

PROJECT DATA SHEET

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AIP
PROJECT PAPER

for the

FELLOW FEVER AND YAWS CONTROL PROJECT (GHANA)

Project No. 698-0410.25

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Table of Contents

<u>Section</u>	<u>Page</u>
I. Face Sheet	Front Cover
II. Project Background	1
III. Project Description	5
IV. Technical Analysis	8
V. Financial Analysis and Plan	10
VI. Economic Analysis	11
VII. Social Analysis	13
VIII. Implementation Planning	15
IX. Annexes	
A. PID Approval Cable/Mission Response	22
B. Environmental Impact	25
C. IFE	26
D. Statement on Statutory Checklist	27
E. 611(e) Determination	28
F. Request for Assistance	29
G. Authorization	30
H. Commodity List	33
I. Logical Framework	35
J. Maps	37/38
K. Statement on EEC Participation	39

PROJECT PAPER

Yellow Fever/Yaws Control in Ghana Project # 698-0410.25

II. PROJECT BACKGROUND

A. Overview

During the past 15 years, Ghana has shown significant upward trends in all areas of health services (e.g. the number of doctors has increased by about 170%; hospital beds by 124%). However, scarce resources that were used to provide for these increases have been, for the most part, distributed to the urban areas for expansion of the existing curative system (e.g. hospitals, highly trained professionals and hospital-oriented support staff) at the expense of the rural and urban slum areas. The result of this is illustrated by the fact that despite the infusion of resources into the health sector, there continues to be noticeable increases in certain communicable diseases throughout the country.

In order to bring about a more equitable distribution of resources, the Ministry of Health has initiated a Primary Health Care Program with the goal of extending health services to 80% of Ghanaians now without regular services and to prevent and treat the disease problems that contribute 80% of the unnecessary sickness, disability and death afflicting Ghanaians by the year 1990. Priority areas of activity under this program are directed to activities which will, among other things:

1. Prevent children from contacting easily preventable diseases and illnesses.
2. Provide adequate, affordable and accessible curative care for common ailments.
3. Control the most common communicable diseases.

The Yellow Fever/Yaws Control Project will lend support to the Ministry of Health efforts to expand their communicable disease control efforts in line with their planned goal and activities for Primary Health Care. By selecting these two diseases as a starting point for AID assistance, it can be anticipated that a rapid impact will be realized on a significant number of rural and urban poor people in a relatively short period of time.

B. Description of the Disease Problems

1. Yellow Fever

Yellow fever is a form of acute viral hepatitis transmitted from man to man (urban form) or from primates to man (jungle form) by

Aedes mosquitoes. Once infected Aedes remain so for life, and form a reservoir by transmitting the virus to their progeny. The disease is characterized by epidemics of jaundice with hemorrhage causing high mortality. Treatment has little effect on mortality, although long-term and possible life time immunity can be achieved by a single injection of yellow fever vaccine.

Epidemics of yellow fever have occurred intermittently in Ghana throughout this century. From 1901 to 1968 a total of 585 cases were reported from all regions of the country. In 1969-70, a major epidemic with 309 cases and 79 deaths occurred in the Upper, Northern and Eastern Regions. The annual incidence of yellow fever in Ghana in the past decade was as follows:

TABLE 1

<u>Year</u>	<u>Cases</u>	<u>Deaths</u>	<u>Vaccinations</u>
1970	327	00	150,000
1971	3	0	0
1972	4	4	0
1973	0	0	0
1974	1	1	0
1975	2	2	0
1976	2	2	0
1977	136	33	83,153
1978	218	40)	
1979*	446	96)	377,360

In 1977 another epidemic occurred in Jirapa in the Upper Region which was notable for the large number of cases (92 of 136 or 67%) in children under the age of 14, perhaps due to the fact that this cohort had not been immunized during the preceding epidemic. Since August, 1977, yellow fever has been reported almost monthly, with major epidemics in the Eastern Region (March, 1978), Volta Region (August, 1978 to March, 1979), and Brong-Ahafo Region (June 1979 to present). In 1979 (through September), a total of 446 cases with 96 deaths have been recorded.

The geographic distribution of epidemics (See Annex J) over the past three years indicates that most of Ghana is susceptible to yellow fever. Medical Field Units (MFU) composed of 4-6 technical workers and posted in each of Ghana's 65 health districts are responsible for casefinding, treatment and immunizations as well as collection and tabulation of communicable disease statistics in their respective districts. Up to now, the MFUs have been able to contain the epidemics by selective mass vaccination, i.e., giving vaccine to those adjacent to yellow fever areas. However, recent surveys throughout the country have determined that the population density and distribution of Aedes is sufficient to promote transmission of yellow fever in many other parts of Ghana, including Accra.

* January-September

2. Yaws

Yaws, a highly communicable, chronic childhood infection caused by the spirochete Treponema pertenue has also resurged in Ghana. Although yaws is not a fatal disease, it causes disabling or mutilating, late complications in as many as 10 percent of the untreated. Yaws has resurged in southern Ghana including areas which were rendered almost yaws-free by mass treatment campaigns in the 1950's and 1960's.

Yaws was endemic in Ghana until mass penicillin treatment campaigns of 1956 to 1966. These campaigns were centrally coordinated but conducted on a region-by-region basis. The vast majority of the Ghanaian population was examined during these campaigns and more than one million persons received penicillin as treatment or prophylaxis.

Whereas several hundred thousands of cases were reported annually before the yaws campaigns, only 5,343 infectious cases were reported for all of Ghana in 1969. Largely because of cessation of active case-finding by mobile Medical Field Units (MFU's) which were concentrating their efforts to control cholera, the prevalence of infectious yaws increased, particularly in the warm, humid, and densely populated Southern Regions as indicated in Table 2.

TABLE 2

(See also Annex J)

<u>Year</u>	<u>Total Cases</u>	<u>Ashanti</u>	<u>Central</u>	<u>Western</u>	<u>Eastern</u>	<u>Other Regions</u>
1973	43,766 (486.3)	10,893 (680.8)	11,493 (999.4)	3,898 (452.2)	15,635 (1,420.1)	1,645 (48.3)
1975	59,926 (630.8)	15,944 (966.3)	16,901 (1408.4)	8,198 (898.9)	15,329 (1,333.0)	3,329 (92.3)
1977	53,875 (538.8)	20,330 (1195.8)	9,884 (790.7)	6,612 (687.3)	12,810 (1,059.6)	3,893 (102.3)
1978	44,834 (448.4)	10,900 (641.1)	10,493 (893.4)	7,663 (796.5)	10,993 (909.3)	4,164 (109.4)
1972-77	100%	29.8%	25.3%	9.7%	27.4%	7.8%
Estimated Popula- tion:	11,500,000	1,920,000	1,210,000	1,150,000	1,800,000	5,420,000

() = Case rate per 100,000 population

The decline in reported infectious yaws between 1975 and 1978 is partly due to the lack of active casefinding and selective treatments by the MFU's.

Virtually all active yaws is seen in the under 15 years age group, probably because older people have acquired immunity to yaws as a result of a childhood infection that was treated in the mass campaigns, or because adults were able to seek treatment as soon as they were infected or re-infected.

Of the 5.5 million children under the age of 15 in Ghana, approximately 3.6 million are living in endemic areas where the prevalence of active yaws is at least 1%, or a total of 36,000 cases (or 10 times what would normally be expected). A conservative estimate of the total number of active yaws cases (clinical infectious, non-infectious, or latent) is one million. According to WHO criteria for yaws control, an estimated two million children need treatment or prophylaxis for yaws.

C. Relationship of the Project to the CDSS and Host Country Priorities

The Mission's overall development strategy is to assist with programs that will improve the quality of life, i.e. provide the poorest Ghanaians with the means to earn an adequate and equitable livelihood. This strategy is aimed at attacking some of the causes of poverty, especially in the rural areas, by increasing the availability of services and opportunities which will insure better health and greater productivity.

The lack of health services to over 70% of this country's population and the resulting hardships caused by unnecessary preventable deaths, illnesses and diseases has been recognized by the government as one of the roadblocks to rural development. Access to health services, whether they are static facilities or mobile units, with an emphasis on prevention, is therefore a central part of the GOG overall plans for rural development and merits the attention of AID in support of the GOG's new initiatives in Primary Health Care. While this AIP is not intended to support the control of all preventable diseases, it clearly allows us the opportunity to bridge the gap between the start of a more general, fully integrated approach under the proposed Primary Health Care Support Project (641-0082) and the Regional Combating Childhood Communicable Diseases Project (698-0421).

It is anticipated that the Mission's proposed Primary Health Care Support (PHCS) Project noted above will be initiated within the next 12-18 months. Provisions will be made in the Project Paper for PHCS to support communicable disease control activities since these activities have been identified by the GOG as top priority. Long-term support for

yellow fever and yaws control efforts will be included. Follow-on activities should consist mainly of insuring that the surveillance and casefinding systems established under this AIP remain viable and effective and that the GOG has the capability to respond to reported outbreaks. As in the AIP, yellow fever/yaws control programs in the PHCS project will be part of a fully integrated disease control program.

III. PROJECT DESCRIPTION

A. Summary

The Project will consolidate Medical Field Unit personnel in the Western, Central, Brong-Ahafo, Eastern, Volta and Ashanti Regions into several 4-6 person units equipped with a vehicle. Until the arrival of project vehicles, estimated to be by the end of 1980, the consolidated teams will use previously donated vehicles (from UNICEF) and borrowed vehicles from other MFU's. These units will conduct a mass yellow fever vaccination and a comprehensive and coordinated yaws treatment campaign based on the control methods outlined in the "Technical Analysis" section. The campaign will be in adjoining areas of the Central, Eastern and Ashanti Regions and will aim to create an ever enlarging yellow fever and yaws-free area. Initial surveys will begin immediately. The intensified campaign is expected to start at least by October. Support will be given to the Upper and Northern Regions to prevent new outbreaks of yellow fever and the extension of new epidemic to the southern regions of the country. In Greater Accra, yellow fever immunization activities will be integrated into the programs of the existing polyclinics. A village based system surveillance system will be established to maintain treated areas free of yellow fever and yaws using, for example, school teachers, traditional healers, and village leaders to refer sporadic or imported infectious cases to local treatment areas.

Expert technical advice concerning the day-to-day operation of the campaign will be provided by an Operations Officer assigned to the USAID Mission in Accra during the summer of 1980 for 24 months through a PASA arrangement with the Center for Disease Control in Atlanta, Georgia. The Operations Officer will work under the auspices and operational direction of the Ministry of Health. This person, working closely with the MFU teams in each region, with his counterpart, will assist in the detailed planning and implementation of yellow fever and yaws control implementation strategy prior to the initiation of the intensified campaign.

B. Details

The GOG has established the basic health policy of providing the most effective form of health care delivery system which its resources will permit: and to distribute health services as widely as possible

among the people of the country. The guiding principle is to provide basic health services to the greatest number rather than to provide sophisticated services for just a few. This will include a more active communicable disease control activities.

Achievement of the above goal would be measured by attainment of the following by the year 1990: the provision of basic and primary health care for 80% of the population through the staffing and equipping of health delivery points; effectively reducing by 70% the incidence of the twelve major preventable disease problems; and the assignment of competent District Health Management Teams to the districts. All of these measures would be verified by MOH records.

An assumption made regarding goal achievement is that the GOG will continue to emphasize preventive health services to the rural areas. Since this is currently a high priority for the GOG and the need for rural health improvement will continue for some time, it is reasonable to think that this assumption will hold true. A second assumption is that the economic situation will stabilize sufficiently so as not to erode the available financing for delivery of rural health services and not encourage the departure of qualified personnel. We remain optimistic on this. Also, based on the review of the MOH budget, the GOG appears willing to divert scarce resources into the health sector and within the health sector to the delivery of rural health services. A final assumption about goal achievement is that strengthened planning, management and adequate commodity support will have a positive effect on the improvement of health services. Past experiences with competent planning and management supports this assumption.

The Project is intended to contribute toward the achievement of the above stated goal by directly contributing to the strengthening of the GOG capacity to control communicable diseases. The diseases selected for attention under this project are yellow fever and yaws, both of which are increasing in prevalence in the country. The purpose of the Project will, therefore, be to contain the present yellow fever epidemic and interrupt the precipitous increase of yaws in Ghana. The end of project status will be indicated by the reduction of the prevalence of infectious yaws to 0.1% or less and the elimination of yellow fever epidemics. These events can be verified by reviewing MOH records including epidemiological statistics and narrative reports. There are two assumptions made regarding accomplishment of the project purpose. The first is that necessary budget support will be available for teams to function effectively. The second is that other donors will remain interested in the project. Four persons will be trained in new techniques for diagnosis, treatment, management, epidemiology, and surveillance of communicable diseases. This short term training (4 worker months total) will be provided during the beginning stages of the project so that the persons will be available to work with the project for the maximum period possible. All villages in the target area of the country will be visited at least two times a year to give vaccinations and provide treatment and/or prophylaxis to the population

(approximately 4 million vaccinations and 2.5 million treatments). One of the initial duties of the CDC Operations Officer who will be assigned to Accra under a PASA arrangement will be to assist the MOH/Epidemiology Division to prepare a detailed Plan of Work. This plan will be updated as and when necessary. If needed, Communicable Disease Workshops may be held in order to bring operational staff together to discuss mutual problems and solutions. At least one will probably be held during the life of the project. Improved surveillance will be needed to keep a close watch on previously treated areas to insure the prompt reporting of new outbreaks or missed cases. During the conduct of project activities, the MFU team will establish a surveillance system in each village based on local participation. Those that might participate include existing health workers and school teachers. Coordination of disease control activities with neighboring countries occurs through existing Joint Permanent Commissions. Bilateral agreements for this purpose have been signed by Ghana with Togo, Upper Volta, Ivory Coast, Benin, Mali and Niger. On a one country at a time basis meetings are held at least annually between the Ghana Ministry of Health (delegation chaired by either the Director of Medical Services or his Deputy) and the counterpart organization of the cooperating country. The meeting location alternates between countries with the hosting country paying all costs associated with the meeting. Also, health information is shared routinely through the exchange of monthly epidemiology reports.

The above outputs can be verified by the review of MOH statistical records, trip reports and narrative assessments.

The assumption underlying the achievement of the outputs is that Medical Field Units will remain mobile.

Total USAID input to this project will be \$500,000. The GOG's support is estimated at \$743,000. UNICEF and EEC have also indicated their intention to support the project at an estimated cost of \$1,040,000. Because this is an AIP project and limited to a total AID funding of \$500,000, no contingency funds have been budgeted. Line items in the budget could be shifted, however, to meet any unforeseen needs as long as the project total (i.e., \$500,000) is not exceeded.

One major input for AID is funding for the services of one PASA Operations Officer for a 24 month period. AID will provide for all costs for the technical assistance except for in-country transportation, office space and secretarial support which will be provided by the GOG from facilities/resources already available.

Only short term training is being provided under this project. Four persons will be trained for up to one month each in the summer of 1980 at the Center for Disease Control in Atlanta, Georgia, and possibly

at other facilities suggested by CDC, in subjects directly related to project implementation. \$15,000 is budgeted for this purpose. The GOG will provide \$6,000 for the international travel requirements of the participants, and will continue salary payments during the period that the participants are in training.

Commodities with source and origin in the United States in the amount of \$265,000 will be purchased under this project by USAID. The major categories of procurement are Cold Chain (\$27,000), Field Equipment (\$17,000), Medicines and Supplies (\$150,000) and Miscellaneous (\$6,000). The remaining \$65,000 will be used for freight and fees. Orders for the majority of the commodities will be placed as soon as the Project is funded. It is anticipated that AAPC (New York) will be the procurement agent for all equipment and supplies. All subsequent orders will be placed after the arrival of the Operations Officer. (It should be pointed out that at the time the PID was prepared, \$55,000 was proposed for the procurement of Laboratory Equipment and Supplies. In discussions with the MOH during the preparation of the Project Paper, it was determined that items necessary to establish and maintain a cold chain were deemed to be a higher, immediate need and were therefore substituted for the Laboratory Equipment category. A limited amount of laboratory support items may still be needed. However, a decision on this will be made after the arrival of the Operations Officer). The GOG is expected to provide up to \$497,000 for penicillin, vaccine and supplies for the Project.

Other GOG contributions to the Project include \$60,000 for salaries and per diem of 60-80 technicians; \$140,000 for POL and vehicle maintenance; and \$20,000 for workshops.

Both the European Economic Community and UNICEF are expected to participate in this project. Inputs planned by the EEC at the request of the GOG, include \$225,000 for vehicles for MFU's and \$615,000 for vaccine, penicillin and supplies. UNICEF is expected to contribute at least \$200,000 for vaccine, penicillin and supplies.

It is assumed that the other donors noted above will be able to provide their inputs in a timely fashion.

IV. TECHNICAL ANALYSIS

Communicable disease control is a major function of the Ghanaian Ministry of Health. The regional Medical Field Unit office in each of Ghana's nine regions directs surveillance and collects disease morbidity information from other health care providers. Each of the 65 health districts in Ghana has an MFU team whose activities include yaws case finding and treatment (84,000 treated in 1979), childhood immunization (measles, BCG, tetanus immunization of pregnant women, health education, and periodic campaigns to contain yellow fever and cholera epidemics.

The merging of a mass yellow fever immunization campaign together with a mass penicillin treatment campaign for yaws and with other activities conducted by the MFU's is practical and appropriate. While immunizing one with yellow fever vaccine, a person could be quickly examined for yaws and if indicated, given treatment. At the same time, other immunizations such as measles, tuberculosis (BCG) and tetanus toxoid could also be given to those at risk without impeding the progress of the campaign.

This project will enhance and refocus the GOG/MOH ongoing yellow fever and yaws control activities. The method of yaws control will be to give treatment based on the prevalence of active yaws in a given community by giving penicillin to all children less than 15 years of age and then adult contacts (mass treatment during the initial survey). Treatment for yaws thereafter (resurvey) will be based on the prevalence of active yaws found during the initial survey. The yellow fever control method will be to give vaccinations to all people over 6 months of age using the Ped-O-Jet injection system. It is planned that at least 2.3 million children under the age of 15 will receive treatment/prophylaxis for yaws; and that two million children (under 15) and two million adults will be immunized against yellow fever during the life of the Project. Certain cohorts will also receive immunizations (tetanus, BCG, etc.) and will be given advice on water and sewage disposal and other methods that they can use that will protect them from preventable illnesses and diseases. These activities, however, will be funded outside of this AIP project.

Due to the worldwide increase in the price of oil, Ghana is experiencing a shortage of POL supplies. This shortage has limited the number of field trips that various functional units could make. However, we have assurances from the Ministry of Health that POL will be supplied to the MFU teams in sufficient quantities for their work to be effective. This assurance is based on the fact that increased allocations have been authorized in the past by the Government to the Ministry of Health for on-going disease control activities. We have no reason to doubt that this will not be the case in the future, though short-term delays are likely while awaiting for these special POL allocations. We do not feel, however, that these delays will adversely affect project progress.

Likewise, this project will be funding supplies and equipment for support of the yellow fever and yaws campaigns. Delays in procurement are anticipated, but again, we feel that this will not hinder the work of the teams during the initial stages of their field work. This is based on the fact that other donors, specifically UNICEF and EEC, will be providing needed supplies and equipment (e.g., vaccines, vehicles) during the early phase of the project since their procurement time is much shorter than AID's.

Skilled labor to conduct the campaigns is presently available in the existing MFU teams. We, therefore, do not see this as a problem for project implementation.

The IEE for this project is attached as Annex C. A negative determination is recommended based on the fact that this project, through its disease prevention activities, will have no significant adverse effect on the physical environment.

V. FINANCIAL ANALYSIS AND PLAN

The total cost of this project is \$2,283,000. AID will provide \$500,000 in grant funds to finance technical assistance, commodities and limited participant training. The Government of Ghana will fund all recurrent costs for the project, as well as part of the cost of purchasing vaccines and penicillin for the project. The Government of Ghana will be able to absorb the recurrent costs of the project after termination since it is anticipated that increasing amounts of resources will be reallocated to disease control activities in line with the MOH stated goals and objectives.

Other donors will be participating in the project in a significant way. The European Economic Community (EEC) will purchase vehicles for the Medical Field Units and will provide a share of the penicillin, vaccine and syringes needed for the program. UNICEF will also provide penicillin, vaccine and syringes. WHO will provide the services of an Epidemiologist on an as needed basis to the project. The total cost of other donor contributions is estimated to be \$1,040,000 over the two year life of the project.

Tables 3 and 4 set forth the detailed project financial plan and cash flow. Care has been taken to insure that component costs of the project are estimated on a basis reflecting recent experience in other projects in Ghana.

TABLE 3
SUMMARY COST ESTIMATE AND FINANCIAL PLAN
(US \$ 000)

Use/Source	AID		Govt. of Ghana		Other Donors		Total	
	FX	LC	FX	LC	FX	LC	FX	LC
1. Salaries/per diem	-	-	-	60	-	-	-	60
2. Technical Assistance	130	90	-	20	-	-	130	110
3. Short-term Training	15	-	6	-	-	-	21	-
4. Cold Chain	27	-	-	-	-	-	27	-
5. Field Equipment	17	-	-	-	-	-	17	-
6. Penicillin, vaccines, syringes	120	-	497	-	815	-	1432	-
7. Ped-O-Jets (10)	30	-	-	-	-	-	30	-
8. Miscellaneous Equipment	6	-	-	-	-	-	6	-
9. POL	-	-	-	100	-	-	-	100
10. Vehicles (20)	-	-	-	-	225	-	225	-
11. Vehicle Maintenance	-	-	-	40	-	-	-	40
12. Workshops	-	-	-	20	-	-	-	20
13. Freight/Fees	65	-	-	-	-	-	65	-
TOTALS:	410	90	503	240	1040	-	1953	330

TABLE 4

PROJECTION OF EXPENDITURE BY FISCAL YEAR
(US \$ 000)

<u>FISCAL YEAR</u>	<u>AID</u>	<u>GOVERNMENT OF GHANA</u>	<u>OTHER DONORS</u>	<u>TOTAL</u>
80	285	30	430	745
81	140	410	310	860
82	75	303	300	678
TOTALS:	500	743	1,040	2,283

FOR AID INPUTS

	<u>FY 80</u>	<u>FY 81</u>	<u>FY 82</u>	<u>TOTAL</u>
Technical Assistance	18	68	44	130
Commodities	240	25	-	265
Participant Training	15	-	-	15
Other Costs (PASA support)	12	47	31	90
TOTALS:	285	140	75	500

VI. ECONOMIC ANALYSIS

A. Introduction

Health care availability is a basic human need world-wide. The economic well-being of a country and the productivity of its work force is in direct proportional relationship to the level of health which prevails amongst its workers. It is difficult to predict in advance, or to quantify in economic terms, what the added contribution to productivity will amount to by the prevention of illness, disability and death. Traditional cost-effectiveness assessment of this project does not apply. Hence, the focus of this analysis will be on the socio-economic benefits accrued to the country as a whole.

B. The Project

The purpose of this project is to contain the present yellow fever epidemic and to interrupt the precipitous increase of yaws in Ghana. The external aid being provided will allow the Ministry of Health to make a rapid, concerted effort to control these two diseases and at the same time

to expand their existing disease control activities to areas previously accessible only on an irregular basis.

C. Anticipated Benefits.

The direct target population of this project is the approximately 4.5 million people living in the affected rural and urban slum areas of the country. Of this total, approximately 2.5 million are under the age of 15.

Yaws is seen in virtually only those under 15 years of age. (The reason that yaws is not seen in older people is probably due to the fact that they have acquired immunity to yaws as a result of a childhood infection that was treated, or that they are able to seek and purchase treatment as soon as they are infected). A child with yaws is less able to contribute to the family welfare by collecting firewood, assisting parents in the field and so on. Collectively, this has a significant adverse economic impact on the productivity in rural areas. In the long run, children left untreated can develop crippling, late complications making them a burden on an already overtaxed health and welfare system. Disfigurement could also make those affected "outcasts" to society bringing with it added complications of possible severe emotional difficulties and mental strain for the patient and family.

The geographic distribution of yellow fever epidemics over the past three years indicates that most of Ghana is susceptible to that disease (see Annex J). If the present epidemic is allowed to continue, the economic impact can be significant since the disease, if left unchecked, spreads rapidly and has a high death rate among those infected (approximately 22%).

The project will then have an impact on improving the well-being of the target group. It will not only eliminate or contain the threat of infection by yellow fever and/or yaws agents, but will also increase the awareness of the rural and urban slum populations to other preventive health activities that will promote a healthy environment and improved well-being.

D. Alternatives

Without the external aid inputs to this project, the GOG would have to continue with their existing programs. These programs, however, have only been able to contain local epidemics. They have not been effective in interrupting the increased incidence of these diseases. The reason for this are: (1) those programs have been hindered by the lack of adequate field transportation which would allow for regular visits to treat, immunize and follow-up in all affected and surrounding areas; (2) the widespread use of a penicillin preparation in dosages that may be inadequate to cure yaws; and (3) the inability of treatment centers and a variety of other health providers to treat cases.

Experts from the Center for Disease Control who visited Ghana in 1979, recommended that if external aid was to be provided that the Project be structured as it has been designed herein. This recommendation was based on the fact that, with the inputs provided by this Project and by other donors, the GOG would be best able to rapidly reverse the disease trend by concentrating on those geographic areas affected by yellow fever and yaws, and to respond to reports of possible reintroduction of the diseases.

VII. SOCIAL ANALYSIS

A. Socio-Economic Characteristic of the Target Population.

Ghana's population shares many characteristics with other West African coastal states. The bulk of the population is rural (70%), and the majority are small farmers. Though rural areas account for much of the country's production and population, much of the rural product has been siphoned off to urban centers. Out-migration from the rural areas has added to this imbalance. Rural peoples have lower income, less infrastructure, and fewer social amenities than urban dwellers; this is reflected in lower nutritional, health and educational levels in the country-side. The rural population is only able to satisfy its basic human needs at a level slightly above subsistence, and should be the target population for A.I.D. interventions.

B. Determinants of Rural Poverty

The causes of Ghanaian poverty are numerous and complex, ranging from uncontrollable climatic conditions to political factors. A combination of severe drought over 40% of the country, quadrupling of oil prices, in 1974 and mismanaged development strategy emphasizing large-scale, relatively capital-intensive investment in industry and agriculture-induced triple digit inflation on basic commodities, acute shortages of imported consumer and capital goods, stagnation of production levels and low levels of health due to non-availability of services all of which have resulted in declines in the well-being of the rural poor.

C. Socio-Cultural Feasibility

The Ministry of Health has given top priority to expanding rural health activities which will, among other things, allow for the prevention and treatment of the disease problems that contribute to 80% of the unnecessary sickness, disability and death afflicting Ghanaians by the year 1990. This goal fits well not only with indigenous desires of the rural population, but with explicit policies of other ministries and departments as well. The techniques to be applied under this project for the control of yellow fever and yaws are not new to the target population. What is new is that the control effort will be more intensive

and concentrated so as to offer a better chance for success. There are no cultural barriers among the Ghanaian population against immunizations or other medical practices that would stand in the way reaching the target group. We therefore do not foresee any groups who would be potentially adversely affected by this type of activity.

D. Socio-Economic Consequences

1. The major beneficiaries of this project are the 3.6 million children living in endemic areas. Yaws lesions interfere with their health and education. If left untreated, some children will also suffer mutilating facial, bone and joint lesions from yaws. In addition, about one-third or more cases of yellow fever have been under 15 years of age. If left unvaccinated these children will be threatened with yellow fever for the rest of their lives. Because of the high morbidity and mortality of yellow fever and the high social welfare costs of yaws, control of these two diseases should decrease the loss of manpower and productivity among the affected groups. Improved quality of life in the rural areas may also have a beneficial side-effect on reducing the migration from rural to urban areas.

2. Mechanisms Insuring that the Target Population Enjoys the Intended Benefits

Yaws and yellow fever incidence is highest among the rural poor where routine health services are not available. Therefore, efforts to control these diseases must concentrate on the rural population if the program is to be successful. The strategy proposed by the Ministry of Health calls for just such a program using mobile Medical Field Units to reach the rural areas. Their existing activities will be enhanced by this project, enabling them to reach a greater number of the intended beneficiaries, i.e., the approximately 4.3 million children (2.3 million to receive treatment/prophylaxis against yaws; and two million to receive immunization against yellow fever); and two million adults to receive yellow fever immunization in the rural/urban slum areas.

3. Spread Effects and Benefit Incidence

In this project, knowledge of disease control activities will diffuse to locally-based health personnel, and through them into the local population. Techniques and methods for handling other aspects of health will follow the same diffusion pattern within a given district.

4. Local Participation

The participation and cooperation of the target population is an important aspect of the project. This is especially true in the establishment of a surveillance system to maintain treated areas free of yellow fever and yaws. This system will be community based, using, for example, school teachers, traditional healers and village leaders, to refer sporadic or imported infectious cases to local treatment centers.

E. Summary

This project is a socially sound project in that it will contribute to increasing the quality of life by improving the health status of Ghana's poor majority in a way that is not threatening to existing life styles.

VIII. IMPLEMENTATION PLANNING

A. Administrative Arrangements

This project will be administered in the Ministry of Health. The project officer will be the Senior Medical Officer (SMO) in charge of the Epidemiology Division of that Ministry. The SMO working through each of the nine Regional Medical Offices of Health and Regional Medical Field Unit Offices, provides control and technical supervision of the 65 District Medical Field Units (MFU's). The MFU's in turn, are responsible for conducting disease control activities in the rural areas. Because of this existing structure, which is deemed capable of implementing the project, it will not be necessary for a new organization to be established (See Tables 5 and 6) to carry-out project activities.

The coordination of activities with other donors will come from the Deputy Director of Medical Services (Public Health). The person occupying this position is also responsible for supervising the activities of the Epidemiology Division. It should also be noted that the WHO Epidemiologist, who will assist the project on an as needed basis, is under the operational control of the SMO of the Epidemiology Division.

The technical expert (Operations Officer) to be funded for 24 months by USAID through an agreement with the Center for Disease Control, will likewise, be under the operational direction of the SMO of the Epidemiology Division. His day-to-day counterpart, however, will be the Chief Technical Officer who directly monitors and supervises the activities of the mobile MFU's. Specifically, the Operations Officer will:

1. Work with the Epidemiology Division and other health officials of the MOH, as needed, to plan and coordinate the yellow fever and yaws control program.
2. Train project and other health personnel in vaccination technology, sterilization techniques, vaccine storage and handling, tally procedures, drug injection, assessment techniques and other operational functions for vaccination - yaws treatment team activities.

3. Perform, with counterpart, spot checks, pre and post campaign clinical and serological assessment for active yaws, and yellow fever seroconversion to determine the quality and completeness of vaccination and yaws treatment team performance and the extent to which additional training is required.

4. Develop and coordinate logistical systems to meet program needs for ordering, receiving, storing, handling and distributing of supplies, vaccine and equipment from various donor agencies. Coordinate preventive maintenance for project equipment. Monitor and ensure adequacy of vaccine cold chain and activity of penicillin.

5. Work with national and local officials and other as necessary to identify and develop methods to promote participation in disease control activities.

6. Prepare, in collaboration with appropriate country officials, a Plan of Work on a yearly basis. Prepare and distribute, on a quarterly basis, a status report containing yellow fever and yaws morbidity and mortality, description of program activities, discussion of current and future program plans, and other related information. Maintain and coordinate internal program communications including reports and other data.

7. Provide, on an as needed basis, consultation to surrounding countries on yellow fever/yaws control programs.

A.I.D will be responsible for the incountry logistical support of the Operations Officer (except for transportation and office/secretarial support which will be provided by the MOH). No difficulties are anticipated in this regard.

USAID will monitor this project through its office of Health, Population and Nutrition. Overall monitoring responsibility will rest with the HPN Project Officer with technical supervision from the USAID Health Officer.

No deviation from AID established financing procedures is anticipated for the Project. Materials and equipment purchased in the United States will be paid for through the standard procedures either by an AID Letter of Commitment or direct disbursement. Disbursement for the costs of foreign training and technical assistance will be paid for through AID established PIO/P and PIO/T procedures.

TABLE 5

NATIONAL ORGANIZATIONAL STRUCTURE

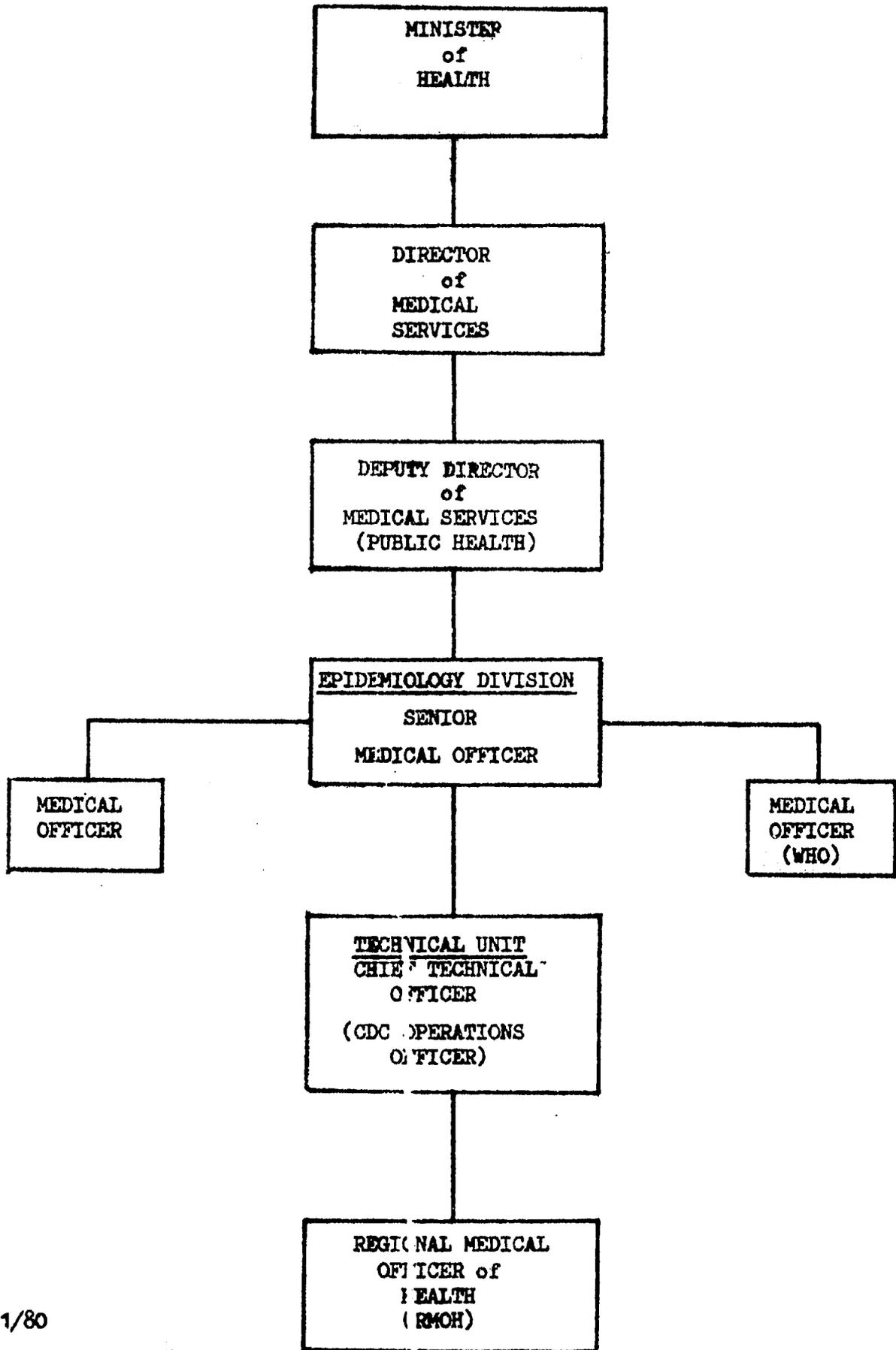
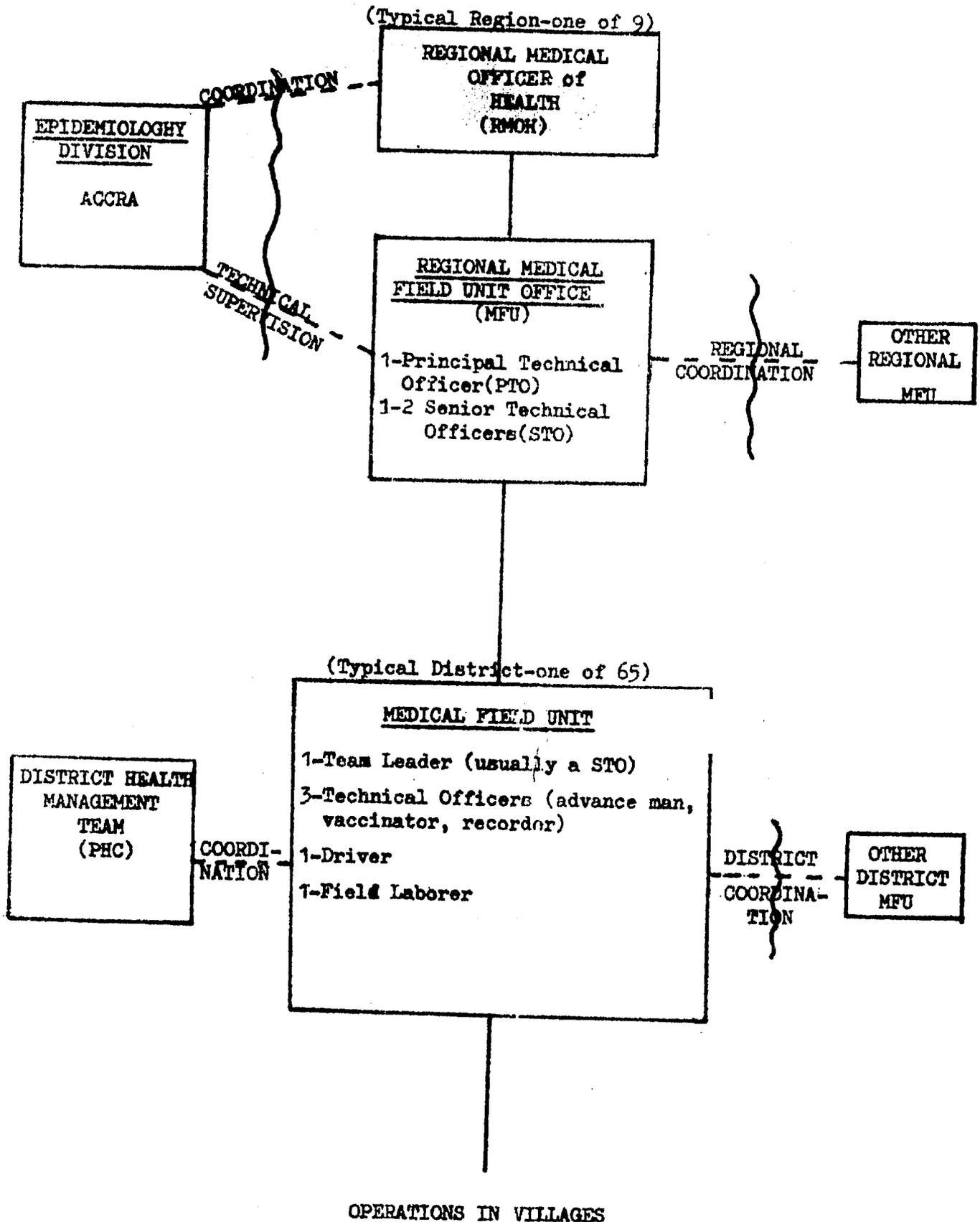


TABLE 6
TYPICAL REGION/DISTRICT
ORGANIZATIONAL STRUCTURE



B. Implementation Plan

<u>EVENT</u>	<u>DATE</u>
1. Project Paper Completed/Project Authorized	29 Feb 80
2. Project Funded	15 Mar 80
3. Project Agreement Signed	31 Mar 80
4. Short-term Participants Selected	1 Apr 80
5. Major Commodities Ordered	15 Apr 80
6. PIO/T for PASA Completed	15 Apr 80
7. Short-term Training Initiated	10 Jul 80
8. PASA Signed	15 Jul 80
9. PASA Advisor on-board	15 Aug 80
10. Detailed Plan of Work Completed	30 Sep 80
11. Intensified Campaign Initiated	15 Oct 80
12. Initial Commodities Arrive	30 Nov 80
13. First Quarterly Report Due	15 Jan 81
14. PES Completed	30 Sep 81
15. In-depth Evaluation Completed	31 Jul 82
16. PASA Advisor Departs	15 Aug 82
17. PACD	31 Jan 83

C. Evaluation Plan

Project progress will be reviewed by a joint MOH/AID committee 12 months after the detailed plan of work is completed, and at least one month prior to the departure of the CDC Operations Officer. These reviews will cover all aspects of the project as well as the project's contribution to Ghana's overall disease control activities.

The reviews scheduled will permit the Mission and the GOG to:

1. Appraise performance of MFU's and other implementing organizations in achieving stated purposes.
2. Identify measures to improve project implementation and to sharpen the focus, as needed, on project outputs.
3. Assure compliance with conditions and covenants set forth in the Project Grant Agreement.
4. Review systems for data collection and reporting on which the in-depth project evaluation may draw.
5. Make recommendations concerning continued USG support for general disease control activities as part of a larger A.I.D. bilateral and/or regional project. (It is anticipated that by the time of the first evaluation, the Mission will have begun a project for primary health care support under which longer-term activities could be funded).

Due to the nature of this project (AIP) no special budget is being set aside to conduct evaluations. The one annual evaluation can be completed by project personnel without any special allocation of funds. It is anticipated, however, that at least \$30,000 will be needed for the in-depth evaluation (planned for July 1982) and final report. Program Development and Support funds will be requested for this purpose. The in-depth evaluation team would include outside consultants consisting of at least an epidemiologist, an M.D. with experience in health delivery systems and perhaps a health education specialist.

D. Conditions, Covenants and Negotiating Status

1. Conditions precedent to disbursement will be contained in the Project Grant Agreement (PGA). These are:

- a. A letter of affirmation signed by the MOFEP that the PGA has been duly authorized and/or ratified by and executed on behalf of the Government of Ghana (Grantee), and constitutes a valid and legally binding obligation in accordance with all its terms.

b. A statement of the name of the person holding office or acting in the office of the Grantee and any additional representatives together with signatures of authorized representatives.

2. The following covenants will be written into the PGA:

a. The Parties agree to establish an evaluation program as part of the Project.

b. The Government of Ghana covenants that it will make necessary contributions, including POL supplies for mobile teams, to the project on a timely basis.

c. The Government of Ghana covenants that arrangements will be made for the maintenance of equipment and supplies provided under the Grant.

219

ANNEXES

R 141711Z JAN 80
FM FSCSTATE WASHDC
TO RNTACH/AMEMBASSY ACCRA 1517
INFO RUEBAGE/ODC ATLANTA GA
BT
UNCLAS STATE 016812

DATE Recd V/S K

AIDAC

E.O. 12865 N/A

TAGS:

SUBJECT: ACCELERATED IMPACT PROGRAM (698-0410.25) YELLOW
FEVER/YAWS CONTROL (GHANA)

REF: ACCRA 11749

*Act. info
Dil
AD
Pen
Ex
Can
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Re*

1. PID FOR SUBJECT PROJECT REVIEWED JANUARY 3, 1980.
PROJECT APPROVED FOR LOP FUNDING OF DOLS 500,000 IN HEALTH
APPROPRIATION CATEGORY. USAID AUTHORIZED PROCEED WITH PP.
AFR DELEGATION OF AUTHORITY 140 AUTHORIZES USAID DIRECTOR
APPROVE PP. UPON COMPLETION, FORWARD THREE (3) COPIES
COMPLETE AUTHORIZATION PACKAGE TO AID/W, ATTENTION AFR/RA.
(NOTE: RE FORMAT OF PROJECT AUTHORIZATION DOCUMENT,
CIRCULAR AIDGRAM A-182, JULY 27, 1979, ELIMINATED FORM
PAF 11 AND SUBSTITUTED A SIMILAR PROJECT AUTHORIZATION
DOCUMENT, SOMEWHAT SIMPLER IN FORM. SUGGEST USAID CAN
EASILY REVISE THE AUTHORIZATION DOCUMENT IN ACCORDANCE WITH
THE NEW FORMAT.)

2. PROJECT COMMITTEE SUGGESTS PP ADDRESS FOLLOWING ISSUES:

- - A. SUGGEST WORDS "LIMITED MANPOWER AND FINANCIAL" BE DELETED FROM FACE-SHEET STATEMENT OF PROJECT GOAL.
- - B. INDICATE HOW MANY CHILDREN WILL BE GIVEN PENICILLIN FOR YAWS AND HOW MANY CHILDREN AND ADULTS WILL BE VACCINATED FOR YELLOW FEVER.
- - C. BECAUSE PROJECT WILL RELY HEAVILY UPON MOBILITY OF MEDICAL FIELD UNITS, AVAILABILITY OF FUEL FOR VEHICLES IS A CRITICAL CONCERN. PP SHOULD ADDRESS FUEL AVAILABILITY PROBLEM IN GHANA. SUGGEST PROVISION OF FUEL BY GOG BE MADE COVENANT IN PROAG.
- - D. DESCRIBE PRESENT/PLANNED EFFORTS BY GOG TO COORDINATE YELLOW FEVER/YAWS CONTROL ACTIVITIES WITH THOSE OF BORDERING COUNTRIES.

- - E. CLARIFY FOLLOWING DISCREPANCIES BETWEEN PID AND MOH REQUEST (DECEMBER 20, 1979 LETTER):

(1) PROJECT PURPOSE STATED IN PID IS CONTROL OF YELLOW FEVER AND YAWS. SUBJECT LINE OF MOH LETTER REFERS TO CONTROL OF YAWS AND "OTHER COMMUNICABLE DISEASES." LAST PARAGRAPH OF LETTER REFERS TO DIAGNOSES OF YAWS AND "OTHER DISEASES." DOES MOH SEE YAWS CONTROL AS PRIMARY PURPOSE OF PROJECT WITH CONTROL OF YELLOW FEVER BEING SECONDARY? IF SO, THIS IS NOT CONSISTENT WITH PID.

(2) PAGE 6, PARAGRAPH 1 OF PID CALLS FOR TRAINING OF AT LEAST TWO TECHNICIANS AT CDC IN EPIDEMIOLOGY AND LABORATORY TECHNIQUES. LAST PARAGRAPH OF MOH LETTER REQUESTS TRAINING OF TWO DOCTORS AND TWO TECHNICIANS. (FYI: IN RESPONSE REFTEL, PARAGRAPH 2, RUOFF AND FERRINE DO NOT RECALL INCLUSION OF TRAINING OF DOCTORS IN DISCUSSIONS WITH ABOAGYE-ATTA. HOWEVER, CDC AND AID/W HAVE NO OBJECTION TO TRAINING TWO DOCTORS. CDC PREPARED PROVIDE NECESSARY INFORMATION ON TRAINING AVAILABLE IN ATLANTA. END FYI) PP SHOULD DESCRIBE TRAINING TO BE PROVIDED BY PROJECT, INCLUDING NUMBER AND TYPE OF TRAINEES AND AREAS OF TRAINING. USAID WILL HAVE TO MAKE NECESSARY BUDGET ADJUSTMENTS WITHIN APPROVED LOP COST.

3. PLEASE ADVISE ESTIMATED DATE FOR SIGNATURE OF PROAG. VANCE

BT
#0812

UNCLASSIFIED

VZCZCAEC *
RR RUEEC
DE RUTAGN #0701 023 **
ZNP UUUUU ZZH
R 231514Z JAN 80
FM AMEMBASSY ACCRA
TO SECSTATE WASHDC 4722
BT
UNCLAS ACCRA 00701

TAPE LOW

CLASS: UNCLASSIFIED
CHRG: AID:1/22/80
APPRV: DIR:IDCOVER
DRFTD: EPN:JWILES:NT ✓
CLEAR: 1.EPN:MSWEISS
2.PRM:MSZAK
3.AD:DLEVINTOW
DISTR: ~~IDE~~ MB DCM
ECON CHRON

AIDAC

FOR: AFR/RA, J. RUOFF

E.O. 12065: N/A

SUBJECT: AIP - YELLOW FEVER/YAWS CONTROL, GHANA -

REF: STATE 018812

1. APPRECIATE APPROVAL. MISSION HOPES TO COMPLETE PP AND SUBMIT WITH AUTHORIZATION PACKAGE DURING MARCE. PGA EXECUTION WILL DEPEND ON TIME REQUIRED TO PROCESS ALLOTMENT IN AID/W. DR. PERINE, CDC, IS PREPARING DETAILS ON COMMODITIES, TRAINING AND DETAILED ROLE OF OPERATIONS OFFICER FOR OUR USE IN PREPARING THE PP. PLEASE ADVISE WHEN INFORMATION WILL BE POUCHED TO ACCRA.

2. ISSUES, WITH THE FOLLOWING EXCEPTION, ARE ACCEPTED AND WILL BE ADDRESSED IN THE PP. WE DO NOT FEEL THAT PARA 2.E.1 OF REFTEL IS AN ISSUE. IN ALL OF OUR DISCUSSIONS WITH MOH IT WAS MUTUALLY AGREED THAT THE YELLOW FEVER/YAWS PROGRAM WOULD BE PART OF AN OVERALL MOE STRATEGY FOR THE CONTROL OF COMMUNICABLE DISEASES IN GHANA; AND, INPUTS PROVIDED UNDER THE AIP WOULD BE USED FOR THE SPECIFIC CONTROL OF THESE TWO DISEASES ON AN EQUAL BASIS. BELIEVE THAT YOU ARE READING SOMETHING INTO MOH LETTER THAT ISN'T THERE. SMITH

BT
#0701

NNNN

UNCLASSIFIED

ENVIRONMENTAL

IMPACT IDENTIFICATION AND EVALUATION
Yellow Fever/Yaws Control Project
(AIP - 698-410.25)

Impact Areas and Sub-areas.

A. LAND USE

1. Changing the character of the land through:

- a. Increasing the population _____ N
 - b. Extracting natural resources _____ N
 - c. Land clearing _____ N
 - d. Changing soil character _____ N
- 2. Altering natural defenses _____ N
 - 3. ~~Reallocating~~ important uses _____ N
 - 4. Jeopardizing man or his works _____ N

B. WATER QUALITY

- 1. Physical state of water _____ N
- 2. Chemical and biological states _____ N
- 3. Ecological balance _____ N

C. ATMOSPHERIC

- 1. Air additives _____ N
- 2. Air pollution _____ N
- 3. Noise pollution _____ N

D. NATURAL RESOURCES

- 1. Diversion, altered use of water _____ N
- 2. ~~Irreversible, inefficient commitments~~ _____ N

F. SOCIOECONOMIC

- 1. Changes in economic/employment patterns _____ L
- 2. Changes in population _____ N
- 3. Changes in cultural patterns _____ N

G. HEALTH

- 1. Changing a natural environment _____ N
- 2. Eliminating an ecosystem element _____ L

H. GENERAL

- 1. International impacts _____ N
- 2. Controversial impacts _____ N
- 3. Larger program impacts _____ N

N = No environmental impact
L = Little environmental impact

Initial Environmental Examination
Accelerated Impact Program (Yellow Fever/Yaws Control)
698-0410

Project Location : Republic of Ghana

Project Title : Accelerated Impact Program (Yellow Fever/Yaws)

AID Funding : \$500,000

Life of Project : FY 80 - 81

IEE Prepared by : USAID/Ghana

Date : November 14, 1979

Environmental Action Recommended: Negative Determination

Mission Director's Concurrence: December 4, 1979 *William H. Carter*

Assistant Administrator's Decision:

Approved: AA/AFR Date: March 26, 1980 *

Disapproved _____ Date: _____

* Per STATE 085077, dated 1 Apr. 80

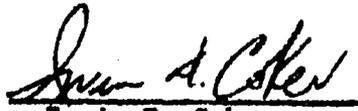
UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO GHANA



Ring Road East Near Gas Circle
P. O. Box 1630
ACCRA-GHANA
TELEPHONE 73346

Statement
on
AID Project Statutory Checklist

The Statutory Checklists (Country, Project and Standard Items) dated June 7, 1979, and contained as Appendix 5C to AID Handbook 3, have been reviewed as they pertain to this project. It has been determined that this project complies with the statutory requirements contained therein.



Irvin D. Coker
Mission Director
USAID/Ghana

Date: May 13, 1980

UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO GHANA

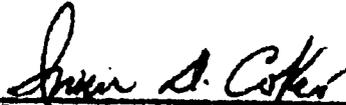


King Road East Near Gas Circle
P. O. Box 1690
ACCRA-GHANA
TELEPHONE 75345

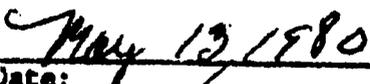
CERTIFICATION PURSUANT TO SECTION 611(e)
OF THE FOREIGN ASSISTANCE ACT
AS AMENDED

I, Irvin D. Coker, principal officer of the Agency for International Development in Ghana, do herewith certify that, in my best judgement, Ghana has both the financial capability and the human resources to maintain and effectively utilize the goods and services procured under the Yellow Fever/Yaws Control grant.

This judgement is based, inter alia, upon the record of implementation of AID-financed projects in Ghana and the results of the consultation undertaken during intensive planning of the Project.



Irvin D. Coker
Director, USAID/Ghana



Date:

3

37

In case of reply the number and date of this letter should be quoted.

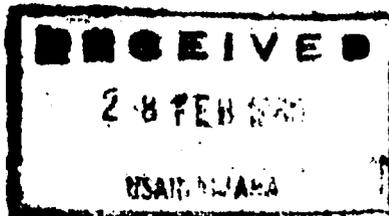
My Ref. No. DV.24

Your Ref. No.



REPUBLIC OF GHANA

26 February, 1980



Dear Sir,

YELLOW FEVER AND YAWS CONTROL PROGRAMME IN GHANA, AUGUST 1980-AUGUST 1982

The draft proposal on Yellow fever and Yaws control programme in Ghana has been considered by Ministry of Health. Furthermore, the Ministry of Finance and Economic Planning attaches great importance to the program.

I am therefore, directed to request for USAID financial support for the implementation of the program.

Counting on your excellent co-operation.

Yours faithfully,

for: PRINCIPAL SECRETARY,
(J.O. OTUROKU)

DR. WIESS,
HEALTH, POPULATION AND NUTRITION,
U S A I D,
A C C R A.

cc: Director of Medical Services,
Ministry of Health,
Accra.

vic*

Act. HPM
INUS DIR

↳

COM

PRM

CHRSU

RF

20 February 1980

ACTION MEMORANDUM

TO : Mr. Irvin Coker, Director
FROM : *J.W. Wiles*
John W. Wiles, Project Officer
SUBJECT: Project Authorization

Your approval is required for a grant of \$500,000 from Section 104, Health appropriation for Ghana for the Accelerated Impact Program for the Control of Yellow Fever and Yaws in Ghana (698-0410.25).

Discussion: The purpose of this project is to contain the present yellow fever epidemic and to interrupt the precipitous increase of yaws in Ghana. Present statistics indicate that since August 1977, yellow fever has been reported almost monthly, with major epidemics in the Eastern, Volta and Brong-Ahafo Regions. The geographic distribution of epidemics over the past three years indicates that most of Ghana is susceptible to yellow fever. Likewise, the prevalence of infectious yaws which affects, almost exclusively, children under the age of 15 years, is increasing. Past efforts of the Ministry of Health have been unable to make a significant impact on halting the disease transmission due to the lack of adequate field transportation, use of a penicillin preparation in dosages that may be inadequate to cure yaws, and the inability of treatment centers and other health providers to treat cases or provide vaccinations.

Inputs from this project, along with those from the European Economic Community and the UNICEF, are expected to reverse this trend and result in reduction of the prevalence of yaws to 0.1% and the elimination of yellow fever epidemics in Ghana.

There are no issues outstanding at this time.

Waivers: none

Justification to Congress: Congressional notification and other needed documentation will be prepared in AID/W during the appropriation process.

Clearances Obtained: M.Weiss, HPN *mw*; J. Fink, EXO *JF*
G.Graf, PRM *GG*; S.Scott, CDO *SS*; MZak, PRM *MZ*
R.Solloway, GON *RS*; D.Levintow, AD *DL*

Recommendation: That, under AFR Delegation of Authority No. 140 which authorizes you to approve projects under \$500,000, you sign the attached Project Authorization.

PROJECT AUTHORIZATION

Name of Country: Ghana

Name of Project: AIP-Yellow Fever/Yaws
Control (Ghana)

Number of Project: 698-0410.25

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Accelerated Impact Program for the Control of Yellow Fever and Yaws for Ghana involving planned obligations of not to exceed \$500,000 in grant funds over a two year period from date of first disbursement to help in financing foreign exchange and local currency costs for the project.

2. The purpose of this project is to contain the present yellow fever epidemic and to interrupt the precipitous increase of yaws in Ghana. The project is intended to move the Government of Ghana towards its objective of effectively controlling communicable diseases in Ghana and ultimately towards its stated goal of providing the most effective health care delivery system which Ghana's resources will permit and to distribute those services as widely as possible.

The project will provide the necessary technical assistance, selected commodities and limited training to meet the above purpose.

3. The Project Grant Agreement (Agreement) which may be negotiated and executed by the officer to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate:

a. Source and origin of goods and services:

Goods and services, except for ocean shipping, financed by A.I.D. under the project shall have their source and origin in the United States except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

b. Conditions precedent to disbursement are:

1) A letter of affirmation signed by the Ministry of Finance and Economic Planning that the Agreement has been duly executed on behalf of the Government of Ghana, and constitutes a valid and legally binding obligation in accordance with all its terms.

2) A statement of the name of the person holding office or acting in the office of the Grantee and any additional representatives together with signatures of authorized representatives.

3) Evidence that the Grantee has appointed a Project Manager, who is an employee of the Grantee, with authority and responsibility for coordinating all aspects of the Project.

c. Covenants are:

1) The parties agree to establish an evaluation program as part of the project.

2) The Government of Ghana covenants that it will make necessary contributions, including petroleum, oil and lubricants (POL) for mobile teams, to the project on a timely basis.

3) The Government of Ghana covenants that arrangements will be made for the maintenance of equipment and supplies provided under the project.

J
HPN:JW files-2/20/80

Clearances: HPN:MSwiss (draft)
EXO:JFink (draft)
PRM:GGraf (draft)
CDO:SScott (draft)
CON:RSolloway (draft)
PRM:MSzak *[initials]*
AD:DLvintov *[initials]*

Signature: *Irvin D. Coker*
Irvin D. Coker
Mission Director

Date: *May 13, 1980*

ILLUSTRATIVE COMMODITY
LIST

<u>Item</u>	<u>Quantity</u>		<u>Total Cost</u>
<u>COLD CHAIN</u>			<u>\$ 27,000</u>
1. Refrigerator, 220v, 50 cy, 13.9 cu	10	(3,600)	
2. Freezer, upright, 220v, 50 cy, 11.6 cu	10	(3,500)	
3. Generator, portable, 2.3 kw, 220v, 50 cy	10	(7,600)	
4. Refrigerator, Kerosene 14 cu	10	(3,600)	
5. Freezer, Kerosene, 12 cu	10	(3,500)	
6. Insulated jug, plastic, 1/2 gal capacity	500	(2,500)	
7. Insulated jug, plastic, 1 gal capacity	300	(2,700)	
<u>FIELD EQUIPMENT</u>			<u>17,000</u>
1. Tent, 10' x 13', with screen-porch	50	(8,000)	
2. Cots, folding, polyethylene cover, steel/aluminium legs, 72" x 24"	150	(3,000)	
3. Stove, portable, kerosene, two-burner, 3 1/2pt fuel tank	50	(2,000)	
4. Spare parts for above	50 sets	(500)	
5. Stand, Aluminium, for stove 15" x 15" x 26"	50	(700)	
6. Lantern, Kerosene, double mantle, 2 pt fuel tank	50	(1,400)	
7. Carrying case for above	50	(700)	
8. Spare parts (mantles, etc.) for lantern	50 sets	(300)	
9. Water carrier, plastic, collapsible, 5 gal	100	(400)	

<u>Item</u>	<u>Quantity</u>	<u>Total Cost</u>
<u>MEDICINES AND SUPPLIES</u>		<u>150,000</u>
1. Penicillin, Benzathine G, 1.2 mill units, single dose vials, package of 10	15,000 pkgs	(90,000)
2. Syringes, needles	various	(30,000)
3. Ped-O-jet system, with spares	10	(30,000)
<u>MISCELLANEOUS</u>		<u>6,000</u>
1. Typewriter, IBM, Selectric II, 220v, 50cy	1	(4,000)
2. Duplicator, Gestner Model 420, 220, 50cy	1	(800)
3. Ink, Stencils, etc for above	Varies	(500)
4. Copier, plain paper, Nashua Model 1210, 220v, 50cy	1	(2,300)
5. Liquid toner for use in above	100 bts	(1,000)
	Total =	<u>\$ 200,000</u>

S U M M A R Y

1. Cold chain	\$ 27,000
2. Field Equipment	17,000
3. Medicines/supplies	150,000
4. Miscellaneous	6,000
5. Freight/fees, etc.	<u>65,000</u>
GRAND TOTAL =	\$265,000

Project Title & Number: AIP-YELLOW FEVER/YAWS CONTROL (GHANA) - 698-0410.25

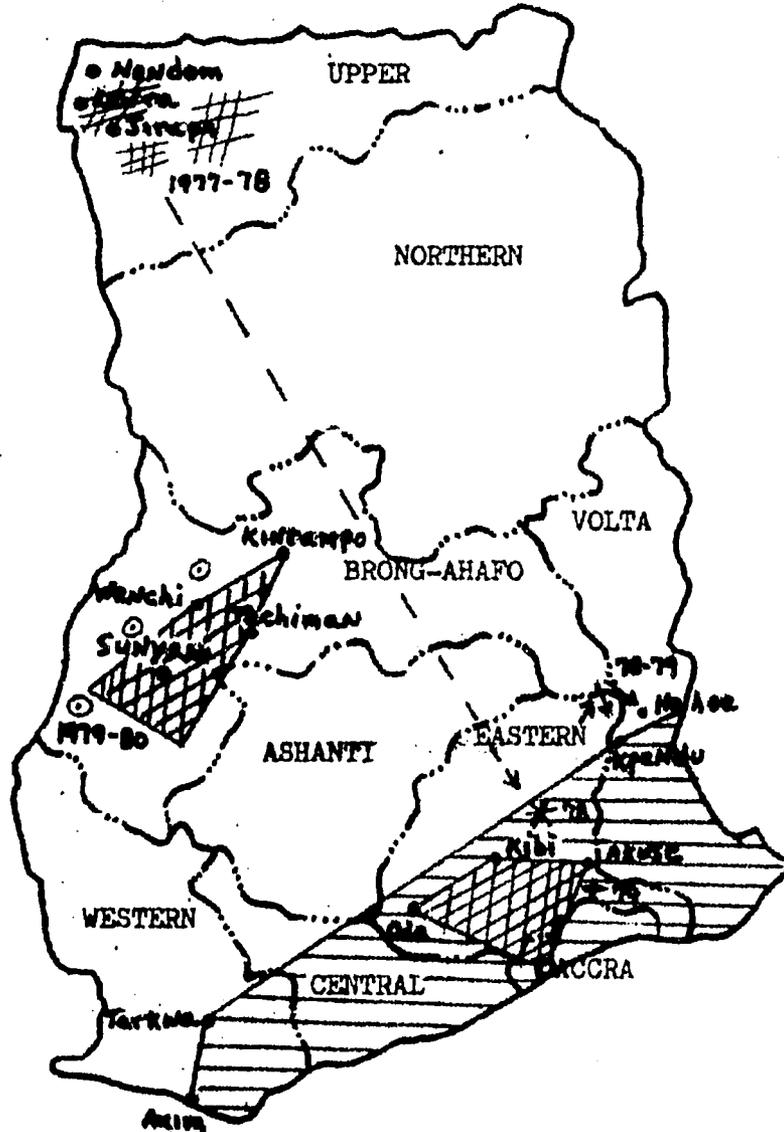
NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>Provide the most effective form of health care delivery system which Ghana's resources will permit and to distribute health services as widely as possible.</p> <p>Subgoal: Strengthen the GOG capacity to control communicable diseases.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> By 1990, provide basic/primary care for 80% of population. By 1990, reduce by 70% incidence of 12 preventable disease problems identified by MOH. By 1990, health delivery points staffed/equipped to cover 80% of population. By 1990, District Health Management teams assigned to districts.
<p>Project Purpose:</p> <p>To contain the present yellow fever epidemic and to interrupt the precipitous increase of yaws in Ghana.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> Reduce the prevalence of infectious yaws to 0.1% or less. Eliminate yellow fever epidemics.
<p>Outputs:</p> <ol style="list-style-type: none"> Affected areas of country visited by mobile MFU's on a scheduled basis. Vaccinations/treatment provided. Technical staff trained. Workshops held. Plan of work prepared. Surveillance system established. Program coordinated with surrounding countries. 	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> Villages visited at least 2X/year. 4 mill. vaccinations-YF; 2.3 mill. treatment/prophylaxis for yaws. Four trained overseas - CDC. At least one. Two (on an annual basis). In each affected village (exact # of villages will be known after first surveys). Monthly reports exchanged.
<p>Inputs:</p> <p><u>USAID</u></p> <ol style="list-style-type: none"> Technical Assistance Participant Training Commodities <p><u>GOG</u></p> <ol style="list-style-type: none"> Salaries/per diem POL/vehicle maintenance Penicillin Administrative support Workshop International travel <p><u>OTHER DONORS</u></p> <ol style="list-style-type: none"> Vehicles Vaccine, penicillin, supplies 	<p>Implementation Target (Type and Quantity)</p> <ol style="list-style-type: none"> \$220,000 for 24 worker-months \$15,000 for 4wm (four persons) \$265,000-cold chain, field equip, medicines/supplies. \$60,000 for 60-80 persons \$140,000 \$497,000 for 1/2 million vials \$20,000 \$20,000 \$6,000 for four persons <p>1. \$225,000(EEC) 2. \$815,000 (UNICEF/EEC)</p>

LOGICAL FRAMEWORK
PART 2

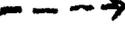
ANNEX I, page 2
Life of Project:
From FY 80 to FY 83
Total U.S. Funding \$500,000
Date Prepared: January 1980

MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
MOH Records	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> 1. GOG will increasingly emphasize preventive health services to rural areas. 2. Economic situation will stabilize enough so as not to erode available financing for delivery of rural health services. 3. GOG will provide sufficient incentives to encourage health personnel to staff rural health services. 4. Strengthened planning and management will have a positive effect on the improvement of health services.
MOH Records	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1. Necessary budget support will be available for teams to function effectively. 2. Other donors will remain interested in the project.
Trip reports, MOH statistical records and narrative reports.	<p>Assumptions for achieving outputs:</p> <p>Medical Field Units will remain mobile</p>
USAID, GOG, EEC, and UNICEF records, receiving reports and procurement documents.	<p>Assumptions for providing inputs:</p> <p>Other donors will provide inputs in a timely fashion.</p>

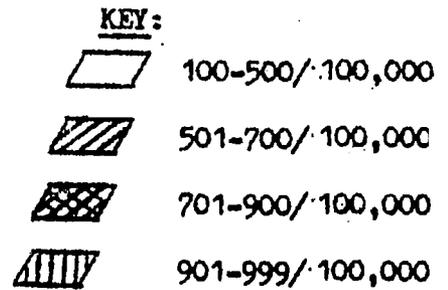
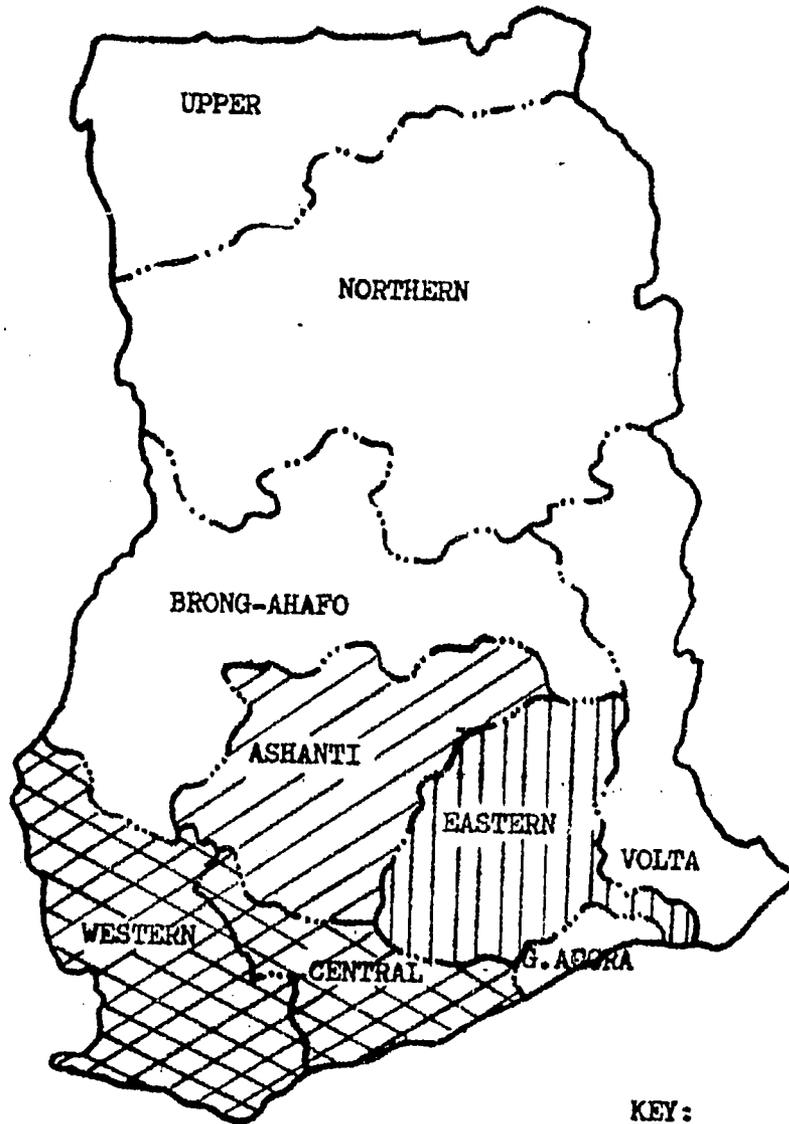
DISTRIBUTION OF YELLOW FEVER IN GHANA
1977-1980



KEY

-  The endemic zone of yellow fever
-  Hyperendemic core
-  Epidemic, 1977-78
-  Epidemic, 1978
-  Epidemic, 1978-79
-  Epidemic, 1979
-  Epidemic, 1979-80
-  Direction of movement of epidemics

CASES OF INFECTIOUS YAWS
PER 100,000 POPULATION
(1978)



UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO GHANA



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Statement

Written confirmation was received on 13 May 1980
from the European Economic Community to participate in this
project.

J. W. Wiles
John W. Wiles
Project Manager