
Populated Printable COP

2009

Ghana

Generated 9/28/2009 12:00:19 AM

Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ghana FY09 mini-COP CN final.doc	application/msword	11/28/2008		MLee

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador's Letter.pdf	application/pdf	11/14/2008		DWalsh

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	n/a	n/a	n/a	na@na.gov
DOD In-Country Contact	Tong	Vang	OSC Office Chief	VangT@state.gov
HHS/CDC In-Country Contact	Laura	Shelby	Country Officer	lks2@cdc.gov
HHS/CDC In-Country Contact	Mary Kay	Larson	Deputy at Large	mil2@cdc.gov
Peace Corps In-Country Contact	Robert	Golledge	Country Director	rgolledge@gh.peacecorps.gov
USAID In-Country Contact	Bethanne	Moskov	HPN Office Chief	BMoskov@usaid.gov
USAID In-Country Contact	Peter	Wundergem	HIV/AIDS Advisor	PWundergem@usaid.gov
USAID In-Country Contact	Robert	Hellyer	Mission Director	RHellyer@usaid.gov
U.S. Embassy In-Country Contact	Alexis	Coppola	ECON Assistant	coppolaa@state.gov
U.S. Embassy In-Country Contact	Donald	Teitelbaum	U.S. Ambassador	Teitelbaumd@state.gov
U.S. Embassy In-Country Contact	Sue	Brown	Deputy Chief of Mission	Brownsk@state.gov
Global Fund In-Country Representative	n/a	n/a	n/a	na@na.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$1030000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	0	0	0
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0	0
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	40,000	0	40,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	2,000	0	2,000
8.1 - Number of OVC served by OVC programs	0	1,900	0	1,900
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	30,500	401,304	431,804
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	15,810	10,190	26,000
Human Resources for Health				
End of Plan Goal				
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	0	0
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	45,000	0	45,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	3,000	0	3,000
8.1 - Number of OVC served by OVC programs	325	0	325
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	34,000	440,984	474,984
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	17,670	11,330	29,000
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DELIVER

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11542.09
System ID: 11542
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Capacity Building/Organization Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11556.09
System ID: 11556
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Condom/Lubricant Activations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11635.09
System ID: 11635
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: EngenderHealth

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11623.09
System ID: 11623
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: EngenderHealth

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11628.09
System ID: 11628
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Health Systems Strengthening

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11591.09
System ID: 11591
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: ICT for MSM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11560.09
System ID: 11560
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: OVC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11624.09
System ID: 11624
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Sub-Partner: Opportunities Industrialization Centers International
Planned Funding: \$150,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: United Nations Children's Fund

Planned Funding: \$200,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: Prevention Annual Program Statement

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11593.09

System ID: 11593

Planned Funding(\$): [REDACTED]

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: To Be Determined

New Partner: No

Mechanism Name: Public Diplomacy Position

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11638.09

System ID: 11638

Planned Funding(\$): [REDACTED]

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: Yes

Mechanism Name: Public-Private Partnership with Cocoa Industry

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11636.09

System ID: 11636

Planned Funding(\$): [REDACTED]

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Research for Prevention, Care & Treatment

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11592.09
System ID: 11592
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Technical Assistance for Prevention, Care & Treatment

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11559.09
System ID: 11559
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11625.09
System ID: 11625
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Food and Nutrition Technical Assistance
New Partner: Yes

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11674.09
System ID: 11674
Planned Funding(\$): \$9,405,000
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Program Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11633.09
System ID: 11633
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Program Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11634.09
System ID: 11634
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: PSC Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11632.09
System ID: 11632
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11637.09
System ID: 11637
Planned Funding(\$): \$75,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Centers for disease Control and Prevention

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11630.09
System ID: 11630
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Grant
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Centers for Disease Control and Prevention

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11631.09
System ID: 11631
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Grant
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Department of Defense

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11629.09
System ID: 11629
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: AMB Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11627.09
System ID: 11627
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Peace Corps

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11626.09

System ID: 11626

Planned Funding(\$): \$164,000

Procurement/Assistance Instrument: Grant

Agency: Peace Corps

Funding Source: GHCS (State)

Prime Partner: US Peace Corps

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
11624.09	11624	To Be Determined	U.S. Agency for International Development	GHCS (USAID)	Opportunities Industrialization Centers International	N	████████
11624.09	11624	To Be Determined	U.S. Agency for International Development	GHCS (USAID)	United Nations Children's Fund	N	████████

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$600,000

Program Area Narrative:

OVERVIEW

The HIV epidemic in Ghana can be characterized as mature, low-level generalized, and highly concentrated. Its defining characteristic is that infection in the general population depends to great extent on continuous seeding from core and bridging populations, such as male and female sex workers (FSW), their non-paying partners (NPP) and clients, and men who have sex with men (MSM). HIV prevalence is estimated to be 1.9% in the adult population (UNAIDS, 2008) with an 18.7% decline in HIV prevalence among pregnant women between 2006 and 2007 (HIV Sentinel Survey Report 2007).

The dynamics of the epidemic produce limited impact on youth and the general population. Infection levels peak relatively late in life, at 35-39 years-old for women and at 40-44 years-old for men. Estimates of HIV prevalence among FSW range from 30-45%. For FSW, 93% report using condoms with their clients but only 27% report using condoms with their non-paying partners (NPP). Among MSM, HIV prevalence is approximately 26%. Around half of MSM surveyed report having sex with both male and female partners. Women who identify themselves as sex workers are estimated at around 34,000, but it is unknown how many FSW and MSM are involved in informal, transactional sex. Contrary to other countries in Africa, research recently conducted by USAID's implementer SHARP suggests that long distance truck drivers and informal miners in Ghana do not have HIV rates or risk behaviors that are different from men in the general population. On the other hand, studies show that the number of men visiting FSW is much higher than reported in population-based surveys and the population attributable factor of prevalent HIV infection among men for sexual contact with FSW is over 75%.

There are approximately 270,000 PLHA nation-wide. While approximately 70% of adult PLHA are in discordant relationships with regular partners, very few PLHA have disclosed their status to these partners, suggesting that PLHA and their regular partners are another group requiring targeted prevention interventions. Stigma related to HIV infection is high in Ghana, and serves as an obstacle to reaching those already infected, as well as populations who are most-at-risk. As sexual solicitation and sodomy are illegal in Ghana, and homophobia is prevalent and extremely hostile, a double-layer of stigma poses an important barrier to accessing services by the two main high-risk populations, FSW and MSM.

Based on the relatively low risk levels within the general population and youth, coupled with the limited coverage and high unmet prevention needs for most-at-risk populations, USG Ghana invests limited resources on activities for youth and the general population and programs the bulk of its sexual transmission prevention funding towards FSW, NPP, PLHA and MSM interventions.

KEY INTERVENTIONS

USG's sexual transmission prevention strategy with FSW, their clients and NPP, MSM and their partners, and PLHA focus on peer education, outreach and commodity distribution to promote eight key behaviors: 1. Using condoms correctly and consistently; 2. Using non-oil based lubricants properly; 3. Getting tested and knowing your HIV status; 4. Disclosing your HIV status to regular partners; 5. Adherence to treatment (STI, ART, and OI); 6. Promptly seeking appropriate and effective treatment (including for STI); 7. Fidelity and partner reduction; and 8. Active participation in designing, implementing and monitoring HIV/AIDS policies and services.

CURRENT USG SUPPORT

USG Ghana concentrates its efforts in 30 of Ghana's 138 districts, which were selected based on prevalence and high concentration of most-at-risk groups. USAID's partner SHARP focuses on reaching FSW, their clients and NPP, MSM and PLHA. Peace Corps capitalizes on its community presence nation-wide. The State Department's Ambassador's Self-Help Program supplements these activities by providing small grants to at-risk populations. DOD supports prevention efforts in the Ghana Armed Forces.

SHARP and its 14 implementing partners, implement prevention activities that address the specific needs of FSW, NPP, MSM and PLHA. All NGOs receive sub-grants and direct capacity-building support from SHARP. Due to the stigma facing FSW, MSM and PLHA, the overall approach to comprehensive HIV prevention relies heavily on informal social networks and peer education, as well as innovative electronic communications.

A comprehensive MSM program that reinforced prevention through campaigns and peer education reached 1,300 MSM with both B and C messages. Four new MSM drop-in centers were opened and 41 MSM peer educators were active during the year. A total of 7,600 MSM were reached with intensive one-to-one prevention messages. Opportunities to actively involve PLHA in comprehensive HIV prevention interventions were scaled-up in 2008. A total of 9000 PLHIV participated in the Positive Living Activity.

USG also conducts age-appropriate HIV prevention activities for orphans and vulnerable children (OVC) who are served under other program areas. USAID's Opportunities Industrialization Centers International (OICI) HOPE program for HIV/AIDS orphans and vulnerable children provides 1700 OVC and their class mates with monthly counseling sessions that emphasize comprehensive prevention messaging. HOPE ensures that all sessions are appropriately targeted to the age and risk-profile of the youth in attendance, imparting AB-only messages where appropriate.

Peace Corps Ghana provides In-Service Training (IST) and small grants to facilitate volunteers and their Ghanaian counterparts' implementation of comprehensive, community-based prevention activities. Peace Corps' sexual transmission prevention programming builds on volunteers' established local presence to promote community and social norms that support healthy sexual behaviors. AB activities include integrating empowerment and decision-making skill-development activities in existing youth clubs, strengthening peer educator organizations and engaging religious leaders. Volunteers will engage other community members seen as resources - such as barbers, hairdressers, tailors and seamstresses - on how to properly use condoms and serve as safe places to discuss sexual health and condom use. USG Ghana will ensure Peace Corps volunteers have access to free condoms for distribution. The first ISTs with PEPFAR FY07 funds occurred in 2008, training 140 individuals. Peace Corps' small grants program started in FY08 and has supported 17 projects. Peace Corps Volunteers held very successful mobile HIV/AIDS awareness campaigns in 4 districts in 2008. These effective, collaborative activities were only feasible through PEPFAR funding. Support to all 44 Teacher Training Colleges has resulted in comprehensive examinable training in HIV for all students, reaching over 17,000 teacher trainees.

USG FY09 SUPPORT

In FY09, USAID will bid out and award a new procurement(s) which will continue to support prevention activities targeted to FSW, NPP, MSM, PLHA and their regular partners which promote comprehensive messages, focusing on scaling-up existing activities and strengthening high-quality implementation. USAID will also target the development of well-established indigenous organizations to become national leaders, who are able to provide both programmatic and organizational technical assistance to local NGO/CBO.

Under the new award(s), USAID will ensure that all activities prioritize quality programming, making use of standardized work tools including the Positive Living Kit training manuals and toolkits. Activities will include strengthening peer education activities, including IEC, role-playing, and referrals for psycho-social support, as well as expanding quality improvement efforts, including supervision and refresher trainings. Counseling sessions in FY09 will target PLHA receiving basic health care and support and OVC scholarship beneficiaries. The new prevention sub-granting program will expand its reach 47,000 FSW, NPP and MSM

In FY09, Peace Corps will continue training volunteers and their local Ghanaian counterparts to promote prevention activities, including life-skills training and promoting ABC messages, through community outreach. Peace Corps will also continue administering its small grants program, which provides volunteers and their local Ghanaian counterparts with the resources necessary to implement these activities. Peace Corps would also like to incorporate some of the training resources developed by other USAID partners (e.g. "My Life" positive living kits). Peace Corps will be looking for local collaborators to partner with volunteers in some of the higher HIV/AIDS prevalence areas in Ghana (e.g. Yilo Krobo District).

The Ghanaian Armed Forces (GAF) HIV prevention activities are closely tied to UN peacekeeping activities. Nearly half of the force deploys every year. The United Nation's new sexual exploitation regulations prohibit sexual contact with host country nationals and carries financial penalties to the troop donor countries. For this reason much of the Peacekeeper training involves abstinence and be faithful messages. The GAF has assumed financial responsibility for the peer educator program and pre-deployment HIV related peacekeeper training, and has expanded it to include presentations at the base wives' clubs. They also conduct advocacy activities with military leaders and chaplains. The GAF includes education on correct condom use as part of the peer educator program and issues condoms to all active duty forces. They do not request additional funds to support this effort. FY 09 funds requested will support an independent review and technical assistance visit of some of their training activities as well as production costs for new posters and other training materials. A DOD-supported prevention for positives program starting in the coming year will involve quarterly meetings at an off base venue where military and military family members living with HIV/AIDS could meet in a relaxed atmosphere and where civil society/NGO support groups could make presentations about available services. Currently GAF leadership does not support on-base support groups for HIV positive members, but advocacy and discussions about this issue are ongoing.

An annual program statement instrument was launched in 2008 and will attract an additional 2-3 umbrella NGOs to support NGOs working with at-risk populations. Using the model of the Ambassador's Self-Help Program, the State Department will supplement these activities by providing 2-4 small grants to at-risk populations. Produce-buying companies in the cacao producing areas will be contacted to discuss a private-public-partnership for prevention activities during the cacao season, when farmers with cash transform sleepy town into around-the-clock parties. Bar activations and condom promotion will take place in cacao areas as well as hot-spots in the 30 focus districts.

USG Ghana will also aim to improve prevention efforts throughout Ghana by supporting efforts to answer key questions critical to effective prevention programming, e.g. understanding the geographic areas of concentration and size of at-risk populations; understanding emerging epidemic drivers, such as the role that intravenous drug users play (IDU); and understanding the role of less-formal sex work and/or transactional sex work plays. All efforts will focus on targeted formative research, with an emphasis on cost-effectiveness and promoting impact-driven programming

LEVERAGING AND COORDINATION

Through the new round 8 Global Fund grant, some funds will become available for MARP funding and the USG will support its implementation with production of peer education manuals and curricula, institution strengthening of implementers, and possibly support in the coordination of activities.

USAID is sector lead for Health/HIV/AIDS on behalf of all bi-lateral and multi-lateral financial contributors. USG and UNFPA jointly provide condoms to supply to USG-supported outlets. USG, under the Health Systems Strengthening program area, will also undertake activities at the district level to assist selected District AIDS Commissions to program resources and develop linkages which support integrated prevention, care and treatment interventions for FSW, MSM, NPP and PLHA.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

If approved, USG Ghana will target its prevention compact funds to support three key prevention objectives: increased scale and coverage of existing USG Ghana prevention activities; enhanced impact of Ghana's prevention efforts; and improved GoG implementation of prevention programs at the national, regional and local level. Enhancing GoG's prevention efforts by addressing the systemic bottlenecks inherent within Ghana's decentralized approach to HIV/AIDS prevention activities will also be a key focus. DOD will conduct a survey with GAF about HIV related knowledge and attitudes and include questions about condoms to include brand preferences and sources to better facilitate their use and distribution to the troops. DOD will also expand the prevention for positives program to include more frequent support groups with mental health support in at least 3 regional areas.

PRODUCTS/OUTPUTS

- * 12,000 MSM, FSW and NPP, and PLHA reached with AB messages.
- * 35,000 MSM, FSW and NPP, and PLHA reached with C/O messages.
- * 100 Peace Corps volunteers and their Ghanaian counterparts trained to reach 15,000 individuals through community-based programs that promote AB.
- * 5000 military personnel reached with AB prevention messages specifically adapted to the needs of the Ghanaian Armed Forces.
- * 1000 people trained to promote AB programs and 1,500 to promote condoms/other prevention programs.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11559.09	Mechanism: Technical Assistance for Prevention, Care & Treatment
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 28411.09	Planned Funds: ██████████
Activity System ID: 28411	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11636.09	Mechanism: Public-Private Partnership with Cocoa Industry
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 28416.09	Planned Funds: ██████████
Activity System ID: 28416	

Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11556.09	Mechanism: Capacity Building/Organization Development
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 28410.09	Planned Funds: ██████████
Activity System ID: 28410	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11593.09	Mechanism: Prevention Annual Program Statement
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 28412.09	Planned Funds: ██████████
Activity System ID: 28412	
Activity Narrative:	
New/Continuing Activity: New Activity	

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 11635.09	Mechanism: Condom/Lubricant Activations
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 28415.09	Planned Funds: ██████████
Activity System ID: 28415	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 11626.09	Mechanism: Peace Corps
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 28413.09	Planned Funds: \$35,000
Activity System ID: 28413	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 11629.09	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 28414.09	Planned Funds: \$15,000
Activity System ID: 28414	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$1,949,100

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11627.09	Mechanism: AMB Fund
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 28422.09	Planned Funds: \$22,500
Activity System ID: 28422	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11629.09	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 28423.09	Planned Funds: \$15,000
Activity System ID: 28423	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11556.09	Mechanism: Capacity Building/Organization Development
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 28417.09	Planned Funds: [REDACTED]
Activity System ID: 28417	
Activity Narrative:	

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11559.09	Mechanism: Technical Assistance for Prevention, Care & Treatment
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 28418.09	Planned Funds: [REDACTED]
Activity System ID: 28418	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11560.09	Mechanism: ICT for MSM
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 28419.09	Planned Funds: [REDACTED]
Activity System ID: 28419	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11593.09	Mechanism: Prevention Annual Program Statement
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 28420.09	Planned Funds: ██████████
Activity System ID: 28420	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11626.09	Mechanism: Peace Corps
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 28421.09	Planned Funds: \$55,600
Activity System ID: 28421	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11635.09	Mechanism: Condom/Lubricant Activations
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 28424.09	Planned Funds: ██████████
Activity System ID: 28424	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11636.09

Mechanism: Public-Private Partnership with Cocoa Industry

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28425.09

Planned Funds: ██████████

Activity System ID: 28425

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$485,000

Program Area Narrative:

OVERVIEW

Perhaps 100,000 people in Ghana are thought to be in need of clinical palliative care and 88,000 are in need of ART in Ghana with approximately 19,000 additional persons who become treatment-eligible annually. By September 2008, approximately 19,000 people were on treatment. There is no reliable national figure of patients received HIV-related clinical care (excluding TB/HIV) from Ghana's 400 clinics and hospitals providing HIV-related care. Civil society's engagement in clinical care expands the availability of supportive services for PLHA, with perhaps 200 NGOs and FBOs active in-country. Training, drugs, consumables and refurbishments have been provided to most of the 400 government sites which are funded through a \$97 million, five year

grant from the Global Fund which runs through 2011.

USG Ghana's primary health care and support objective is to provide HIV+ clients with knowledge of and access to the full range of facility and community-based services that comprise the "continuum of care." Interventions within the package of care and support services for PLHA include: ART, continuous supportive counseling, prevention and management of opportunistic infections (OI), effective home-based care (HBC), and prevention of new HIV infections, support for PLHA associations and greater involvement of PLHA in health care and support.

Overall, the supply of clinical services continues to exceed the demand; there is poor uptake of HIV-related services by PLHA who often wait until they are severely ill before seeking care because of the stigma attached to HIV/AIDS. The availability of ART is changing the landscape of HIV infection in Ghana. USG's challenge in FY 2008 continued to be encouraging PLHA to seek services, adhering to treatment and preparing physically and psychologically for reintegration into society.

Stigma, lack of resources for travel and lack of family support constrain the number of persons seeking treatment. Strong anecdotal evidence suggests people with AIDS are quietly taken to rural areas to die because of stigma and shame. Human capacity at clinical sites is also problematic; leadership is sometimes weak, motivation is low and personnel demands for extra remuneration are high. Some doctors feel training and ongoing mentoring have been insufficient, and stigma problems lead some staff to refuse to be deployed at ART sites. PMTCT and VCT services, which are available at over 400 sites, face similar problems with stigma being the overarching factor for low performance.

KEY INTERVENTIONS

The USG Ghana program focuses on a combination of clinical and community activities which are combined into a High-Impact Package (HIP) to address the entire continuum of care. The clinical and community activities of HIP are reinforced through active case-finding and referrals. Selected PLHA are trained to support the work at clinical sites.

A key aspect of leveraging and coordination is the strategy of targeting USG support to reinforce the basic scale-up support coming from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). In general, non-USG resources support basic pre-launch site preparation including training and procurement for comprehensive HIV/AIDS services. USAID partner JSI, through its DELIVER program, puts the basic logistics and management information systems in place at all sites. USAID partner EngenderHealth's Quality Health Partners (QHP) program targets a combination of recently launched ART sites and other facilities known to have implementation or quality issues, to apply quality assurance and stigma reduction tools that strengthen services and support more effective operations. Clinical interventions in 25 Global Fund-supported sites focused on improvement of quality of care and strengthening linkages within facilities (e.g. with TB care providers) and outside facilities (e.g. with most-at-risk populations) and the network of 20 clinics and five drop-in centers that provide clinical services for these groups. Some Peace Corps Volunteers work with PLWA groups to promote better palliative care education and access to ARTs.

CURRENT USG SUPPORT

To reinforce the Global Fund's investment in treatment, USAID partner QHP has institutionalized quality improvement processes in ART and other HIV/AIDS care and support services at health facilities. QHP applies the COPE (Client Oriented, Provider Efficient) quality improvement process with a particular focus on HIV treatment and ARV services by implementing stigma reduction and infection control trainings and by holding community-facility meetings to discuss issues with access and acceptability of services. COPE is a quality assurance process that occurs at clinical facilities and involves staff at all levels. The process consists of collectively analyzing strengths and weaknesses of service delivery, defining solutions to identified key problems, developing a QA action plan and regularly monitoring the action plan's implementation. The method has been successfully used throughout Africa, particularly in Reproductive Health programs.

The Strengthening HIV/AIDS Partnerships (SHARP) Project and QHP are working directly with facilities to improve the availability and quality of services and to strengthen referral linkages, both within health facilities and to outside organizations.. Palliative care interventions include adherence counseling and support for disclosure of HIV status to regular partners. Through community dialogue, patient groups (including sex workers and MSM) are mobilized to establish PLHA support groups and to access quality services at patient-friendly sites. 104 PLHA serve as adherence counselors in and around ART clinics.

In addition to providing drug logistics support in FY08, JSI Deliver supported the National AIDS Control Program (NACP) to assess the stock status of ARVs and drugs for OIs at all the 10 regional medical stores across the country, and developed a draft laboratory supplies SOP manual which has been reviewed by stakeholders. Field testing of the laboratory LMIS and SOP manual was conducted in April 2008.

PLHA also receive psycho-social support that encourages positive living, treatment adherence and partner disclosure. Opportunities Industrialization Centers International (OICI) trains individuals through 10 days of continuous education to become lay counselors and care givers. Training topics include psychosocial and nutritional counseling, status disclosure, positive living and infection prevention.

Peace Corps supports in-service training to educate volunteers and their Ghanaian counterparts on the implementation of community-based health care and support programming. The first trainings with PEPFAR FY07 funds were carried out in September of 2008. Peace Corps also has a small-grants program to support projects managed by volunteer and community partners that enhance the quality of life for HIV-infected clients and their families. With FY08 funds, some PLWHA groups gained basic income generating skills to support their palliative care.

USG FY09 SUPPORT

The SHARP agreement will conclude in calendar year 2009. In order to continue the current level of support and to be able to respond to needs and resources under a Partnership Compact, new awards will be made during this fiscal year.

In FY09, USAID, through its partner(s) will take on 10 new sites to conduct COPE while continuing follow-up activities at 30 of the sites initiated in prior years. Strategic updates/refresher training will be organized for the 104 PLHA Peer Adherence Counselors Trained in FY09.

This assistance will continue support to Data Managers as part of the Quality Assurance Teams. An Early Warning Signs for HIV Drug Resistance Tool, developed by the Ghana Health Service, will be introduced at all sites as well as the newly adapted Positive Living toolkit which promotes prevention of HIV infection/re-infection, disclosure, ARV adherence, infection prevention, self stigma reduction, nutrition, family planning and safe drinking water. Stigma reduction and infection prevention training for health staff and auxiliary workers will continue as will active case-finding of bedridden PLHA nation-wide.

USAID through its partner(s) will use quality assurance methods to improve referral practices for OIs in 40 facilities including TB and STIs, and psychosocial support. The exercise will identify issues or gaps regarding referral practices and develop solutions and action plans to address those gaps. USAID supported teams will follow up with the facilities at three-month intervals for one year to support successful intervention and will also support improved palliative care by continuing basic care and support training, including infection prevention, for 900 family members and other non-health worker care-givers at the facility level.

JSI/DELIVER will expand its nationwide logistics support activities to all those clinics that are planning to provide HIV-related services and strengthen the systems in existing ones. JSI/DELIVER will also design and implement a laboratory logistics management system.

Peace Corps plans to incorporate the cultivation and use of the 'Moringa' plant as a nutritional supplementation intervention for PLHA. USAID, through its implementing partner FANTA, will develop a food for prescription program that targets those newly initiating ART below a certain body-mass index. The program might also target PLHA with severe malnutrition (with or without TB) even when they do not qualify yet for ART.

LEVERAGING AND COORDINATION

Targeted USG support reinforces the scale-up activities funded by the Global Fund. USG support is being coordinated with NACP national and regional personnel in activities, and through quarterly technical coordination meetings. Non-USG resources are supporting the basic pre-launch site preparation including training and procurement for comprehensive HIV/AIDS services, with USG providing commodity logistics support. Post-launch USG include quality of care issues, stigma reduction, introduction of peer counselors and the creation of the linkages with community-based programming and case-finding activities. USG also leverages district government support for PLHA operational costs in its work with this key population. USG has leveraged non-PEPFAR USG programs such as the Presidential Malaria Initiative which distributes bed nets to eligible PLHA in 40 planned locations.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

Under an expanded compact scenario USG supported partner(s) will:

- Develop a national QA program implemented by the Ghana Health Service
- Collaborate with the NACP for ART providers to continuing education, mentoring, and remote assistance with management of difficult or unusual clinical problems.
- Undertake an assessment of OI diagnostic capacity at the regional and district levels for the purpose of recommending appropriate and rational improvements in OI diagnostic capabilities at those sites.
- Significantly expand support to the PLHA adherence counselor program
- Significantly expand support to PLHA groups to implement prevention with positives activities and initial screenings for TB.
- Expand DOD support to all 9 medical facilities in the country.
- DOD to conduct genotypic resistance testing as well as TB drug sensitivity testing.

PRODUCTS/RESULTS

Treatment

- * 40 health facilities supported to increase the quality of treatment services and reduce stigma, training 600 staff.
- * All 9 DOD sites supported to improve care and treatment services.
- * ARV procurement and logistics information systems and procurement supported nationally, training 100 trainers and supervisors;
- * 29,000 persons currently on ART at USG-supported sites at the end of FY09 activities, of which 7,000 initiated ART in the year.
- * Strategic updates/refresher training organized for 104 PLHA Peer Adherence Counselors at 25 sites.

Care and support

- * USG supporting a total of 220 care and support outlets.
- * Improved palliative care services at 40 HIV/AIDS facilities, training 900 individuals (family members, health staff, PLHA) HIV care and treatment and infection prevention.
- * 42,000 PLHA provided with care and support services.
- * A first 2000 PLHA with symptomatic disease assisted with nutritional support.
- * 60 Peace Corps volunteers and their Ghanaian counterparts trained to promote health care and support in their communities.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 11626.09

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)
Budget Code: HBHC
Activity ID: 28429.09
Activity System ID: 28429
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Program Area: Care: Adult Care and Support
Program Budget Code: 08
Planned Funds: \$35,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11559.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: HBHC
Activity ID: 28426.09
Activity System ID: 28426
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: Technical Assistance for Prevention, Care & Treatment
USG Agency: U.S. Agency for International Development
Program Area: Care: Adult Care and Support
Program Budget Code: 08
Planned Funds: ██████████

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11593.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: HBHC
Activity ID: 28427.09
Activity System ID: 28427
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: Prevention Annual Program Statement
USG Agency: U.S. Agency for International Development
Program Area: Care: Adult Care and Support
Program Budget Code: 08
Planned Funds: ██████████

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11623.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: HBHC
Activity ID: 28428.09

Mechanism: EngenderHealth
USG Agency: U.S. Agency for International Development
Program Area: Care: Adult Care and Support
Program Budget Code: 08
Planned Funds: ██████████

Activity System ID: 28428

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$700,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 11542.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 28404.09

Activity System ID: 28404

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: DELIVER

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: [REDACTED]

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 11559.09

Prime Partner: To Be Determined

Mechanism: Technical Assistance for Prevention, Care & Treatment

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Budget Code: HTXS

Activity ID: 28405.09

Activity System ID: 28405

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: [REDACTED]

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11593.09

Prime Partner: To Be Determined

Funding Source: GHCS (USAID)

Budget Code: HTXS

Activity ID: 28406.09

Activity System ID: 28406

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: Prevention Annual Program Statement

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: [REDACTED]

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11625.09

Prime Partner: Food and Nutrition Technical Assistance

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 28408.09

Activity System ID: 28408

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: FANTA

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$100,000

Emphasis Areas
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000
Food and Nutrition: Commodities
Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000
Economic Strengthening
Education
Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11623.09	Mechanism: EngenderHealth
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 28407.09	Planned Funds: [REDACTED]
Activity System ID: 28407	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development [REDACTED]
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$194,000

Program Area Narrative:

OVERVIEW

By June 2008, approximately 700 children were receiving treatment for HIV infection. Training, drugs, consumables and refurbishments have been provided to most of the 110 ART sites and the over 400 PMTCT sites.

Pediatric ART has only recently been introduced and the number of identified treatment-eligible children is low. 95% of infections are acquired vertically. Specific barriers to access or to providing treatment are not fully understood, but stigma and a lack of objective information on treatment options (for parents and guardians) are believed to be important as is lack of early infant diagnosis capacity.

Guidelines for ART and OI management for children are part of the comprehensive existing national guidelines. Although provider trainings for comprehensive ART services cover children, it appears that, often the latter aspect is not emphasized well enough. The result is that ART sites at the peripheral levels often refer pediatric HIV cases to the more experienced clinics – nine public hospitals account for 85% of children in care and 90% of children on ART nationally.

Disease progression may be very rapid in infants with about 30% of them dying in the first year of life, so early infant diagnosis and early initiation of the treatment is paramount. Recently, the National AIDS Control Program has acquired equipment for early infant diagnosis. Ordinary antibody testing is hindered by presence of maternal antibodies and therefore infants are tested on the presence of HIV. Soon, every regional capital will have this equipment and the challenge becomes to develop a logistics system to ensure timely delivery of infant venal blood to the testing centers and return of the test results to the respective clinics.

Parental/adult support for HIV+ pediatric cases can be lacking or inconsistent leading to a high defaulter, drop out rate. Some ART sites have CSOs, NGOs, etc., providing needed complementary support (in nutrition, economic empowerment, psycho-social etc) but this is not existent for most sites and hence limits the capacity of those ART sites to maintain care for affected infants. There is at least anecdotal evidence that nutrition is the number one problem for HIV-positive infants. Pediatric nutrition rehabilitation centers see many suspected cases of HIV-positive infants.

KEY INTERVENTIONS:

The USG strategy for pediatric care and treatment is largely the same as applied to adult treatment which is to leverage resources from the Global Fund for AIDS Tuberculosis and Malaria (GFATM) through targeted reinforcement of the basic scale-up treatment services. In general, non-USG resources support basic pre-launch site preparation including training and procurement for comprehensive HIV/AIDS services. USAID partner JSI, through its DELIVER program, puts the basic logistics and management information systems in place at all sites. In FY08 USAID partner EngenderHealth's Quality Health Partners (QHP) program targeted a combination of recently launched ART sites or other facilities known to have implementation or quality issues to apply quality assurance and stigma reduction tools that strengthen services and support more effective operations.

USG FY09 SUPPORT

In calendar year 2009, the QHP agreement will be extended by at least one year. In order to continue the current level of support and to be able to respond to needs and resources under a Partnership Compact, new awards will be made during this fiscal year. The approach will highlight creating linkages with nutrition rehabilitation centers and establish effective referral systems between those and pediatric testing services, as well as systems to ensure that the central early infant diagnostic centers can be accessed.

A new area for FY 2009 is adding a component of nutrition. USAID will task one of its implementers to assess two program options. The first is the feasibility of providing nutritional support for infants born to HIV-positive mothers (at least until it is clear whether they are HIV-positive or not) and the second is to add a food-for-prescription component for pediatric ART patients.

LEVERAGING AND COORDINATION

Targeted USG support reinforces the scale-up activities funded by the Global Fund. USG support is being coordinated with NACP national and regional personnel in activities, and through quarterly technical coordination meetings. Non-USG resources are supporting the basic pre-launch site preparation including training and procurement for comprehensive HIV/AIDS services, with USG providing commodity logistics support. Post-launch USG include quality of care issues, stigma reduction, introduction of peer counselors and the creation of the linkages with community-based programming and case-finding activities. USG has leveraged non-PEPFAR USG programs such as the Presidential Malaria Initiative which distributes bed nets to eligible PLHA in about a planned 40 locations.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

Under an expanded compact scenario USG supported partner(s) will:

- Expand access – including the specimen logistics - to early infant diagnosis to one site per region
- Provide pediatric specific quality assurance and training to an additional 15 ART sites.
- Collaborate with the National AIDS Control Program (NACP) to expand access of isolated ART providers to continuing education, mentoring, and remote assistance with management of difficult or unusual clinical problems.

PRODUCTS/RESULTS

2000 early diagnoses facilitated for infants
700 additional infants on ART in USG-supported facilities
500 children supported with nutritional supplements

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 11623.09	Mechanism: EngenderHealth
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 28430.09	Planned Funds: ██████████
Activity System ID: 28430	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 11625.09	Mechanism: FANTA
Prime Partner: Food and Nutrition Technical Assistance	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 28431.09	Planned Funds: \$100,000
Activity System ID: 28431	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$300,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11542.09	Mechanism: DELIVER
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 28432.09	Planned Funds: ██████████
Activity System ID: 28432	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11623.09	Mechanism: EngenderHealth
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 28433.09	Planned Funds: ██████████
Activity System ID: 28433	

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 11625.09

Prime Partner: Food and Nutrition Technical Assistance

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 28434.09

Activity System ID: 28434

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: FANTA

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$100,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$100,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$450,000

Program Area Narrative:

OVERVIEW

TB is responsible for an estimated 11,000 deaths each year in Ghana. Data suggests that 46,000 new cases of active TB (rate of 203/100,000 population) occur in Ghana each year, of which 21,000 (90/100,000) are smear-positive (WHO/MOH 2006-8). Of these active disease cases, only 14,000 (7,700 of whom are smear-positive) are diagnosed and notified via the National TB Control Program. Ghana's case detection rate of 30% for all forms of TB and 37% for smear-positive cases is markedly below the 70% globally accepted target. The DOTS strategy has been adopted nationally and the country reports 100% coverage. Of those who are reported using the DOTS strategy, 68% are considered cured, 5% do not complete treatment, 9% die while on treatment, 2% fail, and 11% default. The overall success rate of 73% is substantially below the 85% global target.

National policy documents cite TB as a major priority and TB has received stable funding in recent years. However, Ghana's low case detection rate (30% versus the African regional average of 41% for all forms; 37% versus the 46% regional average for smear positive TB) remains stubbornly low. The low detection and treatment success rates fuel ongoing transmission of the disease. Low treatment success rates can also foster the development of drug resistant disease, which can be difficult or impossible to treat, particularly for HIV positive individuals.

A national study of HIV infection in smear positive TB cases is underway. Data will be available in late 2009. It is expected that the data will support estimations that HIV has been increasingly impacting TB rates and outcomes over the past several years. In 1989, about 14% of TB cases were attributed to HIV/AIDS. By 2009, it is projected that approximately 59% of TB cases will be attributed to HIV/AIDS. Hospital studies suggest that the prevalence of HIV in TB patients is 25-30% and that as many as 50% of patients with chronic cough could be HIV-infected. At the Korle-Bu Teaching Hospital in the capital Accra, 30% of HIV patients present with TB, and TB accounts for 40-50% of HIV deaths. A particular challenge to treating TB/HIV co-infection is that there is a higher incidence of smear-negative and extra-pulmonary TB (EPTB) in HIV-positive individuals, both of which are more difficult to diagnose than smear-positive TB.

The national TB and AIDS control program has developed policies to promote collaboration as articulated in the GHS February 2007 TB/HIV Technical Policy and Guidelines. This document was developed using WHO recommendations and USAID support through SHARP and QHP. Despite this, implementation of collaborative activities is lagging. For example, TB and HIV services are often co-located but systematic referral between the two services has only begun in some of the larger facilities. In 2008, about 5,600 TB patients were tested for HIV (1,450, or 26%, were found positive). There is no reliable national statistic estimating the number of PLHA that are screened for TB.

KEY INTERVENTIONS

The main thrust of USG efforts in HIV care and treatment is to support the provision of a full continuum of care (including ART and palliation of symptoms) through the High-Impact Package (HIP). HIP concentrated at 25 focus facilities. USAID's TB/HIV interventions within this care continuum are largely carried out through Quality Assurance activities and includes:

- Dissemination of and support for the implementation of the TB/HIV dual infection guidelines (QHP).
- Strengthening TB screening and treatment of HIV-infected individuals at 25 health facilities (QHP), and train DOTS centers in testing for HIV.
- Supporting PLHA groups in early diagnosis and referral.

In addition, the USAID Health Program provides \$500,000 non-PEPFAR funding for improving the diagnosis and treatment of TB through technical assistance in the areas of strategic planning, laboratory quality assurance, pharmaceutical management, and data analysis.

CURRENT USG SUPPORT

After the February 2007 development of the Guidelines, which mandated improved collaboration between the national TB and AIDS control programs and other partners, QHP continued supporting their roll-out and implementation in 25 facilities offering comprehensive HIV/AIDS and DOTS services (from 10 in FY07). QHP aims to introduce quality improvement approaches including the use of standard guidelines and tools through its proven COPE ("Client Oriented, Provider Efficient") methodology. QHP also trains counseling and testing (CT) providers to use TB screening tools so that they can recognize the disease early among PLHA and appropriately refer or link them with DOTS services. QHP strengthens referral mechanisms for managing TB/HIV both within and beyond the health facilities to community-based palliative supportive services. QHP promotes routine HIV testing for all TB patients and routine screening of HIV-infected individuals for TB at the facilities through integrated services or strengthened referral networks. Results for FY 08 are modest but reflective of an encouraging trend: in 25 USG-supported facilities, approximately 850 PLHA received treatment for TB, and 1,700 registered TB patients were tested for HIV and received their results.

In order to increase the TB detection and cure rates among PLHA, SHARP collaborates with QHP and the national Community DOTS program to encourage TB screening and treatment referrals by local groups who work closely with the target population, namely PLHA support groups, PLHA peer educators, and NGOs. Activities to support this objective include training community health workers on basic care and management of TB and use of the national TB screening checklist. PLHA peer educators and NGO program staff received training in TB prevention, early case detection and referral for treatment. The peer educators continued to be supported through SHARP's implementing partners to conduct TB screening and education for 8,500 PLHA in 155 support groups.

USG FY09 SUPPORT

FY09 support will emphasize strengthening M&E systems to provide reliable national statistics including documentation of how many PLHA are screened for TB.

QHP will roll-out HIP to an additional 15 facilities, for a total of 40. QHP will conduct COPE reviews to ensure that systems and processes put in place through the quality improvement exercises are maintained and strengthened. In addition, QHP will provide in-depth updates on clinical management of TB/HIV staff who have not had such training previously. QHP will also train CT providers to use TB screening tools so that they can recognize the disease early among PLHA and appropriately refer or link them with DOTS services.

Through a new USAID implementation mechanism that focuses on sub-granting for most-at-risk groups, prevention for positives will be supported. Amongst others, PLHA groups will be trained to conduct TB screening and education, targeting 3,000 PLHA referred to TB treatment sites for secondary screening.

LEVERAGING AND COORDINATION

Most TB control activities in Ghana are driven by Global Fund (GF) grants. In 2004-06, \$3.3 million in Round 1 Global Fund support was made available for Public-Private Mix initiatives and an enabler's package to support DOTS implementation in two regions. In 2005, Ghana was awarded a GF Round 5 grant (\$31.5 million for 2006-2010) for national scale-up of these activities, and new initiatives including community-based DOTS, TB/HIV, the new anti-TB drug regimen, and extension of the TB control program in prisons. Ghana's GF Round 5 award for HIV/AIDS also provides \$2.9 million to the NACP for TB/HIV activities.

USAID, with Child Survival and Health funds, has assisted the National Tuberculosis Program since March 2008. Activities for FY 2009 include support to the NTP in finalizing the strategic plan, the development of an SOP for TB Case detection for use by health facilities and communities and the development of operational guidelines for national scale up of PPM DOTS. The two existing operations research studies will be finalized and the results will be used for program improvement. Training of laboratories in quality control will be carried out nationwide. Improving the quality of monitoring and supervision of TB/HIV collaborative activities will remain a key focus in FY 2009.

No other development partners finance TB control in Ghana. WHO provides \$40,000 in technical assistance to the NTP, while KNCV (The Royal Netherlands Tuberculosis Foundation) provides technical assistance to the NTP with Canadian and other funding.

USG activities reinforce the GF HIV and TB grants. Coordination is critical to the grant's success and the USG therefore works to ensure that managers and service providers responsible for the HIV and the TB program optimize their collaboration to improve delivery of services to those co-infected. At the national level, USG will support stakeholders meetings to assess progress and inform all parties.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

Building on the successful work of the QHP projects, Quality Assurance (QA) activities to Global Fund supported sites will be dramatically scaled up to implement TB standard operations procedures that include HIV testing of all TB patients and TB testing of all HIV patients. Assistance to PLHA groups will be increased to early detect and refer TB cases. A recent laboratory

assessment concluded that safety procedures and quality control measures especially for TB tests are inadequate. There are presently no activities to address those concerns. With USG leadership through CDC, TB lab safety measures and quality control procedures will be enhanced nationally.

To address the enormous gap between theoretical national TB prevalence and actual cases, USG Ghana would provide TA for the national TB prevalence survey. USG Ghana support would leverage the existing GF Round 5 funding for the creation of a national TB prevalence survey by providing technical assistance.

The Global Fund and the Government of Ghana would support the creation of the survey itself. Finally, USG Ghana would support the institutionalization of regional training and supervision teams to ensure the sustainability of QA and supervision activities and alleviate pressure on NTP's national coordination, which is presently unable to carry out such activities with sufficient frequency.

PRODUCTS/OUTPUTS

- 40 facilities' ability to provide TB/HIV services strengthened through the COPE method, and SOP training
- 3,000 PLHA in 175 support groups provided with TB screening and education
- 3,000 PLHA receiving TB treatment
- 2,500 TB patients identified as HIV positive
- 200 individuals trained to provide treatment for TB to HIV-infected individuals

Table 3.3.12: Activities by Funding Mechansim

<p>Mechanism ID: 11559.09</p> <p>Prime Partner: To Be Determined</p> <p>Funding Source: GHCS (USAID)</p> <p>Budget Code: HVTB</p> <p>Activity ID: 28435.09</p> <p>Activity System ID: 28435</p> <p>Activity Narrative:</p> <p>New/Continuing Activity: New Activity</p> <p>Continuing Activity:</p>	<p>Mechanism: Technical Assistance for Prevention, Care & Treatment</p> <p>USG Agency: U.S. Agency for International Development</p> <p>Program Area: Care: TB/HIV</p> <p>Program Budget Code: 12</p> <p>Planned Funds: ██████████</p>
--	---

Table 3.3.12: Activities by Funding Mechansim

<p>Mechanism ID: 11593.09</p> <p>Prime Partner: To Be Determined</p> <p>Funding Source: GHCS (USAID)</p> <p>Budget Code: HVTB</p> <p>Activity ID: 28436.09</p> <p>Activity System ID: 28436</p> <p>Activity Narrative:</p> <p>New/Continuing Activity: New Activity</p> <p>Continuing Activity:</p>	<p>Mechanism: Prevention Annual Program Statement</p> <p>USG Agency: U.S. Agency for International Development</p> <p>Program Area: Care: TB/HIV</p> <p>Program Budget Code: 12</p> <p>Planned Funds: ██████████</p>
--	---

Table 3.3.12: Activities by Funding Mechansim

<p>Mechanism ID: 11623.09</p> <p>Prime Partner: To Be Determined</p>	<p>Mechanism: EngenderHealth</p> <p>USG Agency: U.S. Agency for International Development</p>
--	---

Funding Source: GHCS (USAID)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 28437.09

Planned Funds: [REDACTED]

Activity System ID: 28437

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$382,500

Program Area Narrative:

OVERVIEW

Based on computer modeling, Ghana had an orphan population of 1 million in 2003 and that population is projected to remain stable until 2010. While there has not been a recent comprehensive assessment of OVC in Ghana, an Early Childhood Development HIV/AIDS Action Plan for Ghana from April 2004 numbered 755,642 and used figures of 198,000 orphans as a result of HIV/AIDS. Overall, orphans represent 10% of the Ghanaian population (Children on the Brink, 2004). Ghanaian policy does not distinguish between AIDS and non-AIDS orphans, giving them the same rights and responsibilities. Child-headed households are rare in Ghana. Many children are cared for by relatives and are not labeled as orphans. Orphans not cared for by their relatives live in orphanages (run by the state, churches or others groups), with foster families or under the care of community associations such as the Queen Mothers, a traditional authority in charge of women and children's welfare. Churches play a significant role in supporting orphanages where children receive very basic care and support. Despite a national commitment to community-based care and de-institutionalization of children, orphanages and other facilities are apparently proliferating across the country with little regulation.

Vulnerable children are not well-defined as a group in Ghana. Child labor and even child trafficking is common in the inland fishing industry. In the cities, child street vendors are active although most appear able to find shelter at night. The link between vulnerable children and HIV/AIDS is little known in Ghana. One group thought to be extremely vulnerable is girls in their teens from the northern part of Ghana who work in the major cities as market porters to finance their marriage. They are widely known to be involved in transactional sex. A USG-funded counseling and testing project tested 2,000 of these girls and found that 4% were infected, lower than experts expected. UNICEF supports interventions for the female porters as a particularly vulnerable group. An additional vulnerability factor in Ghana is the stigma around HIV/AIDS which is exceptionally high. At a national level, child malnutrition is significant accounting for up to 60 percent of child mortality.

Ghana has a Department of Social Welfare that reaches every district, identifies vulnerable children and looks, as best it can, after their basic needs. The Government of Ghana (GoG), with support from UNICEF, has completed a draft National Plan of Action

for Orphans and Vulnerable Children, which builds on the existing National Policy Guidelines for Orphans and Other Children Made Vulnerable by HIV/AIDS (January 2005). The GoG is also working to implement significant social protection programs to benefit children such as the National Health Insurance Scheme (NHIS), which provides free health insurance to all children under 18, and the Livelihood Empowerment against Poverty (LEAP) which provides direct cash transfers to extremely poor caregivers of OVC in order to provide support for their basic livelihood needs. More children are enrolling in school and progressing through the education system due to the abolition of school fees for basic education and the introduction of capitation grants through the country in the 2005/6 academic year. School feeding programs supported by World Food Program may also account for this. Annually, there is about \$400,000 for orphans in the GoG HIV/AIDS budget but additional resources become available through district allocations of HIV/AIDS funds and other sources such as FBOs.

KEY INTERVENTIONS

The geographical scope of USG Ghana's efforts in OVC is focused on the 30 USG target districts which were selected on the basis of HIV prevalence levels, the presence of most-at-risk populations and the presence of Global Fund-supported clinical sites. USG Ghana focuses on a full package of support for OVC: training and facilitating caregivers' support; distributing food rations for orphans and caregivers; providing scholarships to promote OVC staying in or returning to school (although limited to older children); implementing monthly education on a wide range of life skills topics and providing psycho-social counseling. USG Ghana supports its OVC activities through USAID partner Opportunities Industrialization Centers International's (OICI) HOPE program. In addition, the Ambassador's Self-Help Fund is being used as a model to support indigenous organizations' provision of income-generating activities for OVC at the grassroots level, complementing OICI's activities.

CURRENT USG SUPPORT

In FY08, USG Ghana supported 1,726 OVC with a package of care and support, and trained 113 caregivers. Monthly training sessions on HIV/AIDS life skills provided psycho-social, motivational and vocational counseling individually and in groups to all OVC. Of the 1,726 OVC, 300 received scholarships to pursue either secondary education or courses in vocational and entrepreneurial skills. Most will graduate next year after two years of training. The scholarships include a transportation stipend, as most guardians cannot afford to give a daily allowance to transportation. The scholarships also include exam fees for those in secondary school. Beneficiaries are required to participate in an industrial attachment or apprenticeship for at least six months to get on the job experience. They are also encouraged to take the National Vocational Training Institute proficiency examination to get a level 1 certification. OICI counselors provide vocational counseling, and assistance for self-employment and job placement.

Additionally in FY08, the Ambassador's Self-Help Program continued to serve as a model to select and support income generation and economic strengthening activities for OVC. Strong preference was given to grassroots efforts and groups that have demonstrated a financial or in-kind commitment to the activity for which they were seeking funding. Two organizations working with OVC were strengthened.

USG FY09 SUPPORT

Through FY09 support, the USG Ghana program will continue to support OVC and their caregivers through OICI, whose activities include: vocational training and economic strengthening for OVC; bolstering community structures for OVC care and support, such as the Queen Mothers Association; and supporting best practices for regulation of and transition from institutional care. OICI targets 300 OVC who receiving scholarships.

In FY09, USG will also partner with UNICEF to strengthen the Government of Ghana's capacity and response to OVC. Specifically, activities will focus on the finalization, dissemination and implementation of the draft National Plan of Action for OVC. Efforts will also go towards building the capacity of the national OVC Committee in their leadership role on issues such as quality in OVC programming, coordinated care and referrals, and data management. Caregivers will be trained in child care and parenting skills.

The Ambassador's Self-Help Program will continue to serve as a model to select and support income generation and economic strengthening activities for OVC. While the exact targets will be determined once the proposals are awarded, the program estimates it will strengthen an additional two organizations working with OVC and supporting 25 OVC with direct supplemental support. Strong preference will continue to be given to grassroots efforts and groups that demonstrate a financial or in-kind commitment to the activity for which they seek funding.

On the military bases, military wives' clubs will be mobilized to identify military widows and OVC from surrounding communities and assist with linkages to civilian OVC and nutritional programs.

LEVERAGING AND COORDINATION

Most USG support for OVC has been in the form of food supplements from the Food for Peace program that is not included in the HIV/AIDS budget allocations, at a value of \$700,000. As was the case reported in the previous mini-COP, the Food for Peace program is scheduled to be terminated in Ghana in September 2009. Alternative food sources are being created with the establishment of communal gardens, and USAID and OICI are discussing funding alternative income generating activities funded with non-HIV/AIDS resources. Also, the additional focus of the Ambassador's Self-Help Fund towards OVC, as discussed above, will strengthen USG Ghana's coordination of efforts at the grassroots level.

The USG will develop a strong partnership with UNICEF to implement the forthcoming National Action Plan and develop a vision for joint action for the next five years.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

With Compact funding, the USG agencies will adhere to the requirements of using 10 percent of funds for OVC programming. Increasing the quality and coverage of OVC programs is one of the four goals stated in Ghana's Partnership Compact Concept Paper.

With additional Compact funding, USG Ghana will build on the recommendations of a recent OVC and Nutrition technical visit (September 2008) to expand programming. A primary focus would be increased capacity building and support at the national level to strengthen the response to OVC. Using as a foundation the forthcoming National Plan of Action, and working in collaboration with the relevant national bodies (the National OVC Committee, the Department of Social Welfare (DSW), the Ministry of Women and Children), activities may include the following: supporting national efforts towards an OVC database; supporting the planned OVC Situational Analysis; promoting promising practices around institutional care and transitioning to community-based models; and implementing recommendations from the recent capacity assessment of the DSW.

Compact funding would also be used to scale up promising and effective OVC interventions, such as vocational training programs and community-based OVC care and protection structures like the Queen Mothers Association. Given both the high rate of malnutrition in Ghana and the phasing out of the Title II food program, attention is needed for the nutritional component of OVC programs, including links with clinical health services and PMTCT programs and nutrition education. Developing linkages with the food for prescription activities will be immediately explored once Compact funding is assured.

PRODUCTS/RESULTS

Partnership with UNICEF established
 National coordination mechanisms inaugurated.
 300 OVC receiving scholarships through OICI and
 25 OVC supported through the Ambassador's fund
 The national OVC Action Plan approved

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11624.09	Mechanism: OVC
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 28438.09	Planned Funds: ██████████
Activity System ID: 28438	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11629.09	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 28439.09	Planned Funds: \$10,000
Activity System ID: 28439	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11627.09	Mechanism: AMB Fund
-------------------------------	----------------------------

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 28440.09

Planned Funds: \$22,500

Activity System ID: 28440

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$500,000

Program Area Narrative:

OVERVIEW

In Ghana, testing services are available in at least 400 public PMTCT sites, 210 of which also provide stand-alone C&T. Several dozen private sites are known to provide C&T but no information on client load is available. The military has VCT sites in all seven garrisons. Most testing centers use rapid tests for initial and confirmatory testing and provide the test results within an hour. During FY 08 almost 400,000 accessed public C&T services. The main barrier to accessing C&T services is the high level of stigma and discrimination against those found to be HIV positive. Presently, there are few links between C&T and TB services. Utilization of C&T services by persons engaged in high-risk behaviors, such as FSW, MSM and partners of PLHA, is still low mainly due to stigma issues.

The military voluntarily test approximately 1,000 persons in a year, and an additional 5,000 military personnel are tested on a mandatory basis annually through new recruit and pre-deployment testing. Typically, the C&T counselors are military personnel or other health educators who have other responsibilities and can only provide counseling services on a part-time basis.

KEY INTERVENTIONS

USG Ghana, through USAID partner Quality Health Partners (QHP), focuses on testing, palliative care and ART, and supports the provision of quality C&T at 25 Global Fund-supported sites. The USG Ghana also supports the integration of C&T services STI sites and drop-in centers that target persons engaged in high-risk behaviors. Intensive efforts are underway to scale up couples counseling through referrals and education at PLHA support groups. DOD uses PEPFAR funds to enhance the Ghanaian military's C&T infrastructure. USG Ghana also supports efforts to ensure C&T commodities are available and accounted for nationwide.

CURRENT USG SUPPORT

The USG is supporting 47 counseling and testing centers, 35 of which are "MARF-friendly" with trained staff in health issues pertaining to sex workers and/or MSM. These include ten private sites. During FY 08, 1,530 female sex workers, 972 MSM and 83 partners of sex workers received counseling and testing services.

In the beginning of the year, the USAID Strengthening HIV/AIDS Partnerships (SHARP) Project supported STI treatment in 22 clinics targeting at-risk populations. However, due to transparency and governance issues, the sub-agreement ended midway this year. Rapid test C&T services are available in 5 drop-in centers providing services to FSW and MSM. However, the grant to one center ended due to non-performance. Referral systems are operational between MSM and CSW communities and MSM/CSW-friendly counseling and testing sites promote acceptance and receipt of testing. There are reports that more clinics develop accepting attitudes towards female sex workers, and some also to MSM, when staff from trained sites is transferred there.

PLHA discordant model couples are active in couple-to-couple counseling and family counseling to encourage disclosure and testing of partners as part of the Positive Living Tool Kit that is used in 175 PLHA support groups. As an integrated activity jointly carried out by USAID implementers SHARP and QHP, referrals for C&T are closely linked to the "Prevention with Positives" intervention at ART facilities and STI clinics and also through the PLHA support groups (according to the DHS 2003, two out of three couples with HIV-infection are discordant in Ghana).

QHP support is focused on applying quality assurance methods to improve the quality of counseling and to ensure appropriate referral to other essential services. The COPE quality improvement process is being used to review the practice of counseling and testing at the ART sites to identify changes needed, and to develop action plans to address the necessary changes. Follow-up review meetings on the action plans are scheduled at 3 to 6 months intervals for re-evaluation and problem-solving.

The DOD program tested 6,350 individuals for HIV including 4,500 troops preparing for peace keeping operations. The USAID pilot of two urban private sector C&T sites to learn programmatic lessons and evaluate the model for potential scale-up was not successful. Cost as compared to the public sector and lack of a sufficient volume of demand were the main obstacles. USAID's logistics partner, JSI/DELIVER, supports the nationwide logistics management information system for HIV/AIDS test kits. Data collected is used for forecasting the quantification, procurement planning and pipeline monitoring of the commodities. The system is operational in all sites using test kits and all relevant staff is trained on commodities security and logistics.

USG FY09 USG SUPPORT

QHP will take on 5 additional sites in each of the next two years with its quality assurance for a total of 40 USG-supported Global Fund sites. QHP will provide the same package of services described above. In addition, because of the success in previous years the focus on strengthening contacts between sites and high-risk groups will be intensified. Facility-based providers will pay visit to client groups, e.g. PLHA group meetings, assisting them with topics on testing, disclosure, stigma and accessing services. In addition, QHP will support bi-annual facility-community dialogue meetings with PLHA and high-risk groups in order to facilitate linkages and uptake of services. Support for orienting/training providers at DOTS centers on national policy and guidelines for testing TB clients for HIV will also contribute to the uptake of C&T services.

Through QHP and the National AIDS Control Program, FSW/MSM-friendly STI sites and drop-in centers will be closely monitored for performance in C&T. The "Call Me-Chat Me-Text Me" that was prepared and tested in 2008 will be rapidly expanded in FY09 to promote the use of C&T services among high-risk groups. The SHARP program will be ending in FY09 but follow-on activities will continue the MARP prevention, care and support program. PLHA couples trained in couple-to-couple counseling and family counseling to encourage disclosure and testing of partners will be supported to counsel, help partners to disclose HIV positive status, refer 500 partners of PLHIV for counseling and testing, and promote prevention interventions for PLHA.

Within the military, DOD will support 2 full-time counselors and train additional part-time counselors. The national two-week training for counseling will be utilized.

DELIVER will continue to support the national scale up of VCT /PMTCT sites by putting in place the national logistics systems in all new sites.

LEVERAGING AND COORDINATION

The Global Fund supports training, infrastructure development and test kit procurement at its sites. The USG provides comprehensive test kits logistics support to reinforce these efforts. The USG also reinforces the Global Fund's investment by ensuring the quality provision of C&T at Global Fund sites. The GOG and other donors target C&T for the general population; therefore, the USG complements these efforts by supporting C&T targeted toward high-risk groups through specialized clinics and using specialized telecommunications campaigns for MARPS.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

Expansion using Compact funds will be along the lines of the expansion of QA support to Global-Fund supported sites. The "Call Me-Chat Me-Text Me" will be expanded nationally. Training to become a MARP-friendly service provider will be expanded nationally as well.

PRODUCTS/RESULTS

- * Improved C&T services at 40 Global Fund-supported C&T/PMTCT/ART sites, with 20 additional staff trained and 20,000 individuals receiving C&T and their test results
- * MARP follow-on activities will refer 5,000 individuals for C&T
- * The Ghana Armed Forces will support 7,000 HIV tests of the military, families and civilians tested
- * 500 partners of PLHA referred for HIV testing

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 11593.09	Mechanism: Prevention Annual Program Statement
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 28443.09	Planned Funds: ██████████
Activity System ID: 28443	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11542.09	Mechanism: DELIVER
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 28441.09	Planned Funds: ██████████
Activity System ID: 28441	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11559.09	Mechanism: Technical Assistance for Prevention, Care & Treatment
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 28442.09	Planned Funds: ██████████
Activity System ID: 28442	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11628.09	Mechanism: EngenderHealth
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 28444.09	Planned Funds: ██████████
Activity System ID: 28444	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$35,000

Program Area Narrative:

OVERVIEW

With about 71,000 HIV infected patients in need of clinical palliative care in Ghana, laboratory services are an essential component in the implementation and scale-up of HIV/AIDS and other related diseases programs. The current public health system is structured in three levels that include hospitals, health centers and polyclinics. The national public health laboratory system in Ghana is defined by a pyramid structure which includes a tertiary or reference level, a secondary or intermediate level, and a primary or peripheral level. At the tertiary level, there are the two university teaching hospitals laboratories and four public health reference laboratories including the Public Health Reference Laboratory (NPHRL). Along with the Health Laboratory Service (HLS), the NPHRL, under the GHS Institutional Care Division, has the overall responsibility of managing national laboratory services in Ghana, including the three zonal public health laboratories.

The laboratories are located within the 119 government regional hospitals at the secondary level and 69 peripheral hospitals at the primary levels. Within the private sector, the health system is comprised of 215 non-governmental and private mission hospitals, military and para-statal facilities, and private clinics which provide a range of laboratory services. Presently, the laboratory infrastructure for HIV, malaria, and TB testing and quality assurance remain weak in Ghana resulting in limited access to quality laboratory services. Therefore, there is an urgent need to strengthen the laboratory capacity to expand testing programs and establish quality management systems.

KEY INTERVENTIONS

The USG promotes quality laboratory services to ensure effective diagnosis, quality patient care, blood safety services, conducting intervention assessments, and epidemiologic surveillance of the epidemic.

In FY2007, USG provided support to design a Logistics Management and Information System (LMIS) and inventory control system for laboratory reagents and consumables for the HIV/AIDS, TB, malaria, and other programs laboratory services. This system plays a key function to improve the availability of supplies and test kits required for the scale up of the ART program in Ghana. Also, this same system has played a critical role to scale-up Rapid Diagnostic Tests (RDTs) for the Malaria program in Ghana.

In FY2008, the USG provided support to assess and evaluate several functioning laboratories in Ghana as a first step to improve laboratory services and a logistics information system. The purpose of these assessments was to evaluate laboratory capacity and develop a plan for systematically improving the laboratory system. The reports generated from these assessments will be used to formulate the new National Strategic Framework for HIV, Malaria, Tuberculosis and other related diseases.

Lastly, an assessment tool for malaria laboratories was developed by Improving Malaria Diagnostics Project (IMaD) in collaboration with staff of the NPHRL. USAID/Ghana assisted IMaD in the assessment methodology and provided invaluable technical support. The tool was designed to collect data in various sections. Moreover, a complete National Guidelines for Laboratory Diagnosis of malaria has been developed with collaboration of NMCP and stakeholders.

CURRENT USG SUPPORT

USG continues to provide assistance to improve laboratory capacity in Ghana to support Care and Treatment, PMTCT, Counseling and Testing, and routine HIV surveillance programs. In FY2008, USG provided a tremendous support for conducting series of laboratory assessments for HIV, malaria and tuberculosis. The findings of these assessments will guide the development of a national laboratory policy and a collaborative five-year national strategic laboratory plan that will serve as the basis for the development of a sustainable national laboratory system.

USG efforts focus on providing technical assistance to the Ghana National Tuberculosis Program (NTP) in the development of an operational plan for laboratories. This operational plan will include the following components: implementation of laboratory commodity and information management systems, biosafety, quality assurance for sputum smear microscopy and supervision. USG also provided technical support in the development of the NTP Strategic Plan 2008 – 2012 that includes a laboratory component.

The assessments focused on gathering data on the capacity to perform quality microscopy-based malaria diagnosis in laboratories country-wide with clear guidance for program strengthening. The purpose of the assessment was to provide information on the status of laboratory-based malaria diagnosis in Ghana, and thus guide the definition and development of future activities of the IMaD project working with the National Malaria Control Program (NMCP) to improve the reach and quality of laboratory-based malaria diagnosis in Ghana.

USG FY09 SUPPORT

USG agencies will continue to work with the national HIV, TB and malaria programs to integrate laboratory services (TB, HIV, and malaria) and identify the most efficient ways to use of the funds allocated for laboratory activities, by coordinating between the different programs, including the Presidential Malaria Initiative.

Working in collaboration with all laboratory stakeholders and national programs, USG agencies will provide technical assistance to establish national laboratory policies and guidance including a five-year strategic laboratory plan to develop a sustainable national laboratory system.

Furthermore, Standard Operating Procedures (SOPs) and Job Aids will be developed for both clinical and laboratory staff appropriate for all HIV, TB and malaria-related laboratory procedures.

Recent laboratory assessments have noted need for improved management of sharps and blood and needle safety training. DOD would support infection control/blood borne pathogen assessments at all 9 clinical sites and on site training for staff. In addition, funds will be used to supply gloves, sharps boxes and other safety equipment for all sites.

Lastly, USG will provide technical assistance and support training for an incidence study.

Also, USG agencies will assist to develop a national monitoring and evaluation plan for laboratory activities with clear laboratory indicators.

LEVERAGING AND COORDINATION

USG will continue assisting the MOH in identifying additional and complementary funding from the Global Fund and other agencies aimed at supporting supervision and quality assurance monitoring for laboratory services

USG will leverage Global Fund resources to assist NACP in disseminating all national procedure and guidelines related to laboratory activities (i.e. national laboratory standards operating procedures (SOPs), standardized laboratory request forms and inventory control card, standardized laboratory logbook).

Through, the Cooperative Agreement between the Safe Blood for Africa Foundation and the U.S. Centers for Disease Control, funding could be leveraged to carry out training in all aspects of blood safety.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

Quality Management Systems (QMS) are an essential component of a laboratory services, therefore additional USG efforts will be concentrated on providing technical support to implement quality assurance activities in provincial hospitals and key laboratory sites and work closely with the PHNRL to establish and reinforce existing quality assurance and quality control programs. MOH has already developed laboratory logbooks that need to be reviewed and adapted to the needs of the various programs. There is an urgent need to standardize laboratory data collection support.

PRODUCTS/OUTPUTS

An assessment tool for malaria laboratories developed by IMaD in collaboration with staff of the NPHRL.

Training for 40 regional laboratory supervisors in the development and ground testing of the IMaD assessment tool.

40 laboratories surveyed, representing 10% of all national laboratories.

9 DOD sites: DOD trains 18 laboratory personnel in sharps, blood and needle management

Funding: \$35,000 GHAI funding through DOD.
CDC will use core funding to carry out the proposed activities.

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 11629.09	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 28445.09	Planned Funds: \$35,000
Activity System ID: 28445	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$775,000

Program Area Narrative:

OVERVIEW

Ghana's HIV sero-prevalence rate is 1.9% among the adult population (UNAIDS 2008). 2005 and 2006 USG-supported studies confirm that the epidemic is concentrated in subpopulations with high-risk behaviors: commercial sex workers (38%; with mobile CSW at 31% and stationary CSW at 45%) and men who have sex with men (26%).

Although this and other strategic information on the epidemic is available, it is not always disseminated or used in Ghana at the levels of policy, programming, or decision-making. A recent assessment of Ghana's national spending on HIV/AIDS programs indicates that funding for most at risk populations (MARPs) interventions in 2006 was extremely low—less than 1% of the overall national budget (combined government, private sector and donor funds). A recent World Bank evaluation questions the quality and efficiency of the national program.

There are signs of progress in the evolution of the national priorities, however. A recent study funded by the World Bank, now in draft, confirmed that most-at-risk populations, notably female sex workers (FSW) and men having sex with men (MSM), are disproportionately higher represented in the HIV infected population and strongly recommended increased financial resources be dedicated to these populations. The study was well-received by the national Technical Working Group, led by the Ghana AIDS Commission (GAC).

The USAID-supported Strengthening HIV/AIDS Partnerships Project (SHARP) project has generated evidence-based research on FSW interventions that have been widely disseminated to national-level stakeholders. Evidence-based research findings related to MSM communities have not yet been disseminated to a wide audience, for fear of a backlash due to the heavy stigmatization of this group.

The Ghana Health Service has efficient systems for HMIS and a superb national HIV surveillance system. All USG implementing partners have existing M&E systems, but some will have to be updated to include all PEPFAR indicators. Ongoing data quality assessments should be implemented for USG implementing agencies and some partners reporting systems.

A national monitoring and evaluation plan is in place and guidelines exist for data collection and analysis but data from the district level is often of low quality due to inconsistent record keeping and partial reporting. A recent institutional assessment of the GAC revealed that there is considerable need to strengthen the M&E component of this commission. Also, further M&E system concerns exist due to the District level HIV focal points being part-time, and support for these efforts at that level are inconsistent.

KEY INTERVENTIONS

Most SI activities will be implemented at the national level (dissemination of critical information) and within the 30 USG focus districts with implementing partners and USG implementing agencies (for dissemination, M&E capacity building and data quality assessments). Through SHARP, the USG has supported the strengthening of the GoG and USG institutions in strengthening M&E systems, especially at the district level, and in measuring HIV incidence within MARPs. Also through SHARP, USG Ghana has conducted quick studies to identify promising practices and program bottlenecks, and package and disseminate this strategic information.

CURRENT USG SUPPORT

Key in the FY 2007 and FY 2008 program was the dissemination and use of existing data and research findings and improving the data quality by USG partners. By 2007 SHARP completed 18 operations/formative research studies, 5 biomarker studies and 3 evaluations. Out of these, a total of 35 research and program reports, and best practices were packaged and disseminated locally and internationally.

By the end of FY 2008, SHARP supported 14 sub-grantees working in prevention through grants and technical assistance (TA) to develop and strengthen their M&E systems, build credible data audit trails and improve data quality and use. This support included standardization of data collection tools across partners and geographic regions. Technical assistance was given to 20 Ghana Health Service clinics to collect data and report timely on HIV/STI activities. Sixteen USAID-focus districts received TA to improve their data collection, analysis and management of information generated from the collected data and reports. SHARP also provided USG partners QHP, GSCP, HOPE, and DELIVER with technical assistance to streamline and standardize data collection instruments and procedures to ensure that data reported is of high quality.

As a part of the effort to improve data quality, DOD assisted the Ghanaian Armed Forces (GAF) in initiating the process of recruiting a full-time data entry clerk/analyst to use program data to further focus the military HIV/AIDS program.

USG FY09 Support

In FY 2009 USG Ghana will provide support for improved monitoring of the HIV epidemic and progress in the Ghana response. USG will facilitate the GAC development of a comprehensive HIV surveillance plan appropriate for the Ghana epidemic, which is driven to a significant extent by MARPs and high prevalence in several geographic areas. These efforts will also include technical support for ongoing sentinel and population based biologic and behavioral surveillance efforts as well as program monitoring. To support the use of the data, further analysis and data use projects will be developed and initiated potentially including secondary data analysis, multiple data source synthesis, and GIS/mapping efforts to support the national planning needs. This may also include further efforts to quantify the contribution of most at risk populations to the epidemic.

To improve prevention effort in Ghana, USG Ghana will conduct special MARP studies to answer key questions critical to effective prevention programming. For example, understanding the geographic areas of concentration and size of at-risk populations. It will also aim at understanding emerging epidemic drivers such as the role of intravenous drug users (IDU), and understanding the role that less formal sex work and/or transactional sex plays. All efforts will focus on targeted formative research, with an emphasis on cost-effectiveness and promoting impact-driven programming.

SHARP had the mandate to support implementing partners in M&E systems development and maintenance. However, the SHARP project will end in September. Some SI activities, especially the dissemination of information and training at district level, will become part of a new "health systems strengthening" activity. SHARP will pursue a rigorous dissemination of information generated over the years as part of its exit strategy, including one national and nine regional close-out conferences.

USG Ghana will continue to strengthen existing USG partners M&E systems with special focus on improving data quality and dissemination and use of existing information for program management. Specifically, the USG Ghana will follow up on the findings and recommendations from the internal data quality audit of the USG partners conducted in 2008 to make sure data collected by the USG partners are of a high quality.

The DOD will complete the process of hiring a data entry clerk/analyst for the GAF preventive medicine program as a part of the effort to improve the quality of data coming from the program. The allocated funds will also help to provide training in epidemiology and data analysis to GAF staff, fund travel of GAF staff to present their data if accepted at the implementers' meetings or other meetings, and for assistance with data analysis.

USG will also support GAC in the development and initiate implementation of a national HIV program evaluation agenda among partners including priorities regarding HIV prevention programming, HIV care/treatment barriers and linkages, and patient uptake and retention PMTCT, TB, HIV care.

USG will be providing assistance to the NACP to develop the nation's capacity to carry out HIV-incidence studies which can be particularly valuable to evaluate the impact of MARP interventions. Initial incidence estimation will be conducted using existing specimens that are held by the NACP, these potentially include ANC specimens 2006-2008; behavioral survey specimens from 2006 (FSW, MSM). This activity is rolled over from the FY08 workplan.

An assessment of the current HMIS will be supported to determine physical system and human resource gaps and needs, as well as gaps in information gathered and subsequent opportunities for information use. Areas of potential gaps may include: support for information systems implementation including EDS at sub-national levels, patient management data systems, laboratory services, logistics management, human resources, and national program indicators. USG will support the GAC effort to harmonize data requirements and tools for collection of national M&E indicators contained in National M&E plan including routine data quality assessment in sub-national M&E systems, and work toward integration of different health and HIV data systems.

Strengthening the USG Ghana SI team is one of the priorities of the M&E agenda for FY09. The USG agencies will individually work to strengthen their internal M&E teams while working together to coordinate M&E activities for the entire USG Ghana strategic information team through the leadership of a USG Ghana SI Liaison.

LEVERAGING AND COORDINATION

A major forum for dissemination of information is the National Technical Working Group, as well as subcommittee for M&E of the GAC, of which USAID is deputy chair. Through leveraged technical assistance from UNAIDS, key District Assemblies staff in 30 districts will be trained in CRIS, an HIV/AIDS data management software. Careful planning will ensure that these initiatives are synergistic. HIV/AIDS Indicator surveys are carefully planned with the relevant Ministries and Agencies. While USAID will largely fund the DHS survey, UNICEF, DfID and the Global Fund contribute to other major studies.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

If additional funding is available from Compact funds, further SI initiatives will include

- Population estimation and mapping exercise and Behavioral/Biologic surveillance of additional MARPs, potentially including some of the following FSW, MSM, IDU, prisoners, refugees, specific at-risk youth groups (e.g. female market porters), cocoa farm seasonal workers, and border site truck drivers.
- Institutionalizing HIV incidence estimation in additional populations.
- Institutionalizing HIV drug resistance surveillance and monitoring.
- Support for the development and implementation of harmonized community-based monitoring systems and linkage to facilities for data entry and analysis (both NACP and GAC/MLGRD reporting, networks)

COUNTRY-SPECIFIC INDICATORS

With the overarching emphasis on most-at-risk populations in the Ghana program, USG Ghana has adopted country-specific indicators to monitor its progress over time. All are subsets of PEPFAR indicators.

PREVENTION

of individuals MARPs (FSW, MSM, PLHA) reached through community outreach that promotes HIV/AIDS prevention through abstinence or being faithful;

of individuals MARPs (FSW, MSM, PLHA) reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful;

BASIC HEALTH CARE

of service outlets that provide clinical care for MARPs (FSW, MSM, PLHA) (excluding TB/HIV)

of individuals MARPs (FSW, MSM, PLHA) receiving clinical care (excluding TB/HIV)

C&T

of service outlets providing counseling and testing for MARPs (FSW, MSM, PLHA, STI patients) according to national and international standards

of individuals from MARPs (FSW, MSM, PLHA, STI patients) who received counseling and testing for HIV and received their test results.

PRODUCTS AND OUTPUTS

*40 local organizations provided with technical assistance for strategic information activities during the year to provide quality data that improves district response;

*120 individuals trained in strategic information

*National capacity established to carry out HIV incidence studies.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11592.09	Mechanism: Research for Prevention, Care & Treatment
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28446.09	Planned Funds: ██████████
Activity System ID: 28446	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11629.09	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28447.09	Planned Funds: \$75,000
Activity System ID: 28447	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11630.09	Mechanism: Centers for disease Control and Prevention
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28449.09	Planned Funds: \$500,000
Activity System ID: 28449	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$636,000

Program Area Narrative:

OVERVIEW

There is national consensus in Ghana that stigma/discrimination is the single most important obstacle to an effective HIV/AIDS response. Research indicates that PLHA are systematically blamed for immoral behaviors and that Ghanaian culture extends this blame to the entire family (GSCP 2006). Those who are known to be HIV-positive are often fired and/or evicted from their homes. Police, judiciary and health workers are mentioned by PLHA as showing particularly stigmatizing and sometimes repressive behaviors.

A critical shortcoming of Ghana's HIV/AIDS response is a lack of skilled personnel to coordinate and implement high-quality HIV programs in a cohesive manner. While the national HIV program is increasingly decentralized, HIV-related education and training of lower level authorities is limited. With more and more decision power in steering the HIV/AIDS response, these authorities as well as district level NGOs need enhanced capacity to coordinate and implement programs.

To create a more conducive environment for the HIV/AIDS response, the USG has supported the Government of Ghana with the development of a national stigma reduction campaign called "Who are you to blame?." The campaign aims to reduce stigmatizing behaviors in the general population (measured through the DHS). The national anti-stigma campaign uses mass media at a national level, reinforced by extensive community-level interpersonal communication activities through multiple channels including teachers, NGOs and CBOs. The campaign launched early 2007.

Over 40 different civil society organizations are contributing to the campaign. Major achievements of the campaign since launch

include: training of strategically selected FBOs and NGOs in the newly developed stigma reduction curriculum in 27 districts and buy-in from other development partners such as JICA, GTZ, UNHCR, and UNFPA to directly fund and supervise the integration of stigma reduction campaign messages into existing HIV programs funded by these development partners. These campaigns take place in workplaces, refugee camps and traditional leaders programs.

KEY INTERVENTIONS

Other key interventions include activities to build technical and programmatic capacity in the 27 target districts to strengthen decentralized HIV/AIDS programming. Moreover, the USG is preparing the next generation of civil society organizations to effectively respond to the AIDS epidemic. Indigenous NGOs will be provided with technical and administrative skills to successfully implement HIV/AIDS programming through direct USG assistance.

CURRENT USG SUPPORT

USG stigma reduction funding is spent on specific populations such as the police, judiciary and health workers, as well as on PLHA groups in order to reduce self-stigma and learn to counteract discriminatory behavior. QHP has developed a cadre of trainers who conduct the downstream training for health care providers in stigma reduction and improved infection prevention at clinical facilities. In FY08, 25 ART sites received training in stigma reduction that involved almost 1,200 health workers including both clinical and non-clinical (orderlies, environmental health staff, security, food services etc) staff. Non-clinical staff has a distinct curriculum appropriate for their needs. The result of these trainings will be less stigmatizing behaviors and respect for human rights in police stations, court rooms and hospitals.

The national stigma campaign is reinforced by a number of activities. DOD is preparing a video addressing stigma and discrimination as part of their ongoing workplace HIV/AIDS program. The U.S. Ambassador and the USAID Director have launched anti-stigma activities among the judiciary and the police through interaction with high-level decision makers (including Leaders of the Police, the Justice Department, Supreme Court Justices and human rights lawyers). The final aim of the activity is to develop anti-stigma codes of conduct within these services, and possibly establishing human rights focal points in police stations.

SHARP provides district and national authorities with strategic information packages and strengthens the skills district level M&E staff to monitor and supervise planned activities and strengthen coordination of the districts' response. In addition, it builds the capacity of 14 NGO sub-grantees active in most-at-risk groups (MARP) interventions.

The national sex worker strategy is being developed by the GAC and the Ministry of Women and Children, with USAID technical support that builds on USG experiences in Ghana with MARPS, including promoting FSW and MSM-friendly clinical services.

USG FY09 SUPPORT

The activities with the police, judiciary and prison service were delayed due to lengthy administrative approvals and acquisition bottlenecks but will be fully implemented from 2009, continuing into calendar year 2010. These activities include training representatives of the services nationwide, establishing codes of conduct and possibly establishing anti-stigma focal points in key stations.

Peace Corps will continue its anti-stigma activities in the communities, while DOD will use its anti-stigma video for the Ghana Armed Forces and use it in all 6 garrisons.

QHP objectives in 2009 include providing stigma reduction training for both literate health workers (mostly clinical staff) and non-literate (non-clinical) staff in 15 new ART facilities.

Two new mechanisms will be put in place for health system strengthening. The first capacity building instrument will develop several umbrella sub-granting mechanisms focusing on MSM and their sexual partners, FSW and their clients and non-paying partners, and PLHA and their sexual partners. They will receive training mainly focusing on building capacities in financial and human resource management, governance systems, and the effective use of strategic information in designing and implementing HIV interventions targeting most-at-risk groups.

A second capacity building instrument will focus on the districts. Intense monitoring and supervision and technical assistance will carefully guide the districts to increase their performance.

LEVERAGING AND COORDINATION

Other donors, lead by the Ghana AIDS Commission, will re-energize the anti-stigma activities within civil society organizations using the curriculum developed by the USG implementers. Forty USG-trained organizations will be involved and major donors such as JICA, UNFPA and GTZ that will support the roll out of the campaign at the grass-roots and workplace level, using the materials of the national campaign.

EXPANSION OF PROGRAM WITH ADDITIONAL COMPACT FUNDING

USG activities will continue to focus where the need is greatest. It will expand its anti-stigma activities to the four districts with a more generalized epidemic and it will intensify its campaign activities in the communities surrounding ART sites, largely by using CBOs and FBOs that will be trained by the 40 USG trained NGOs.

A mass media component will be added and Peace Corps volunteers will receive special training in anti-stigma activities. DOD will intensify its anti-stigma activities in the six garrisons. Nationwide PLHA groups will receive training to reduce self-stigmatization.

PRODUCTS AND OUTPUTS

* Code of conduct established for police, judiciary and prisons services for dealing with FSW and MSM

- * Materials on rights of MSM and FSW developed and disseminated among target groups
- * 1,200 Health staff trained in stigma reduction
- * 5,000 military and civilians exposed to Armed Forces anti-stigma activities
- * Improved performance of 15 District Assemblies, 3 umbrella NGOs and 50 NGO and PLHA support groups
- * Capacity in organizational development increased in 280 individuals
- * 500 individuals trained in community mobilizations for prevention, care and/or treatment

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11556.09	Mechanism: Capacity Building/Organization Development
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 28450.09	Planned Funds: ██████████
Activity System ID: 28450	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11559.09	Mechanism: Technical Assistance for Prevention, Care & Treatment
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 28451.09	Planned Funds: ██████████
Activity System ID: 28451	
Activity Narrative:	
New/Continuing Activity: New Activity	

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11591.09	Mechanism: Health Systems Strengthening
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 28452.09	Planned Funds: ██████████
Activity System ID: 28452	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11628.09	Mechanism: EngenderHealth
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 28453.09	Planned Funds: ██████████
Activity System ID: 28453	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Total Planned Funding for Program Budget Code: \$1,088,400

Program Area Narrative:

KEY INTERVENTIONS

In line with Staffing for Results approach, USG Ghana implements its PEPFAR HIV/AIDS program through an inter-agency process of strategic planning, collaborative implementation and coordinated management and oversight. The US Ambassador and USAID Mission Director guide the USG/Ghana team in leading high level activities to combat stigma and discrimination. USAID/Ghana acts as the technical lead agency, with DOD, Peace Corps and Department of State having active HIV/AIDS programs in-country. CDC currently does not have in-country presence but plans to have advisors to implement PMI and PEPFAR activities during the year. In FY09, all USG Ghana implementing agencies will be involved in semi-annual implementing partners meetings to further refine and coordinate the implementation of the COP. Once the staffing levels have been increased, USG Ghana agencies will meet at regular intervals to discuss progress, further opportunities for collaboration and address any significant issues that arise from its program monitoring and oversight activities.

Department of State activity narrative: The State Department implements the Ambassador's HIV/AIDS Self Help Fund which is a small-grant activity that is critical to USG Ghana's engagement of new partners, particularly for local FBOs and CBOs, and sustainability efforts through capacity-building to grant recipients. While a portion of GHAI funds allocated for Self-Help (10%, or \$5,000) support the overall management and administration of the PEPFAR Self-Help Program, including travel costs to supervise and oversee grantees, PEPFAR funds do not directly support staffing costs of the Self-Help Program and no new staffing positions are proposed. Those who will spend a percentage of their time on HIV/AIDS are: The Self-Help Coordinator (40% of their time); the ECON assistant (10% of their time) and the ECON chief (5% or less of their time), all financed by DOS funds.

Through the Front Office and the Public Diplomacy Department, the State Department is informing the Ghanaian Public of the activities and impact of the PEPFAR Program, as well as other programs such as the Presidential Malaria Initiative. The Office Chief uses about 5% of their time for this function. The State Department will use early Compact funding to support a staff member to strengthen public knowledge of the PEPFAR Program in Ghana.

United States Agency for International Development activity narrative: USAID provides leadership in USG Ghana's prevention, pediatric and adult care and treatment, TB/HIV, orphans and vulnerable children, C&T, ART and policy/systems strengthening efforts. USAID uses PEPFAR funds to support its HIV/AIDS Advisor, a TCN PSC position, and one full time FSN who work across all program areas. In addition, due to the small size of USAID/Ghana and the high burden of PEPFAR on the Mission's support staff, PEPFAR funds are used to support a portion of administrative support functions. A Contracts Officer, a Financial Officer and a Program Officer each contribute 10% of their time. In addition, using early Compact FY09 funding, USAID/Ghana will continue to fund an Administrative Assistant to assist with administrative tasks; and a Systems Strengthening Specialist to ensure sustainability of the entire program.

Department of Defense activity narrative: DOD supports the Ghana Armed Forces' efforts in HIV/AIDS prevention, care and treatment. Currently, DOD does not use PEPFAR funds to support any of its management and staffing costs but anticipates recruiting one full-time FSN Advisor in addition to one M&E Advisor at Ghana Armed Forces with FY08 funding to implement its HIV/AIDS program. DOD will not use FY09 funding to support these functions.

Peace Corps activity narrative: The Peace Corps engages its volunteers and their Ghanaian counterparts in HIV/AIDS training resulting in community outreach activities to promote HIV prevention indirectly supporting ARV treatment and reducing stigma and discrimination. The Peace Corps will use PEPFAR funds to support a Program Assistant position to assist with PEPFAR administrative tasks. All Peace Corps volunteers spend less than 50% of their time on PEPFAR-related activities. Peace Corps is developing an important collaboration with USAID and its implementers to shape the training program and to administer its small grants program. The Assistant-Peace Corps Director for Health, Water and Sanitation is spending about 20% of their time on HIV/AIDS, financed by Peace Corps operating expenses.

Centers for Disease Control and Prevention (CDC) activity narrative: CDC under PEPFAR in Ghana is leading efforts in Laboratory Support and Strategic Information. Early FY08 Compact funding has been requested to finance one Epidemiologist especially to lead the SI activities and this will continue using early FY09 Compact funding. CDC will support a temporary public health advisor to help develop laboratory and SI activities in collaboration with the in-country team until a permanent staff person is identified. However, final placement of the epidemiologist is subject to Embassy concurrence and is dependant on the resolution of NSDD-38 issues.

Ghana's experience with interagency collaboration: SECSTATE cable 112759 dated October, 8th, 2008, requested lessons learned with inter-agency collaboration through PMI and PEPFAR Phase I. USAID/Ghana manages and implements both PEPFAR and PMI activities. PMI experiences will be reported elsewhere. This is the report on PEPFAR inter-agency experiences.

PEPFAR experience in Ghana is based on two year knowledge only with relatively small funding of up to 7.5 million USD per year. The USG agencies involved in management of PEPFAR funds are USAID, the U.S. Departments of State and Defense, and the U.S. Peace Corps, who work closely together on budget and programming coordination.

To date Center for Disease Control (CDC), an important player in HIV/AIDS assistance has no presence in Ghana. This creates

challenges with accessing CDC's expertise in critical technical areas but critical NSDD-38 issues hinder an early deployment of CDC PEPFAR technical staff.

Recommendation: for smaller programs like the Ghana program, working with TDY CDC staff from neighboring Focus Countries should be considered as an option.

Secondly, the remaining three USG agencies are understaffed, resulting in coordination problems, especially difficulties with scheduling meetings, program evaluation and monitoring. The PEPFAR/Ghana program is working on addressing the above challenges. For example, CDC is currently communicating with the U.S. Embassy on expanding the USG presence in Ghana for CDC and most other agencies are increasing their staffing with regular or early Compact funding.

Recommendation: Inter-agency collaboration needs to go hand-in-hand with scaling up staffing to handle the increased workload. Coordination is time-consuming.

Existing Positions:
USAID HIV/AIDS Advisor

New Positions:
New positions were requested through the FY08 and FY09 early Compact funding at USAID, DOD and CDC.

List of Partners (from Table 3.1) working in M&S, including budget for each partner in M&S

1. Mechanism: Management and Staffing

Agency: USAID
Partner: USAID
M&S Budget: \$ 350,000
Account: CSH (USAID)

2. Mechanism: Management and Staffing

Agency: USAID
Partner: USAID
M&S Budget: \$ 95,000
Account: GHCS (sate)

3. Mechanism: Management and Staffing

Agency: CDC
Partner: CDC
M&S Budget: \$ 481,000
Account: GHCS (Sate)

4. Mechanism: Management and Staffing

Agency: DOD
Partner: DOD
M&S Budget: \$ 53,000
Account: GHCS (State)

5. Mechanism: Management and Staffing

Agency: Peace Corps
Partner: Peace Corps
M&S Budget: \$38,400
Account: GHCS (State)

6. Mechanism: Management and Staffing

Agency: STATE
Partner: STATE
M&S Budget: \$ 20,000
Account: GHCS (Sate)

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11627.09	Mechanism: AMB Fund
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 28456.09	Planned Funds: \$5,000

Activity System ID: 28456

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11631.09

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 28457.09

Activity System ID: 28457

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: \$500,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11633.09

Prime Partner: US Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 28461.09

Activity System ID: 28461

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: Program Support

USG Agency: U.S. Agency for International Development

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: \$100,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11634.09

Prime Partner: US Agency for International Development

Funding Source: GHCS (USAID)

Budget Code: HVMS

Activity ID: 28462.09

Activity System ID: 28462

Activity Narrative:

New/Continuing Activity: New Activity

Mechanism: Program Support

USG Agency: U.S. Agency for International Development

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: \$100,000

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11626.09	Mechanism: Peace Corps
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 28454.09	Planned Funds: \$38,400
Activity System ID: 28454	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11632.09	Mechanism: PSC Contract
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 28459.09	Planned Funds: \$250,000
Activity System ID: 28459	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11638.09	Mechanism: Public Diplomacy Position
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 28464.09	Planned Funds: ██████████
Activity System ID: 28464	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11637.09

Prime Partner: US Agency for International
Development

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 28465.09

Activity System ID: 28465

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: USAID

USG Agency: U.S. Agency for International
Development

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: \$75,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			3/31/2010
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Ghana Salary Support Table.xls	application/vnd.ms-excel	11/14/2008		Other	DWalsh
Staffing spreadsheet_Final.xls	application/vnd.ms-excel	11/14/2008		Staffing Analysis	DWalsh
Ambassador's Letter.pdf	application/pdf	11/14/2008		Ambassador Letter	DWalsh
Ghana Care and Treatment Justification for Budgetary Requirements FINAL.doc	application/msword	11/14/2008		Budgetary Requirement Justifications	DWalsh
HRH_VersionFINAL.doc	application/msword	11/14/2008		HRH Program Area Narrative*	DWalsh
2008-05-12 Proposed Management and Staffing Budget Table for Other Bilat.xls	application/vnd.ms-excel	11/14/2008		Management and Staffing Budget Table	DWalsh
Prevention justification memo for mini-COP 09 FINAL.doc	application/msword	11/14/2008		Budgetary Requirement Justifications	DWalsh
Ghana COP 2009 Global Fund Supplemental.doc	application/msword	11/14/2008		Global Fund Supplemental	DWalsh
Ghana PPP table.xls	application/vnd.ms-excel	11/14/2008		PPP Supplement	DWalsh
Ghana FY09 Mini-COP Program Strategic Overview.doc	application/msword	11/14/2008		Other	DWalsh
FY09 Budgetary Requirements Worksheet (updated for VCT policy change).xls	application/vnd.ms-excel	11/14/2008		Budgetary Requirements Worksheet*	DWalsh
Ghana Gender narrative FINAL.doc	application/msword	11/14/2008		Gender Program Area Narrative*	DWalsh
Ghana OVC mini-COP 2009 Justification FINAL.doc	application/msword	11/14/2008		Budgetary Requirement Justifications	DWalsh
Ghana FY09 mini-COP CN final.doc	application/msword	11/14/2008		Other	DWalsh
Partner Justification FINAL.doc	application/msword	11/14/2008		Single Partner Funding	DWalsh
GHANA Summary Targets and Explanations Table.xls	application/vnd.ms-excel	11/24/2008		Summary Targets and Explanation of Target Calculations	MLee
Ghana FY09 mini-COP CN final.doc	application/msword	11/28/2008		Executive Summary	MLee