

Approved



Ghana

Operational Plan Report

FY 2013

Note: *Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.*



Operating Unit Overview

OU Executive Summary

I Country Context

Epidemiology

HIV prevalence and incidence have been declining in the general population since prevalence peaked at 2.4% in 1998 and is presently estimated at 1.5% in the general population. Nevertheless, the numbers of persons living with HIV and AIDS continue to increase due to population growth and to the decline in AIDS deaths as more infected persons receive anti-retroviral treatment (ART). HIV infection rates among young pregnant women attending antenatal clinics have been declining as measured by the national HIV sentinel surveillance system. HIV prevalence among persons 15 – 24 years old is estimated to be 1.7% and is expected to decline. HIV prevalence in key populations (11% in sex workers and 18% in MSM) and in tuberculosis patients (15%) continues to be much higher than that of the general population.

From a modes of transmission study (MOT) conducted in 2008, it is estimated that sexual transmission accounts for the majority of new adult infections and that almost 40% of new adult infections can be attributed to FSWs, their clients and the partners of their clients, and MSM. Twenty nine percent of new infections are attributed to casual heterosexual sex and the partners of those who engage in casual heterosexual sex. It is unclear if informal transactional sex by people who do not consider themselves sex workers (e.g., university students) represents another driver of the epidemic. An estimated 9% of all new infections is attributed to MTCT of HIV.

Status of the National Response

The National Strategic Plan on HIV and AIDS 2011-2015 (NSP) prioritizes HIV prevention with the aim of reducing new infections among key

populations and other vulnerable populations and virtually eliminating MTCT of HIV. HIV treatment will be implemented as one of the key prevention strategies. NSP 2011-15 objectives are the reduction of new HIV infections by 50% by 2015 and reduced morbidity and mortality among PLHIV (95% of PLHIV alive and on treatment 12 months after initiation of ART by 2015). The NSP 2011-15 focuses on health systems and community systems strengthening which are critical for a sustainable HIV response.

Prevention: The numbers of people reached with key prevention interventions have been increasing with noticeable impact (improved knowledge, attitudes and practices; increased numbers of condoms distributed, increases in reported condom use, increased HCT rates).

PEPFAR/G has been playing a key role in the development and implementation of prevention interventions targeting key populations (Table 1). Further analyses are planned to assess the impact of these interventions in terms of enrolment and retention in HIV treatment, care and support services.

Table 1: KP Data FY11 &12

SHARPER Data FY11 &12	FY 2011*	FY 2012	Total
# of FSWs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	*	35,337	35,336
# of MSMs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	*	16,360	16,360
# of NPPs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	*	27,026	27,026
Total KP reached	54,360	78,723	133,083

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# of PLHIVs reached with minimum of one care service (e.g., STI treatment, cotrimoxazole prophylaxis, ART)	17,250	16,305	33,555
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SHARPER Data FY11 &12	FY 2011*	FY 2012	Total
# of people (FSW, Non-PP, MSM, PLHIV) reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS.	18,662	39,329	57,991
# of KP reached through "Helpline" and "Text Messages" and other ICT programs	-	14,091	14,091
Sexual and gender-based survivors (SGBV) reported and served	-	237	237
# of individuals who received Testing and Counseling services for HIV and received their test results	17,256	24,062	41,318
# individuals testing positive enrolled in HIV care services	1,110	823	1,933
# of KP who received STI services	8,033	9,541	17,574
# of male condoms distributed to KP and PLHIV	4,413,403	5,741,354	10,154,757
# of female condoms distributed to KP and PLHIV			
# of Lubricants Distributed to KP and PLHIV	569,819	644,093	1,213,912
* = data not disaggregated by sub-population in 2010			

In addition, the quality of prevention services implemented by civil society organizations (CSOs) and the Ghana Health Services (GHS) appears to have

been improving as a result of support from USG (training of healthcare workers and of CSO staff). Unfortunately, reduced Global Fund (TGF) funding and procurement problems, have resulted in intermittent shortages and stock-outs of anti-retroviral drugs (ARVs), HIV test kits and recently there have been problems with the quality of condoms.

In 2011, PMTCT coverage (proportion of estimated HIV+ pregnant women receiving ARVs for treatment or for prophylaxis) was 51%. Global Fund funds have been programmed to improve PMTCT coverage.

HIV Treatment, Care and Support: The numbers of eligible PLHIV receiving ART have been increasing but it is assumed that ART coverage among key populations is relatively lower.

Table 2: ART coverage (2010 – 2012)

	2010	2011	2012
# adults eligible for ART	94,971	96,584	99,622
# children eligible for ART	18,623	16,869	15,262
% eligible adults on ART	41%	52%	60%
% eligible children on ART	13%	16%	23%

Unfortunately, the reporting systems are not yet completely capturing data about the proportions of PLHIV who are routinely receiving cotrimoxazole prophylaxis and the proportions of tuberculosis patients being tested and treated for HIV.

Patient retention rates are usually a good indicator of quality of care of services. There has been a documented positive impact of Models of Hope volunteers (a group of PLHIV who assist at the ART clinics to assist during HIV clinic days at the ART centers) on linkages to health services and retention in care and treatment (reference). [REDACTED] PEPFAR/G has been supporting the implementation of EWI surveillance and is supporting the NACP/GHS to monitor patient retention rates.

USG has also been supporting quality assurance processes in districts and health facilities. The GHS quality assurance system needs to be expanded to cover all the health facilities providing HIV prevention, treatment and care services. This system is critical in ensuring provision of quality HIV services on a wider scale. The expansion of this system will require an increase in staff at NACP/GHS and regional and district levels for supportive supervision of the HIV services.

As part of quality assurance, PEPFAR/G has also been supporting NACP with the development/functioning of an accreditation system for antiretroviral treatment (ART) sites and laboratories to support HIV care and treatment services.

Ghana continues to experience shortages of anti-retroviral drugs even though the Global Fund is funding the procurement of ARVs for a cohort of 49,000 PLHIV and the GOG has committed to paying for the ARVs for additional eligible persons living with HIV.

Health Systems and Community Systems Strengthening

Priority Health Systems Strengthening (HSS) interventions in the NSP 2011-15 include pre-service training; leadership and governance; strategic information (SI); health services delivery; health management information systems (HMIS); surveillance; laboratory strengthening, procurement and logistics; health technologies; and health financing.

Priority Community Systems Strengthening (CSS) interventions include Strengthening the enabling environment and advocacy; Community networks, linkages, partnerships and coordination; Resources and capacity building; Community activity and service delivery; Organizational leadership and strengthening; and Planning, monitoring and evaluation.

The NSP 2011-15 also encompasses other contextual factors which prevent PLHIV and key populations from accessing prevention and care and treatment services including stigma and gender based violence (GBV). There are many PEPFAR/G supported interventions taking place to address these factors, for example, M-Friends and M-Watchers program (a rapid response



mechanism involving peers and law enforcement and legal professionals who support the protection of human rights of KPs). PEPFAR/G will continue to support the NSP 2011-15 priority strategies for mitigating the social and economic impact of HIV which include a focus on addressing HIV related stigma and protection of rights of PLHIV.

The PEPFAR/G Program which builds on the Partnership Framework between the USG and the Government of the Republic of Ghana is closely aligned with the NSP 2011-15. The PEPFAR/G team also works closely with the Global Fund and other partners to coordinate inputs to the National Response and to provide technical assistance to GF recipient organizations.

The National HIV AIDS Response is highly dependent on external funding. Between 2005 and 2010, the GOG accounted for approximately 20% of spending on HIV and AIDS while donor funding accounted for 75%. The top three areas of spending between 2005 and 2010 were on program management and administration (30%), HIV treatment, care and support (25%), and HIV prevention services (22%).

The Global Fund and USG are currently the major funders of the National Response. In 2011, the GOG pledged 150 million cedis (US\$ 80 million) to support the National HIV and AIDS Response, including ARVs, over the next five years. The plan was for the funds to be released three to four times a year. To date, only 17 million cedis have been made available which is not enough to finance the purchase of ARVs for PLHIV eligible for ART. However, additional funds are being made this quarter and it is hoped that another tranche will be released later this year. The release of additional TGF funds is contingent on increasing financial commitments from the GOG.

II Progress and Future

Progress towards achievement of Partnership Framework Objectives

Significant progress has been made towards reaching the prevention; treatment, care and support; health systems strengthening; and community systems strengthening goals of the Partnership Framework (PF).

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Table 3: Progress toward achievement of PF Objectives

Prevention -Reduce new infections by 30%.	-Expected to be achieved in 2014
Treatment, Care and Support -Increase ART coverage to 60% by 2013. - Increase the number of persons receiving care by 200% from 45,000 to 130,000 by 2013.	-ART coverage by end of 2012 was 72% -The best estimate for FY 2012 is 81,963 (an 80% increase but well short of the target).
Health Systems Strengthening -ARVs included under National Insurance Scheme; -100% of reference labs accredited -Improved surveillance, HMIS and M&E -Improved pre-service training -Improved QA -Stigma reduction	-A system has been developed to pay the NHIS premium payments for PLHIV -Process for accreditation of reference laboratories has begun -Significant progress made in surveillance and M&E; completeness and timeliness of HMIS reporting improved, > 4,000 health staff will have graduated by September 2014 from pre-service training with adequate HIV knowledge and skills. - > 1,000 health staff trained in quality assurance methods -3,500 GHS health staff trained in stigma reduction.
Community Systems Strengthening -200 CSO with completed assessments/	-35 NGOs received technical and

<p>capacity building plans implemented</p> <p>-Drop-in Centers</p> <p>-Gender-Based violence reduction</p> <p>-KP surveillance</p> <p>-KP program planning</p>	<p>organizational development training and mentoring to carry out high-quality KP interventions independently;</p> <p>- 30 new drop-in centers established;</p> <p>- 41,000 community members were trained in reduction of gender-based violence; 246 community members have become focal points to ensure a quick response to gender-based violent incidents;</p> <p>- integrated behavioral and biological surveillance studies and size estimations for MSM and FSW;</p> <p>-Costed National KP Strategic Plan developed; KP Technical Working Group is providing operational guidance for national scale-up of interventions.</p>
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The majority of the best practices identified in the 2012 Ghana Country AIDS Progress Report during the 2010-2011 reporting period were prevention services/activities supported by the USG. They include:

- Protection of the rights of MARPs (M-Friends and M-Watchers Program is a rapid response mechanism involving peers and law enforcement and legal professionals who support the human rights of MARPs).
- Use of technology to facilitate counseling and linkages to services.
- Condom distribution through non-traditional distributors including peer educators.



- Models of Hope volunteers who work with clinic staff to provide basic support to clients including psychosocial and adherence counseling.
- The mainstreaming of HIV and AIDS into the Medium Term Development Framework of Metropolitan, Municipal and District Assemblies (MMDAs) of the GOG.

FY 2013 COP activities will continue to work towards the achievement of the Partnership Framework and NSP 2011-15 prevention; treatment, care and support; health systems strengthening; and community systems strengthening objectives.

PEPFAR/G Five Year Vision: moving towards full country ownership

The overall PEPFAR/G goal is to strengthen the capacity of GOG (GHS/NACP and GAC) and CSO systems so that Ghana can manage the National HIV/AIDS Response and achieve the NSP 2011-15 goals of reducing new infections by 50% by 2015 and reducing morbidity and mortality of PLHIV.

PEPFAR/G is focused on ensuring institutional capacity of GHS, GAC, Ghana Armed Forces (GAF), the CCM and other stakeholders to take complete ownership of the National HIV/AIDS Response¹ in areas of leadership and governance; quality assurance; commodity management; laboratory strengthening; HMIS; surveillance; monitoring and evaluation, and human resources for health.

During the PF years, a large investment was made in technical and administrative capacity building of CSOs to enable them to implement HIV/AIDS prevention and treatment activities for KP and PLHIV with

¹ Remedial actions outlined in the 2012 Ghana Country AIDS Progress Report for improving the coordination and management of the National Response included the following Strengthen capacity for coordination, planning, implementation and monitoring of National Response activities at all levels; Improve capacity of CSO networks and umbrella organizations to effectively coordinate the large numbers of CSO to implement HIV responses at national, regional and district levels; Improve M and E capacity of GAC and all implementing partners (institutionalize M and E training at SPH; CRIS); Resource mobilization



competence and to manage funds in a transparent manner. Our vision is streamlined funding of CSOs from local and international sources and robust national quality assurance systems for CSOs supporting KP and PLHIV programs.

In the coming years, the USG role will be to continue to provide technical assistance to ensure quality outcomes with a shift from direct support of program implementation. The USG will provide the inputs that will allow other partners to finance and manage quality programs.

Programmatic and funding decisions for 2013 and for the future are being made based on the current epidemiological situation, the NSP 2011-2015 priorities, PEPFAR recommendations for interventions for a mixed epidemic; inputs (financial and technical assistance) from the Government of Ghana, The Global Fund and other partners; and ongoing/planned PEPFAR/G activities (please see attached table).

Country ownership

PEPFAR/G continues to build on the Partnership Framework signed by the Ghana Minister of Finance and the US Ambassador for Ghana which "promotes national ownership in that it is led by national authorities, with the full participation of all partners, it places an equal emphasis on policies, results, and capacity building of national institutions, investments are made with the understanding that the GOG intends to progressively more responsibility for the financing of Ghana's HIV/AIDS response, and HIV/AIDS interventions should progressively enter the mainstream of public health programs and be more fully integrated with other services".

In anticipation of the budget and planning of COP 2014, PEPFAR Ghana is expected to submit a report to S/GAC and the Deputy Principals with outcomes of discussions with the Government of Ghana (GoG) on clear areas of future PEPFAR support for key populations; country plans to adjust to lower base funding; adjusted targets; areas that can transition to the GoG; and those areas not ready for GoG transitioning.



In preparation of this plan, the Ghana PEPFAR Team will use three prerequisites for moving towards country ownership and sustainability:

- 1) Leadership;
- 2) Technical capacity; and
- 3) Finance.

In close dialogue with our counterparts, we will assess each programmatic area using these three prerequisites and we will identify actions to move forward on country ownership.

Financially, Ghana's and TGF's priorities are on the PMTCT and ART programs. There is likely to be an ongoing dependence on foreign finance, especially from TGF.

TGF is expected to increase its support for KP programs over time, but full local financial support of KP programs can only be expected on the medium term. As a condition for increasing funding in KP programs, TGF has requested that USG provide the technical assistance needed to ensure that KP programs are of high quality and are closely monitored.

In terms of the national ART and PMTCT programs, we are presently discussing with TGF and with GOG partners how quality (QA) can be an intrinsic part of funding for prevention, care and treatment activities implemented by the Ghana Health Services in health facilities and implemented by CBOs and others at the community level, with the USG providing high-level TA to the national and regional levels, similar to CDC in laboratory and SI, and others' systems strengthening activities.

Finally, under US Ambassador's Cretz' leadership, a high-level dialogue has started to improve the counterpart funding situation. Work is also in progress to investigate options to alleviate Ghana's acute commodity shortages on the short term.

More details on the long-term shift towards increasing the impact of TGF and locally financed programs will follow in the forthcoming June 30th paper,

when the extensive dialogue with the GOG and other stakeholders will have been finalized.

III PEPFAR focus in 2013

As described above programmatic and funding decisions for 2013 and the future are being made based on the current epidemiological situation, the NSP 2011-2015 priorities, PEPFAR recommendations for interventions for a mixed epidemic; inputs (financial and technical assistance) from the Government of Ghana, The Global Fund and other partners; and ongoing/planned PEPFAR/G activities (please see attached table).

PEPFAR/G priorities in FY 2013 are Prevention; Quality Improvement for Care and Support; HSS (including lab and SI, HMIS, M&E, surveillance and surveys) and Community Systems Strengthening (CSS) with an emphasis on working with and capacity building of indigenous partners and increasingly providing direct funding to local institutions. Local grants and agreement programs do provide cost-savings, as both CDC and USAID have experienced.

The PEPFAR/G priorities correspond to those priorities outlined in Ambassador Goosby's funding letter that PEPFAR/G should work strategically with the GoG and the Global Fund to plan, finance and manage the long term HIV response and that the 2013 Ghana COP should continue to focus on programs targeting key populations, such as sex workers and men who have sex with men, while putting in place QA systems that would provide TGF and other partners the confidence to finance such programs in future.

The PEPFAR team is choosing to focus on HIV testing and counseling activities for key populations rather than the general population because testing and counseling programs for the general population in Ghana's epidemic are not an efficient use of resources. Given that HIVTC will be targeting key populations, the HIV testing and counseling results using FY'13 funds and beyond will be lower than that indicated in the 14 November memo regarding restored funding and targets in which it was indicated that all targets would remain the same with a \$15 million dollar funding level.



The PEPFAR team has revised the target for indicator P11.1.1.D from 62,000 to 30,000 for COP 2013.

In 2013, PEPFAR/G will continue to provide technical assistance to strengthen national institutions, health workers and CSOs and support them to take leadership roles in key population programming to ensure the continued/expanded delivery of prevention, care and treatment services to MARPs and other vulnerable populations and to PLHIV. The reduced HRH budget will not translate in lower than requested targets for FY 2013 and FY 2014. The slightly lower budget is related to some pipeline funding left in the implementation mechanism. In total, sufficient funding will be available to reach the HRH targets.

Although PEPFAR/Ghana is no longer directly involved in clinical service provision to the general population, the PEPFAR Team has taken into account the advice of HQ staff during the COP reviews and has adjusted its decision. The country team has decided to change its focus towards quality assurance of HIV services, especially for those clinical (ART and PMTCT) activities that in Ghana are largely Global Fund financed. The challenge of implementing quality services in conjunction with the rapid scale up of services will be further addressed in extensive consultations with TGF, CCM, GAF, GAC and NACP.

The FY 2013 budget reflects the first stages of the gradual strategic shift, showing care and support funds planned in G2G activities, and for NGOs. It also shows that the HVOP funds are still significant until the right conditions are established for the TGF to significantly increase its contribution to KP programs.

In the 2012 approval memo, S-GAC expressed concern about funding pipelines. Most of these pipelines were associated with the influx of Partnership Framework funds. The majority of these funds were spent and are being spent to prepare for the next stage of PEPFAR support to Ghana which will involve a lower rate of spending given PEPFAR/G's new approach of directly funding and providing technical assistance to local partners rather than working with international partners. [REDACTED]



Coordination of the USG Response

USAID supports expanded and strengthened non-governmental engagement in HIV/AIDS with a strong emphasis on capacity building at all levels; provides expertise in community-based strategies and long-term development based on over 50 years of in-country experience; contributes expertise in care and non-clinical prevention and quality assurance in a range of clinical settings; contributes to the development of health worker skills; leads a strong program to reduce and respond to gender-based violence and leverages non-PEPFAR funding in "wrap-around" areas including logistics management, maternal and child health, economic growth, water and sanitation and democracy and governance. USAID's work with key populations has received both national and international recognition and is being replicated in the West-African region.

HHS/CDC supports expanded and strengthened governmental engagement in HIV/AIDS; provides technical assistance to the Government of Ghana in the areas of laboratory strengthening (laboratory accreditation, proficiency testing, laboratory information system and policy formulations aimed at laboratory strengthening), disease surveillance, HMIS and program monitoring and evaluation, and in the design and implementation of surveys and public health evaluations.

Department of Defense (DoD) plays a dual role as a funding and implementing agency and serves as the lead PEPFAR liaison to the Ghana Armed Forces. DoD is also supporting the Ghana Armed Forces to strengthen their capacity to manage the HIV response in the military by reviewing policy strategies, strengthening data management and improving the capacity of GAF's program through various trainings. Military officers and their family members who are HIV positive will be supported to strengthen their PLHIV groups. Ultimately, 100 OVCs will be assisted with school fees, school uniforms and nutrition where necessary. DoD is also helping the "37th Military Hospital" laboratory go through an accreditation process using the



Strengthening Laboratory Management toward Accreditation (SLMTA) approach.

Peace Corps (PC) supports the integration of community-based approaches within the overall HIV continuum of response to achieve an AIDS-free generation. PC concentrates its prevention activities on the following target groups: the neglected-at-risk population groups such as the hearing-impaired; bridging population groups (clients of FSW) to more rapidly reduce the number of new infections; KP, especially MSM, for third year volunteer placements. PC also promotes the production, distribution and usage of BCC reference materials to hopefully increase the number of persons who adopt safer sexual behaviors. On care activities, PC actively involves PLHIV in its community interventions, promoting their accepting attitudes towards them and their households. Their capacities are also built to meet their basic needs through economic empowerment opportunities tailored to their needs.

Department of State provides overall in-country strategic planning and coordination efforts of PEPFAR/G through the Chief of Mission, leads diplomacy efforts and leverages the impact of PEPFAR as a public diplomacy tool, and provides small grants through the Ambassador's Self-Help Fund and Public Affairs Section.

Currently, the PEPFAR/G team meets regularly to provide updates on ongoing activities supported by each Agency and to plan and implement PEPFAR activities (e.g., developing and writing the COP). The PEPFAR/G team has agreed to reinstitute TWG meetings (which will be held on an ad-hoc basis) to develop and coordinate activities within specific intervention areas (e.g., community systems strengthening, SI) and will initiate quarterly meetings with GAC and NACP to facilitate communication and to improve the coordination of activities between all of the key players.

IV Program Overview

Prevention



USG has been playing a major role in the advocacy for and the implementation of the PEPFAR recommended comprehensive package for HIV Prevention for Key Populations which include peer education and outreach; condom and lubricant promotion and distribution; HIV testing and counseling; STI screening and treatment; referrals to HIV care and treatment, including PMTCT; referrals to substance use treatment; prevention, diagnosis and treatment of tuberculosis; and linkages to other health, social and legal services.

PEPFAR/G is providing technical support for the development, the management and the monitoring and evaluation of the Ghana National MARP Program as well as the implementation of surveys and assessments of the HIV prevention and treatment service needs of key populations in Ghana, including the provision of services needed by PWID. PEPFAR/G is also providing technical support to the GHS and to CSOs with the goal of improving access to prevention and treatment services and strengthening the delivery of quality care and treatment services for MARPs provided by the GHS.

The quality of combination prevention services will be a major focus in 2013, based on a new set of SOPs that are being finalized. They will serve as a reference for systematic, joint monitoring of the interventions, using improved monitoring tools. Quality and coordination of prevention activities will also be improved by simplifying funding streams, using G2G funding stream to give the GOG primary responsibility for the sib-granting process. The apparent rapid increase in HIV prevalence among MSM in Accra needs further consultation and technical assistance to implement more effective prevention strategies.

The USG policy agenda centers on increasing Ghana's ownership of the prevention program; increasing GOG financial contributions; Government-to-Government funding mechanisms with quality outcomes; and implementing the laboratory policy.

HIV Treatment, Care and Support



USG is supporting the implementation of several PEPFAR recommended strategies to improve access and linkages to care and to improve retention in care for PLHIV.

The package of care services in drop-in centers includes counseling and testing; condoms promotions and sales; STI check-ups and HIV testing, as well as gender-based violence screening and support. Newly diagnosed individuals are escorted to referral sites to ensure they enroll and remain in the continuum of care. The Ghana Health Service provides cotrimoxazole prophylaxis on a routine basis for PLHIV and those eligible for ART are given treatment, provided there are enough stocks. Many ART centers have peer counselors, the "Models of Hope" who are experienced PLHIV leaders, trained by the USG programs. Those PLHIV who are interested in attending support group meeting have access to an extensive package of services and informational sessions, and screening sessions by Ghana Health Services nurses in CSO sites and in Ghana Health Services facilities. Gender-based violence (GBV) violence interventions and TB screening are an integrated part of the services and are carried out as part of the support group sessions.

Support to the NACP for improving quality of care in clinical settings will remain a focus of PEPFAR/G. It is planned that TGF grants will involve sufficient funding for systematic, participative QA programs at the facility levels with oversight provided by the GHS Regional Health Teams; for anti-stigma training for health staff; and for peer to peer monitoring. The USG will provide TA to strengthen GHS Regional Health Teams to implement supportive supervision and peer-to-peer supervision systems. The early warning systems needs to be refined and its use promoted.

USAID is supporting peer-to-peer programs in which community peers in the community and in drop-in centers provide IEC; provide access to condoms and lubricants; facilitate linkages to HTC; refer for health services (e.g., STI, FP, substance abuse); and facilitate linkages to treatment, care and support.

USAID's positive health dignity and prevention program for PLHIV program will continue to work through monthly meetings of over 300 PLHIV groups



rather than through clinical facilities. This activity will provide a full spectrum of services using an updated "My Life" positive living tool kit. Health workers from the Ghana Health Service will participate in monthly meetings and provide screenings and referrals for essential health services. Newly available mobile TB diagnostic units will visit each group once a year.

"Models of Hope", peer counselors in clinical HIV settings, will continue to support their peers, accompany newly diagnosed PLHIV to clinical settings, and trace defaulters. Many of those who started as Models of Hope have become leaders of PLHIV support groups and are the Regional and National executives of the National Association of PLHIV (NAP+).

A harm-reduction program for PWID will be piloted in two major cities in the country. NGOs will provide prevention services and referrals in the field and selected clinics of the Ghana Health Service will provide clinical services. CDC will carry out the necessary baseline studies and will closely monitor implementation of the program and evaluate the effectiveness of the program.

The Ghana Armed Forces Aids Control Program with support from DoD continue to provide HIV education, testing and counseling for all military officers, their family and surrounding communities. Over 5,000 troops are provided with HIV counseling and testing every year.

Gender

During the FP period, investments was made in scaling up the gender component of the prevention program, training over 40,000 KP, PLHIV and project staff and each NGO developed a gender action plan. KP peers and key community members are trained in responding to gender-based violence. This system will be expanded and maintained in FY2013 and complemented with a web-based GBV reporting system championed by the national human rights commission. Drop-in centers will continue to screen and refer GBV victims, often escorting victims to ensure they access services.



Access to PEP will be improved. PEP and Universal Precautions interventions are being implemented in health facilities providing ART Services. PEP for rape victims was introduced in 2010 and has not been scaled up effectively although there has been some limited sensitization of the Police Service. Many sites do not have PEP protocols, the reporting on PEP use is poor and the general public is not aware of PEP services. Regular sensitisation of health care staff to reduce the rate of exposure and also to manage occupational exposure to HIV as well as the Police in rape cases will be scaled up. Overall, the PEP program is in its nascent stage and needs scale up.

Health Systems and Community Systems Strengthening

During the Partnership Framework years, substantial investments were made in building the capacity of the Government and of CSOs to implement the National Response at all levels. System strengthening continues to be increasingly important in the PEPFAR/G program with the goal of transition to country ownership.

A high priority is supporting the Ghana Health Service and the Ministry of Health to address the logistical challenges presented by the growing numbers of commodities required as PMTCT and ART sites increase and to provide pre-service training for different cadres of health staff. The planned scale up of ART services requires the improvement and expansion of the drugs and HIV commodities supply infrastructure to new sites across the country to avoid stock outs. DELIVER will continue to support the forecast of drugs and other commodities required for the scale up of ART services as well as the development of the supply chain Master Plan.

Beginning in FY 2013, USG will support the Ghana AIDS Commission to develop and implement management systems to facilitate the management of CSOs participating in the National Response (who are receiving funding from USG and/or from the GF through GAC).



The USG will continue to support the strengthening of NGOs and CSOs implementing PLHIV and KP Program activities. The PLHIV program will use umbrella organizations in each of the five focus regions (Greater Accra, Eastern, Ashanti, Central and Western) to support over 300 groups. The Key Population Program is/will be implemented by x umbrella and y sub-recipient NGOs/CSOs. In addition, the USG will support several umbrella CSOs to sub-grant multiple smaller and less experienced NGOs in order to build their capacity to operate independently.

USG will also continue to provide technical assistance to GAC to manage the Country Response Information System (CRIS) which is fully customized to Ghana and has been fully migrated to a web based real time data base for all community level and non-clinical HIV response data. Regional and district level personnel working at the district assembly and regional coordination council levels as well NGOs working at national level supporting smaller NGOs working at community level who were trained in monitoring and evaluation and in data analysis will continue to be supported and CDC will continue to support data quality assurance training for national, regional and district level managers and quality improvement monitoring visits through HRH/pre-service and in-service training.

PEPFAR/G is supporting HIV pre-service training in all 20 public sector training schools for nurses and midwives. PEPFAR/G is also supporting in-service training to staff working in GHS designated facilities which are serving as KP referral sites. All staff working in PEPFAR supported CSO KP drop-in centers have trained in screening for and supporting survivors of gender-based violence.

In 2011, the Ministry of Health developed a plan for reforming the health commodities supply chain, streamlining roles and responsibilities with the aim of improving accountability and performance. USAID will continue to provide TA to build the capacity of the new Supply Chain Management Agency, and will simultaneously provide training to the GHS on forecasting and planning to help prevent commodity stock-outs.



Strategic information

USG will continue to support the strengthening of SI including support for GHS with their District Health Information System (DHIMS 2) with an emphasis on the HIV/AIDS component of the reporting system which has migrated fully into a web based real time data based for all clinical and hospital based data with a concurrent increase in reporting rates. CDC will support additional GIS components to the DHIMS; support field level assessment and monitoring to increase completeness and timeliness of reporting with strategic focus on Districts with low reporting rates.

For surveillance and surveys, USG has been supporting IBBS surveys and Population Size estimates among key populations and is planning to implement repeat surveys to assess the impact of key population program activities. Data are currently being used for program implementation and are a vital component of the Midterm Evaluation of the National Strategic Plan and the MARPs Program Evaluation Plan.

CDC is participating in national technical working groups for HIV sentinel surveillance, early warning indicators surveillance, and HIV drug-resistance surveillance to provide technical assistance in the planning and implementation of these surveillance systems. In addition, CDC will be supporting a study to assess the utility of PMTCT program data (e.g., data quality) for HIV surveillance.

CDC will continue to support the strengthening of the Country Response Information System (CRIS) for community level and non-clinical HIV response data. CDC is working with civil society organizations working at the community level to develop and strengthen their monitoring and evaluation capacity. CDC will focus on improving the reporting and analysis of their data which will be fed into the CRIS. DoD is supporting the Ghana Armed Forces to improve medical data capture, monitoring and evaluation of HIV programs and services.

The primary purpose of the Demographic and Health Survey (DHS) is to collect population based estimates for maternal and child health data. To

ensure that basic data are collected (the basic module), we need to be highly selective about what other modules are added. In Ghana, the next DHS will likely have an anemia test, given that more than half of the population suffers from anemia and an HIV prevalence survey, given that the country hasn't had a survey for over ten years. Finally, it is important to note, that all evidence demonstrates that as an instruments take longer, data quality goes down so the DHS tool can't go longer than one hour and thirty minutes.

There will be no gender-based violence (GBV) module in the 2014 DHS, not because of cost because of time, data quality, and the utility of the data. The Domestic Violence Bill was passed in 2007. The GBV module was implemented in the 2008 DHS to give baseline figures for Ghana. Only in 2010 did the Domestic Violence and Victim Support Unit (DOVVSU), part of the Ghana Police Service, start working in earnest with a small budget. Given the time that has passed between the last DHS, the entry of interventions, and the implementation of the next DHS, it is improbable that much movement in data will be seen. The GOG has decided to wait for the next Multi-Indicator Cluster Survey (2016) or the next DHS to again measure GBV indicators.

Laboratory

The goal of the PEPFAR/G laboratory program is to support Ghana to strengthen integrated laboratory networks and systems in a sustainable manner to provide quality diagnostic tests to meet national goals for prevention, treatment, and care of HIV-infected persons and the broader health system. The Ghana Health Service (GHS) with support from PEPFAR/G has developed a national strategic plan and policy for improving integrated laboratory services for patient care.

PEPFAR/G is working with the GHS on the strengthening of all levels of the national network of tiered laboratory services with an emphasis on quality assurance. To ensure that laboratory testing is accurate, PEPFAR/G is supporting on-site supportive supervision and proficiency testing for HIV rapid testing and other clinical testing services (biochemistry, hematology, CD4, viral load testing).



PEPFAR/G has cooperative agreements with the GHS and GHSS (African institution) to support the top two tiers of the national laboratory system (5 national/zonal reference; 9 regional hospital laboratories; the national military hospital) to achieve international accreditation through a step-wise quality improvement process (SLIPTA). The Government of Ghana is looking forward to being one of the first west African countries with internationally accredited laboratories.

V GHI

USG/Ghana's Global Health Initiative (GHI) strategy was approved in 2012. The PEPFAR country team participated in the drafting of that strategy, which includes the following priorities related to PEPFAR in Ghana: Access and Quality of services (improved access to high quality integrated services for reproductive and HIV-related care, prevention of malaria and other drivers of child mortality, improved health behaviors and key services, and strengthened and integrated referral systems for continuum of care); Strategic Information (improved quality and increased use of information by increasing quality, timeliness and use of data for programmatic decision making, monitoring and evaluation; strengthening health research, diagnostic and laboratory capacity); and improving Governance, Leadership and Access in the Health Sector (strengthened leadership and management in health; increased transparency and accountability of health resources; improved performance of the commodity supply chain; and improved coordination among development partners.)

Due to the size of the PEPFAR program and the nature of the HIV epidemic in Ghana, PEPFAR/Ghana has always implemented the GHI principle of integration. Just as PEPFAR provides technical inputs to leverage the larger Global Fund activities, it plays a similar role in leveraging other resources within the health sector in Ghana. Efforts to improve and expand human resources for health also leverage other program funds, as does systems strengthening aimed at improving the health commodity management system.



The Peace Corps is uniquely positioned to add value to the contributions of other Global Health Initiative (GHI) partners through the placement of human resources at the grassroots level. The Peace Corps supports the core principles of the GHI Initiative through its comprehensive approach to integrated programming in the priority health areas and by: increasing knowledge on disease transmission, prevention and treatment; promoting behavior, social and organizational change; building capacity of community members, health workers, and grass-roots organizations; and strengthening linkages between communities and organizations and health facilities.

Within the overall GHI program, however, PEPFAR must stand apart and play a unique role: that of advocate for marginalized populations. The nature of the epidemic and the focus of PEPFAR/Ghana's efforts require that PEPFAR/Ghana advance the cause of ensuring appropriate services for KP within the USG GHI context and within the Government of Ghana strategy. PEPFAR/Ghana is committed to furthering that cause in order to positively impact HIV in Ghana.

The U.S. Department of Health and Human Services, in partnership with PEPFAR, awarded pilot grants to Ghana to support the Kwame Nkrumah University of Science and Technology, in partnership with University of Michigan, Ghana Ministry of Health, Komfo Anokye Teaching Hospital, Ghana College of Physicians and Surgeons, and Ghana Ambulance Service to implement the "Ghana Emergency Medicine Collaborative Training Program" under its Medical Education Partnership Initiative (MEPI). This program is designed to support PEPFAR's goal of training and retaining new health care workers and improving the capacity of partner countries to deliver primary health care. Progress to date has included the implementation of an accredited three-year residency program at the Accident and Emergency Center at Komfo Anokye Teaching Hospital (KATH); re-organization of the clinical space towards a functional emergency department; training of core providers in trauma management and implementation of new care processes, including the "South African Triage System".

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	200,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	02	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	31,000	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	15,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	10,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	13,000	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	770,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	11,000	2011	WHO			
Number of people living with HIV/AIDS	230,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	180,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with	115,170	2011	WHO			

advanced HIV infection (in need of ART)						
Women 15+ living with HIV	110,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Reduce the number of new infections by 30 percent (6,000) by 2013		
1.1	<ul style="list-style-type: none"> Provide core package of prevention services for MARP nationwide 	P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
1.2	Establish national network of MARP-friendly facilities	P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
1.3	Strengthen case identification and facilitate care seeking among ART eligible persons	T1.2.N	T1.2.N Percent of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)
1.4	Ensure PMTCT to 80 percent of pregnant women and infants born to HIV-infected mothers who are infected.	P1.2.N	P1.2.N Percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery

1.5	Integrate prevention with positives activity into PLHIV support groups	P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
2	Increase ART coverage from 30 percent to 60 percent (45,000) by 2013		
2.1	<ul style="list-style-type: none"> Strengthen case identification and facilitate care seeking among ART eligible persons 	T1.2.N	T1.2.N Percent of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)
2.2	Improve quality of clinical care for PLHIV	C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
2.3	Provide therapeutic nutritional supplementation for low BMI patients commencing ART	C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food
3	Increase the number of persons receiving care (excluding ART) by 200 percent to 130,000 by 2013		
3.1	<ul style="list-style-type: none"> Strengthen PLHIV support groups 	P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
3.2	Improve quality of clinical care for HIV+ clients	C1.1.N	C1.1.N Number of eligible adults and children provided with a minimum of one care service
3.3	Support implementation of National OVC Action Plan	C1.1.N	C1.1.N Number of eligible adults and children provided with a minimum of one care



	****No appropriate policy indicator exists*** C1.1N is a proxy for policy objective		service
4	Strengthen Health Management Systems needed to achieve the prevention, treatment and care goals		
4.1	Strengthen policy dialogue structures and processes ***No appropriate indicator exists**** H3.1N is proxy for policy dialogue	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources
4.2	Improve human and financial resource management ***No appropriate indicator exists*** H3.1N is proxy for financial management	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources
4.3	Provide assistance to strengthen laboratory capacity in Ghana to support Care and Treatment, PMTCT, C&T, routine HIV surveillance programs and establish quality management systems.	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
4.4	Ensure national HIV epidemic response program collects, analyzes, and uses appropriate data to effectively monitor the epidemic as well as the quality, coverage of prevention, care, and treatment programs ***No appropriate indicator exists*** H3.1N is proxy for strategic information	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources
5	Strengthen capacity of CBOs to provide		

	information and services to most-at-risk populations (MARP) and PLHIV		
5.1	Build capacity of CSOs as individual organizations, umbrella groups, and networks that serve MARP, PLHIV and other vulnerable groups	P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
	No appropriate indicator exists H3.1N is proxy for CSO capacity	P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
5.2	Ensure coordination with Districts and Regions ***No appropriate indicator exists*** H3.1N is proxy for coordination	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources
5.3	Decrease stigma and discrimination toward PLHIV, FSW, and MSM ***No appropriate indicator exists*** H3.1N is proxy for stigma reduction	P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
		P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

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How is the USG providing support for Global Fund grant proposal development?

The USG is always part of the proposal development team, and has frequently provided consultants to do major parts of the proposal. In the latest round, round 10, the USG supported the country of Ghana by developing the capacity of costing experts, based on a series of costing studies. [REDACTED]The USG has also supported the planning process of the round ten proposal development by using costing data to develop a series of costed response scenarios, a so-called GOALS modeling exercise.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?

Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).

In March 2011, a round five proposal ended and a continuation of services grant kicked in - be it with delays. This grant will end in March 2013 and a transitional Funding Mechanism grant is in preparation and will cover especially ARV needs for the period April 2013 and beyond, at least for the cohort that was on treatment in March 2011. Those who started since that time will need to be treated using other resources, however, that did not happen and commodity stocks started running low. The USG has provided once a shipment of ARV, to bridge a total national stock-out of first-line drugs around Augusts 2011, for a three months period. Ever since March 2011, stock-outs of all HIV-related commodities are frequently reoccurring, and, unable to fill the ever-increasing gasp, the USG is providing TA to qualify the gaps, to advocate with the GoG to provide additional funding; and to re-vamp the procurement and supply system, which is - apart from a chronic lack of funds - an additional factor in the occurrence of stock-outs, especially early after March

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?

No

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Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Surveillance	HIV Incidence Study	Recent HIV Infections	Female Commercial Sex Workers, Pregnant Women	Implementation	09/01/2013
Survey	Assessment of HIV, STI, and Sexual and Reproductive Health Status among Kayaye in Ghana	Population-based Behavioral Surveys	Other	Development	02/01/2013
Survey	Ghana Prisons Study	Behavioral Surveillance among MARPS	Other	Implementation	03/01/2013
Surveillance	Ghana Triangulation Activity	Other	Other	Implementation	06/01/2013
Surveillance	HIV Drug Resistance	HIV Drug Resistance	Pregnant Women	Planning	12/01/2014
Survey	Impact Evaluation of a Comprehensive Prevention Program for MARPS in Ghana	Evaluation	Female Commercial Sex Workers	Development	06/01/2013
Survey	Reproductive health needs of "older" MSM (above 35 years old)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review	03/01/2013
Survey	Risk behaviors and program needs of IDU	Qualitative Research	Injecting Drug Users	Planning	12/01/2014
Survey	Risk behaviors of bar girls	Qualitative	Other	Development	04/01/2014

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		Research			
Survey	Substance abuse and sex work among MSM	Other	Mobile Populations, Men who have Sex with Men	Development	12/01/2012
Surveillance	Uility of PMTCT data for HIV Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Planning	12/01/2014
Survey	Where are the "lost to follow-up" ART cleints?	Qualitative Research	Other	Planning	02/01/2014



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		0		0
HHS/CDC	330,262	1,819,738		2,150,000
PC		285,000		285,000
State		65,000		65,000
State/AF		150,000		150,000
USAID		4,350,000	5,500,000	9,850,000
Total	330,262	6,669,738	5,500,000	12,500,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State	DOD	HHS/CDC	PC	State/AF	USAID	AllOther	
HBHC		0		94,841	0	1,006,740		1,101,581
HKID		0				0		0
HLAB		0	908,500					908,500
HMBL			0					0
HVCT		0				500,000		500,000
HVMS	55,833	0	353,750	56,349		501,708		967,640
HVOP	9,167	0		133,810	150,000	4,684,812		4,977,789
HVSI		0	887,750			300,000		1,187,750
HVTB		0				300,000		300,000
IDUP						300,000		300,000
MTCT		0				0		0
OHSS						2,256,740		2,256,740
PDCS						0		0
	65,000	0	2,150,000	285,000	150,000	9,850,000	0	12,500,000

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National Level Indicators

National Level Indicators and Targets

Redacted



Policy Tracking Table

Policy Area: Access to high-quality, low-cost medications						
Policy: Inclusion of ART in National Health Insurance Scheme (NHIS)						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	2012	2012	2013	2013	2013	??
Narrative	<p>2012 ART is expensive even though heavily subsidised in Ghana. Reducing the cost burden is therefore essential for universal access. Activities to scale-up ART services so far have depended on GFATM funding. The challenge remains the non-sustainability of GFATM funding,</p>	<p>What is the impact of scaling-up toward universal access on key HIV/AIDS indicators in the absence of a sustainable alternative to the Global Fund? Has the National Health Insurance Scheme any role to play considering its current poor financial outlook? What is the commitment</p>	<p>The President of Ghana announced during World AIDS Day that those PLHIV who have a valid national health insurance card are exempted from paying a monthly contribution for their ART.</p>	<p>This policy took several months before it was formalized - though a cabinet memo that was approved around the middle of the year.</p>	<p>It is presently in effect. Treatment for opportunistic infections was already covered by the national health insurance and treatment of TB is free.</p>	<p>There are no plans to evaluate this policy.</p>



	which in turn reflects the broader challenge of inadequate and unpredictable financing, particularly from partners.	of the Government to comply with GFATM counterpart financial requirement in future grants?				
Completion Date						
Narrative						

Policy Area: Human Resources for Health (HRH)						
Policy: Formalising Task Shifting						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date		2011	2012	2013		
Narrative	Access to quality HIV services, including BCC, voluntary counseling and HIV testing (VCT), and ART remains limited in most parts of Ghana	USG has supported GOG to conduct an assessment to achieve two objectives: provide estimates of numbers of staff who will need to be trained to match	The development of a task shifting policy is presently contemplated by Ghanaian Health Authorities, and we are discussing provision of TA with the	There have been no further milestones with the development of this policy.		



	with rural populations being the least served. Services remain facility-based and employ the use of an ever-dwindling number of health workers.	strategic targets, and to understand current staffing levels and cadres providing services, as well as the HR gaps for key HIV intervention s; to determine whether there are opportunities for costs savings within existing training mechanisms and through task shifting.	USG			
Completion Date						
Narrative						

Policy Area: Laboratory Accreditation						
Policy: National Laboratory Accreditation Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6



Estimated Completion Date	July 2011	July 2011	Feb - Apr 2012	Dec 2012		
<p>Narrative</p>	<p>Need for an accreditation policy; without such a directive, commitment, resources, motivation, etc will be lacking to see significant, sustainable progress.</p>	<p>Identify the purpose and scope of the accreditation policy and it's connect to the national laboratory policy current under development.</p>	<p>CLSI will work with CDC-GH and GHS to develop an accreditation policy in alignment with the national laboratory policy and strategic plan. GHS will identify the Technical workshop Group (TWG); CLSI will submit matter expert to facilitate the TWG meetings and activities. Schedule and budget developed for 3 TWG meetings</p>	<p>GHS will move the draft document through the review/ approval process, TWG recommend inclusion of wording permitting the beginning of implementation prior to final approval by the Parliament.</p>		



			over a 4 month period of time.			
Completion Date						
Narrative						

Policy Area: Most at Risk Populations (MARP)						
Policy: National HIV/AIDS MARP Policy						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	2009	2010	2011	2011	2011-15	2011 - 2015
Narrative	MARP contribute disproportionately to the number of new HIV infections. MARP have difficulties accessing HIV prevention services due to criminalization, stigmatization, social hostility, and even verbal and physical violence.	Key gaps include the lack of a policy and guidelines on service provision to MARP; lack of data on the size of MARP population; and limited resources allocation to intervention targeting MARPs; criminalization of MARPs activities. As a result,	The new national strategic plan 2011 - 2015 has prioritized MARPs as a key target group for HIV prevention information and services. The Ghana Most At Risk Population (MARP) strategy 2011-2015 has been developed,	No legislative endorsement of the national MARP policy is presently foreseen.	The round 8, phase 2 grant of The Global Fund has expanded funding for MARP programs well beyond USG-funded programs. Moreover, population size estimates and geographic mapping of MARP have been finalized. A major	Using the UNAIDS MARP evaluation guidelines, a series of evaluation activities is presently being underway, including two IBBSS for MSM and FSW. All these will contribute to complete a "probability evaluation".



		MARPs continue to contribute a significant proportion of new HIV infections.	and an implementation plan has been costed.		national strategy review is planned for 2013, supported by UAG, UNAIDS and the GoG.	
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: Integration of Reproductive Health ((RH) and HIV/AIDS services						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	2010	2010	2011	2012	NA	NA
Narrative	With care and treatment for HIV and AIDS becoming more accessible, people living with HIV are regaining their health, living longer, and planning for their	Ghana generally has no overarching and comprehensive policies that seek to integrate RH into HIV services. The aspects that do exist are vertical and not systematically	Integration of services is now explicitly part of the new national strategic HIV/AIDS plan 2011 - 2015, but has not been operationalized.	A new Government was elected in December 2012. After a thorough review of the PEPFAR policy agenda, it will be decide if integration of RH and HIV/AIDS	No plans yet	No plans yet

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	<p>futures. This underscores the importance of integrating reproductive health into existing HIV services as a way of leveraging existing and scarce resources, without placing undue burden on health care systems.</p>	<p>integrated. Again, where they exist, it suffers from lack of implementation and enforcement. There is “verticalization” of FP and HIV structures and lack of FP and HIV integration as well as weak integration of PMTCT into existing services including SRH.</p>		<p>services will remain high on the policy agenda.</p>		
Completion Date						
Narrative						



Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,101,581	0
HKID	0	0
HVTB	300,000	0
PDCS	0	0
Total Technical Area Planned Funding:	1,401,581	0

Summary:

Major Accomplishments in Last Year;

The United States Government (USG) provided HIV care and support for the Government of Ghana (GOG) in the past year through promotion of packages of care and support services for HIV-infected persons. These services were diverse and USG Agency specific. USAID in collaboration with the National AIDS Control Program (NACP) implemented a package of interventions for improving access to and quality of comprehensive HIV/AIDS services. These include support for 3,181 HIV+ persons with a minimum of one clinical service: 6,252 people received HTC services, among these were 3602 pregnant women; 3,396 HIV clients received Nutrition Assessment Counselling and Support (NACS) out of which 368 clinically malnourished clients received therapeutic food at 11 sites under the new 'food by prescription' program. The National TB Control Program was supported to improve TB case detection and reduce TB case fatality as well as initial technical support to initiate the implementation activities planned in the newly acquired Global Fund round 10 TB grant.

The Department of State (DOS) Small Grants Program funded seven projects last year, all under the umbrella of care services. These projects are income generating activities as well as nutrition, education and training for PLHIV support groups. The Department of Defence (DOD) provided funding and technical assistance to the Ghana Armed Forces (GAF) to initiate support groups for HIV positive military members and their families. The supported care facilities are linked with community support groups to ensure referral networks are in place and care and psycho-social support is provided. DOD also supported GAF HIV care through the GAF military wives' clubs', identification of military widows and OVC, and the promotion of referrals to OVC services and support. Peace Corps' strengthened linkages between PLHIV and health facilities. Volunteers worked with local communities to empower PLHIV economically by providing access to income-generating activities.

Key Priorities & Major Goals for Next Two Years;

USG's HIV care program will continue to support the National AIDS Control Program's institutionalization of quality improvement processes for antiretroviral therapy (ART) and other HIV/AIDS care and support services. Other key care and support priorities will be the continuation of the Small Grants Program to support income generating activities as well as the provision of nutrition, education and training to PLHIV support groups; funding and technical assistance to the GAF to support groups for HIV positive military members and their families; strengthen linkages between PLHIV and health facilities; training of Peace Corps Volunteers to work with local communities to empower PLHIV economically by providing access to income-generating activities. Volunteers will

also continue to build the capacity of PLHIV to adopt positive behavior strategies through training programs on Positive Living with HIV, and the provision of psycho-social support and counselling services.

Alignment with Government Strategy and Priorities;

In November 2009, the Partnership Framework (PF) between the Government of the United States of America and the Government of the Republic of Ghana (GOG) was signed to enhance the strategic response to the HIV/AIDS epidemic in Ghana. The PF is well aligned with the principal focus of USG to support the long-term sustainability of the Ghana HIV/AIDS response. USG seeks to increase efforts that support the GOG capacity to plan, oversee and manage programs; to deliver quality services with the participation of local civil society and communities; and ultimately, to finance health programs. There is a good relationship with GAC, NACP and other GOG partners involved in HIV as well as commitment to collaboration among USG agencies in areas of potential overlap (e.g., laboratory system strengthening, HSS, TB HIV, prevention with MARPs, work with PLHIV). CDC is the USG lead on laboratory system strengthening, blood safety and strategic information (HMIS, M&E, surveys and surveillance). DOD provides HIV care services for the Ghana Armed Forces which provides 70% of its services to non military clients. Peace Corps supports volunteers working for the empowerment of PLHIVs in local communities. Department of State specialises in small grants as well as nutrition, education and training for PLHIV support groups.

Contributions from or Collaboration with Other Development Partners;

To ensure harmonization and alignment, USG efforts provide technical leadership and fill key programmatic gaps not addressed by GOG and other donors. The U.S. Government and the GFATM contributions together constitute approximately 75 percent of national level HIV/AIDS funding. There is limited funding from other donors; GIZ funds workplace and some MARP programs, JICA has limited HIV programs, UN agencies provide technical support and limited funding. Some other donors have moved toward sector budget support or have stopped funding HIV/AIDS activities, notably the World Bank, DANIDA, and the Dutch Government.

Policy Advances or Challenges (identified in PF/PFIP);

The GOG is committed to continued improvement of its policies to fight HIV/AIDS and empower individuals to protect their health. There are, however, challenges in the efforts to enforce existing policies, laws and regulations in relation to human rights and HIV/AIDS and overall efforts to meet the needs of orphans and vulnerable children. The widespread stigma and discrimination toward PLHIV in the general population adversely affects uptake of HIV services including HTC, adherence to ART and access to supportive services. Ghana has no specific laws that protect the rights of PLHIV. Prostitution and soliciting for sex, homosexuality and lesbianism and unauthorized use of narcotic drugs are criminalized and this presents obstacles to effective HIV prevention, treatment, care and support for MARPs. The stigma surrounding MARPs results from inadequate support from policy makers and absence of protective legislation and policies.

Efforts to Achieve Efficiencies;

PEPFAR intends to continue to work in close collaboration with GOG and the GFATM to provide technical assistance, quality assurance and logistic support to recipients of GFATM funding. USG's approach of focusing prevention activities on most-at-risk populations (MARP) is the most cost-effective way to reduce the number of new infections, and prevention programs ensure close linkages with the continuum of care to enrol MARP and PLHIV in the service they need, e.g., STI treatment and HIV-related care such as treatment of TB and other opportunistic infections as well as the provision of nutritional and psychosocial support.

One of the key methods of linking prevention and care is through the establishment of drop-in centres, where some basic services are provided e.g. STI treatment and C&T, and where referrals are made to MARP friendly clinics.

Efforts to Build an Evidence-Base – How Evidence Informs Strategy & Priorities;

PEPFAR supported programs target FSW, their clients and NPP, MSM and their partners, and PLHIV, with a focus

on peer education, outreach and commodity distribution to promote ten key health behaviors. By concentrating prevention activities on the neglected at-risk and bridging populations, overall prevalence is likely to continue to be reduced more rapidly than through general population prevention activities. Even though the USG/Ghana program HIV care program is very small, the evidence base is strengthened in several areas. For example to enhance TB/HIV collaboration TB CARE I, a USAID TB/HIV implementing mechanism in FY 12 will conduct an operational research to assess provider delays to TB care. USAID is also planning to study the reproductive health needs of MSM over 35 years old, a group that is presently hardly using the available MSM-friendly services, with the aim of increasing access prevention, care and treatment services.

A new initiative from USAID is the planning for an evaluation of its MARP program. In relation to care, it is planned to explicitly evaluate the impact of drop-in centres. A concept paper has been prepared and several funding opportunities are pursued to finance the study.

CROSS-CUTTING PROGRAM ELEMENTS

Key Vulnerable Populations and Targeted Interventions (Gender, Children, and MARPs);

The USG Ghana approaches gender as a cross-cutting theme that is mainstreamed throughout the PF goals, objectives and USG expected contributions. The USG prevention portfolio centers on the adoption of responsible and healthy sexual behaviors and respect for sexual partners. The USG mainstreams the vulnerability of women to HIV infection due to underlying gender factors and ensures that responses to be implemented address the gender inequalities and factors exposing women to HIV infection, for instance in the Kayayee program that targets young female market porters from impoverished areas of the country, and in positive dignity and prevention programs for PLHIV. Human rights abuses including stigmatization of MARP are being addressed through programs targeting Health Workers, the Police, Judiciary and Prison Services, and by creating MARP 'champions' among opinion leaders in the districts.

The Ghana constitution criminalises both FSW and MSM and they suffer stigma and discrimination from the general public and harassment from the Police. There are laws, regulations, or policies that present obstacles to access to prevention, treatment, care and support for these vulnerable sub-populations. There are laws that criminalise same sex sexual activities between consenting adults and laws deeming sex work to be illegal. Many public health services do not officially target them as specific groups with specific needs for HIV services even though the number of MARP-friendly facilities is growing. A rapidly growing number of NGOs with support from development partners are providing HIV prevention information and services for MARPs. There are plans under the NSF III to increase coverage of the provision of HIV services for MARPs to 80%. A scale-up plan is under preparation.

Health Systems strengthening elements;

For effective HIV clinical care service delivery, USG will continue to support the HSS in Ghana. USG is making efforts at integrating HIV information into pre-service training of health workers; supported the development of Ghana's HIV/AIDS National Strategic plan 2011-2015, supports strengthening the supply chain for HIV/AIDS-related commodities as part of an integrated approach to supply chain management and strengthening HIV Strategic Information through research activities.

The MoH is responsible for leadership and stewardship of the entire health sector, ensuring equity and efficiency in the sector activities. It exercises this function through the provision of overall policy directions; coordination of planning, resource mobilization, budget execution, human resource development; as well as the overall monitoring and evaluation of health sector performance. Further strengthening of the sector especially at the decentralized level will be necessary to support the very ambitious plans to scale-up HIV services in the National Strategic Plan.

Capacity building;

There are a large number of government, private sector, and civil society players involved in providing HIV services in Ghana. The community engagement and advocacy systems for improving the policy, legal and governance environments that affect the social determinants of health including HIV are generally weak. PEPFAR Ghana programs currently place high premium on building local organisational capacity by scaling up the use of country systems through direct engagement of GAC and LNGOs. USAID, Peace Corps and State Department are all involved in building local organizational capacities. Through the FHI SHARPER Project, USAID is building the capacity of a network of approximately 40 indigenous NGOs and civil society organizations (CSO) to provide comprehensive prevention services for MARPs.

Strategic information

Strengthening HIV care information is based on integrated SI approaches, inclusive of surveillance and surveys, monitoring, evaluation, and health information systems. The key challenge is on how to change the current approach on care information from performance reporting to data generation for policy, planning and programmatic decisions and actions to enhance performance in an ongoing manner. It is expected that this would also promote transparency, accountability and equity. USG programs aim at assisting GOG to obtain a robust SI system required to guide policy, support program planning and implementation, measure performance, identify gaps and emerging needs so as to develop solutions to address gaps and meet needs and continuously assess and refine actions to ensure an effective national HIV response. Some of the key activities include multilevel support at systems, organizational and individual levels for M&E capacity building in Ghana, HIV incidence estimation study and training, training on M&E, curriculum development & implementation, TA and support to GAC and GHS on Strategic Information, Health Information Management System, Blood Safety and Laboratory Systems Strengthening, support to National Strategic Plan SI development, planning and implementation support for MARP / BSS study.

Human Resources for Health;

USG continues to support the National AIDS Control Program to update the knowledge and skills of health workers through continuous professional development on new or emerging HIV care issues, including the implementation of WHO guidelines, and/or new national guidelines in order to meet the needs for HIV prevention, treatment, care and support envisaged in the NSP 2011-2015. USG have also for the past two years initiated efforts at training of preceptors, development and/or review of training curricula as well as integrating HIV information into pre-service training of community health workers, midwives and public health nurses. Activities include training, mentorship and supervision, credentialing or other standardization. USG have also supported GAC in the development of policy framework that is based on output related staffing norms such as Innovative task-shifting/ task-sharing efforts among HIV care staff, including work to change policy, training, and/or mentorship and supervision to support a task-shifted model of HIV care. It is envisaged that this arrangements will provide short-term relief for this long term challenge.

Laboratory Strengthening;

Selected laboratories at district level as well as all the ten Regional Laboratories, three Zonal laboratories, the Public Health Reference laboratories and the three Teaching Hospital laboratories are equipped with CD4 counting machines, hematologic and chemistry analyzers to support the provision of quality ART services. Support for standalone PMTCT sites to ensure effective referral system for blood samples for CD4 testing in the equipped laboratories is a challenge. Early Infant Diagnosis (EID) laboratory sites needs be strengthened to improve EID.

The National Strategic Plan and Policy for Laboratory for Ghana was supported by USG. CDC provided technical assistance and funding to Ghana Health Service (GHS) to develop the draft National Laboratory Strategic Plan as well as the expansion of laboratory quality assurance and accreditation process. Laboratory staffs as well as clinical health care workers have been trained in quality management and HIV proficiency testing. With CDC support, four public sector laboratories in the country are in the process of being accredited using the WHO-AFRO Guidance for Stepwise Laboratory Improvement Process towards Accreditation (SLIPTA). CDC is looking at ways and options to support laboratory equipment maintenance in a limited scale. A Laboratory Information System (LIS)

is in the process of development. Also, a study on HIV incidence using 'BED' and 'Avidity Testing' (done at CDC Atlanta) has been conducted with NACP. Initial results point towards lowered incidence for HIV among the study population.

Strategies for Adult Care and Support (including Positive Health Dignity and Prevention (formerly Prevention with Positives);

USG provides services for adult care through the food by prescription for HIV clients at about 10 initial sites as a well as designated MARP friendly drop-in-centres. With limited funding USG main focus is to support the NACP through the institutionalization of quality improvement processes for antiretroviral therapy (ART) and other HIV/AIDS care and support services.

The USG supports 40 PLHIV support groups with an elaborate program of positive health, dignity and prevention services using a tool kit that includes information on e.g. HIBV and AIDS, nutrition, TB, partner notification and infection control.

Strategies for Paediatric Care and Support;

The USG supports the National AIDS Control Program to provide minimum package of care and support services. This effort is achieved through the institutionalization of quality improvement processes for paediatric antiretroviral therapy (ART) and other HIV/AIDS care and support services.

Currently, about 30% of infants exposed to HIV are provided ARVs prophylaxis for PMTCT due to weak infrastructure to support infant diagnosis laboratory services and a low proportion of health staff trained in early infant diagnosis. USG through its implementers is supporting some of these activities, especially training, and also provide support for linkages with community workers to ensure effective follow up on women with newborns. The monitoring system will also be improved to ensure effective data collection and reporting on children tested for HIV and those put on ART.

Strategies for TB/HIV;

TB/HIV co-infection will be managed through a collaboration of TB/HIV programs. TB patients will be screened for HIV as an entry point for HIV treatment while HIV patients will be screened for TB as an entry point for TB treatment. Collaboration of the two programs needs to be strengthened to improve the TB/HIV co-infection treatment. USG's principal role will be to provide technical assistance to the NTP to implement the newly awarded \$74.6 million Global Fund Round 10 Grant in a coordinated fashion and ensure improved absorptive capacity of the grant. USAID Focus Region Health Project (FRHP) will continue to strengthen HIV-TB co-infection management at facilities through scaling up of training TB-DOTS staff to expand capacity for HIV testing at the DOTS centers. FRHP will also promote the practice of TB screening for HIV clients by disseminating and encouraging use of recently developed screening algorithm in ART clinics. FRHP will in collaboration with NACP to develop an HIV/TB register at the ART clinics to document TB to improve upon HIV/TB data reporting and client follow-up. Pre-service education will continue to strengthen the integration of HIV/TB information into pre-service training of community health workers, midwives and public health nurses.

Strategies for Food and Nutrition;

The Ghana Health Service (GHS) has identified the need to improve nutrition assessment, counselling and support (NACS) at antiretroviral therapy (ART) sites in Ghana. As a first step in this process, GHS and USAID requested implementing partner support to assess opportunities for integrating nutrition into HIV services in Ghana per PEPFAR guidelines.

USG will continue to provide technical assistance to the GHS for the coordination of nutrition and HIV activities, assessment of materials and equipment needs, training, TA in the implementation of full NACS Services and support for a Nutrition and HIV technical specialist at the GHS. USG also provides support for supply chain management for distribution of the therapeutic food through NACS program. Currently 11 ART sites are supported by USG to provide Ready to Use Therapeutic Food (RUTF) to clinically malnourished PLHIV. There are plans to rapidly scale this service up to 40 sites in FY 12.

Strategies for Orphans and Vulnerable Children;

In the next two years USG will continue to provide support for deinstitutionalization of orphanages, family reunifications, placement of children with foster families and adoptive parents, psychosocial support, development and management of OVC national Data base and monitoring of the situation of residential homes and children placed in family based care.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	908,500	0
HVSI	1,187,750	0
OHSS	2,256,740	0
Total Technical Area Planned Funding:	4,352,990	0

Summary:

Several actors are involved with the health system's response to HIV/AIDS in Ghana.

The Ghana AIDS Commission (GAC) was formed in 2000 to be the national coordinating body of the national response for HIV/AIDS in Ghana. It was legally established in 2002 by an ACT of parliament. GAC was tasked with the mandate to "formulate a national HIV/AIDS policy; to develop programs for the implementation of the policy and direct and co-ordinate the programs and activities in the fight against HIV/AIDS and to provide for related purpose." This broad mandate has resulted in the organization takes on the multiple roles of setting policy, coordinating all HIV activities, and directly funding implementation of a portion of those activities. GAC is a Principal Recipient under one of Ghana's Global Fund grants and its Director General is a member of the Country Coordinating Mechanism (CCM).

The Ministry of Health (MOH) is the authority on health-related policy, budgeting, and planning in Ghana. Under the MOH, Ghana Health Service is its implementing agency, which manages all public health facilities and preventative interventions. Ghana Health Service contains the National AIDS Control Program (NACP), responsible for implementation of Ghana's public health sector interventions to prevent and treat the disease. The NACP is the Principal Recipient for a Global Fund grant, as well.

There are many NGOs working in HIV/AIDS in Ghana, from small community-based organizations to large US-headquartered PVO such as FHI 360 and CARE International. Two major umbrella NGOs work on HIV/AIDS issues with funding from international donors: the Coalition of NGO's for Health, and the umbrella organization for PLHIV, NAP+ (National Association of PLHIV).

PEPFAR/ Ghana have historically focused on systems strengthening, and will continue to do so in coming years. As is described below, PEPFAR's role in Ghana is that of technical leadership and quality improvement, working with the government to ensure appropriate implementation of activities supported by its large Global Fund grants. This role has enabled the USG to focus on building capacity and strengthening systems to ensure quality, as opposed to direct provision of services. PEPFAR/Ghana works with all of the organizations described above, and also supports strengthening the links/ coordination between them, particularly through participation in the CCM and the HIV Technical Working Group, including the sub-committees on MARP (Most-At-Risk Population) and Behavior Change.



Global Health Initiative

USG/Ghana is currently developing its GHI strategy, which will be submitted in December. The PEPFAR country team is involved in the drafting of that strategy, which should include priorities related to PEPFAR in Ghana.

Due to the size of the PEPFAR program and the nature of the HIV epidemic in Ghana, PEPFAR/Ghana has always implemented the GHI principle of integration. Just as PEPFAR provides technical inputs to leverage the larger Global Fund activities, it plays a similar role in leveraging other resources within the health sector in Ghana. Activities involving service quality improvement are integrated into larger programs that are supported by malaria, maternal and child health, and reproductive health programs to build technical and management capacity. Efforts to improve and expand human resources for health also leverage other program funds, as does systems strengthening aimed at improving the health commodity management system.

The Peace Corps is uniquely positioned to add value to the contributions of other Global Health Initiative (GHI) partners through the placement of human resources at the grassroots level. The Peace Corps supports the core principles of the GHI Initiative through its comprehensive approach to integrated programming in the priority health areas and by: 1) increasing knowledge on disease transmission, prevention and treatment; 2) promoting behavior, social and organizational change; 3) capacity building of community members, health workers, and grass-roots organizations; and 4) strengthening linkages between communities and organizations and health facilities.

Within the overall GHI program, however, PEPFAR must stand apart and play a unique role: that of advocate for marginalized populations. The nature of the epidemic and the focus of PEPFAR/Ghana's efforts require that PEPFAR/Ghana advance the cause of ensuring appropriate services for MARPs within the USG GHI context and within the Government of Ghana strategy development process. PEPFAR/Ghana is committing to furthering that cause in order to impact HIV in Ghana.

Leadership and Governance and Capacity Building

PEPFAR/Ghana works to build capacity in leadership and governance through its systems strengthening activities, as well as through its support for local civil society.

Building the capacity of local NGOs and communities to advocate for the rights of marginalized populations, lead and manage action groups, and adequately manage financial and administrative responsibilities is a priority for PEPFAR in Ghana. PEPFAR's capacity building program begins at the stage of a LNGO becoming sub-grantee on the large prevention bi-lateral project (SHARPER), as one of a large number of sub-grantees (presently 35). As a second phase of capacity building financed through an Annual Program Statement, promising NGOs become sub-grantees of international PVOs. The PVOs offer more intensive mentoring programs that include, apart from programmatic continuous learning approaches, a strong emphasis on accountability and transparency. LNGOs who have successfully passed that stage might qualify for direct grants from USAID with supervision from the technical and financial offices and regular independent audits.

Peace Corps Volunteers placed in communities strengthen individual and institutional capacities in the areas of HIV programming, communication, financial management, outreach to target populations, monitoring, evaluation and reporting.

PEPFAR/Ghana is committed to building local government capacity to strategically plan and manage their response to the epidemic, while also providing inputs for strengthening governance systems. PEPFAR's intense support to Ghana's CCM is one example of these efforts. USAID's Global Management Solutions has assisted with the development of standard operating procedures and has strengthened the secretariat of Ghana's CCM; in 2012 further support will be provided to strengthen the oversight functions of the CCM. USAID's active role in the CCM's technical oversight committee for TB and HIV as well as participation in the overall CCM and the Executive Committee reinforces accountability in decision making. In addition to the systems strengthening interventions described below, PEPFAR also benefits from an health sector integrated program which improves leadership and

management skills of district and regional health authorities, updating their financial and management systems as well as their decision-making skills, with the ultimate goals of preparing them to receive direct USG funding.

Policy has traditionally been a strong focus for PEPFAR in Ghana. Policy interventions for 2012 include support to the GAC and other GOG institutions in promoting stigma reduction, introducing task shifting, and integrating HIV and RH services.

Strategic Information

To strengthen national, facility, and community based health systems management and capacity to provide information and services to the general population but particularly focused on high-priority most at-risk populations (MARPs), USG is engaged in several collaborative initiatives with Ghanaian government and other partners. These initiatives are to: 1) promote improved and appropriate surveillance of the HIV epidemic and monitoring of Ghana's progress in its HIV/AIDS response by strengthening both technical and organizational capacity and strategic information activities; 2) support MARP surveillance and size estimation through training, technical assistance and implementation of appropriate surveillance methods and data syntheses/use; and 3) strengthen M&E efforts to improve data quality at the various levels of the M&E system, harmonize data collection and use processes towards the integration of health data systems.

CDC supports government partners GAC and NACP, through a multi-level approach to strengthen capacity at the individual, organizational and systems level in order to create organizational and technically sustainable M&E and surveillance systems for the national response to HIV/AIDS. This may include technical assistance, training and tools and system development in 1) appropriate surveillance methods, including MARP behavior and incidence, and HIV drug resistance, 2) M & E methods for clinical and non-clinical settings, including ART, PMTCT and OVC programs, 3) management and analysis of data, and 4) effective use of system-generated data at all levels. Assistance will support ongoing efforts to strengthen technical and organizational capacity to enhance the role of the national leadership in informing and coordinating the response to the HIV/AIDS epidemic, and opportunities (including south to south technical assistance) to support community based service systems development, site assessments/supervision, and monitoring systems.

CDC provided technical assistance to the Ghana Health Service (GHS) in implementing a new aggregate HIV data capture system, with a special emphasis on laboratory and HIV care and treatment; to create additional reports; to improve data use and data quality; and to provide supportive supervision to sites which experience implementation difficulties. In addition, work will continue on creating an HMIS help desk and improving the program monitoring systems (ART and PMTCT) to work with the new aggregate system.

Through CDC partner University of California at San Francisco (UCSF), PEPFAR provides support, training and technical assistance for long term capacity building and improvement of surveillance and monitoring and evaluation throughout Ghana. UCSF has been collaborating with the NACP and GAC in surveillance and size estimation of MARPs: FSW and transactional sex (specifically female market porters), MSM, and IDUs, as well as providing TA for surveillance in prisons. UCSF will work with in-country stakeholders to identify key issues and provide TA to conduct data synthesis activities and mentoring for manuscript development using critical evidence regarding the HIV epidemic as well as the response. UCSF will work with relevant Ghanaian partners in issues related to research and grants management.

With CDC support through Morehouse School of Medicine, PEPFAR will continue to provide technical assistance and support to enhance HIV program management and M&E capacity in Ghana. This will be supported through implementation of M&E training curriculum for delivery through short courses and a semester-long course for academic credit in collaboration with appropriate government and academic institutions in Ghana. Morehouse School of Medicine will also provide technical assistance to GAC in evaluating, developing specifications for, and assisting in project management for the development of mobile phone-based community outreach worker M&E reporting systems.

USAID prevention partners are engaged in operations research focused on informing the ongoing roll out of services targeted to MARP, including FSW and transactional sex, MSM, and prisoners. These efforts are targeted at providing input regarding most relevant services for risk reduction and to identify methods for service provision that will meet needs of and allow access by MARP.

The Department of Defense (DOD) is working with the Ghana Armed Forces (GAF) to provide support for epidemiology and data analysis training as well as supporting integration of the GAF into the national M&E system.

Service Delivery

There is limited access to HIV-related services in Ghana for those in need, especially MARPs. High levels of stigma and discrimination are key reasons that reduce access to and uptake of HIV prevention, treatment and care services. The USG's implementation of the Partnership Framework seeks to support scale up of essential HIV services in 30 key districts, contribute to the achievement of universal access to HIV prevention, treatment, care and support and the Millennium Development Goals, and to better position Ghana to address the HIV epidemic over the long term.

Ghana's HIV epidemic is that the infection is driven predominantly by most-at-risk and bridging populations (HIV Epidemic Analysis report, 2010), namely, men who have sex with men (MSM), female sex workers (FSW), their clients and non-paying partners (NPP). USG utilizes epidemiologic population-based, behavioral, and other health and social services data to design programs that target FSW, their clients and NPP, MSM and their partners, and PLHIV, with a focus on peer education, outreach and commodity distribution to promote ten key health behaviors. The primary goal of USG Continuum of Response (CoR) approach in HIV service delivery in Ghana is to provide clients and their families with essential prevention, care/support, and treatment services to reduce HIV transmission and disease progression and to maximize health outcomes. The USG's approach is to create demand for and increase access to healthcare services through the development of service delivery models that are responsive to consumer needs, provision of integrated service delivery packages, and improving patient safety and providing quality care. Based on epidemiological and health and social needs data MARPs have been identified as the target population for USG service delivery. USG addresses the lifetime needs of MARPs by addressing their needs of to assure adequate access to a wide range of prevention, care treatment services and based on their changing needs and circumstances. The USG CoR approach in Ghana for MARPS is set within an organized and coordinated network system of community and facility based services and providers.

The USAID FHI 360 SHARPER Project works to improve the health knowledge of MARPs, PLHIV and their sexual partners and motivate them to adopt healthier behaviors, while also removing barriers that stand in their way of using condoms, seeking HIV/AIDS services, adhering to ART and other practices that reduce HIV transmission and save lives. USAID's goal is to increase MARP and PLHIV use of health services through active, formal referral networks that link public, private, facility-based and community providers into an accessible, responsive prevention-to-care continuum that originates with peer outreach and other community-level entry points such as drop-in centers and support groups. A crucial component of this program is interventions designed to strengthen the human and institutional capacity of both public and private sector organizations to plan, coordinate, deliver and monitor MARP and PLHIV services, enabling them to address the epidemic on a sustainable, systematic, results-driven basis.

USG supported MARP-friendly drop-in centers are run by a network of PEs, drop-in centers, cell phone-based counselors and PLHIV support groups to reach target clients with key health messages, increase demand for HIV/AIDS services, and serve as a focal point for providing services to FSWs and MSM. The centers provide safe places to get information, interact with supportive peers, learn about health services, obtain appropriate referrals and organize social activities. These centers provide HTC and evidence-based prevention services to reduce risk of transmission or acquisition of HIV infection through the provision of a wide range of services lubricants and condoms as well as access to simple prints and audio-visual materials. HIV-infected clients are also linked MARP

friendly sites to maximize access to clinical and essential social services. USG services provided are varied and are provided within communities, and/or at health care facilities.

The USG CoR approach for MARPs in Ghana engages key stakeholders (government, civil society including public, private, FBO/NGO providers and organizations, PLWHA and families) to play a critical role in the design and planning, organization and monitoring of the services, and delivery of a full array of services.

To ensure harmonization and alignment, USG efforts provide technical leadership and fill key programmatic gaps not addressed by GOG and other donors. The USG seeks to increase efforts that support the GOG capacity to plan, oversee and manage programs; to deliver quality services with the participation of local civil society and communities; and ultimately, to finance health programs. These supporting systems include leadership and management. PEPFAR Ghana programs increasingly place high premium on building local organizational capacity by scaling up the use of country systems through direct engagement of GAC and LNGOs. The various USG Agencies are all involved in building local organizational capacities. The Peace Corps is involved in capacity building of community members, health workers, and grass-roots organizations. USAID is also building the capacity of a network of approximately 40 indigenous NGOs and civil society organizations (CSO) to provide comprehensive prevention services for MARPs.

Human Resources for Health

PEPFAR/Ghana supports the National AIDS Control Program to update the knowledge and skills of health workers through continuous professional development on the implementation of WHO and national guidelines, in order to meet the needs for HIV prevention, treatment, care and support envisaged in the National HIV & AIDS Strategic Plan 2011-2015. For the past two years, USAID has trained midwifery school preceptors and updated curricula to integrate HIV information into pre-service training of community health workers, midwives and public health nurses. In 2012, USAID's Maternal Child Health Integrated Program (MCHIP) will continue to strengthen pre-service education for midwives, community and public health nurses in the areas of HIV, TB, Malaria, FP and MCH. Emphasis will be on a competency-based approach supported by learning guides and job aids. Activities will focus on filling gaps that were not addressed by prior pre-service training activities, and ensure that both tutors and clinical preceptors are aware of the latest information and skills with regard to HIV, TB, Malaria, FP and MCH services. In addition, activities will include basic knowledge and skills to work with most at-risk populations (MARPs), including female sex workers (FSW) and men who have sex with men (MSM). Activities include training, mentorship and supervision, credentialing or other standardization. The ultimate goal is that these cadres of workers are enabled through this pre-service training to assist with the following important interventions after their graduation: 1) the early identification of HIV, TB and malaria; 2) the timely referrals of clients to health care sites for diagnosis and management; and 3) the support for client and family adherence and retention.

USG's in-service training and continuing education is nationally standardized and coordinated at a national and local level with the NACP. The USG will support the National AIDS Control Program to update the knowledge and skills of health workers through continuous professional development on new or emerging HIV care issues, including the implementation of WHO guidelines, and/or new national guidelines in order to meet the needs for HIV prevention, treatment, care and support envisaged in the NSF III. HIV programs are conducted in five regions according to key policies and programs described under Ghana's NACP five-year National Strategic Framework for Service delivery 2010 – 2015.

The Peace Corps supports health systems strengthening through the placement of Volunteers who reside in communities on a full-time basis and work side-by-side with community partners to leverage appropriate and local resources and technology for the development of sustainable, community-led responses to HIV.

USAID also works to build the capacity of the Nurses and Midwives Council by working with the council and Human Resource Directorates of the Ministry of Health to determine effective pre-service education strategies through technical assistance. Some of the activities include working with NMC in updating the teaching curricula to international and national norms, strengthening skills labs at pre-service institutions, training educators in

technical areas and best teaching practices and providing ongoing technical updates.

PEPFAR/Ghana continues to support GAC in the development of policy framework that is based on output-related staffing norms such as innovative task-shifting/ task-sharing efforts among HIV care staff, including work to change policy, training, and/or mentorship and supervision to support a task-shifted model of HIV care. The NSP has adopted this policy framework in order to meet the needs for HIV prevention, treatment, care and support envisaged in period 2011-2015. USAID supported the introduction of HIV into the pre-service training for midwifery, community health and public health nursing institutions. The aim is to ensure that adequate numbers of health cadres trained in HIV care are available in the long term.

Laboratory Strengthening

PEPFAR/ Ghana supports system strengthening of laboratory services to improve the quality of laboratory operations in Ghana. Working with the Ghana Health Service, PEPFAR/Ghana has supported the development of the draft National Laboratory Strategic Plan to provide policy and guidance for laboratory activities in Ghana. The Strategic Plan provides for standardization of quality laboratory services that will impact not only HIV care and services but other integrated clinical and public health needs.

A goal and outcome of strengthening laboratory services is the improvement and maintenance of quality systems. A measure of laboratory quality systems can be done with accreditation or certification from a regulatory or monitoring organization. PEPFAR/Ghana is in the process of supporting GHS and other partners in establishing policy for laboratory accreditation. PEPFAR/ Ghana with GHS and other partners also support processes that improve the quality of laboratory services for accreditation of clinical and public health laboratories in Ghana.

The process improvement plans supported by PEPFAR/Ghana includes those that strengthen laboratory management with training courses and mentorship. PEPFAR/Ghana supported Laboratory Quality Management Systems (QMS) trainings for laboratory managers and technicians are being provided through its partnership with Ghana Health Service (GHS) and other partners. It is an ongoing process and will continue in the years to come. A program to monitor the quality of laboratory with proficiency testing has already been established and put in practice. A standardize method of capturing and reporting laboratory results and data is necessary in Ghana. PEPFAR/Ghana is supporting the implementation of standardized laboratory data log books and implementing electronic laboratory information systems that will improve the quality and efficiency of reports for patient care and public health needs. CDC/Ghana will work to strengthen a specimen referral system for patient access to laboratory services. A majority of laboratory reagents requires cold-chain storage. With SCMS a cold storage facility will be supported.

The importance of standard testing algorithm is necessary to diagnosis of HIV. With the GHS support, new algorithms will be validated and the required procurement of quality tests for HIV diagnostics will be supported.

Health Efficiency and Financing

The HIV epidemic in Ghana is concentrated among certain most-at risk populations, with prevalence among the general population slowly reducing from 2.5% in 1998 to 1.5% now (NACP 2010). Because of this situation, PEPFAR in Ghana is committed to the efficiency principle of primarily supporting prevention efforts, with 62% of funding going towards prevention. A recent Modes of Transmission Study (2010) indicates that approximately 10% of new infections occur among MSM and their female partners, with another 40% occurring among FSW, their clients and partners of clients. Approximately 70% of PLHIV are in HIV-discordant relationships (2003 CHS). PEPFAR/Ghana's prevention program therefore focuses on the relatively small subpopulations of MARP and PLHIV and their sexual partners. With only a few exceptions, Ghana has traditionally obtained commodities for both prevention and treated through Global Fund grants; the Government of Ghana has recently committed to taking on a greater share of this financial burden.

Ghana's current National Strategic Plan for HIV/AIDS (2011 – 2015) is the first of such documents to acknowledge the necessity to address the needs of MARP; this plan was costed primarily through technical support from USAID.

PMTCT costs have been calculated at high levels of detail, and costing for a specific MARP strategic plan is currently being supported by USAID. USAID also supports recurring GOALS modeling, as new costing data has become available, in order to form the basis for a Global Fund applications.

USAID provides extensive technical assistance to support Global Fund grant applications, implementation, and oversight. PEPFAR Ghana's programs are geared towards supporting Global Fund implementation by providing high-quality technical assistance to assist national program managers in improving coverage and quality of Global-Fund-financed programs. Meanwhile, the USG, in partnership with UNAIDS and others, conducts intense lobbying of the Government of Ghana to urge them to increase their financial commitments to the national AIDS response.

Supply Chain and Logistics

In Ghana, there are multiple agencies and development mechanisms involved in forecasting, financing, procuring and distributing health commodities. The complex institutional relationships, plethora of steps and diffused responsibility have led to repeated failures of the national program to make accurate, timely procurements and to avoid stock-outs. Within the past six months, PEPFAR had to arrange an emergency procurement of ARVs from USAID to avoid a complete stock out of essential medications. PEPFAR is therefore working to support and strengthen the national health supply chain system to ensure continued availability of key health commodities.

Through regular participation in the Global Fund Country Coordinating Mechanism, the Health Sector Working Group, and sub-committees that specifically target health commodity procurement and management, the USG is a major advocate for procurement and supply chain streamlining. The GOG and other development partners recognize and appreciate the USG role in this effort. There is new interest of the GOG in making major changes in its system to improve performance, so the USG will continue to engage strongly in this effort, including using lessons from the private sector to encourage the implementation of a national plan to reform the structures and modalities of the procurement and supply system.

The USG provides long term, in-country technical assistance to the different agencies in supply chain management, with specific components funded by PEPFAR leveraging other investments from population, malaria and nutrition funding streams. The TA is designed to strengthen national capacity in forecasting, managing, monitoring and reporting on use of program commodities. Beyond these key functions, the USG-provided TA also is a trusted GOG partner in advocacy, strategic planning and coordination efforts across the different agencies involved in the system. In fiscal year 2011, USAID supported strategic review of the supply chain management system, in order to identify short-term and long-term options for reform of the overall system. USAID will be working with the Ministry to select from and implement these options, with support from PEPFAR and other programs within the health sector.

Specific components to be supported by PEPFAR in the coming year include:

- *Strengthen the MOH/GHS central level capacity in forecasting and procurement planning for HIV and TB commodities. This includes training for relevant HIV and TB program staff in quantification and supply chain management as part of a broader health commodity quantification team. Expected outputs include a supply plan available to guide procurement of HIV and TB commodities and regular quantification review reports.*
- *Build regional level capacity in distribution and warehouse management, including testing a vendor-managed inventory distribution system for food (including food-by-prescription) commodities.*
- *Improve availability and use of logistics information at all levels for decision making. This includes use of an SMS-based early warning system to eliminate stock-outs of ARV commodities at PMTCT sites in seven regions of Ghana.*
- *Support MOH efforts to define the role of the Central Medical Store through the production of a Business Plan to improve supply chain management and rationalize procurement responsibilities.*



Gender

The USAID/Ghana Mission has recently conducted a cross-sectoral gender assessment; the report will be available within fiscal year 2012.

While Ghana's early HIV epidemic, predominantly affected women, in recent years the male-female disparity had stabilized, with 57% of new infections occurring among females. In PL support groups, members are predominantly female, but leadership is mostly male. PEPFAR/Ghana's planned stepped-up female PLHIV leadership training will improve the gender balance in PLHIV support groups, including promoting female members' leadership roles. Promotion of safe disclosure to partners of PLHIV will continue, as will efforts to increase access to health services for PLHIV (including men) by institutionalizing condom sales in the support groups, sponsoring visits of key service providers (PMTCT, TC, TB and ART), and increasing the 'Models of Hope' adherence counselors program. Attention will be paid to ensure an appropriate gender balance in this program. Major gender dynamisms related to HIV/AIDS occur in MARP, especially FSW, their non-paying partners, and MSM. As sexual solicitation and sodomy are illegal in Ghana, and homophobia and violence against MSM are prevalent, a double-layer of stigma poses an important barrier to accessing services by these high-risk populations.

PEPFAR/Ghana approaches gender as a cross-cutting issue that is mainstreamed throughout its PF goals, objectives and USG commitments. The USG supports the Ghana AIDS Commission to improve anti-stigma and discrimination leadership at the national level, as well as to work with the police, judiciary, prisons and the media to reduce discrimination against MARP. Stigma reduction activities are a component of each project, e.g. health workers receive stigma reduction trainings along with technical trainings. There is also anti-self-stigmatization trainings included in MARP and PLHIV interventions. In order to reduce violence against MSM and FSW, PEPFAR supports ongoing district-level training of MARP and their key "allies". MARP are trained as legal aides. "Allies" can include lawyers; police officers, public authorities, and medical staff. Together they form a rapid response team that can intervene when violence or harassment occurs.

USAID, CDC, and Peace Corps work with kayaye, female head-porters who migrate from rural communities to urban centers to work. PEPFAR/Ghana will target the major city markets with reproductive health services, will conduct activities to prevent gender-based violence among this population, and will provide safe havens for violence victims. PC (Peace Corps) provides job opportunities for Kayaye returning to their home villages. All implementers report gender-disaggregated service statistics, including cases of gender-violence; job opportunities created for gender-based violence victims; female PLs leadership trainees; and the level of stigmatizing news items in the media.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	967,640	0
Total Technical Area Planned Funding:	967,640	0

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	0	0
HVCT	500,000	0
HVOP	4,977,789	0
IDUP	300,000	0
MTCT	0	0
Total Technical Area Planned Funding:	5,777,789	0

Summary:*HIV/AIDS PROFILE AND BASELINE DATA**Country HIV/AIDS profile*

The HIV/AIDS epidemic in Ghana is a mature, mixed epidemic (low-level generalized epidemic with pockets of high infection levels among certain populations), which has as its defining characteristic that infection in the general population depends to a great extent on continuous bridging from core high prevalence sub-populations, such as female sex workers (FSW), their clients and non-paying partners (NPP), and men who have sex with men (MSM). HIV prevalence was estimated to be 1.5 percent in the general adult population in 2010 (NACP, 2011).

The dynamics of the epidemic have limited impact on youth and the general population. According to the 2003 Demographic and Health Survey (DHS), at this stage in the epidemic, infection levels peak relatively late in life: 35-39 years-old for women and 40-44 years-old for men. Ghana's ANC sentinel surveillance data as of 2008 has shown a three-year trend of declining HIV prevalence in pregnant women in the 15-24 year-old age group. Size estimations for sub-populations for FSW and MSM are underway and will become available before the end of the 2011 calendar year. A Behavioral Sentinel Surveillance (BSS) study conducted by AED/SHARP in 2006 estimates of HIV prevalence among FSW range from 30-45 percent. Although national figures for MSM are not yet available, a USAID-funded study in two regions of Ghana reported an HIV prevalence of approximately 26 percent among MSM. Around half of MSM surveyed reported having sex with both male and female partners. The 2008 Ghana DHS shows that male circumcision, which is an important factor in reduced risk for youth and the general population was 91 percent prevalent among males in 2008. Male circumcision is therefore not a viable prevention strategy in Ghana. Stigma related to HIV infection is high in Ghana, and serves as a significant obstacle to reaching those already infected, as well as populations that are most-at-risk. The 2008 DHS found that only 11 percent of women and 19 percent of men expressed accepting attitudes toward those living with HIV/AIDS. Additionally, sexual solicitation and sodomy are illegal in Ghana and homophobia is prevalent and extremely hostile. In the last year we have seen a first public demonstration against MSM and a first case of four MSM suspected of "unnatural carnal knowledge" in a legal court. One of the suspects died during the trial of AIDS-related symptoms. A double-layer of stigma is an important barrier to ensuring that services are available to and accessed by the two main high-risk populations, FSW and MSM.

A USAID-wide gender assessment is expected to be completed late 2011. Preliminary findings show that men and women, boys and girls in Ghana face gender-related vulnerabilities to their health and HIV/AIDS status and in obtaining health care; cultural beliefs about sexuality and sexual conduct impose different freedoms and restrictions on men and women which put both groups at risk, but in different ways. The latest national prevalence survey of the general population was the 2003 DHS measuring prevalence at 2.7% and 1.5% for women and men respectively (2.2% overall). Sentinel surveillance indicates that infection levels among pregnant women decline since then and it is estimated that overall, infection levels among the general population are 1.5% in 2010.

According to a 2009 modes of transmission study, 3% of new HIV infections occur among sex workers; 9% are their clients and 28% are partners of clients (total 40% attributable to female sex work). Eight percent of new cases are

MSM and 1% are their female partners. Casual heterosexual sex and partners of those involved in casual heterosexual sex contribute 12% and 16% of new infections respectively (total 28%). Eighteen percent of new infections are classified as linked to low-risk heterosexual sex. Injecting drug use and medical injections contribute 2% and 1% respectively to new infections, according to the model. The findings have to be interpreted with care since many data gaps exist and assumptions are used. Nevertheless, the data support Ghana's approach to focus its prevention program on MSM and sex workers and their sexual partners, two relatively small groups in which almost half the new infections appear to occur. These two groups have infections rates 10 to 20 times than that of the general population. There are currently studies ongoing to determine if prisoners and IDUs are key MARPs fueling the epidemic. Other proposed studies focus on specific subpopulations such as bar girls and students at tertiary institutions to determine the extent to which they are involved in transactional sex. Other small studies will focus on substance abuse as a risk factor among young MSM, and creating access to MSM-friendly services for "older" MSM, whom are presently hardly served by the existing interventions.

Overarching Accomplishments of last 1 -2 years:

In February 2010, the USAID SHARPER Project started its prevention activities, gearing up towards supporting 35 NGOs to carry out prevention activities for MSM, FSW, PLHIV and their sexual partners, targeting 45,000 in 2012. The activities include capacity building using a tailor-made plan based on a baseline assessment of each organization's capacity. SHARPER uses drop-in centers at strategic locations and a telephone helpline for each of the target groups.

Simultaneously, BCC tools developed during the previous years have been reviewed by Ghana's authorities and adopted for national use. A MARP technical working group has developed a strategic plan and MARP interventions have for the first time been included in the national strategic plan. A round 8 Global Fund proposal was successful and includes some activities for MARP. A toolkit for positive health, dignity and prevention has been reproduced and activities started with 245 support groups.

Prevention is the most important strategy used to combat HIV/AIDS in the Ghana Armed Forces (GAF). An HIV/AIDS awareness education campaign was organized for military personnel and their families and civilian employees in all garrisons to reduce stigma and support behavioral change. HIV/AIDS counseling and education organized for potential cadets and recruits during pre- recruitment medical examination. All pregnant women attending antenatal clinic receive basic education about HIV/AIDS as well as the importance of prevention of mother to child transmission of HIV. Troops preparing for peacekeeping mission receive regular group HIV/AIDS pre-test counseling and education prior to HIV training.

Peace Corps (PC) partnered with local counterparts to implement community-initiated prevention and care activities that reduced the vulnerability of local community members from getting infected with HIV. These activities have empowered participants/beneficiaries to adopt healthy life skills and positive behavior change practices. Peace Corps also facilitated the development of the 2011 PEPFAR Calendar with the theme 'My friend with HIV is still my friend' with artworks and HIV messages provided by Ghanaian adolescents and youth in schools. The calendar, which attempts to emphasize the need to avoid the discrimination and stigmatization of persons infected with HIV, have been widely distributed to USG partners and throughout Ghana, including the most remote communities.

Key priorities over the next years

Main priorities for the next period are increasing coverage and quality of the MARP and PLHIV prevention activities. Soon all 35 implementing partners will have rolled out their programs. The USAID SHARPER Project, using three strategically located zonal offices, will systematically carry out quality assurance activities with all sub-recipients, as well as with Global Fund recipients and sub-recipients. An annual program statement will be used to intensify capacity building activities especially with PLHIV groups, who have often a less educated membership. Leadership training for women will improve the gender balance among PLHIV leaders. Special support groups will solely target FSW or MSM membership. Stigma and discrimination will be increasingly tackled through training lay legal advisors and MARP-friendly opinion leaders (including policemen and lawyers) to provide a rapid response in case of violence or issues with authorities. The gender program will target female market porters with cross-cutting reproductive health programs and interventions to reduce gender-based violence.

DoD prevention priorities are closely tied with UN peacekeeping activities. GAF supports the “Know Your Status” campaign. Funds requested by DoD will support campaign production costs, including new posters, video production and other prevention training materials. DoD will also provide and technical assistance to improve prevention messaging and monitoring and evaluating of GAF prevention programs.

Peace Corps (PC) will continue to implement a mix of interventions and approaches to support its prevention and care activities. Peace Corps Volunteers (PVC) and their community counterparts will roll out a 'Men As Partners program' aimed at encouraging men to understand, show interest and also support women in their health needs. Family planning discussions will be integrated into these programs. Peace Corps works primarily in three main program sectors - Education, Natural Resource Management and Health/Water and Sanitation – and efforts will be made to fully integrate HIV prevention and care activities into these program sectors. Community outreach activities on stigma and discrimination will be organized on regular basis to sensitize and emphasize the need to show accepting attitude towards PLHIV.

As discussed, the new national planning documents all feature priorities very similar to the USG priorities for prevention as outlined in the Partnership Framework (with the exception of positive health dignity and prevention activities which are missing in the NSP). However, while priorities are similar, the two major HIV-related government institutions (GAC and National AIDS Control Program, or NACP) are absorbed with Global Fund related activities, managing and/or implementing large grants. There is, according to a recent Global Fund-generated “applicant profile” 146 million dollars in active Global Fund HIV/AIDS grants. Meanwhile, major donors such as the World Bank, the British and the Dutch have ceased funding for HIV/AIDS in recent years. For 2012, the projected funding from other organizations is as follows: UN – \$3.0M, DANIDA and DFID– \$1.8M each, \$GIZ – 2.0M. USG has a projected funding of 15.0M in FY2012. Therefore, while relationships with other donor partners are good, little leveraging of funding is possible with such low funding levels. The exception is UNAIDS, who is taking a leadership role and with whom USG is closely collaborating at the policy level, on coordination, including in the CCM, as well on strengthening national systems through a lively continuous dialogue. Through UNAIDS, who is also the HIV/AIDS sub-sector lead, the dialogue extends to multi-lateral and bi-lateral Donor Partners.

In terms of the legal and regulatory environment for the HIV response, there are no explicit laws protecting the rights of PLHIV in place in Ghana. However, several general laws address general discrimination and protect the rights of all Ghanaians, including PLHIV, such as the 1992 Constitution, the Labour Act and the 1991 Social Security Act. Various commissions ensure the implementation of these laws. Nevertheless, there are weaknesses in the legal regulatory framework concerning MARP, with the current legislation penalizing prostitution and soliciting for sex, same sex activities between consenting adults, and unauthorized use of narcotics. Intense negative reporting in the media has deteriorated the environment for MSM and MSM-related project work is being hampered. Several soft-diplomacy initiatives are being undertaken with relevant authorities and the media and the GAC has received PEPFAR funding to strengthen the anti-stigma and discrimination campaign, with support from the PEPFAR media specialist at the State Department. Anti-stigma activities with health workers, the police and the judiciary are continuing.

Other policy challenges identified in the Partnership Framework and the Implementation Plan includes developing a national MARP HIV/AIDS policy which is well underway; inclusions of ART in the National Health Insurance, which is hampered by immense funding problems of the insurance scheme; formalization of task shifting in health facilities for which a framework has been prepared; and integration of RH and HIV/AIDS services, which is under review by national authorities, with support from USG.

CDC is actively implementing a men's study, an integrated behaviors and biological markers survey on the MSM populations. Plans are now developing to carry out a full evaluation using this study, and a Global Fund financed FSW study as baselines for a forthcoming intensive evaluation exercise. The evaluation would include a performance evaluation, largely focusing on outputs of the MARP program, an evaluation of the impact of drop-in-centers, and evaluating the impact of the national MARP program on behavioral change and bio-medical outcomes such as HIV and STI prevalence. Other sub-studies might be added over time. The overall design is being

finalized and the Country Team and the GOG are in the process of securing some sufficient funding to carry out this exercise.

PMTCT:

The National Strategic Plan (2011-2015) estimates that without any interventions to reduce vertical transmission, about 30% of HIV transmission from the infected pregnant and breastfeeding women to their child would add children to the pool of those already infected. In the last years, marked progress has been made in increasing the coverage of PMTCT: according to the DHS 2008, only 24% of women who gave birth in the last two years were counseled, tested and received test results. However, recent (2010) PMTCT program data shows about 39% (or about 400,000) of women attending antenatal clinics were counseled, tested and received test results. Twenty-eight percent (of those in need of ART according the HIV prevalence information) received ART to prevent MTCT in 2009. The number of PMTCT sites countrywide has increased from 135 in 2005 to 793 in 2009 and there is currently at least one PMTCT site in each district; PMTCT services are currently provided in the national, regional, district and health center levels in both public and private sectors and HIV testing and counseling for pregnant women is provided at Ghana's lowest service delivery level, the Community Based Health Planning and Services (CHPS) level.

Ghana has adopted the WHO option B guidelines for PMTCT which stipulates that all HIV positive mothers, identified during pregnancy, should receive a course of antiretroviral (ARV) drugs to prevent mother to child transmission whilst all infants born to HIV positive mothers should receive a course of ARV at birth and should be exclusively breastfed for 6 months while the mother is maintained on ARV for that time.

The priorities for scaling up PMTCT services in Ghana through 2015 include: increasing awareness of and generating demand for HTC services among communities with specific targeting of women in reproductive age and their partners; increasing awareness of and generating demand for HTC services among communities; strengthening Provider Initiated Testing and Counseling (PITC) for HIV at ANC; integrating PMTCT and Sexual and Reproductive Health (SRH) including FP services; strengthening the supply and logistics management for ARV drugs to PMTCT sites; strengthening referral system from PMTCT to ART sites; and strengthen Provider Initiated Testing and Counseling (PITC) for children at service delivery points (SDPs) through training of health staff and providing ARV drugs. A target of reducing new infections among newborns to less than 5% by 2015 has been set to enable Ghana move towards the global elimination of MTCT of HIV.

Some of the major challenges in reaching PMTCT targets include: weak integration of PMTCT into existing services including sexual reproductive health; inadequate coordination of PMTCT services at the decentralized levels; lack of adequate trained and skilled health workers as well as a high staff turnover which is affecting retention of trained staff; Early Infant Diagnosis (EID) services are lacking at the health facilities; ARVs for PMTCT are not available at some of the health facilities, among other challenges. To address some of these challenges, PEPFAR, through its implementing partners are supporting GOG and Global Fund clinics to: train service providers in improving quality of care and infection control, encourage male involvement and couple counseling and testing (CVCT), train ART facilities to follow-up HIV- exposed babies using the NACP newly developed PMTCT register, and support EID for these exposed babies. The approach also involves the use of client-oriented-provider efficiency (COPE) tool which is (re)applied to measure progress in quality of services.

USG supports the integration of HIV into maternal and neonatal care health services. The USAID Focus Region Health Project (FRHP) is working with the NACP to promote the Integration of PMTCT and Sexual and Reproductive Health Services by ensuring wider access to both services as the clientele for both services is the same: women in reproductive age and their partners. FRHP activities include the training of HIV and family planning service providers to integrate services to meet the reproductive health needs of HIV clients (screen for unmet need for FP, actively refer or link clients to FP services and document it, assist couples with HIV to plan their pregnancies). This is to ensure that FP services are available to women and their partners who want to plan their families and on preventing unintended pregnancies among women living with HIV, preventing HIV transmission from a woman living with HIV to her infant, and providing appropriate treatment, care and support to mothers

living with HIV and their children and families.

HIV Testing and Counseling (HTC)

HTC services in Ghana are available in 793 health facilities and through outreach programs, with a national HIV coverage in 2008 of about 16.8% (DHS 2008). HIV testing and counseling is provided as a walk-in diagnostic testing service, as part of PMTCT and as part of provider initiated testing and counseling (PITC) at service delivery points. Routinely, "Know your status" campaigns are also organized to get a critical mass of people tested. Testing and Counseling is viewed as an entry point to HIV treatment, care and support and an important step in HIV prevention, so resources are programmed in such a way to promote HTC in prevention, treatment and care settings. The greater part of USG's HTC resources are programmed for prevention among MARPs, especially to ensure that a critical mass of MARPs are tested and know their status so as to adopt safer sex practices. Recognizing that MARPs are concentrated in certain geographic settings, HTC resources target specific regions where MARPs are concentrated. As a complement to other services and to ensure that comprehensive services are provided, USG utilizes all possible avenues where MARPs access services as entry points to provide them with HTC services, including: routine BCC individual/group activities and referrals; helpline counseling and referrals; use of DIC as well as in the PMTCT settings. By this approach, a greater majority of MARPs are expected to get tested at points they are most comfortable with and at their convenience. To ensure persons who receive testing and counseling are linked to, and enrolled in other HIV prevention, care and treatment services, peer educators and especially trained MARP friendly service providers at Drop-in-centers/clinics and Models of Hope provide the needed effective referrals for follow-on services.

Condoms

Ghana has a well-functioning Inter-Agency commodity security Working Group which coordinates broadly contraceptive commodities, including condoms. The Working Group meets quarterly to address a number of issues, including improved coordination, financing and integration. Currently, the group brings together GOG partners, multilaterals and bilateral as well as NGOs and civil society organizations. USG directly supports forecasting and quantification of national condom needs. The DHS 2008 indicated that only 25% and 45% of females and males respectively reported using condoms during high risk sex behavior. The 2008 DHS further reports that condom use among males stagnated at 45% between 2003 and 2008 while it reduced among women from 28% in 2003 to 25% in 2008. In 2010, about 24.5 million condoms were provided to clients through both the public and social marketing sectors of Ghana. The private sector has a mature condom market with a wide choice of brand in all price ranges. The lowest price range in the private sector is supported by PEPFAR marketing support but is not subsidized. The public sector has consistently experienced challenges in supply and availability of condoms and the key issues accounting for this include Government of Ghana delays in procurement and a mal-functioning supply chain. For MARPs, there is a special NGO-based distribution that uses peer-to-peer sales techniques, including lubricant.

Voluntary medical male circumcision:

Ninety-one percent of Ghana's men are circumcised (DHS 2008). Therefore, voluntary medical male circumcision is not part of the national HIV response or PEPFAR Ghana's strategy to reduce new HIV infections.

Positive Health Dignity and Prevention:

Prevention services provided to PLHIV include: psychosocial counseling, HIV/AIDS information, condom & lubricant education, provision of condoms and lubricants by peer educators, adherence counseling (focusing on Models of Hope) and couple counseling especially to promote HIV status disclosure. In Ghana, both NACP counselors and NGO/CBO-affiliated peer educators have been trained in risk reduction, condom promotion and distribution, and adherence counseling to provide the necessary first line support to PLHIVs. USG has developed "My Positive Living Toolkit" which is currently accepted nationally as the principal material in educating PLHIV during support group meetings. The toolkit is used at regular support group meetings with trained leaders/facilitators and covers issues around risk reduction, condom promotion and proper use, disclosure, STI, nutrition and adherence. The support groups have schedules with near-by health facility staff that support them with technical details when the need arises. Especially for ART, the program provides additional skills and knowledge to PL volunteers as Models of Hope who support the HTC and ART centers by offering orientation to newly

diagnosed persons with HIV and also provide back-up support to ART nurses. For instance, they support them with information of HIV (basic facts), living with the virus and living positively, help newly diagnosed PLHIV adapt to their new status as PLHIV and support them to understand the drug and what resources are available.

Importantly, they help with defaulter tracing. In respect of STI management, the program promotes referrals from community outreach to health facilities for diagnose and treatment. Over time, more DIC will be put in place to facilitate access to the continuum of response.

Most prevention services are provided through community programs and home-based care settings: Peer educators and Models of Hope conduct home visits (follow-on), give home based care and do referrals to clinics; Queen mothers and other community opinion leaders also play a role in counseling very sick people to access HTC and care. There is also a great number of PLHIVs who patronize the services of spiritual camps. USG has started engaging with the leadership of spiritual camps in Ghana to identify, counsel and refer PLHIV to clinics for treatment and care.

Traditionally, almost all support groups are linked to a health facility and/or ART/HTC unit. Therefore all opportunities for contacting PLHIV are utilized to do referrals and link to care sites. Besides, there is readily available information on treatment and care sites that is shared with all the support groups to provide details on where to go for what services.

MARPs:

Services for MARP have been spearheaded by U.S. Government-supported implementers and have increased in scale in the last five years. USG supported programs target FSW, their clients and non-paying partners, MSM and their partners, with a focus on peer education and outreach. Interventions for MARPs focus primarily on addressing key behaviors and other bottlenecks that hinder access to services by MARPs, including promotion of key health behaviors (use condoms consistently and correctly; use non-oil based lubricants properly; get tested and know your result; disclose your HIV status to regular partners; promptly seek appropriate and effective treatment, including for STI; adhere to treatment, including ART, OIs and STIs; reduce your number of multiple and concurrent sexual partners; actively participate in program design and implementation; eat healthfully; protect yourself against infectious diseases such as TB, malaria and diarrhea).

In 2011, USG supported the drafting of a MARP strategy (2011-2015), which provides a framework for the implementation of comprehensive package of services designed specifically to reach four MARP subgroups (FSW, MSM, IDU and Prisoners). The strategy for the first time formally outlines the comprehensive service package of HIV prevention, protection, treatment, care and support service that is accessible and acceptable to the specific groups. The services include a range of complementary services that reinforces and strengthens what currently pertains in MARP programs in Ghana. To ensure a comprehensive delivery of services, prevention interventions are linked with MARP-friendly care, support and treatment. Through peer education and other outreach approaches including, "Helpline" programs, MSM and FSW and their non-paying partners are linked to clinical services and drop-in centers to access HTC, STI treatment and psychosocial counseling. Service delivery personnel manning such centers are trained in MARP-friendliness, anti-stigma and discrimination issues to provide non-biased and non-stigmatizing support and services to clients.

FSW and MSM activities in Ghana are illegal and in the last year, Ghana has gone through a prolonged period of gay bashing that has been fueled by the media and augmented by political and cultural leaders. In response to this seemingly hostile environment for MARP activities, USG's current interventions are focused on reducing vulnerability across MARPs through improved legal protection, which should lead to a reduction of gender-based violence and coercion. PEPFAR is striving to improve the existing rapid-response network and the legal support system to actively reach out to individuals persecuted for their sexual orientation. At the community level, a network of 'M' friends and 'M' watchers are being trained to help create the enabling environment for MARP programming, alongside opinion leaders, para-legals and civil authorities.

Ghana's recently published NSP 2011-2015 seeks to support CBOs, FBOs and NGOs efforts in advocating for improving legal and policy environment with emphasis on decriminalization of social behaviors or addressing needs of marginalized groups that have limited avenues for their voices to be heard.

General Population

USG interventions supporting prevention activities for the general population is extremely limited based on the concentrated type of Ghana's epidemic. USG's response entails promotion of prevention activities, including life-skills training and promotion of ABC messages, through community-initiated outreach activities by PCV and their local Ghanaian counterparts. USAID and PC also capitalize on their community presence to support prevention programs for vulnerable youth groups such as the head-porters who migrate from villages to work in the cities. Through the Gender Challenge Fund, USG is scaling up this activity in selected market sites in Accra.

HSS/HRH:

Ghana has a shortfall in its health workforce for prevention activities at both the public sector health delivery and community outreach settings which have a negative effect on the national response. As a result, the country utilizes the services of volunteers to complement and augment the shortfall, and key among them are peer educators and Models of Hope. USG supports the training of community volunteers as peer educators who use BCC activities to motivate clients to adopt healthy lifestyles. Additionally, USG supports the training and deployment of non-professional volunteers as Models of Hope who serve as trusted counselors and provide information and education to their colleague HIV positive clients and then link them to support groups and to treatment sites for ART. To ensure quality in service provision, these cadres of workers are provided adequate training before deployment in specified communities with higher level support in the form of routine support supervision.

Medical transmission:

USG aims at supporting the GOG attain the virtual elimination of blood transfusion transmissible HIV infection by ensuring that health facilities obtain blood transfusion that is screened for HIV and other transfusion transmissible infections from reputable sources including the National Blood Transfusion Service (NBTS). PEPFAR through CDC supports activities to strengthen the National Health Management Systems in the Blood Safety. This technical assistance is to help improve the capacity of the NBTS to provide safe blood and blood products through modernizing laboratory services, establishing quality management systems and improving quality of clinical transfusion practices. This will ensure that safe blood is available in all public hospitals that provide blood transfusion services.

Gender

In Ghana as in most African countries, women are disproportionately affected by HIV as a result of economic, socio-cultural and biological factors: Men who are clients of sex workers and those with multiple sex partners act as a bridge population spreading HIV infection to their female partners; male involvement in critical interventions such as consistent condom use and prevention of mother to child transmission of HIV is limited; biologically, male-to-female transmission is much easier than female-to-male, particularly in a culture where more than 91% of the males have the protective factor of circumcision. Women face particular disadvantages in accessing health care as a consequence of their lower levels of education and access to or control over family resources. Cultural beliefs about sexuality and sexual conduct impose different freedoms on restrictions on men and women which put both groups at risk, but in different ways. Recognizing that gender issues are key to confronting HIV and AIDS among women, PEPFAR's overall approach to addressing gender imbalances acknowledges the peculiarities of each sex and the need for targeted interventions, hence, a focus on specific sub-populations and their specific needs. PEPFAR Ghana mainstreams the vulnerability of women to HIV infection due to underlying gender factors and ensures that responses to be implemented address the gender inequalities and factors exposing women to HIV infection. Key among these issues is the ambitious target to eliminate Mother to Child Transmission, providing services in a way that reaches women and empowering women to protect themselves from HIV infection. To establish the effectiveness of the gender-oriented interventions, key program level reporting data are disaggregated by sex and routine reviews and occasional surveys are conducted as means to assess the successes or otherwise of mainstreaming gender.

Strategic Information (SI):

USG supports surveillance, surveys, routine program monitoring, research and evaluation and HIV information systems in Ghana. The main challenge facing Ghana's HIV SI is the need to move from data generation for



performance reporting to data generation for policy, planning and programmatic decisions and actions to enhance performance in a continuous cycle. USG supports Ghana AIDS Commission's ongoing efforts at strengthening Ghana's National HIV M&E system. This project focuses on building capacity in community-based M&E systems using a multi-level approach at individual, organizational and systems level in order to create organizational and technically sustainable M&E systems. USG activities to support HIV SI include multilevel support at systems, organizational and individual levels for M&E capacity building in Ghana, HIV incidence estimation study and training, training on M&E, curriculum development & implementation, TA and support to GAC and GHS on Strategic Information, Health Information Management System, Blood Safety and Laboratory Systems Strengthening, support to NSP 2011-2015 SI development, planning and implementation support for MARP / BSS study.

Capacity Building:

Whiles a major part of facility-based prevention services are provided by government and private sector facilities, almost the entire outreach HIV prevention portfolio is driven by NGOs, FBOs and CBOs, yet most organizations do not have the requisite organizational capacity to implement effective prevention interventions. As a result, Ghana's NSP places emphasis on strengthening the community systems for delivering HIV services along 6 key components: a) Strengthening the enabling environment and advocacy, b) Community networks, linkages, partnerships and coordination, c) Resources and capacity building, d) Community activity and service delivery, e) Organizational leadership and strengthening, and f) Planning, monitoring and evaluation.

In line with the Partnership Framework, USG's capacity building efforts are increasingly geared toward using existing country systems to implement prevention programs. This includes strengthening Ghana's AIDS Commission to coordinate human rights, stigma and discrimination activities for MARPs, as well as using a system of assessments and action plans to provide technical and organizational capacity to local NGOs and CBOs in order to position them as umbrella organizations to better program for MARPs in Ghana.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	0	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	16,000	
P8.1.D	P8.1.D Number of the targeted population reached with	n/a	Redacted

	individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	750	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV	0	

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	66,903	
	By MARP Type: CSW	29,807	
	By MARP Type: IDU	500	
	By MARP Type: MSM	13,800	
	Other Vulnerable Populations	22,796	
	Sum of MARP types	66,903	
P11.1.D	Number of individuals who received T&C	30,000	Redacted



	services for HIV and received their test results during the past 12 months		
	By Age/Sex: <15 Male	363	
	By Age/Sex: 15+ Male	7,053	
	By Age/Sex: <15 Female	440	
	By Age/Sex: 15+ Female	22,144	
	By Sex: Female	22,584	
	By Sex: Male	7,416	
	By Age: <15	803	
	By Age: 15+	29,197	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	30,000	
	Sum of sex disaggregates	30,000	
	Sum of age disaggregates	30,000	
	Sum of test result disaggregates		
P12.2.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based	15,000	Redacted

	violence and coercion related to HIV/AIDS		
	By Age: <15	300	
	By Age: 15-24	4,200	
	By Age: 25+	10,500	
	By Sex: Female	6,000	
	By Sex: Male	9,000	
C1.1.D	Number of adults and children provided with a minimum of one care service	10,000	Redacted
	By Age/Sex: <18 Male	389	
	By Age/Sex: 18+ Male	2,662	
	By Age/Sex: <18 Female	369	
	By Age/Sex: 18+ Female	6,580	
	By Sex: Female	6,949	
	By Sex: Male	3,051	
	By Age: <18	789	
	By Age: 18+	9,242	
	Sum of age/sex disaggregates	10,000	
	Sum of sex disaggregates	10,000	
Sum of age disaggregates	10,031		
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	2,000	Redacted
	By Age/Sex: <15 Male	47	
	By Age/Sex: 15+ Male	522	

	By Age/Sex: <15 Female	60	
	By Age/Sex: 15+ Female	1,371	
	By Sex: Female	1,431	
	By Sex: Male	569	
	By Age: <15	107	
	By Age: 15+	1,898	
	Sum of age/sex disaggregates	2,000	
	Sum of sex disaggregates	2,000	
	Sum of age disaggregates	2,005	
C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	1,000	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	0	
	By Age: <18	0	
	By Age: 18+	0	



	Sum by age disaggregates	0	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	1 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	20	
	Number of HIV-positive individuals receiving a minimum of one clinical service	2,000	
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	0	Redacted
	By Age: <18	0	
	By Age: 18+	0	
	By: Pregnant Women or Lactating Women	0	
	Sum of age disaggregates	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	100	Redacted
H2.1.D	Number of new health	3,300	Redacted

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	care workers who graduated from a pre-service training institution or program		
	By Cadre: Doctors	0	
	By Cadre: Midwives	1,000	
	By Cadre: Nurses	2,300	
H2.3.D	The number of health care workers who successfully completed an in-service training program	1,000	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7522	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-USAID	500,000
10577	FHI 360	NGO	U.S. Agency for International Development	GHP-USAID, GHP-State	2,750,000
11046	FHI 360	NGO	U.S. Agency for International Development	GHP-USAID	0
11047	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	179,075
11048	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	150,000
11049	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	0
11943	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-USAID, GHP-State	0
11946	TBD	TBD	Redacted	Redacted	Redacted
11947	JHPIEGO	University	U.S. Agency for International Development	GHP-State	800,000
11951	Ghana Health Service	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	400,000

			Control and Prevention		
12939	Morehouse School of Medicine, MPH Program	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12945	ESM	NGO	U.S. Agency for International Development	GHP-USAID	0
13059	Ghana AIDS Commission	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13270	Global Health Systems Solutions, Ghana	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
13280	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13344	Ghana Health Service	Host Country Government Agency	U.S. Department of Health and Human	GHP-State	100,000

			Services/Centers for Disease Control and Prevention		
13372	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13374	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13438	KNCV Tuberculosis Foundation	NGO	U.S. Agency for International Development	GHP-State	300,000
13475	Ghana AIDS Commission	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
14376	TBD	TBD	Redacted	Redacted	Redacted
14656	TBD	TBD	Redacted	Redacted	Redacted
16613	TBD	TBD	Redacted	Redacted	Redacted
16618	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-USAID	500,000
16619	Ghana AIDS Commission	Host Country Government	U.S. Agency for International	GHP-State	300,000

		Agency	Development		
16627	JHPIEGO	University	U.S. Department of Defense	GHP-State	0
16636	Ghana Health Service	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
16637	TBD	TBD	Redacted	Redacted	Redacted
16638	Ghana AIDS Commission	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
16639	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
16640	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
16641	Global Health Systems Solutions, Ghana	NGO	U.S. Department of Health and Human Services/Centers	GHP-State	200,000

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			for Disease Control and Prevention		
16642	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
17049	TBD	TBD	Redacted	Redacted	Redacted
17101	Ghana Health Service	Host Country Government Agency	U.S. Agency for International Development	GHP-USAID	600,000
17120	TBD	TBD	Redacted	Redacted	Redacted



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7522	Mechanism Name: DELIVER
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 500,000	
Funding Source	Funding Amount
GHP-USAID	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USG is a major advocate for procurement and supply chain streamlining. The GOG and other development partners recognize and appreciate the USG role in this effort. There is new interest of the GOG in making major changes in its system to improve performance, so the USG will continue to engage strongly in this effort, including using lessons from the private sector to encourage the implementation of a national plan to reform the structures and modalities of the procurement and supply system.

Through DELIVER, the USG provides long term, in-country technical assistance to the different agencies in supply chain management, with specific components funded by PEPFAR leveraging other investments from population, malaria and nutrition funding streams. The TA is designed to strengthen national capacity in forecasting, managing, monitoring and reporting on use of program commodities. Beyond these key functions, the USG-provided TA also is a trusted GOG partner in advocacy, strategic planning and coordination efforts across the different agencies involved in the system

Approved



Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000
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TBD Details

(No data provided.)

Key Issues

Family Planning

Budget Code Information

Mechanism ID: 7522 Mechanism Name: DELIVER Prime Partner Name: John Snow, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	500,000	0
Narrative: <i>Strengthen the MOH/GHS central level capacity in forecasting and procurement planning for HIV and TB commodities. This includes training for relevant HIV and TB program staff in quantification and supply chain management as part of a broader health commodity quantification team. Expected outputs include a supply plan available to guide procurement of HIV and TB commodities and regular quantification review reports.</i> <i>Build regional level capacity in distribution and warehouse management, including testing a vendor-managed inventory distribution system for food (including food-by-prescription) commodities.</i> <i>Improve availability and use of logistics information at all levels for decision making. This includes use of an SMS-based early warning system to eliminate stock-outs of ARV commodities at PMTCT sites in seven regions of Ghana.</i>			

Approved



Implementing Mechanism Details

Mechanism ID: 10577	Mechanism Name: Family Health International - Strengthening the HIV/AIDS Response with Evidence-based Results (SHAPER)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 2,750,000	
Funding Source	Funding Amount
GHP-State	1,000,000
GHP-USAID	1,750,000

Sub Partner Name(s)

4H Ghana	Centre For Popular Education and Human Rights, Ghana	Conservation Foundation
Future Generation International	Ghana HIV Network Ghana HIV/AIDS Network (GHANET)	Ghana Network Of Persons Living With HIV/AIDS
Ghana Red Cross Society	Hope For All Foundation	Hope For Future Generation
Interfaith Family Network	International Federation of Women Lawyers (FIDA) Ghana*	Life Relief Foundation
Maritime Life Precious Foundation	MIKDAK Charity Foundation	Mission of Hope for Society Foundation (MIHOSO)
Pathfinder Outreach Ministry	Philip Foundation Programme	Programme For Rural Integrated Development
Prolink	Redemption Care International	Rural Aid Alliance Foundation
Rural Watch Ghana	Social Impact	Support for Community Mobilization Project Programme



The Salvation Army Ghana	TRAX Program Support	West Africa PROGRAM to Combat AIDS and STIs
Worldwide International Youth Organization	Youngsters Peer Education Project	Youth Action on Reproductive Order (YARO)

Overview Narrative

SHARPER focuses on MARP and PLHIV populations in Ghana, appropriate given Ghana's relatively concentrated epidemic. The objectives of SHARPER are to increase knowledge, attitudes and practices of key health behaviors as well as increase utilization of quality HIV/AIDS related health services. Further, SHARPER strives to strengthen human and institutional capacity of MARP and PLHIV program implementers and coordination bodies. SHARPER is implemented in approximately 30 districts, which have been identified as areas with a concentration of MARP populations. The interventions are implemented through some 35 sub-grantees throughout the 30 districts mentioned above.

The HIV/AIDS prevention interventions for MARP and PLHIV focus primarily on the following key health behaviors: use condoms consistently and correctly; use non-oil based lubricants properly; get tested and know your result; disclose your HIV status to regular partners; promptly seek appropriate and effective treatment (including for STI); adhere to treatment (including ART, OIs and STIs); reduce your number of multiple and concurrent sexual partners; actively participate in program design and implementation; eat healthfully; protect yourself against infectious diseases such as TB, malaria and diarrhea. SHARPER, and her partners, focus their efforts on peer and small group education through which they reach community members with condom promotions, bar activations and cell-phone-based interventions.

Government partners and coordination bodies will be supported to strengthen their role in the national MARP program

Cross-Cutting Budget Attribution(s)

Gender: GBV	200,000
Key Populations: FSW	500,000
Key Populations: MSM and TG	500,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	10577		
Mechanism Name:	Family Health International - Strengthening the HIV/AIDS Response with Evidence-based Results (SHARPER)		
Prime Partner Name:	FHI 360		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	500,000	0

Narrative:

PLHIV wellness centers and satellite clinics will be expanded in a systematic fashion, involving national and local coordinating authorities to cater for PLHIV. Wellness centers are similar to drop-in centers for key populations, which function as a first point of access to care. These centers form linkages through referrals with TC/STI services and other relevant health services such as PMTCT, OI and ART treatment and FP. Quality assurance of clinical and prevention activities are a continuous process, just as strengthening the linkages in a constant concern for improvement. In addition to strengthening this continuum of care, access to services will be improved through PLHIV groups or networks that will be trained and supported to institutionalize systematic AIDS case finding and subsequent enrollment into care services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

The project is increasing its effort to strengthen its sub-grantees to provide high-quality services to MARP and PLHIV and be reliable, transparent and efficient-partners. Through a time-series of assessments, NGO improvements in performance and the capability of their internal systems are measured. The result of this effort will be that Ghana has a critical mass of NGOs that can handle the scaling up of the national MARP response to a coverage that will be sufficient to reduce the number of new infections significantly, up to 50% in 2015 according to



the National Strategic Plan. Given that the Global Fund is increasing its funding for MARP prevention interventions over 2013 and 2014, it is important that these efforts benefit also those NGO that are not USAID supported but are Global Fund recipients. This is done by developing a series of standard operating procedures that will be approved by the MARP TWG. The ongoing national MARP evaluation will measure performance will eventually measure performance of the MARP prevention response. The capacity building effort is also crucial for the USG to enter a new phase in the prevention program, where NGOs will either directly financed or through the GoG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Through peer education, outreach, “Helpline” programs and provision of TC services, MSM, FSW, MSW, NPPs and PLHIV will be encouraged to disclose their HIV status to their regular partners. Close linkages have been between NGOs and clinical services through district based referral systems, with drop-in centers as a point of access to TC. A key activity is focusing on health care providers through stigma-reduction programs to ensure “MARP-friendly” programming. Provider-initiated TC was introduced and will increasingly be provided for STI clients. Partner notification and couple TC is promoted in the Positive Health, Dignity and Prevention programs for people living with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,200,000	0

Narrative:

Funding will be used to promote HIV/AIDS prevention and healthier behavior among MARP and PLHIV, through peer education programs, community events and telecommunication programs. Appropriate and consistent condom and lubricant use of will be promoted among male and female sex workers (MSW and FSW), their clients, their NPPs, MSM and their female partners and PLHIV, including distribution of condoms and lubricant, through peer educators. Dedicated “Help Lines” with specially trained telephone counselors for MSM and for FSWs that were started in 2008 will be scaled up, and a helpline for PLHIV will be piloted. An experiment with condom vending machines will be expended if the recently started pilot proves to be successful. Now that brothel-type sex work is becoming increasingly available, more emphasis will be put on introducing and institutionalizing 100% condom policies in those establishments.

Funding will be used for partner reduction activities among NPPs of CSWs and among the MSM population, using peer education and DJs at MSM “trust” parties. Substance abuse and most particular liquor use among MSM will become an additional focus of the program to reduce risky behaviors. There are no abstinence-only activities planned.

Approved



Implementing Mechanism Details

Mechanism ID: 11046	Mechanism Name: FANTA 2
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 0	
Funding Source	Funding Amount
GHP-USAID	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FANTA-2 is a five-year project that provides technical assistance to improve nutrition, food security policy, strategy and programming. This activity aims at improving nutrition services to PLHIV, and developing a system that provides food for prescription to clinically malnourished people starting ART, including HIV positive mothers and children. Eligibility is based on a BMI of less than 18.5 kg/m² (the WHO cutoff point).

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11046		
Mechanism Name:	FANTA 2		
Prime Partner Name:	FHI 360		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0
Narrative:			
<p><i>Nutrition has not been fully integrated in HIV treatment, care and support services. This mechanism will support trainings in nutrition assessment, counseling and support (NACS) related to provision of therapeutic nutritional supplementation through a food-by-prescription program targeting those newly initiating ART and HIV-positive young mothers below a certain body-mass index. Opportunities for linkage have been identified with the Focus Region Health Project to assist in NACS quality assurance by adding NACS to the implementation of COPE exercises to address gaps in HIV service provision at facilities. There is leveraging of funds to support this activity through the use of Government of Ghana staff providing support for the implementation of this activity by providing leadership in training and monitoring of NACS at the selected sites.</i></p>			

Implementing Mechanism Details

Mechanism ID: 11047	Mechanism Name: Peace Corps
Funding Agency: U.S. Peace Corps	Procurement Type: Grant
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 179,075	
Funding Source	Funding Amount
GHP-State	179,075

Approved



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps will support activities that integrate HIV and AIDS interventions into its program sectors (that is, Education, Health, Water and Sanitation and Natural Resource Management). All Peace Corps Trainees and their Counterparts will receive HIV/AIDS technical training during Pre-Service Training. The training will deepen participants understanding of the epidemiology and drivers of the Ghana HIV/AIDS epidemic and build their capacity to design and implement results-oriented, community-initiated HIV/AIDS projects. Such interventions will support improved access to HIV-related health services, including Counseling and Testing, STI management; other areas of focus will be abstinence, increased condom use, partner reduction and improved acceptance of PLHIV. Most- At-Risk-Populations will also be targeted as part of the general population programs.

Peace Corps supports its volunteers and their counterparts' implementation of HIV/AIDS activities through the administration of Project Assistance Grants. To promote local ownership and sustainability, a community contribution of at least 25% of the total project cost is required.

Peace Corps' Volunteer-run HIV committee will play a critical role in providing ideas, enthusiasm, and technical support for PCVs, empowering them to engage their communities in HIV activities.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	44,769
Education	35,815
Gender: Gender Equality	17,906
Human Resources for Health	53,723
Key Populations: MSM and TG	26,861

TBD Details

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 11047			
Mechanism Name: Peace Corps			
Prime Partner Name: U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	82,075	0

Narrative:

Peace Corps will build the capacity of its 186 volunteers and their community counterparts to promote and implement prevention OP activities, including life skills and leadership training through community-initiated outreach activities. They will work to design and implement context-appropriate prevention interventions addressing the key drivers of the epidemic, including sexual and behavioral risk, vertical transmission from mother to child and harmful gender/cultural norms. Peace Corps will promote behavior change through the use of evidence-based programs and integration of efforts of other USG agencies and implementing partners. Programs typically include a cross-cutting focus on reduction of stigma and discrimination. Peace Corps will administer a Project Assistance Grants to support PCVs and their counterparts' implementation of these prevention OP interventions. To leverage USG investments, Peace Corps will incorporate some of the training resources (developed by USAID implementing partners) into its training and project activities. Peace Corps will also partner with local civil society and/or USAID implementing partners working in some of the high prevalence sites in Ghana. Peace Corps will actively involve PLHIV in its community interventions, promoting their accepting attitudes towards them and their households. Their capacity will also be built to be able to meet their basic needs through economic empowerment opportunities tailored to their needs.

Peace Corps will engage community members (residing at PCVs sites) to participate in a national-level HIV artwork contest that will be used to produce the 2014 PEPFAR Calendar for Ghana. The specific theme for the contest is yet to be determined, but will be centered around HIV stigma reduction.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	97,000	0

Narrative:

Peace Corps will build the capacity of its 186 volunteers and their community counterparts to promote



community-based health care and support activities for persons living with HIV. They will design and implement care programs for HIV infected persons and their caretakers. Peace Corps will promote the use of evidence-based programs to respond to community needs for a variety of services to mitigate the effects of HIV, improve health outcomes for HIV positives, improve household nutritional status and optimize the quality of life of adults and children living with and affected by HIV. With FY12 funds, selected support groups will be provided with psychological and social support, including individual and group counseling, peer support, income-generating activities and positive living training. Peace Corps will administer a Project Assistance Grants to support PCVs and their counterparts' implementation of these care and support interventions. To leverage USG investments, Peace Corps will incorporate some of the training resources (developed by USAID implementing partners) into its training and project activities.

Implementing Mechanism Details

Mechanism ID: 11048	Mechanism Name: AMB Fund
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 150,000	
Funding Source	Funding Amount
GHP-State	150,000

Sub Partner Name(s)

TBD		
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Overview Narrative

The Ambassador's Self Help fund anticipates awarding five to six grants to support activities that reinforce the USG Ghana prevention portfolio. While the exact details of the activities will depend on proposals received, the Ambassador's fund will target its solicitation to emphasize support for vulnerable populations. For HVOP-supported awards, for example activities could include support for PLHIV support groups and IGA. Public Diplomacy and outreach will focus on Peer education training for selected Peer educators, deaf and other disabled

Approved



groups while supporting outreach for all Agencies towards USG goals.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
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TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Mobile Population

Budget Code Information

Mechanism ID: 11048			
Mechanism Name: AMB Fund			
Prime Partner Name: U.S. Department of State			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

The Ambassador's Self-Help Fund Program is designed to assist Ghanaian communities with projects that they initiate and plan themselves. These are projects in which the community itself makes substantial contributions, as the program requires communities to maintain their projects after the one-time donation of funds. PEPFAR funding enables the Ambassador's Self-Help Fund Program to award grants specifically targeted to HIV/AIDS homebased care activities such as PLHIV support groups and nutritional support efforts that reinforce the USG Ghana PEPFAR portfolio.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	0

Narrative:

The Ambassador's Self-Help Fund Program is designed to assist Ghanaian communities with projects that they initiate and plan themselves. These are projects in which the community itself makes substantial contributions, as the program requires communities to maintain their projects after the one-time donation of funds. PEPFAR funding enables the Ambassador's Self-Help Fund Program to award grants specifically targeted to HIV/AIDS prevention with positives and IGA efforts that reinforce the USG Ghana PEPFAR portfolio.

The Ambassador's Self-Help Fund Program is designed to assist Ghanaian communities with projects that they initiate and plan themselves. These are projects in which the community itself makes substantial contributions, as the program requires communities to maintain their projects after the one-time donation of funds. PEPFAR funding enables the Ambassador's Self-Help Fund Program to award grants specifically targeted to HIV/AIDS prevention activities efforts that reinforce the USG Ghana PEPFAR portfolio. As part of post's Public Diplomacy and Outreach programming. This engagement will ensure HIV prevention messages reach underserved communities and persons.

Implementing Mechanism Details

Mechanism ID: 11049	Mechanism Name: DoD Ghana
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

JHPIEGO		
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Overview Narrative

The Ghana Armed Forces (GAF) play a vital role in national security, peacekeeping operations throughout the continent, and humanitarian assistance/disaster management. The GAF comprises 12,000 troops, most of whom are in the sexually active age range of 19-49 years old. The GAF is a key segment of Ghanaian society at increased risk of HIV, due to their relatively young age, dependable salary and mobility. Department of Defense's (DoD) partnership with the GAF will support the Partnership Framework goals of preventing new infections for the GAF personnel and their families, supporting testing and counseling services, creating linkages between care and treatment services, improving laboratory capabilities, strengthening TB surveillance and strengthening health management systems.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

- Increasing women's access to income and productive resources
- Military Population
- TB

Budget Code Information

Mechanism ID: 11049			
Mechanism Name: DoD Ghana			
Prime Partner Name: U.S. Department of Defense (Defense)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			



DoD will support care activities that include a support group for HIV positives (PLHIV) and will provide referrals for care and treatment services for the GAF personnel and their families. The support group was formed in 2010 with monthly meetings at an offbase venue where military and military family members living with HIV/AIDS can meet in a relaxed atmosphere and where civil society/NGO support groups make presentations about available services. DoD will also support training of the GAF staff (nurses) on care and support for people living with HIV/AIDS. Proposed activities include: 1) Resume Quarterly/monthly support group meetings at off base location (to reduce stigma). 2) Train all staff on the new PMTCT and HIV treatment guidelines in Ghana. 3) Train midwives on HIV screening. 4) Support for income generating activities for PLHIV. 5) Prevention with positives (PwP): educating PLHIV to reduce risk of transmitting HIV to others.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

DoD will support the GAF's military wives' clubs identification of military widows and orphans/vulnerable children and the promotion of referrals to civilian OVC services and support. School fees, uniforms and supplies will be funded for a small group of OVCs. This will be a continuation of a program initiated in 2010. Proposed activities include: 1) Continue and expand the existing program mentioned above; Previous eligibility criteria included only orphans and children with one parent remaining; would like to include some children with two parents (at least one of whom is HIV positive) due to the financial hardship of these families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

DoD will work with the GAF to improve surveillance and diagnostic capabilities for TB. In order to improve TB diagnostic capabilities at the 37th Military Hospital, DoD will support the procurement of equipment such as Cyscope, TB microscope with cameras, computer equipments, personal protective equipment for health care providers, and TB test kits. In addition, DoD will assist in developing, printing and disseminating a screening tool to improve TB case findings as well as training health care providers. Currently, patients are required to pay for some TB diagnostic testing so DoD will procure x-ray equipment so that patient will not have to pay and will be more likely to get tested. Proposed activities include: 1) Purchase of PPE, small lab supplies (Mantoux test, frosted slides), fluorescent microscopes and nebulizer. 2) Training of staff on infection control. 3) Purchase of a computer for data management and case tracking. 4) Purchase of GeneXpert system. 5) Support for screening tool for case finding, increased support for DOT, funds to pay for screening x-rays for HIV+ patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HLAB	0	0



Systems			
Narrative:			
<p><i>DoD will support the continued improvement of laboratory infrastructure for the GAF. Funds will be used to procure reagents, consumables and equipments for the 37th Military hospital in Accra and a renovated lab in Takoradi. Proposed activities include: 1) Reagents, consumables and maintenance contracts for lab equipments. 2) Start accreditation process for the 37th Military hospital lab in Accra.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			
<p><i>DoD is working with the GAF to provide for epidemiology and data analysis training as well as supporting integration of the GAF into the national M&E system. Support to the GAF will include procurement of computers for better tracking of program data, training of GAF personnel on the national M&E system and epidemiological training that will allow the GAF to begin planning surveillance activities. Computers were purchased previously to strengthen the system. Proposed activities include: 1) Provision of computers will be provided in military facilities outside Accra. 2) Support meeting of garrison focal points to train on the M&E system.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
<p><i>The DoD program will support the testing of approximately 7,000 individuals for HIV including 4,5000 troops preparing for peace keeping operations. The GAF's campaign is entitled "Know Your Status" and encourages HIV testing as well as teaching prevention methods. The campaign is supported in seven areas throughout Ghana. Funds will be used to support testing and education capabilities. Proposed activities: 1) Provide rapid diagnostic test kits with supplemental equipment (lancets, alcohol pads) for the "Know Your Status" campaign. 2) Provide "Know Your Status" lapel pins. 3) Reproduce booklets for distribution during counseling sessions. 4) Extend "Know your Status" campaign to conflict regions in the north.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0
Narrative:			
<p><i>Prevention efforts for the GAF are closely tied to UN peacekeeping activities and the GAF has assumed financial responsibility for the peer educator program and predeployment HIV related peacekeeper training, and has expanded it to include presentations at base wife's clubs. The GAF includes education on correct condom use as</i></p>			



part of the peer educator program and issues condoms to all active duty forces and they do not request additional funds to support this effort. The campaign that the GAF supports is entitled "Know Your Status". Funds requested by DoD will support the production costs for new posters, video production, and other prevention training materials as well as technical assistance needed to improve prevention messaging and this would include monitoring and evaluating of their prevention programs. Proposed activities include: 1) Support "know your status" campaign activities during World AIDS Day/Month, including training and quiz activities. 2) Provide billboards with HIV/AIDS awareness message for all garrisons. 3) Peer education training (PEPLA): In partnership with Public Affairs to support Wendy Arnold to come and do peer educator training for the teachers at the garrison schools in Accra, Takoradi and other military facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

DoD will support GAF to increase access to prevention of mother to child transmission (PMTCT) services in military settings. PMTCT services will be integrated into existing infrastructure in military HIV/AIDS service delivery sites. The military will offer a standard package of PMTCT services to pregnant women including counseling and testing with informed consent, male partner and family centered testing. Proposed activities include: 1) Train all staffs on the new PMTCT and HIV treatment guidelines in Ghana. 2) Train midwives on HIV screening. 3) Follow up on all exposed HIV babies born with mothers living with HIV to determine their HIV status at 18 months. 4) All pregnant women attending antenatal clinics will receive basic education on AIDS as well as the importance of preventing mother to child transmission (PMTCT) of HIV.

Implementing Mechanism Details

Mechanism ID: 11943	Mechanism Name: Focus Region Health Project
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Approved



GHP-USAID	0
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

The JSI/Focus Regions Health Project will expand the quality of health services for the overall USAID/Ghana Health, Population and Nutrition Office portfolio. It will support improving clinical HIV-related services and linkages with the MARP and PLHIV communities in five regions: Greater Accra, Easter, Central, Western and Ashanti. The project will cover 100 clinical sites.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

TB

Family Planning

Budget Code Information

Mechanism ID: 11943			
Mechanism Name: Focus Region Health Project			
Prime Partner Name: John Snow, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	PDCS	0	0
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Narrative:
Funding will be used to enhance quality assurance to support hospitals in developing care centers that can facilitate case identification through training on the special needs of pediatric patients. In select hospitals, support groups will be established for parents with HIV positive children to promote case seeking and treatment adherence. Activities will also include supervision, improved quality of care and strengthening of health services .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:
There are systemic deficiencies in the quality of care at health care facilities offering HIV related care, treatment and support services. The FRHP addresses this systems barrier by building quality improvement approaches through implementation of COPE exercises to address gaps in HIV service provision at facilities. JHI/Focus Regions Health Project will support the National and Regional Health Authorities to handle critical health systems strengthening issues such as task shifting and linkages of services. They will carry out an assessment and develop guidelines for HIV-related task shifting among health staff. In addition, they will develop trainings and approaches for performance-based grants for health service delivery, and promote further integration and strengthening of HIV/RH/FP activities. To ensure linkages across functional areas, facility-community dialogues to foster linkages and mutual support systems are also being implemented.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:
The mechanism target general population with special emphasis on pregnant women, the prevalence of HIV in Pregnant women is 1.9% Focus Region Health Project contributed to HIV testing of 10 % of pregnant women in the five focus region which has about 50% of HIV prevalence in Ghana. FRHP approach is provider-initiated HIV testing and counseling undertaken at ANC settings In the past year this approach had a target of 40,000 and results achieved (as per PEPFAR indicators) in the past year was 30,000. About 75 health care workers in FRHP sites will be trained in provider initiated counselling, 20 will be trained in couples HTC and 100 will receive refresher training this year on including the areas in which they were trained .To ensure successful referrals and linkages, including tracking or follow-up of HIV-positive individuals not enrolling in care or treatment services there will be Facility-Community linkages and collaboration in HIV prevention, treatment, care and support established at 40 ART sites. For quality assurance of both testing and counselling FRHP will building quality improvement approaches through implementation of COPE exercises to address gaps in HIV service provision at facilities, training and deploying PLHIV volunteer 'Models of Hope' to offer counseling, care and support for their



<i>peers attending ART sites.</i>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0
Narrative:			
<p><i>The central approach is supporting Regional PMTCT Teams' expansion of PMTCT services to the community level to improve the quality of and linkages between PMTCT services and other services. The program will support the provision of food for prescription to HIV positive pregnant women who qualify based on their BMI.</i></p> <p><i>PMTCT support activities will result in a rapid expansion of sites, ensuring quality of and linkages between PMTCT and additional, especially RH, services. Key to this expansion will be working with the Regional PMTCT Teams comprised of trainers and master-trainers, as well as site supervisors. In close cooperation with the NACP, supervision protocols and practices will be reviewed and adapted to cater for the larger number of facilities and to ensure high quality standards. Master training curricula may be updated and supporting supervisory visits conducted as needed. Clinic-community meetings will be held to improve communication; these meetings will also be held with MARP. Clinics will be supported in ensuring that drugs, test kits and communication materials are available, and post-delivery service delivery (e.g., TC and breastfeeding) will be strengthened.</i></p>			

Implementing Mechanism Details

Mechanism ID: 11946	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 11947	Mechanism Name: MCHIP
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 800,000	

Approved



Funding Source	Funding Amount
GHP-State	800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JHPIEGO is the prime partner for the Maternal and Child Health Integrated Program (MCHIP), USAID's flagship maternal, neonatal and child health (MNCH) program. MCHIP seeks to address pre-service needs for HIV prevention, treatment, care and support among midwifery, community health and public health nurse training institutions. These include HIV technical updates for tutors, training of preceptors, development and/or review of training curricula. JHPIEGO/MCHIP works to expand key MNCH services, including the integration of the prevention of HIV and treatment of HIV/AIDS, into appropriate health care services. Much of this work has been primarily through training and supportive supervision of providers. JHPIEGO/MCHIP uses a competency-based approach to improve the skills and knowledge of providers in evidence-based practices. Improve the quality of PMTCT education and HIV, STI and AIDS care, and to develop and strengthen practicum sites. Emphasis will be on a competency-based approach supported by learning guides, job aids and learning models materials. All programs will include basic knowledge and skills to work with MARP.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	600,000
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TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

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Mechanism ID:	11947		
Mechanism Name:	MCHIP		
Prime Partner Name:	JHPIEGO		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	800,000	0

Narrative:

There is inadequate number of trained personnel at all levels of the health care delivery system to support implementation of HIV related activities are great challenges to the health sector as a whole and thus affects the health sector response to HIV.MCHIP will address this barrier by in order to meet the needs for HIV prevention, treatment, care and support envisaged HIV will have been included in the pre-service training of all health workers, training of preceptors, development and/or review of training curricula and admission and training of participants to ensure adequate numbers of trained staff are available in the long term. For preceptor training, MCHIP will leverage Government budget provision to undertake this activity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

This fund will strengthen MCHIP pre-service education of midwives and community health nurses, this will be achieved by reducing stigma that midwives, preceptors and staff have towards PLHIV as well as MARPS.The Ghana constitution criminalises the activities of MARPs and they suffer stigma and discrimination from the general public and harassment from the Police as well as health care workers. There are laws, regulations, or policies that present obstacles to access to prevention, treatment, care and support for these vulnerable sub-populations. There are laws that criminalise same sex sexual activities between consenting adults and laws deeming sex work to be illegal. Public health services do not officially target them as specific groups with specific needs for HIV services. However, a number of NGOs with support from some development partners are providing HIV prevention information and services for MARPs. MCHIP will address issues of discrimination among MARPS by providing the platform for linkages between MARP NGOs and pre-service institutions to provide an opportunity for students and tutors to interact with MARPS to better understand the health needs of this vulnerable sub population.

Implementing Mechanism Details

Mechanism ID: 11951	Mechanism Name: Lab Strengthening
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Approved



Prevention	
Prime Partner Name: Ghana Health Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 400,000	
Funding Source	Funding Amount
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ghana Health Service (GHS), is responsible for hospital laboratories in ten regional and 170 district hospitals. It also includes the public health laboratory system, comprised of one National Public Health Reference Laboratory (NPHRL) and three zonal public health laboratories.

A national health insurance bill was passed into law by the parliament of Ghana which set up a National Health Insurance Scheme (NHIS), that would enable residents in Ghana to obtain basic healthcare services. NHIS has made it mandatory for laboratories to obtain accreditation/certification or risk losing the privileges provided by NHIS. Thus, MOH has shown strong commitment towards laboratory accreditation.

The Global Fund is a key donor in the area of laboratory services for screening, treatment, and monitoring of HIV/AIDS patients. Though these services exist, the provision of quality laboratory services and the conduct of reliable diagnostic testing are still challenges in Ghana. The quality management systems (QMS) in the pre-analytical, analytical and post analytical process for laboratories has not been addressed as a whole. In order to leverage and coordinate donor laboratory efforts, USG support will be targeted to reinforce the basic scale-up assistance coming from the Global Fund and from PMI. USG support will build national capacity for QMS, trainings and the monitoring of laboratory quality using the tools of external quality assessment (EQA), including Proficiency Testing (PT) programs.

CDC Ghana through its implementing partners will support cost-effective, quality laboratory practices to promote reliable and accurate results, thus contributing to effective patient care. This will in turn build a positive attitude by patients towards testing. It will work closely

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Cross-Cutting Budget Attribution(s)

Human Resources for Health	138,000
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TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11951		
Mechanism Name:	Lab Strengthening		
Prime Partner Name:	Ghana Health Service		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	350,000	0

Narrative:

The Ghana Health Service will continue to support the development and dissemination of the National Laboratory Strategic Plan and policy documents. GHS will also continue to support the cost of training of laboratory professionals on quality management systems (QMS). These trained laboratory professionals will continue to transfer skills, knowledge and capacity, ensuring a sustained impact.

The GHS will continue to work towards strengthening laboratory capacity for monitoring trends in HIV and Tuberculosis (TB) resistance. Funds will support the salaries of a Quality Manager for TB and ten Regional Supervisors responsible for EQA for TB AFB smear microscopy.

The GHS will ensure that new algorithms for HIV diagnostics are validated and properly used. GHS will purchase HIV rapid test kits and required consumables to conduct national HIV testing algorithm validations. Funds will be used to provide technical support to HIV surveillance activities (including incidence studies).



GHS will continue to develop and strengthen the national sample referral system and results reporting. Resources will go to ensure specimens are appropriately transported to maintain their integrity, ensuring testing and return within specified turnaround times for appropriate interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	50,000	0

Narrative:

CDC provided technical assistance to the Ghana Health Services (GHS) in implementing a new aggregate data capture system. CDC will continue to work on this system to incorporate additional aggregates currently being captured by parallel systems, with a special emphasis on laboratory and HIV aggregates; to create additional reports; to improve data use and data quality; and to provide supportive supervision to sites which experience implementation difficulties. In addition, work will continue on other partnership framework tasks, such as creating a help desk and improving the ART monitoring software so as to work with the new aggregate system. During the year, the target is to train 200 people to use the new system; much of this training comes from USG budgets other than PEPFAR. If work with the aggregate system progresses sufficiently, redesign efforts on the NACP HIV tracking system will be undertaken.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	0	0

Narrative:

CDC will work with the GHS to implement a multi-focal plan to strengthen blood services in Ghana. Current efforts to increase donor mobilization and retention, particularly of volunteer, non-remunerated donors from low risk populations, are constrained by lack of reliable, adequate and appropriate transport for donor education, mobilization and outreach services. The primary strategy will be to determine the most cost-effective, reliable, safe and durable methods of improving transport to increase the reliability and accessibility of blood services. Volunteer donors only account for 28% of the approximately 140,000 units of blood collected in Ghana in 2008. PEPFAR support will be used to develop a comprehensive, direct public social marketing campaign to increase the number of volunteer, uncompensated blood donors. This cost-effective proposal would utilize posters, flyers, billboards and public service messages to reach potential volunteer donors. Most of the blood services staff have not had any recent or ongoing in-service training. Newly hired staff are not presently given an orientation and do not receive adequate pre-service training to perform their jobs. The goal for PEPFAR funding is to increase the quality, frequency, sustainability and capacity to conduct targeted training for blood procurement, laboratory technicians and clinicians involved in blood services. Training will include topics on quality, safety, appropriate clinical use of blood and blood products, laboratory testing, component processing,



storage, distribution and supply, and waste disposal.

Currently there is inadequate cold storage capacity to ensure the safety, reliability and accessibility of blood products at the ten regional and 170 district hospitals. PEPFAR will support the purchase of blood storage refrigerators to improve storage capacity at a network of geographically dispersed priority hospitals. The appropriate type, size, and specifications of the units will be determined by GHS to ensure cost-efficiency, durability and reliability for optimum performance.

Implementing Mechanism Details

Mechanism ID: 12939	Mechanism Name: Morehouse/M&E
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Morehouse School of Medicine, MPH Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Ghana AIDS Commission	School of Public Health	
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Overview Narrative

The goal of CDC SI support will be to continue to provide technical assistance and support for the development of HIV program management and monitoring and evaluation (M&E) capacity in Ghana. This will be supported through implementation of M&E training curriculum for delivery through short courses and a semester-long course for academic credit in collaboration with appropriate institutions in Ghana.

Cross-Cutting Budget Attribution(s)

Approved



(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12939		
Mechanism Name:	Morehouse/M&E		
Prime Partner Name:	Morehouse School of Medicine, MPH Program		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Working with its implementing partner Morehouse School of Medicine (MSM), CDC will continue to provide support to the Government of Ghana (GoG) in the areas of HIV program management, M&E curriculum development and training and technical assistance through the following activities: work with Ghana AIDS Commission (GAC), the M&E coordinating body in Ghana, in planning to assure M&E curriculum and approaches meet the needs of the country; work from training materials that are available (developed in Ghana and internationally); develop and adapt relevant curriculum and training guides for HIV program and M&E training in Ghana. These training materials have been adapted for implementation by district and regional level M&E focal persons and program managers within the context of the national M&E structure, as well as for a short course M&E program delivered by the University of Ghana, School of Public Health with the goal to institutionalize M&E trainings at the country level.

Initial M&E training was built upon the relationship with CDC supported FELTP epidemiologic training program at the University of Ghana, School of Public Health with technical and advisory support from MSM faculty, faculty from the School of Public Health, and the expertise from the GAC. This partnership seeks to promote capacity development and sustainability of the M&E training program. In consultation with GAC, further training will be



prioritized for higher HIV/AIDS prevalence areas and areas where there are gaps in reporting for first trainings. There is a post training mentoring-supervisory component which includes local implementation of an M&E action plan developed during training, submitting a final report and presenting results in a mini-conference before certificates of completion are awarded.

The GAC and MSM have undertaken initial steps to evaluate the use of mobile telephones to collect M&E and related service delivery data. The GAC is seeking additional resources to expand its efforts in this area. If requested, MSM will provide technical assistance to GAC in evaluating, developing specifications for, and assisting in project management for the development of mobile-based community outreach worker systems.

Implementing Mechanism Details

Mechanism ID: 12945	Mechanism Name: ESM
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: ESM	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-USAID	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ESM specializes in social marketing activities, both for MARP and to mature the Ghanaian commodity market, by providing mid-range products that can be sold at or close to cost-price. ESM is specialized in 'bar-activation', promoting condoms and lubricant at hot-spots (e.g., bars). This activity is continuing with no funding allocation in FY2012.

Cross-Cutting Budget Attribution(s)

Approved



(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID: 12945			
Mechanism Name: ESM			
Prime Partner Name: ESM			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

EXM is a Sub-grantee of FHI/SHARPER project and JHU Behavior Change Support Project (BCS) project, and specializes in social marketing activities, both for MARP and to mature the Ghanaian commodity market, by providing mid-range products that can be sold at or close to cost-prize. EXM is specialized in 'bar-activation', promoting condoms and lubricant at hot-spots (e.g., bars).

Funding will be used by EXM for the distribution of condoms and lubricants, through two pathways: The first is peer educators (from FSW, MSM and PLHIV) groups establishing outlets in their communities; A second pathway is the commercial market - Through multiple large wholesalers, USAID will focus on the mature segment of the condom market, selling commodities at a cost-recovery price.

Implementing Mechanism Details

Mechanism ID: 13059	Mechanism Name: Community-Based M & E
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Contract

Approved



Prevention	
Prime Partner Name: Ghana AIDS Commission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USG Ghana's PF in collaboration with GoG partners will provide technical assistance and work to build capacity nationally for sustainable health management and SI systems. The CDC will provide technical assistance to support GAC and their partners in ongoing efforts to strengthen the national M&E system. CDC will continue to give technical input into efforts to respond to findings regarding gaps in technical and organizational capacity and progress in implementing the national M&E road map. The mechanism for technical support is to be determined.

No FY2012 funding is being allocated

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

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(No data provided.)

Budget Code Information

Mechanism ID: 13059			
Mechanism Name: Community-Based M & E			
Prime Partner Name: Ghana AIDS Commission			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Strengthen routine (clinical and non clinical) data collection and analysis, data quality and promote data use at all levels of the M&E system. Focus for support will be on front line staff at the community level. Activities should include: stakeholder meetings with GAC, their implementing partners and other key stakeholders to discuss system performance expectations and priorities; site visits to observe data collection, assess data quality, data flow, management, reporting and data use activities; engage stakeholders in discussions regarding findings from site visits, potential solutions, priorities, and a plan of action to strengthen routine data collection; incorporate findings from stakeholder discussions to develop and/or adapt existing tools for data collection, data management and data use at all levels of M&E system as appropriate for the Ghana context; conduct trainings with front line staff to include various aspects of data collection such as understanding indicators and data elements, data management, assuring data quality and promoting data use; evaluate usefulness of training and conduct follow up site visit to monitor site and staff performance.

Support will also be provided for ongoing efforts to strengthen technical and organizational capacity as part of the overall strategy to strengthen M&E system. Specific activities include the following: analyze findings of recent capacity assessments along with other diagnostic tools to identify strengths and gaps in leadership, management and operational structures; conduct meetings with stakeholders to review findings and prioritize recommendations; in collaboration with stakeholders, identify strategies to improve the coordination and collaboration among national stakeholders regarding reporting relationships, data dissemination, data use to strengthen evidence-based decision making and policy planning efforts within the multi sectoral HIV/AIDS response; provide technical assistance to stakeholders to identify resources and implement the prioritized action plan

In coordination with NACP and GAC, CDC will also provide information systems support to the rollout of CRIS and other HIV electronic data systems throughout the country, and will work to improve data flow from the field to the center. There will also be technical support to set up a help desk system in four regions serving HIV and other

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health systems hardware and software.

Indicators-

Number of health care workers who successfully completed an in-service training program- 2010- 25, 2011- 50

Implementing Mechanism Details

Mechanism ID: 13270	Mechanism Name: AccreditationPT
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Global Health Systems Solutions, Ghana	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	Funding Amount
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ghana Health Service (GHS), is responsible for hospital laboratories in ten regional and 170 district hospitals as well as the public health laboratory system, comprised of one National Public Health Reference Laboratory (NPHRL) and three zonal public health laboratories.

The National Health Insurance Scheme (NHIS) has made it mandatory for laboratories to obtain accreditation/certification or risk losing the privileges provided by NHIS. Thus, MOH has shown strong commitment to laboratory accreditation.

Though these services exist, provision of quality laboratory services and conduct of reliable diagnostic testing are still challenges in Ghana. Quality management systems (QMS) in pre-analytical, analytical and post analytical

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process for laboratories have not been addressed as a whole. In order to leverage and coordinate donor laboratory efforts, USG support will be targeted to reinforce the basic scale-up assistance coming from the Global Fund and from PMI. USG support will build national capacity for QMS, trainings and the monitoring of laboratory quality using the tools of external quality assessment (EQA), including Proficiency Testing (PT) programs.

CDC Ghana through its implementing partners will support cost-effective, quality laboratory practices to promote reliable and accurate results, thus contributing to effective patient care. This will in turn build a positive attitude by patients towards testing. It will work closely with the GOG to support zonal and regional laboratories identified by GHS in preparation for the accreditation process. This include evaluating, developing, improving, and maintaining the laboratories QMS (managerial and technical) in compliance with WHO requirements for accreditation. This will be a two to three year process.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	60,000
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TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13270		
Mechanism Name:	AccreditationPT		
Prime Partner Name:	Global Health Systems Solutions, Ghana		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	200,000	0



Narrative:

Global Health Systems Solutions (GHSS) will continue to receive funds to support the execution of Quality Management Systems (QMS) leading to accreditation in labs identified by the Ghana Health Service (GHS). GHSS will continue to support the customization of the Quality System Essentials (QSEs) activities for each of the selected laboratories. GHSS will continue to mentor lab managers and support the execution of the QSEs as the main focal areas. Labs will continue to focus on QSEs identified by initial gap assessment and address them in a stepwise manner. The work plan will be carried out in phases: 1) execution of milestones through mentoring program 2) continuing self-assessment of progress by the lab management 3) quality improvement activities and on-going assistance based on needs. GHSS will continue to support training of lab managers to improve the quality of lab management within the network and provide mentorship.

As part of the QMS, External Quality Assurance (EQA) is a key component that includes on-site supervision and Proficiency Testing (PT) programs. GHSS will work closely with the GHS to reinforce existing quality assurance (QA) programs and to supervise the transfer of EQA programs at the regional level and ensure national coverage. GHSS will support 100 GHS labs/testing sites to enroll in a PT for HIV rapid testing, organize training workshops on QA for the Dried Tube Specimen technology, printing and distribution of standardized logbooks for use at all HIV testing sites. It will continue to support the execution of an EQA program for chemistry and hematology and enroll more facilities and labs in the program. GHSS will continue to support the distribution of PT panels, collection of results, and supervisory activities.

Implementing Mechanism Details

Mechanism ID: 13280	Mechanism Name: Association of Public Health Laboratories (APHL)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Approved



Sub Partner Name(s)

(No data provided.)

Overview Narrative

In partnership with APHL, CDC Ghana will support the development of a five-year National Laboratory Strategic Plan and National Laboratory Policy documents for HIV, Malaria, TB and other diseases. It will also provide technical support in strengthening of a laboratory information system (LIS) for referral linkages and networking between laboratories.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13280		
Mechanism Name:	Association of Public Health Laboratories (APHL)		
Prime Partner Name:	Association of Public Health Laboratories		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
<i>APHL will continue to provide technical support for strengthening of a laboratory information system (LIS), referral linkages, and networking between clinical laboratories and regional and national reference laboratories. Technical</i>			



assistance will also include the expansion of LIS to network the reference and zonal laboratories in order to support the implementation of the ART program and the accreditation process. APHL will provide in-service training on LIS implementation and operation for laboratory and information technology personnel at the NPHRL facilities.

In addition, APHL will complete procurement of LIS software and accessories for the NPHRL and regional laboratories; procure barcode printers, barcode readers, and barcode printer paper; provide refresher training to laboratory technicians and receptionists in LIS; procure computers and accessories; support peer-to-peer network for zonal and regional laboratories including broadband internet, networking and cabling.

The development of a LIS will ensure that capacity is established for long-term sustainability. The system will assist in obtaining statistics for the NPHRL and the other selected zonal and regional laboratories. The implementation of the LIS will improve the M&E of laboratory processes including reagents and other consumables' usage, quality of results and services offered to patients on ARV medication. Moreover, this support will enable the country to generate reliable data for surveillance and HIV/AIDS interventions planned by the MOH.

CDC Ghana will not fund this mechanism in FY2012 and expects APHL to finish up the above work using their carryover funds.

Implementing Mechanism Details

Mechanism ID: 13344	Mechanism Name: Support to GFELT
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ghana Health Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	Funding Amount
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Partnership Framework (PF) between the US Government (USG) and the Government of Ghana (GoG) is focused on reducing the number of new infections and increasing ART coverage. Both these goals depend on the performance of laboratories in providing information to patients that is accurate, timely, cost effective, appropriate, and interpretable and strengthens quality of patient care. Accreditation of laboratories encompasses quality measurement for six laboratory systems that include quality management, training, equipment maintenance, supply chain management, laboratory information, specimen referral and advocates strongly for laboratory policy.

CDC Ghana will work with AFENET in FY 2012 to provide assistance for laboratory training and maintenance of equipment, both essential to quality performance of laboratories in Ghana.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13344			
Mechanism Name: Support to GFELT			
Prime Partner Name: Ghana Health Service			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	100,000	0



Narrative:

Preventive and curative maintenance of equipment constitute a key component of the national laboratory strategic plan and play a critical role in ensuring quality laboratory testing and uninterrupted service delivery in management of HIV-AIDS, TB , Malaria and other diseases. In Ghana, the Global Fund (GFATM) has traditionally provided equipment for screening, confirming, and monitoring patients on treatment for HIV, TB and Malaria. However, there are gaps/concerns with proper maintenance of equipment given machine downtime during breakdowns.

The training of biomedical engineers for preventive and curative maintenance of equipment at the national reference as well as zonal and regional laboratories in Ghana is a priority for CDC. Engineers will be trained to identify equipment problems as well as perform calibration of common laboratory equipment such as thermometers, timers, and pipettes.

AFNET will establish proper mechanisms for the reporting of damaged equipment to regional and reference laboratories, ensuring proper documentation procedures are followed. They will ensure equipment maintenance contracts are in place with manufacturers or their local representatives with periodic evaluation of the services they provide.

AFNET will work with vendors to facilitate training for laboratory technicians to develop routine preventive equipment maintenance plans at the laboratories engaged in the accreditation process. They will also facilitate trainings between vendors and biomedical engineers to repair broken equipment.

AFNET will further enhance the capacity of local institutes that engage in training of biomedical engineers for equipment maintenance and repair by providing tool kits for equipment repair and creating opportunities for additional trainings. They will check the feasibility of expanding the service contracts for equipment maintenance to additional laboratories involving local biomedical engineering institutes.

Implementing Mechanism Details

Mechanism ID: 13372	Mechanism Name: UCSF/SI
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Approved



Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Ghana AIDS Commission	Noguchi Memorial Institute for Medical Research	Regional Institute for Population Studies, University of Ghana
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Overview Narrative

To provide support, training and technical assistance to the Ghana AIDS Commission and national AIDS Control program (Government of Ghana) for long term capacity building in Strategic Information towards improvement of surveillance and monitoring and evaluation throughout Ghana.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13372



Mechanism Name:	UCSF/SI		
Prime Partner Name:	University of California at San Francisco		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

1. University of California at San Francisco (UCSF) has been collaborating with the Ghana AIDS Commission (GAC) and the National AIDS Control Program (NACP) at Ghana Health Service (GHS) in the assessment of high-priority most at-risk populations in Ghana, namely female sex workers (FSW) and men who have sex with men (MSM). UCSF worked with GAC, NACP and other stakeholders to identify existing data and will collaborate in enhancing surveillance, program and special studies to help identify surveillance gaps to be addressed with in-country partners.

2. UCSF will continue to provide technical assistance and mentoring to support the development and fielding of MARPs surveillance and size estimation activities. Working with GAC and RIPS, CDC through its partner UCSF has been implementing the first ever nationwide large scale survey on MSM. Formative research was completed in December 2010. Respondent Driven Sampling (RDS) study has been completed in five site, and will be completed in another site by November of 2011, following which data will be analyzed and a report written on the findings around middle of 2012.

3. UCSF will continue to provide on-going technical assistance and capacity development to GAC, NACP, GHS and other Ghanaian stakeholders in the planning, protocol development, implementation, analysis and dissemination of bio-behavioral surveys among hard-to-reach populations as determined by Ghana stakeholders. This includes leading the bio-behavioral part of the study on Kayayei that will be undertaken in 2011 - 2012.

4. Support additional SI activities as specifically determined and prioritized by in-country stakeholders including a data synthesis/triangulation exercise including the development of a relational database of current surveillance, M&E and research activities in Ghana.

Implementing Mechanism Details

Mechanism ID: 13374	Mechanism Name: Laboratory Standards
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinical and Laboratory Standards Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No



Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Ghana Health Service (GHS) is responsible for hospital laboratories in ten regional and 170 district hospitals. The Global Fund is a key donor in the area of laboratory services for screening, treatment, and monitoring HIV/AIDS patients including drug resistance. Though these services exist, the provision of quality laboratory services and the conduct of reliable diagnostic testing are still challenges in Ghana. The quality management systems in the pre-analytical, analytical and post-analytical process for laboratories have not been addressed as a whole.

In order to leverage and coordinate donor laboratory efforts, USG support will be targeted to reinforce the basic scale-up assistance coming from the Global Fund and from PMI. USG support will build national capacity for quality management systems, trainings and the monitoring of laboratory quality using tools of EQA and Proficiency Testing (PT).

USG Ghana's Partnership Framework (PF) will support cost-effective, quality laboratory practices to promote reliable and accurate results, thus contributing to effective patient care. This will in turn build a positive attitude by patients towards testing.

USG Ghana will work closely with the GOG to support four zonal and 10 regional laboratories in preparation for the accreditation process. This will include evaluating, developing, improving, and maintaining the laboratories' quality management system (managerial and technical) in compliance with CAP and ISO 15189 requirements with the goal of accreditation. This will be a two to three year process.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Approved



TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13374		
Mechanism Name:	Laboratory Standards		
Prime Partner Name:	Clinical and Laboratory Standards Institute		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

CLSI will continue to support the implementation of laboratory quality management systems to ensure that the National Public Health Reference Laboratory (NPHRL) and other selected laboratories are accredited in the next 2 to 3 years time.

CLSI will continue to assist GHS in the assessment and implementation of the Quality System Essentials. Based on the initial gap assessment, laboratories focus on three to four Quality System Essentials to start with. The work plan will be carried out in phases: (1) gap analysis of the baseline quality management systems; (2) action plan development to fill gaps to strengthen laboratory quality system and operation; (3) implementation of milestones through mentorship/twinning; (4) self-assessment of progress by the laboratory management; (5) quality improvement and on-going assistance based on needs.

CLSI will continue to work closely with the GHS to review and develop standard operating procedures, including safety procedures, and hold consensus workshops on revised standard operating procedures. Funds will be used to print and disseminate revised standard operating procedures. CLSI will continue to organize a series of training workshops for laboratory managers to improve the quality of laboratory management within the network and provide mentorship.



One of the key pieces of quality management systems is EQA, which includes on-site supervision and proficiency testing programs. CLSI will work closely with the NPHRL to reinforce existing quality assurance/quality control programs and to supervise the decentralization of EQA programs (proficiency testing, on-site supervisions) at the regional level and ensure national coverage.

Implementing Mechanism Details

Mechanism ID: 13438	Mechanism Name: TB CARE I
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: KNCV Tuberculosis Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 300,000	
Funding Source	Funding Amount
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TB Care I is a five-year centrally funded USAID project working in several countries. In Ghana, it will continue to support the National TB Control Program to improve TB case detection, reduce TB case fatality. TB CARE I's principal role will be to provide technical assistance to the NTP to implement the newly awarded Global Fund Round 10 Grant in a coordinated fashion and ensure improved absorptive capacity. TB/HIV co-infection will be managed through a collaboration of TB/HIV programs. TB patients will be screened for HIV as an entry point for HIV treatment while HIV patients will be screened for TB as an entry point for TB treatment. Collaboration of the two programs will be strengthened to improve the TB/HIV confection treatment. Based on the Global guidelines on Intensified TB-case finding among PLHIV, TB CARE I will continue to support the National AIDS Control and TB Control Programs to revise the local guidelines. Accompanying these guidelines will be the revised tools for collecting and reporting for TB screening data among PLHIV. TB CARE I will continue to support TOT trainings, the aim is to ensure that this pool of well-trained trainers will roll out the training in the districts and health care

Approved



facilities. This being a TB-HIV collaborative activity, personnel to be trained will be drawn from the TB and ART clinics. The NACP will take the lead as this is an integral part of HIV Care for PLHIV. TB Screening algorithms shall be printed and distributed and posted in ART/TB Clinics and consultations rooms in hospital, Out Patients Department (OPDs). Short term technical assistance shall be provided by visiting senior TB-HIV consultants.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13438			
Mechanism Name: TB CARE I			
Prime Partner Name: KNCV Tuberculosis Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	300,000	0

Narrative:

TB CARE I activities are aligned with host country national policies and strategic plans for TB and HIV. This mechanism provides technical assistance to the National AIDS Control Program and National TB Control Program. It address gaps in the coverage of screening for the two diseases including inadequate recording and reporting on HIV/TB collaboration at health facility level. There is for the National TB Control Program to improve TB case detection, reduce TB case fatality and provide technical support for activities under the newly acquired Global Fund round 10 TB grant to build human resource capacity and sustainability, TB CARE I has been training health workers especially trainer of trainers to ensure implementation of TB standard operating procedures to

improve TB case detection. Also emphasis on training laboratory personnel to improve quality of laboratory diagnosis of TB to ensure the sustainability of the program over time. TB CAREI has as part of its core mandate to provide Technical Assistance to the National TB Control Program to improve TB M&E, there is a dedicated TB CARE I M&E officer at the NTP who is also supported by short term technical assistance by TB CARE consultants to assist the regular review and report high-quality data using the national TB and HIV M&E framework and tools to track.

Implementing Mechanism Details

Mechanism ID: 13475	Mechanism Name: GAC/M&E
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ghana AIDS Commission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

To support ongoing national efforts to strengthen strategic information in Ghana. A multi-level approach to enhance capacity at the individual, organizational and systems level will be used in order to create organizational and technically sustainable M&E and surveillance systems for the national response to HIV/AIDS.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Approved



TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13475		
Mechanism Name:	GAC/M&E		
Prime Partner Name:	Ghana AIDS Commission		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

A multi-level approach to strengthen capacity at the individual, organizational and systems level will be used in order to create organizational and technically sustainable M&E and surveillance systems for the national response to HIV/AIDS. This may include technical assistance and training in 1) appropriate surveillance and M & E methods, 2) management and analysis of data, and 3) effective use of system-generated data at all levels. At the individual level, technical assistance will be provided to strengthen routine (clinical and non clinical) data collection, analysis and use throughout the various levels of the M&E system. At the organizational level, assistance will support ongoing efforts to strengthen technical and organizational capacity to enhance the role of the national leadership in informing and coordinating the response to the HIV/AIDS epidemic. At the system level, assistance will support opportunities to engage in community program systems development, site assessments and supervision, and south to south technical assistance regarding best practices on strengthening community based monitoring systems. By building capacity at the various levels, one can ensure that the different level activities support each other.

Number of health care workers who successfully completed an in-service training program - 25

Implementing Mechanism Details

Approved



Mechanism ID: 14376	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14656	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16613	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16618	Mechanism Name: Policy Support
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	Funding Amount
GHP-USAID	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism from FY11 COP but activities to be undertaken has been significantly expanded.

Approved



Since changes could not be made to the narratives because its a COP lite year, a new IM has been created. HPP helps support implementation of policy and governance activities, financing, leadership and advocacy, and promoting country ownership of programs and initiatives. USAID/Ghana has new initiatives in developing a program for IDU's HPP will lead and finance activities to ensure that the program is well accepted by national and local authorities and that local legal issues are addressed. HPP will work with the Ghana AIDS Commission, the Ghana Health Service, the Narcotics Control Board and the Food and Drug Administration. HPP will also support implementation of a new post-partnership framework policy agenda.

USAID has received finding from the Local Capacity Initiative to strengthen NGOs, in this case to carry out consumer advocacy for health-related issues, in particular issues related to the insecurity of ARV supply, and stigma-related issues. HPP will provide training and coaching once the NGO will be selected for this work.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16618		
Mechanism Name:	Policy Support		
Prime Partner Name:	Futures Group		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	500,000	0



Narrative:

HPP will assist in addressing policy issues in relation to a harm reduction program for people who inject drugs. An issue is that the most effective interventions are those that might need addressing legal challenges before they can be implemented. These are needle exchange programs and opiate substitutions programs. Therefore, HPP is expected to work closely with GoG organizations, especially the Ghana AIDS Commission, the National AIDS Control Program (Ghana Health Service), the Narcotic Control Board, the Food and Drug Administration, and with local NGOs who are implementing the program. The project will do an inventory of laws and regulations governing the use of needle and opiate substitution, and work with the institutions mentioned to overcome any constraints to implementing such interventions. In addition, PWID are often linked to criminal behavior especially to gain sufficient funds to buy the drugs involved. There might be a need to work closely with the Ghana Police Service to find ways to ensure that harm reduction programs can be carried out without clashing with police measures to fight criminality.

Ghana is in the process of developing a new post-partnership framework policy agenda that will have a renewed focus on country ownership, sustainability of financing the HIV/AIDS response and human resource issues. Financing the ART program will have a renewed focus including working with the National Health Insurance Authority to coverage of ART in the insurance package. A local NGO will be selected for this work and will be carefully prepared by HPP to take on advocacy issues

Implementing Mechanism Details

Mechanism ID: 16619	Mechanism Name: Ghana AIDS Commission support for Key Populations
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Ghana AIDS Commission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: USAID

Total Funding: 300,000	
Funding Source	Funding Amount
GHP-State	300,000

Approved



Sub Partner Name(s)

(No data provided.)

Overview Narrative

This activity will be funded through an amendment to USAID's current implementation letter (IL) with the Ghana AIDS Commission (GAC) which will expire on September 30th, 2013. The activities included in the original IL use reprogrammed FY09 and FY10 funding. Two activities will be continued, namely: (1) support one of five of GAC regional Technical Support Units (TSU) to manage and coordinate HIV/AIDS activities. This will be the third and final year of TSU support as the GoG will cover these costs in future, and (2) support implementation of human rights and anti-stigma and discrimination efforts within the framework of Ghana's HIV response. New activities included in this mechanism are sub-grants to local NGOs to provide sex workers and MSM with a comprehensive service package of HIV prevention and protection as well as linkages to clinical services that are accessible and acceptable to the specific groups.

Cross-Cutting Budget Attribution(s)

Gender: GBV	50,000
Key Populations: FSW	50,000
Key Populations: MSM and TG	50,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's legal rights and protection

Mobile Population

TB



Budget Code Information

Mechanism ID:	16619		
Mechanism Name:	Ghana AIDS Commission support for Key Populations		
Prime Partner Name:	Ghana AIDS Commission		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	100,000	0

Narrative:

Through peer education, outreach, "Helpline" programs and Testing and Counseling services, MSM, FSW, MSW, and NPPs will be encouraged to disclose their HIV status to their regular partners and provided with KP information, counseling and linked to appropriate services at drop-in centers and KP-friendly centers. Funding will go into supporting linkages with social media platform set up to reach more 'hidden' MSM on-line. In all GOG institutions supported under this mechanism, GAC will promote testing and counseling and provide the necessary support systems to ensure that security and the judiciary services do not hinder efforts of KPs to access TC and other KP services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	0

Narrative:

HIV/AIDS stigma has been identified as one of the principal obstacles to HIV prevention. KP who are in need of access to HIV services are those with the highest levels of fear and stigma that they might experience in health facilities. The mechanism seeks to support GAC to further expand on the drive for stigma reduction and discrimination against KPs in health outreach and amongst security and judiciary services of Ghana, through series of orientations, trainings and development and use of support tools for KP programming. Among those tools are newly developed standard operation procedures developed by USAID that will be accepted as the national standard for KP programming, including for monitoring and evaluation and quality assurance activities. Other specific activities to be implemented include strengthening of the National anti-stigma and discrimination technical working group to coordinate national-level discourse and guide implementation of anti-stigma and discrimination activities for KPs; and support for work to prevent police abuse against KPs in Ghana.

Implementing Mechanism Details

Mechanism ID: 16627	Mechanism Name: Support to GAF HIV Program
Funding Agency: U.S. Department of Defense	Procurement Type: Grant

Approved



Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ghana Armed Forces (GAF) play a vital role in national security, peacekeeping operations throughout the continent and humanitarian assistance/disaster management. GAF has 12,000 troops comprised mostly of men who are in the sexually active age group of 19-49. The GAF is a key segment of Ghanaian society at increased risk of HIV, due to their relatively young age, dependable salary and mobility. Jhpiego will support the Department of Defense's (DoD) partnership with the GAF to implement the partnership framework goals of preventing new infections for the GAF personnel and their families, increasing beneficiaries access to HIV prevention and care services, supporting testing and counseling Services, improving laboratory capabilities and health management systems. This partner is being funded with existing pipeline funds. Official reprogramming would be done when the operational plan update cycle window is opened.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Military Population

TB

Budget Code Information

Mechanism ID: 16627			
Mechanism Name: Support to GAF HIV Program			
Prime Partner Name: JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			
<p>Jhpiego will work with GAF providers to reestablish PLHIV meetings at the 37th Military Hospital and in all the garrisons to provide care and psychosocial support to their members. These meetings will also be used to educate PLHIVs about how to protect their sexual partners from HIV transmission using the prevention with positives approach. Referrals for care and treatment services for the GAF personnel and their families will also be provided. Proposed activities include: 1) Review and adapt curricula for PwP groups 2) Hold bi-monthly PwP group meetings at each garrison for military personnel, families, MOD civilian employees and community. 3) Ensure linkages and active referrals for PLHIV to other support, care and treatment services</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0
Narrative:			
<p>Jhpiego will provide technical assistance to Magadzias (GAF's Military wives' clubs) to identify OVC and implement best practices. Proposed activities will include: 1) Meeting with Magadzias in seven garrisons to develop action plans to support OVC. 2) Provide assistance in the form of school fees, school uniforms and nutrition support where necessary to a maximum of 100 OVC over a period of time.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			



Jhpiego will work with GAF to improve the 37th Military Hospital's laboratory capacity by preparing them to undergo an international laboratory accreditation readiness process using Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) of the World Health Organization (WHO). Proposed activities include: 1) Baseline assessment and three progress assessments. 2) three training workshops and three quality improvement projects. 3) Contract an internationally recognised certification body to accredit the 37th Military Hospital.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Jhpiego is working with GAF to strengthen GAF's capacity to manage quality HIV and AIDS Programming. Support to GAF will include the development of an HIV/AIDS strategy and standards for HIV care and treatment services. Jhpiego will also work with GAF to enhance the availability of strategic information for decision making. Proposed activities include 1) Various meetings with GAF to develop and finalise GAF's HIV strategy 2) Adapt HIV care and treatment performance standards from Ghana and other countries to GAF's Context and support GAF to implement the standards. 3) Conduct an on-site assessment of existing medical records and medical data storage capacity at the 37th Military Hospital and seven garrisons. Per the assessment results, a long term plan will be developed to strengthen strategic information capacity and implemented. 4) Procure necessary hardware and software, train staff, ensure internet connectivity and monitor implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Jhpiego's program will develop an HIV Testing and Counseling curricula for GAF. With this curricula, Jhpiego will train 10 HTC master trainers and 10 Peer Educator master trainers drawn from GAF Staff College, Kofi Annan International Peace keeping Training Center and the GAF Health Care Providers. Proposed activities are: Develop HTC curricula, train 20 Master Trainers, HTC promotion via annual wellness day, train 26 HTC providers and 26 Peer Educators to promote HTC

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Jhpiego will support GAF to develop HIV prevention curricula and materials like posters and other

Approved



prevention training materials on HIV/AIDS including information on STIs. Technical assistance will also be given to improve prevention messaging. Proposed activities include education about modes of HIV transmission, encouraging knowledge of status and referrals to testing programs (know your status campaigns, gender based violence and attitudes/behaviours to reduce stigma and discrimination.

Implementing Mechanism Details

Mechanism ID: 16636	Mechanism Name: GHS Lab/SI Strengthening
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ghana Health Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Ghana Health Service (GHS) is responsible for hospital laboratories in ten regional and 170 district hospitals. It also includes the public health laboratory system, comprised of one National Public Health Reference Laboratory (NPHRL) and three zonal public health laboratories.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 16636			
Mechanism Name: GHS Lab/SI Strengthening			
Prime Partner Name: Ghana Health Service			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
<p>CDC Ghana through its implementing partners is supporting cost-effective and quality laboratory practices to promote reliable and accurate results, thus contributing to effective patient care and treatment, testing and monitoring. However, these efforts are often times hampered by the lack of equipment backups especially for the laboratories undergoing the WHO AFRO SLIPTA accreditation program. GHS would be receiving reprogrammed funds to purchase laboratory equipment that would serve as backups for these laboratories. This will ensure that, there is uninterrupted service delivery at the facilities as well as fulfill the requirement in the WHO AFRO SLIPTA checklist.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			
<p>CDC supports SI activities to ensure that data is high quality and accessible in a timely and complete state. The reprogrammed funds will support the Ghana Health Service assess the utility of routinely collected prevention of mother to child transmission of HIV (PMTCT) program data for sentinel surveillance among pregnant women. Because PMTCT programs collect socio-demographic and HIV testing information similar to that collected by ANC HSS, the Ghana Health Service is considering the use of PMTCT program data to complement or replace ANC HSS-based data for surveillance.</p>			

High-quality PMTCT program data could provide an effective, cost-effective alternative to ANC HSS, reduce the workload and financial costs associated with conducting ANC HSS and directly contribute to improved PMTCT programme implementation and broader health system strengthening

Implementing Mechanism Details

Mechanism ID: 16637	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16638	Mechanism Name: GAC Data Quality Assessment
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ghana AIDS Commission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The GAC leads the implementation of the national HIV and AIDS response under the guidance of a five-year National Strategy. The Ghana National Strategic Plan for HIV and AIDS (NSP) 2011-2015 has been developed to direct the implementation of the national response to HIV and AIDS over the next five years. The NSP guides the prioritization and targeting of key populations and regions in the country to ensure HIV services are provided where most needed.

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GAC as the Government Institution mandated to coordinate the national response develops and implements a National Monitoring and Evaluation (M&E) plan to which all partners programs are well aligned.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16638		
Mechanism Name:	GAC Data Quality Assessment		
Prime Partner Name:	Ghana AIDS Commission		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			
The use of a well structured M&E system can help to detect and address problems so that program redesign and improvement become standard operating procedures, especially, at the project/program level implementation and provide early evidence of program effectiveness for national level strategic priority setting, policy and programmatic decisions, management and accountability functions. Measuring the success and improving the management of the national response is predicated on the Ghana's Monitoring and Evaluation (M&E) system to produce quality data related to program implementation. However, timely provision of high-quality data/information for decision making at critical points of service			

Approved



delivery and community level, district, regional and national levels remains a major challenge. Therefore, conducting data audit and systems assessment and formulating action plan towards improving the quality of data collection, analysis and use at all levels of national AIDS program is a priority.

The reprogrammed funds will enable the Ghana AIDS Commission conduct data quality audit on major selected indicators and assess the management systems that produce data for those indicators. Key activities are: Verify the quality of reported data for key indicators at selected sites; Assess the ability of data management systems to collect and report quality data and Develop an action plan to implement corrective measures for strengthening the quality of data, data management and reporting systems.

Implementing Mechanism Details

Mechanism ID: 16639	Mechanism Name: CLSI Lab Management and Leadership
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinical and Laboratory Standards Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Clinical and Laboratory Standards Institute (CLSI) has support the Ghana Health Service with capacity building in Laboratory Quality Management Systems and Laboratory Quality Assessors. However in Ghana like most African countries, laboratory manager appointments are made based on length of service and not necessary on expertise, competence or demonstrated management abilities.

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Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16639		
Mechanism Name:	CLSI Lab Management and Leadership		
Prime Partner Name:	Clinical and Laboratory Standards Institute		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
<p>Under this funding, CLSI's would be receiving reprogramed funds to assist Ghana Health Service to train a crop of senior level laboratory managers and directors in Laboratory Management and Leadership. This program provides a robust, challenging curriculum designed training that is intended meet the needs of the people who are responsible for laboratory policy, strategies and management at any level, from governmental (Ministry of Health/Ghana Health Service) to facility management (Facility or Laboratory Directors). The program is based on CLSI's quality management systems (QMS) model, which is closely aligned with the International Organization for Standardization (ISO) standard 15189 for the clinical laboratory. Instructors will cover the 12 quality system essentials, which are the foundation for any QMS.</p> <p>This activity would be to further build the country's capacity in clinical laboratory management to ensure</p>			

effective patient care and treatment, monitoring and testing.

Implementing Mechanism Details

Mechanism ID: 16640	Mechanism Name: Key Population PWID Formative Assessment
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

University of California at San Francisco (UCSF) has been collaborating with the Government of Ghana partners Ghana AIDS Commission (GAC) and Ghana Health Service (GHS) in the assessment of high-priority most at-risk populations in Ghana, namely female sex workers (FSW) and men who have sex with men (MSM). UCSF worked with GAC, NACP and other stakeholders to identify existing data gaps and will collaborate in enhancing surveillance, program and special studies to help identify surveillance gaps to be addressed with in-country partners.

In Ghana, there is currently a potential for injecting drug use to exacerbate the current HIV epidemics in the country, where HIV prevalence is already high among other MARPs, if the needs of PWID are not addressed through a harm reduction approach with a comprehensive package of evidence-based interventions.

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Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16640		
Mechanism Name:	Key Population PWID Formative Assessment		
Prime Partner Name:	University of California at San Francisco		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

For this reprogrammed funds, UCSF will continue to provide technical assistance and mentoring to support the development and fielding of MARPs surveillance activities focusing on People who inject drugs (PWID). Working with GAC, UCSF will undertake formative assessment to highlight the social, economic and behavioral vulnerability to HIV of PWID. This data is essential for HIV prevention program among PWID and also provides the basis for the feasibility and sampling method for the proposed IBBS among PWID

The formative assessment should include a situational analysis (desk review) of PWID in Ghana, the mapping and description of PWID networks, a gender analysis for PWID and their partners, identification of gatekeepers and barriers to access services, the type and administration of recreational drugs used, risk perceptions on injecting drugs practices and sexual behaviors, social and support networks,



stakeholders' network, and type and locations of interventions for PWID and their partner, as well as the type of services needed such as NSP (type of syringes etc) . The project will build Ghanaian capacity for long-term PWID program simultaneously strengthening NGO and government partners and the services they deliver

Implementing Mechanism Details

Mechanism ID: 16641	Mechanism Name: Laboratory Improvements
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Global Health Systems Solutions, Ghana	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	Funding Amount
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A Well designed Laboratory infrastructure that meets technical requirements for safety and effective working environment is a key component of the WHO AFRO SLIPTA checklist. In Ghana most of the laboratories were not built as laboratories but an afterthought. Global Health Systems Solutions (GHSS) have been working with upper level laboratories in Ghana in the SLMTA program

Cross-Cutting Budget Attribution(s)

Renovation	100,000
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Approved



TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16641		
Mechanism Name:	Laboratory Improvements		
Prime Partner Name:	Global Health Systems Solutions, Ghana		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	200,000	0
Narrative:			
<p>Infrastructural challenges has been a major limitation for progress of certain laboratories through the star system of the WHO AFRO SLIPTA Program thus GHSS would be receiving reprogrammed funds to support infrastructural developments in the form of renovations of some of the laboratories enrolled into the accreditation program. The renovation would involve the replacement of laboratory bench tops, doors and windows that does not meet the required standard, creation of specimen reception and collection areas and lighting systems.</p> <p>These activities will enhance the workflow as well as staff and patient safety and ultimate enhance the performance of the laboratories going through the accreditation process.</p>			

Implementing Mechanism Details

Mechanism ID: 16642	Mechanism Name: Laboratory Policy and Operational Plan
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Approved



Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Association of Public Health Laboratories (APHL) has assisted the country to develop two critical documents; National Laboratory Strategic Plan and National Laboratory Policy. However to ensure the effective implementation of these policies the country would require assistance in the implementation of these policies through the development of annual operation plans.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Custom
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Mechanism ID: 16642			
Mechanism Name: Laboratory Policy and Operational Plan			
Prime Partner Name: Association of Public Health Laboratories			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
<p>Under this reprogrammed funding, APHL will further support the country with technical assistance to develop policy implementation framework documents and annual operational plans that would guide and sustain the country's momentum to better implement policies to improve service delivery and patient care. APHL will work closely with the Laboratory Technical Committee of the Ghana Health Service to ensure capacity building and country ownership in a sustainable manner. Proper implementation of these policies would ensure effective and improved laboratory system that will contribute to improved and quality testing, data generation and human resource capacity building.</p> <p>Reprogrammed funds would also be used by APHL to assist Ghana Health Service with laboratory equipment, maintenance and management mechanisms. With similar expertise in other African countries, APHL will assist Ghana Health Service to procure some backup laboratory equipment and provide training in equipment management to support some of their laboratories undergoing the WHO AFRO SLIPTA program</p>			

Implementing Mechanism Details

Mechanism ID: 17049	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 17101	Mechanism Name: HIV Care
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Ghana Health Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes

Approved



Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: USAID
Total Funding: 600,000	
Funding Source	Funding Amount
GHP-USAID	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USG will fund Ghana Health Service to manage the recruitment, training and deployment of Models of Hope, and outreach peer educators to support ART sites and PL support groups. In addition to strengthening this continuum of care, access to services will be improved through PLHIV groups or networks that will be trained and supported to institutionalize systematic AIDS case finding and subsequent enrollment into care services. Models of Hope will play a key role in the continuum of care by forging close linkages between outreach and clinical services through district based referral systems. The National AIDS Control program will provide supportive supervision of HIV clinical care interventions to improve, standardize and monitor clinical care services at ART clinics. The GHS will also provide linkages and develop referral system to support PWID in HIV care at designated health care facilities.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000
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TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

TB

Custom

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Family Planning

Budget Code Information

Mechanism ID: 17101			
Mechanism Name: HIV Care			
Prime Partner Name: Ghana Health Service			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	500,000	0
Narrative:			
Ghana Health Service will be funded to manage the recruitment, training and deployment of Models of Hope and outreach peer educators to support ART sites and PL support groups, do active case finding of HIV positive persons. They will also provide rudimentary clinical care services for PLHIV at ART Centres to improve ARV adherence and reduce health care worker burden of providing comprehensive services including, TC, STI screening and treatment, and HIV management			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	100,000	0
Narrative:			
The Ghana Health Service will establish linkages and develop referral system to health and social services through the already well-established network of services for HIV/AIDS prevention, care & support, and treatment. Linkages and referral system will be strengthened and expanded to other relevant services for PWID. The referral system will include at least the following services:HIV Testing and Counseling,Helpline Counseling (Text Me! Flash Me! Call Me! Helpline),Preventions and management of TB, General health services , Family planning,Hepatitis (testing, education, immunizations and treatment where necessary),Sexually transmitted infections(prevention and management) ,Referral for ART for PWID living with HIV and enrollment to Life-Line project for adherence to ARV, Referral to OST and NSPs program once it is approved and established ,Psychosocial and rehabilitation services such as Addictive disease unit (Korle-Bu Teaching Hospital) and rehabilitation units in Psychiatric Hospital and psychology counseling services in Accra and Kumasi for PWID. Through these, links will be made to existing Narcotic Anonymous and Alcohol Anonymous groups.			

Implementing Mechanism Details

Approved



Mechanism ID: 17120	TBD: Yes
REDACTED	



USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services			22,100	22,100
ICASS			54,500	54,500
Institutional Contractors			200,000	200,000
Management Meetings/Professional Development			45,357	45,357
Staff Program Travel			66,846	66,846
USG Staff Salaries and Benefits			261,197	261,197
Total	0	0	650,000	650,000

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-USAID		22,100
ICASS		GHP-USAID		54,500
Management Meetings/Professional Development		GHP-USAID		45,357

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U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Staff Program Travel		0		0
USG Staff Salaries and Benefits		0		0
Total	0	0	0	0

U.S. Department of Defense Other Costs Details

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		30,000		30,000
Computers/IT Services		15,000		15,000
ICASS		120,000		120,000
Non-ICASS Administrative Costs	40,262	2,238		42,500
Staff Program Travel	60,000			60,000
USG Staff Salaries and Benefits	230,000	2,500		232,500
Total	330,262	169,738	0	500,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State		30,000
Computers/IT Services		GHP-State		15,000
ICASS		GHP-State		120,000

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Non-ICASS Administrative Costs		GAP		40,262
Non-ICASS Administrative Costs		GHP-State		2,238

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Management Meetings/Professional Development		10,000		10,000
Staff Program Travel		25,000		25,000
USG Staff Salaries and Benefits		30,000		30,000
Total	0	65,000	0	65,000

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Profession al Development		GHP-State		10,000

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Non-ICASS Administrative Costs		12,000		12,000
Peace Corps Volunteer Costs		47,766		47,766
Staff Program Travel		10,000		10,000
USG Staff Salaries		36,159		36,159

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and Benefits				
Total	0	105,925	0	105,925

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHP-State		12,000