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2008

Ghana

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ghana FY08 COP Executive Summary.doc	application/msword	10/9/2007	Ghana FY08 mini-COP Executive Summary	PWondergem

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:

The Ghana HIV/AIDS program strategy will be in its fifth year of implementation. In the previous years, much refinement has taken place based on new strategic information. In the past year, the USAID Office of HIV/AIDS (OHA) carried out an assessment of the USG prevention program in Ghana. The report confirmed the validity of the two basic strategic concepts: First, a strategy focus towards prevention activities, in particular prevention among people exhibiting high risk behaviors (PEHRB); and secondly, leveraging other player's inputs in the treatment, care and support areas, especially supporting quality aspects of Global Fund Program implementation; and partnering with the Food For Peace activities.

Within the prevention program, less attention is now paid to activities for prisoners since the empirical basis for serving this group is inadequate. On the other hand, more attention is now put on "prevention for positives", which has become a major component of the prevention program, next to interventions for commercial sex workers (CSW) and men who have sex with men (MSM).

Systems' strengthening remains an important area in USG/Ghana portfolio. Stigma reduction activities will continue but will be more focused on specific groups, especially the Police, Judiciary, Health staff, and groups vulnerable to being stigmatized, including PLHA, commercial sex workers and MSM. Other development partners will be leveraged to continue some more general stigma reduction activities.

In response to discussions around the FY07 mini-COP, much more attention is paid to capacity building activities for local organizations. Several new contracting instruments (an annual Program Statement for prevention activities by local NGOs and FBOs and a special capacity building sub-grant, targeting local organizations as well) will be put in place. In addition, one sub-grantee will receive a USAID direct grant with FY08 funds.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ghana Ambo Letter.pdf	application/pdf	10/12/2007		ALatour

Country Contacts

Contact Type	First Name	Last Name	Title	Email
DOD In-Country Contact	Thomas	Bruce	defense & Marine Attache	BruceTD@state.gov
DOD In-Country Contact	Tong	Vang	ODC Office Chief	VangTC@state.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	Dennis	Weller	Acting Mission Director	DWeller@usaid.gov
USAID In-Country Contact	Peter	Wondergem	HIV/AIDS Advisor	PWondergem@usaid.gov
U.S. Embassy In-Country Contact	Lillowtie	Gultry	ECON Assistant	GultryL@state.gov
U.S. Embassy In-Country Contact	Pamela	Bridgewater	U.S. Ambassador	BridgewaterPE@state.gov
U.S. Embassy In-Country Contact	Sue	Brown	Deputy Chief of Mission	BrownSK@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$2000000
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, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
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	22,500	0	22,500
***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	2,500	0	2,500
8.1 - Number of OVC served by OVC programs	0	1,875	0	1,875
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	21,000	129,000	150,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	7,000	7,500	14,500
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	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

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Care (1)		24,552	0	24,552

End of Plan Goal

6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)

0

22,652

0

22,652

***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

3,000

0

3,000

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

17,100

162,900

180,000

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Treatment		5,000	14,500	19,500

End of Plan Goal

11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period

0

5,000

14,500

19,500

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Human Resources for Health				

End of Plan Goal

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: Ghana Sustainable Change Project

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8323.08

System ID: 8323

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Academy for Educational Development

New Partner: No

Sub-Partner: Exp Momentum

Planned Funding: \$146,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name: Strengthening HIV/AIDS Response Partnerships

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8324.08

System ID: 8324

Planned Funding(\$): \$3,839,838

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Academy for Educational Development

New Partner: No

Sub-Partner: Ghana Red Cross Society

Planned Funding: \$126,164

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Hope for All Foundation

Planned Funding: \$37,124

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: 4H Ghana

Planned Funding: \$46,124

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Hands that Care

Planned Funding: \$37,124

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: N/A
Planned Funding: \$37,124
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Centre for Integrated Youth Program
Planned Funding: \$55,124
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Center for Popular Education and Human Rights
Planned Funding: \$206,165
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Maritime Life Precious Foundation
Planned Funding: \$85,964
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: MICDAK Charity Foundation
Planned Funding: \$67,964
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Inter Faith Family Network
Planned Funding: \$67,964
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Opportunities Industrialization Centers International
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services
Sub-Partner: Society for Women Against Aids in Africa, Ghana Chapter
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Life Relief Foundation
Planned Funding: \$41,708
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner: Hope for Future Generation
Planned Funding: \$61,803
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner: Future Generation International
Planned Funding: \$41,708
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner: N/A
Planned Funding: \$64,748
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: \$107,192
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Mechanism Name: Strengthening HIV/AIDS Response Partnerships

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8325.08
System ID: 8325
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No
Sub-Partner: N/A
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Quality Health Partners

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8326.08
System ID: 8326
Planned Funding(\$): \$700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Engender Health
New Partner: No

Mechanism Name: DELIVER

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8327.08
System ID: 8327
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Anti-Stigma (Police Judiciary)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8352.08
System ID: 8352
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: APS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8332.08
System ID: 8332
Planned Funding(\$): \$550,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AWARE follow-on

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8335.08
System ID: 8335
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Prevention Annual Statement

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8336.08
System ID: 8336
Planned Funding(\$): \$351,612
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: HOPE Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8328.08
System ID: 8328
Planned Funding(\$): \$164,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Opportunities Industrialization Centers International
New Partner: No

Mechanism Name: HOPE Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8353.08
System ID: 8353
Planned Funding(\$): \$36,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Opportunities Industrialization Centers International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID - Program Support/PSC Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8351.08
System ID: 8351
Planned Funding(\$): \$400,000
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 staff-GHCS-State

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9614.08
System ID: 9614
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

Mechanism Name: Global AIDS Program-GHCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8350.08
System ID: 8350
Planned Funding(\$): \$631,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: Yes

Mechanism Name: Department of Defense

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8334.08
System ID: 8334
Planned Funding(\$): \$203,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AMB Fund

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8333.08
System ID: 8333
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

Mechanism Name: Peace Corps

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8330.08
System ID: 8330
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
8323.08	8323	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Exp Momentum	N	\$146,000
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	4H Ghana	N	\$46,124
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Center for Popular Education and Human Rights	N	\$206,165
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Centre for Integrated Youth Program	N	\$55,124
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Future Generation International	N	\$41,708
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Ghana Red Cross Society	N	\$126,164
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Hands that Care	N	\$37,124
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Hope for All Foundation	N	\$37,124
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Hope for Future Generation	N	\$61,803
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Inter Faith Family Network	N	\$67,964
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Life Relief Foundation	N	\$41,708
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Maritime Life Precious Foundation	N	\$85,964
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	MICDAK Charity Foundation	N	\$67,964
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Opportunities Industrialization Centers International	N	\$200,000
8324.08	8324	Academy for Educational Development	U.S. Agency for International Development	GHCS (USAID)	Society for Women Against Aids in Africa, Ghana Chapter	N	\$100,000

Table 3.3: Program Planning Table of Contents

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$515,772

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

OVERVIEW

Ghana is facing a concentrated HIV/AIDS epidemic which has a 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. The 2003 DHS shows 1.1% infection among women aged 15-24 and 0.1% among men of that age group. Ghana's high-quality ANC sentinel surveillance system has shown a three-year trend of declining HIV prevalence in pregnant women in the 15-24 year-old age group, and a slight increase in the most recent years, suggesting a stable trend for youth. Sexual debut occurs relatively late, especially when compared to the median age of marriage for girls. Median age of first sexual intercourse has remained stable over time at 18 for young women and 20 for young men, and the median age of first marriage is at 19 for young women and 25 for young men. Risk behaviors among youth appear limited. The DHS shows that more than 50% of women in the 15-24 years age group practiced primary or secondary abstinence. Less than 2% of young women report multiple sex partners and half of those used condoms the last time they had sexual intercourse. An important factor in reduced risk for youth and the general population is male circumcision, which is 95% prevalent among males.

Based on the relatively low risk levels within the general population and youth, coupled with the limited coverage and high unmet prevention needs for high-risk populations, USG Ghana invests limited resources on AB activities for youth and the general population. The Government of Ghana (GOG) and other donors support AB activities at a level that over-finances AB relative to the epidemic in Ghana, and the cost-effectiveness of AB interventions is relatively low (see the AB justification for further explanation).

KEY INTERVENTIONS

USG Ghana focuses its prevention efforts on persons engaged in high-risk behaviors (PEHRB): commercial sex workers (CSW), including those engaged in informal and transactional sex, their clients and partners; MSM; and PLHA, especially the 70% in discordant relationships. Female sex workers have high levels of condom use with their clients, but low levels with their boyfriends, creating a potential 'bridge' for HIV into the general population. More than half of MSM have concurrent sexual relationships with multiple partners, including women, another 'bridge.' USG's AB prevention strategy with these groups emphasizes life skills to promote the development and maintenance of healthy sexual relationships, partner reduction, faithfulness and increasing individual's risk awareness regarding multiple, concurrent partnerships. Interventions with PLHA also stress partner disclosure and partner protection. The programs described in this Program Area Context are part of comprehensive prevention programs; see the C&OP Program Area section for additional information.

CURRENT USG SUPPORT

SHARP and the West African Program for Combating AIDS and STI (WAPCAS), as well as USAID West Africa Regional Program (WARP) partner AWARE, implement additional activities that address the specific needs of MSM and PLHA. Due to the stigma facing PLHA, their regular partners and MSM, SHARP's overall approach to promoting partner reduction and faithfulness relies heavily on informal social networks and peer education. SHARP also actively involves PLHA in AB prevention interventions by using the Positive Living Tool Kit ("My Life") in 175 PLHIV support groups. Activities for non-paying partners (NPP) were new in 2007, with 90 NPP trained as condom and lubricant sellers and 10 as peer educators, with strong emphasis on partner reduction messages for NPP.

A total of 55 MSM and 300 PLHA were trained in promoting partner reduction and faithfulness through activities such as the 'love and trust' campaign on Valentines Day, 2007, and during 'National Chocolate Month'. These campaigns, developed in partnership with GSCP, reinforce prevention messages through the use of SMS text messages, hotline counseling and internet chat services through the Call Me Chat Me Text Me ICT initiative.

USAID's Opportunities Industrialization Centers International (OICI) HOPE program for HIV/AIDS orphans and vulnerable children provides 1200 OVC 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.

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' AB 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.

The DOD supports a comprehensive peer education program for the Ghana Armed Forces (GAF). The GAF's program is well-integrated into monthly general military training and intensive pre-deployment training for peacekeepers, focusing on abstinence during deployment, according to the new United Nation's sexual exploitation regulations. USG Ghana support directly contributes to the training of peer educators, reproduction of curriculum and other educational materials and the supervision and monitoring systems of the peer education program.

USG FY08 SUPPORT

In FY08, SHARP, WAPCAS and AWARE will continue their efforts with CSW, MSM, PLHA and their regular partners to promote partner reduction and faithfulness messages, focusing on scaling-up existing activities and strengthening high-quality implementation. WAPCAS, previously a SHARP implementing partner, will graduate to prime partner status in FY08. To promote the success of this well-established indigenous organization, SHARP will continue providing limited technical assistance to WAPCAS. SHARP will also expand its AB activities by increasing its implementing partners from 6 early in 2007 to 17 in 2008. The NGO base of the USG program will be further strengthened by issuing an Annual Program Statement for call for proposals for HIV prevention, targeting 3 additional NGOs.

SHARP, WAPCAS and AWARE will promote quality programming through the increased use of standardized work tools (including the Positive Living Kit "My Life"), resulting in an increased reach of 8000 PLHA, 2000 couples, and 120 couple counselors trained. NPP interventions will be scaled up based on the experiences with the first batch trained in 2007.

Specific activities will include strengthening peer education activities, including IEC, , role-playing, and referrals for additional psycho-social support, as well as expanding quality improvement efforts, including supervision and refresher trainings. SHARP and WAPCAS will continue to expand their efforts with PLHA and MSM, supporting 355 PLHA and MSM educators to reach 1200 of their peers and partnering with GSCP to strengthen the Call Me Chat Me Text Me ICT initiative.

In FY08, Peace Corps will continue training volunteers and their local Ghanaian counterparts to promote prevention activities, including life-skills training and AB promotion, 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.

HOPE will continue to expand its AB programming through USG FY08 support. Counseling sessions in FY08 will target PLHA receiving palliative care (see basic health care and support) and OVC scholarship beneficiaries (see OVC). By promoting the integration of comprehensive prevention messaging throughout its care activities, the HOPE program will expand its reach to 3,000 individuals in FY08.

In FY08, DoD's peer education program will support facilitators to travel to seven regions around the country to train a total of 200 peer educators. It is estimated that each peer educator will reach five of his fellow soldiers. [Note that the DoD targets and budget are split between AB (75%) and C&OP (25%) based on ratio of AB/C&OP messaging within its comprehensive prevention program]. Additional education will be given to military dependents through the venues of wives' clubs and on-base schools. Program materials will be coordinated with SHARP to better utilize resources and best practices.

LEVERAGING AND COORDINATION

Coordination with the Global Fund implementers is limited in the prevention area because their program is largely clinical. WAPCAS supported clinics, however, are all government clinics adapted to the needs of MARP and there is strong government ownership and coordination. USG Ghana coordinates its prevention activities through the national HIV/AIDS technical working group, and through joint development of national annual workplans. A sex worker implementation strategy is in preparation with USG support.

PRODUCTS/OUTPUTS

- * 300 CSW, NPP and MSM trained as peer educators (for AB and C/OP combined).
- * 120 couple counselors trained in AB messages
- * 5000 MSM, CSW and NPP reached with AB messages.
- * 120 Peace Corps volunteers and their Ghanaian counterparts trained to reach 9000 individuals through community-based programs that promote AB
- * 3,000 OVC and PLHA engaged in HOPE care activities provided with prevention programming that promotes AB
- * 200 peer educators trained to reach 1000 military personnel with AB prevention messages specifically adapted to the needs of the Ghanaian armed forces
- * Over 17,000 individuals reached with AB messages overall, of which 300 with abstinence-only messages.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24000
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	200
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	891

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8353.08	Mechanism: HOPE Project
Prime Partner: Opportunities Industrialization Centers International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 19076.08	Planned Funds: \$36,000
Activity System ID: 19076	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8323.08	Mechanism: Ghana Sustainable Change Project
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 19015.08	Planned Funds: \$0
Activity System ID: 19015	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8334.08	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB
Activity ID: 19017.08
Activity System ID: 19017
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area Code: 02
Planned Funds: \$25,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8330.08
Prime Partner: US Peace Corps
Funding Source: GHCS (State)
Budget Code: HVAB
Activity ID: 19005.08
Activity System ID: 19005
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Peace Corps
USG Agency: Peace Corps
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$54,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8324.08
Prime Partner: Academy for Educational Development
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 19014.08
Activity System ID: 19014
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Strengthening HIV/AIDS Response Partnerships
USG Agency: U.S. Agency for International Development
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$210,772

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$2,696,518

Amount of total Other Prevention funding which is used to work with IDUs \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

OVERVIEW

Estimates of HIV prevalence among CSW ranges from 30-45%. 93% of CSW report using condoms with their clients but only 26% of CSW report using condoms with their non-paying partners. Those who identify themselves as sex workers are estimated at around 34,000 but it is unknown how many CSW and MSM are involved in informal, transactional sex. Among MSM, HIV prevalence is 26%. Contrary to other countries in Africa, research recently conducted by 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.

There are approximately 300,000 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 most-at-risk populations, CSW and MSM.

KEY INTERVENTIONS

USG Ghana concentrates its efforts in 27 of Ghana's 138 districts, which were selected based on prevalence and high concentration of most-at-risk groups. USAID's partners West Africa Program to Combat AIDS (WAPCAS), Ghana Sustainable Change Program (GSCP) and SHARP focus on reaching CSW, their clients and partners, MSM and PLHA. Peace Corps capitalizes on its community presence nation-wide. USAID West Africa's Regional Program, through its implementing partner AWARE, focuses on cross-border sex workers (including their clients and regular partners) who lack basic prevention services in Burkina Faso and Togo. DOD supports peer education programming to reduce HIV/AIDS in Ghana's military population. The State Department's Ambassador's Self-Help Program supplements these activities by providing small grants to at-risk populations.

USG Ghana conducts its prevention efforts in areas where people meet new sexual partners; targets persons engaged in high-risk behaviors and their sexual partners, and prevents the bridging of HIV transmission to the general public. These interventions focus on eight key behaviors:

1. Use condoms correctly and consistently;
2. Use non-oil based lubricants properly (anal sex and "dry" vaginal sex);
3. Get tested and know your HIV status;
4. Disclose your HIV status to regular partners;
5. Adhere to treatment (STI, ART, and OI);
6. Promptly seek appropriate and effective treatment (including for STI);
7. Fidelity and partner reduction;
8. Actively participate in designing, implementing and monitoring HIV/AIDS policies and services.

CURRENT USG SUPPORT

SHARP supports prevention for most at risk populations implemented by 16 NGOs working in 22 districts and 9 regions (all NGOs receive sub-grants and direct capacity-building support from SHARP; see the Partner Justification). Due to the stigma facing CSW, MSM and PLHA, SHARP's overall approach to prevention relies heavily on informal social networks and peer education, as well as innovative electronic communications. A total of 656 peer educators sell condoms and non-oil based lubricants, provide education and information and make referrals. SHARP's sister organization, WAPCAS has 20 "friendly" clinics, which serve as a first line for STI treatment and HIV testing for CSW, MSM and PLHA. A similar network of "friendly" clinics is supported by AWARE in Burkina Faso and Togo, serving large numbers of Ghanaian CSW.

Opportunities to actively involve PLHA in prevention interventions were initiated in 2007 through ART clinics and also through PLHIV support groups. Condom and non-oil based lubricants were distributed. Support was also provided to PLHA to disclose to their regular partners and encourage them to get tested, and to practice safe sex and remain faithful to their partners through the Positive Living ("My Life") Tool Kit, developed by USAID partner GSCP.

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. C&OP-focused activities include educating individuals 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 are scheduled for January and March, 2008. Peace Corps' small grants program will begin the first quarter of FY08.

USAID's Opportunities Industrialization Centers International (OICI) HOPE program for HIV/AIDS orphans and vulnerable children provides 1,200 OVC with monthly counseling sessions that emphasize comprehensive prevention messaging. C&OP supports the counseling sessions' activities and messages that educate and promote correct and consistent condom use. HOPE ensures that all sessions are appropriately targeted to the age and risk-profile of the youth in attendance.

The DOD supports a comprehensive peer education program for the Ghana Armed Forces (GAF). The GAF's program is well-integrated into monthly general military training and intensive pre-deployment training for peacekeepers. USG Ghana support directly contributes to the training of peer educators, reproduction of curriculum and other educational materials and the supervision and monitoring systems of the peer education program. The program addresses correct condom use, identification of behavioral barriers, and the role of alcohol in increasing risky behavior.

FY08 SUPPORT

In FY08, the SHARP sub-granting program targeting CSW and MSM to change eight key behaviors will have reached its fullest coverage, with 17 NGOs, reaching over 20,000 individuals. WAPCAS, previously working under SHARP, will graduate to receive direct USAID funding in FY08 to provide prevention programs for its STI clientele, targeting almost 20,000 high-risk individuals. SHARP will continue providing limited technical assistance to WAPCAS. USAID Ghana and West-Africa will continue to collaborate to reach 1000 sex workers with services in Burkina and Togo. An annual program statement instrument will be launched in 2008 to attract 2-3 additional NGOs to work 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, with the aim of reaching 200 vulnerable girls and women with prevention services that empower them to prevent HIV infection by increasing their access to income generation.

In FY08, Peace Corps will train 120 volunteers and their local Ghanaian counterparts to promote prevention activities, including life-skills training and condom promotion, through community outreach. Peace Corps will continue administering its small grants program, which provides volunteers and their local Ghanaian counterparts with resources to implement activities reaching 3,500 individuals.

HOPE will continue to expand its C&OP programming for PLHA receiving palliative care (see basic health care and support) and OVC scholarship beneficiaries (see OVC). DoD's peer education program in FY08 will train a total of 100 peer educators, mostly focusing on AB messages but also reaching 500 persons with C&OP messages. Program materials will be coordinated with SHARP to better utilize resources and best practices.

LEVERAGING AND CO-ORDINATION

USG Ghana is actively involved in the national HIV/AIDS Technical Working Group (TWG) and other national stakeholders' meetings widely attended by government, NGOs, development partners, private sector and others to ensure open dialogue and sharing of experiences. USAID is sector lead on behalf of all bi-lateral and multi-lateral financial contributors. Close collaborations between USAID/Ghana and USAID West Africa will lead to a harmonization of sex worker interventions across borders. USG and UNFPA jointly provide condoms to supply to USG-supported social marketing outlets. USAID is presently discussing closer collaboration in the area of prevention for MARP with German and Danish counterparts.

PRODUCTS/OUTPUTS

*USG Ghana's package of eight key prevention behaviors promoted among 12,000 FSW, 2,000 Non-Paying Partners, 5,000 MSM and 3,000 PLHIV (26,000 total) through SHARP's community-based interventions

*19,000 CSW and MSM, clients of WAPCAS clinics, reached with C&OP programming

*1000 sex workers reached with services in Burkina and Togo through USG Ghana and USAID West Africa collaboration;

* 2-3 local organizations new to the USG Ghana program receive direct USG support to implement comprehensive prevention programs, reaching 2000 individuals.

*2-4 new income generating activities train 40 persons to reach high-risk groups with income-generating activities that empower 200 individuals to avoid HIV infection

*120 Peace Corps volunteers and their Ghanaian counterparts trained to reach 3500 individuals through community-based programs that promote C&OP

*100 peer educators trained to reach 500 military personnel with C&OP prevention messages specifically adapted to the needs of the Ghanaian armed forces

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets 3048

5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful 52065

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8330.08	Mechanism: Peace Corps
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 19006.08	Planned Funds: \$40,000
Activity System ID: 19006	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8333.08	Mechanism: AMB Fund
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 19025.08	Planned Funds: \$22,500
Activity System ID: 19025	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8334.08	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP
Activity ID: 19026.08
Activity System ID: 19026
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area Code: 05
Planned Funds: \$20,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8328.08
Prime Partner: Opportunities Industrialization
Centers International
Funding Source: GHCS (USAID)
Budget Code: HVOP
Activity ID: 19020.08
Activity System ID: 19020
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: HOPE Project
USG Agency: U.S. Agency for International
Development
Program Area: Condoms and Other
Prevention Activities
Program Area Code: 05
Planned Funds: \$44,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8324.08
Prime Partner: Academy for Educational
Development
Funding Source: GHCS (USAID)
Budget Code: HVOP
Activity ID: 19021.08
Activity System ID: 19021
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Strengthening HIV/AIDS
Response Partnerships
USG Agency: U.S. Agency for International
Development
Program Area: Condoms and Other
Prevention Activities
Program Area Code: 05
Planned Funds: \$1,780,406

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8323.08	Mechanism: Ghana Sustainable Change Project
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 19022.08	Planned Funds: \$0
Activity System ID: 19022	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HBHC - Basic Health Care and Support

Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06

Total Planned Funding for Program Area: \$723,800

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

OVERVIEW

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), prevention of new HIV infections, support for PLHA associations and greater involvement of PLHA in health care and support.

In Ghana, about 71,000 patients are thought to be in need of clinical palliative care. However, only 21,000 patients receive HIV-related clinical care (excluding TB/HIV) from Ghana's 127 clinics and hospitals. Civil society's engagement in clinical care expands the availability of supportive services for PLHA, with over 200 NGOs and FBOs active in-country. 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 for FY 2008 continues to be encouraging PLHA to seek services, adhere to treatment and prepare physically and psychologically for reintegration into society.

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. Clinical interventions in 20 Global Fund-supported sites focus 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.

Community interventions are linked to the clinical sites to reinforce each other and focus on strengthening the skills of the rapidly increasing numbers of PLHA groups financially and programmatically, training on existing life-skills curriculum, providing psycho-social counseling including adherence counseling and supporting couple-to-couple counseling and partner notification. 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. Food for Peace nutritional support resources are distributed to those most in need. Case finding of bedridden PLHA is rapidly being scaled up to increase the number of patients using services.

CURRENT USG SUPPORT

The full details of results for FY07 will be available when USG Ghana submits its first Annual Performance Report (APR) in November 2007.

With FY07 funds, the Strengthening HIV/AIDS Partnerships (SHARP) Project; Opportunities Industrialization Centers International's (OICI) HOPE program supporting orphans and vulnerable children and PLHA; SHARP and Quality Health Partners (QHP) will partner to deliver HIP in 20 facilities and surrounding communities. Palliative care interventions will be expanded to include adherence counseling, support for disclosure of HIV status to regular partners, emergency medical treatment for bedridden PLHA, and ART treatment referrals and tracking at the community level. Through community dialogue, patient groups (including sex workers and MSM) will be mobilized to establish PLHA support groups and to access quality services at patient-friendly sites.

QHP is working directly with 20 facilities to improve the availability and quality of services and to strengthen referral linkages, both within health facilities and to outside organizations. Through the Food for Peace program, USAID is involved in providing nutritional supplements to PLHA and in developing income-generating activities.

In FY07, HOPE is partnering with the Food for Peace program to provide 1,700 PLHA with monthly food rations and nutritional counseling. PLHA will also receive psycho-social support that encourages positive living, treatment adherence and partner disclosure. OICI will also train 740 individuals (including Queen Mothers and community health members) through 10 days of continuous education to become lay counselors. Training topics will include psychosocial and nutritional counseling, status disclosure, positive living and infection prevention.

Peace Corps supports In-Service Training (IST) to educate volunteers and their Ghanaian counterparts on the implementation of community-based health care and support programming. The first IST with PEPFAR FY07 funds are scheduled for January and March, 2008. Peace Corps also has a small-grant program to support projects managed by volunteer and community partners that enhance the quality of life for HIV-infected clients and their families.

USG FY08 SUPPORT

Five NGOs are receiving subgrants from SHARP to introduce 175 PLHA groups to 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. The Ambassador's Self-Help Program will support 3 to 5 of these groups with additional elements such as income generation and skills building for group members. SHARP (through 8 additional NGOs) will carry out active case-finding of bedridden PLHA nation-wide, aiming to identify at least 400 new cases and creating access to clinical services.

In FY08, Peace Corps will continue training volunteers and their local Ghanaian counterparts to promote community-based health care and support. 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. Program activities result in improved nutrition, income generation, and linking HIV-infected people to clinical health care. Activities will also link with existing USG anti-stigma campaigns to improve acceptance and support by family members, the larger community and/or service providers.

QHP will use quality assurance methods to improve referral practices for OIs in 20 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 the gaps. QHP/GHS teams will follow-up with the facilities at three-month intervals for one year to support successful intervention. QHP will also support improved palliative care by institutionalizing basic care and support training, including infection prevention, for 900 family members and other non-health worker care-givers at the facility level. By sharing key messages with family members/care givers and orienting them in minimal skills for bed care, wastes handling, etc., the risk of transmission of infection from caregivers to the sick and vice versa will be reduced. Intra-facility and community linkages with high-risk groups and clinics will continue to be strengthened and semi-annual facility-community dialogues will be held to strengthen dialogue and referrals.

HOPE will continue to expand its palliative care programming through USG FY08 support. The HOPE program will expand its provision of palliative care services, including nutritional support, to a total of 2,365 individuals. The number of individuals trained will decrease (to 400) as the established corps of lay counselors trained in FY07 will continue providing services in FY08.

LEVERAGING AND COORDINATION

USG provides linkages between facility-based services and the community, leveraging Global Fund resources which provide

training and drugs for HIV-related care. 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 Food for Peace and the Presidential Malaria Initiative, which distribute nutritional supplements and bednets to eligible PLHA in about 40 locations.

PRODUCTS/OUTPUTS

- *Improved palliative care services at 20 HIV/AIDS facilities,
- *900 individuals (family members, health staff, PLWHA) trained in HIV care and treatment and infection prevention
- *175 PLHA associations supported with tools and TA to provide "Positive Living" counseling
- *a total of 21,000 provided with palliative care
- *2365 PLHA with symptomatic disease assisted with nutritional support
- *400 bedridden PLHA provided access to HIV-related clinical care
- *60 Peace Corps volunteers and their Ghanaian counterparts trained to promote health care and support in their communities.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	23
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	22652
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1605

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

<p>Mechanism ID: 8324.08</p> <p>Prime Partner: Academy for Educational Development</p> <p>Funding Source: GHCS (USAID)</p> <p>Budget Code: HBHC</p> <p>Activity ID: 19030.08</p> <p>Activity System ID: 19030</p> <p>Activity Narrative: N/A</p> <p>HQ Technical Area:</p> <p>New/Continuing Activity: New Activity</p> <p>Continuing Activity:</p> <p>Related Activity:</p>	<p>Mechanism: Strengthening HIV/AIDS Response Partnerships</p> <p>USG Agency: U.S. Agency for International Development</p> <p>Program Area: Palliative Care: Basic Health Care and Support</p> <p>Program Area Code: 06</p> <p>Planned Funds: \$473,800</p>
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Table 3.3.06: Activities by Funding Mechansim

<p>Mechanism ID: 8328.08</p> <p>Prime Partner: Opportunities Industrialization Centers International</p> <p>Funding Source: GHCS (USAID)</p> <p>Budget Code: HBHC</p> <p>Activity ID: 19029.08</p> <p>Activity System ID: 19029</p> <p>Activity Narrative: N/A</p> <p>HQ Technical Area:</p>	<p>Mechanism: HOPE Project</p> <p>USG Agency: U.S. Agency for International Development</p> <p>Program Area: Palliative Care: Basic Health Care and Support</p> <p>Program Area Code: 06</p> <p>Planned Funds: \$50,000</p>
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New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8330.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 19007.08

Activity System ID: 19007

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: Peace Corps

USG Agency: Peace Corps

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$40,000

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8326.08

Prime Partner: Engender Health

Funding Source: GHCS (USAID)

Budget Code: HBHC

Activity ID: 19058.08

Activity System ID: 19058

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: Quality Health Partners

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$160,000

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$299,800

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

OVERVIEW

The best estimates available for Ghana (WHO/MOH 2004-06) indicate that 81,000 people are infected with tuberculosis and each year 45,000 new infections occur. 12,000 are diagnosed each year out of which 100% initiate the internationally recommended DOTS treatment protocol; out of these, approximately 60% are reported cured each year. TB causes an estimated 10,000 deaths each year in Ghana. TB control is cited as a major priority in national policy documents and has enjoyed stable funding in recent years. Yet Ghana's low case detection rate remains stubbornly low, at 26% nationally; this compares unfavorably with the African average case detection rate of 50%.

No systematic nation wide study on the prevalence of HIV and TB co-infection in Ghana has been conducted. However, it is estimated that the influence of HIV on TB has been increasing. In 1989, about 14% of TB cases could be attributable to AIDS. By 2009, it is projected that approximately 59% of TB cases will be attributed to the HIV/AIDS epidemic. Hospital studies have shown 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+. 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 the higher occurrence of extra-pulmonary TB (EPTB) in HIV positive clients, who often present with both EPTB and pulmonary-TB.

The national TB and AIDS control program have a policy of close collaboration, as articulated in the TB/HIV Technical Policy and Guidelines (GHS Feb 2007), which was developed according to WHO standards and with USAID support. However implementation of collaborative activities is lagging. In most cases TB and HIV services are located within the same facilities but do not share space; however, systematic referral between TB and HIV wards is now encouraged and has started in the larger facilities, with some success. In 2007, with Global Fund and USG support, about 3000 TB patients were tested for HIV, and 3,400 PLHA were tested for TB. The bulk of funding for TB control in Ghana is sourced from the Global Fund (\$6.5 million in 2007), with the USG as the only major bilateral donor (projected \$800,000 in total support for TB control annually); WHO contributes approximately \$40,000 annually.

KEY INTERVENTIONS

USG Ghana's support for TB/HIV clinical care under PEPFAR is concentrated at 25 focus facilities (20 in 2008). The USG concentrates its efforts in ART treatment and palliative care to help these facilities provide the full continuum of care through the High-Impact Package (HIP). USAID TB/HIV interventions include

- Train PLHA in TB prevention, early case detection and treatment referral in 4 regions (Strengthening HIV/AIDS Response Partnership (SHARP), Quality Health Partners (QHP)).
- Disseminate and support the implementation of the TB/HIV dual infection guidelines (QHP);
- Strengthen TB screening and treatment of HIV+ clients at 25 health facilities (QHP), and train DOTS centers in testing for HIV;
- Strengthen referral networks in 4 regions (QHP, West African Program to Combat AIDS and STI (WAPCAS))

In addition, USAID 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 UNDER PEPFAR

Results for FY07 will be available when USG Ghana submits its first Annual Performance Report (APR) in November 2007. USG Ghana anticipates that targets will be met regarding FY07-funded activities.

SHARP and QHP facilitated the development of the Ghana Health Service's TB/HIV Technical and Policy Guidelines (Feb 2007), which mandates improved collaboration between the national TB and AIDS control programs and other partners. In FY07, QHP is supporting the roll-out and implementation of these Guidelines in selected facilities offering comprehensive HIV/AIDS and DOTS services. The aim is to introduce quality improvement approaches, including the use of standard guidelines and tools, through QHP's proven COPE ("Client Oriented, Provider Efficient") methodology. QHP is strengthening referral mechanisms for managing TB/HIV both within and beyond the health facilities to community-based palliative supportive services. The aim is to ensure that routine HIV testing is conducted for all TB patients and that HIV+ clients are routinely screened for TB at the facilities through integrated services or strengthened referral networks. QHP and SHARP are also facilitating the adaptation of WHO's guidelines on TB/HIV clinical care for use in Ghana.

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. Among these, SHARP implementing partner WAPCAS manages STI sites for persons engaged in high-risk behaviors, and collaborates with the TB DOTS program to encourage increased referrals and linkages to TB services for its sites' clientele. 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.

FY08 SUPPORT UNDER PEPFAR

QHP will further roll out its HIP program implementation to an additional five facilities, while graduating 10 previously trained sites. Fifteen facilities with training in progress will receive follow-up, including 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 to staff who have not had such training previously. QHP will also train counseling and testing (CT) providers to use TB screening tools, so that they can recognize the infection early among PLHAs and appropriately refer or link them with DOTS services.

Peer education activities implemented in partnership with SHARP and QHP will continue in FY08. As in FY07, PLHA peer educators and NGO program staff will receive training in TB prevention, early case detection and referral for treatment. The peer educators will continue to be supported through SHARP's implementing partners to conduct TB screening and education for 8,500 PLHIV in 175 support groups. Referrals to facilities for second level TB screening will be strengthened, with 3,000 PLHIV targeted for TB treatment referrals.

In the FY08 COP, the indigenous organization "WAPCAS" will receive direct USG assistance for the first time. In FY08, WAPCAS will continue its collaboration with the TB DOTS program to encourage increased referrals and linkages to TB services for its sites' clientele. Activities to support this objective will continue to include training community health workers on basic care and management of TB and use of the national TB screening checklist.

LEVERAGING AND COORDINATION

Most TB control activities in Ghana are driven by Global Fund 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 large grant from the Global Fund Round 5 (\$31.5 million for 2006-2010) for national scale-up of these activities, as well as several other initiatives, such as community-based DOTS, TB/HIV, the new anti-TB drug regimen, and extension of the TB control program in prisons. Ghana's Global Fund Round 5 award for HIV/AIDS is providing \$2.9 million for 2006-2010 to the NACP for TB-HIV activities.

USAID, with Child Survival and Health funds will assist the National Tuberculosis Program beginning in October 2007. Major activity areas will include: (1) assisting the NTP to develop the national Strategic Plan 2007-2011; (2) implementing a comprehensive laboratory quality assurance system; (3) improving the management and quality of TB medication and related supplies, including the new fixed-dose combination medications; (4) supporting TB/HIV collaboration activities nationwide; (5) strengthening the NTP's capacities in operational research, data analysis and monitoring and evaluation, with a view to correcting some of the key program deficiencies that underlie Ghana's low TB case detection rates.

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

USG activities reinforce the Global Fund 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 continue to communicate with each other. At the national level, a series of stakeholders meetings will be organized to assess progress and inform all parties. Once pilot sites show significant results, they will be considered for use as model sites in 2008.

PRODUCTS/OUTPUTS

- Guidelines for clinical management of TB/HIV available and in-use at TB/HIV sites
- 20 facilities' ability to provide TB/HIV services strengthened through the COPE method
- 8,500 PLHIV in 175 support groups provided with TB screening and education
- 3,000 PLHIV receiving TB treatment
- 1,000 TB patients identified as HIV positive.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3000
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	560
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1000

Custom Targets:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 8324.08	Mechanism: Strengthening HIV/AIDS Response Partnerships
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19033.08	Planned Funds: \$154,800
Activity System ID: 19033	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 8326.08	Mechanism: Quality Health Partners
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19032.08	Planned Funds: \$95,000
Activity System ID: 19032	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$92,500

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

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. Overall, orphans represent 10% of the Ghanaian population and 17% of orphans (170,000) are estimated to be due to AIDS (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. For others, Ghana has a Department of Social Welfare that reaches every district, identifies vulnerable children and looks, as best as it can, after their basic needs. The ratio of orphaned to non-orphaned children aged 10-14 who are currently in school is 0.94, indicating that this approach has some success. Orphans not cared for by their relatives live in orphanages (run by the state or churches), with foster families or under the care of Queen Mothers' associations, the traditional authorities in charge of women and children's welfare. Churches play a significant role in supporting orphanages where children receive very basic care and support. The national 2007 HIV/AIDS budget allocated about \$400,000 for orphans but additional resources are expected to become available through district allocations of HIV/AIDS funds and other sources.

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 are 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 C&T project tested 2000 of these girls and found that 4% were infected, lower than experts expected. UNICEF supports interventions for the female porters.

KEY INTERVENTIONS

The geographical scope of USG Ghana's efforts in OVC is focused on the 27 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 as full package of support for OVC: training and facilitating care givers' support; distributing food rations for orphans and care givers; providing scholarships to promote OVC staying in or returning to school (although limited for 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

Results for FY07 will be available when USG Ghana submits its first Annual Performance Report (APR) in November 2007. USG Ghana anticipates that targets will be met regarding FY07-funded activities.

In FY07, USG Ghana will increase the number of OVC that it provides with a package of care and support from 1,275 to 1875. Monthly training sessions on HIV/AIDS life-skills for all OVC provide psycho-social, motivational and vocational counseling individually and in groups. In addition, 300 of these OVC will also receive scholarships to pursue either secondary school education or courses in vocational and entrepreneurial skills. The scholarships include a transportation stipend, as most guardians cannot afford to give a daily allowance for transportation. The scholarships also include exam fees for those in secondary school.

Over and above the fifty caregivers trained in 2006, 65 additional care givers will be trained in 2007 to provide care to HIV+ orphans, with an emphasis on psycho-social counseling and HIV infection prevention.

USG FY08 SUPPORT

Through FY08 support, the USG Ghana program will support 1,900 OVC, plus an additional 50 caregivers will be trained. The scholarship program will decrease its beneficiaries to 200 based on the increased resources required to comply with new national guidelines that extend vocational training courses from one to two years. Beneficiaries will be 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.

In FY08, 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 that it will award 2-3 grants, serving approximately 200 OVC and training 40 providers in caring for OVC. Strong preference will be given to grass-roots efforts and groups that have demonstrated a financial or in-kind commitment to the activity for which they seek funding.

COORDINATION AND LEVERAGING

Most USG support for OVC is 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 about \$700,000. As was the case reported in the previous mini-COP, the Food for Peace program is scheduled to be terminated in Ghana. Presently, this is not expected earlier than 2009, and USG Ghana will formally request the Food for Peace Program to continue the OVC and PLHA efforts as an emergency program. 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.

PRODUCTS/OUTPUTS

- 1,900 orphans and their households provided with food rations
- 200 OVC scholarships awarded (2-year course)
- 90 caregivers trained in caring for OVC
- 2-4 grassroots organizations implement income-generating activities for 200 OVC.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	1900
*** 8.1.A Primary Direct	400
*** 8.1.B Supplemental Direct	1500
8.2 Number of providers/caregivers trained in caring for OVC	90

Custom Targets:**Table 3.3.08: Activities by Funding Mechanism**

Mechanism ID: 8328.08	Mechanism: HOPE Project
Prime Partner: Opportunities Industrialization Centers International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 19035.08	Planned Funds: \$70,000
Activity System ID: 19035	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8333.08	Mechanism: AMB Fund
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 19036.08	Planned Funds: \$22,500
Activity System ID: 19036	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$480,223

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

OVERVIEW

In Ghana, testing services are available in at least 400 public PMTCT sites, 210 of which also provide stand-alone C&T. Over a 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. In the six months till June 2007, the Global Fund has supported refurbishing, equipping and training personnel to provide 76 new PMTCT/ C&T sites. During the first six months of 2007, about 66,000 clients accessed public C&T services, about half of which were pregnant women in the context of PMTCT (0.6% of the adult population and 5% of pregnant women). 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 CSW, MSM and partners of PLHA, is low and ineffective due to stigma.

The military voluntarily test approximately 300 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), with its focus on testing, palliative care and ART, supports the provision of quality C&T at 25 Global Fund-supported sites. The USG Ghana also supports the integration of C&T services at 25 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. In FY07, DOD will use 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

USG Ghana will report its first detailed results in the November 2007 annual performance report which will include the numbers of people tested at USG supported sites.

In FY07, the USAID Strengthening HIV/AIDS Partnerships (SHARP) Project increased support to STI treatment from 18 to 20 clinics, targeting at-risk populations. Rapid test kits and trained CT service providers are now available directly in the 20 STI clinics, avoiding the need for referrals. CT services were also expanded into 5 drop-in centers providing services to CSW and MSM. Referral systems were established between MSM and CSW communities and MSM/CSW-friendly counseling and testing sites to promote acceptance and receipt of testing. PLHA discordant model couples were trained in couple-to-couple counseling and family counseling to encourage disclosure and testing of partners as part of the Positive Living Tool Kit designed and disseminated to 175 PLHA support groups. As an integrated activity, jointly carried out by USAID implementers SHARP and QHP, referrals for C&T were 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 in FY07 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 – 6 months intervals for re-evaluation and problem-solving.

In FY07, the DOD program provided support to recruit new counselors and to train additional part-time counselors. 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 is developing 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. In 2007, the system is being implemented in all sites using test kits and all relevant staff is trained on commodities security and logistics.

FY08 USG SUPPORT

QHP will graduate 10 C&T sites and take on five new ones with its quality assurance for a total of 20 USG-supported Global Fund sites. QHP will provide the same package of services described above. In addition, a new focus will be given to strengthening

contacts between sites and high-risk groups through support for visits by facility-based providers to their clients, 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 CT services.

Through WAPCAS, the functioning of the 20 FSW/MSM-friendly STI sites and drop-in centers will be closely monitored for performance in C&T. Social marketing campaigns that make use of the telecommunications initiative (“Call Me-Chat Me-Text Me”; see also AB and C&OP Program Area Contexts) that were prepared and tested in 2007 will be rapidly expanded in FY08 to promote the use of CT services among high-risk groups. 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 525 partners of PLHIV for counseling and testing, and to promote prevention interventions for PLHA.

Within the military, DoD will support 2 full-time counselors and train additional part-time counselors. The national, 2-week training for counseling will be utilized. The full-time counselors will be placed at the busiest sites.

DELIVER will continue to support the national scale up of VCT /PMTCT sites by putting in place its 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. 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.

PRODUCTS/RESULTS

* Improved C&T services at 20 Global Fund-supported C&T/PMTCT/ART sites, with 10,000 individuals receiving C&T and their test results;

*21 military counselors trained and 5,300 persons military, families and civilians) tested.

* 525 partners of PLHA referred for counseling and testing;

*Increased access to C&T services for high-risk populations - especially CSW, their clients and partners and MSM – with 1,800 receiving C&T and their test results.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	47
9.3 Number of individuals trained in counseling and testing according to national and international standards	208
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	16725

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8326.08	Mechanism: Quality Health Partners
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19037.08	Planned Funds: \$112,500
Activity System ID: 19037	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8334.08	Mechanism: Department of Defense
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19041.08	Planned Funds: \$40,000
Activity System ID: 19041	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8327.08	Mechanism: DELIVER
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19038.08	Planned Funds: \$165,000
Activity System ID: 19038	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8324.08	Mechanism: Strengthening HIV/AIDS Response Partnerships
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19039.08	Planned Funds: \$130,723

Activity System ID: 19039

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$786,587

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

OVERVIEW

An estimated 60,000 people need ART in Ghana and approximately 16,000 additional persons become treatment-eligible annually. By June 2007, only 10,000 people were on treatment, including about 300 children, which is well below the Global Fund target of 17,500 by the end of the year. Training, drugs, consumables and refurbishments have been provided to most of the Global Fund's 34 sites, and 12 additional sites, either private or supported by the World Bank) but many sites are functioning at lower than anticipated levels. Many people are ART-eligible yet do not receive treatment because they do not access services.

Patients are unwilling to reveal their status, lack the resources for travel and treatment and do not have family support. 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 has been insufficient, and stigma problems lead some staff to refuse to be deployed at ART departments. PMTCT and VCT services, available at over 400 sites, face similar problems, with stigma the overarching factor for low performance. Pediatric ART has only recently been introduced and the number of identified treatment-eligible children is said to be low. Specific barriers to access or to providing treatment are not fully understood, but stigma and a lack of objective information on treatment options are believed to be important.

KEY INTERVENTIONS

A key aspect of leveraging and coordination is the strategy of targeting USG support to reinforce the basic scale-up support coming from the 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 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. USAID Strengthening HIV/AIDS Partnerships (SHARP) and West African Program for Combating AIDS and STI (WAPCAS) ensure linkages between community groups and community facilities that cater especially for most-at-risk groups, especially sex workers AND msm, and with groups of PLHA.

CURRENT USG SUPPORT

Results for FY07 will be available when USG Ghana submits its first Annual Performance Report (APR) in November 2007. USG Ghana anticipates that targets will be met regarding FY07-funded activities.

To reinforce the Global Fund's investment in treatment, USAID partner QHP will institutionalize quality improvement processes into ART and other HIV/AIDS treatment-related services at health facilities. QHP will apply the COPE (Client Oriented, Provider Efficient) quality improvement process with a particular focus on HIV treatment and ARV services; implement stigma reduction trainings and hold community-facility meetings to discuss issues with access and acceptability of services. COPE – introduced in 10 facilities in 2006 and in an additional 15 facilities in 2007 – 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.

Nationally, JSI/DELIVER develops and expands commodities logistics and management information systems for ART and uses the data collected for forecasting the quantification, procurement planning and pipeline monitoring of the commodities. In 2006, the system was implemented in all sites using ART and test kits. JSI/DELIVER also financed a HIV-related commodity security strategy to ensure that ARV will be available after the Global Fund grant has ended.

To strengthen program quality and to reduce pressure of clinic staff, SHARP is supporting the training of PLHA as peer educators ("Models of Hope") to support adherence and psychosocial counseling in eight ART facilities. Refresher training is conducted for 69 Peer educators trained in FY06. At the national level, SHARP advocates for policies supporting integration of Peer Educators into ART service delivery in Ghana Health Service facilities.

Since Ghana is one of the few countries where ART supply outstrips demand, case-finding is an appropriate method to increase patient load. SHARP will coordinate support for 140 currently bedridden PLHA to access ARV for one year. PLHA and Community Health nurses will continue to be supported to detect bedridden PLHA and rapidly transfer them to ART sites. There is collaboration with Faith-Based Organizations to encourage their congregations to identify bedridden family members and assure that they access care and treatment services.

USG FY08 SUPPORT

In FY08, QHP will take on five new sites to conduct COPE, while continuing follow-up activities at 15 of the sites initiated in FY06 and FY07. A new element of the program is to engage 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. Stigma reduction training for health staff and auxiliary workers is part of the program in all facilities.

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.

In FY08, SHARP will strengthen ART adherence using 200 Models of Hope (ART Adherence Peer Educators) trained in FY06 and FY07 to provide ART adherence counseling and support in 15 facilities. Strategic updates/refresher training will be organized for 131 PLHA Peer Adherence Counselors Trained in FY07. SHARP will leverage funds and collaborate with WHO and UNAIDS support Models of Hope in three additional ART facilities in Northern Ghana.

PLHA, Community Health nurses, and Peace Corps Volunteers will be supported to detect bedridden PLHA and rapidly transfer them to ART sites. Through collaboration with GSCP, FBOs and religious leaders will also receive limited support to encourage their congregations to identify bedridden family members and assure that they access care and treatment services.

LEVERAGING AND COORDINATION

Targeted USG support reinforces the scale-up activities funded by the Global Fund. USG support is being coordinated with National AIDS Control Program (NACP) national and regional personnel in activities, and through quarterly technical coordination meetings. Non-USG resources are supporting the basic pre-launch site preparation, 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, creating the linkages with community-based programming and case-finding activities.

PRODUCTS/RESULTS

- * 20 health facilities supported to increase the quality of treatment services and reduce stigma;
- * ARV procurement and logistics information systems and procurement supported nationally;
- * Strategic updates/refresher training organized for 131 PLHA Peer Adherence Counselors 15 sites;
- * 5000 persons on ART at USG-supported sites, of which 900 initiated ART in FY2008;
- * Provide treatment access to at least 250 bedridden PLHA.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	23
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	900
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5250
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5000
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	831

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8324.08	Mechanism: Strengthening HIV/AIDS Response Partnerships
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 19112.08	Planned Funds: \$289,087
Activity System ID: 19112	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8326.08	Mechanism: Quality Health Partners
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 19114.08	Planned Funds: \$232,500
Activity System ID: 19114	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8327.08	Mechanism: DELIVER
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 19115.08	Planned Funds: \$235,000

Activity System ID: 19115

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$721,250

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

OVERVIEW

Ghana's HIV sero-prevalence rate is 3.2% among pregnant women and 2.2% among the adult population (Ghana, NACP, 2007). 2005 and 2006 USG-supported studies confirmed 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 persons engaged in high risk behaviors (PEHRB) 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 CSW and MSM, are disproportionately represented in HIV prevalence rates 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 SHARP project has generated evidence-based research on CSW 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.

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 mini-COP indicators. Data quality assessments will have to 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. A recent institutional assessment of the GAC revealed that there is considerable need to strengthen the M&E component of this commission.

KEY INTERVENTIONS

Most SI activities will be implemented at the national level (for dissemination) and within the 27 USG focus districts with implementing partners and USG implementing agencies (for dissemination, M&E capacity building and data quality assessments). Through the USAID Strengthening HIV/AIDS Partnerships Project (SHARP), the USG will support 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 is conducting quick studies to identify promising practices and program bottlenecks, and package and disseminate this strategic information. SHARP has the additional mandate to support implementing partners in

M&E systems development and maintenance.

CURRENT USG SUPPORT

Key in the FY07 program will be the dissemination of existing data and research findings and improving the quality by USG partners. By 2007 SHARP completed 18 operations/formative research studies, 5 biomarker studies and 3 evaluations were completed. 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 FY07, SHARP will support 16 sub-grantees through grants and technical assistance (TA) to develop and strengthen their M&E systems, build credible data audit trails and improve upon data quality and use. This support will include standardization of data collection tools across partners and geographic regions. Technical assistance will also be given to 20 Ghana Health Service clinics to collect data and report timely on HIV/STI activities. All 27 USAID-focused districts are receiving TA to improve their data collection, analysis and management of information generated from the data collected and reports. SHARP is also providing 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.

FY08 USG SUPPORT

SI efforts in FY08 will continue to strengthen existing USG partners M&E systems with special focus on improving data quality and dissemination of existing information for program management. The USG, through SHARP, will use a behavioral surveillance and biomarker survey to conduct the final evaluation of SHARP's FSW interventions started at the beginning of the project. The survey will use the research methodology and tools developed by SHARP in FY06 and FY07, and will be conducted in collaboration with local organizations. SHARP will provide direct grants to 17 NGOs in FY08 and support their data collection, data quality, regular reporting, and the use of strategic information to improve program implementation.

Routine data audit and validation exercises will be conducted on data from all USG partners; all USAID direct implementers; and all sub-grantees to ensure high quality data and reporting. Focal persons and District Information Managers from the 27 focus districts will be trained in SI. A total of 75 individuals are targeted from these organizations to be trained in strategic information. As a part of the effort to improve data quality, DOD will assist the GAF in recruiting a full-time data entry clerk/analyst who will use program data to further focus the military HIV/AIDS program. This will also facilitate data exchange between DOD and SHARP.

A rigorous dissemination of information generated over the years will be pursued in FY08 as part of SHARP's exit strategy. Partners, program implementers and other stakeholders will be engaged to buy-into SHARP's innovative initiatives to ensure continuity after the project ends. Throughout 2008, SHARP will continue to creatively package and disseminate information generated through USG research and program activities to USG IPs and other stakeholders using multi-media formats. Information will also be provided through SHARP's Knowledge Express Services. Districts will have increased access to strategic information, manuals, protocols and other multi-media packages through District Resource Centers that will go a long way to address the information needs of the district.

One national and nine regional close-out conferences (using packaged information from program and research activities and results) will be organized by SHARP and will include all USG/USAID-funded PEPFAR partners. A total of 180 local organizations are targeted to receive TA for strategic information.

To monitor progress over time, especially in the prevention area, USG Ghana closely follows the results of prevalence studies and HIV/AIDS indicator surveys, including the Demographic and Health Survey (DHS, due in 2008), annual ante-natal surveillance and HIV prevalence and behavior surveillance studies of MARP. CDC will be providing assistance to develop the nation's capacity to carry out HIV-incidence studies which can be particularly valuable to evaluate the impact of PEHRB interventions.

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 GASC, of which USAID is deputy chair. Through leveraged technical assistance from UNAIDS, key District Assemblies staff in 27 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.

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 PEHRBs (CSW, MSM, PLHA) reached through community outreach that promotes HIV/AIDS prevention through abstinence or being faithful;

of individuals PEHRBs (CSW, 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 PEHRBs (CSW, MSM, PLHA) (excluding TB/HIV)

of individuals PEHRBs (CSW, MSM, PLHA) receiving clinical care (excluding TB/HIV)

C&T

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

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

PRODUCTS AND OUTPUTS

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

*428 individuals trained in strategic information;

*94 individuals trained to provide strategic information services to district level implementing partners;

*27 priority districts supported to improve strategic information and effective data management

*National capacity established to carry out HIV incidence studies.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	204
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	428

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8350.08	Mechanism: Global AIDS Program-GHCS
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 19074.08	Planned Funds: \$150,000
Activity System ID: 19074	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8334.08	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 Area Code: 13
Activity ID: 19049.08	Planned Funds: \$25,000
Activity System ID: 19049	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8324.08	Mechanism: Strengthening HIV/AIDS Response Partnerships
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 19047.08	Planned Funds: \$511,250
Activity System ID: 19047	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$664,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

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+ are often fired and/or evicted from their homes. Police, judiciary and health workers are mentioned by PLHA as showing particularly stigmatizing 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.

KEY INTERVENTIONS

To create a more conducive environment for the HIV/AIDS response, USG Ghana will continue and further focus the GOG's national stigma reduction campaign. The campaign aims to reduce stigmatizing behaviors in the general population (measured through the DHS) and in key actors, most importantly the police, judiciary and health workers. The national anti-stigma campaign uses mass media at a national level, reinforced by extensive community-level interpersonal communication activities through multiple channels (FBOs, NGOs, health workers, police, military, teachers) in the 27 USG focus districts.

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

USAID's Ghana Sustainable Change Project (GSCP) supported the national-level anti-stigma working group to design the anti-stigma campaign's first year of activities and developed a common theme and campaign materials. 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; 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, such as workplaces, refugee camps and traditional leaders programs; and training Peace Corps volunteers in stigma reduction to implement the initiative at the grassroots level.

A significant and increasing portions of USG funding over the life of the campaign will be spent on specific populations, especially the police, judiciary and health workers, as well as on PLHA groups 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 FY06, 10 ART sites received training in stigma reduction that involved about 500 staff. Training is continuing at an additional 10 facilities in FY07 aimed at reaching over 1200 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 is spearheading the anti-stigma activities among the judiciary and the police through interaction with high-level decision makers (including Ministers, the Inspector-General of Police, the Chief Justice and parliamentarians). The final aim of the activity is to develop anti-stigma policies within these services, and possibly human rights focal points established in all police stations.

Working in collaboration with other development partners, SHARP provides 27 focus district resource centers with strategic information packages and builds the capacities of selected volunteers to manage these centers. SHARP will strengthen the skills of 72 district level M&E staff to monitor and supervise planned activities and strengthen coordination of the districts' response. SHARP issued a new sub-contract in FY07 to provide intensive training and technical assistance supporting organizational development and performance improvement in prevention interventions for high-risk populations to 100 local NGOs implementing HIV/AIDS activities. The training mainly focuses 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 high-risk groups.

In addition, by the end of FY07, SHARP will support 16 NGOs through direct grants for interventions for high-risk populations, accompanied by intensive technical assistance to strengthen the technical and administrative skills of the subgrantees. The national sex worker strategy is being developed by the GAC, with USAID technical support, that builds on USG experiences in Ghana with MARPS, including promoting CSW-friendly clinical services using the WAPCAS model.

FY08 USG SUPPORT

The activities with the police, judiciary and prison service will be expanded in 2008, training representatives of the services nationwide and establishing anti-stigma focal points in key stations. Other donors, lead by the Ghana AIDS Committee will continue anti-stigma training within civil society organizations using the curriculum developed by the USG implementers.

QHP objectives in 2008 include providing stigma reduction training for both literate health workers (mostly clinical staff) and non-literate (non-clinical) staff in 5 new ART facilities. QHP will continue to follow up on 15 other sites that have had stigma reduction trainings in FY06 & FY07 to review their stigma action plans and ensure that proposed interventions are carried out by the facilities. SHARP will train 11,000 PLHA through its subgrantee in stigma reduction methods.

SHARP will also continue implementing performance improvement for 27 District Assemblies, 20 NGO/FBOs and 51 PLHA support groups including M&E training to strengthen the district response system. Intense monitoring and supervision and technical assistance will carefully guide the districts to increase their performance. Its sub-grantees will be increased to 17 (a total of 2 new sub-grantees, as the West Africa Regional Program to Combat AIDS, WAPCAS, will receive direct FY08 funding) and they will be provided with intensive support during the implementation of their sub-grant with the aim to create viable, high-quality local NGOs that could be eligible for direct USAID grants in the future.

SHARP will also continue to collaborate with Management Training Institutions (public/private) to provide technical assistance and hands-on support, supervision and mentoring in relation to organizational development to 100 NGOs implementing HIV/AIDS activities that were trained in FY07. One week intensive training courses and mentoring on functional financial management systems, monitoring and evaluation, human resource management, project management and implementation of effective interventions will continue to be among the key areas of the mentoring program. Over 200 individuals are expected to benefit from this intensive performance improvement program in FY08, resulting in more efficient organizations planning and implementing more efficient programs for most-at-risk groups.

Leveraging and Coordination

To support the anti-stigma campaign, GSCP mobilized 40 organizations, including major donors such as JICA, UNFPA and GTZ that will support the roll out of the campaign at the grass-roots level. The GAC will fund FBOs the USG trained in the previous year to carry out stigma-reduction activities in their communities using the materials of the national campaign.

PRODUCTS AND OUTPUTS

- * Code of conduct established for police, judiciary and prisons services for dealing with CSW and MSM
- * Materials on rights of MSM and CSW developed and disseminated among target groups
- * 400 health staff trained in stigma reduction
- * 10,000 PLHA and their partners trained in stigma reduction methods
- * Improved performance of 27 District Assemblies, 20 NGO/FBOs and 51 PLHA support groups
- * Capacity in organization development increased in 200 individuals from 100 NGOs
- * 17 indigenous NGOs ability to become direct recipients of USG assistance strengthened through sub-grants and technical, financial and management capacity-building support.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	100
14.3 Number of individuals trained in HIV-related policy development	60
14.4 Number of individuals trained in HIV-related institutional capacity building	400
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	11187
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	134

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

<p>Mechanism ID: 8326.08</p> <p>Prime Partner: Engender Health</p> <p>Funding Source: GHCS (USAID)</p> <p>Budget Code: OHPS</p> <p>Activity ID: 19050.08</p> <p>Activity System ID: 19050</p> <p>Activity Narrative: N/A</p> <p>HQ Technical Area:</p> <p>New/Continuing Activity: New Activity</p> <p>Continuing Activity:</p> <p>Related Activity:</p>	<p>Mechanism: Quality Health Partners</p> <p>USG Agency: U.S. Agency for International Development</p> <p>Program Area: Other/Policy Analysis and System Strengthening</p> <p>Program Area Code: 14</p> <p>Planned Funds: \$100,000</p>
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Table 3.3.14: Activities by Funding Mechanism

<p>Mechanism ID: 8324.08</p> <p>Prime Partner: Academy for Educational Development</p> <p>Funding Source: GHCS (USAID)</p> <p>Budget Code: OHPS</p> <p>Activity ID: 19051.08</p> <p>Activity System ID: 19051</p> <p>Activity Narrative: N/A</p>	<p>Mechanism: Strengthening HIV/AIDS Response Partnerships</p> <p>USG Agency: U.S. Agency for International Development</p> <p>Program Area: Other/Policy Analysis and System Strengthening</p> <p>Program Area Code: 14</p> <p>Planned Funds: \$289,000</p>
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HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8325.08	Mechanism: Strengthening HIV/AIDS Response Partnerships
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 19057.08	Planned Funds: \$100,000
Activity System ID: 19057	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8323.08	Mechanism: Ghana Sustainable Change Project
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 19077.08	Planned Funds: \$0
Activity System ID: 19077	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$1,084,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

In line with the Staffing for Results (SFR) approach, USG Ghana implements its PEPFAR HIV/AIDS program through an inter-agency approach to strategic planning, collaborative implementation and coordinated management and oversight. At the highest level, the Ambassador guides the USG/Ghana Team, leading high-level activities to combat stigma and discrimination. USAID/Ghana acts as the technical lead agency, with DOD, Peace Corps, DOS and PAS having active HIV/AIDS programs and in-country presence. USAID/West-Africa has also in-country presence and provides expertise in cross-border programs. In December 2007, CDC plans to have in-country presence to implement malaria activities and is included for the first time in the FY 2008 COP. CDC has not planned any management costs for HIV/AIDS for FY08.

USAID has one full time Third Country National (TCN) Personal Service Contractor (PSC) managing the HIV/AIDS portfolio, including maintaining close collaboration with the GOG and donor partners. At the time of writing, no other USG staff spends more than 50% of their time on HIV/AIDS sector work, but many individuals spend a smaller percentage of their time on PEPFAR, including a number of FSN employees (see individual activity narratives and staffing spreadsheet).

USG/Ghana has only very recently received its first GHAI funds and is just starting to implement its first activities. Mark Dybul briefly visited Ghana in July 2007 but no other OGAC staff has ever visited the country and Ghana staff has not had an introduction in SFR. A number of new staff has been proposed in this mini-COP, including PC and DOD HIV/AIDS Coordinators and a DOD data analyst (see activity narratives for details). It is important that the Ghana team think strategically about the roles new and current staff will play in working across agencies and with implementing partners. USG/Ghana is planning to hold regular quarterly meetings throughout FY08, and there are technical linkages between USAID, its implementers, DOS, DOD and PC particularly in the area of prevention and Global Fund support. USG Ghana might need some external support in using an SFR lens to think through its team composition within different technical areas.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8351.08

Mechanism: USAID - Program Support/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 Area Code: 15

Activity ID: 11536.08

Planned Funds: \$400,000

Activity System ID: 19073

Activity Narrative: USAID provides leadership in USG Ghana's prevention, basic health care and support, TB/HIV, orphans and vulnerable children, C&T, ART, strategic information and policy/systems strengthening efforts. USAID also leads dissemination of newly available technical information to inform program planning and implementation across all implementing agencies. USAID uses PEPFAR funds to support its HIV/AIDS Advisor; a TCN PSC position which works across all program areas. There are no ICASS costs but there is an IRM levy for information systems maintenance for this position.

PEPFAR funds are used to support two FSN technical officers (each 10%) and to support a portion of administrative support positions. This includes:

- * 20% of an FSN Secretary;
- * 5% of the time of a PSC Contracts Officer;
- * 20% FSN Program Office Budget Officer;
- * 20% of a Project Development Officer (JoPA, non-salary cost only)
- * 15% of an FSN Financial Analyst;
- * 25% of an FSN driver.

Together, these supporting positions take about 50% of USAID's HIV/AIDS Management and Staffing budget. The Health Team Leader and the FSN Administrative Assistant each spend 10% of their time on HIV/AIDS; an FSN Accountant spends 70%; an FSN voucher examiner 60% of their time on HIV/AIDS. However, they all are funded from Operational Expenses.

No new staffing positions are proposed for USAID.

USAID/West-Africa is writing a separate mini-COP. GHAI funds included in the Ghana budget are not used for USAID/West-Africa's management and staffing costs. All the GHAI funds for USAID/West Africa are fully obligated to USAID/West-Africa's implementing partners.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11536

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11536	11536.07	U.S. Agency for International Development	US Agency for International Development	5804	5804.07	Program Support/PSC	\$380,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8330.08

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 Area Code: 15

Activity ID: 19008.08

Planned Funds: \$30,000

Activity System ID: 19008

Activity Narrative: The Peace Corps engages its volunteers and their Ghanaian counterparts in HIV/AIDS training and administers a small-grants program to support community outreach activities that promote HIV prevention, increase access to care and treatment and reduce stigma and discrimination. PEPFAR funds in FY08 will support a new part-time position to coordinate the training and grants programs, including travel and other administration costs. All Peace Corps volunteers spend less than 50% of their time on PEPFAR-related activities. Peace Corps is developing important collaboration with USAID and its implementers to shape the training program and to administer its small grants program. The Assistant-PC Director for Health, Water and Sanitation is spending about 20% of his time on HIV/AIDS, financed by PC operating expenses.

Cost of doing business: no ICASS or IRM taxes are involved.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8350.08	Mechanism: Global AIDS Program-GHCS
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 22273.08	Planned Funds: \$481,000
Activity System ID: 22273	
Activity Narrative: NA	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9614.08	Mechanism: USAID staff-GHCS-State
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 22274.08	Planned Funds: \$75,000
Activity System ID: 22274	
Activity Narrative: NA	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8333.08	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 Area Code: 15

Activity ID: 19054.08

Planned Funds: \$5,000

Activity System ID: 19054

Activity Narrative: The Department of State implements a PEPFAR Self-Help Program, modeled on the Ambassador's Special Self Help Program, which funds small grants for development activities. The program is flexible and allows the Ambassador to respond quickly and directly to requests from local organizations for assistance with small community projects that have immediate impact. 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. The Self-Help Coordinator will spend 40% of her time; the ECON assistant will spend 10% of her time on HIV/AIDS; and the econ chief will spend 5% or less of her time, both financed by DOS funds.

Cost of doing business: no ICASS of IRM taxes are involved.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8334.08

Mechanism: Department of Defense

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 19055.08

Planned Funds: \$93,000

Activity System ID: 19055

Activity Narrative: DOD supports the Ghana Armed Forces' efforts in HIV/AIDS prevention, care and treatment. Four new positions are proposed to support the FY08 COP: a full-time DOD staff member to oversee the implementation of the program with the Ghana Armed Forced; a full-time person to support the M&E and SI needs of the program, programmed under the SI Program Area Context, two full time counselors for the Ghana Armed Forces budgeted under the C&T program area.

DOD will work with USAID and its implementers to ensure that the SI position is fully integrated into the entire spectrum of SI activities, especially when related to service statistics. This will be an important topic for the SFR discussions. Presently, the Training Coordinator is spending 20% of her time on HIV/AIDS but is not financed from PEFAR funds.

Cost of doing business: no ICASS of IRM taxes are involved.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	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 2008?	X	Yes	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			1/31/2008
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			1/31/2009
Is a Health Facility Survey planned for fiscal year 2008?	X	Yes	No
When will preliminary data be available?			7/31/2009
Is an Anc Surveillance Study planned for fiscal year 2008?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			5/31/2008
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 2008?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Ghana mini-COP FY 08 staffing spreadsheet.xls	application/vnd.ms-excel	10/10/2007	Staffing for Results - Staffing List (excel)	Other	PWondergem
Ghana Ambo Letter.pdf	application/pdf	10/12/2007		Ambassador Letter	ALatour
EXPLANATION OF TARGETS TABLE 2 & 3 FINAL.doc	application/msword	10/12/2007	Explanation of target calculations	Explanation of Targets Calculations*	PWondergem
Ghana FY08 COP Executive Summary.doc	application/msword	10/9/2007	Ghana FY08 mini-COP Executive Summary	Executive Summary	PWondergem
Ghana FY08 COP_AB Justification FINAL.doc	application/msword	10/10/2007		Justification for AB Budgetary Requirements	PWondergem
Ghana FY08 COP_Partner Justification.doc	application/msword	10/10/2007		Justification for Partner Funding	PWondergem
Ghana FY08 COP_Global Fund Supplemental.doc	application/msword	10/10/2007		Global Fund Supplemental*	PWondergem
2007 09 27 Ghana FY08 COP Budgetary Requirements final.xls	application/vnd.ms-excel	10/10/2007	Budgetary requirements worksheet	Budgetary Requirements Worksheet*	PWondergem
Ghana FY08 COP_PHE Supplemental FINAL.doc	application/msword	10/10/2007	Public Health Evaluation Supplemental Information	Other	PWondergem