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**COMMUNITY HIV/AIDS AND OVCs HOME BASED CARE AND SUPPORT PROJECT**

**PROPOSAL SUBMITTED BY**

**SION AID FOUNDATION, GHANA OFFICE**

**MAY, 2018**

**ACCRONYMS**

AED/SHARP Academy of Education and Development/Strengthening HIV/AIDS Response Partnerships

AIDS Acquired Immuno-Deficiency Syndrome

ART Anti-retroviral Therapy

SION AID FOUNDATION Sion Aid Foundation

BCC Behavior Change Communication

CEDEP Center for Development of People

CBO Community-Based Organization

CHIP Comprehensive HIV/AIDS for PLHIV

CHN Community Health Nurses

CHS Catholic Health Services

CRS Catholic Relief Services

CT Counseling and Testing

DAC District AIDS Committee

DAI Development Alternative Incorporated

DHMT District Health Management Team

FBO Faith-Based Organization

GAC Ghana AIDS Commission

GHS Ghana Health Service

HBC Home-based care

HIV Human Immune Virus

HOPE HIV and AIDS Orphans and PLHIV Care, Support and Economic Opportunities Enhancement Program

IGA Income Generating Activities

ITN Insecticide Treated Nets

LEAP Livelihood Empowerment against Poverty

MIDA Millennium Development Authority

M-SHAP Multi-Sectoral HIV/AIDS Program

MSM Men having sex with Men

MT Metric Tons

NACP National AIDS Control Program

NGO Non-governmental Organization

OVC Orphan and Vulnerable Children

PEPFAR Presidents Emergency Plan for AIDS Relief

PLHIV Persons Living with HIV

TB Tuberculosis

UNDP Untied Nations Development Program

UNICEF United Nations Children’s Fund

USAID United States Agency for Development

USDA United States Department of Agriculture

VCT Voluntary Counseling and Testing

**EXECUTIVE SUMMARY**

HIV AND AIDS is going to be with us for a long time to come and it is only appropriate that ways of managing the disease are found. As with the national distribution, Central, Eastern and Western regions have between 30 – 34% of the infected population being men and 60 – 66% female. The most affected age groups are those ranging between 25 – 49 years. There is a steady rise in the number of new infections in almost all districts of the regions. The availability of ART has brought a lot of relief to PLHIV who strictly adhere to treatment. Even though the government is not able to reach the desired numbers for ART treatment, those PLHIV on treatment have shown tremendous improvement. Care and support which encompasses home-based care, social and economic opportunities for PLHIV, OVC and affected persons has not made a major impact in Ghana’s HIV and AIDS programming. There are many benefits that care in the home provides and these can be realized to their full potential.

The goal of the program is to strengthen care and support services within Central and Western regional communities to enable them to care for PLHIV, OVC, the sick and dying and also to support those left behind in an effective and sustainable way. The objectives to be achieved by the end of the 12-month project period are to:

* Provide 4,000 PLHIV and other community members with HIV and AIDS education with focus on School for the deaf
* Increase the uptake of CT for 27,000 in the project regions
* Increase access of HBC services to 4,000 PLHIV
* Provide living support to 2,000 OVC
* Improve media advocacy on rights of PLHIV with 3 FM stations
* Develop and distribute 3 different BCC materials

The main strategies that the project will use to reach beneficiaries with home-based care and support will include forming partnerships, community mobilization, greater involvement of PLHIV, capacity building, media advocacy, BCC, poverty alleviation, community outreach and deployment of volunteers.

All activities will be implemented by SION AID FOUNDATION (the lead organization) and other community NGOs. The local NGOs have their individual strengths which will bring synergy to the overall project. Apart from coordinating all activities in the two regions to ensure program focus and results will be implementing 50% of the program in each region. We will work closely with health facilities and local NGOs providing ART, CBOs, FBOs, PLHIV support groups and other health facilities in the districts. The main activities include training of target groups, home-based care, orphan care, support to bed-ridden PLHIV, acquisition of home-based care kits, counseling, conducting outreach and CT, condom distribution, IGA and vocational skills training, Peer education, protection of human rights, initiation of new support groups, conduct review meetings and monitoring and evaluation.

The funding requirement is amount of USD **894,736** to implement the project.

To ensure buy-in and sustainability of the program quarterly review meetings involving all stakeholders will be conducted. The work plans include Focal Persons paying visits to the project sites to ensure the involvement of the local governments in the program thereby creating ownership.

The SION AID FOUNDATION -led Team is well positioned to implement this Project and obtain maximum results.

**1.0. PROBLEM STATEMENT**

HIV and AIDS is going to be with us for a long time to come and it is only appropriate that ways of managing the disease are found. As with the national distribution Central and Western regions have between 30 – 34% of the infected population being men and 60 – 66% female. The most affected age groups are those ranging between 25 – 49 years. There is a steady rise in the number of new infections in almost all districts of the regions. For instance in the Central region, new infections in the Gomoa District rose from 125 to 187 between 2007 and 2012. A similar pattern was found in the Agona West Municipality – from 104 in 2007 to 141 in 2012. However, there was a decrease in infections from 93 to 75 between 2007 and 2008. The story is no different in the Juabeso District in the Western region where infections increased from 885 in 2008 to 920.

The availability of ART has brought a lot of relief to PLHIV who strictly adhere to treatment. Even though the government is not able to reach the desired numbers for ART treatment, those PLHIV on treatment have shown tremendous improvement. Care and support which encompasses home-based care, social and economic opportunities for PLHIV, OVC and affected persons has not made a major impact in Ghana’s HIV and AIDS programming. Anecdotal evidence gathered on a fact finding trip for this proposal to districts in the Central and Western regions clearly shows that many communities in deprived and difficult to access districts have little or no HIV and AIDS comprehensive care and support programs, HBC and effective referrals. This is the case in the Bia and Aowin-Suaman Districts in the western Region where the stigma is so high that people would not come out to be helped even by the Assembly.

Ghana just like any other Sub-Saharan African country has overstretched health systems, limited resources and among the lowest levels of hospital beds and health workers per person. There are relatively few health workers per person in the country making the home the likely location of HIV and AIDS care. Unfortunately, home-based care (HBC) coverage in Ghana is currently very low. The potential benefit of HBC is that sick people are continually surrounded by people they love and are familiar with, so they can also receive more flexible and nurturing care. They will also not be exposed to hospital-based infectious diseases. As people with terminal illness generally spend their final moments at home, strengthening the capacity to be cared for also removes the cost and distress of traveling to and from the hospital when they are weak.

Trained health workers and/or volunteers linked to hospitals, NGOs, FBOs or CBOS needed in the HBC continuum are virtually missing in most of the Districts. These two groups are needed to train family care-givers on how best to safely perform day-to-day tasks such as bathing, lifting and bandaging the patient. It came up several times in discussions at the districts visited that Community Health Nurses needed to be trained in HBC. They do not have the requisite training to conduct home-visits to PLHIV though the desire to be trained was manifested. Some PLHIV voluntarily visit their peers but unfortunately only a handful has been trained in HBC and lay-counseling. Much of the care for people with HIV and AIDS is provided at home by immediate family and friends, as well as by a few home based care organizations. It has many potential benefits for both infected and affected people.

In the Aowin-Suaman District of the Western region, the prevalence is 5% due to it’s proximity to Cote d’Ivoire, cocoa farming with its attendant influx of truck drivers and the presence of migrant farmers, according to the HIV and AIDS Focal Person This average which is higher than the national figure requires that comprehensive care and support program should be in place and yet this is absent. Due to the high stigma in the district people are not coming out to seek support and therefore the Assembly’s 0.5% of the Common Fund is not used directly on PLHIV or OVC. The only HIV and AIDS activities in the district are centered on prevention.

For example in the Wassa Amenfi District of the Western region, there are no care and support program.. There is no PLHIV support group and no CBO either in the Wassa Amenfi district. Yet, CBOs when strengthened can play a major role in care and support programs in communities. There are limited or no HIV and AIDS programs which incorporates poverty alleviation strategies to improve low income status of PLHIV to break the vicious cycle. Indeed, even if antiretroviral drugs were to be issued free of charge, majority will still die of hunger or poor nutrition. One cannot take the powerful antiretroviral on empty stomach. As such some PLHIV are defaulting in their ART.

The affected children have placed an enormous economic burden on the households of extended families who have taken them in because they have additional mouths to feed, clothe and educate even though most are not engaged in profitable economic activities. Many AIDS affected children are abandoned after the death of parents due to the unavailability of family and community support structures thereby forcing some of them to become street children in the cities. There are just a few livelihood programs for PLHIV in the three regions. With the introduction of ART many PLHIV who lost their jobs or sources of income are now ready to work and yet they do not have people linking them to appropriate sources. Able bodied young men and woman have become dependent on family members and friends causing psychological trauma among others. Almost all support groups visited kept on asking for support on income generating activities. They want to the taught “how to fish and not to be given fish always”. This is not sustainable as we all know. However, in the interim they need to survive. Studies have shown the importance of nutrition for positive people. This is more so for those on ART. Limited food on the family table means PLHIV defaulting in their ART treatment or looking for other sources, both legitimate and otherwise.

The rights of PLHIV are sometimes violated because they are not aware of the channels available to them. Families are destroyed, become homeless, properties seized and education of children ending abruptly due to lack of knowledge on rights.

Due to the limited HIV and AIDS educational programs in the relatively inaccessible areas, it came up in all the regional tours that prevention education is very important in any new program. Where there are Support groups, PLHIV are not coming to meetings because they feel there are no incentives e.g. food and stipends for transportation. Ways have to be found to get the education to this target group and the community members as a whole.

Only a few districts in Central and Western regions have some semblance of a structured care and support and home based care program. Therefore, comprehensive care and support programs including HBC are needed to bridge this big gap in HIV and AIDS programming. There are many benefits that care in the home provides and these can be realized to their full potential.

**2.0. PROJECT GOAL**

The goal of the program is to strengthen care and support services in selected communities in all districts within Central and Western regions to enable them to care for PLHIV, OVC, the sick and dying and also to support those left behind in an effective and sustainable way.

**3.0.PURPOSE**

The purpose of this project is to contribute to Ghana achieving four of its objectives for the NSF II namely:

* Empower women and other vulnerable groups to reduce their vulnerability;
* Reduce stigma and discrimination, especially towards PLWHA and others

affected by the epidemic;

* Mitigate the economic, socio-cultural, and legal impacts of the epidemic
* Provide appropriate treatment, care and support for PLWHA, OVC, and other

affected persons.

**4.0. PROJECT OBJECTIVES**

The following objectives will be achieved by the end of the 12-month project period. To:

* Provide 4,000 PLHIV and other community members with HIV and AIDS education
* Increase the uptake of CT for 27,000 in the project regions
* Increase access of HBC services to 4,000 PLHIV
* Provide living support to 2,000 OVC
* Improve media advocacy on rights of PLHIV with 3 FM stations
* Develop and distribute 3 different BCC materials

**5.0. COVERAGE**

The Program will be implemented in all the 42 districts of the Central and Western regions of Ghana. The target population will be PLHIV, OVC affected household members. The general population will also be involved in CT and stigma reduction activities in these regions. There will be emphasis on women and girls and also young men.

**6.0. PROJECT STRATEGIES**

SION AID FOUNDATION believes that if HIV and AIDS interventions in communities are to succeed and be sustainable they need to be rooted in the target community and run by local people from that community to ensure low cost. It also ensures that the nature of the service provided is in keeping with the local culture and norms of the community. For this reason SION AID FOUNDATION does not see itself as the provider of services at local level within communities but as playing a facilitating role and providing technical assistance, training and support to the local NGOs and CBOs in the districts.

**6.1.Forming partnership**

Organizations collaborate (‘partner’) with others because they recognize that they can achieve their goals more effectively through working together rather than by working alone. To this end all activities will be implemented by SION AID FOUNDATION (the lead organization), and other local NGOs . Apart from coordinating all activities in the two regions to ensure program focus and results, SION AID FOUNDATION will be implementing in 70% of the districts in each region. These NGOs will work closely with health facilities providing ART, CBOs, FBOs, PLHIV support groups and other health facilities in the districts. SION AID FOUNDATION will be in charge of conducting training in all the regions while the local NGOs will provide trainers for the activity. Innovative strategies are required to establish effective partnershipsbetween all these service providers using grass root and existing structures.

**6.2. Community Mobilization**

Meetings will be held with local parties such as traditional and civic leaders, community groups such as women's clubs and religious groups, teachers, the clinics, hospitals and legal and social welfare authorities, District Assemblies and other NGOs and CBOs in the area to mobilize target communities to respond in an organized way to the effects of the epidemic. The purpose of these meetings will be to assess what is currently being done by the various parties in response to the problem, brief them on the program and identify roles they can play.

**6.3.Greater Involvement of PLHIV**

Community and home-based care activities are often undertaken with the assumption that PLHIV and OVC are passive recipients of care and support services. But studies have shown that their involvement can enhance those services, and at the same time provide benefits for the NGOs, CBOs, PLHIV, and OVC. It is in this vein that trained PLHIV (“Models of Hope”) will be fully involved in the implementation of this program from the provision of HIV and AIDS and TB education, psychosocial, adherence and nutritional counseling to their peers at CT and ART centers, conducting home visits and acting as role models in their communities.

**6.4. Capacity Building**

The target groups will be PLHIV, Community Health Nurses, Traditional Leaders, Traditional Healers, and Community Volunteers. Each group will have topics suited to their roles in the program. SION AID FOUNDATION will facilitate the training process and utilize the services of CBOs in the partnerships that have built up expertise in their respective fields; Topics to treated will include understanding HIV and AIDS and the progression of the disease; positive living; rights-based advocacy, lay counseling skills, including adherence, deathbed and bereavement counseling; basics of home based care - caring for the sick and terminally ill; treatment of opportunistic infections and symptom control; family planning; nutrition; orphan care; networking and referrals and approaches to poverty alleviation

**6.5. Media Advocacy**

The Project will work closely with the media in the districts for advocacy programs on the rights of PLHIV.

**6.6. BCC**

This will act as triangulation in the program to reinforce other activities towards behavior change.

**6.8. Poverty Alleviation**

OVC will be trained in vocational skills, entrepreneurship and business development at skills institutions for those who can read and write and on-the-job training for the semi-illiterate and illiterate. Vulnerable household members will be encouraged to go into IGA including farming to improve on household incomes. They will also be linked to Government of Ghana programs such as LEAP.

**6.9. Outreach**

This will be conducted with CT and tests in other illnesses and diseases such as hepatitis B and high blood pressure in the communities. It is assumed that if tests for other illness are conducted alongside HIV tests there is less stigmatization attached to HIV. This has been tried and tested on some SION AID FOUNDATION programs and very good results have been achieved.

**6.10. Deployment of Volunteers**

Trained volunteers with home based care kits will be deployed in the communities for home visits and education/counseling at CT and ART centers, identify OVC and families experiencing poverty and conduct referrals. Volunteers will be given taxi fare**.**

**7. PROJECT ACTIVITIES**

A number of activities will be conducted in all the districts using the above mentioned strategies to enable project achieve its objectives and goal.

**7.1. Conduct Pre-implementation Meeting**

For the program to take off well it is imperative that a meeting is conducted at its initiation. These meetings will include the Sub-recipients and the SION AID FOUNDATION at the national level to discuss the project into detail, work plans, budgets and reporting formats and schedules among other things.

Another meeting will be conducted at the regional level where all stake holders on the project including DHMT, NACP, Regional and District focal persons, some FBOs, CHRAG, Department of Social Welfare and Ministries of Education and Local Government will be invited.

**7.2. Training of target groups**

Communities that have been hit by HIV and AIDS need to be supported in their response to the crisis. Families and community groups that are caring for PLHIV and OVC often need basic information on HIV and AIDS to keep themselves safe and to help those in their care stay healthy and emotionally positive for as long as possible. Caring for PLHIV is something relatively new and many family members have little idea how they can best look after them. Many family members have the basic equipment—the love for one’s close relatives—but they need other knowledge and skills: how to effectively provide emotional support; how to respond to health crises and how to share the burden of care. To manage HIV better in the household people need skills, understanding, compassion and external support. The external support comes from NGOs, FBOs, CBOs, service providers such as health, education, legal and economic, traditional and local authorities. SION AID FOUNDATION will use the “Models of Hope” (MOH) strategy which has been so successful in other programs. This will help to demystify the disease especially in districts where stigma happens to be so high. Care and prevention activities become more effective by improving perceptions and by putting a human face on the epidemic, thus building synergy between prevention and care and support. Peer Educators (PE) will also be trained. The PLHIV trained as PEs and MOH will need to be people who understand volunteerism, have time on their hands, have at least JHS education and do not have self stigma. Apart from PLHIV others to be trained are CHN, Traditional Leaders and Traditional Healers. They will be trained in lay-psychosocial counseling, home-care, HIV prevention, modes of HIV transmission and universal precautions among others

**7.3. Provision of home-based care**

Home visits to the sick and terminal AIDS patients by Models of Hope and CHN. These home-based care workers will be supplied with basic care kits and will advise and assist family members to care for sick AIDS patients. The care workers will not be expected to provide daily care for patients. This is the responsibility of family members. The volunteers will act in a supportive role, advising and teaching family members how to care for the terminally ill. In certain instances cases will be referred to the nearest health facility for symptom control, pain relief and respite care.

**7.4. Care for orphans**

The Project will work closely with the Ghana Education Service and the Departments of Children and Social Welfare to ensure that orphans or children whose parent/s are ill with AIDS are not denied admission to school because of their inability to pay school fees. Social workers would process foster care or institutional care where necessary.

**7.5. Support to Bed-ridden PLHIV**

Some ill PLHIV and their families are unable to pay for their health needs. As such support will be extended to this group to help them pay off their NHIS premiums. They will also be linked to the Assemblies and NACP for this support until they find their feet. Another area is to also provide bed-nets to the ill PLHIV, pregnant and lactating positive mothers who do not have them.

**7.8. Acquisition of home-based care kit**s

Nursing supplies and basic medications to treat opportunistic infections and for symptom control. The kit will contain the following:

Home Based Care Bag (will contain the items listed below)

Bed sheet (white Calico – 4yds. each)

Mackintosh (2 yards each)

Gauze (rolls) L/S

Disposable Latex Gloves Salt (sachets)

Home Visit Reporting Forms

Soap (carbolic) with container

Plastic Apron

Cotton-wool (rolls)

T-Shirt

The kit will be the working-gear of the Models of Hope and CHN during their visits to homes of ill PLHIV.

**7.9. Counseling**

Home-based care workers will also be tasked with providing deathbed counseling to terminally ill patients and bereavement counseling to family members. There will also be psychosocial counseling for PLHIV and their family members. Home visits to attend to sick and terminally patients will provide the care workers with an opportunity to identify children soon to be orphaned. Care workers will be expected to discuss the future of the children with family members, so as to ensure plans are put in place to care for children before the parent dies. Care workers are also expected to come across children whose parents have already died. Care workers will be required to refer all these cases to the local welfare authority.

**7.10. Conducting Outreach and CT**

Outreach activities combined with CT and testing of other disease and illness will also be conducted. Some illnesses such as hypertension and hepatitis B will be tested. Apart from reaching people with CT the added advantage would be to help reduce stigma. These outreach activities will target the general population in 60 communities.

**7.11. Condom Distribution**

There will be condom outlets (PLHIV) in support groups and at CBOs. This means bringing condoms to the door-steps of the PLHIV. This will also be a source of income for the distributors. PLHIV in support groups will be taught the correct use of condoms.

**7.12 IGA and Vocational Skills training**

Care workers will identify families experiencing poverty and will refer such cases to the lead NGOs in the region. Economic opportunities will be provided to selected vulnerable PLHIV and OVC households to enable them withdraw from the dependency syndrome and live dignified lives. PLHIV and OVC will be linked to the District LEAP programs. Vocational skills training will be introduced to OVC and education in HIV prevention. Private and corporate bodies will be encouraged to help support OVC in their catchment areas. For the poor and vulnerable, food rations will be provided and distribute food rations to needy PLHIV.

**7.13. Peer Education**

Trained Peer Educators will conduct monthly education for their peers on HIV and AIDS issues including self stigma and disclosure and basics in home-based care. The benefits to PLHIV are very important when they are meaningfully involved in care and support and HBC programs. Many experience improved psychological and physical health, reduced isolation through peer contact, better access to care, increased knowledge of HIV and AIDS, access to treatment, information on safer sex, better acceptance of their HIV status both by self and family, and increased self-esteem. People living with HIV and AIDS have even become role models in the community for their proactive positive living and planning for the future of their families. This has also increased the demand for voluntary counseling and testing (CT) and access to care and support services. Family planning education and activities will be an integral part of the program. This will ensure that PLHIV get a one stop service for their needs when they participate in support group meetings.

**7.14. Protection of Human Rights**

The Program will have education sessions for PLHIV and OVC on legal issues and ensure effective linkages to legal services in their districts. Traditional legal systems will also be made known and available to ensure the rights of people living with HIV/AIDS and their families are not violated.

**7.15. Coordination and feedbac**k

Care workers will meet as a team every month to report back on work undertaken, progress made and problems encountered. The lead NGOs will be responsible for collating data received from the care workers and will take up any problematic issues with the relevant parties.

**7.16. Initiation of new support groups**

Where there are no support groups or too few of them new ones will be initiated. This will enable as many PLHIV as possible to obtain support from their peers and information on linkages with other services. High stigma was mentioned several times in the Western and Central regions such as Bia, and Akontombra Districts and Cape Coast Metropolitan Area. Care and prevention activities become more effective by improving perceptions and by putting a human face on the epidemic, thus building synergy between prevention and care and support. Outreach activities combined with CT and testing of other disease and illness will also be conducted to help reduce stigma

Community and home-based care activities are often undertaken with the assumption that PLHIV and OVC are passive recipients of care and support services. But studies have shown that their involvement can enhance those services, and at the same time provide benefits for the CBOs, PLHIV, and OVC. It is in this vein that trained PLHIV (“Models of Hope”) will be fully involved in the implementation of this program from the provision of HIV and AIDS and TB education, psychosocial, adherence and nutritional counseling to their peers at CT and ART centers, conducting home visits to them acting as role models in their communities.

**7.17. Conduct review meetings**

The essence of review meetings is to ensure that the program is on course. During meetings the project is evaluated to see whether targets are being reached and if not to find out why and then solutions to challenges. It is also a time to re-strategize if need be. The review meetings will be conducted at three levels. Every region will conduct a review meeting and the participants will include project staff, Focal Persons and other stakeholders including GHS, health facility personnel, Ministries of Education and Social Welfare, Women and Children, MASLOC, FBOs and private entities in the district.

Another group made up of all Focal Persons in the region will also conduct their review meetings as they will be closely monitoring the project.

**8.0. MONITORING AND EVALUATION**

M & E will take place constantly and by different groups to ensure that the program is on course. Those involved in M & E will include the Country Representative of SION AID FOUNDATION, HIV/AIDS Programs Focal Person visiting the program sites, staff on the project visiting the project sites.

For M&E to be successful and to provide useful results, it must be incorporated into the program at the design stage. That is, planning an intervention and developing an M&E strategy should be inseparable, concurrent activities. SION AID FOUNDATION considers M & E as an essential element of this project because it will provide a way to assess the progress of the project in achieving its goals and objectives and informing the program about the results.

The logical nature of the project defines desired project results and indicators at the project inception. The monitoring and evaluation of the project takes place throughout the life of the project; however, emphasis will be placed on the following periods:

* Situational analysis
* Needs assessment.

The above two activities have already been implemented as it was used to inform the development of the proposal. The situational analysis involved gathering information and data through meetings and interviews with Regional and District parties such as District Assemblies, Health Facilities, PLHIV Support groups, traditional and civic leaders, community groups such as women’s clubs and religious groups, teachers, legal and social welfare authorities, and other NGO’S and CBO’s in the area. This was also to mobilize target communities to respond in an organized way to the effects of the epidemics during the project’s implementation.

* Pre-project implementation Meeting

A pre-implementation meeting with the various stakeholders and partners involved in the various program regions will be organized at two level. First, one will be organized for the PR and the SRs followed by a regional level meeting for all stake holders in the particular region. The purpose of these meetings among others, are to assess the information needs and interest of the key stakeholders and to introduce the project into detail through a presentation. It is also to identify and roles to be played by stakeholders in the project implementation

* At the beginning of each major task (confirmation of what needs to be done and where it should be done).
* At the conclusion of each task (assessment of progress made towards the project’s stated purpose, using established project indicators).
* Periodic site visits (to facilitate data capture through observations, interviews and subsequent preparation of quarterly updates to the performance monitoring plan).

Sion Aid Foundation will ensure that monitoring and evaluation of the project will be carried out at all levels. The Country Representative will ensure general project oversight and supervision over the technical team and undertake some monitoring and evaluation of the project. They will work in close collaboration with the district and regional HIV and AIDS focal persons and other HIV and AIDS implementing partners in the districts. It is in this vein that they will conduct review meetings to evaluate what they see and read from the field. Review meetings will be conducted at three levels namely; PR and SRs review meeting, District review meeting involving PR, SR, Focal and District Persons, DH Teams and other stake holders in the District, The third tier of review meetings will be that conducted at the regional level to involve all Districts within a particular region to evaluate the program and take appropriate decisions for smooth project implementation in the region.

Community care workers, including “Models of Hope” and Community Health Nurses will be required to keep log sheets of all visits undertaken and cases handled. This data will be gathered every month. Referrals will also be monitored at the facility levels through the submission of referral forms by the PLHIV. Community care workers will be required to commit themselves to a set number of hours per week - this will be decided in consultation with the CBOs and the trained “Models of Hope”.

Records will also be kept of orphan cases handled and progress made in processing of social interventions to households and admissions to vocational schools and on-the-job training.

**8.1. Monitoring and Evaluation Plan**

**Program Indicators & Results**

|  |  |  |
| --- | --- | --- |
| **Objective** | **Indicator** | **Program Results** |
| 1. To provide PLHIV and other community members with HIV and AIDS education | # of people reached with Stigma  # of PLHIV association groups reached with education  # of people reached with prevention education  # of new support groups initiated  #of PLHIV trained in TB screening  # of condoms sold | 50,000 people reached with stigma reduction messages  150 PLHIV support groups reached with education 7,500 PLHIV reached with prevention education  15support groups initiated  150 PLHIV trained in TB screening  2,000,000 condoms distributed |
| 1. To increase the uptake of CT in the regions. | # of individuals who received counseling and testing  # of communities reached through outreac**h for CT** | 27,000 people receive counseling and testing services 60 communities reached with CT |
| 1. To increase access of HBC to PLHIV. | # of PLHIV who have access to hbc  # of Community Health Nurses trained  # of “Models of Hope” trained  # of traditional leaders trained as lay- psychosocial counselors  # of traditional healers trained  # of people screened and referred for CT and TB treatment  # of bed ridden reached with home-based care  # of PLHIV benefiting from NHI and bed-nets | 4,000 PLHIV have access to hbc 100 CHN providing hbc 150 Models of Hope providing hbc 75 Traditional Leaders providing psychosocial counseling  75 Traditional Healers providing hbc  500 referrals made to health facilities  300 bed-ridden PLHIV receive support in hbc,  300 PLHIV receive NHI and bed-nets. |
| 1. To provide Living support to OVC | # of income generating activities for affected households  # of eligible children provided vocational training# of OVC provided with living support  # of OVC households receiving food rations  Metric Tons of food distributed  # of people reached by an individual, small group or community level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS  # of targeted population reached with individual and/or small group level prevention interventions that are based on evidence and/or meet the minimum standards required  # of eligible adults and children provided with economic strengthening services | 10 IGA established  200 OVC receive skills training  2,000 OVC receive living support  2,000 households receive food support  240 MT of food rations distributed  200 people reached with small group or community level intervention aimed at increasing income and productive resources of women and girls.  2,000 reached with prevention interventions  400 eligible adults and children provided with economic strengthening services |
| 1. To improve media advocacy on rights of PLHIV | # of programs broadcasted in regions  # of people reached by an individual, small group or community level intervention or service that explicitly aim to address the legal rights and protection of women and girls impacted by HIV/AIDS. | 20 programs broadcasted in 3 project regions  100 PLHIV reached |

**9.0. SUSTAINABILITY OF PROJECT**

SION AID FOUNDATION believes in collaboration especially at the grass roots level. To ensure the sustainability of the program Community Health Nurses of the Ghana Health Service will be trained as lay-psychosocial counselors and in home-based care to support PLHIV and their families. PLHIV from the various support groups will also receive training to enable them conduct home-based care and educate their peers on HIV and AIDS. Traditional Leaders being the “fathers” and “mothers” of communities and the first level of arbiters in communities will also be trained as lay- psychosocial counselors. To ensure buy-in and sustainability of the program quarterly review meetings involving all stakeholders will be conducted. HIV Focal Persons and DACs will Chair the meetings. Best practices and lessons learned will be documented and shared between program regions and GAC. The work plans include Focal persons paying regular visits to the project sites to ensure the Assemblies’ involvement in the program thereby creating ownership