

Data Sheet

USAID Mission:	Ghana
Program Title:	Improve Health Status
Pillar:	Global Health
Strategic Objective:	641-007
Proposed FY 2004 Obligation:	\$17,920,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$17,860,000 CSH
Year of Initial Obligation:	FY 2003
Year of Final Obligation:	FY 2009

Summary: USAID/Ghana's Health program includes: individual and community empowerment to adopt positive health practices; expanded access to health services; improved quality of health services; and strengthened institutional capacity to plan and manage health programs. Implementation of the interrelated aspects of Ghana's Health Strategic Objective (SO) and the stand-alone HIV/AIDS strategy has been coordinated.

Inputs, Outputs, Activities:

FY 2004 Program:

Communication and Marketing for Health (\$5,000,000 CSH). Activities will consolidate those aspects of USAID's portfolio that contribute to the establishment of an environment supportive of positive behavior change. The program will support the Government of Ghana's (GOG) health sector to: 1) strengthen public and private capacity for conducting sustainable behavior change communication (BCC) activities at all levels; 2) develop and implement BCC and IEC activities (mass media, inter-personal) in reproductive and child health, and HIV/AIDS prevention, care and support; 3) strengthen the capacity of government, decision-makers and opinion leaders to advocate in support of programs and activities that influence positive behavior change and increase access and 4) strengthen and expand distribution network(s) and sales of contraceptives and quality services that will support positive behavior change. Principal contractors and grantees: to be determined.

Community Health Service Delivery and Access (\$3,500,000 CSH). The Ministry of Health/Ghana Health Service (MOH/GHS) promotes an innovative program to improve health equity in Ghana through decentralized health care adapted to local circumstances. The community approach is predicated on the full participation of the community, district government and local health officials and the mobilization of local human and material resources to promote access and health education. Activities will support the scale-up of the community-based initiative in 28 of the most deprived districts in the country and selected deprived urban sites. The program will include 1) national level support in advocacy, pre- and in-service training, and monitoring and evaluation systems; 2) development of leadership skills at the district level; 3) community mobilization, basic health service delivery and surveillance skills and tools; 4) links with financial access activities (health insurance); and 5) studies and operations research. Principal contractors and grantees: to be determined.

Child Survival, Reproductive Health/Family Planning and HIV/AIDS Service Quality Strengthening (\$4,120,000 CSH). The service quality strengthening aspect of the health program will support improved family planning, reproductive health, safe motherhood, child survival and clinical HIV/AIDS service delivery by 1) addressing human resource capacity development (performance management; rational pre- and in-service training capacity and management); 2) ensuring the application of quality standards and processes through supervision and performance management; 3) developing problem identification and solving skills at local levels; 4) developing and strengthening outreach strategies including referral networks; 5) promoting private sector participation in clinical service delivery and ensuring quality; and 6) strengthening surveillance. Quality aspects of integrated management of childhood illnesses, safe

delivery services, tuberculosis, sexually transmitted infections, and treatment of HIV-related ailments including opportunistic infection (OI) management will be addressed. Principal contractors and grantees: to be determined.

HIV/AIDS Interventions (\$5,300,000 CSH). HIV/AIDS interventions will ensure that information on the relative risk of specific groups, their accessibility, size and expected impact are available and used for the development and implementation of interventions. Specifically, this program will: 1) conduct operations research and second generation surveillance activities; 2) establish effective voluntary counseling and testing (VCT) in high transmission areas; 3) ensure anti-retroviral (ARV), logistics, referral and support system quality (including OI); 4) strengthen support to people living with HIV/AIDS (PLWHA) through links with non-governmental organizations (including faith-based and civil society organizations), and 5) develop programs for children affected by HIV, including orphans and vulnerable children. To help ensure a well coordinated country response, activities will also support management and advocacy efforts, and institutional capacity strengthening of the Ghana AIDS Commission, HIV/AIDS committees, the National AIDS Control Program and non-government organizations, including faith based and community organizations. Principal contractors and grantees: to be determined.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

FY 2005 Program:

Communication and Marketing for Health (\$5,500,000 CSH). A plan for ensuring the development of BCC and IEC materials, complementary to developing in-country institutional capacity to conduct BCC and IEC, will be developed; Demographic and Health Survey data will be available to contribute to targeted program planning; and an overall policy to guide the implementation of community-based services will be finalized. Same implementers as FY 2004.

Community Health Service Delivery and Access (\$2,967,000 CSH). Implementation of the GOG's contraceptive security plan will begin, as will the application of quality standards and processes through supervision and performance management, problem identification and solving skills at local levels, outreach strategies including referral networks, private sector participation in clinical service delivery and surveillance systems. Same implementers as FY 2004.

Child Survival, Reproductive Health/Family Planning and HIV/AIDS Service Quality Strengthening (\$4,093,000 CSH). Personnel performance management and supervision strengthening activities will be launched. Same implementers as FY 2004.

HIV/AIDS Interventions (\$5,300,000 CSH). USAID will continue to support both the monitoring and evaluation of the spread of HIV/AIDS and the treatment and care of people living with HIV/AIDS, especially orphans made vulnerable by HIV/AIDS. A research agenda for identifying and monitoring most-at-risk groups for HIV/AIDS will be operational. Planning will begin for the launch of at least one stand-alone VCT center. Same implementers as FY 2004.

Performance and Results: The Health Strategic Objective Agreement was signed with the GOG near the end of FY 2003. As the Health SO is just getting underway, there are not yet any results to report. Nevertheless, the groundwork for its timely initiation has been laid. Several transition activities implemented through pillar bureau programs will ensure continuity as appropriate and/or provide specialized services.

US Financing in Thousands of Dollars

Ghana

641-007 Improve Health Status	CSH
Through September 30, 2002	
Obligations	0
Expenditures	0
Unliquidated	0
Fiscal Year 2003	
Obligations	8,392
Expenditures	71
Through September 30, 2003	
Obligations	8,392
Expenditures	71
Unliquidated	8,321
Prior Year Unobligated Funds	
Obligations	0
Planned Fiscal Year 2004 NOA	
Obligations	17,920
Total Planned Fiscal Year 2004	
Obligations	17,920
Proposed Fiscal Year 2005 NOA	
Obligations	17,860
Future Obligations	84,580
Est. Total Cost	128,752