

Report-for-Credit:

An Assessment of my Volunteer Experience with a Ghanaian NGO

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1.0 INTRODUCTION

Prior to coming to study abroad in Ghana, my experience in the field of development was purely theoretical and my role in the process was merely as a student observer. As a student of development, I had long been frustrated by the trappings of development theory and its longstanding focus on economic growth as the prime indicator of progress in the developing world. I therefore had begun to formulate my personal belief in development along the perhaps somewhat idealistic notions of more human-centred development approaches such as that put forward by Amartya Sen. I had learned much about the failings of development, but believed that an approach focusing on entitlements and capabilities could foster positive change for the world's poor, stemming from the ground up. While it seemed to make intuitive sense to me that a participatory approach in which people take ownership of the process of development is necessary for development to be maintained and sustainable, I was interested to experience how these abstract theoretical concepts translated in action on the ground.

With that in mind, I joined Pro-link organization, a national Ghanaian non-governmental organization that operates under the philosophy that people are the key to their own development. Although the organization has a wide range of project areas, I focused particularly at the Hohoe project office in the Volta Region of Ghana where sexual reproductive health projects were targeted at adolescents through in-school education programs. In my three years as a student of development, I had read much on health priorities in developing nations, such as HIV and AIDS, but I had never considered the broader issues of sexual reproductive health as a focus of development. Prior to my placement, I would have conceived of sexual reproductive health education as synonymous with HIV and AIDS prevention. However, through my experience discussing these issues with the youth of Hohoe, I came to realize that sexual reproductive health is a much more complex issue as situations of poor health services and information can contribute to, or worsen, situations of poverty for vulnerable groups. It is therefore an area that must be addressed in its own right in order to provide people with information, services and support that will enable them to make informed decisions and take part in the reproductive process in a safe manner of their choosing.

My experience with Pro-link allowed me to observe not only the role of various organizations in development, but also made me confront many of my preconceived notions of the field as well as what role I hold in the process. I observed that while the theoretical framework of participation and the focus on local initiatives exists, this rhetoric has failed to translate to real action. On a personal level, I was left wondering what role I could possibly play if I truly believed that development should

come from the ground up. Through my volunteer experience, I explored the role that education can play in achieving change and empowering people to make positive decisions regarding their reproductive health, but it was particularly interesting for me to consider behaviour change as a goal of development as I was suddenly confronted with the cultural implications of pursuing a model of “development” based generally in western constructs of the notion. However, in spite of the failings of development in its various forms, I maintain my belief that the best chance for success in the field is in continuing to build the capacity of the people on the ground. While disseminating knowledge in the form of education programs may not be enough to produce either human or economic growth, I believe that education still plays a role of the utmost importance in development and themes such as sexual reproductive health must be integrated with other educational programs that impart life skills such as decision-making and analytical thinking skills in order to be truly effective.

2.0 THE CONTEXT

2.1 Priorities and Politics: Sexual Reproductive Health in Development

Situations of poor health in developing nations can contribute to and exacerbate conditions of poverty as the population dynamics become altered and as individuals struggle to access and pay for care. The need to promote universal access to information and services relating to sexual reproductive health (SRH) was acknowledged at the Cairo International Conference on Population and Development (ICPD) in 1994. A significant outcome of the conference was the formulation of a comprehensive definition of sexual reproductive health as, ““not simply an absence of disease or difficulties during the reproductive process, but rather as all the conditions in which the reproductive process can be accomplished in a state of physical, mental and social well being.”¹ Reproductive health therefore goes beyond a straightforward health issue of diagnosis and prescription relating to disease, as it encompasses a variety of social and behavioural factors. It makes up a large part of our most intimate interactions, making it an incredibly sensitive and complex issue to approach in educational programmes designed to encourage the adoption of healthy reproductive health choices and practices.

The spread of HIV and AIDS is perhaps the most visible health concern in the field of SRH as the spread of the disease continues to be a major concern within sub-Saharan Africa, indicating a need for increased attention on preventative programs. The gravity of the epidemic cannot be ignored as in

¹ This definition presented at a workshop attended during my placement entitled “Gender, Male Involvement and Sexual Reproductive Health.” Sponsored by the Centre for Cultural Studies, Action and Development. March 18, 2008

2007 there were approximately 33.2 million persons living with HIV and AIDS worldwide, with 2/3 of those cases found in sub-Saharan Africa.² In this hardest-hit region it is estimated that there were 1.7 million new infections affecting both adults and children last year, with transmission occurring mainly through heterosexual intercourse, or from parent to child during pregnancy or breastfeeding.³ Despite awareness of the existence of HIV and AIDS in many areas, independent surveys have revealed that few behavioural changes have accompanied this knowledge and the adoption of safer-sex practices such as condom use has remained quite low in most African countries.⁴ As the epidemic continues to drastically alter the key productive sectors of African societies, the role of SRH education in disseminating information and creating behaviour change is of great importance. Mitigating the spread of HIV and AIDS has come to the fore as a priority of development, but a comprehensive strategy involving SRH has been lacking, proving insufficient to curb the trends of HIV prevalence in many developing nations.

Specific social trends identified in recent studies of sub-Saharan Africa illustrate the need for a more integrated approach in handling issues such as HIV and AIDS within a broader SRH framework. Changing social structures in Africa are increasingly having an affect on the number of sexual partners taken by an individual. Seasonal migration and the rising incidence of female-headed households have led to situations where it is common for married partners to live in separate cities or houses, which may contribute to an increase in extra-marital sexual activity and a subsequent increase in exposure to STIs and HIV. Behavioural patterns found among African youth also show an increase in the time of premarital sexual exposure, which is a known high-risk period for the transmission of STIs and HIV. For example, the traditional age of marriage has risen, while at the same time age at first intercourse has fallen.⁵ This is incredibly significant in the formulation of preventative SRH education programs in light of the fact that the clearest factor identified among young people engaging in early relationships or premarital sexual activity is their level of educational achievement.⁶

These emerging patterns and behaviours have placed the spread of STIs, HIV and AIDS squarely within the context of family and marital organizations and not simply in “high-risk” groups such as commercial sex workers. Such a context requires an understanding of the health issue in a

² Ghana Health Services & National AIDS/STI Control Programme. *2007 HIV Sentinel Survey Report*. (Crossover Publishing, February 2008): 9.

³ Ghana Health Services & National AIDS/STI Control Programme, 9.

⁴ Annabel Desgrees du Lou. *Reproductive Health and AIDS in Sub-Saharan Africa: Problems and Perspectives* (Population: An English Selection, 1999): 74.

⁵ Desgrees du Lou, 64.

⁶ Desgrees du Lou, 65

broader sense as the spread of the disease must be understood beyond the mere biological transmission, but also within the social construction of the imbalance of power among genders. Communication surrounding any aspect of sexual relations is often minimal between African couples as well as among parents and children. The traditional organization of men as the head of the household makes it difficult for women in particular to negotiate in matters relating to sex as her concern for her own health might be outweighed by affection for her partner, the fear of estrangement from her husband, or concern for her children.⁷ Certain cultural practices in which women have historically held little agency in Africa, such as widow's inheritance and female genital mutilation, combined with the fact that women are biologically more susceptible to contracting the HIV virus, contribute to the vulnerability of women in matters of SRH. Such social relations and power negotiations make appropriate interventions in the area of SRH a complex endeavor, necessitating a great understanding of how these forces shape individual behavior in order for educational programmes to be a successful force in reversing negative trends like the spread of HIV and AIDS.

And yet it is interesting to observe that the current response to mitigate the spread of HIV and AIDS in sub-Saharan Africa has been to relegate the issue to more general health units such as communicable disease units, or lump it in with campaigns against tuberculosis and malaria, effectively separating topics involving HIV and AIDS and its possible interventions from SRH. This is counter-productive in development initiatives as a variety of stakeholders then find themselves in competition for funding and prioritization. It is interesting to note that the Programme of Action determined at the ICPD represents the only goal determined at all of the United Nations conferences on development undertaken in the 1990s that did not make it into the Millennium Development Goals (MDGs).⁸ This apparent oversight is noteworthy on the basis that the MDGs have become the world standard for identifying and prioritizing specific areas of intervention in development to achieve poverty reduction by 2015. While the member countries have pledged to reduce the maternal mortality ratio by three, as well as to halt and begin to reverse the spread of HIV and AIDS, there is no specific mention of the importance of situating such issues in the context of SRH or of approaching other factors of reproductive health beyond disease. Thus, potential for the contribution of a SRH approach in halting the spread of HIV has not been explored in many developing countries.

This may be due to the fact that, like many issues relating to development, the problem is a political one. Perhaps as a result of an increasing tendency to political conservatism, international

⁷ Desgrees du Lou, 76.

⁸ Steven W Sinding. *Keeping Sexual and Reproductive Health at the Forefront of Global Efforts to Reduce Poverty* (Studies in Family Planning, 2 June 2005): 141.

donors in North America and Europe have become increasingly reluctant to provide adequate funding when it comes to programs with a focus on SRH.⁹ For example, the United States has refused to donate to the United Nations Population Fund and the International Planned Parenthood Federation, two large and effective reproductive health agencies in developing countries, due to conservative political and religious values.¹⁰ Encouraging activities directly related to SRH and population can be seen as a support of immoral behaviours. Thus, activities promoting SRH have been given a low priority and it has proven difficult for developing nations to meet the ICPD Programme of Action and provide universal access to information and services relating to sexual reproductive health. Throughout my placement I was given the opportunity to see how these priority and policy decisions affect information and service delivery on the ground as I began to witness development in action, rather than simply development in theory.

2.2 In the Bedrooms of the Nation: Sexual Reproductive Health in Ghana

Within Ghana, the disconnect between theory and action that appears to occur often in development is clear in the case of sexual reproductive health programs. Ghana has complied with the ICPD Programme of Action in policy standards for access to SRH information and services, introducing the Reproductive Health Service Policy and Standards in 1996 and providing teacher training on SRH issues by Ghana Education Services in 2007. However, the government has thus far lacked the organizational and financial capacity to implement an integrated national response.¹¹ Services and information programmes regarding SRH are found scattered in various health and education sectors, from maternal health to family planning, and from STI management to post-abortion care. Space therefore remains for contributions from non-governmental organizations (NGOs), but I encountered a similarly scattered approach to SRH during my volunteer term.

Trends and behaviours relating to sexual reproductive health in the Ghanaian context are similar to those already identified for sub-Saharan Africa. Though the prevalence of HIV and AIDS can be said to represent a “stabilizing epidemic” situation in Ghana, the importance of upholding and strengthening current projects aimed at further reducing the spread of the disease cannot be underestimated. According to the 2007 HIV Sentinel Survey Report, out of its population of 22.9

⁹ Susannah H. Mayhew. *Donor Dealings: The Impact of International Donor Aid on Sexual and Reproductive Health Services* (International Family Planning Perspectives, 4 December 2002): 220.

¹⁰ Sinding, 141.

¹¹ Karen Hardee et al. *Reproductive Health Policies and Programs in Eight Countries: Progress Since Cairo* (International Family Planning Perspectives, January 1999): S6.

million, 312, 030 people comprising both adults and children were living with HIV and AIDS in Ghana and 147, 357 people died in the country from the disease last year.¹² The overall incidence of HIV in the country decreased to 2.6% after having increased in 2006, but an increase in prevalence was still recorded in six regions of the country and six regions continue to post prevalence rates above 3%.¹³ Furthermore, a marginal increase was seen among youth aged 15 to 24 in the country over the past two years, with those aged 15 to 19 no longer representing the age group with the lowest prevalence rates.¹⁴ This age group is used as a marker for new HIV infections and illustrates the spread of the disease, clearly indicating a need to increase prevention activities targeted at youth.

Still, as my counterpart at Pro-link would say, numbers are just numbers and figures are just figures. Beyond the statistics identified relating to HIV and AIDS are people and behaviours of sexual reproductive health. According to the Ghana AIDS Commission, the spread of HIV and AIDS can be attributed to a myriad of factors, such as poverty, unequal power dynamics, stigmatization preventing disclosure of status, high STI prevalence and limited health education. There is widespread awareness of the disease, but safer-sex behaviours have not been adopted as a result, causing condom use to remain low, cited at only 28%.¹⁵ In a study of Ghanaian men, it was determined that the likelihood of condom use was positively correlated with confidence in being able to use condoms correctly, the social support or lack of barriers to condom use, and the perceived risk of HIV infection.¹⁶ It is clear then that health education is an invaluable way to target youth and foster the adoption of healthy behaviours and that such programs would benefit from teaching the proper methods of condom use, emphasizing personal susceptibility of contracting the HIV virus and taking a more active stance in promoting condom use than is currently taking place.

In spite of this evidence, I observed that part of the NGO response in SRH has been to exaggerate the dangers of contraceptive methods, including condom use, in educational programmes. For example, during a conference I attended by the Ghanaian chapter of the Society for Women and AIDS in Africa (SWAA), condom use was listed as a method of preventing oneself from contracting HIV, but then it was immediately emphasized that people who know they are infected may poke holes in condom packages in order to maliciously transmit the virus to unsuspecting partners. At the close of

¹² Ghana Health Services & National AIDS/STI Control Programme, 10.

¹³ Ghana Health Services & National AIDS/STI Control Programme, 7.

¹⁴ Ghana Health Services & National AIDS/STI Control Programme, 8.

¹⁵ Ghana AIDS Commission. *Republic of Ghana: Annual Programme of Work (HIV and AIDS)*. (Ghana AIDS Commission, 2007): 7.

¹⁶ D. Estrin, *In Ghana, Young Men's Condom Use is Linked to Lack of Barriers, Perceived Susceptibility to HIV Infection* (International Family Planning Perspectives, June 1999): 106.

that same conference there was a very progressive demonstration of both the female and male condoms and participants were given condoms to distribute to other members of the community. Thus, the overall message of the conference was contradictory and confusing and only worked to instill fear in people, rather than provide them with the facts necessary for them to make their own safe and informed decisions regarding their personal sexual reproductive health. I believe this stemmed from a narrow conception of SRH as the ultimate goal appeared to be to scare people from having sex, rather than encourage the adoption of healthy choices. As I continued to research and observe contradictions in the approach to SRH, I began to wonder how development could be achieved if the government response was constrained and the NGO contribution was lacking. I hoped that a more local case studying focusing on youth education in Hohoe would give me a better picture of how to create positive impacts in SRH in the context of development.

2.3 Let's Talk About Sex: Sexual Reproductive Health and Youth in Hohoe

Hohoe is a vibrant district capital town found in the Volta Region of Ghana and if you ask any of its inhabitants they will proudly tell you it should rather be the regional capital. It is home to the beautiful hills, friendly Ewe people and fantastic thunderstorms that I have fallen in love with during my short stay. While the Volta Region was the only region in the country to report a decline in HIV prevalence rates in 2007, falling to 2%, rates in Hohoe remained above epidemic levels at 3.4%.¹⁷ The hospital at Hohoe reported that last year only 22 new HIV cases were identified, but in the first two months of this year the number of new infections seen has already reached 25.¹⁸ On a positive note, Hohoe was leading the district in the number of people registering for the National Health Insurance Scheme, which may show that community sensitization efforts of NGOs in the area that encourage people to sign up are indeed having an impact in relation to access to health services.

During my placement, I was interested to learn how the offices of Pro-link were addressing HIV and AIDS as well as SRH in Hohoe. More specifically, I wanted to learn more about sexual reproductive health education programmes available for the youth of the community as well as what other preventative programs and resources were in place to mitigate the spread of the virus. As previously mentioned, teachers in Hohoe have undergone training by Ghana Education Services (GES) as part of the national strategy to prevent the spread of HIV and AIDS in Ghana, so that they may incorporate SRH themes into their curriculum. This is a very positive step on the national level to

¹⁷ Ghana Health Services & National AIDS/STI Control Programme, 22.

¹⁸ Last year's statistics presented by Hohoe hospital at conference attended by my project manager in Ho. Current figures from discussions with a volunteer at the VCT centre at the hospital taken from hospital records.

ensure that relevant information is widespread among the youth. However, in an interview I was able to conduct with a teacher at Newtown JSS, I learned that it has yet to be stated clearly how the teachers are supposed to incorporate the information into their lessons. Furthermore, he suggested that the training itself was not very intensive and not all the teachers are actually taking time out of their subject material for lessons relating to HIV and AIDS.

At the greater community level, I was informed in an interview with a District Health official for Hohoe that testing for HIV costs approximately 50 GP at the hospital and that the hospital actively encourages people to know their status. However, I also learned that STI screening is usually only done when symptoms are present or advanced or as part of a general physical exam. I found it interesting that while the official told me that the hospital encourages people to get regular exams, in all of the preventative conferences or sessions I witnessed while at Pro-link I had seen no explicit mention of the need to know your overall sexual health status, not just your HIV status, prior to taking on a new sexual partner. This made me wonder how accessible necessary SRH information really is in the area and whether or not such activities show an unwillingness to truly confront issues surrounding sexual activity in the community because it would mean outwardly admitting that people engage in behaviours that may be against a particular accepted societal or cultural norm. The Ewe people are known for their highly spiritual nature and such topics are not often discussed as they may contradict moral or religious ideologies.

As a result of these discrepancies between individual behaviours and intervention activities, I began to wonder more specifically about what was going on in the Hohoe community and how such information could better inform SRH projects, particularly for youth based programs. On Valentine's Day, the conversation around the office naturally turned to matters of love and sex and I discovered that some of my colleagues and other volunteers in the area were also interested in knowing more about the actual patterns of sexual activity in Hohoe, as well as the knowledge of youth in the area of sexual reproductive health issues. I began to collaborate with Tyanna, a peace corps volunteer in the area who was starting up a community-wide HIV and AIDS club, to formulate a survey that we could administer to youth in Hohoe in order to determine the level of sexual activity in the community, their knowledge of safer-sex practices such as condom use and their perceived risk of vulnerability to HIV.

The survey targeted youth aged 15 to 24, with the average age of respondents found to be 19. The average age at first intercourse reported was 17, though answers ranged from 12 to 22.¹⁹ Of most interest for our purposes in determining courses of action for preventative educational programs

¹⁹ For more information on survey techniques, results and challenges, refer to methods section of the appendix.

targeted at youth, we learned that while 68% of those who had engaged in sexual activity have used a condom at least once, less than half of all respondents knew the correct method of using one. As well, nearly 2/3 of those surveyed said that they were afraid of getting HIV, but few had been to have their blood tested. The low condom use combined with the lack of knowledge on proper condom use suggested to me that this area of intervention was still sorely needed in Hohoe and that current projects aimed at SRH were failing to truly inspire the adoption of healthy SRH practices. Still, as I began to learn more about these issues in Hohoe, I also started to see that development, much like the issue of SRH itself, was much more than a simple matter of diagnosis and prescription, as it was complicated by factors of context and culture. I therefore sought to learn how organizations like Pro-link work in this environment and approach sensitive topics with the intent of creating behaviour change.

3.0 THE ORGANIZATION

3.1 Mission, Philosophy & the Functioning of a National NGO

Pro-link is a national level non-governmental organization of Ghana that was established in 1993 with the stated mission, “to advocate for and empower disadvantaged people, especially women and girls, to improve their health, education, and socio-economic status.” The organization holds its head office in Accra and operates over 20 projects in 6 project sites found in 4 regions of Ghana. Currently the organization operates in Aflao, Hohoe and Kadjebi in the Volta Region, Mankessim in the Central Region, Obuasi in the Ashanti Region and Danfa in the Greater Accra Region. The NGO is governed by a 7-member board of directors, a 23-member local advisory board and has a total of 38 core staff members. Pro-link has several partnerships with international and local donor agencies including PLAN Ghana, World Education, the American-Jewish World Service, Heifer Project International, Tools for Self Reliance, Catholic Relief Services, the International Organization for Migration, and the Centre for Community Studies, Action and Development. Such partnerships have led the organization to foster a positive reputation in the international community and greatly expand its projects over the past few years.

Pro-link works under the philosophy that in order for development projects to be sustainable, it should be driven by people at the community level, rather than imposed on them by outside forces.²⁰ Volunteers spend two to six weeks in administrative tasks at head office, and are then given the opportunity to work at one of Pro-link’s project sites depending on their area of interest, the need for volunteers in any given location, and the availability of funds. Project offices hold a broad range of

²⁰ Derived from the Profile of Pro-link Organization, 2006.

focus in issues, from sexual reproductive health and HIV education, to vocational training, child labour and trafficking, tuberculosis campaigns, environment and livestock projects, care and support for people living with HIV and AIDS, and advocacy programmes.

The present organization of the NGO is hierarchical, which tends to foster a bureaucratic inefficiency as all funding and project decisions are ultimately funneled first through head office and down to the project site. While completing my placement, I observed that the communication between the head office and project offices was fairly minimal, leading to frequent miscommunications and inappropriate directives that I will discuss in more detail in relation to my role with the organization. In my experience with head office and my contact with them while at the project site, I often felt like they were completely out of touch with what was happening on the ground and were merely concerned with proposal writing and reporting to secure funds. Official documents aside, I witnessed that the way forward that Pro-link is now actively pursuing is thereby very business and income-oriented as the NGO is focusing on several advertising campaigns designed to promote its image to potential donors.²¹

3.2 Projects in Hohoe

After completing three weeks at head office in Accra, I was sent to Pro-link's project office in Hohoe. Hohoe is the second largest city in the Volta Region, but it is actually relatively small. There is a small market, one ATM at Barclay's, two Internet café's (though power outages are frequent and the connections slow), and a few small guesthouses. Pro-link's office in Hohoe is located close to the town center in a new 13-room resource centre built in 2007 with sponsorship from the American-Jewish World Service. There are five staff members currently working in the Hohoe office, comprised of a project manager, secretary, a voluntary counseling and testing (VCT) for HIV and AIDS specialist, one driver and one cleaning woman. The office has also received support from several international and local volunteers over the past three years. In addition to staff offices, the Pro-link Integrated Resource Centre currently holds a VCT facility, a resting room with four beds, storage rooms, a staff kitchen, staff and public washrooms, a conference room, media room, a small library and a computer lab with two working computers for kids and teachers to learn basic computer skills.

The centre was built primarily to provide services, information, care and support to People Living with HIV and AIDS (PLWHA), but it is currently in the beginning phase of its operation, with the official opening held April 9, 2008 at the close of my placement. Pro-link has a positive reputation

²¹ This sentiment is reflected in interactions with the head of programmes, who reiterated the need to focus on "information, services and income generation."

in the community, with many long-standing partnerships with various schools, officials and other community-based organizations and it is hoped that the centre will provide invaluable services to the community. Christine, the office secretary, provides counseling for PLWHA, while Colby, a field officer with the office, administers the testing for HIV. The Hohoe hospital occasionally refers patients to Pro-link for these services and the centre plans to complement the VCT services offered two days a week at the hospital by employing 150 testing kits every month in the testing of people who want to know their status. As part of Pro-link's initiatives in Hohoe in the past, a PLWHA group was established called the Hohoe AIDS Support Association (HASA), which currently has over 40 members that meet monthly to have discussions and receive nutritional support that is sponsored by Catholic Relief Services. Stigmatization of PLWHA continues to be of major concern in Ghana, making many who have the virus hide their positive status. This is detrimental as it inhibits PLWHA from seeking proper care and facilitates the spread of the virus to unsuspecting partners. The idea behind constructing the resource centre was to further aid PLWHA by offering integrated services that would ultimately offer support for psychological, emotional, technical, and economic empowerment. Pro-link has also formed a group of 20 orphans and vulnerable children (OVC) that receive nutritional support and are supposed to meet at the office fortnightly for programs, though no meetings took place during my nine weeks in Hohoe.

Another prime objective in the creation of the centre was as a source of income generation for the office. The conference centre and media room are to be rented out to community groups and the ICT centre was meant to be an Internet café hosting ten computers, a printer and generator. Unfortunately, the current realities of the centre's resources make it far from attaining this goal. The computer lab has only two computers and no Internet access and the media and conference rooms lack the proper chairs to compete with other local businesses that offer similar services. The two computers that the centre does have came from the head office as they had received new laptops from two past international volunteers, but they are also in poor repair as they are riddled with viruses. Resources allocated for the rooms to be used in the purchasing of equipment were apparently spent in construction of the building, which came out considerably over budget. The library has become relatively well stocked with a generous donation of books from the Ewald Bauman Foundation of Germany and operates daily hours for the community to access it. During my time with Pro-link up to the launch of the centre, the office was suffering from a lack of resources and was generally being used only by schoolchildren, who were received in informal after school programs run by volunteers.

As the office has been concentrating on the set-up of the centre, less attention has been placed on the implementation of projects. Having completed a three-year partnership at the close of last year with World Education, implementing reproductive health-based programs to in-school and out of school youth, the office embarked on a new program with the Centre for Community Studies, Action and Development (CENCOSAD). CENCOSAD is a national Ghanaian NGO focused on rights-based approaches to development. Their goal is to equip people with accurate knowledge regarding their rights as well as to educate them on the responsibilities they hold in relation to those rights. CENCOSAD works in partnership with other NGOs to enable them to deliver educational messages on reproductive health and is working with Pro-link on a six-month project known as the Alliance for Reproductive Health, which was to begin in January of this year. The project seeks to sensitize target community groups on their rights to access services and information relating to sexual reproductive health. With reference to my research illustrating the need for specific SRH programmes, the project appears to be a positive step. Pro-link has committed to work in five surrounding communities, though transportation is a constant challenge that has made implementing many activities of the project problematic. As a result, I did not work directly with the current project as it was not in effect in operation during my time at the project site. Instead, I was able to help with the set-up of the resource centre and conducted an informal extension and monitoring of the World Education project.

4.0 THE EXPERIENCE

4.1 The Raccoon and the Moose: My Original Goals

In coming to Ghana last September I had no idea what to expect, but my hopes for my time here were probably typically romantic and idealistic. I wanted to see the development theory that I had studied at Trent applied in action and I hoped to learn where I'd be able to work within the field of development after I graduated. I wanted to travel and experience life in a place completely outside my current realm of understanding that I had living in Canada. Looking back at such goals that somehow seem cliché now, I can't help but think how naïve I was about the implications, both intended and unintended, of my stay in Ghana that I am only beginning to reconcile. I say that I was naïve because I believed that I could come to study abroad while maintaining my identity as a student observer. During the first few months in Accra, I remember that many of the people I met automatically assumed I was in Ghana as a volunteer. After asking which country I came from, many people then asked what organization I was with and I was quick to tell them that I was student. Looking back, I remember feeling uncomfortable with being thought of as a volunteer and I used my status as a student to excuse

any direct responsibilities I may be perceived to hold in the development process. I was often incredibly conscious of the thought that if I were seen as a volunteer I might also be seen by some as an intruder coming in with my western ideas or with the suggestion that I knew how to fix problems in Ghana better than those that lived here. As a student I felt I could justify my presence in the country out of the simple desire to learn.

In finding an NGO to work with, I originally hoped to participate in a grassroots women's organization in the hope that I could observe how strong, local initiatives could accomplish positive change on a small scale. I was interested in women's issues and rights and I went into my placement intending to observe and learn everything about how the organization fit into development. It might be somewhat strange then that I ended up at a national level organization working with youth, but the truth was I hadn't really considered how I would contribute to the projects of the NGO I chose. My original goals in starting my placement with Pro-link were therefore mostly selfish and I still referred to myself as a student rather than a volunteer. However, as time went on I realized that it would be impossible for anyone to act as a mere observer because the very act of a person's presence is bound to affect the people and conditions around them. In my experience this reality manifested itself in the way in which I was perceived by my colleagues and the students that I worked with. Since past volunteers had set precedence, some saw me as a source of funding, others as some sort of expert, and I was conscious of the unintended affects of this perception, such as reliance on a source of funds that would be temporary or in an undermining of the confidence of the people of the community. Since my presence by its very nature affected those around me, I came to realize that I was a participant in development and it was not a matter of *if* I was part of development, but *how* I chose to be a part.

Shortly after I arrived in Hohoe, Knox, one of my colleagues that I count myself fortunate to have known and worked with, told me a story that I will always remember. Knox had done a youth exchange in Canada and had experienced many of the feelings I was dealing with regarding culture shock and finding a role in a very foreign environment when it isn't being directly handed to you. He had been sitting at the computer in his homestay in New Brunswick when a raccoon happened to come into the house. He immediately jumped up to get help from the others in the house and began yelling, "There's a moose in the house, there's a moose in the house!" His host came running, terrified that a moose was destroying the house, but upon seeing the raccoon she could only laugh and ask Knox where the moose was. Knox pointed to the raccoon at which point his host informed him that the animal was not in fact a moose, but rather a raccoon. His host was relieved it was only a small animal and teased Knox for the mix-up. When I first heard that story I was struck by the similar way in which

our cultural biases could shape our experiences in a new setting. During my time at Pro-link, the story made me mindful of the fact that I don't have all the answers and that it's ok to struggle at times. I decided to then approach my time in Ghana as both a student and a volunteer and I resolved to learn all I could from the people I met, but at the same time to also not be afraid of contributing ideas and support to my organization.

4.2 Finding My Role

4.2.1 Head Office

Finding my role within Pro-link was no easy task. I was not taken on by the NGO with a specific mandate in mind and I was also plagued with doubt as to what I was capable of offering the organization and what role I felt foreigners should even be playing in developing nations. I knew I had much to gain as a student and the experience would be invaluable for me, but in the short time that I would be able to volunteer, I knew I would not be giving as much as I was taking from my organization. While I was anxious to immediately get more involved in development in action at the project sites, I was grateful for the opportunity to have an orientation at head office that allowed me to become familiar with the operations, philosophy and projects of Pro-link.

The work that I did in my three weeks in Accra was mainly in administrative and office-related tasks to support head office personnel. The office was busy after the close of Christmas break in preparing M-SHAP funding proposals for submission to the Ghana AIDS Commission as well as writing the year-end report for 2007. While at head office I worked with Taiva, another Trent in Ghana student, to formulate M-SHAP proposals for two HIV and AIDS support groups that began under Pro-link and are now their own registered NGOs. The groups still maintain a relationship with the office for continued support such as proposal-writing and consultation. I worked primarily with the Yadahdah Allah Moslem Women and AIDS Association to formulate their budget and proposal information for income generating activities for the group. In addition, I assisted Ethel, the head of programmes at Pro-link, in typing their M-SHAP, which sought to gain funding for the operation of a shelter for women living with HIV or AIDS who have suffered violence in the Danfa area. I was able to contribute in the organization and formatting of the proposal as well as the formulation of project objectives, outputs, inputs, the implementation plan and the monitoring and evaluation plan. Finally, I also helped Gertrude, the deputy director of the organization, with Pro-link's year end report by creating a draft of the Executive General's Report and by writing the introduction to the publication as well as creating some project summaries of the previous year's activities.

The few weeks that I spent at head office allowed me to gain a great perspective of how a national NGO functions in development. The head office is the main coordinator of all of Pro-link's project offices, so it is mainly concerned with gaining funding, reporting the activities of the projects, and promoting the organization's image to current and prospective donors. It was interesting to see the networks of agencies and how they related to the organization. As mentioned, the structure of the organization is hierarchical, beginning with an international donor agency at the top, followed by a partner NGO in Ghana, which disseminates funding and project directives to the Pro-link head office, who in turn work with the project offices, ultimately ending in the implementation of the project itself.²² Each agency has its own directives and agendas that affect the direction of projects and the use of funds. It is also worth mentioning that the founder and executive director of Pro-link has currently abdicated much of her role with the organization as she is serving as the current president elect of SWAA Ghana and will be running for Member of Parliament for Hohoe North in the coming year.

I was able to thereby situate Pro-link the scheme of development, but I had difficulty finding where *I* fit into it. I often felt slightly ignored by the staff at head office, which may have been because they were quite busy meeting important deadlines for their current proposal to the Ghana AIDS Commission. With respect to the few tasks that were assigned to me, I felt immediately in over my head. Going into my placement, I thought proposal-writing was a valuable way for a student volunteer to use writing skills to contribute to an NGO, but I soon felt completely unqualified to be formulating budgets and proposals with little to no supervision. When asking questions of Ethel and Gertrude regarding the M-SHAP I was writing for Yadahdah, they told me to simply copy an old proposal that we had on file for a different support group. This seemed unethical to me, considering the two groups are entirely separate NGOs and the project being proposed involved completely different activities that should have required separate market surveys for the materials listed in the budget. In addition to this ethical dilemma, I also now felt a personal responsibility regarding whether or not this group was approved for funding. I wasn't a trained accountant, there had been no market surveys conducted for the creation of the budget, and I had limited knowledge of the support group and the activities they were proposing, but here I was, submitting a proposal anyway under the pressure of a deadline. I began to see that such activities are not only accepted, but are common features in the industry of development as they are elements of a bureaucracy requiring the participation in strategic games.

The feelings of guilt and doubt that I held while I tried to determine my place within development and the organization were compounded by the fact that after I arrived at head office the

²² See appendix for a table depicting the structure of Pro-link

action plan for me changed on nearly a daily basis. At various times during my three weeks of orientation in Accra I was intended to go to Hohoe, Aflao, Obuasi and Danfa, with each plan falling through for a variety of reasons. This made my transition into Pro-link difficult as each project site had completely different project areas and with each plan I would get excited about a specific aspect of the site and start researching the project, only to have it change the next day. Finally, since Hohoe had too many volunteers already and Aflao was still in the process of procuring funding, I was finalized to go to the Obuasi project site. I was very interested in Obuasi specifically because the projects targeted women and adolescent girls and my interest was in gender-based initiatives.

However, on the same day that I had spoken on the phone with the project manager in Obuasi and had everything finalized pending accommodation, Gertrude called from her visit in Hohoe and demanded I move immediately to the Volta Region because the office had lost two volunteers the previous week and were in desperate need of help. For all the previous plans for me an official action plan was necessary between me and the project manager before head office would approve the move, but it was suddenly decided that I could just figure it out when I got there. Needless to say I was quite overwhelmed at the time as I had no idea what to expect and was given little time to prepare for this change. The only thing I knew was that I would probably be working on projects involving kids and while I wanted to go where my organization had need of help, I was apprehensive about working on projects involving children and I was not sure I would be capable of contributing in a meaningful way.

4.2.2 Hohoe Integrated Resource Centre

Once in Hohoe, Stacey, a volunteer with Canadian Crossroads International, took me around and showed me the centre. When I first met George, the project manager at the Hohoe office, I was informed that no projects were currently running, so he didn't have anything specific in mind for me to be doing and actually asked Stacey, who had been at the office only one month, what she thought I should do. I thought this was strange in light of the way in which head office rushed me to the project site, telling me they had many projects and needed help. The student in me wanted to be given something really specific and simple to do to help the office while observing all I could about the organization and how it fit into development. I realize now, looking back at that very true statement that I wasn't thinking yet about how *I* fit into my organization or development. I still used my status as a student to absolve me of any responsibility in the successes or failures of project in Hohoe and in development at large. On entering the volunteer section of this program, I had determined that I would not be one of those volunteers that came in desiring to change the world in three months, setting up

their own projects that were unnecessary and not sustainable. I had hoped to work with an organization aiding their current projects, rather than starting my own because I knew there would be little chance that whatever I started would be carried on and I did not want to take more resources away from the NGO in such a venture. However, I was soon frustrated by the inactivity in the Hohoe office and since it appeared that no direction would be forthcoming, I began to consider what I was capable of offering the office.

I began by trying to figure out what I could do with the small library at the centre that past volunteers had used to receive kids in informal after school programs. When I first arrived, the library was starved for resources and was chaotic to say the least. Because the centre was meant to be a resource centre for PLWHA, the primary resources that were available were sexual reproductive health materials. The age range of the kids attending the library was from 5 to 12 and they came to look at charts of graphic STIs and giggle as they paged through pamphlets depicting how to put on a condom. I therefore began by moving these materials from the bottom shelves, out of reach of most of the kids. I also started a sign-in every day so that I could see the age and class range of the kids attending the library. I then sorted and repaired what few books were available, stamped and inventoried them, and shelved them according to their category of reading level as primary, junior secondary school, senior secondary school, reference or sexual reproductive health resource. I initially tried to create a structure of operating hours where certain classes could come on certain days of the week, but the system did not work very well and I decided to instead operate it as a free period of operation for anyone to come from 2 to 5 o'clock Monday to Friday. It definitely took some perseverance to overcome the chaos and impose a calmer structure more fitting the atmosphere of a library. At times I felt like I was merely running an after school daycare trying to keep rowdy kids in line, but eventually the message got through and the kids started getting the hang of it. In the first week of March, Pro-link received a donation of ten boxes of books for the library from the Ewald Bauman Foundation of Germany, and it was exciting to sort and shelve them and see the kids engaging with the new materials.

The library afforded me an interesting opportunity to build relationships with several of the kids in the community. I had never worked with children before, but with time I felt like I really connected with a few of the kids patronizing the library. I learned that some of the kids had poor reading skills even up to class four and I attempted to help them sound out different words and letter combinations. In addition, I read aloud to the younger students and tried to make it as interactive as possible by incorporating counting and identification games with the storybooks. I feel like these efforts were quite scattered and not well-directed as I didn't have time to organize a more formal

program, but I tried to use the library to encourage a love of reading and writing in the kids, to increase literacy and to simply provide a positive space for kids to come to after school. I had hoped to start integrating simple kid-friendly sexual reproductive health lessons into the sessions, but the attendance of the kids was too sporadic and the age range too great, so I regret that I lacked the time and ability to build a more comprehensive program.

My work in the library also provided me with a glimpse into aspects of the education system of Ghana and the HIV and AIDS education training by Ghana Education Services previously mentioned. At times older JSS students who had questions about various topics approached me in the library. For example, two students asked me whether or not you could get HIV if you swim with an infected person. I sat them down in the library and gave them information on the modes of transmission and prevention of HIV and then showed them a pamphlet on all the things one can still do with an HIV positive person, including drinking from the same glass, hugging and even swimming. When I asked them where they'd heard that you could contract the virus in water they told me they'd asked their teacher about it and their teacher had referred them to us. I think that this example supports the interview I had with the teacher from Newtown who suggested that the teacher training by GES was not very intensive. Children would also come to the library during class time, saying that their teachers were not teaching or that they'd been caned and sacked from class for not paying the "class fee." These students were coming from government schools that were supposed to be free under the capitation grant scheme, but I discovered that teachers were asking for anywhere from 10GP to 30GP per day. Some students also reported being asked for a PTA fee and an exam fee. Pro-link was able to support some children in its OVC group when such situations arose and they could not pay the fees, and I was therefore appreciative of the role that NGOs could play in this area when the government initiative is clearly in need of further support and currently lacks the capacity to truly provide comprehensive services in education.

In addition to the library, I developed a small advertisement to be used at the launch of the centre. As well, I provided some administrative support to my colleagues, offering my proficient computer skills in training Knox, a local volunteer, and Ben, a field officer, in the basic functions of Microsoft Excel and PowerPoint. I was also able to attend several workshops in the conference room of the centre by partners of Pro-link and wrote reports on behalf of the donors of the sessions. These conferences provided me with a brief perspective of how NGOs can collaborate both positively and negatively in development, which I will discuss in more detail in my evaluation of Pro-link's activities.

4.2.3 In-school Sexual Reproductive Health Project

The second area in which I found space to contribute in Hohoe was in assisting Knox Odumah, a local volunteer, to administer talks at local junior secondary schools on various topics relating to sexual reproductive health. I spent many mornings shadowing Knox on the Pro-link motorbike, making appointments in various schools and helping to give the sessions. I offered the female perspective as we discussed topics such as HIV and AIDS, relationships, changes as we grow, teenage pregnancy and ultimately how to make positive life decisions that will allow you to achieve your goals. We were often given the school's chapel time for our talks and were able to work in Sankis, St. Joseph, Holy Rosary and Glory International junior secondary schools during my nine weeks in Hohoe. We tried to make the sessions as participatory as possible and also took questions from the kids that revealed that certain rumours were still circulating within the community. For example, during a session at Glory International a student asked, "Why is it that you can get HIV from mosquitoes?" Such situations show that misinformation may be contributing to risky behaviour decisions among the youth, and I was interested to know how NGOs were involved in either preventing or contributing to this situation.

In addition to the Hohoe schools, Knox and I were approached by Father Isaac, the founder of Royal Academy, a new school in Kpando District in the village of Wusuta, to talk to his students. The school was formed in September to provide area children with an alternative to the local government school, which Father Isaac informed me was of very poor quality and produced few students that passed their final examinations. We spoke to each class separately and they ranged from KG1 to class 4. The kids were too young to hear about sexual reproductive health topics, so we instead gave more of a motivational speech about realizing their dreams. My contribution had to be translated, but I felt like what we came to say was an important message that appeared to me to be often missing in Ghanaian schools. In many of the schools we visited the favoured method of punishment was caning the child, which took place for any manner of offences, ranging from being late to running away during the last time the child was being caned.²³ This creates an environment of fear among the kids while at school and little existed in the in the way of positive reinforcement. I was also told that children are often verbally insulted by their parents and are called stupid or worthless.²⁴ In working with Father Isaac, we hoped to instill a measure of positive motivation in the children as well as stress

²³ At the schools, I observed teachers pacing with sticks and also saw other methods of punishment, such as having the students kneel in the dirt at the side of the road.

²⁴ I encountered this sentiment often from various teachers and other volunteers working with students in Hohoe

the importance of positive reinforcement to the parents of the school PTA and the teachers. Once back in Hohoe, Knox and I brainstormed ways of incorporating more positive motivational speeches into the SRH education sessions in the Hohoe schools. The two of us then modified our talks, incorporating messages involving self-esteem and the importance of making positive decisions now in order to be able to achieve future goals. The sessions were more interactive and the students became more engaged when talking about their own personal goals and experiences.

We referred to our in-school initiative as the World Education Project, but in reality the project was finished as far as Pro-link and the donors were concerned. The project had been implemented as a precursor to the GES training and the integration of SRH themes into curriculum and was now intended to be self-sustaining as Anti-AIDS clubs and peer educators set up last year at the close of the project were supposed to be carrying on the educational sessions. However, I soon learned that the clubs were already inactive in most of the schools that had taken part in the programme, due to a lack of motivation and supervision. Knox and I met several times with the club coordinator at Hohoe E.P. Secondary School in an attempt to revive the anti-AIDS club there, but we unfortunately never succeeded in mobilizing the group while I was in Hohoe.

Our lack of success was subsequently quite discouraging at times as our message was not always appreciated in the schools we tried to gain appointments with. For example, when we tried to offer our services to St. Agatha's, another secondary school in the area, we were told that a volunteer had done a program last year and the headmistress questioned whether the students needed to hear the same message again. To me, this suggested that our message wasn't important and that there weren't more students coming of age this year who would benefit from SRH information. The headmistress informed us the school would simply appeal to the student's consciences during chapel time and further suggested that the fact that the anti-AIDS club had dissolved in the school proved that the students weren't interested, rather than that there needed to be increased attention and involvement of NGOs and teachers to motivate the students. Schools that we did succeed in working with were highly appreciative of our efforts, but sometimes had forgotten that we had made appointments, which was another source of frustration leading to a lot of wasted time. In addition to the challenges within the schools, I initially felt that Pro-link was not supporting our initiatives in the schools at all. I later learned that this was because there were no funds to be continuing a project that was for all intents and purposes supposed to be finished, and I was then able to see that the Hohoe office did in fact support us. For example, we were able to use the office motorbike when it was available to make our appointments with the schools.

Still, I couldn't help but wonder where the monitoring and supervision aspects of the World Education project had fallen apart and why Pro-link wasn't more concerned with ensuring the lasting effects of its projects. I was told there was no funding for monitoring because the project had finished, but Knox and I had no trouble walking to many schools in the area to make their chapel times at seven or eight in the morning. It simply took our time and the volition to do it, and so I was greatly inspired by Knox and the passion and drive he held for working with the youth of Hohoe and attempting to create a lasting impression on the students we worked with. I began to wonder if the contributions of NGOs actually only work to impede development as they seem to focus on short-term interventions that lack any sufficient follow-up. Particularly in a field such as SRH education, which aims to foster empowerment to encourage positive behaviour change, I saw that what was needed was long-term commitment, which appeared to be generally absent in many development interventions.

4.3 Small Drops of Water: Challenges and Successes

Along with the challenges already identified in finding my role within Pro-link and within development, I faced many other technical and personal challenges. Technical problems like frequent lights out, computer viruses, adverse weather and funding constraints stalled productivity. I was frustrated that everything in Hohoe was in its formative stages and I was spending a lot of time idle. Having received no action plan and no follow-up from head office as to my activities in Hohoe, I felt as if no one even cared that I was there. As already stated, I was hesitant to complete the small work I was assigned at head office as I was told to make up budgets for proposals and simply make sure that the numbers added up, not whether they were accurate or honest. I felt I was sacrificing the truth for what appeared to sound better as a strategy to get approved for funding. For example, in working with Yadahdah on their M-SHAP proposal, I had learned from the group director that they intended to pursue income generating activities in crocheting and bead making. After writing a proposal for these activities, Ethel told me to add Shea butter to their proposed project because it sounded more "innovative" and was therefore more likely to be approved. I thought I was contributing to political and bureaucratic games that encompass everything wrong in development. At first I could not believe that Pro-link would contribute to what I believe essentially amounts to fraudulent proposals and reports, but as I progressed in my placement I began to see that such things are rampant in development. As such, NGOs do not, as I assumed entering the development field, constitute a role as charity-givers, but are rather part of a veritable industry that has come to constitute a large part of the formal service economy available in developing nations.

Another challenge I faced within my work at Hohoe was to overcome the cultural bias with which I was entering my placement. Specifically with regards to the in-school sessions, I struggled to deliver a faith-based message on sexual reproductive health. While our program focused on the standard “ABC” formula of abstinence, being faithful and condom use, I observed that condom use was little more than a footnote in our talks. Particularly in light of the survey results previously mentioned and my research showing the benefits of promoting condom use, it was hard to make the bottom line abstinence. It was hard for me to adjust to coming from public schools in Canada that are completely separated from religious and faith-based ideologies. I had many debates with Knox over the content of our sessions and I came to understand that we had to be respectful of the fact that we were using the school’s chapel time for our talks. I was grateful of the opportunity to be as frank as we were on the facts surrounding the topics we discussed and in the end I believe that Knox and I compromised, as I had an influence on him and he in turn influenced me. I came to see the importance of approaching these topics with cultural sensitivity and he began to modify his portion of our speeches so that the dangers of condom use were not being exaggerated. As the students we spoke to were aged 10 to 15, I realized that it was important that the emphasis was still placed on avoiding early relationships and pre-marital sex. The in-school sessions also provided me with an opportunity to improve my public speaking skills. The first time I spoke in front of the students I was rather nervous and I didn’t feel like it went particularly well, but with Knox’s encouragement I kept trying to improve my confidence and I even came to be known in town by a few of the students.

Throughout these challenges I strived to maintain a positive attitude in an environment that was becoming increasingly, as Knox would say, “demotivational.” By this I meant that it was not simply a lack of encouragement, but an environment facilitating inaction. Colleagues at head office and at the Hohoe office rarely showed up to work on time and while at work spent much time reading newspapers and chatting rather than working. Knox and I both became incredibly frustrated that our efforts received little encouragement and we were disheartened by the example being set by our colleagues, who seemed frustrated and dispassionate as well. My lowest point during my time with Pro-link came when Ethel visited from head office to conduct a monitoring visit at the Hohoe branch. Pressed for time, the visit seemed more like a whirlwind in which my present efforts with the library were dismissed and I was told once again to be more “innovative.” Advertising and income generation seemed to be her prime objective and I felt as if the centre was being treated more as a business than as a potential arena for the NGO to identify and meet community needs for development. I felt like my voice was ignored as I tried to be realistic about the current capabilities of both the centre and myself

in the time I had left and though I was then told I was doing well, I felt like I was being dismissed. Furthermore, when Ethel learned that we were still working with the local schools as an extension of the closed World Education project, she called it a “waste of efforts,” suggesting there were other things going on at the office that we should rather be concentrating on.

However, that same week as Ethel’s visit I began to see things falling into place with my work at the library. During an afternoon storm that week it began to hail, which I’m told is a rare occurrence in Volta Region. It was the worst storm I witnessed during my stay in Hohoe and I was trapped in the library with over a dozen kids taking shelter in the small room. I was still feeling disappointed about my relationship with Pro-link when Knox came to the library and spontaneously ran a small talk with the kids. He led them in singing some songs and proceeded to give them a motivational speech ending with having the kids repeat the mantra “I can be what I want to be and I will be who I want to be.” I was so inspired by his example and I finally voiced some of my personal frustration with my project manager, who assured me that I was doing a good job and told me not to take the comments from head office too personally. I approached my tasks with renewed enthusiasm and it seemed like things with the students were finally becoming less chaotic. With the help of Knox I managed to train the students in the proper use of the library. On a personal level, I believe I was able to meet these challenges presented to me and I was able to leave Pro-link feeling like I had accomplished a small measure of positive impact on the set-up of the centre and with the youth of the community.

4.4 I Yam that I Yam: Self-Evaluation

If taken in the context of an educational experience as a student, I would judge my experience with Pro-link to be highly successful. I was able to observe a great deal of the functioning of a national NGO as well as local and multinational development organizations through Pro-link’s partnerships. I am grateful for everything this experience has taught me and I truly appreciate that organizations like Pro-link are willing to take on students with such hospitality. In looking back at my original goals, I believe that I did not shy away from being challenged in order to get the most out of my time in Ghana. In particular, I pushed myself to move to a community on my own, apart from the rest of the Trent in Ghana group, and though this was challenging I believe I was able to gain a better insight into life in Ghana and I was more involved in the community around me than I had been in the previous semester at Legon.

On the other hand, if I take success in my placement to be in the context of the role of a volunteer as evidenced by the work I accomplished and what I offered Pro-link, I can’t firmly say that

it would be considered successful. What I mean to say is that I believe that I gained more from Pro-link as a learning experience than I was able to give them in support and contributions to their initiatives. Perhaps I could have tried in other ways to get more involved in the organization, or it may have been the case that there was simply a lack of projects for me to be working on in Hohoe. Other practical factors such as the limited time of the program may also have inhibited the work I was able to see to completion. I think a volunteer experience with Pro-link could have been improved with greater direction as to the role that the organization was hoping I would fill, but I can only again thank everyone at Pro-link for taking the time to work with students and volunteers and to hope that I did manage to offer them a fraction of the help that they've given me.

Overall, on a purely personal level, I would evaluate myself to have succeeded at the volunteer portion of this program. In spite of the fact that I was given no specific mandate and little instruction as to my role, I actively sought out ways in which I could contribute. I was able to sit in on meetings with Tyanna, Knox and some other local volunteers who were starting a community wide youth-focused HIV and AIDS club. While the club was only starting up as I left Hohoe, I was able to collaborate with the founders in the formation and administration of the sexual reproductive health survey intended to let the club better know what was actually going on in the community and where to focus its efforts. As well, even though the in-school SRH sessions that Knox and I conducted were not specifically sponsored by Pro-link due to the close of that project, I still feel like our efforts were necessary and valued by the Hohoe staff, local teachers, and most of all to the students.

The impact in real terms of my time at Pro-link may not be directly and empirically measured, but I do believe it made a small difference to the youth of the community. I could see the impact of our sessions in the way that the kids called out to Knox everywhere we went, calling him "Pastor" or "I Yam that I Yam," both elements of a joke that he told during our in-school sessions. One of my best days in Hohoe was when I too was given a nickname by a boy passing by the centre on his bike. He came to greet me in the library, calling me "Sunday School," because of the Sunday school policy of "no talking, no rough" that we had instated at the library in an attempt to get the kids to understand that the library was meant to be a serious place. I believe that I did achieve my goals and my volunteer experience was an incredibly rewarding endeavour that will contribute greatly as I further my theoretical studies of development.

5.0 THE IMPLICATIONS

5.1 *Evaluation of Pro-link in Development*

The activities that I observed during my placement have led me to the conclusion that Pro-link is quite good at playing the game of the development industry, but it lacks a definite focus necessary for its projects to foster a lasting impact. By the development game, I mean that everyone I met in the organization seemed to be well versed in the proper rhetoric, tossing around terms like “capacity building,” “advocacy,” and “sustainability.” Funding proposals and project reports were strategically written and always fit into a neat little development package that would appeal to donor agencies in the industry. Perhaps as a result of getting caught up in this game, the organization appears to have lost focus of what, in my opinion, should be the focus of a non-governmental organization. That is, identifying a need within the community and determining how to meet that need in the most effective and efficient way possible. Needs assessment seemed to be entirely absent and emphasis was instead placed on pursuing projects that sounded “innovative,” regardless of the specialties and capabilities of the organization and the realities of the situation in the target community. Furthermore, the explicit focus on marketing, business orientation and income generation made me think that the organization should decide if it is in fact an NGO or rather a business.

Pro-link has expanded since its formation in Hohoe in 1993 to be working in four different regions of Ghana in a wide range of project areas and I believe that this scattered approach in focus has inhibited some of the impact its projects have the potential to be making. For example, many needs for the resource centre were identified at the first staff meeting I attended in Hohoe, such as benches for the library, computers for the ICT centre and other simple items like light bulbs. Yet nine weeks later at the close of my placement, nothing had been accomplished. Only the push of the coming launch event seemed to inspire any action and activities were therefore again aimed at appearing to do good things. To me, this form of development intervention will produce weak, if not entirely inappropriate impacts and instead of truly helping people on the ground it only acts as a charade of keeping up appearances.²⁵ At the centre in Hohoe, defunct computers were set up in between the two functional computers in time for a visit from the donor, and at the launch of the facility two laptops from head office personnel were set up for the day to impress the visiting dignitaries. These efforts hid the reality of the capability of the centre and provided a false impression of the activities of Pro-link, all in the name of appearing to be doing something, rather than actually taking action.

²⁵ This was personally observed on a number of occasions as numbers were made to add up in budgets and project outcomes were made to match project objectives regardless of the reality of the project's activities.

Furthermore, sustainability, though I've previously referred to it as a buzzword in the development industry, was lacking in the initiatives I was able to observe and take part in at Pro-link. I call it a buzzword then because it is generally found in the monitoring and evaluation sections of proposals and reports, but in reality is little more than a standard phrase tacked on to appeal to donors and is not found in the actual implementation of projects. It was made clear to me by head office that rotating volunteers from abroad was considered a method of sustainability, but my experience did not support to this idea. When Stacey, the volunteer running the ICT centre, left Pro-link it was thought that I could simply take over her role. I attempted to operate both the library and the computer lab simultaneously over the span of a week when I realized that I could not handle both rooms and the volume of students on my own. I therefore decided that for the sake of consistency I should stick to the set-up and operation of the library, which had been my previous focus. This meant that the students patronizing the ICT centre were abruptly cut off from developing their computer skills. A clear reliance on volunteers for a large part of the activities in Hohoe is illustrated by this example. In another instance, the group of OVCs that met fortnightly at the office stopped coming because the programme was run by past volunteers and once they left there was no effort by Pro-link staff to make the program sustainable. When asked why the group stopped coming, the project manager in Hohoe told me that the staff did not have the time to carry on the sessions, though I found it hard to believe that no one was available for a couple of hours one day every other week.

Through my work with Knox and the in-schools sessions, I saw how sustainability plans can sound good in theory, but can fall apart without some measure of continued support or monitoring. My observation was reinforced by my interview with the teacher at Newtown JSS, who told me that no one from Pro-link had been to the school since last term and that he felt more NGO support was needed to facilitate the efforts of the peer educators and to support the teachers as they started integrating SRH themes into their curriculum. I have therefore concluded that a development project requires continuity, particularly in educational interventions as a relationship with the student takes time to form and is necessary in the educational process to formulate appropriate and directed lessons. Such a direction not only helps the student in the learning process, but will also be more likely to create the behaviour change that is the aim of interventions in areas such as sexual reproductive health.

Within Pro-link's existing partnerships I was able to witness other development organizations in the network of agencies, which unfortunately supported my observations of the superficiality of the development industry. For example, at a workshop I attended by the Society for Women and AIDS in Africa, I once again observed the negative influence of trying to keep up appearances at the cost of the

integrity of the project. Hoteliers and transportation workers in the community were the target of the workshop, which was designed to educate the participants on issues relating to HIV and AIDS, as well as to encourage them to make condoms available in their establishments. However, many of those invited failed to show up on the scheduled day, which left the organizers scrambling to mobilize participants. Rather than admit that a breakdown had occurred in communication and that the session should be rescheduled, it was decided that any community members in the area should be enticed to sit in on the day in order to get a substantial t&t compensation of 10 GHC. This resulted in a random assortment of attendees, ranging from tailors to cleaners.

This is not to say that the workshop was not relevant for the participants, but simply that the effort was poorly directed. Not only did the presenters fail to capture their target audience, but outright misinformation was also spread during the conference. In spite of presenting from a PowerPoint document developed by a Ghanaian doctor, the facilitator disagreed that HIV could not be spread by drinking with the same glass, and urged all attendants to be wary of sharing water sachets and glasses. More fear was instilled in the participants as they were told stories of malicious HIV transmission, such as a house girl that knowingly spread the virus to children in the house by making them brush their teeth with her toothbrush in order to get revenge for having contracted the virus herself. Such tactics only work to spread false information and paranoia and fail to address very real issues of SRH affecting the community. I believe that NGOs should be taking this into consideration in their development activities, particularly if they are attempting to empower community members with misinformation.

Fortunately, I was also able to observe an NGO that is a positive example of incorporating an appropriate educational programme in the area of SRH. I was able to sit in on a workshop put on by CENCOSAD on Gender, Male Involvement and Sexual Productive Health. The facilitators spoke on issues relating to sexual reproductive health rights and violence against women to a target audience of men consisting of key opinion leaders and community members. The workshop was very well done, creating a much-needed dialogue on gender roles and how men can contribute to, or inhibit, the promotion of sexual reproductive health rights. The information was accurate, interesting and culturally sound, but in Pro-link's interactions with the NGO I still noticed the same patterns of superficiality in development. At the stakeholders meeting held between Pro-link and CENCOSAD, the project manager read off a list of accomplishments, citing work in five communities over the past three months. However, in the past two months I had observed little community activity on behalf of

Pro-link and had been told that this was due to a lack of funding for transportation. Real development has subsequently been stalled at Pro-link and their efforts have remained a lot of talk with little action.

The organization's reliance on volunteers, combined with the focus on playing the development strategy game and maintaining appearances, have worked to create scattered effects at Pro-link. My internship at the organization has therefore left me with more questions to consider as I continue to pursue this field of "development." For example, with respect to my evaluation of Pro-link, I am left wondering how NGOs can disentangle themselves from the trap of development rhetoric when reporting on projects is necessary to hold organizations accountable to their donors. This is especially important to consider in the context of reproductive health that I have outlined, as preventative programs are primarily concerned with abstract qualities such as behaviour change and empowerment in the decision-making process, which are often purely qualitative measurements. In the report-writing process this is problematic because donors require quantitative indicators to prove that their funds are having an impact and are used efficiently. I believe that in development terms this has led quality to often fall by the wayside in favour of projects that have a specific quantitative outcome. Under such a conceptualization of development, an approach focusing on empowerment is therefore impossible as it is difficult to measure and its effects cannot be seen in the short-term lifespan of development projects.

5.2 Suggestions

In spite of what I have identified as shortcomings of Pro-link, I do believe that there are positive ways in which the organization can move forward. Pro-link has a good reputation in the international donor community as well as within many local communities that the project offices work with that they can continue to capitalize on. As well, the organization has several good ideas that would benefit many Ghanaians. For example, the Hohoe office would like to embark on family planning education initiatives using the media room at the centre in order to conduct community sensitization on topics such as abortion, maternal health and child nutrition. I learned from a volunteer at the VCT unit of the Hohoe hospital that 15 pregnant women have tested HIV positive since the start of 2008 and all have refused any treatment for themselves or for preventing transmission of the virus to their unborn child. The Hohoe community therefore stands to benefit greatly by such an initiative by Pro-link that would combine family planning with HIV and AIDS education in a more encompassing SRH framework.

Based on this potential and the critique I have provided of their current organizational capacity, I would recommend that Pro-link slow down their growth and expansion and refocus on the needs of

their target communities. I have been told by head office that there are no more funds for resources for the centre in Hohoe, but at the same time the organization is already planning similar resource centres at all of its project sites and is currently filing a proposal for the start-up of a centre in Danfa. Thus, while the Hohoe centre is incomplete, the organization is continuing its expansion. Specifically for the Hohoe office, I would agree with Ethel that advertising within the community is necessary to inform people about the services available at the centre, but I disagree that such advertising should be aimed at creating a more diversified view of the organization. It was suggested at a staff meeting that the organization should try to distance itself from its reputation for working in the field of HIV and AIDS due to stigma surrounding PLWHA in the community, but I feel that this illustrates a need for Pro-link to increase its efforts in community sensitization projects, not distance itself from the issue.

Furthermore, I would recommend that Pro-link reevaluate its focus on diverse program areas and decide on a more directed and specific area of intervention for its efforts at the head office level in order to reduce the scattered impacts it is currently creating. As well, I would recommend that the NGO should attempt to create a more functioning organizational structure, eliminating some of the negative bureaucratic tendencies that have been outlined and increasing communication between project offices and the head office to reduce misunderstandings, redundancies and the inefficient use of time and resources. Pro-link's development efforts would be more effective if they remained more mindful of their mission statement and their goals to achieve bottom-up development in practice, not simply in theory and corporate documents. Greater attention should be paid to preliminary needs assessments, the project implementation, and monitoring, rather than simply on procuring funding and the organization should consider its capacity regarding its technical knowledge in its project pursuits.

I would also suggest that Pro-link consider the role that it wants volunteers to be playing within the organization. I struggled with this question greatly during my placement, and I've come to the conclusion that foreign volunteers can play a role in development, but I believe it should be carefully thought out. Volunteers should offer ideas and support to NGOs, but I feel that the real ownership of development must come from the inside if it is to be relevant and successful. I believe that Pro-link should assess the level of its reliance on volunteers as a method of sustainability and determine exactly what role its volunteers should be playing. The Hohoe office is not currently in need of volunteers and I think that the staff has grown tired of the constant revolving door of volunteers over the past few years. I would hope that head office could have confidence in the capabilities of its office in Hohoe and encourage its staff, rather than foster a dispassionate environment.

Finally, to future Trent in Ghana students, I would suggest to you to keep an open mind in whatever project area you wind up working in, but I would also urge you to consider seriously what role you believe you should be playing in development. It was most difficult for me to balance my identity as a student observer with being an active participant in the development process and I will probably still be conflicted on this issue as I continue my studies. For any future interns of Pro-link specifically, I would recommend that you work out a comprehensive action plan with the organization prior to going to a project office and to try to find a balance between being culturally sensitive and compromising your own personal values and ethics. For myself personally, I wished I'd managed to become more of a part of my office in Hohoe, so I would tell any future students to strive to get to know their colleagues and to get the most out of this amazing learning opportunity.

6.0 CONCLUSION

Access to information and services related to sexual reproductive health has the potential to be a force in poverty reduction, but the current emphasis in developing nations of sub-Saharan Africa has remained on HIV and AIDS campaigns that are disassociated from a wider conceptualization of SRH that encompasses social and cultural factors. This disjuncture causes an environment in which development agencies compete for resources and prioritization, which I have seen through the hierarchy of agencies works to inhibit development. I have spent the past thirteen weeks observing a national NGO in action in development, and yet I am not certain yet if I have come to any conclusions as to the way forward in this context. My experience at Pro-link allowed me to situate the organization as a player in the game of development, where strategic aims are employed to secure funding and insufficient attention is placed on action on the ground. However, I am ultimately still hopeful that beyond the formulation of NGOs as players in a veritable industry, there is hope for development. On a personal level, it was difficult to find where I belonged in Pro-link and I was challenged with how to pursue development in a culturally sensitive manner. At times this made for an incredibly disheartening endeavor as I struggled to find positive examples of development, often finding inefficiency, and a lack of accountability and sustainability instead. In the end I may have come up with more questions than answers during my time in Ghana, which I will no doubt continue to work out long after I return to Canada.

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8.0 APPENDIX

8.1 Abbreviations

AIDS – Autoimmune Deficiency Syndrome

CENCOSAD – Centre for Community Studies, Action and Development

GES – Ghana Education Services

HIV – Human Immune Virus

ICPD – International Conference on Population and Development

MDG – Millennium Development Goals

NGO – Non-governmental Organization

OVC – Orphans and Vulnerable Children

PLWHA – People Living With HIV or AIDS

SRH – Sexual Reproductive Health

STI – Sexually Transmitted Infection

SWAA – Society for Women and AIDS in Africa

VCT – Voluntary Counseling and Testing

8.2 Methods

In compiling this report I was able to make use of a variety of sources. While at my placement, I was given the opportunity to conduct several formal and semi-formal or conversational interviews with my project manager in Hohoe, several colleagues, teachers, partner organizations, and health officials. In order to learn more about the issues of development that I was encountering in Hohoe, such as sexual reproductive health and education, I made use of several journals that I accessed online through the Trent University Library. While at Pro-link I was also given time to read several documents written for the organization, including year-end reports, profiles and strategic plans. As well through Pro-link I was able to access many national publications such as survey reports and education materials. In addition, I was also able to conduct a small, informal survey of youth in Hohoe regarding sexual activity and knowledge of sexual reproductive health issues. The following survey was developed in collaboration with Tyanna using past peace corps surveys that had previously been administered in Hohoe.

Please fill in the SURVEY honestly. Your answers are completely confidential.	
QUESTION	RESPONSE (please circle answer or write your own)
What is your age? Male or Female?	
Are you married?	Yes or No
Are you sexually active?	Yes or No
How old were you the first time you had sex?	Age: ____
How many sexual partners have you had in your life?	0 1 2 3-5 6-10 more than 10
Have you ever used a condom?	Yes or No
How often do you use a condom during sex?	Always Sometimes Never
Do you know how to put on a condom?	Yes or No
Have you had your blood tested for HIV?	Yes or No
Would you get tested for HIV if it was free?	Yes or No
Do you know someone with HIV?	Yes or No
Are you afraid you might get HIV?	Yes or No

Knox Odumah, a Ghanaian volunteer with Pro-link, and myself conducted the survey on Friday, March 14, 2008 from 7:30 p.m. to 10:30 p.m. The administering of the survey was difficult, as two other volunteers who had committed to helping us did not show up. In the end, we were able to administer the survey to 50 people, giving instructions in the local language, Ewe. Of those 50, only 27 filled out the survey fully, but after creating a weighted table of responses I was able to determine that the trends found in the 27 finished surveys matched the weighted values of each response. Further survey results and analysis follow in the appendix.

8.3 Survey Results

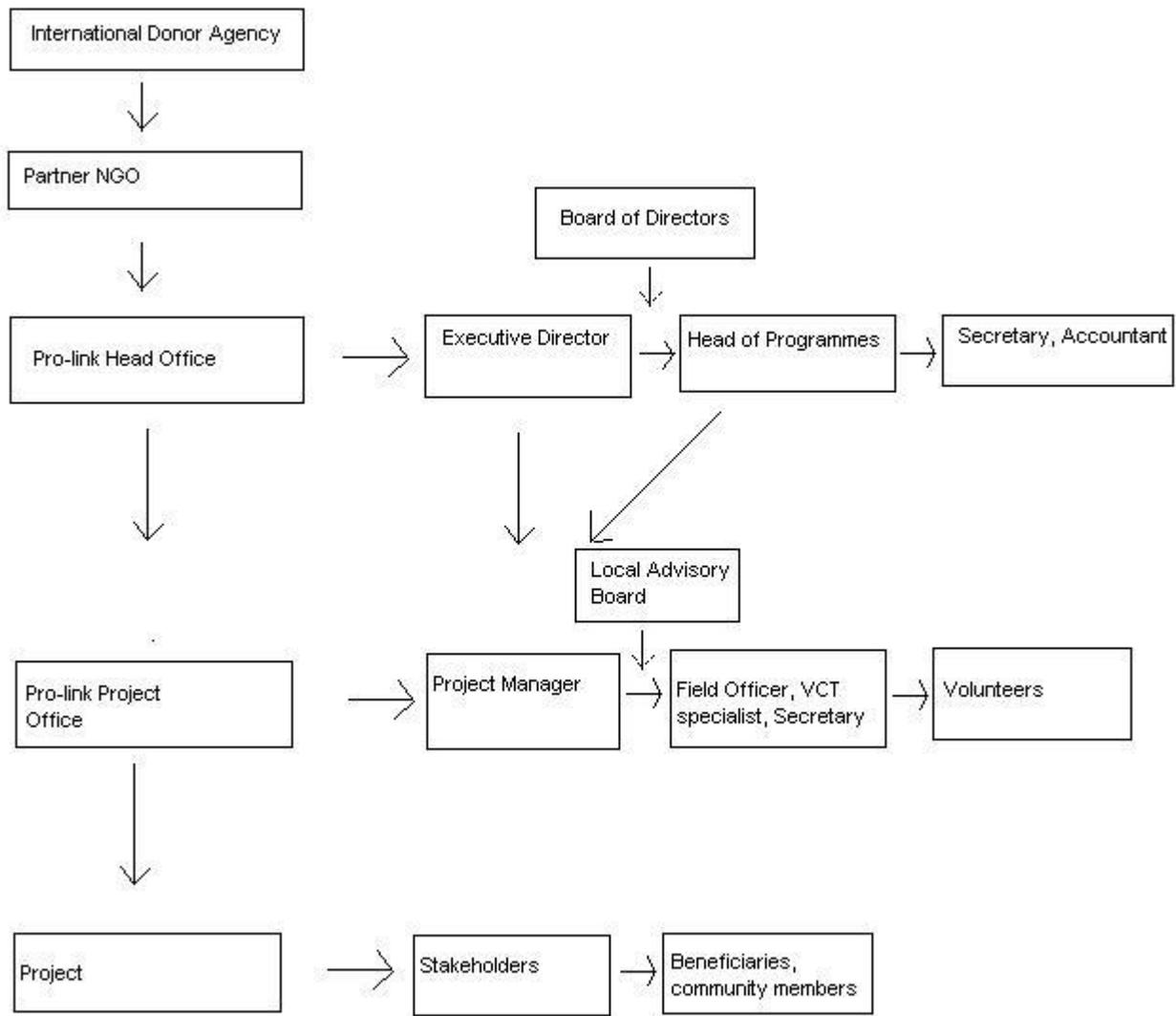
Chart depicting survey results of 28 completed surveys.

Age	Gender	Married?	Sexually Active?	Age at First Intercourse	Number of Sexual Partners	Ever used condom?	How often Condom is Used	Knowledge of Correct Condom Use	Ever tested for HIV	Willingness to take test if free	Know someone with HIV?	Afraid of Getting HIV?
22	m	n	y	18	3 to 5	y	sometimes	y	n	y	n	n
19	m	n	y	19	1	y	sometimes	n	n	y	n	y
21	f	n	y	18	2	y	sometimes	n	n	y	n	y
22	f	n	y	20	2	y	sometimes	y	y	y	n	y
23	f	n	y	20	3 to 5	n	never	n	y	y	n	y
18	f	n	n	16	1	y	sometimes	y	n	y	n	y
18	m	n	n	15	2	n	never	n	n	y	n	y
20	m	n	y	16	2	y	sometimes	y	y	y	y	y
22	f	n	n	20	1	n	never	n	y	n	y	n
21	f	n	y	20	2	y	sometimes	n	n	y	n	y
16	m	n	n	n/a	0	n/a	n/a	n	n	y	n	n
16	m	n	n	16	1	y	always	y	n	y	n	n
17	m	n	n	12	2	y	sometimes	y	n	y	n	n
19	m	n	y	18	2	y	always	y	n	y	n	n
18	m	n	n	n/a	0	n/a	n/a	n	n	y	n	y
17	m	n	y	15	2	y	sometimes	y	y	y	n	y
23	m	n	y	20	2	y	always	y	n	n	n	y
21	m	n	n	n/a	0	n/a	n/a	y	n	n	n	n
17	f	n	n	n/a	0	n/a	n/a	n	n	n	n	n
16	m	n	n	15	2	n	never	n	n	y	n	n
15	m	n	n	15	1	y	sometimes	y	n	n	n	y
15	f	n	n	n/a	0	n/a	n/a	n	n	n	n	n
20	f	n	y	20	1	n	never	n	n	y	n	n
23	m	n	y	20	2	y	always	y	n	y	n	n
17	m	n	y	16	2	y	always	y	n	y	n	y
16	f	n	n	n/a	0	n/a	n/a	n	n	y	n	n
19	m	n	n	n/a	0	n/a	n/a	n	n	n	n	y

Chart depicting the remaining incomplete surveys received, along with aggregate totals weighted according to the number of responses.

Age	Gender	Married?	Sexually Active?	Age at First Intercourse	Number of Sexual Partners	Ever used condom?	How often Condom is Used	Knowledge of Correct Condom Use	Ever tested for HIV	Willingness to take test if free	Know someone with HIV?	Afraid of Getting HIV?
18	f	n	y	18		n	never	y				
23	f	n	y			n	never	n	n	y	n	n
28	f	n	n		1	y		y	y		n	y
18	m	n	n		1	n	never	n	n	y	n	n
16	m	n	n	n/a	0	n/a	n/a	y		n	n	y
18		n	n	n/a	0	n/a	n/a	n	n	y	y	n
30		n	y	21	3 to 5	y	always	y	n	y	n	y
17		n	n	n/a	0	n/a	n/a	n	n	y	n	y
22		n	y	20	2	y	always	y	n	n	n	n
		n	n	19	1	n	never	n	n	n	n	y
21		n	y	20	3 to 5	y	sometimes	y	n	y	n	y
16		n	n	n/a	0	n/a	n/a	n	n	n	n	y
15		n	y	12	2	y	always	y	n	y	n	y
19		n	n			n	never	n	n	n	n	n
	m			22		y	sometimes	y	n	y	n	y
25		n	y	20	2	y	always	y	y	y	n	n
18		n	n	n/a	0	n/a	n/a	n	n	y	n	y
22		n	y	18	2	n	sometimes	y	n	y	n	y
	m	n	n	17	1	n	never	n	n	n	n	y
	f	n	n	15	1	y	sometimes	n	y	y	n	y
	f	n	n	n/a	0	n/a	n/a	n	n	y	n	y
17		n	n	16	1	y		n	y	n	n	y
19		n	n	17	3 to 5	y	sometimes	n	n	n	n	y
#REF!	21 m	49 no	28 no	#REF!	13 at 0	13 n/a	13 n/a	23 yes	9 yes	33 yes	3 yes	30 yes
	15 f		21 yes		12 at 1	25 yes	11 never	27 no	39 no	15 no	46 no	19 no
					16 at 2	12 no	15 some					
					5 at 3 to 5		9 always					
45	36	49	49	46	46	50	48	50	48	48	49	49

8.4 Organizational Structure of Pro-link



8.5 Centre Advertisement

Front of the pamphlet:



Back of the pamphlet:

Pro-link is a National Ghanaian NGO that has been working in the Hohoe community to provide treatment, care and support for those living with HIV and AIDS. The Pro-link Integrated Resource Centre is designed to expand its delivery of information and services to Hohoe and its surrounding communities. The centre currently offers:

- ◆ The Victory Conference Room for hire to any local businesses or groups hosting workshops and meetings
 - ◆ Media Room for hire with multimedia equipment including television and DVD
 - ◆ Counseling services and voluntary testing of HIV
- ◆ Library with fiction and reference materials for primary, junior and senior secondary school students as well as adults
 - ◆ ICT centre providing basic computer skills training

