Communicate for Health in Ghana

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CHANGE AGENT DEVELOPMENT PROGRAMME TRAINING IMPACT ASSESSMENT REPORT

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Contents

Acronyms and Abbreviations

CADP	Change Agent Development Program
CAT	Capacity Assessment Tool
CBSP	Capacity Building Support Program
CBST	Capacity Building Support Team
CCF	Change Challenge Fund
C-Change	Communication for Social Change Project
DHMT	District Health Management Team
FAA	Fixed Amounts Award
FHD	Family Health Division
GHS	Ghana Health Service
GOG	Government of Ghana
HP	Health Promotion
HPD	Health Promotion Department
HQ	Headquarters
HR	Human Resources
ICC-HP	Inter-agency Coordinating Committee for Health Promotion
IP	Implementing Partners
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non - governmental Organization
NMCP	National Malaria Control Program
PMI	Presidents Malaria Initiative
PPME	Policy, Planning, Monitoring, and Evaluation

PSI	Population Services International
RHPO	Regional Health Promotion Officer
RHMT	Regional Health Management Team
SBCC	Social and Behavioral Change Communication
SfC	Set for Change Action Learning
TOCAT	Technical and Organizational Capacity Assessment Tool
TOHP	Technical Officer for Health Promotion
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

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Executive Summary

Capacity building and support for Ghana's Health Promotion Department has been the cardinal foundation within the context of the Social and behavior Change Communication programs of the Communicate for Health Project. The projects second expected result area (ER2) requires that capacity of the Health Promotion Department (HPD) is strengthened to effectively coordinate and deliver Social and Behaviour Change Communication (SBCC) and health promotion campaigns. This work is strategically aligned to the draft National Health Promotion Policy (2007) and the National Strategy and Action Plan for Health Promotion (2014-2018) platform from which this critical service is transitioning into an effective and embedded function that will help to usher in a new era of health care partnership and enabling Ghanaians to optimize new opportunities for better health.

In fulfilment of the above, the Capacity Building Support Team (CBST) comprising Communicate for Health and Health Promotion Department (GHD)HPD staff worked closely to deliver a comprehensive training programme christened "The Change Agent Development Programme" (CAPD) for the first cohort of 23 Health Promotion practitioners (Health Promotion Officers at the national and regional level and Health Promotion Technical Officers at the district level).

The CADP was designed to address specific capacity gaps in both the areas of SBCC technical and personal effectiveness skills in response to a baseline SBCC capacity assessment conducted at the national, regional and district levels in May 2015. The team conducted a review of job descriptions (competencies, qualifications and responsibilities of the HP cadre to complement the SBCC capacity assessment. This work was done in close collaboration with the Human Resource Directorate of the Ghana Health Service and support from Communicate for Health.

The rationale for the CADP was to strengthen the individual technical capacity of the selected national, regional and district-level staff through technical presentations by selected industry experts and academia followed by questions and discussion sessions, the use of case studies, and practical group exercises. Participative approaches to engage people fully as well as the integration of the current and emerging Health Promotion theories, health priorities and SBCC campaigns formed the trust of the training content and delivery. In addition to technical skills the CADP was carefully designed to improve the personal effectiveness and leadership skills, presentation, problem solving and resource mobilization capacity of the participants.

The structured programme was facilitated by Mrs. Jacqueline Moller Larson, an experienced external consultant and Mr. Adetor Frank Kwasi, the Senior Organizational Development Specialist of Communicate for Health. The taught contributions were made by local SBCC experts from different technical fields such as culture, SBCC Theory, Mobile Technology in HP, advocacy, strategic partnership, alliances, collaborations, formative assessment, community mobilization, monitoring & evaluation, leadership and personal development. There were two after dinner sessions that offered the participants the opportunity to have insights into the world view of the District Coordinating Director, District Director of Health Services and Non-Governmental Organizations.
Twenty-three out of twenty-five selected health promotion practitioners drawn from the national, regional and district levels participated in the maiden CADP from June 27 to July 1, 2016 at Dodowa in the Greater Accra Region. This session was launched by Dr. Patrick Aboagye, Director – Family Health Division of the Ghana Health Service and supported by Mrs. Grace Kafui Annan – Head of Health Promotion Department and Mrs. Joan Schubert – Chief of Party, Communicate for Health Project.

An eight-month post training follow-up survey was carried out to assess program impact on workplace performance. The assessment process was led by Mr. Adetor Frank Kwasi, Senior Organizational Development Specialist, with support from Mr. Senyo Kakrada, Deputy Chief Health Promotion Officer of the HPD. The CADP beneficiaries and their supervisors were evaluated using standard assessment tools to measure outcomes of individual knowledge, skills, abilities and competencies as well as gauge the extent of application of the new knowledge and skills acquired in SBCC in the job setting particularly at the Regional Health Management Teams (RHMTs) and the District Health Management Teams (DHMTs).

A pre- and post-training assessment was conducted to gauge the level of understanding of the participants on the content of the CADP. Results from the pre-and post-training assessment show significant improvement in the scores for all beneficiaries at baseline. There was a 10% to 40% increase in post-assessment scores over the pre-assessment was observed, giving an indication that learning had taken place because of the CADP.

Overall, all 23 beneficiaries found the CADP relevant to their job responsibilities. About 96 percent of the participants indicated the CADP boosted their confidence, improved their skills/knowledge, enhanced their teamwork skills, and supported closer working relationship with key stakeholders. Supervisors (largely District Directors of Health Service) lauded the CADP and urged that the program be made accessible to other health cadres including the District Directors of Health Service, Disease Control Officers and Public Health Nurses.

Overall, the 23 beneficiaries found the CADP relevant to their job responsibilities. About 96 percent of the participants indicated that the CADP had boosted their confidence, improved their skills/knowledge, enhanced their teamwork skills, and supported closer working relationship with key stakeholders.

As examples of improvements in various skill areas, prior to training, 17 out of 23 beneficiaries (74 percent) had rated their SBCC knowledge and skills as average. After participating in the CADP, all 23 participants reported significant improvements in their SBCC knowledge and skills, with four rating their knowledge and skills as very high and 17 rating them as high. Beneficiaries attributed changes in their performance to the practical nature of the CADP, which enabled them to apply new knowledge and skills to their job settings. An important view common among almost all beneficiaries was that, when initially posted to their jobs, they did not have a clear understanding of their roles and responsibilities as HPOs assigned to the District Health Management Teams (DHMTs). They indicated that the CADP was more relevant to on-the-ground realities and provided insights into implementation of SBCC at the community level. This view was supported by their supervisors, who described the CADP as a “game changer,” with staff approaching their tasks in more practical and productive ways following completion of the CADP training.

Final scores ranged from an average of 30 percent to 96 percent. Beneficiaries were strongest in advocacy, building strategic partners, alliances, and collaborations—with an average score of 96 percent. In contrast, none of the beneficiaries had applied skills in effecting SBCC through TV documentaries—which is understandable since there are few opportunities outside of Accra to participate in activities of this nature. Participants had an average score of 30 percent in soliciting funds

for SBCC activities (writing a winning proposal). Other scores ranged upwards from this, reflecting a wide range of competencies across skill areas.

1.0 Introduction

The USAID Communicate for Health program in Ghana is working with the Government of Ghana (GOG), GHS/ HPD, local Ghanaian partners, and international development partners to improve behavior change in family planning (FP), water, sanitation, and hygiene (WASH), nutrition, maternal Newborn and child health (MNCH) and malaria prevention and case management. A key result area of the project is to strengthen the capacity of the Ghana Health Service Health Promotion Department to effectively coordinate and deliver social and behavior change communication (SBCC) and health promotion (HP) campaigns while also simultaneously developing and strengthening the capacity of one local SBCC organization to be a direct recipient of USAID funding. The program is a five-year cooperative agreement (2014-2019).

Working with the GHS HPD the project conducted a baseline SBCC capacity assessment and designed a capacity strengthening plan (CBSP) to address capacity gaps and further increase its effectiveness in coordinating and delivering social and behavior change communication (SBCC) and health promotion (HP) campaigns. The CBSP is informed by many fact-finding and evidence based activities. These include:

1. A rapid organizational technical capacity assessment of national and regional Health Promotion Officers from Western, Volta and Northern gathered data on knowledge, skills and competencies in social and behavior change communication. This assessment was completed in April/May 2015.
2. Individual capacity assessments conducted with five national and 11 regional Health Promotion Officers.
3. Review of the skills and competencies of job qualifications of Health Promotion Officers completed in September 2015, This assessment was supported by the GHS Human Resource Division and Communicate for Health.
4. A series of all-day focus group style workshops conducted with a group of TOHPs from selected regions to discuss and explore capacity needs and job challenges.

1.1 Elements of the Capacity Building Support Programme

The plan has the following three key elements which are described briefly below:

- ***'Change Agent Development Program' (CADP)***.
- ***'Set for Change'* (SfC) Action Learning Sets (a series of six action learning sets)**.
- ***'Change Challenge Fund' (CCF)***.

1.1.1 The Change Agent Development Programme

The Change Agent Development Programme (CADP) is a one-week Social and Behaviour Change Communication (SBCC) covering a range of technical areas and skills taught through lectures, use of case studies and practical group exercises. A program curriculum was designed for national, regional and district staff to fill the identified skills gaps for the HP cadre in the GHS. The curriculum was modelled to address gaps identified in an SBCC capacity assessment conducted for national and regional Health Promotion Officers.

1.1.2 The Set for Change:

The Set for Change (SfC) is a hybrid action learning program with taught technical inputs designed for Technical Officers of Health Promotion (TOHP). Participants meet on four separate occasions/sessions over a six-to-eight-month period. Each of the four sessions usually lasts 1.5 days and are facilitated by a qualified and experienced learning set facilitator. The sets are designed to support the new cadres of health promotion trained from the College of Health Promotion and placed at the districts. The new cadres of health promotion designated as require critical skills to coordinate health promotion campaigns in the districts. The TOHP made significant progress in their new roles through personal development and effectiveness skill building such as critical thinking and problem solving, advocacy and building and strategic partnerships for change. Technical skills input is necessary for the implementation of national campaigns at the local level through communities, local organizations and key advocates.

1.1.3 The Change Challenge Fund

The Change Challenge Fund (CCF) is a competitive performance-based grant designed to provide funds to graduates of the CADP and SfC Action Learning Sets. It is expected to provide opportunity for the CADP or SfC participants to apply for up to six thousand Ghana Cedis (GHS6,000.00) to enable them to utilize their new knowledge and apply the skills to conceive of, design, develop and implement small-scale innovative SBCC campaigns at the national/regional or district level.

2.0 The Change Agent Development Program Training

2.1 Overview of the Change Agent Development Program

The CADP was designed to address specific gaps identified through SBCC needs assessment conducted in April/May2015. It is a layered learning approach that directly connects to participants' daily work at the national, regional and district levels. The one-week intensive training is aimed at strengthening the individual technical capacity of select national, regional and district-level staff through technical presentations followed by questions and discussion, use of case studies, and practical group exercises. The CADP was tailored to the health promotion cadres in their approach to SBCC in the most effective and efficient manner.

2.2 Change Agent Development Program Participants

Photo: Mrs. Joan Schubert, Chief of Party – Communicate for Health making a presentation on SBCC Theories to the CADP participants

The structured programme which saw 23 out of the 25 selected candidates participating was facilitated by Mrs. Jacqueline Moller Larson, an experienced external consultant and Mr. Adetor Frank Kwasi, the Senior Organizational Development Specialist of Communicate for Health. The taught contributions were made by local experts in the different technical areas. There were two after dinner sessions that offered the participants the opportunity to have insights into the world view of the District Coordinating Director, District Director of Health Services and Non-Governmental Organizations.

Mr. Matthew Kobina Okor Ahwireng and Ms. Sally Baaba Owusu Addo could not participate in the training due to engagements in some official assignments at the regional level. Ms. Fatima Mohammed who delivered some moments after arrival at the workshop venue could also not participate in the session bringing the number of participants who benefited from the CADP training module to 23.

2.3 Purpose of the Change Agent Development Program

The CADP aims at strengthening the individual capacity and enhancing the existing skills and knowledge gaps of select national, regional and district-level staff to effectively coordinate and deliver SBCC and health promotion campaigns.

2.4 Expected Outcomes of the Change Agent Development Program

The expected outcomes of the training include:

- Deeper understanding of new skills and knowledge in evidence based SBCC theory and practice.
- Strategies and tactics for the application of new knowledge and skills to participants own work setting.

- Insights and new ideas on how to understand, tackle and influence social norms that negatively impact health.
- Greater awareness of current SBCC campaigns and practical ways to utilise and co-ordinate them effectively at regional and district level.
- Greater understanding of the Health Promotion (HP) role generally and ways to improve personal effectiveness.
- Transfer of SBCC knowledge and skills to peers through organised mentorship scheme.
- Implementation of innovative SBCC activities at a local level supported through the Change Challenge Fund.

2.5 The Content and Tools for the Change Agent Development Program

To make the programme relevant, a detailed curriculum with clear learning objectives was developed. This was supported by Facilitator's and Participants' manuals to serve as a standard tool and reference material for subsequent sessions.

The following areas were covered in the maiden CADP session:

NO.	TOPICS	PRESENTERS
1.	Principles and Practice of Health Promotion (HP)	Mr. Paul Okyere, a Lecturer at the Kwame Nkrumah University of Science and Technology
2.	Culture and its influence on SBCC	Prof. Kodjo Senah, a renowned Professor of Sociology and former Head of the Department of Sociology, University of Ghana, Legon
3.	Changing entrenched cultural practices using SBCC- the "Spirit Child Phenomena", a cultural belief of the people of Kassena Nankana in the Upper East Region	Mr. Nicholas Kumah Cudjoe, the Executive Director of Afrikids in Bolgatanga
4.	Understanding SBCC Theory	Mrs. Joan Schubert, the Chief of Party of the Communicate for Health Project
5.	Understanding Formative Assessment in SBCC	Dr. Collins Ahorlu, the Head of Epidemiology Department of the Noguchi Memorial Institute for Medical Research, University of Ghana – Legon
6.	Creating and Implementing effective SBCC	Mr. Nee Odoi Tetteyfio, Accounts Manager of Mullen Lowe, a creative firm engaged by Communicate for Health to assist in refreshing the GoodLife, Live it Well brand
7.	Understanding Social and Community Mobilization	Mr. Edward Akolgo Adimazoya – Deputy Chief of Party, Communicate for Health and Alhaj Sufyan Abubakar – Deputy Chief Health Promoter, HPD/GHS
8.	Advocacy, Building Strategic Partnerships, Alliances and Collaborations	Dr. George Amofah, a former Deputy Director General of Ghana Health Service, Consultant and Technical Advisor to the Health Promotion Department
9.	Understanding Social Marketing	Mr. Daniel Mensah, Director of Health Keepers- Ghana and Mr. Antonio Quarshie-Awusah, Chief of Party, Ghana Social Marketing Program – Population Services International (PSI), Ghana

10.	Working effectively with the Media	Mr. Andy Nana Opoku, the Media Advisor of the Communicate for Health project and Mrs. Rebecca Ackwornu, the Public Relations Officer of GHS
11.	Effecting Social Behavior Change through TV Documentaries	Dr. Kwesi Owusu, the Executive Director of Creative Storm Networks
12.	Mobile Technology and Health Promotion	Mr. David Hutchful, Director of Technology & Innovation at Grameen Foundation, Dr. Nii Lante Heward-Mills and Mr. Dela Nyamuame of VOTO Mobile
13.	Effecting Change with Community Radio	Mrs. Wilna Quarmyne, Executive Director of Ghana Community Radio Network
14.	Monitoring and Evaluation in SBCC	Dr. Godwin Afenyadu, Senior Capacity Development Advisor of Evaluate for Health and Mrs. Eunice Sefa, Senior Monitoring and Evaluation Advisor – Communicate for Health
15.	Planning and Coordinating SBCC	Mrs. Jaqueline Moller Larson
16.	Leadership and Personal Development	Mrs. Jaqueline Moller Larson
17.	World View of a District Director of Health Services	Mrs. Patricia Antwi (District Director of Health Services – Awutu Senya, Central Region)
18.	World View of a District Coordinating Director	Mr. Nathaniel Adzotor (District Coordinating Director – Biakoye District, Volta Region)
19.	World View of a National NGO: Hope for Future Generation	Mrs. Cecilia Senoo (Executive Director, Hope for Future Generations)

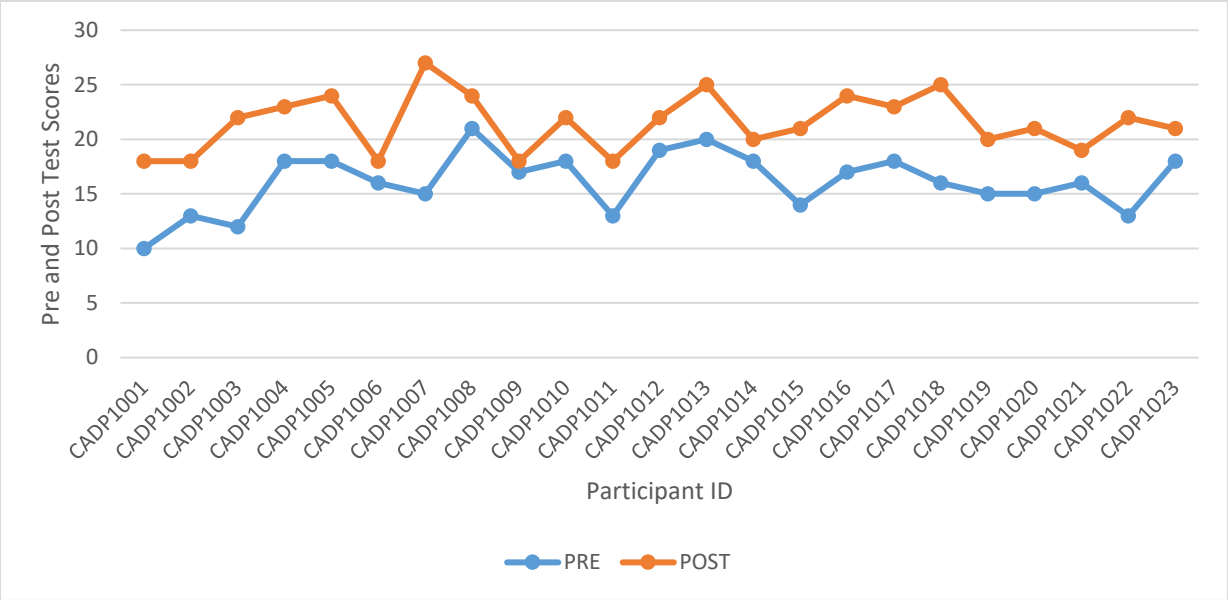
3.0 The Training Impact Assessment

In line with standard practice, the maiden CADP session was evaluated at two levels to determine what worked well, what needed to be improved and application of the lessons learned to improve future sessions. The program was evaluated through the administration of a pre- and post-assessment questionnaire during the 5-day training session on one hand and a follow-up assessment of beneficiaries and their supervisors eight months after the training. The findings of the evaluations are discussed in the sections below.

3.1 Participant's Evaluation:

The Pre-and Post CADP Assessment Forms were administered to determine how successful the training had been in increasing the SBCC knowledge and competence of individual participants. The pre-training assessment questionnaire was given to all participants at the time of registration for completion prior to the start of the programme while the post training assessment was administered at the close of the five-day programme. Analysis of the completed pre-and post-training assessment results showed significant improvement in the scores for all participants ranging from 10% to 40%, an indication that learning had taken place because of the CADP as indicated in the table below.

Chart 1: Pre- and Post CADP Assessment Scores



In addition to the pre-and post-assessment test, participants were made to evaluate each session to gauge content relevance, delivery, understandability and new things learned. Overall, participants found the programme as very helpful in terms of the indicators mentioned earlier and believed the lessons learned will go a long way to improve job performance. The participants rated the following sessions as very high in terms of content and delivery.

Session 1 – Culture and its influence on SBCC
Session 2 – Understanding SBCC Theory
Session 4 – Creating and Implementing effective SBCC
Session 6 – Advocacy, Building Strategic Partnerships, Alliances and Collaborations
Session 7 – Understanding Social Marketing
Session 8 – Working effectively with the Media
Session 9 – Effecting Social Behavior Change through TV Documentaries
Session 10 – Mobile Technology and Health Promotion
Session 11 – Effecting Change with Community Radio
Session 13 – Planning and Coordinating SBCC

Participants also noted that the following sessions needed to be redesigned and simplified for easy comprehension as the contents were deemed to be somewhat abstract, complex and contextually above their level of application. This challenge was further reinforced by the fact that the time allocated to these sessions were insufficient to allow for clarity to be sought on the complexities.

Session 3 – Understanding Formative Assessment in SBCC
Session 5 – Understanding Social and Community Mobilization
Session 12 – Monitoring and Evaluation in SBCC

Session 14 – Leadership and Personal Development

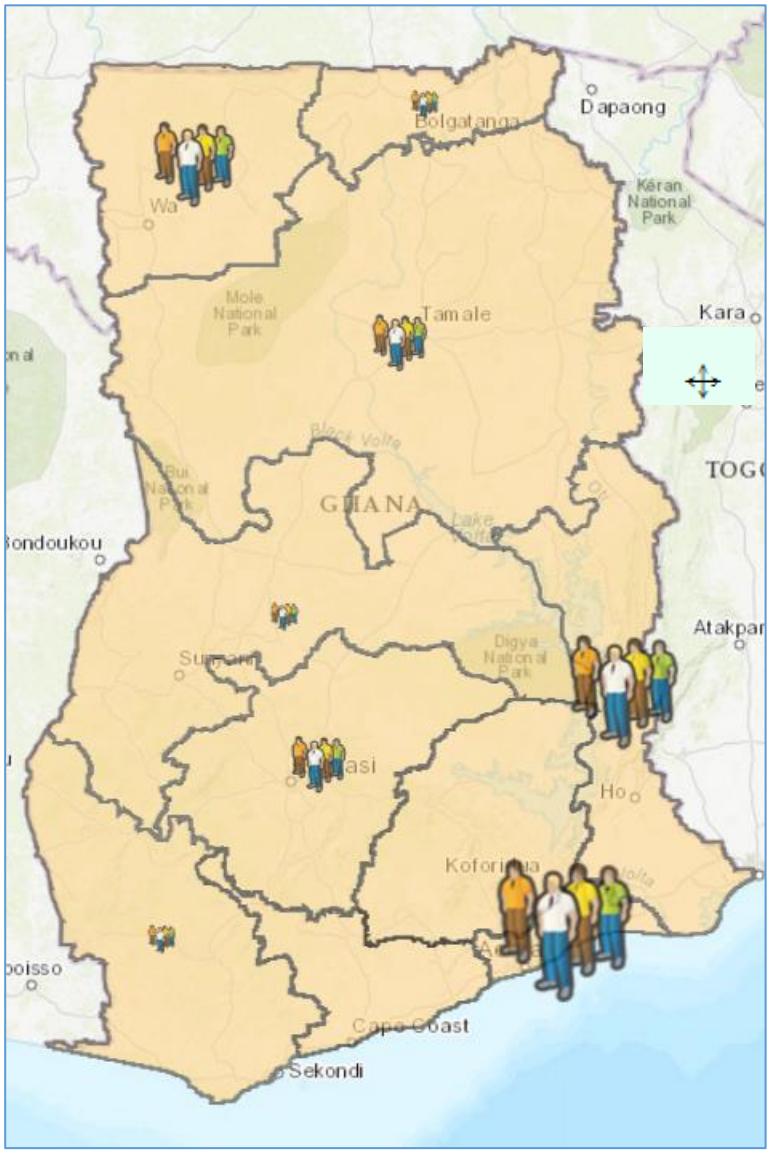
3.2 The Change Agent Development Program Training Impact Assessment:

3.2.1 Introduction

Training programmes are designed to address specific gaps identified through a needs assessment as well as to achieve specific outcomes. To determine whether the desired outcomes are achieved, assessments are conducted to ascertain how a particular tailored training programme impact on job performances of the beneficiaries. A training impact assessment was carried out on the first cohort of CADP beneficiaries to measure extent of transfer of the knowledge, skills and abilities acquired on job responsibilities of the beneficiaries. The results of the assessment will inform the design of future programmes for the subsequent cohorts. In this regard, a Training Impact Assessment was conducted on the beneficiaries of the first cohort to ascertain the level of impact of skills and knowledge acquired through the program. The assessment was conducted on each beneficiary as well as some of their respective supervisors to validate the responses. The assessment was conducted by Mr. Adetor Frank Kwasi, Senior Organizational Development Specialist for the Communicate for Health Project and Mr. Senyo Kakrada, Deputy Chief Health Promotion Officer of HPD based at the national level.

Figure 1:

Regional Distribution of CADP Cohort 1 Beneficiaries covered during the TIA



Region	Number	%
GA	7	30
VR	5	22
UW	4	17
NR	2	9
AS	2	9
WR	1	4
[illegible]	[illegible]	4
[illegible]	[illegible]	4

3.2.2 Objectives for the Assessment

Key objectives of the TIA were to understand:

- impact of the training on job performance
- relevance of the training to the execution of job responsibilities
- extent to which newly acquired knowledge, skills, and abilities were applied on the job

- enablers and barriers to the application of newly acquired knowledge, skills, and abilities

3.2.3 Approach to the Training Impact Assessment

Given that the number of beneficiaries was small, data collection tools with both close and open-ended questions were administered to all the CADP beneficiaries across the country by Mr. Adetor Frank Kwasi, the Senior Organizational Development Specialist with support from Mr. Senyo Kakrada, Deputy Chief Health Promotion Officer of HPD. The supervisors of some CADP beneficiaries were also interviewed to validate responses from the beneficiaries and to solicit inputs from the supervisors towards the improvement of the programme.

3.3 The Change Agent Development Program Training Assessment Findings

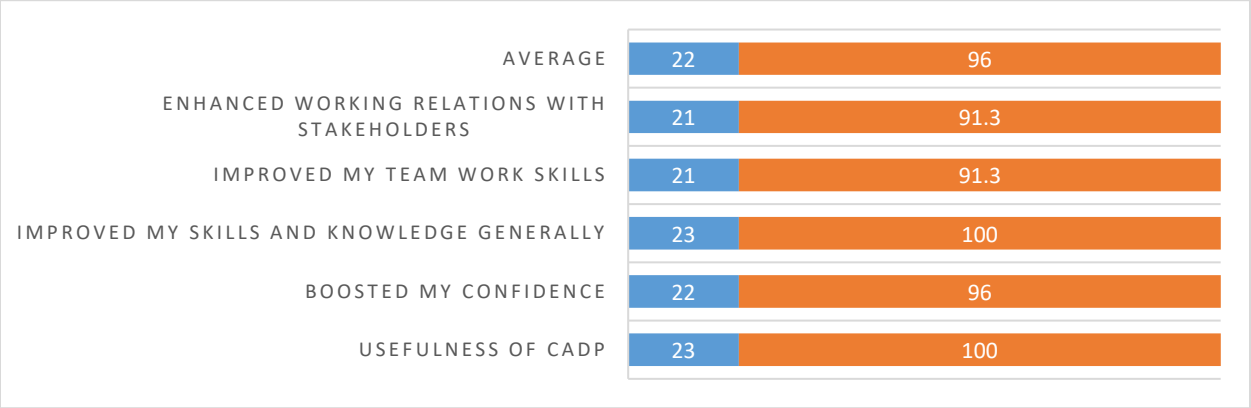
3.3.1 Background Characteristics of Respondents: The assessment covered all twenty-three (23) beneficiaries of the 1st CADP Cohort. The participants included eleven (11) males and twelve (12) females. Fifteen (15) of the beneficiaries are aged 36-49 years while eight (8) are aged 25-35 years. Of the twenty-three beneficiaries only three (3) representing 13 % work at the national level, five (5) forming 22% work at the regional level while most beneficiaries fifteen (15) work at the district level representing 65%. Eight out of the twenty -three beneficiaries have obtained Postgraduate Master's degrees; three have Bachelor's Degrees and twelve have Diplomas in HP. In terms of geographic distribution, all 23 beneficiaries are spread across eight out of the ten regions: As indicated in the map above in Figure the Greater Accra region featured most candidates, followed by the Volta and Upper West regions in that order. Suffice it to say that 65% of the beneficiaries were drawn from four out of the five USAID focus regions. As indicated earlier, the selected beneficiary from the Central region could not participate in the training due to his engagement in other official assignments during the period of the training. No candidate applied for the program from the Eastern region. At the time of the call the Technical Officers for Health Promotion in the Eastern region had not served the mandatory one year post national service eligibility requirement.

3.3.2. Relevance of CADP

All 23 beneficiaries reported that the CADP is useful and relevant to their job responsibilities. Overall, 96% of the beneficiaries indicated that the CADP boosted their confidence, improved their skills/knowledge generally, enhanced their team work skills and morale and enabled them to foster closer working relationships with relevant key stakeholders. This was confirmed by independent reports of their supervisors (verified by the assessors). Supervisors reported closer collaboration with other DHMT members, District Assembly Representatives and NGOs within their geographic coverage. This has bridged the gap of non-recognition of the TOPHs hitherto by the DHMT members as improved skills, competencies and improved team work has given the TOPHs more acceptance and recognition. Fostering closer working relationships with relevant key stakeholders is quite critical since health transcends all sectors and a key skill required for successful implementation of health programs at the

various levels is stakeholder engagement. HP experts are expected to continually engage the MMDAs, private sector institutions and other NGOs at the various levels for improved health outcomes, synergies and avoidance of duplication of efforts.

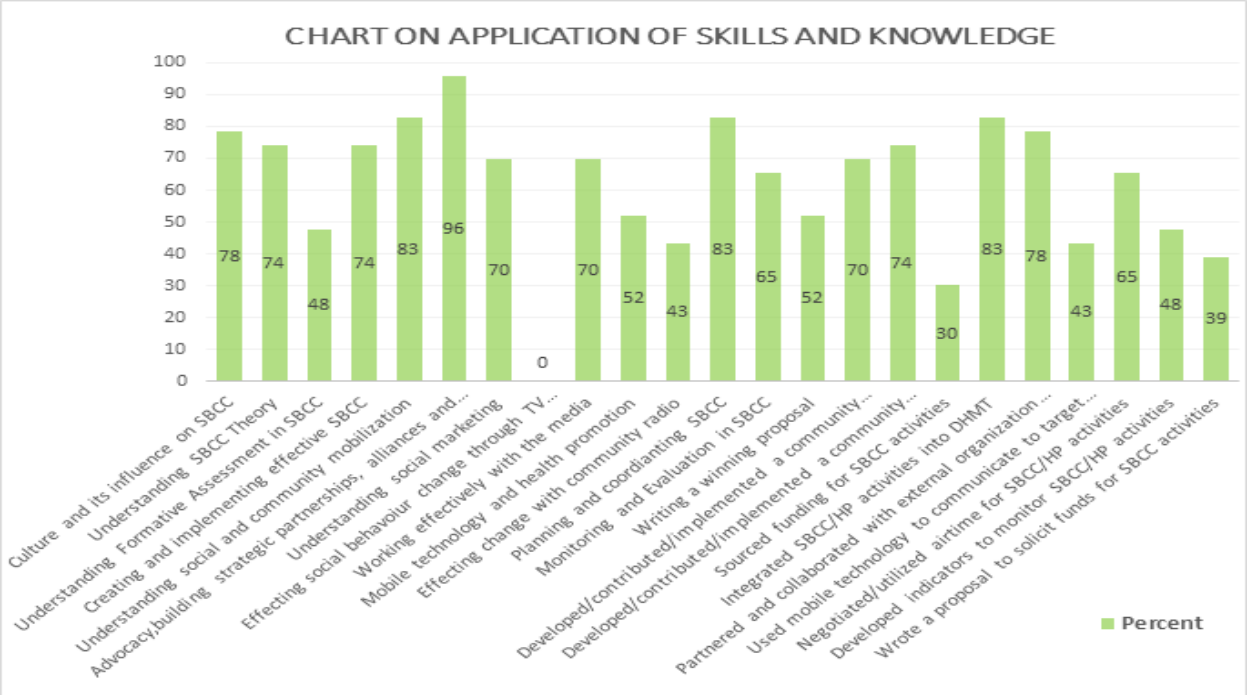
Chart 2: Relevance of CADP Beneficiary Soft Skills



3.3.3 Application of Knowledge and Skills

All 23 beneficiaries reported they had applied most of the knowledge and skills acquired through the CADP on areas on the jobs. Consistent with the finding in 3.3.2 above, the most applied area was "Advocacy, building strategic partnerships, alliances and collaborations". It is also encouraging that understanding social and community mobilization, planning and coordinating SBCC and integration of SBCC/HP into activities of DHMT as knowledge areas were utilized by the beneficiaries. None of the beneficiaries could apply the skills in effecting social and behavior change through TV documentaries which is understandably so given the fact that this is usually done at the national level and there are no resources at the regional or district level to support such skill development. It is gratifying to note that as a result of the demonstration of the newly acquired skills, two of the beneficiaries namely Messrs. Emmanuel Opoku of Offinso Municipal Health Directorate and Sampson Mayebi Damba of Agortime Ziope District Health Directorate now serve as the defacto Deputy District Directors of Health Services.

Chart 3: Application of CADP Knowledge Areas on-the-Job



The training course and the responses to its application on job assignments are outlined below:

- **Culture and its influence on SBCC**: Given the central role culture plays in SBCC, beneficiaries will be successful in their job roles if they fully understand the cultural underpinnings of the communities they serve. In fact, most of the beneficiaries agreed that we can understand these behaviours when we analyze them within the context in which they occur. They could quote the presenter extempore as "***If you understand the method, you will understand the madness!!***". From the findings, 78% of the beneficiaries acknowledged applying this acquired knowledge in their duties at all the levels. For example, in taking cognizance of the cultural norms and practices, health talks are now organized for communities on days community members do not go to the farm. In addition, through education and stakeholder engagement, there has been decline in having surviving spouses stay with the corpses for days before burial recognizing that such practices could lead to contracting communicable diseases such as Celebro Spinal Meningitis.
- **Understanding SBCC Theory:** To be able to successfully carry out behavior change at the various levels, the officers needed a good grounding in SBCC theory so that they could relate the concepts to the dynamics on the field. In view of this, beneficiaries were required to demonstrate their understanding of a couple of SBCC theories and their application in everyday situations. From the findings, 74% beneficiaries applied this knowledge gained from the CADP session on the job. Some of the theories that beneficiaries alluded to having used include the health belief model, the stepped approach to change and the socio-ecological model. This position was supported by reports verified by the assessors and corroborated by the supervisors.
- **Understanding Formative Assessment in SBCC:** Planning, designing and implementing effective SBCC is a function of availability of factual data specific to the prevailing issues within the

community. The data to be used can be generated through formative assessments which can be done at minimal costs. From the findings, only 48% of the beneficiaries conducted formative assessment of one kind or the other after the training. Those who applied this skill admitted that it is not as straight forward as they thought but deemed it as a very useful and credible avenue for community engagement. They noted that the opinion leaders within the communities readily accepted those findings and were more prepared to support the planned interventions than data from other sources.

- **Creating and implementing effective SBCC –** One of the key stages in SBCC is the creation of messages that elicit the appropriate responses leading to behavior change. The results of the formative assessment serve as a useful source for developing creative briefs that satisfy the key elements necessary for behavior change. The analysis of the assessment results in this regard indicated that 74% of the beneficiaries applied this skill in their work setting. These beneficiaries had developed messages to educate community members on topical issues affecting community members such as teenage pregnancy, cholera preparedness, and use of ITNs. These messages are aired on radio stations and shared during community durbars. This skill was fine- tuned and further demonstrated by the four CADP beneficiaries at the materials design and development workshop held in Tamale in February 2017.
- **Understanding social and community mobilization –** Every HP worker needs skills in social and community mobilization to be able to function effectively on the job role. This skill combined with advocacy will solicit the full participation of the community members. The findings indicate that this knowledge was used by 83% of the beneficiaries. Some of the beneficiaries applied these skills to mobilize key stakeholders to discuss and share findings of formative assessment to secure their buy in and commitment to implementing the proposed interventions. Some have used focused group discussions to get a better understanding of health issues such as low patronage of FP facilities in selected communities. None of the beneficiaries at the national level applied this knowledge since by the nature of their task, they do not engage directly with the community members.
- **Advocacy, building strategic partnerships, alliances and collaborations:** The fact that every HP professional should have this skill cannot be overemphasized. As it turns out, this component of the CADP curriculum was the most applied knowledge area by the beneficiaries. In all, 96% applied this knowledge in their line of work which was quite impressive and encouraging. Except for one beneficiary from Brong Ahafo who did not apply this skill upon return to work, all others from the other seven regions applied it. Notably the beneficiaries had used these skills to collaborate with UNICEF, Systems for Health, RING, SPRING, UNFPA, CRS and the District Assemblies as well as local NGOs to mobilize resources to support health programmes at the various levels. Some of the beneficiaries also noted that there has been marked improvement in the level of collaboration with programme officers within the DHMTs.
- **Understanding social marketing:** Promotion of health commodities at the various levels is central to improved FP coverages. Understanding social marketing thus featured prominently in the CADP and 70% of the beneficiaries consented to using this knowledge on the job after the training. Some of the participants admitted that given the improved knowledge, they have succeeded in getting citizens of Amanfrom which is a predominantly moslem community to accept and use FP products.
- **Effecting Social and Behavior Change through TV documentaries:** Given the role TV documentaries play in SBCC, the beneficiaries were taken through the process of developing a

TV documentary. From the assessment, none of the 23 beneficiaries could use TV documentaries to effect social and behavior change. This finding was not surprising as TV documentaries are, in the normal scheme of affairs, done at the national level. This feedback will inform whether we take this component out of the CADP curriculum completely or the mode of imparting this skill be completely re-strategized.

- **Working effectively with the media:** Media engagement is one of the regular activities carried out by the HP cadre. The findings reveal that 70% of the beneficiaries applied this knowledge in their work. These beneficiaries have been able to secure free air-time with the FM stations located within their catchment area. However, none of the beneficiaries from the national level applied this knowledge back at work.
- **Mobile technology and health promotion:** Increasingly, mobile technology has been deployed to support SBCC activities and the GHS in partnership with donors have used mobile technology to reach out to the target audience. The assessment revealed that 52% of the beneficiaries consented to using this skill in their line of work. However, none of the beneficiaries from Ashanti, Brong Ahafo and Upper East applied this knowledge and skill after the training.
- **Effecting change with Community Radio:** Community radio stations are set up to address specific and peculiar needs of the catchment area. The assessment findings reveal that 43% of the first CADP cohort affirmed using this knowledge to achieve behavior change. The relatively low percentage is indicative of the fact that we have only few community radio stations in Ghana. All the beneficiaries from the Ashanti, Northern and Upper East regions have engaged the community radio stations within their jurisdiction. Again, none of the beneficiaries from the national level could work with community radio after the training.
- **Planning and Coordinating SBCC:** Effective SBCC work strives on planning and coordinating the inter-related activities of multiple actors at all levels. It is heartwarming to note that more than 83% of the beneficiaries reported using this knowledge to better their work outputs. All the beneficiaries from the national level and those from the Northern, Ashanti, Western and Upper East regions confirmed having applied these skills. Their assertions were supported by the SBCC plans for activities such as organizing community durbars, radio discussions and talk shows for the year. There were also reports indicating implementation of those activities as outlined in the plans.
- **Monitoring and Evaluation in SBCC:** The SBCC plans outlined by the beneficiaries have monitoring indicators for measuring outcomes. In general, 65% of the beneficiaries consented using this skill in the implementation of planned activities. Even though 83% of the beneficiaries had M&E elements in their respective SBCC plans, about 35% could not follow through their M&E plans. Notably, the beneficiary from the Western region indicated that he has not monitored any of the activities carried out due to lack of funds. It was mentioned that most of the activities carried out was to be monitored using a joint monitoring set up which was to be conducted by the RHMT/DHMT members during the routine quarterly meetings.
- **Writing a winning proposal:** Even though the course on how to write a winning proposal was executed barely a month before the Training Impact Assessment, more than half {(52% (12/23)} of the beneficiaries reported writing a proposal for funding using the skills acquired. The proportion of males to females is 5 to 7. Per work designation, none of the beneficiaries from the National level wrote a proposal (0/3); 4 out of 5 from the Regional level and 8 out of 15 from the District level confirmed writing a proposal.

The CADP training has positioned the beneficiaries to source funding from other sources in the face of dwindling government financial support to the GHS. The skills training in proposal writing has capacitated the 1st cohort CADP beneficiaries to write proposals to partners and funding agencies within and outside their jurisdiction to source funds to support program implementation. For example, Ms. Vida Ntiwaa Gyasi of the Ga South sub-metro submitted and sourced funding from KAITEC to procure furniture for the Health Promotion unit amounting to four thousand Ghana Cedis (GHS 4,000.00). Ms. Gyasi also submitted a proposal to source two thousand, five hundred Ghana Cedis (GHS2,500.00) from Pambros Limited to support the Global Hand washing day celebration.

The under listed have also submitted proposals to various institutions for which they are yet to receive responses.

Table 2: List of beneficiaries who applied the "Proposal writing skills"

Beneficiary	Place of Work	Proposal topic	Organization(s)
Emmanuel Opoku	Offinso Municipal Health Directorate – Ashanti region	Teenage pregnancy & Social mobilization plan on cholera- 2017	Offinso Municipal Assembly and Ghana Commercial Bank – Offinso Branch
Mohammed Na-eem Kpedau	Upper East Regional Health Directorate - Bolgatanga	Community Mobilization to curb open defecation in the Bolgatanga Municipality	Institute of Social Research and Development (ISRAD)
John Maakpe	Upper West Regional Health Directorate - Wa	Fighting teenage pregnancy in the Wa Municipality	UNICEF
Rahinatu Yakubu	Northern Regional Health Directorate - Tamale	World Malaria day celebration	UNICEF and Systems for Health

- **Developed/contributed/implemented a community mobilization plan:** 70% (16/23) of the beneficiaries agreed to having played a part in planning for community mobilization activities. This number is equally distributed between males and 8.
- **Developed/contributed/implemented an SBCC plan:** 74% (17/23) of the beneficiaries agreed confirmed having played a role in planning for SBCC after partaking in CADP. Of this number, eight are males and nine are females.
- **Sourced funding for SBCC activities:** In all, 30% (7/23) of the beneficiaries could source for funds for SBCC activities. Of this number, four are males and three are females. Again, the low percentage from this component can be attributed to the fact that the beneficiaries did not have enough time to explore their proposal writing skills to be able to source for funds before this assessment was conducted. Out of the seven that could source for funds, six are TOHPz and one from the Regional level.
- **Integrated SBCC/HP activities into those of DHMT:** 83% (19/23) of the beneficiaries confirmed integrating SBCC/HP activities into those of DHMT. By gender, 10 are males and nine are females. By designation, two staff from the National level were able to integrate SBCC/HP

activities into the national plan while three were able to do this at the Regional level and 14 did this at the District level.

- **Partnered and collaborated with external organizations:** 78% (18/23) of the beneficiaries confirmed partnering and collaborating with NGOs and MMDAs to achieve SBCC activities. The sex disaggregation is equally distributed males and females. None (0/3) of National level staff could partner or collaborate with external organizations before the assessment.
- **Negotiated/utilized airtime for SBCC/HP activities:** – 65% (15/23) of the beneficiaries confirmed securing airtime for SBCC/HP activities. Of this number, seven are males and eight are females.
- **Improvements in SBCC Skills and Knowledge:** Before participating in CADP, 17 out of 23 beneficiaries (74 percent) had rated their own SBCC knowledge and skills as average. After participating in the CADP, all 23 participants reported significant improvements in their SBCC knowledge and skills, with four rating their knowledge and skills as very high and 17 rating them as high. They attributed changes in their performance to the practical nature of the CADP, which enabled them to apply new knowledge and skills in their job settings. An important view common among almost all beneficiaries who graduated from the College of Health and Wellbeing, Kintampo is that, after posting, they did not have a clear understanding of their job roles and responsibilities due to the theoretical nature of their course at Kintampo. They indicated that the CADP was very relevant to on-the-ground realities and provided insights into implementation of SBCC at the community level. This view was supported by their supervisors, who described the CADP as a 'game changer,' with staff approaching their tasks differently upon return from training. (See also Success Story Annex 2.)

3.3.4 Enablers and Barriers to Application of CADP Skills

The following were identified as the enablers and barriers to application of the newly acquired knowledge, skills and abilities on the job:

3.3.4.1 Key Enablers to the application of new knowledge and skills

The following key factors enabled the beneficiaries to be able to apply the newly acquired knowledge, skills and abilities on the job:

- A common view expressed by the beneficiaries was the practical nature of the programme which enabled them to readily apply the new knowledge, skills and competencies acquired to the job setting. They noted for instance that through the leadership training, during which the Myers Briggs Type Indicator personality test was administered, participants could better understand themselves and the other team members. This allowed them to relate better with other members of the DHMT since they can predict with some degree likely responses to emerging issues.
- Almost all the beneficiaries (except two) indicated that their ability to apply the new skills was attributable to the support received from the management team (i.e. RHMT and DHMT). This factor, they noted was a direct result of their ability to do things differently in a more professional manner. Some of the beneficiaries now have social mobilization plans for specific health programme areas for their districts. They are also to collaborate better with stakeholders

and can source funding for programme from other sources as indicated in the preceding sections.

3.3.4.2: Key Barriers to the application of new knowledge and skills

The beneficiaries also indicated that the following factors inhibited their ability to apply the newly acquired competencies on the job:

- All the 23 beneficiaries indicated that lack of funds served as the major barrier to their ability to apply the SBCC skills on the job. This is because of the dwindling GoG financial support to the GHS. They noted that most of the activities are program driven and in such instances, little or no provision is made for SBCC. Even when funds are allocated for vertical programs Health Promotion is rarely involved in the design and roll out of the SBCC components.
- Another barrier identified was the role conflict between the HPOs and the other health professionals who were carrying out the SBCC elements prior to the posting of HPOs to the districts. The common view expressed was that most of the health professionals felt that SBCC could be carried out by anyone of them.
- Some of the beneficiaries also indicated that they did not receive much support from their District Directors. This barrier, even though in the minority, made it impossible for the affected beneficiaries to function effectively.
- None of the beneficiaries could provide mentorship to the non-beneficiaries after the training. A critical concern raised by beneficiaries was the sources of funding for the mentorship program. The question that arises is: who pays for the transportation cost whenever a mentor must travel to meet a mentee or vice versa?

3.3.5 Other findings:

a. Most of the beneficiaries mentioned inadequate time allotted to specific sessions as a key constraint for the program. The time allocated to each session was not sufficient to allow the presenters room to thoroughly discuss and exhaust the issues. The presenters ended up rushing through the slides, in fact skipping some of the slides. By the same token, discussion sessions were relatively short depriving participants the opportunity to raise issues for clarification by the presenters.
b. Some of the beneficiaries also reported that the after-dinner sessions rather turned out to be a great deal of inconvenience to the participants since delivery for each day usually stretched beyond 5:30 pm, and this created a challenge.
c. The content of the Monitoring and Evaluation session looked complex and pitched rather too high for the participants thereby making it difficult for the participants to comprehend. It was deemed to be too technical and abstract for the participants.

4.0 Conclusions and Recommendations

4.1 Conclusions

4.1.2 Endorsement by Supervisors of the beneficiaries.

The CBSP has received an overwhelming support from the GHS and the HPD. The supervisors who are mostly District Directors of Health Services have expressed the desire to be part of the CADP training and recommend that the training should be opened to all health personnel.

Photo: Dr. Patrick Aboagye (in the middle), Director of Family Health Division of the Ghana Health Service in a group photograph with the participants after launching the 1st cohort of the CADP Session

3.1.2 Appreciation by the Beneficiaries:

All 23 beneficiaries deemed the CADP as helpful as it offered them an opportunity to appreciate the realities on the ground by relating the sessions to the day-to-day activities. They noted that the training has capacitated them to function more effectively and raised the profile of HPOs and TOHP within the RHMTs and DHMTs especially. In fact, two beneficiaries of the CADP have been appointed de-facto Deputy District Directors of Health Services due to their enhanced knowledge and effective leadership skills.

The training prepared the HPD staff to be more productive and effective by making each individual participant understand and embrace his or her role as a change agent. Beyond their strength to conduct small-scale activities, they have also been equipped with the ability and competency in harnessing all possible channels, social networks, people, and opportunities to promote positive behavior change and influence the creation of an enabling environment for people to adopt new behaviors. The new skills acquired has largely served as a catalyst for changing the culture and practice of health communication and SBCC in Ghana.

The CADP tailored to the needs of the health promotion cadre within the GHS was delivered expertly to bridge the capacity gaps identified through the capacity assessment conducted in May 2015. The programme was unique in terms of design and delivery, a clear departure from the turn key training programmes usually mounted by institutions.

Findings from the assessment has given the firm conviction that the beneficiaries have been well capacitated and are making the difference back. The beneficiaries are serving as change agents and models for their colleagues who have not yet benefited from the training. The week long programme has strengthened the capacity of the beneficiaries to be able to refocus programmes, and improve the overall quality of their SBCC efforts. This position will be further enhanced when some of the beneficiaries get selected to benefit from the Change Challenge Fund (CCF) who will design and implement innovative SBCC programmes at the various levels.

4.3 Recommendations

To improve the process, it is hereby recommended that:

a. More time should be devoted to each session to give sufficient time for the presentations and in-depth discussion thereupon. The number of days for the programme should be increased from five to six days.
b. Topics for the after-dinner sessions should be mainstreamed into the presentations of the day so that participants can take enough rest after each day's session and be reinvigorated and better prepared for the next day's session.
c. Modifications should be made to the M&E session to make it simple and easy to understand.
d. Community mobilization plan will be developed by participants in groups and presented during a plenary. This way, participants will be able to develop and implement community mobilization plans back at work.
e. The implementation of the mentoring scheme as part of the programme design is worth reconsidering in view of the inherent challenges as indicated above.

Annexes

Annex 1. Contact numbers of Beneficiaries Assessed

Table 3: Contact numbers of beneficiaries assessed during the TIA

NO.	NAME	CONTACT NO.	LEVEL	REGION	TOWN
1	Daniel Bomfeh	0202627137	Regional	Western	Takoradi
2	Emmanuel Opoku	0201533030	District	Ashanti	Kumasi
3	Robin Appiah	0243456240	District	Brong Ahafo	Sunyani
4	Eric Kofi Oduro Amankwah	0243429287	District	Brong Ahafo	Techiman

5	Janet Kulah	0200766403/0246711018	District	Northern	Bole
6	Maakpe John V.	0209083167/0244486946	Regional	Upper West	Wa
7	Bawakyillenuo Julius Ngmentiere	0207701499/0540920850	District	Upper West	Wa East
8	Edward Beyereh	0249631230/0207372396	District	Upper West	Wa West-Wechiau
9	Edwina Kpintaatoobo	0207739425/0249223792	District	Upper West	Lawra
10	Rahinatu Yakubu	0244807938	Regional	Northern	Tamale
11	Mohammed Na- eem Kpedau	0206444250/0382022127	District	Upper East	Bolgatanga
12	Eunice Teah	0209166060	Regional	Volta	Ho
13	Shine Gavey	0208293876/0242152072	District	Volta	Ho
14	Damba Mayebi Sampson	0249121999/0203746950	District	Volta	Agortime Kpetoe
15	Matilda Atsrim	0247071709/0201548009	District	Volta	Afadzato South - Dzolo
16	Happy Alornu	0205210490/0505837071	District	Volta	Kpeve
17	Pearl Dzordzordzi	0200571447/0579332835	District	Greater Accra	Ablekuma South
18	Felix Akudugu	0243317981	District	Greater Accra	Accra Metro
19	Vida Ntiwaa Gyasi	0244945783	Municipal	Greater Accra	Ga South
20	Naa Afaale Sackley Dagadu	0261335054/0204904950	District	Greater Accra	Ga West
21	Mercy Uzoma Tetteh	0548095393	National	Greater Accra	Accra
22	Seth Adjei Frimpong	0244774304	National	Greater Accra	Accra

23	Esther Adu	0548674477	National	Greater Accra	Accra

Annex 2. Success Story

The Change Agent Development Program (CADP) impacts positively on job performance of beneficiaries

"What can I say more: The CADP has actually put me in a position where every programme focal person now consults me for direction and engages me to lead all community entry mobilization and mobilization activities. I am now Christened 'Community Mobilization Expert'. I cannot thank you more for the great difference Communicate for Health has made in my professional career by selecting me to participate in the CADP" These are words of Mr. Emmanuel Opoku during the Training Impact Assessment meeting with him in April, 2017

Mr. Emmanuel Opoku is Technical Officer of Health Promotion who graduated from the College of Health and Wellbeing, Kintampo in the year 2013 and has been posted and working at Offinso Municipal Health Directorate in the Ashanti region since September 2014. He is one of the 1st Cohort CADP beneficiaries who's made significant strides in job performance upon completion.

He noted that when he was posted to the Directorate, he was so 'green' and did not know where to start from for what he learnt in school was somewhat out of touch with the realities on the ground. The situation was made far worse because there was no one to guide and mentor him. This has made his life very uncomfortable because he was not able to function effectively within the District Health Management Team (DHMT) which made some of the team members despise and scorn him.

"Then just as Jabez (1 Chronicles 4:10), I prayed to God to keep me from anything evil that might cause me pain and God gave me what I prayed for by giving me a divine selection into the CADP program".

Emmanuel admitted that he took every session of the CADP seriously and could relate it a lot more to the work setting 'in his mind's eye' as the presenters walk them through. He further noted that the presenters simplified the seemingly complex issues during the sessions and when he got back he could apply them on the job. In fact, he began approaching issues differently and from a more practical perspective a development which caught the attention of the entire DHMT. "I have become more organized and more conscious of the need to document all activities carried out and through this I was able to save the image of the DHMT by producing activity reports with photographs as evidence of implementation when our supervisors from the regional and national level came for monitoring.

The District Director of Health Service, Dr. Beatrice Appah described the CADP as the 'game changer' in the sense that she had noticed that Emmanuel approached his tasks differently upon return from the CADP session. *"In fact due to his effectiveness, I have now made him a de facto Deputy District Director of Health Service. He has also enhanced my skills in community mobilization and media engagement. See me in action as I engage members of communities in a more professional manner and this is very impactful as the community members are now more willing to engage us more than ever".*

It is evident from the Training Impact Assessment the beneficiaries (who are mostly graduates from the College of Health and Wellbeing – Kintampo) have gained the practical knowledge, skills and abilities in implementing effective Social and Behavioral Change Communication (SBCC) activities at the various levels. They saw the CADP related more to the realities on the ground and provided clearer insights to implementing SBCC at the community levels. This position was buttressed by their supervisors who made a passionate appeal for the CADP to be made accessible to all health workers.

Annex 3. Training Impact Assessment Questionnaire – Beneficiaries

Change Agent Development Program (CADP)
Training Impact Assessment Questionnaire
(Beneficiary)

My name is ……

I am conducting this interview on behalf of Ghana Health Service Health Promotion Department and the USAID Communicate for Health project. The main objective of this interview is to assess the impact of the Change Agent Development Program (CADP). The information provided by you will enable the Communicate for Health Project in collaboration with the Health Promotion Department of the Ghana Health Service to further improve the quality and relevance of the CADP training program. Your participation in this interview is voluntary and will take about 30 minutes of your time.

May I proceed with the interview?

Respondent Agrees to be interviewed……1 Respondent Refuses to be interviewed……2.

Thank you. Date of Interview……

Region: …… District: ……

Q#	Question	Responses	Directions
	Background Information.		
1.	What is your sex?	1. Male 2. Female	
2.	At what level do you work?	1. National 2. Regional 3. District 4. Sub-metro	
3.	What is your highest qualification	1. Masters 2. Postgraduate Certificate/Diploma 3. Bachelor's Degree 4. Diploma Certificate 5. Other	

4.	Age		
	Relevance		
5.	Were the courses in the CADP useful to your job responsibilities?	1. Useful 2. Somewhat useful 3. Not useful	Go to Q6 Go to Q6 Go to Q7
6.	If yes, how useful were the courses to the execution of your job responsibilities?		
	a. Boasted my confidence	1. Yes 2. No	
	b. Improved my skills/knowledge generally	1. Yes 2. No	
	c. Improved my teamwork skills	1. Yes 2. No	
	d. Enhanced working relations with stakeholders	1. Yes 2. No	
	e. Other specify…….		
7.	If the courses were not useful to your job responsibilities, indicate reasons?		
	a. The CADP did not cover my training needs	1. Yes 2. No	
	b. The CADP was too theoretical and not job oriented	1. Yes 2. No	
	c. The CADP was too general	1. Yes 2. No	
	d. Limited time allocated to sessions	1. Yes 2. No	
	Other Specify…….		
	Application of Knowledge and Skills.		
8.	Which of the training courses have you applied to your day-to-day assignments (list)		
	a. Culture and its influence on SBCC:	1. Yes 2. No	
	b. Understanding SBCC Theory	1. Yes 2. No	
	c. Understanding Formative Assessment in SBCC	1. Yes 2. No	

	d. Creating and Implementing effective SBCC	1. Yes 2. No	
	e. Understanding Social and Community Mobilization	1. Yes 2. No	
	f. Advocacy, Building Strategic Partnerships, Alliances and Collaborations	1. Yes 2. No	
	g. Understanding Social Marketing	1. Yes 2. No	
	h. Effecting Social Behavior Change through TV Documentaries	1. Yes 2. No	
	i. Working effectively with the Media	1. Yes 2. No	
	j. Mobile Technology and Health Promotion	1. Yes 2. No	
	k. Effecting Change with Community Radio	1. Yes 2. No	
	l. Planning and Coordinating SBCC	1. Yes 2. No	
	m. Monitoring and Evaluation in SBCC	1. Yes 2. No	
	n. Writing a wining proposal	1. Yes 2. No	
	o. Other (specify ……)		
9.	What have you done differently as a result of your participation in the CADP?		
	a. Developed/contributed/implemented a community mobilization plan	1. Yes 2. No	
	b. Developed/contributed to/implemented an SBCC plan	1. Yes 2. No	
	c. Sourced funding for SBCC activities	1. Yes 2. No	
	d. Integrated SBCC/HP activities into those of the DHMT	1. Yes 2. No	
	e. Partnered and collaborated with external organizations. E.g. NGOs and MMDAs	1. Yes 2. No	
	f. Integrated SBCC/HP activities into those of the DHMT	1. Yes 2. No	
	g. Used mobile technology to communicate to target audience.	1. Yes 2. No	
	h. Negotiated/utilized airtime for SBCC/HP programs.	1. Yes 2. No	
	i. Developed indicators to monitor SBCC/HP activities	1. Yes 2. No	

	j. Wrote a proposal to solicit funds for SBCC activities	1. Yes 2. No	
	k. Other (specify……)		
	Enablers and Barriers to Application of Knowledge and Skills.		
10.	What factors contributed to your ability to apply the skills and knowledge acquired during the CADP?		
	a. Program was very practical oriented	1. Yes 2. No	
	b. Received support from DDHS/DHMT	1. Yes 2. No	
	c. Program reference materials	1. Yes 2. No	
	Other (specify……..)		
11.	What were the barriers that hindered your ability to apply the skills and knowledge acquired during the CADP?		
	a. Lack of practical sessions	1. Yes 2. No	
	b. Lack of support from DDHS/DHMT	1. Yes 2. No	
	c. Inadequate course reference materials	1. Yes 2. No	
	Other (specify……..)		
12.	On a scale of 1-5, how would you rate your performance before the CADP training?	1. Non-performance 2. Low performance 3. Average performance 4. High performance 5. Very high performance	
13.	On a scale of 1-5, how would you rate your performance after the CADP training?	1. Non-performance 2. Low performance 3. Average performance	

		4. High performance 5. Very high performance	
14.	What are your suggestions towards the improvement of the CADP?		

15. Overall Comment(s):

……

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……

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……

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……

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Name of CADP Beneficiary: ……

Designation: …….

Signature: ……..

Date: ……

***********Thank you for your time and cooperation**********

Annex 4. Training Impact Assessment Questionnaire – Supervisors

Change Agent Development Program (CADP)
Training Impact Assessment Questionnaire
(Supervisor)

My name is ……

I am conducting this interview on behalf of Ghana Health Service Health Promotion Department and the USAID Communicate for Health project. The main objective of this interview is to assess the impact of the Change Agent Development Program (CADP). The information provided by you will enable the Communicate for Health Project in collaboration with the Health Promotion Department of the Ghana Health Service to further improve the quality and relevance of the CADP training program. Your participation in this interview is voluntary and will take about 30 minutes of your time.

May I proceed with the interview?

Respondent Agrees to be interviewed……1 Respondent Refuses to be interviewed……2.

Thank you. Date of Interview……

Region: …… District: ……

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4. Did you discuss the post CADP training report with the trainee?

   a. Yes

   b. No

5. If yes, what were highlights of the issues discussed?

   a. ……

   b. ……

c. ……

6. If no, kindly share with me the reasons for not being able to discuss the post CADP training report?

   a. ……

   b. ……

   c. ……

7. In your view, do you find the CADP useful to his/her job responsibilities?

   a. Yes
   b. No

8. If yes, how useful were the courses to the execution of his/her job responsibilities?
   a. ……

   b. ……

9. Has he/she been able to apply the knowledge, skills and abilities of the CADP to his/her day-to-day assignments.
   a. Yes

   b. No

10. If your answer to question 6 above is yes, in what ways has he/she been able to apply the knowledge, skills and abilities of the CADP to his/her day-to-day assignments (list).

    a. ……

    b. ……

    c. ……

11. If your answer to question 6 above is no, what were the barriers that hindered his/her ability to apply the skills and knowledge acquired during the CADP?
    a. ……

    b. ……

    c. ……

12. What has he/she done differently since his/her participation in the CADP?
    a. ……..

    b. ……

    c. ……

13. Would you recommend the CADP to any of your staff member in the future?

    a. Yes

    b. No

14. If yes, why?……

15. If no, why?.....

Name of Supervisor: ……

Designation: ……

Signature: ……

Date: …….

***********Thank you for your time and cooperation**********