integration:

- Re-configure and share the setup configuration file, which would include all implementing organisations in districts, and therefore facilitate data entry for focal persons;

- Organise follow-up trainings and quarterly meetings with the pilot districts;

- Encourage data sharing and reporting from the district M&E officers to their district constituents through the use of CRIS;

- Ensure the new M&E framework and M&E operational guidelines have an entry point for use of electronic M&E tools;

- Explore options to build up partnership with Ministry of Local Government and Ministry of Health to leverage technical skills and the use of CRIS for the M&E of HIV/AIDS;

- Provide technical assistance and support from UNAIDS on implementation of CRIS to GAC and other partners (PPAG);

- Support GAC in institutionalizing the UNGASS indicator collection and reporting through CRIS.

5. SWOT analysis for CRIS in districts

The following analysis was compiled to help identify strengths, weaknesses, opportunities and threats for effective use and implementation of CRIS in Ghana.

Strengths	Weaknesses
• M&E officers have adequate computer skills and access to computer, i.e. no need for massive basic training and procurement of equipment • Technically sound staff in GAC to support roll-out of CRIS in regions and districts • M&E officers see additional value in use of software for their work (data collection and analysis) and are willing to implement and utilize it as a monitoring tool	• Limited number of staff at GAC to provide field support and follow-up (1 full time M&E coordinator, no full time technical support) • District M&E officers are not focusing full time on M&E (usually about 25-50% of their working time), which reduces the time they can use for data entry and analysis
Opportunities	**Threats**
• New programming period starting 2007 • Ministry of Local Governments willing to support CRIS in Districts • NACP willing to implement CRIS in health facilities (synchronisation of CRIS data with HMIS data) • Donor support and TA available • The enthusiasm and interest of the M&E officers	• No follow-up with the districts to implement and utilize CRIS • No clear leading institution • No institutional support to M&E officers in CRIS implementation • Recalcitrant attitude by individuals to CRIS • Low value database tools at GAC e.g. Place Methodology and the analogue paper-based forms

Challenges

Despite the positive feedback and interest in districts, the involvement and commitment of GAC to CRIS remains low. For the moment, the M&E unit at GAC does not have the capacity to manage a large scale database for the national response. The management lacks skills and understanding of the use of it and therefore is not committed to follow-up on the process, despite the efforts of international stakeholders. There is also less willingness to acquire the simple skills of CRIS because of the presence of analogue paper-based tools.

6. Recommendations on implementation and use of CRIS

- In order to be able to collect, analyze and use existing M&E data, and to provide the necessary support to the Regional and District M&E officers on CRIS, GAC needs to allocate more human resources, at a minimum one full time technical staff. The recommendations of the organizational review of GAC support this.

- For full scale roll-out, options are being explored to involve other line Ministries that use the same M&E officers to provide data to GAC. (Ministry of Local Government employs the M&E officers; Ministry of Health collects health service data which should be passed on to M&E officers). This would reduce the burden of GAC to carry out the necessary training and follow-up, while ensuring that the CRIS Ghana software is effectively implemented and used for national reporting on HIV response. This would need to followed up by MOLGRDE.

- Districts should include also the data clerk/IT support in the CRIS trainings. While the M&E officers are often transferred between districts, it is important to share and maintain the CRIS user skills in the district offices.

- Piloting of CRIS would benefit from frequent intense trainings. This can be done by focusing first on smaller geographical areas where technical support and peer support between the users is more available.

- Ghana AIDS Commission should involve international stakeholders in the assessment of CRIS and its roll-out plan to ensure effective donor coordination and involvement.

- DfID funds for the capacity building programme should also include facilitation of updates on CRIS, and building linkages between different data sets (national, sub-national).

7. Coordination of the APOW and integration of donor data to monitor the National Response

Monitoring of Annual programme of Work

In the process of developing the second Annual Programme of Work for 2007, the technical task team discussed practical means of monitoring the implementation of APOW. The APOW 2006 was entered into CRIS, enabling effective tracking of financial flows from funding partners to implementers. However, the differences in the financial data formats and reporting time frames caused delays. UNAIDS and finance department of GAC are together looking into alternative ways of using CRIS for APOW monitoring. As agreed between partners, the reporting on progress in APOW implementation should be done every six months. GAC is expected to organise a stakeholder consultation to provide further guidance to partners on means of doing the data collection and sharing more effectively.

Integration of UNISP to APOW monitoring

As part of the national response to HIV and AIDS, the UN system contributes by providing support in the fields where it has comparative advantages. These are in line with the national priorities, and are listed in the UN Implementations Support Plan (UNISP, 2006) and in the Joint UN Plan of Support (2007).

UN system is using CRIS for monitoring the progress in implementing its Joint Plan of Support. Data collection has been effective, with regular updates all year of the database set up for the monitoring and coordination of UN activities in the UNISP. The database currently houses all projects undertaken from 2005 to present by all UN agencies. The implementation of CRIS among UN agencies has been smooth. All agencies, with the exception of FAO, were trained in the application and use of CRIS and have CRIS installed.

Use of CRIS within the UN agencies has included:

 • Reviewing of completed, ongoing and planned HIV/AIDS projects within UN agencies as to who is doing what; where it is being done; what are the interventions/activities and how much is budgeted for and being spent;

 • Reviewing of indicator data;

 • Sharing data on the activities and indicators with the Ghana AIDS Commission.

Means of collaboration between the agencies has been outlined as follows:

 • UN agencies were informed on the objectives of CRIS via meetings, presentations, verbal communication, e-mails, etc.

 • HIV/AIDS project data was collected and entered into CRIS

 • Data entered was validated individually with HIV/AIDS focal persons at UN agencies through a review of data entered into CRIS, project documents, reports etc.

 • Reports were created and shared with UN agencies.

Achievements of the implementation and use of CRIS within the UN agencies are:

 1. All UN agencies have CRIS installed (except FAO)

 2. All UN HIV/AIDS focal persons trained in the implementation and use of CRIS as a monitoring tool

 3. Data collected, entered, analyzed and disseminated from all UN agencies except FAO (no HIV/AIDS projects as at present)

 4. A total of 94 projects have been entered into the UN agencies CRIS database

 5. Proactive data collection and sharing is done regularly to ensure that data is complete, accurate, reliable/realistic and timely

 6. UNAIDS is providing technical support to the UN agencies in the adoption, implementation and use of CRIS as a monitoring tool

7. Installation of CRIS has been done with USAID to enhance wider stakeholder involvement

8. Monitoring of the National Response to HIV/AIDS has been ongoing since August 2006 in the creation, in the UNAIDS office, of a CRIS database for the UNISP and the National Response.

Next steps planned for use of CRIS within UN system in Ghana:

1. Re-installation of CRIS at UNFPA

2. Introduction to CRIS for other staff working on HIV/AIDS projects

3. Regular updates to agencies through the JUNTA and UNTG on HIV/AIDS

4. Collaboration with NACP to facilitate data exchange between HMIS and CRIS.

5. Develop TOR for using CRIS as the database to monitor activities for 2007 APOW (only for National level)

6. Identify IT programme support for moving data from HMIS to CRIS

8. Problems and Proposed Solutions

In the process of implementing CRIS some technical problems were identified.

The following table lists the solutions that were offered and used:

Identified Problems	Offered Solutions
1. Inability to install CRIS on the PCs of the Asuogyaman District – problem with workstation	- Replacement of workstation by district assembly
2. Options to input more than one item under most categories are unavailable thus prolonging data entry etc (especially with projects covering more than one district or have more than one NSF objective (PPAG))	- Problem to be solved with CRIS 3.0
3. Slow response rate in the submission of data from some district assemblies due to non availability of internet connection and other technical issues	- District assembly M&E officers to be proactive with data submissions. District assemblies to get connected to internet to facilitate data sharing[3]
4. Incomplete data submitted - specifically correct data on budget, or non-classification of national strategic plan, target group, implementing organization type, etc	- M&E officers to ensure correct data entry before sharing and/or submission
5. Inconsistencies in project data such as start dates, financial data etc quoted differently in project proposals, reports etc.	- M&E officers to ensure correct data entry before sharing and/or submission

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[3] The Ministry of Local Government, Rural Development and Environment is preparing a plan to connect all District Assemblies with the central level in the next 2-3 years.

ANNEXES

Annex I: Roles and responsibilities of regional and district M&E officers

Through a process of consensus building at regional and district levels, the roles and responsibilities of Regional and District Monitoring and Evaluation Focal Persons have been agreed upon and are as follows:

Roles and Responsibilities of <u>Regional </u>Monitoring and Evaluation Focal Persons

- Collect and house an HIV/AIDS project and research inventory with the help of the District Monitoring and Evaluation Focal Persons on all NGOs, CBOs, MDAs, FBOs, Private Companies and Development Partners working on HIV/AIDS within the Region.

- Document the major programmes and activities on HIV/AIDS being held in the Region.

- Interact with the District Monitoring and Evaluation Focal Persons, collate and compile their monthly reports.

- Prepare quarterly reports on Regional HIV/AIDS activities to the Ghana AIDS Commission with copies to the Ministry of Local Government and Rural Development.

- Arrange dissemination of information on HIV/AIDS at all levels within the Region.

- Prepare and implement a Regional monitoring and evaluation plan.

- Act as a resource point for information on HIV/AIDS relevant to the Region.

- Organise fora of District Monitoring and Evaluation focal persons as and when applicable to encourage dissemination of best practice.

- Facilitate the work of the Regional AIDS Committee as member/secretary by performing tasks such as organisation of meetings, record keeping etc.

Roles and Responsibilities of the <u>District </u>Monitoring and Evaluation Focal Persons

- The District Monitoring and Evaluation Focal Person shall collaborate with Assembly members, Unit Committees, Chiefs and Opinion Leaders to

identify and prepare an inventory of all NGOs, CBOs, FBOs, and other institutions working on HIV/AIDS related activities in the district.

- Document and review NGO proposals submitted to the district in collaboration with the DRI technical team and DAC and make recommendations for endorsement to the DCE.

- Ensure appropriate documentation and screening of CBO proposals submitted to the district.

- Prepare monitoring and evaluation plans for HIV/AIDS activities within the district through the selection of appropriate indicators.

- Monitor and evaluate activities of NGOs, CBOs, FBO, and institutions working on HIV/AIDS related activities in the district.

- Collect monthly progress reports on activities of NGOs, CBOs, FBOs, and institutions working on HIV/AIDS related activities in the district.

- Ensure monthly reports on the activities of NGOs, CBOs, FBOs etc are forwarded to Regional M/E focal persons with copies to the GAC.

- Facilitate the work of the DAC and DRI technical team as member/secretary

- Act as resource person for district level information on HIV/AIDS.

- Assist NGOs, CBOs, FBO, and institutions working on HIV/AIDS related activities in the District to identify sources of funding for HIV/AIDS activities.

ANNEX II: Participants of JICA/UNAIDS M&E Focal Persons' training, 8-9 June 2006, in Accra

Region	Last name	First name	District
Eastern	Asante	Golda	
	Agyeman	Michael	New Juaben
	Adzornu	Sylvanus	Asuogyaman
	Afari	Daniel	Kwaebibirem
	Attafuah	Daniel Akoto	Birim North
	Kpodji	Seth Kofi	Kwahu South
	Odoi	Kwaku Amakye	Akuapim North
Ashanti	Anarfi	Eric	Amansie East
	Bokuma	Modesta	Kumasi Metro
	Opoku-Fofie	Apraku	Atwima Nwabiagya
	Yeboah-Asuama	K.	Sekyere West
PPAG	Ampem	Laura	PPAG Head Office
	Amoateng	Frank	PPAG Head Office
	Agblanya	Charles	Atwima Nwabiagya (PPAG)
JICA Volunteer	Kanae	Takagi	Asuogyaman

Focal Persons from pilot training who have received technical support and reported throughout the year using CRIS

Region	Last name	First name	District
Western	Ntiamoah	Jacob	SAEMA
	Sackey	Freda Ekua	Mpohor Wassa East
Central	Darkey	Bless	KEEA
Greater Accra	Assane	Rose	Dangme West

Annex III: UN Agencies implementing and using CRIS

UN AGENCY	STAFF TRAINED YES/NO	CRIS INSTALLED YES/NO	HIV/AIDS DATA COLLECTED & ENTERED INTO CRIS
1. UNAIDS	YES	YES	YES
2. WHO	YES	YES	YES
3. UNFPA	YES	YES	YES
4. UNICEF	YES	YES	YES
5. UNESCO	YES	YES	YES
6. WB	YES	YES	YES
7. UNHCR	YES	YES	YES
8. WFP	YES	YES	YES
9. UNDP	YES	NO	YES
10. ILO	YES	YES	YES
11. FAO	NO	NO	No data available

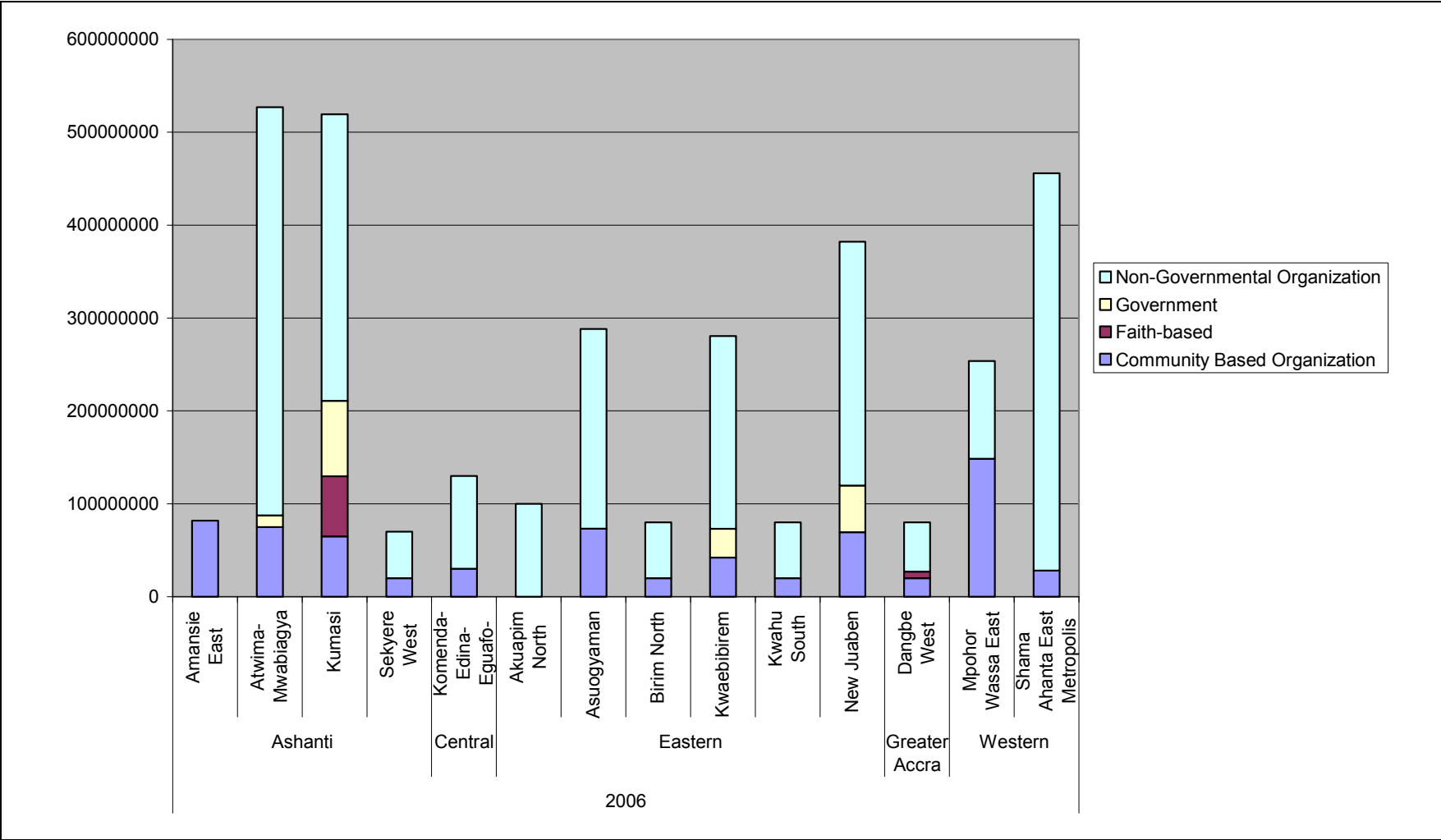**Annex IV: Sample reports from district databases**

Graph 1: Target groups of projects under implementation in districts reporting with CRIS
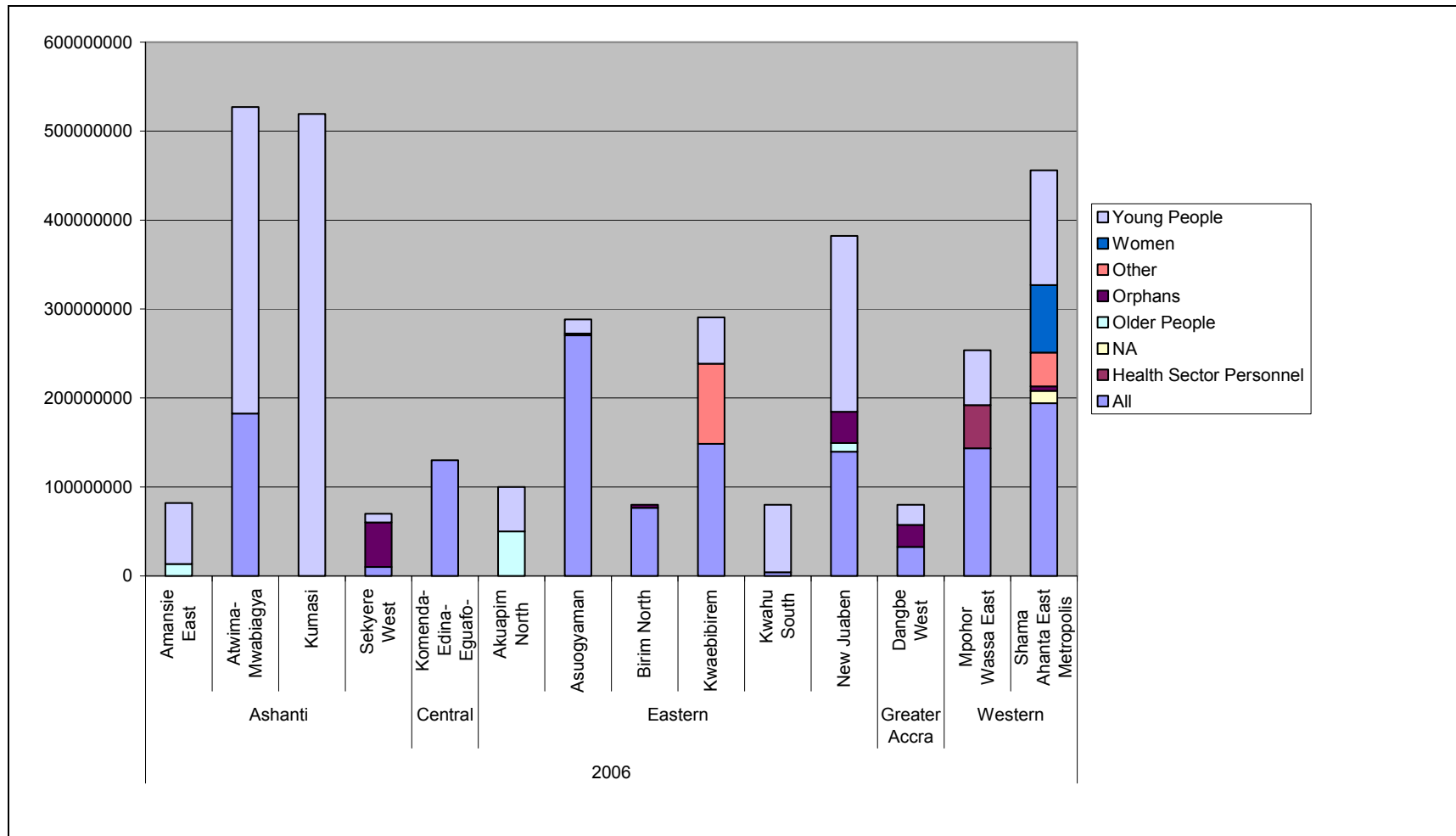
Graph 2: National Strategic Plan of projects under implementation in districts reporting with CRIS
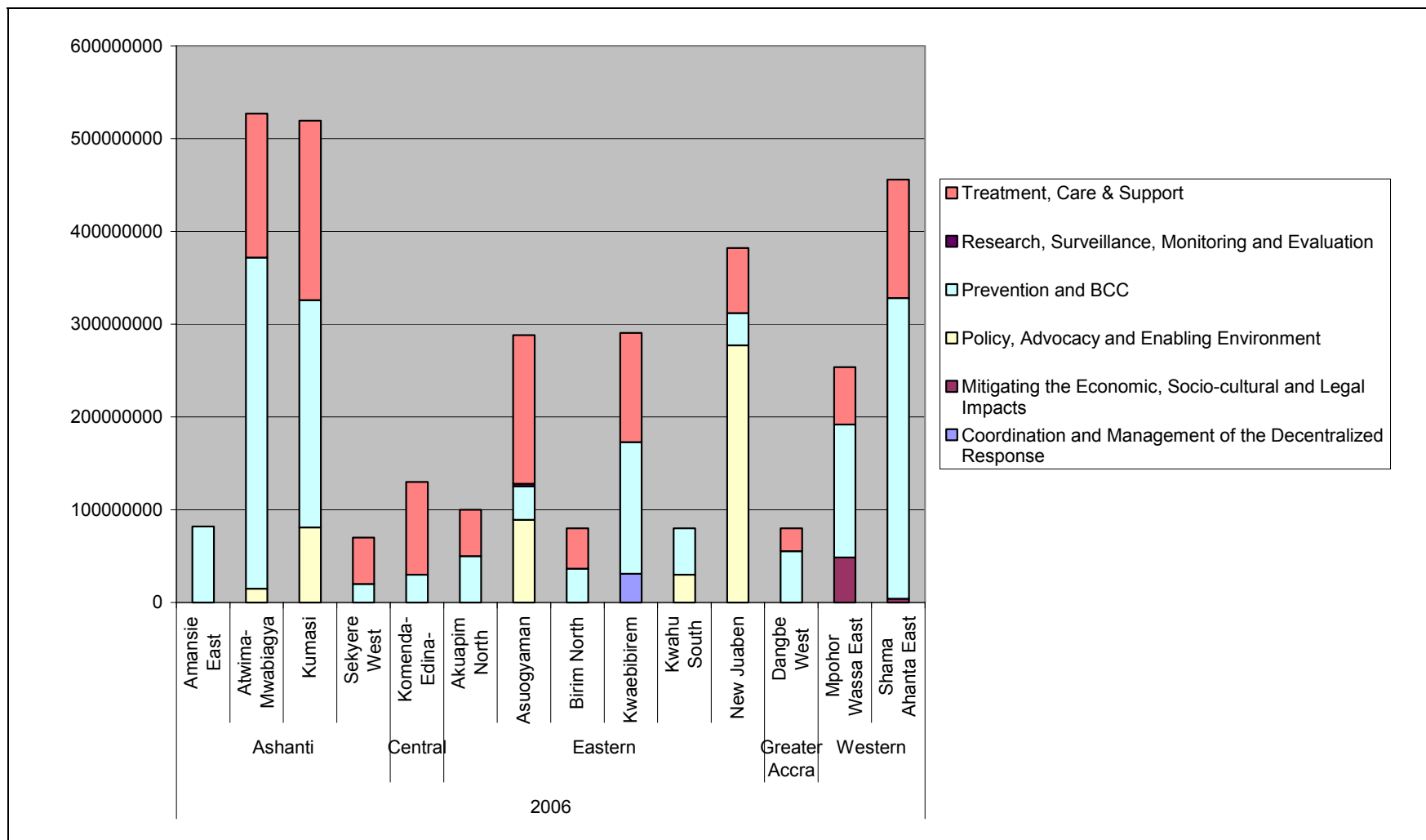
Graph 3: Implementing Organization Types of projects under implementation in districts reporting with CRIS

Annex V: District Indicators

Indicators	NGOs and CBOs using the indicator
1. HIV prevalence among pregnant women aged 15-49	
2. Number of condoms distributed	
3. Number of District Assembly Committee meetings held in the year	
4. Number of HIV prevention volunteers trained	
5. Number of HIV/AIDS prevention brochures/booklets developed and distributed	
6. Number of home visits made per quarter by Community Health Nurses or trained home-based care counsellors to PLWHIV	
7. Number of men and women reached through HIV prevention meetings	
8. Number of monitoring visits made by DAC teams in each quarter of the year	
9. Number of NGOs and CBOs trained in project management, monitoring and reporting.	
10. Number of orphans infected or affected by HIV/AIDS identified within the district	
11. Number of orphans infected or affected by HIV/AIDS receiving support packages	
12. Number of people benefiting from outreach community programmes - Prevention	
13. Number of people counselled and tested for HIV	
14. Number of PLWHA associations established and operational within the district	
15. Number of PLWHAs receiving some form of support within the district	
16. Number of PLWHAs who are members of PLWHA associations	
17. Number of school-based peer educators trained in HIV/AIDS	
18. Number of school-based peer educators trained in HIV/AIDS	
19. Number of schools with functional HIV/AIDS clubs	
20. Number of teachers who have been trained in life-skills-based HIV education who have taught it during the last academic year.	
21. Number of trained lay counsellors within the district	
22. Number of trained peer educators within the community	
23. Percentage of funded NGOs and CBOs submitting timely quarterly reports to the RCC	
24. The number of HIV prevention meetings held	
25. Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year	
26. Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programmes	
27. Percentage of orphaned and vulnerable children whose households received free basic external support in caring for the child	

Annex VI: Feedback form of CRIS Training in June 2006

UNHCR UNODC
UNICEF ILO
WFP UNIESCO
UNDP WHO
UNFPA WORLD BANK

UNAIDS

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

CRIS Training Workshop

<u>Student Satisfaction Form</u>

UNAIDS is committed to excellence in supporting national HIV/AIDS programmes. To improve our ability to strengthen the programmes through training we need your feedback as participants. Your comments and assessment of this training is highly appreciated. Thank you.

Participants Name:

Looking back, are you satisfied with the following aspects of your CRIS education in general	Very Satisfied	Generally Satisfied	Generally dissatisfied	Very dissatisfied	total
The course content	12	4			16
The overall educational experience in CRIS	7	9			16
The overall time spent on the course	2	10	4		16
The hands-on Practice	6	10			16
Were your expectations met?	6	10			16
Pace of course	9	5	1		15
Appropriateness of examples	11	4			15
Location and Environment of the Training:	Very Satisfied	Generally Satisfied	Generally dissatisfied	Very dissatisfied	
Set up of the training Room	16				16
Lighting , Air Conditioning , Sound	16				16
Breaks, Tea, Lunch	10	6			16
Having attended the course, how well do you feel qualified to train CRIS in the following areas?	Very well Qualified	Well Qualified	Need Further Training	Not Qualified	
Installing CRIS	4	10	1		15
Managing the database, category codes, place names etc.	3	11	2		16
Creating and using indicators	5	8	4		17
Correctly entering project and research data	4	9	3		16
Creating and analyzing reports using pivot tables	3	11	2		16
Sharing data	3	9	4		16
Performing backups and restoring data	1	8	6	1	16
Customizing the CRIS.config File	2	5	8		15

Annex VII: Planned follow-up steps among M&E Officers as agreed on in Joint Meetings held in August and September 2006

Task
1) Collect Indicator data: a. Identify district indicators for implementers   b. Mark the NGOs per indicators in the right column   c. Print the indicator sheets and hand out to NGOs in the next meeting   d. Collect the indicator sheets and enter data into CRIS
2) Inform District project implementers on GAC funding and reporting obligations   a. Call for a meeting with project implementers (NGOs and CBOs).   b. Confirm the project starting and ending dates, the target groups, and budget information with the implementers (distribute the printed indicator reporting forms for reporting back)   c. After the meeting, update the project information in CRIS
3) Export Project and Indicator data to GAC   a. Send information to yuki47yuki@hotmail.com; phannielomo@yahoo.com; erkkolat@unaids.org; kennymax2020@yahoo.com

Annex VIII: Universal Access and Prevention Indicators
GHANA 2008 AND 2010 UNIVERSAL ACCESS NATIONAL TARGETS

PROGRAMMATIC AREA	INDICATOR	DATA SOURCES	BASELINE (YEAR)	2008	2010	DATA COLLECTION TYPE
Impact target	**HIV prevalence among people aged 15-49[4]**	**GHS** **GSS**	**2.7% (2005)** **2.2% (2003)**	**2.1%**	**1.9%**	**HSS** **GDHS**
	HIV prevalence among young people aged 15-24[1]	**GHS** **GSS**	**1.9% (2005)** **0.7% (2003)**	**1.4%**	**1.2%**	**HSS** **GDHS**
Prevention						
Impact target	**% of HIV-infected infants born to HIV infected mothers**	**GHS**	**30% (2004)**	**22%**	**15%[5]**	**Programme data**
Process target	*# of centres providing PMTCT services[6]*	*RCC/MOH*	*135 (2005)*	*190*	*238*	*Programme data*
Impact target	**% of people aged 15-49 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**	**GSS**	**F-33%** **M-43%** **(2003)**	**F-46%** **M-54%[7]**	**F-50%** **M-60%**	**GDHS** **BSS** **MICS**
Process target	*# of clients tested for HIV at VCT sites and receiving their serostatus results in the past 12 months*	*RCC/GHS*	*42,206 (2005)*	*200,000*	*300,000*	*Programme data*
Treatment						
Impact target	**% of women, men and children with advanced HIV infection who are receiving antiretroviral combination therapy**	**GHS**	**3.2% (2005)**	**42%**	**66%**	**Programme data**
Process target	*# of centres providing ART services*	*RCC/GHS*	*5 (2005)*	*50*	*138*	*Programme data*
Process target	*# of centers providing VCT services*	*RCC/GHS*	*145 (2005)*	*190*	*238*	*Programme data*
Impact target	**% of HIV positive pregnant women who receive a complete course of antiretroviral therapy to prevent mother to child transmission in the last 12 months.**	**GHS**	**0.45% (2005)**	**5,000[8]**	**10,000[2]**	**Programme data**
Process target	*# of centres providing PMTCT services[2]*	*RCC/MOH*	*135 (2005)*	*190*	*238*	*Programme data*
Care and support						
Impact target	**Ratio of current school attendance among orphans to that among non-orphans, aged 10-14[9]**	**GSS**	**0.92 (2003)**	**0.94**	**0.95**	**GDHS**
National commitment						
Impact target	**Amount of national funds spent on HIV/AIDS**	**MoF**	**Cedi 97 billion (2003)**			**NASA[10]**
Process target	*Resource needs estimated to scale up to 2010 targets and goals*	*GAC/Futures group*	*N/A*	*Yes*	*Yes*	*Goals model*

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[4] The prevalence targets will be monitored using HIV Sentinel Surveillance, which is carried out annually. Demographic Health Survey will be used to complement the analysis.

[5] Impact target: 50% reduction of the proportion of infants infected with HIV.

[6] Process indicator for the impact indicators under both prevention and treatment.

[7] Target is set by gender, reducing the gap in knowledge between the genders, increasing positive behaviours, and reducing the spread of HIV and stigma and discrimination.

[8] The denominator (number of pregnant women) will be determined later, which does not allow calculating the indicator target now. However, the numerator (number of HIV+ pregnant women receiving ARVs) has been set and is used as point of reference.

[9] Despite the roll-out of ART, increasing number of people continue to die of AIDS.

[10] National AIDS Spending Assessment. Targets cannot be set, however, an increase in national funding is assumed.