STRATEGIC TECHNICAL ALIGNMENT FOR RESULTS (STAR) PROCESS

Ghana

Country Operational Plan

(COP) 2017

Strategic Direction Summary

March 16, 2017

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1.0 Goal Statement

The overarching goal of PEPFAR Ghana is to achieve epidemic control alongside key stakeholders such as the Government of Ghana (GoG), the Global Fund to fight AIDS, Tuberculosis, and Malaria (GF), JUTA, and civil society organizations(CSOs). The goal of Ghana's National HIV and AIDS Strategic Plan 2016-2020 (NSP 2016-2020) is to achieve 90-90-90- UNAIDS Fast Track Targets by 2020. In COP16, PEPFAR Ghana focused on achieving the first and second 90 and supported key system strengthening activities needed to support the third 90 as part of the HIV treatment cascade continuum. In COP17, PEPFAR Ghana will continue to support the first 90 to improve quality and increase HIV positive yield as well as intensify focus on the second and third 90 to increase the number of People Living with HIV (PLHIV) who receive treatment and to improve viral load testing. Key populations (KPs) will continue to be a focus due to KPs accounting for approximately 28 percent of new infections (Modes of Transmission, 2014).

In COP 16, PEPFAR Ghana addressed critical gaps such as the ARV shortage by securing approval for one-time supplemental funding for $23.7 million in ARVs and commodities. The GoG and United States Government (USG) signed a Memorandum of Understanding (MoU), demonstrating a large step forward and mutual commitment to HIV care and treatment for PLHIV.

PEPFAR Ghana in COP17 will build upon COP16 and focus its efforts in 12 districts based on ongoing data-based geographic prioritization to provide support for the rollout of the Treat All policy and the GoG MoU through systematic programming in strategic information, supply chain, service delivery, stigma and discrimination, laboratory and gender. In COP17, PEPFAR Ghana will focus on two strategic outcomes: 1) Support of ART coverage and high quality service delivery; and 2) Development and scale-up of successful models for key and priority population service delivery. By focusing on these two strategic outcomes, PEPFAR Ghana will be working across the cascade to address gaps, validate existing programs to maximize their impact and efficiency, and inform national programming for Treat All.

The GoG adopted the Treat All policy in October 2016 and began steps towards its implementation in the four priority regions (Ashanti, Western, Eastern and Greater Accra) where the disease burden is highest and will scale up to the remaining six regions in June 2017. As Ghana prepares to outline its HIV programming priorities in preparation for the 2017-2019 GF allocation, PEPFAR Ghana stands ready to provide the necessary technical support to shaping the next iteration of the National HIV Response on the path towards epidemic control by 2020.

2.0 Epidemic, Response, and Program Context

2.1 Summary, Statistics, Disease Burden and Country Profile

Ghana is a lower-middle income democracy with a newly elected government. With an estimated population of 28,308,301 (Ghana Statistical Services 2016), GINI index of 42.3, and a per capita gross national income of $1,480 (2015)[1] Ghana's new president and cabinet have pledged to make reviving the economy and job creation its key focus. Despite life expectancy at birth of 66.6 years, approximately 57% of the population is under 25 years of age, and the median age of the population is 21 years of age (CIA World Fact Book, 2017). In 2015, the Government of Ghana (GoG) spent 3.6% of GDP on health expenditures, and 6.2% on education.

Ghana's estimated HIV prevalence is 1.6% (2015) among the general population, 7% among female sex workers (2016) and 17.5% among men who have sex with men (2011). In 2015 Ghana had an estimated 274,562 people living with HIV (PLHIV), with new infections (12,803) slightly exceeding deaths from HIV/AIDS (12,646) annually. HIV prevalence is expected to decline from 1.6% to 1.3%, and PLHIV from 274,562 to 264,660 by 2020. Additionally, new infections and annual deaths are expected to fall more than 50%, from 12,803 to 5,165 for new infections and from 12,646 to 5,013 for annual deaths by 2020 (Ghana AIDS Commission 2015 Status Report). To achieve epidemic control, Ghana must increase the number of people on treatment to 214,375 by 2020 (NSP, 2016). The GoG predicts that it will achieve 2020 epidemic control targets by initiating an average of 26,000 people per year on ART over the next four years.

Sub-national estimates reveal that the burden of HIV is concentrated within five regions of southern Ghana (Greater Accra, Western, Brong Ahafo, Eastern, and Ashanti), accounting for 80% of the disease burden in the country (GAC 2015 Status Report). PEPFAR Ghana is focused in these 5 Priority regions.

[1] http://data.worldbank.org/country/ghana

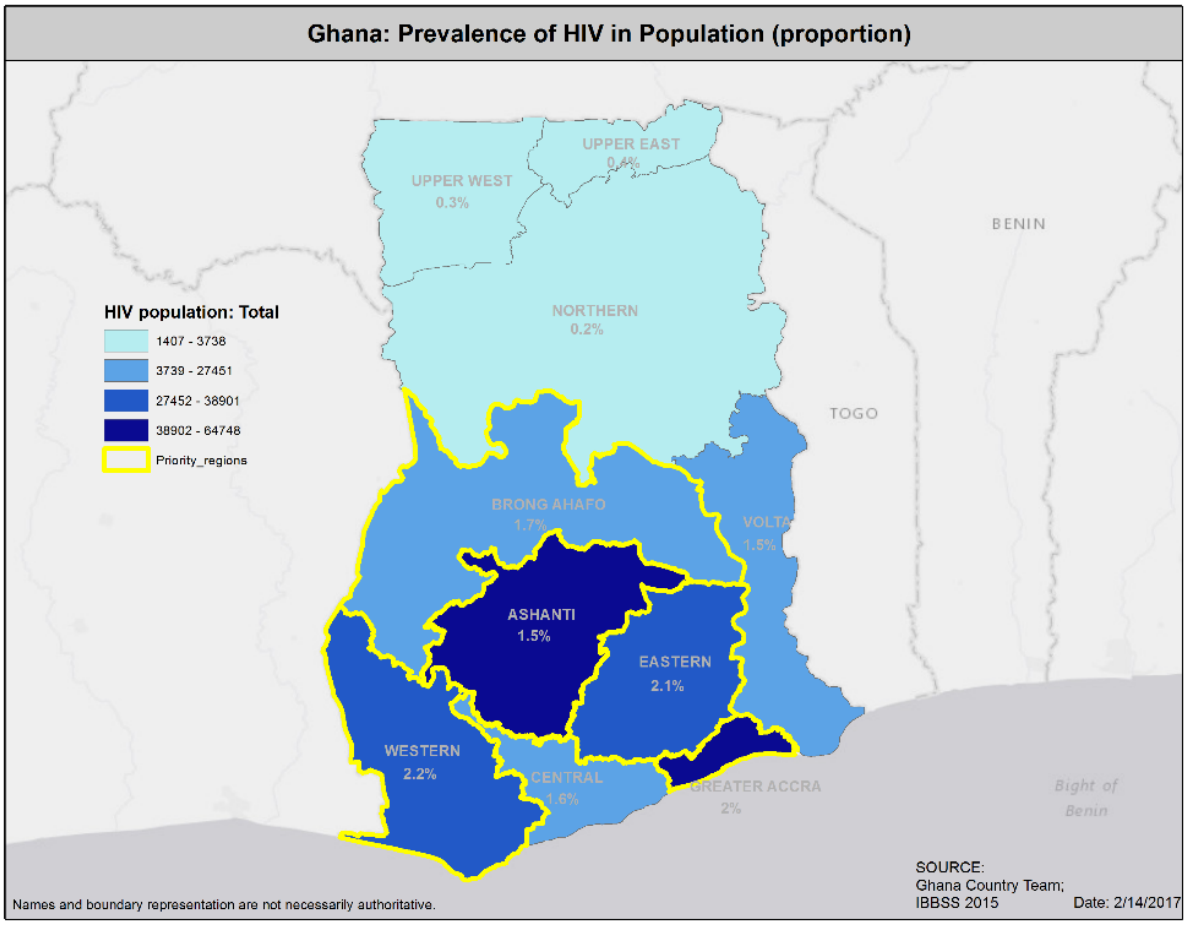


Figure 1 Ghana: Prevalence of HIV in Population in PEPFAR Priority Regions

In 2016, the GoG) tested 1,040,430 people for HIV and identified 57,709 HIV+ cases (5.5% yield). Of those, 20,497 people (37%) were initiated on ART. By the end of 2016, there were 100,665 people on treatment (35% coverage) across the country. Since the GoG started Treat All in October 2016, 2,535 2clients (12.37% of total newly initiated on ART) have benefited from the policy. Currently, all of the sites in the Ashanti and Greater Accra Regions, 19 of 33 (58%) sites and 21 out of 22 (96%) sites in the Eastern and Western Regions respectively have implemented Treat All.

[2] NACP Review Meeting Update

Table 2.1.1 Key National Demographic and Epidemiological Data

	Total		<15		15+						Source, Year
			Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	
Total Population	28,308,301		4,564,716	49.7	5,526,512	50.3	8,956,851	51.7	8,357,222	49.3	Ghana Statistical Services, 2016
HIV Prevalence (%)	1.6										GAC 2015 Status Report
AIDS Deaths (per year)	12,646		699		723		11,223				
# PLHIV	274,562		9,043		9,534		255,985				
Incidence Rate (Yr)		0.08									
New Infections (Yr)	12,803		2,197				10,606				
Annual births	630,875										GHS DMIS 2 [01/30/17]
% of Pregnant Women with 1+ ANC visit		87.3									GDHS 2014
Pregnant women needing ARVs	12,021										GAC 2015 Status Report

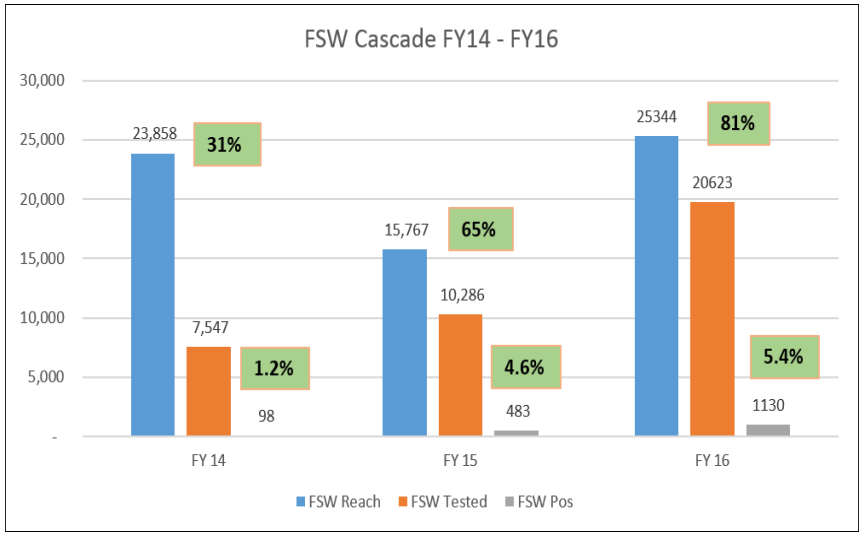
Orphans (maternal, paternal, double)	156,671						
Notified TB cases (Yr)	14,999						NTP Annual Report 2015
% of TB cases that are HIV infected	2,662		304 (N), and 11.4% for both male and female		2,358 (N) and 88.6% for both male and female		
Estimated Population Size of MSM	30,579						2011 IBBSS Report
MSM HIV Prevalence		17.5					
Estimated Population Size of FSW	65,052						2015 IBBSS Report
FSW HIV Prevalence		6.9					

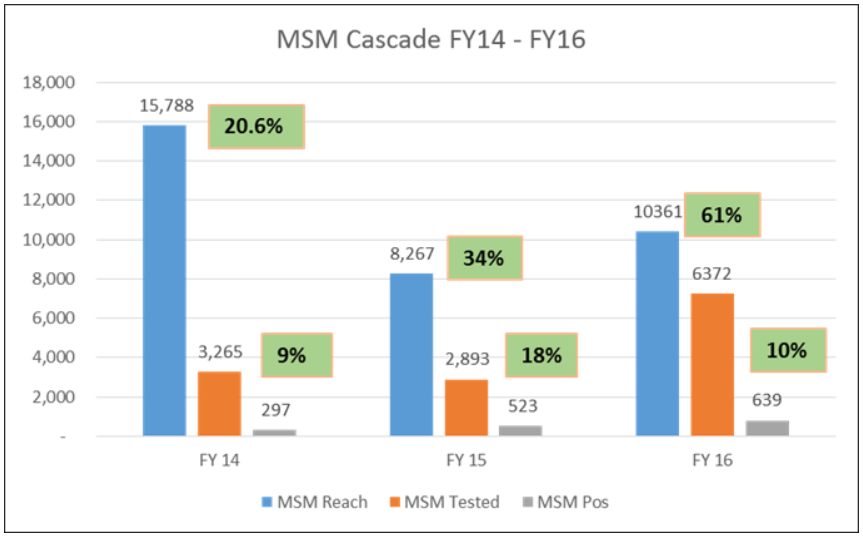
Table 2.1.2

Table 2.1.2 90-90-90 Cascade: HIV diagnosis, treatment and viral suppression (12 months)									
				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART (Jan - Dec 2016)		
	Total Population Size Estimate	HIV Prevalence	Total PLHIV	On ART	Retained on ART 12 Months	Viral Suppression	Tested for HIV	Diagnosed HIV Positive	Initiated on ART
	(#)***	(%)*	(#)*	(#)**	(#)	12 Months	(#)**	(#)**	(#)**
Total population	28,308,301	1.6	274,562	100,665			1,040,430	57,709	20,497
Population less than 15 years	10,348,130	0.17	18,577	4,953			28,531	2,419	1,390
Population 15-24 years	5,179,188	0.45	23,449	95,712			334,708	10,065	19,107
Population 24+ years	11,107,372	2	232,536				677,191	45,225	
Pregnant Women	1,132,332						702,381	18,116	9,680
MSM	30,579	17.5	NA				6,372	639	185
FSW	65,052	6.9	4,569				20,623	1,130	396

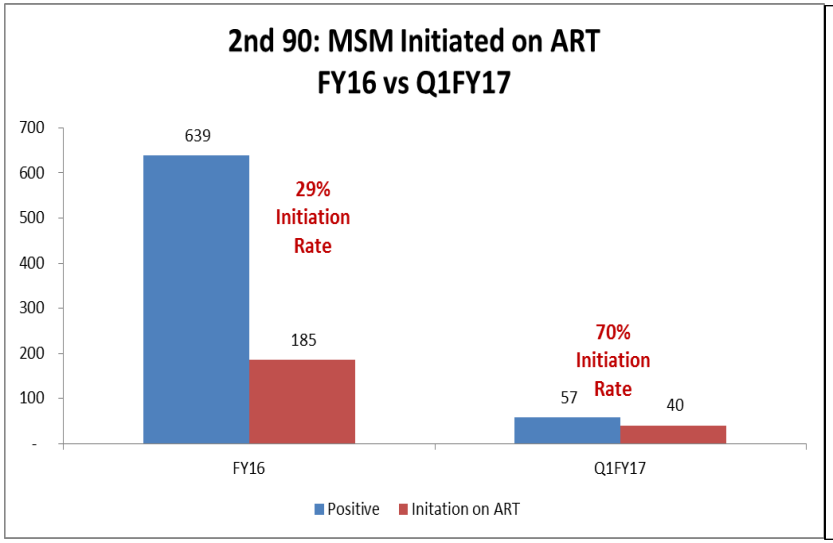
In FY 16, PEPFAR Ghana reached 35,705 KPs (FSW 25,344; MSM 10,361), of whom 26,995 (76%) accepted HIV testing. Of those, 1,769 positive cases were identified (6.5% yield), and 582 (33%) of positive cases were initiated on ART. The proportion of the number of tests to the number of people reached was 61% among MSM and 81% among FSW, with a yield of 10% for MSM and 5.4% for FSW, respectively. Initiation to ART among MSM was 29%, and 35% for FSW (COP 16 PEPFAR Ghana APR).

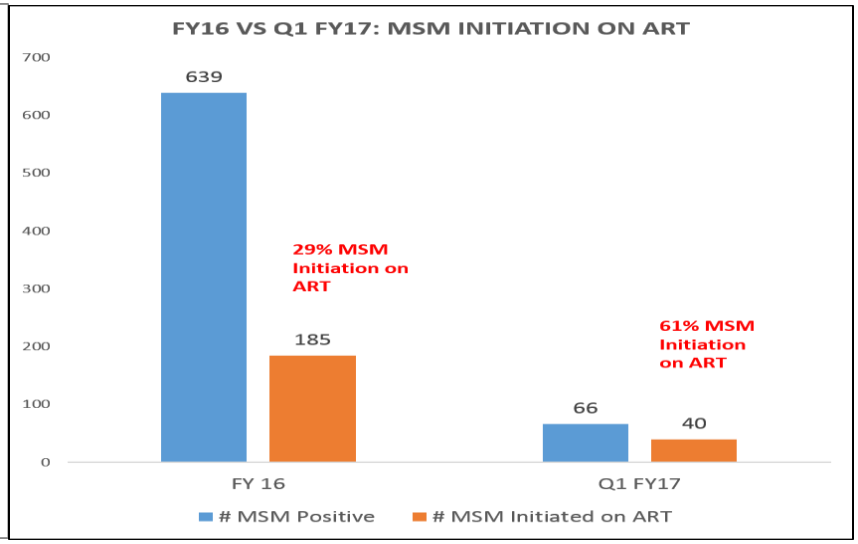
1ST 90 Cascade: FY14 - FY16





FY16 vs Q1 FY17 Initiation on ART





One priority population for the PEPFAR Ghana program is members of the Ghana Armed Forces (GAF). With approximately 15,000 service members, the military are considered to be at high risk for HIV due to their frequent mobility and extended deployments overseas. Program data suggest that HIV prevalence is 1.5% (or 225 total). However, the 2016 Seroprevalance and Behavioral Epidemiologic Risk Survey (SABERS) identified only one HIV-infected individual out of a sample size of approximately 1160. This SABERS study also included a stigma and discrimination module (Genberg Scale) that revealed high levels of perceived discrimination against PLHIV within the military, which may have been a contributing factor to the study results.

2.2 Investment Profile

Ghana is a lower-middle income country with GDP of about US$39.6 billion (Budget 2016). The fiscal deficit was equal to 7.3% of GDP in 2015 and 7.0% of GDP in 2016. The Ghanaian economy faces significant challenges even after the receipt of the External Credit Facility (ECF) from the IMF in 2015[3]. The fiscal crisis and the volatility of Ghana currency (cedi) will make it more difficult for GoG to invest in health and HIV. However, the Government of Ghana 2017 Budget Statement allocated US$81 million (356 million GHC) to the health sector operational budget of which $14.4 million will be used for HIV AIDS activities.

The Global Fund is by far the largest external source of funding for the HIV sector. Ghana has been the recipient of four HIV and AIDS Global Fund grants. To-date, Ghana has signed with Global Fund for a cumulative total of US$657 million[4] to address HIV/AIDS, TB and malaria, of which US$282million (43%) has been used to address HIV and AIDS. The major sources of funding for the US$444 million NSP 2011-2015 were the Global Fund, PEPFAR, and the GoG. During this time, the UN System provided technical assistance (TA for HIV and AIDS systems strengthening as well as monitoring and evaluation). Prevention of new HIV infections made up the largest share of the NSP budget (47% of the entire budget) and was supported primarily by KP funding ($82 million). Treatment, care, and support accounted for 18% of the NSP budget ($79 million). Table 2.2.1 below provides an annual snapshot of the NSP investment profile for 2015.

Table 2.2.1 Ghana Investment Profile (2015)

NSP Intervention Area	Total	% PEPFAR	% GF	% GOG + Other*
Prevention	$8,898,079	26%	26%	48%
Care and treatment	$19,437,374	4%	29%	67%
Orphans and vulnerable children (OVC)	$104,087	-	-	100%
Programme management and administration	$5,826,458	16%	12%	72%
Human resources	$1,388,562	-	-	100%
Social protection and social services (excluding OVC)	$394,467	-	-	100%
Enabling environment (HHS)	$5,798,850	51%	45%	4%
HIV/AIDs related Research (SI)	627,914	82%	-	18%
Total	**$42,475,791**	**$7,573,972**	**$11,181,717**	**$23,720,102**

Based upon GF/PEPFAR expenditures; *Assumptions based upon NASA 2014 da

[3] IMF, Budget Statement 2016, MPC Report 2016

[4] http://www.theglobalfund.org/en/portfolio/country/?loc=GHA&k=6e687023-6549-45be-ad92-e64151157471 (February 5, 2017)

The operational budget allocation for the Ministry of Health (MoH) was approximately US$950,000 (3.6 million GHC). The National AIDS Spending Assessment (NASA) estimates that the total expenditure on HIV and AIDS related activities increased by 3% from 2013 to 2014, from $67 million to $69 million. International funding also increased during 2013 and 2014: from 60.4% of expenditures in 2013 and 65.9% in 2014. The GoG covered 10.2% in 2013 and 7% in 2014. Conversely, private funding decreased over the same period, from 6.8 million in 2013 to 4.8 million in 2014.

Ghana's NSP 2016-2020[5], which is in its second year of implementation, is projected to cost $494 million with treatment making up the largest share of the NSP budget (61%, US$302.8 million). Prevention of new infections (key population, BCC and condoms and lubricants) will account for 13% (US$65.5 million), while critical enablers (policy environment, S&D, coordination and management of the AIDS response) represent 17.5% (US$86.5 million). Synergies with development sectors (health and community systems strengthening, social protection programs, etc.) constitute 8.1% (US$39.8 million). The direct cost of the prevention and treatment programs is US$368 million forming 74.5% of the total cost while indirect cost constitutes the remaining 25.5%.

In 2018, Ghana will need US$105 million to execute the plan, with GoG projected to contribute US$30.4 million (29%) from annual GoG budgets to GAC, MOH, Livelihood Empowerment Against Poverty (LEAP) and District Assembly Common Fund (DACF) ($30 million). Based on the Global Fund Board's decision in November 2016, Ghana has been allocated US$193,980,636[6] for HIV, TB, Malaria to build resilient and sustainable systems for health for the 2017-2019 allocation period. Out of this, US$66,436,395 has been allocated for HIV.

In addition to the GF allocation amount, Ghana also has access to GF's catalytic investment funding, which can be made available as matching funds to incentivize the programming and use of country allocations towards strategic priorities of the Global Fund and its Partners. The catalytic investment priority matching funds are available for key populations impact (US$3,600,000) and HIV programs to remove human rights-related barriers to health services (US$2,300,000). These two funds can be accessed at any time and are not linked to Ghana's application for the 2017-2019 allocation. The procurement profile for key commodities by program area, expenditure, and by funding agent type for 2016 is included as Table 2.2.2. Non-PEPFAR funded investments and integration by funding source, number of co-funded implementing mechanisms and objectives are detailed in Tables 2.2.3. PEPFAR Central Initiatives are outlined in Table 2.2.4.

[5] Ghana's National HIV & AIDS Strategic Plan 2016- 2020
[6] The Global Fund 2017-2019 Allocation Letter

Table 2.2.2 Procurement Profile for Key Commodities (2016)

Table 2.2.2 Procurement Profile for Key Commodities					
Commodity Category	**Total Expenditure**	**% PEPFAR**	**%GF**	**% Host Country**	**%UNFPA and WAHO**
ARVS	$ 15,566,414.48	0%	94%	6%	0%
Rapid Test kits	$ 6,000,447.60	0%	81%	19%	0%
Lab reagents	$ 6,353,463.94	0%	100%	0%	0%
Condoms	$ 1,406,423.00	0%	0%	0%	100%
Total	$ 29,326,749.02	0.0%	88.3%	6.9%	4.8%

1. *Assumptions for calculations – Commodities delivered in-country January-December 2016.*
2. *Costs for laboratory reagents are GF committed funds for 2016.*

Table 2.2.3 USG Non-PEPFAR Funded Investments and Integration – FY16

Funding Source	Total USG Non-PEPFAR Resources	Total Non-COP-PEPFAR Resources	Total Non-PEPFAR Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	Objectives
USAID MCH	$8,000,000	-	$1,350,000	2	Data Validation for DHIMS Health and HIV Indicators
USAID Malaria	$28,000,000	-	$2,378,823	2	Data Validation for DHIMS Health and HIV Indicators
Family Planning	$15,000,000	-	$3,495,388	2	Data Validation for DHIMS Health and HIV Indicators
CDC (Global Health Security)	$7,600,000		1,600,000	1	Develop and deploy novel diagnostics and strengthen laboratory systems; Improving Surveillance and the use of strategic Information.
USAID Water	$7,000,000	-	$300,000	2	Data Validation for DHIMS Health and HIV Indicators
USAID Nutrition	$7,000,000	-	$515,949	2	Data Validation for DHIMS Health and HIV Indicators
Total	**$65,000,000**	**-**	**$8,040,160**	**2**	-

Regarding PEPFAR Central Initiatives,

1. PEPFAR KP Challenge Fund (2013 award $1,056,260) - USAID reprogrammed its $400,000 into the Stigma & Discrimination Assessment implemented by Health Policy Plus Project to cover baseline assessment in 20 high ART caseload facilities. CDC completed Phase I and reprogrammed the remaining $340,000 to refine KP size estimates.

2. PEPFAR Key Populations Implementation Science (2013 award $1,550,000) – CDC completed Phase I in 2016. Given the delay in Phase I implementation, KP TWG cancelled the Phase II

study to be implemented by USAID and redirected the remaining $760,000 funding to other KPIS awarded countries.

3. Local Capacity Initiative (2013 award $710,000) - USAID invested these funds into an integrated health project for a total of $3.7 million. USAID awarded this five-year project entitled People for Health last April 2016 to a local Ghanaian NGO, SEND Ghana. HIV funds has been invested only for the first three years of the project.

2.3 National Sustainability Update

On December 7, 2016, general elections were held in Ghana. Former Foreign Minister Nana Akufo-Addo of the opposition New Patriotic Party (NPP) was elected President, defeating incumbent President John Mahama of the National Democratic Congress with 53.8% of the electoral votes. The process for vetting political appointees is well underway and confirmations are to be finalized by end of March. The new Minister of Health Kwaku Agyemang-Manu, is well known in the health sector and appreciated for his strong experience in public financial management and national health insurance.

This change in government may have some impacts on Ghana's projected allocations to health and HIV programming during the transition period. The timing could not be more critical given 1) Ghana's application for the 2017-2019 Global Fund allocation planned for submission on May 20th, 2017 and; 2) GOG's purchase of ARV and commodities to the value of $3.2 million as per the MoU.

2.4 Alignment of PEPFAR investments geographically to disease burden

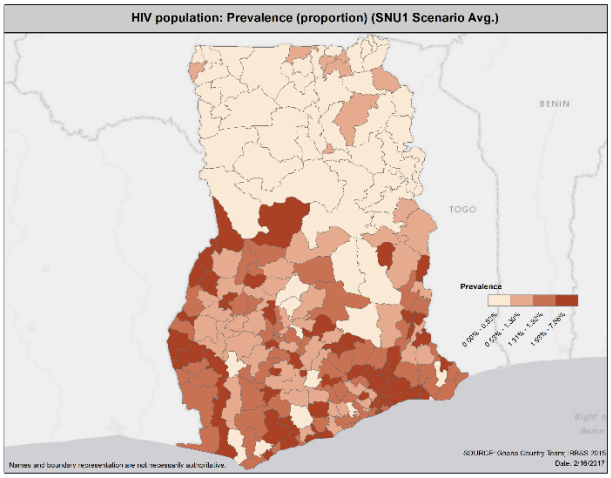


Fig. 3 HIV Population Prevalence by SNU1

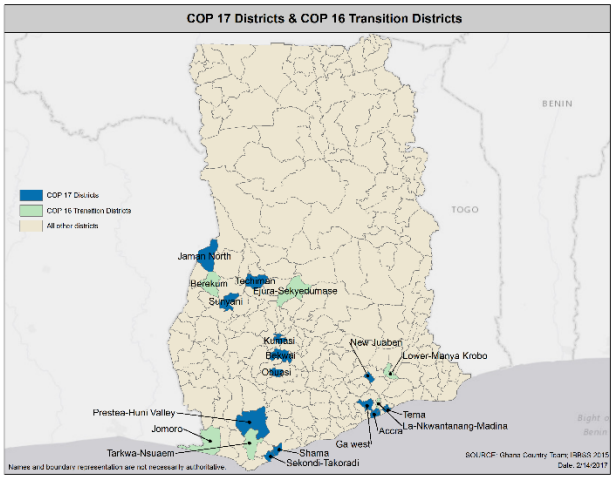


Fig. 4 HIV Population Prevalence by SNU1

In collaboration with GoG and Global Fund, the PEPFAR Ghana portfolio has undergone considerable refinement to focus the program and proceed in a strategic way. COP14 represented a major pivot in geographic focus from 34 districts to 21. Also the focus of expenditures on interventions characterized in COP 14 to move toward epidemic control programming. COP15 increased activity implementation

at the site-level in highest burden regions to achieve saturation and improve the continuum of care cascade. For COP16, it was determined that PEPFAR Ghana needed to further transition out of 13 of 34 priority districts considered low yield sites as well as introduced US$23.7 million supplemental funding for HIV commodities. In COP17, PEPFAR Ghana continues to align its strategic plan with the burden of disease by streamlining investments into 12 districts and 10 ART facilities in the five regions of Ghana with the highest HIV burden. Since the Global Fund (GF) also conducts HIV programming in four of these high-burden regions, they will implement in 10 other top ART facilities making a total of 20. PEPFAR Ghana collaborates with GF to leverage activities for maximum impact and to prevent duplication of efforts. PEPFAR Ghana's COP17 strategy is based on a series of enhanced data analyses and decisions to ensure that the program remains focused on the populations and locations where PEPFAR investments would have the greatest impacts. PEPFAR and GF have worked together to coordinate KP programs by offering harmonized KP package of services from January 2018 forward.

2.5 Stakeholder Engagement

For COP17 development, PEPFAR Ghana hosted six preparatory sessions (Jan 23, Jan 27, Feb 7, Feb 8, March 2 and March 7) with key stakeholders including GOG, CSO, implementing partners, Global Fund, WHO and UNAIDS. During these six sessions, the PEPFAR Ghana team outlined the new COP process for STAR countries and the two Strategic Objectives detailed for the Ghana program and received input into preparation for the COP 17 Review in Washington, DC. Stakeholders were then briefed on PEPFAR funding opportunities, priority areas for investment and projected activities and were also part of the country delegation for the review.

The PEPFAR Ghana portfolio has historically engaged local CSOs in design, implementation and monitoring of its program. Given the Key Populations (KP) focus, the majority of these CSOs were KP HIV-focused. Currently, there are 14 CSO PEPFAR implementing partners to support direct program planning and KP service delivery at the community level in the 12 PEPFAR priority districts. PEPFAR Ghana team continues its engagement with a broader network of CSOs who actively participate in the UNAIDS CSO HIV forum. Several CSO leaders are active members in the Global Fund Country Coordinating Mechanism (CCM) and also regularly participate in other key national HIV-related fora, so PEPFAR Ghana is more so apt to leverage their recognized leadership in advocating CSO priorities at the national level. In COP17, PEPFAR Ghana will continue to increase CSO capacity to effectively advocate on key issues in the HIV sector, with support through the Ambassador's Fund and the centrally funded Local Capacity Initiative (LCI).

PEPFAR Ghana will also be an active participant to Ghana's process to develop its application for the GF 2017-2019 allocation.

3.0 Program Activities for Epidemic Control

3.1 Description of strategic outcomes

Strategic Outcome #1 supports provision of high quality ART services by the achievement of 90% 12 month retention, initiation and viral suppression. More specifically, the rationale includes the following metrics:

1. Targeted testing so PHLIV know their status
-Initiation at 90%
-Retention at 90%
-Viral suppression at 90% of those on treatment
2. Ensure access to high quality viral load testing for patients according to Ghana's MoU
3. Ensure government meets on-budget planning and funding commitments
4. Support data systems that allow tracking of patients across the cascade
5. To support uninterrupted supply of health commodities strengthened by improved management systems at all levels

Strategic Outcome #2 is to develop and scale successful models for key and priority populations service delivery and is supported by the following:

1. Finish existing IBBS surveys and plan for future studies

2. KP program reviewed to ensure that interventions will be successful, and that innovative pilots have national ownership and a scale up plan
3. All KP programs must ensure that linkage and ART initiation is tracked
-80% ART coverage for FSW
4. Y1 Finalize MSM estimates and revise targets for MSM

The table below in 3.1.1 gives an overview of how key above site and site level activities fit together to in the key activity areas of the PEPFAR Ghana program.

Activity Area	Above site	Site Level
Cascade Monitoring	E-tracker; GKPUIS: Quality of facility data checked and used for cascade monitoring by TWG through quarterly checks. Continued updates to E-Tracker and GKPUIS. Technical secretariat engaged in monthly data validation from DHMIS for health and HIV indicators for national level monitoring of USG investments in service delivery.	Monthly and quarterly reviews of site-level cascade data to immediately address patient care and treatment regimens. Site-level QA/QI teams to use cascade data to pinpoint barriers. Facility-level dashboard tool for snapshot tracking of site-level cascade data.
Proficiency Testing (PT)	Support NACP capacity for panel preparation, packaging and QA. monitoring of facility level PT data	Proficiency testing done at site level; results sent to above site for monitoring/evaluation; HIV standardized logbooks used to capture text kits and testing information and corrective action done to address

		testing issues
High Quality ART Program Scale-up/Care & Treatment	Support NACP in development of national guidelines standardizing models of care; baseline data for QA/QI; guidelines informed by site level assessment; informed by examination of other best practices Establish baseline and monitor Treat All DMOC quality indicators; monitoring and quarterly reports of HIV cascade data including KP specific data through eTracker system and UIS; monitor improvements in ART coverage and quality services at national and site level	Operationalize facility scale-up plans for HIV testing outreach and yield, ART initiation, retention based on comprehensive facility assessment (COP16). Site and regional-based technical assistance to engage in program reviews, trainings, supportive supervision, etc. Assessment of operationalization of national SOPs and guidelines, e.g., ART, DMOC, task-shifting, etc. for implementation. Revitalization of site-level QA/QI teams for quality care services and patient outcomes. Data analysis of HIV cascade data through facility dashboard. Follow-up on KP outcomes through UIS with case manager intervention for KP programming sites
Viral Load Monitoring	Support transition to DBS based sample testing; revision and expansion of sample referral and results transmission systems; viral load accreditation of labs	Technical assistance at site level for SOP and guideline implementation. Reviews of sample collection and streamlining strategies. Monitoring of VL through facility data dashboards. Assessment of clinical use of VL data to inform patient care and treatment regimen
Supply Chain	Manage private sector storage, warehouse and distribution (supply chain) system for all USG and GF donated commodities. Strengthen warehouse system. Monitor stock and consumption data through Early Warning System (EWS). Operationalize supply chain strategies. Establish integrated LMIS (including lab) for data visibility. Quantification and forecasting of HIV and lab commodities.	Stock distribution to facility based on pull system. Site-level stock and consumption data monitored through monthly reporting into EWS and clinical TA validating treatment regimens and patient consumption. Site monitoring visits to 20 high ART caseload facilities to ensure commodity (including lab) stock availability and management.

Stigma and Discrimination; Sexual/Gender-based Violence	Review findings from S+D assessment (COP16) to inform and update national training guidelines, including gender training; targeted policy work to increase access for S/GBV survivors	S+D assessment (COP16) to inform site level training for providers. Training to increase reporting of S/GBV cases into Commission on Human Rights and Administrative Justice (CHRAJ) online discrimination reporting system. Development of site-level gender integration plans. Increase provider capacity for working with KPs. Pilot intervention models at select sites for completion of S+D study. Support crisis hotline and community crisis response network
Key Populations Data and Service Delivery	Increased availability of quality KP data through GKPUIS to inform programming and policy. Documentation of best practices for FSW and MSM programming. Institutional and technical strengthening of KP NGOs for improved KP service delivery and health outcomes.	Service Delivery for KPs informed by data from national study. Operationalize KP SOPs for service delivery. Formalize linkages between facilities and KP program sites for data sharing to inform follow-up KP care and support. Evaluation of intervention strategies for 1st & 2nd 90 to increased HIV+ yield, adherence to treatment and retention in care.

Approach to Monitoring Partners for MoU			
GoG Contributions		**USG Activities**	**Patient Indicators**
Financial	**Non-Financial**		
July 2017-$13.9 million included in MoH budget for ARVs, RDTs and lab commodities	Provide HIV treatment services in accordance with WHO guidelines	Monthly: Care Continuum reviews the IP data and identifies data quality and programmatic issues and discusses with the IP. They then develop a plan for remediation which is implemented for the following month. Improvement is expected within 1-2 months. Monthly or quarterly National data and compare with EQUIP data to validate it.	KP_PREV; HTS_TST (including HTS_TST_POS) TX_CURR TA ; TX_NEW TA: Number of people receiving post gender based violence (GBV) clinical care based on the minimum package
December 2017-$13.9 million confirmed in MoH budget for ARVs, RDTs and lab commodities	Mid 2018- Order of ARVs, RDTs and lab commodities	Quarterly: Care Continuum and PEPFAR Ghana with GF and UNAIDS team review partner and program performance and identify data quality and programmatic issues for discussion. They then develop a plan for remediation which is implemented for the next quarter. Improvement is expected within 1-2 quarters.	
April 2018-$13.9 million spent for ARVs, RDTs and lab commodities	Revise laboratory policies and guidelines, including development of viral load scale-up plan and strengthening specimen referral systems		
	Increased data transparency		
	Quarterly consumption reports on commodities at district level		

3.2 Site level (rationale, geographic and population prioritization)

Given Ghana's stable mixed epidemic, declines in HIV prevalence, declines in resources for the HIV/AIDS response, and recent challenges in identifying new HIV cases, PEPFAR has adjusted strategies to better reach hard-to-reach KPs. Based on a KP programmatic data, PEPFAR Ghana will continue to take on a targeted approach for reaching KPs at the site level by focusing its efforts in fewer districts in COP17. PEPFAR Ghana will transition out of six (6) districts of the total 21 current PEPFAR districts (Ejura Sekyeredumase, Lower Manya, La Nkwantanan, Jomoro, Berekum and Tarkwa Nsuem districts) and continue to support 12 districts within the five priority regions of Ghana (2 in collaboration with GF, Accra Metro and Kumasi). These six transitioned districts showed relatively low testing results, low testing yield and a demonstration of low linkage into ART for the last program year. Investments will be shifted to higher volume sites in Accra and Kumasi. Plans for transition of these 6 districts will be completed upon final consultations and agreements with GoG. From 2018, the KP packages of services implemented by Global Fund and PEPFAR will be harmonized.

Currently, PEPFAR Ghana has several linked activities to help ensure follow-up and tracking of KPLHIV. Three intervention strategies at the site-level have been successful with respect to the 1st 90 and continue to inform PEPFAR's Ghana's work on the 2nd 90 and 3rd 90 in COP17:

1) The case manager intervention in which a PLHIV peer is assigned to KPLHIV for follow-up support and accompaniment to ensure adherence to treatment and retention in care. Dedicated case managers have also achieved testing yields of 31% (MSM) and 17.8% (FSW) between May and July 2016 (LINKAGES program report, 2016).

2) The social network testing (otherwise known as partner notification or SNT) engaging HIV+ MSM without any exposure to the PEPFAR program, present themselves at the facility and are successfully encouraged to refer family and friends for HIV testing. SNT achieved yields of 50.5% and 24% in FY15 and FY16 in selected sites among MSM.

3) Using Ghana Health Services nurses, PEPFAR Ghana supports the national HelpLine to provide counseling and referrals to PLHIV. Helpline counselling between February 2015 and July 2016 achieved testing yield of 24% (MSM) and 38% (FSW).

The Ghana HIV response recognizes cross-fertilization of strategies and models among partners as well as supports national adoption and roll out of models. For instance, to tap into and build on skills within GHS, all the Helpline counsellors are GHS nursing staff selected by GHS for additional training focused on counseling to KP. All KP clients in Ghana are encouraged to tap into the network of GHS counsellors for counselling support and linkage into care. Proven KP models will be documented and packaged for national adoption and implementation by GoG and other partners.

These strategies will be reinforced by on-going PEPFAR investments in structural interventions to strengthen violence prevention and response efforts, anti-stigma and discrimination as well as ensure active KP engagement in all aspects of program delivery.

With COP17 resources and one-time funding, PEPFAR Ghana, in collaboration with NACP, will strategically target 10 facilities to develop a facility-level platform on which to pinpoint its technical assistance for site-level realization of above-site activities. At last count, the total ART caseload of

these 20 facilities represented nearly 1/3 of Ghana's PLHIV currently on treatment (total of 100,665 on ART as of December 2016). This facility level platform will allow PEPFAR Ghana to holistically maximize its technical assistance through an intense integration of its above-site activities at site-level. PEPFAR Ghana's support of model service delivery sites is timely in capitalization on Ghana's recent adoption of Treat All by providing real-time facility clinical care practices to inform Ghana's national policies and strategies for differentiated models of care for HIV service delivery. This facility platform will provide feedback on the implementation of above site policies and help to nationally standardize differentiated models of care.

To strengthen site level cascade data capture and monitoring at the site level, PEPFAR Ghana will use a soon to be launching the HIV E-Tracker module and Ghana Key Population Unique Identifier System (GKPUIS) to directly draw out individual patient data within the aggregate information provided by the Ghana Health Services (GHS) patient data reporting system (DHMIS-2). This HIV e-tracker module and GKPUIS data will be entered at site level to identify, monitor and track PLHIV (including KPs) throughout the cascade, and will also facilitate a more accurate mapping of PLHIV (including KPs) accessing health services.

PEPFAR Ghana's COP17 KP strategy stratifies KP into levels of HIV-risk, and prioritizes a set of prevention services that each will receive. All MSM aged above 30 are considered to be at the highest level of risk of HIV-infection, followed by brothel-based FSW; therefore, these populations will receive intensified package of services, including an enhanced peer education strategy that prioritizes peer navigation, case managers, helpline counselling support, a 2-way SMS referral system, and hotspot mapping. In contrast, "roamer" (street-based) FSW and younger MSM, who are predominantly more easily reached by Peer Educators, will be served with a package of KP services, complemented by case managers and Helpline counselling to improve linkage into treatment. These activities will be enhanced by strategic on-site provider-training, client mentoring and technical support to improve cascade monitoring at partner and site level.

PEPFAR will support GoG and implementing partners to further refine interventions in prevention and linkage into treatment by utilizing data to inform the creation and scale up of models that increase availability, accessibility, and quality of KP programs**.** This will entail utilizing real time data of Implementing Partners (IP) to monitor progress and drive improvements, through dashboards of several metrics, including KP reached, reached referred for HTS, HTS referral completion, HIV+ enrollment into Treatment, STI referral completion, and SGBV referral completion.

To address some of the barriers to viral load uptake, and increase the quality and consistency of testing at site level, PEPFAR Ghana will work at the site level in sample collection and streamlining strategies, supply chain management and overall clinical management of VL testing and results to inform patient treatment regimens and overall care. Through such site-level support, PEPFAR Ghana will ensure that national VL guidelines and SOPs will be appropriately integrated at the facility. To complement GoG efforts in testing, PEPFAR Ghana will improve the testing quality at KP sites by supporting an expanded proficiency testing program that covers multiple areas or persons in select high volume KP sites with a proficiency target of not less than 85%.

3.3 Critical above-site systems investments for achieving sustained epidemic control

Ghana faces multiple challenges which have the potential to negatively impact epidemic control efforts. ARV supplies are inadequate under the new Treat All guidelines to cover all PLHIV, and rates of initiating PLHIV on ART and retention are low. Stigma and discrimination continue to deter access to care, further complicating initiation and retention. Treatment outcomes are adversely affected by a low level of VL uptake and the lack of a standardized VL sample referral and results transmission system. The partial implementation of the supply chain master plan has also resulted in less efficient commodity quantification and forecasting, resulting in frequent stock outs, expired drugs and a nonfunctioning commodity early warning systems. There is active participation of CSOs within the national HIV response structure; however, there is limited CSO capacity for advocacy often emanating from lack of training. The Ghana Armed Forces continues to be burdened by significant policy deficiencies regarding HIV. Although one is soon to be launched, there is currently no integration of existing data systems on continuum of care and HIV cascade and consequently no coordinated approach of reviewing the full cascade data which in turn limits program planning and data use for decision making.

PEPFAR Ghana is addressing these challenges in multiple ways. The most significant effort is the provision of $23.7M "Game Changer funds" for ARVs and commodities to help GoG close its ARV gap. PEPFAR Ghana will monitor the use of these funds and assess their impact on initiation and retention in care. GoG recently developed and validated the operational policy and implementation guidelines on task shifting. PEPFAR Ghana will support the development of policies and guidelines on differentiated models of care (DMOC) that are appropriate for Ghana to improve initiation and retention on ART. GoG will be supported through technical assistance to identify models from within Ghana and from other countries, and a TWG will be established to ensure that DMOCs are implemented in an organized manner, and so that there is consistency in the quality of services across the country. Additionally, PEPFAR Ghana will build the capacity of GoG staff through a study tour of a country with existing DMOC to better understand how to monitor and scale-up effective DMOC across Ghana. Lessons learned during the study tour and from the implementation of DMOC will be shared at national stakeholder meetings to disseminate the practices across the entire country.

Viral Load uptake issues are being addressed through pilots of specimen referral systems in two priority regions that will be completed by end of COP 16 and fed into the Viral Load scale up plan. This plan will lead to the development of a hub and spoke specimen referral and results transmission system, which will be implemented in collaboration with the Global Fund. The plan will support a shift from the current plasma-based system to a dry blood spot system; develop a CD4 phase out plan; and implement a stepwise VL specific accreditation process. These efforts will remove many of the barriers to viral load uptake, and increase the quality and consistency of testing in a more cost-efficient manner.

Since the January 2015 fire that destroyed the Central Medical Stores (CMS) and US$81 million in medicines, equipment and commodities, Ghana continues to struggle to develop a functional pharmaceutical supply chain. As a response to this fire, USG and the Global Fund established a

coordinated partnership with a private sector warehousing and distribution company for HIV and other health commodities to ensure secure storage and timely distribution of products to the regional level. In addition, PEPFAR Ghana has negotiated complementary resources from the Global Fund to address critical supply chain issues that result in shortages of ARV, laboratory reagents and other HIV commodities at the facility level. This includes the establishment of "last mile delivery" to the district level of essential commodities including ARVs, laboratory reagents as well as the deployment of an integrated e-Logistics Management Information System (LMIS) to improve data visibility of pharmaceuticals to minimize stock-outs. With PEPFAR as well as other USG specific funding, implementation of the Early Warning System, provision of TA and mentoring for quality collection, analysis and use of programmatic data to inform ARV procurement decision making will continue.

Donor partners, including the Global Fund, DFID and PEPFAR are working closely with the Ministry of Health to undertake comprehensive reform of the supply chain system through the implementation of a revised Supply Chain Master Plan. This is to ensure transition of warehousing and distribution back to the Ministry of Health after 2020, when the PEPFAR donated commodity contribution is expended and critical benchmarks set by donors are met.

PEPFAR Ghana will support targeted trainings of individuals working across the HIV/AIDS spectrum including health care providers, laboratory personnel, M&E officers and program managers, to improve service delivery, inform program operations and data collection processes, and ensure human rights of key populations.

PEPFAR Ghana through the DOD will support the Ghana Armed Forces (GAF) to review and update the Military HIV policy to decrease stigma and discrimination for members of the military who are also PLHIV. This will include the promotion of Positive Health, Dignity and Prevention programs for the military, dependents and their community. Lastly, PEPFAR Ghana will also support the GAF's review of peacekeeping deployment policies as they relate to discrimination against PLHIV.

Data for decision making is crucial for appropriate program planning. With the launch and integration of the HIV-module of the GoG e-tracker and Ghana Key Population Unique Identifier System (GKPUIS), Ghana will have much greater access to data for decision making purposes. PEPFAR Ghana will continue to provide SI support to the GoG to increase the use of high-quality data to inform KP programming and evaluation, and for monitoring progress towards achieving the MoU targets. The HIV e-tracker module will directly draw out individual patient and aggregated data to provide reports quarterly on number tested, number positive, new patients on ART, number currently on treatment, number tested for viral load and percent virally suppressed. Data will be acquired through the data sharing agreement that have already been established with the GoG, and also through CDC Cooperative agreement provisions. When combined with the GKPUIS, the HIV e-tracker module will also enable PEPFAR Ghana to monitor and track KPs throughout the continuum of care cascade. PEPFAR Ghana will support and build the capacity of the GoG to undertake data quality and integrity checks, coordinate the analysis and use of cascade data for decision making. Results of data quality and integrity checks will feed into the programming of site level activities to strengthen the data completeness and reporting. Above site efforts will also support the establishment of VL suppression

benchmarks among MSM and FSW by testing samples from the two IBBSS studies, and a follow-on IBBSS for KPs (FSW, MSM) in COP 18. These efforts will provide Ghana with both the data and skills to direct program planning and implementation.

Other above site activities that will be implemented to stimulate, support and strengthen site level interventions include review and updating of community and facility level training materials and tools for different cadres of health service providers, strengthening stigma and discrimination counseling and information and S/GBV information that are reflective of the global 90-90-90 policy. Also, PEPFAR will document best practices within KP programming and roll out of successful models for scale up by GoG.

3.4 Description of how PEPFAR will support greater sustainability

PEPFAR Ghana continues to promote greater sustainability of the national response. PEPFAR team members have already met with the new Ministers of Health and Finance to update them on the MoU and the commitments made towards contributing to the national response. Ensuring that the GoG meets its commitments to PEPFAR and GF (including cost recoveries) will need to be a high priority for the USG team. The PEPFAR Ghana team regularly engages and strategizes with Global Fund Country Team to better align mutual investments to insure that there is no overlap. Additionally, PEPFAR Ghana works with UNAIDS and WHO to insure government accountability.

Specific activities slated for significant progress or completion during COP17/18 include:

Activities transitioning in COP17-18	**COP17**	**COP18**
GoG Capacity in Strategic information	Initiate	Continue transition
GoG capacity in Differentiated Models of Care	Continue	Continue transition
Improve ART coverage (Supplemental $23.7M)	Continue	Complete
Improve efficiency of VL Testing	Initiate	Complete
Advocate for GAF to implement S&D policies	Initiate	Continue transition

As demonstrated above, PEPFAR Ghana's portfolio of activities continually evolves to meet the demands and opportunities specific to Ghana, but always remains focused on building a long-term, sustainable, government-run HIV program.

4.0 Management and Staffing Considerations

PEPFAR Ghana comprised of four USG agencies working together to increase collaboration and joint activities that strengthen the capacity of the GoG and communities to manage the National HIV Response for achievement of epidemic control by 2020. Each PEPFAR Ghana agency has reviewed its staffing structure to ensure alignment with the program's new focus to support the GOG with Treat All rollout and the increased monitoring necessary to track the HIV cascade given PEPFAR's $23.7 million supplemental funding for HIV commodities to Ghana in COP16.

There are currently 21 total of technical/program positions, of which only 13 are fully funded, full-time PEPFAR technical/program staff. In COP16, four positions were approved but have not been filled. USAID has two vacant full-time positions, Clinical Care and Treatment Advisor and the Monitoring, Evaluation and Learning Advisor. Both positions are being classified by Human Resources and will be advertised as soon as the USG hiring freeze is lifted. Additionally, two program support positions at a total of .25 LOE were recently vacated and will also be advertised at that time. Given the direction of the program, all four positions are still essential to moving PEPFAR Ghana program forward. Recruitment for the third position, the Global Fund Liaison at the State Department, has been postponed. The PEPFAR Coordinator was hired last May 2016 and has since deftly managed the relationships with the Global Fund and the GOG, particularly in negotiating and finalizing MoU elements for the PEPFAR's supplemental funding to Ghana. The Coordinator engages with the Global Fund on a weekly basis and regularly during their visits to Ghana to ensure coordination and complementarity in activities so as to eliminate duplication of services and funding to the GoG. As a result, the PEPFAR Ghana team agreed that it would be better to revisit the need for the Global Fund Liaison position in another year. CDC was approved to hire an Information Technology Specialist at .50 LOE but was not able to recruit a qualified individual. This position will be advertised again after the hiring freeze is lifted.

PEPFAR Ghana is proposing new staffing changes for COP17. CDC is proposing that two current staff, the Deputy Director and the Administrative Assistant, move from 50% LOE to 100% LOE PEPFAR. Both positions were previously supported 50% LOE from CDC's other funding source, Global Health Security (GHS), which will no longer support these positions after FY17. The Deputy Director will continue to manage the program office and ensure proper award management of PEPFAR funds to the GoG. The Administrative Assistant will continue to provide invaluable administrative and program support to the PEPFAR CDC team. Both positions will be used to intensify GoG partnership management. Finally, the State Department's PEPFAR Coordination Office is proposing to reclassify the PEPFAR Media Specialist position to Communication/Administrative Assistant to better support the PEPFAR team.

APPENDIX A

A.1 Planned Spending in 2017

Table A.1.1 Total Funding Level

Applied Pipeline	New Funding	Total Spend
$ 5,290,602	**$ 4,691,801**	**$ 9,982, 403**

*Data included in Table A.1.1 should match FACTS Info records, and can be checked by running the "Summary of Planned Funding by Agency" report

Table A.1.2 Resource Allocation by PEPFAR Budget Code

PEPFAR Budget Code	Budget Code Description	Amount Allocated
MTCT	Mother to Child Transmission	
HVAB	Abstinence/Be Faithful Prevention	
HVOP	Other Sexual Prevention	3,529,504
IDUP	Injecting and Non-Injecting Drug Use	
HMBL	Blood Safety	
HMIN	Injection Safety	
CIRC	Male Circumcision	
HVCT	Counseling and Testing	
HBHC	Adult Care and Support	362,946
PDCS	Pediatric Care and Support	
HKID	Orphans and Vulnerable Children	
HTXS	Adult Treatment	
HTXD	ARV Drugs	
PDTX	Pediatric Treatment	
HVTB	TB/HIV Care	
HLAB	Lab	1,536,468
HVSI	Strategic Information	738,745
OHSS	Health Systems Strengthening	3,814, 740
HVMS	Management and Operations	
TOTAL		**9,982,403**

*Data included in Table A.1.2 should match FACTS Info records, and can be checked by running the "Summary of Planned Funding by Budget Code" report

A.2 Resource Projections

PEPFAR utilized MSM and FSW IBBSS size estimations, national PLHIV data and adjusted PEPFAR historical performance data to calculate targets for the coming implementation year. These were then adjusted using 2016 Unit Expenditure (UE) data to ascertain the required resource to sustain the PEPFAR program. In addition, historical data based on previous and on-going cooperative agreements informed the calculation of resource needs for lump sum activities. HIV commodities (like test kits) were calculated using current market level rates. For new activities, resources were estimated based on expenses for similar activities within country or in similar African countries.

APPENDIX B

Focused Outcome and Impact Table (FOIT), saved as a separate excel worksheet

Focused Outcome and Impact Table (FOIT) Overview
Ghana

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Strategic Outcome 1: Support ART coverage through accountability for game changer funds and support for high quality service delivery and attainment of ART goal by 2020							
Systems: Laboratory	Improve quality of HIV rapid testing through the RT CQI at facility level and expand efforts to cover multiple locations within 20 facilities.	Increase rapid testing accuracy through proficiency testing at 500 sites to 95%; 2) Expand RT CQI within 20 facilities (to cover at least 3 alternative locations) and improve their testing accuracy to 95%.	1) Increase rapid testing accuracy through proficiency testing at the 500 sites to >= 98%.;2) Increase rapid testing accuracy through proficiency testing of the 20 facilities to >= 98%.;3) Expand RT CQI within 100 facilities (to cover at least 3 alternative locations) and improve their testing accuracy to 95%.	LAB_PTCQI	National Indicator		$391,505
Systems: Laboratory	Transition Ghana to a DBS-based hub & spoke regional VL model to improve quality & reduce costs. Involves specimen referral system & VL accreditation	1) Revise specimen referral network (sample transport and results reporting) based on COP16 pilots 2) Expand specimen referral network to 3 other regions (total of 5). GF will manage the other 5 regions. 3) National training for all ART sites (in collaboration with GF) on proper sample collection and packaging. 4) PHASE 1 of accreditation process completed in 7 labs 5) Monitor efficacy of sample referral network (VL Scorecard)	Revise system based on VL Scorecard results 2) Raise VL scorecard results of sample referral system to 85% across country (GF to support 5 regions) 3) Phase 2 of accreditation process completed in 7 labs	TX_PVLS	National Indicator	Revise system based on VL Scorecard results 2) Raise VL scorecard results of sample referral system to 85% across country (GF to support 5 regions) 3) Phase 2 of accreditation process completed in 7 labs	$790,563
Service delivery and quality improvement: general population	Support ART scale up through national implementation of DMOC-guidelines, coord of site-level monitoring, SOPs, QI system to ensure hi quality services	1) Published DMOC guidelines and SOPs, training and clinical aid materials for use at Site Level 2) Established Treat All DMOC quality indicators (DMOC method, number tested, new patients on ART, number currently on treatment, number tested for viral load and percent virally suppressed) and analyze DMOC data collected across MOH facilities 3) Support 1 national DMOC stakeholder meeting to share lessons learned and scale up implementation of DMOC across Ghana 4) Quarterly review meeting on DMOC methods, cascade data and experience from site level	1) Analyze Treat All DMOC quality indicators (DMOC method, number tested, new patients on ART, number currently on treatment, number tested for viral load and percent virally suppressed) across MOH facilities 2) GOG addresses gaps identified through site level DMOC monitoring in 50% of 245 ART sites. 3) Support 1 national DMOC stakeholder meeting to share impact of DMOC efforts on clinical outcomes, share DMOC lessons learned to scale up implementation of DMOC across country, and capture recommend modifications 4) Modify DMOC guidelines and SOPs based on assessment of clinical outcomes and input from stakeholders 5) Quarterly review meeting on DMOC methods, cascade data and experience from site level	TX_NEW, TX_CURR, TX_RET and HTC_TST	Program Indicator		$262,946

Focused Outcome and Impact Table (FOIT) Overview
Ghana

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Systems: Strategic information	Support accurate monitoring of ART initiation, retention and VL suppression through eTracker system	1) Monitoring and quarterly reports of HIV cascade data including KP specific data (number tested, number positive, new patients on ART, number currently on treatment, number tested for viral load and percent virally suppressed) through expanded eTracker system and GKPUIS 2) Monitor DMOC quality indicators (DMOC method, number tested, new patients on ART, number currently on treatment, number tested for viral load and percent virally suppressed) 3) Enable measurement at site-level to monitor improvements in ART coverage and quality services by DMOC element, gender, and age disaggregation. 4) GoG conducts baseline assessment of DMOC elements at 100% of 245 ART centers.	1) Monitoring and quarterly reports of HIV cascade data including KP specific data (number tested, number positive, new patients on ART, number currently on treatment, number tested for viral load and percent virally suppressed) through eTracker system and GKPUIS 2) Monitor DMOC quality indicators (DMOC method, number tested, new patients on ART, number currently on treatment, number tested for viral load and percent virally suppressed) 3) GoG conducts yearly assessment of DMOC elements at targeted ART centers as identified by monitoring	KP_PREV, HTC_TST, TX_NEW	National Indicator		$394,745
Strategic information	Media sensitization through trainings and interactions. Train selected media health reporters in three regions of Ghana to develop content and also to regularly report on how PEPFAR is working towards ensuring an AIDS Free generation through its Treat All program.	Design and develop HIV and AIDS content which will be a reference material and a tool to indicate that the HIV epidemic is becoming controlled.	Media sensitization to push forward information sharing and buy in of Treat All.The plan will be to bring together experts in the field to share information and give optimum visibility to the Ghana PEPFAR Program.		Program Indicator	Number of media persons trained in the three regions for the two year period on how PEPFAR is changing lives and the course of the HIV epidemic globally and in Ghana. Increased knowledge on Test and Treat.	$30,000
Systems: Institutional Capacity Building	CSO co-ordination and quarterly meetings to build capacity for accountability,better service delivery	Organise quarterly meeting which would serve as information sharing points and capacity building clinics for CSOs to have the capacity to demand accountability2.Give CSO afora to be more informed on PEPFAR processes and share both program and national level data as well as the linkages between the PEPFAR and Global fund programs.	Organise quarterly meeting which would serve as information sharing points and capacity building clinics for CSOs to have the capacity to demand accountability 2.Give CSO afora to be more informed on PEPFAR processes and share both program and national level data as well as the linkages between the PEPFAR and Global fund programs.		Program Indicator	Monitoring quarterly meeings and advocacy sessions	$40,000
Systems: Health workforce (including CHWs)	Train health care providers to implement the PHDP package. The PHDP program important platform for providing targeted prevention messages to HIV+ military and their HIV+ dependents as well as addressing issues of self stigma among PLHIV.	20 health care workers (including TOT) trained in PHDP implementation, including active tracking of LTFU patients and proactive partner notification strategy	20 health care workers trained in PHDP implementation, including active tracking of LTFU patients and proactive partner notification strategy		Program Indicator		$100,000

Focused Outcome and Impact Table (FOIT) Overview
Ghana

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Systems: Institutional Capacity Building	Ensure quality of Cascade Monitoring through establishment of TWG for Cascade Monitoring within the Ghana AIDS Commission	1. Development of quality standards for cascade monitoring 2. Technical Assistance to ensure quality of cascade monitoring and progress of TWG priorities 3. Quarterly meeting for cascade data 4. Establishing SOPs for data sharing and site level cascade monitoring	1. Bi annual review of Treat all roll out progress 2. Quarterly meeting for cascade data 3. Implement SOPs for data sharing		Other	Exploring the challenges within the continuum	$12,500
Systems: Institutional Capacity Building	Quality data validation from DHMIS for health and HIV indicators for national level monitoring of USG investments.	1. Integration of HIV indicators into DHMIS for data collection and tracking. 2. Monthly validation of DHMIS data for health and HIV indicators to assist in monitoring national-level performance of service delivery and patient outcomes	1. Monthly validation of DHMIS data for health and HIV indicators to assist in monitoring national-level performance of service delivery and patient outcomes.				$64,490
Systems: Supply chain and essential medicines	Supply Chain for HIV commodities (incl. lab) - warehousing, distribution, stock management, data, governance, procurement, policy and monitoring.	1. Manage coordinated private sector storage, warehouse and distribution system for USG and GF donated commodities 2. Establish integrated LMIS for improved data visibility 3.Increased facility reporting into Early Warning Systems (EWS) to reduce stock-outs at ART sites 4. Two Advisors embedded in MOH and GHS (one supported by Global Fund) 5. Regional and central monthly stock status reports for monthly consumption to inform forecasting and supply plan 6. Site monitoring visits to 20 ART facilities 7. Strengthening regional and central warehouse management 8. Operationalization of National Condom/Lubricant Strategy. 9. Quantification and forecasting of HIV and lab commodities using actual and realistic consumption data from facilities	1. Manage coordinated private sector storage, warehouse and distribution system for USG and GF donated commodities, begin transition back to MOH, contingent on meeting critical benchmarks 2. Operationalize integrated LMIS for improved data visibility 3. Quantification and forecasting of HIV and lab commodities using actual and realistic consumption data from facilities 4. Two Advisors embedded in MOH and GHS. 5. Regional and central monthly stock status reports.6. Site monitoring visits to 20 ART facilities. 7. Strengthen regional and central warehouse management.		Program Indicator	SC_STOCK_T&S The percent of storage sites where Test and Start commodities (ARVs and diagnostics) are stocked according to plan, by level in supply system of EQUIP-supported sites	$1,568,000
Service delivery and quality improvement: general population	Quality service Improvement at ART facility level: Improved Linkages to Care and retention	Improved number of clients being linked to and retained in care	Increased innovative linkages and adherence strategies		Program Indicator	TX_RET The percent of individuals known to be alive and on treatment 12 months after initiation of ART through the Test and Start mechanism in EQUIP-supported sites	$377,495

Focused Outcome and Impact Table (FOIT) Overview
Ghana

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Systems: Institutional Capacity Building	Support to GOG for Treat All rollout to improve HIV service delivery	1. Operationalize facility scaleup plans for ART initiation and retention. 2. Site based reviews to assess and operationalize SOPs and guidelines outlining appropriate DMOC for implementation as well as data analysis	1. Operationalize facility scaleup plans for ART initiation and retention. 2. Site based reviews to assess and operationalize SOPs and guidelines outlining appropriate DMOC for implementation as well as site level data analysis.		Program Indicator	1. X% of treatment eligible patients who initiate treatment 2. X% of treatment eligible patients who are retained in care at 12 months, 24 months and 36 months (subject to roll out of VL we would recommend adding % of treatment eligible patients virally suppressed at 12, 24 and 36 months).	$1,113,611
Service delivery and quality improvement: general population	Facility level support for clinical management & monitoring VL testing in priority facilities.	1. Quarterly technical assistance on facility SOPs, sample collection and streamlining strategies and supply chain management. 2. Facility level dashboard for monitoring and follow up on VL testing to inform patients care and support mechanisms	1. Quarterly technical assistance on facility SOPs, sample collection and streamlining strategies and supply chain management. 2. Facility level dashboard for monitoring and follow up on VL testing to inform patients care and support mechanisms		Program Indicator	TX_UNDETECT_T&S- The percent of viral load tests with an undetectable viral load (<1000 copies/ml) through Test and Start initiatives in EQUIP-supported sites	$396,370
Systems: Strategic information	Support GoG to develop and publish national SNU estimate and to conduct and report annual DQA assessment.	1) Annual PLHIV SNU estimate completed and reported; 2) completed annual DQA of sample national, regional and district and facilities level covering HTC, HTS, PMTCT, and ART by age and sex disaggregation	1) Annual PLHIV SNU estimate completed and reported; 2)completed annual DQA of sample national, regional and district and facilities level covering HTC, HTS, PMTCT, and ART by age and sex disaggregation				$130,000
Strategic Outcome 2: Develop and scale successful models for key population service delivery							
Systems: Governance (including policy)	Develop a military HIV policy focused on Human Rights and Stigma and Discrimination.	Policy development committee formed from strategic planning committee; study tour to select successful military program ; draft policy created; meetings with key GAF leadership held	Military HIV policy finalized, adopted and socialized among forces.				$25,000
Systems: Health workforce (including CHWs)	A multi-level stigma and discrimination reduction intervention will be piloted among GAF leadership, GAF healthcare workforce, troops, and military PLHIV. Activities will be coordinated with USAID S&D to ensure there are no duplications in efforts. Plan to use evidence based materials already created by Health Policy Plus, adapting them to the military context.	Existing evidence-based stigma and discrimination intervention will be adapted to military setting; military leaders and champions will be identified; activity plans approved by GAF leadership and initial trainings with leadership conducted ; Leadership showing more commitment and support for military HIV+ members	GAF members demonstrate a 25% decrease in perceived discrimination scores as measured by the Genberg Stigma scale from baseline data observed in 2016 SABERS				$150,000

Focused Outcome and Impact Table (FOIT) Overview
Ghana

Area of intervention	Activity Description	1 year benchmarks	2 year benchmarks	PEPFAR Indicators	Additional indicator category that best represents activity progress (if relevant)	List specific additional indicators (if relevant)	Total Planned Amount and Applied Pipeline Amount (Column R + Column S)
Service delivery and quality improvement: key populations	Prevention education and linkage to care for FSWs who are sero-positive at hotspots, directly linking those found positive to the cascade	1. Reach 2,645 FSW with a package of KP prevention services and referrals for testing 2. Test 2,207 FSW for HIV. 3. About 244 HIV positive FSW put on ART 4. Increased HIV prevention knowledge for KPs	Project ends 3/30/2018	KP_PREV; HTS_TST (including HTS_TST_POS) TX_CURR TA ; TX_NEW TA: Number of people receiving postgender based violence (GBV) clinical care based on the minimum package			$330,035
Service delivery and quality improvement: key populations	FSW direct service model (HTS, linkage to care and retention) in 10 districts through strategic outreach approaches (brothels, social networks)	1. Reach 15,174 FSW with a package of KP services implemented at scale and based on national KP SOP eg, (eg, case managers, social network testing and Helpline counselling) 2. Test 13,873 FSW for HIV. 3. About 1,393 HIV positive FSW put on ART 4. Establishing new and successful models for KP programming that can be scaled up by GOG. 5. Increased capacity of NGOs to facilitate linkage to care. 6. Increased KPLHIV linked to care. 7. Development of 1-2 reports on best practices of FSW service delivery. 8. Stigma reduction activities	Reach 18,710 FSW with a package of KP services implemented at scale and based on national KP SOP eg, (eg, case managers, social network testing and Helpline counselling) 2. Test 16,839 FSW for HIV 3. About 1,725 HIV positive FSW put on ART 4. Establishing new and successful models for KP programming that can be scaled up by GOG 5. Development of 1-2 reports on best practices of FSW service delivery. 6. Increased capacity of NGOs to facilitate linkage to care. 7. Increased 1,553 KPLHIV linked to care. 8.	KP_PREV; HTS_TST (including HTS_TST_POS) TX_CURR TA ; TX_NEW TA:		1. No. of Local NGOs strengthened to support service delivery along the HIV cascade. 2. Increased PLHIV linked and retained in care. 3. Best Practice reports disseminated to stakeholders.	$2,108,563
Service delivery and quality improvement: key populations	MSM direct service model (HTS, linkage to care and retention) in 10 districts through strategic outreach approaches (brothels, social networks)	1. Reach 8,460 MSM with a package of KP services implemented at scale and based on national KP SOP(eg, case managers, social network testing and Helpline counselling) 2. Test 7,812 MSM for HIV. 3. 1,142 HIV positive MSM put on ART 4. Establishing new and successful models for KP programming that can be scaled up by GOG. 5. Increased capacity of NGOs to facilitate linkage to care. 6. Increased KPLHIV linked to care. 7. Development of 1-2 reports on best practices of MSM service delivery.	1. Reach 9,478 MSM with a package of KP services implemented at scale and based on national KP SOP(eg, case managers, social network testing and Helpline counselling) 2. Test 8,530 MSM for HIV. 3. 1,152 HIV positive MSM put on ART 4. Establishing new and successful models for KP programming that can be scaled up by GOG 5. Increased capacity of NGOs to facilitate linkage to care. 6. Increased KPLHIV linked to care. 7. Development of 1-2 reports on best practices of MSM service delivery	KP_PREV; HTS_TST (including HTS_TST_POS) TX_CURR TA ; TX_NEW TA:		1. No. of Local NGOs strengthened to support service delivery along the HIV cascade. 2. Increased PLHIV linked and retained in care. 3. Best Practice reports disseminated to stakeholders.	$1,300,930
Systems: Institutional Capacity Building	Community crisis response network; gender integration tools at site level; targeted policy work for increased access to services for survivors	1. S&D and S/GBV training completed for different cadres of community and service providers in PEPFAR priority districts 2. Provider knowledge of CHRAJ reporting tool 3. Number of people receiving postgender based violence (GBV) clinical care based on the minimum package (420 FSW, 144 MSM)	1. Increased use of reporting tools in CHRAJ S/GBVreporting platform over time 2. Number of people receiving postgender based violence (GBV) clinical care based on the minimum package (420 FSW, 144 MSM)				$156,250

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Other: specify in activity description	External midline evaluation of KP intervention strategies and overall change at project level as a follow-up to the baseline done in COP16	1. Mid-line evaluation of USAID/Strengthening the Care Continuum project completed. 2. Summary report disseminated in technical stakeholder meetings. 2. Recommendations implemented.	Activity final evaluation will be included in COP 19				$300,000
Strategic information	Increase availability and use of high quality KP datea to inform KP programming and evaluation through follow-on IBBS for KP target groups (FSW, MSM and others)	1. Completed laboratory analyses for KP viral load benchmark. 2: clarify stakeholder roles and finalize future IBBS budgets topics and categories	1.Finalized round 3 IBBS protocol for local and agency IRB/ADS approval				$23,400