



Ghana
Operational Plan Report
FY 2012



Operating Unit Overview

OU Executive Summary

I. Country context

The prevalence of HIV in Ghana peaked in 1998 at 2.4% and is now estimated at 1.5% (NACP, 2011). Sexual transmission accounts for well over 80% of new infections. HIV prevalence is highest in 35-39 year-old women (4.1 %) and 40-44 year-old men (4.7%) (DHS 2003) . Youth in Ghana are relatively less affected by HIV/AIDS than adults, perhaps because of low levels of cross generational sex and few concurrent sexual relationships among girls. Over time, fewer people report having had sex by the age of 18, e.g., 51% of women 45-49 years had sex by the age of 18 while 41% of 20-24 years have had sex by the age of 18 (DHS, 2008).

Although HIV infection in the general population is low and declining, it is 15 to 20 times higher in most at-risk populations (MARP), especially in men who have sex with men (MSM), and female sex workers (FSW) and their partners. Little is known about other potential MARP such as male sex workers, prisoners and injecting drug users but studies are now underway to determine if these groups drive the epidemic too. Fifteen percent of TB patients are co-infected with HIV (NTP, 2009). Unlike elsewhere in Africa, however, long distance truck drivers and military personnel do not appear to have HIV rates higher than men in the general population.

HIV/AIDS in Ghana is strongly linked with sex work, ranging from 24% among FSW in Kumasi to 37% in Accra. Reported condom use among sex workers is 93% with paying partners but is low (20%) with non-paying partners (NPPs). According to a USG-funded study (SHARP 2006), HIV prevalence among NPP is 33%. Clients of sex workers are at high risk and pose a threat of transmission of HIV to the general population. Experts estimate that Ghana has approximately 34,000 FSW, but this is likely the low end of the range; experience from sex worker interventions suggests that there might be many additional women engaging in informal transactional sex, often in venue-based settings like bars, or using mobile phones to connect to potential clients (SHARP, 2006). Informal transactional sex by people who do not consider themselves sex workers but derive income out of exchanging sexual contacts may well be another driver of the HIV epidemic in Ghana.

A large majority of MSM in Accra engage in high risk behaviors, such as unprotected anal sex, and 26% are HIV-infected (SHARP, 2006). About half of MSM report that they engage in sex work and have sex with both men and women, which promotes the “bridging” of HIV transmission to the general population. A USG-funded Integrated Bio-Behavior Survey including size estimation is currently being undertaken. MSM are particularly difficult to reach with HIV services, although in recent years great strides have been



made in the USG program to reach MSM.

Transmission from high risk populations to the general population is of specific concern in Ghana. Evidence from another USG-funded study (SHARP, 2005), shows high degrees of HIV-discordance in cohabiting partners and low rates of partner disclosure; two-thirds of HIV positive individuals say they have not disclosed their HIV status to their sexual partner(s). Sex workers and MSM face high levels of stigma and discrimination and have very few options in Ghana to defend their rights. Stigma and discrimination prevent people from accessing clinical and preventive services.

The PEPFAR program is closely aligned with Ghana's third five-year Strategic Plan for HIV/AIDS (2011 – 2015), which echoes the objectives and some key interventions of the Partnership Framework Implementation Plan (see below). PEPFAR heavily focuses on supporting Global Fund (GF) implementation. However, GF funding is becoming precariously unpredictable. An \$18 million continuation-of-service grant covers ART for 49,000 persons on ART until April 2013, but not for those who newly initiate ART. The present number of persons on ART is approximately 75,000 (NACP 2012, personal communication). A round 8, phase 2 grant is undergoing a second round of reprioritization and now covers mainly PMTCT and ART, at the expense of other prevention interventions. Even so, because of reduced funding, PMTCT 2012 targets have been reduced from 70% to 50%. A National Strategic Application (NSA) is currently being prepared for submission under the stringent guidelines of transitional funding mechanism that TGF put in place through mid-2014. It is unclear whether these combined applications will be sufficient to fund treatment of new ART clients (the 26,000 patients gap plus an additional 15,000 new clients each year) and increase PMTCT coverage to achieve the virtual elimination of MTCT. It is also unclear whether other essential prevention activities, especially MARP interventions will be sufficiently funded to adhere to the national MARP scale-up plan. The Government of Ghana (GOG) has announced a \$100 million contribution over five years for HIV and has promised to cater for those newly eligible for ART but this has not yet materialized. It does provide several million AIDS funding per years and it will now provide 20% counterpart financing on all newly approved TGF funding as per the new transitional funding guidelines for lower middle income countries.

The dire financial situation is exacerbated by the recent withdrawal of four major donors from the HIV/AIDS response: the World Bank; the Danes; the British; and the Dutch. For 2012, the projected funding from other organizations is as follows: UN \$3.0 million; GIZ \$2.0 million; and the Japanese \$1.5 million. USG has a projected funding of \$14.7 million in FY2012. Therefore, despite good relationships with other donor partners, little leveraging of funding is possible with such low finance levels. As the HIV/AIDS sub-sector lead, UNAIDS has a leadership role among development partners for coordination at the policy level.



II. PEPFAR focus in 2012

According to the current state-of-the-art information, USG's approach of focusing prevention activities on MARP is the most cost-effective way to reduce the number of new infections. The USG provides leadership and technical direction in the MARP program, e.g., by developing guidelines, materials and best practices that are subsequently adopted as national standards. Drop-in centers are put in place as referral points for individuals to access the continuum of care including HIV/TB services and food-by-prescription programs. PEPFAR is also leading the way in anti-stigma programs, with a focus on MARP program service providers. In clinical programs, given limited resources USG focuses on supporting Global Fund program implementation (HIV and TB/HIV) with technical assistance and technical guidance. The USG also invests heavily in costing studies and intervention modeling to strengthen the development of proposals to the Global Fund. The National Association of People Living with HIV is strengthened in multiple ways to press the GOG to keep its financial promises and to keep adequate ARV stock levels.

To expand access to prevention services, USAID will support a network of approximately 31 indigenous civil society organizations (CSO) to provide comprehensive prevention services for FSW, their clients and NPPs, MSM, PLHIV and their regular sexual partners. The approach will continue to rely heavily on informal social networks, peer education and innovative electronic communications. Peer educators will cluster in and around the drop-in centers. MARP-friendly clinics will link MARP to HIV-related services, including PMTCT, TB treatment and ART. Supportive supervision and in-service training for health staff will strengthen clinical systems to provide MARP-friendly services.

New areas of GOG and USG Ghana collaboration on PMTCT include: coordinating with the National AIDS Control Program to review and adapt supervision protocols and practices to cater for the larger number of facilities and to ensure high quality standards; training staff on the new PMTCT service protocols; 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 sites increase; and updating PMTCT-related modules (including those for post-delivery and for testing and counseling) in pre-service training for different cadres of health staff. These programs focus on ART scale-up and are concentrated in the five most populous regions of Ghana.

Peace Corps (PC) will expand its reach to meet country needs in the area of HIV prevention and care. PC will build the capacities of its approximately 200 volunteers and their local Ghanaian counterparts to promote HIV prevention, care and support activities through community-initiated training and outreach activities. Department of State (DOS) will provide four to five small grants supporting prevention for



vulnerable groups through the Ambassador's Self-Help Fund. Department of Defense (DOD) will continue supporting HIV prevention's integration within Ghana Armed Forces (GAF) peer education program, Know your Status Campaign and Peacekeeping training, and start Prevention with Positives (PwP) program at an off-base venue for military and family members. USG systems strengthening activities are increasing in intensity. CDC is improving the quality of laboratories and safe blood supply; enhancing health information management systems, increasing monitoring and evaluation capacity of the Ghana AIDS Commission and other bodies in country, and providing technical leadership for MSM survey and surveillance. USAID is strengthening the procurement and distributions systems, including high-level advocacy activities to systematically overhaul these systems, while paying increased attention to pre-service training of all categories of health staff nationwide. USAID is also strengthening the private sector to procure, distribute and deliver low-cost condoms at cost-recovery levels. To ensure smooth Global Fund program implementation, USAID helps strengthen the CCM in its functions and strengthen Principal Recipients and resource persons to apply for grants, implement them once a grant is received and prepare accurate reports. USAID also is strengthening and financially supporting the Ghana AIDS Commission to play a leadership role in anti-stigma and discrimination activities and to work with the press to deliver appropriate messages regarding MARPS and PLHIV. It also supports decentralization of the response by strengthening coordination structures in the Western Region.

USG/Ghana submitted its GHI strategy in December 2011; it is currently under review. 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 (improving access to high quality integrated services for reproductive and HIC 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 (improving 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: through 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.

All the GHI focus areas are reflected in the PEPFAR program, as are the defining principles. 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) building capacity 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. PEPFAR/Ghana is committed to furthering that cause in order to positively impact HIV in Ghana.

III. PFIP implementation

On November 30th, 2009, the U.S. Ambassador to Ghana Mr. Donald Teitelbaum and Ghana's Minister of Finance, Dr. Kwabena Duffour, signed the Partnership Framework in Support of Ghana's HIV/AIDS National Response (PF). The PF closely aligns USG-funded HIV/AIDS efforts with national programs and with the efforts of other international partners and civil society at the country level. The PF provides a 5-year joint strategic framework focused on service delivery, HIV/AIDS policy reform and shared financial and/or in-kind commitments. A more detailed implementation plan was finalized in 2010.

To address the HIV epidemic in Ghana, the goals of the draft National Strategic Plan reflected in the PF are: reduce new infections; mitigate the health and socio-economic impact of HIV/AIDS; and promote healthy lifestyles. The PF reinforces other USG investments in health and development, which aim to address Ghana's key development challenges by fostering a healthier, better educated and more productive population, and by supporting capacity building for the GOG. By linking the HIV/AIDS response with Ghana's development agenda, these areas for concentrated focus over the course of the PF also strengthen increased GOG ownership of the HIV/AIDS program and will result in a declining need for USG assistance over time.

Implementation of the PF will improve the response throughout the country; contribute to the achievement of universal access to HIV prevention, treatment, and care; support the Millennium Development Goals;



and better position Ghana to address the epidemic over the long term.

Activities supported through USG Ghana Fiscal Year 2012 Country Operational Plan (COP) aim to fulfill the USG commitments outlined in the Partnership Framework, which includes support to the GOG to achieve five goals:

- 1) Reduce the number of new infections by 30% by focusing prevention efforts on those most at risk: (MARF); HIV+ mothers to prevent mother-to-child transmission (MTCT); and people living with HIV (PLHIV);
- 2) Increase anti-retroviral treatment (ART) coverage from 30% to 60%;
- 3) Increase the number of persons receiving care by 200% from 45,000 to 130,000;
- 4) Strengthen health management systems needed to achieve the prevention, treatment and care goals;
- 5) Strengthen capacity of community-based organizations (CBOs) to provide information and services to MARF and PLHIV.

Each USG agency has a clearly defined role. The Department of Defense works with the military, their families, civilian personnel and civilian residents living near their bases; Peace Corps works with PLHIV, FSW and other vulnerable populations and general community level work; the State Department reaches the vulnerable through the Ambassador's self-help program. The Centers for Disease Control and Prevention strengthens GOG systems, including laboratories, strategic information and safe blood systems. USAID supports prevention, treatment, care and support and builds capacity nationwide to manage and implement the HIV/AIDS response. There is close collaboration across agencies and across initiatives in strengthening laboratory capacity, including the laboratory component of the USAID TB and Malaria programs. Research activities, particularly surveillance and research system strengthening, are CDC's mandate, with targeted contributions from USAID in operations research to strengthen the prevention program and field another Demographic and Health Survey, including HIV testing.

The US agencies work together to leverage efforts. Chairmanship of the Country PEPFAR Team rotates between agencies on a semi-annual basis. USAID contributes to the PEPFAR team by providing logistical and administrative support for meeting, planning and reporting. The State Department provides media and public relations support to the program. CDC provides technical assistance to agencies as they work with their partners on monitoring and evaluation (M&E) and PEPFAR reporting and informs USG prevention program effects through MARF surveillance and estimation activities.

As discussed above, the GOG has recently announced its plan to contribute \$100 million towards the implementation of the 2011–2015 five-year Strategic Plan, well beyond expectations at the time of writing the PF. However, none of this funding has yet been obligated and no HIV line item was included in the



2012 national budget. This COP is designed to move forward on each of the PF goals. However, with the present TGF financial crisis, it is unlikely that Ghana will have enough financial resources to achieve either the PF or the NSP goals. The very limited USG resources and the lack of any other major donor supporting the HIV/AIDS sector besides the now struggling Global Fund will make it difficult to achieve the PF goals in a full and timely way.

OGAC currently is concerned about pipelines of funds already obligated into the program under previous COPS, especially USAID (40%) and CDC (66%). These are mainly due to the \$18.6 million influx of additional Partnership Framework funds that arrived in August 2010, on top of the \$13 million regular USG budget. The additional funds are being used strategically as of FY 2011 in order to achieve longer term gains with this one-time supplement. Presently mechanisms are in place and are geared up to use these funds effectively. For instance, USAID currently has a very high burn rate of \$9.3 million over the last two quarters, which equals almost an entire annual budget of 10 million. A lack of reprogramming opportunities in FY 2011/2012 contributed to the high pipeline. With the reprogramming window opening up in April 2012, and present high burn rate, the USAID pipeline will be well below 30% by July 2012. Soon after, USAID will need to start reducing its present program significantly, e.g. reducing Ghana's contribution to the training of new health workers.

Another important issue is the timing of the agreement. While the PF agreement period is officially 2008 – 2013, it was signed only early in FY 2010, and as discussed above, additional funding arrived more than eight months later. Therefore, the USG started PF implementation late and is still working towards achieving the PF goals. Nevertheless, significant progress has been made.

Under prevention, the core areas of interventions focus on MARPs – in particular, FSW and MSM. USG through several agencies and in conjunction with the government and civil society, is providing services directly to MARPs, establishing MARP-friendly facilities, increasing T&C uptake (including among pregnant women), and integrating Prevention with PLHIV into PLHIV support groups. In FY11 USG Ghana met or exceeded targets in all prevention areas.

As outlined in the PFIP, USG Ghana's role in increasing ART coverage is to support PLHIV groups in active case finding, strengthen clinical services linkages, and improve provider quality (including anti-stigma). Results for USG Ghana in this area are not well captured by the NGI, however, increases in non-treatment indicators suggests that USG Ghana is continuing to support increased knowledge of status, positive provider interaction, and linkages between community-based and facility-based services. Ghana has in April 2011 achieved its PF goal of increasing ART coverage to 45,000.

USG Ghana along with the government and civil society has increased the number of people accessing



care. As noted in the PFIP, USG Ghana's role is to focus primarily on MARPs and PLHIV, results are reflected in the significant increases (exceeding targets) in those populations reached with a variety of social, legal, and health-related services.

Goal 4 under the PFIP focuses on USG Ghana support for lab, strategic information, human resources, and policy. These results are found in the policy tracking tables, surveys and surveillance plans, as well as other indicators. USG Ghana's TA has helped improve planning, information systems, and monitoring of the government's prevention, care, treatment and other supportive work.

Goal 5 of the PFIP is reflected in results in all areas as strengthening the capacity of CBOs to provide services to MARPs and PLHIV is seen in accomplishments for T&C, MARP prevention services and PLHIV care and support. Without significant support to CBOs in M&E, financial and human resource management, and training of providers, the prevention, care and treatment achievements would be lower. The USG team is currently finalizing measurement of national commitment towards the partnership and expects to have indicators soon. The current proposed indicators pertain to financial contribution to HIV by the GoG, improved service delivery, and strengthened supply chain and laboratories.

IV. Country Ownership Assessment

The PEPFAR country team is in continuous dialogue with the leading GOG coordination institutions, the Ghana AIDS Commission (GAC) and the National AIDS Control Program (NACP), both at the policy and technical levels. Policy dialogue takes place at bilateral and technical meetings. The COP preparation process has been closely interwoven with sector activities in the various technical working groups and GAC subcommittees, where civil society is actively involved. Further platforms for planning and exchange of policy and technical information are CCM meetings, National Partnership Fora, a new PMTCT dialogue platform at the NACP, and commodity security meetings, amongst others. In the past year there was a Joint Assessment of the National (HIV/AIDS) Strategy (JANS), with strong participation of the USG, which resulted in very positive findings and clear recommendations for further refinement of the sector response. Since then, the USG (USAID) has provided support for detailed costing exercises and a national HIV/AIDS Commodity Security Plan.

Thus, opportunities to exchange with other stakeholders are numerous. Refinements to the USG strategies and activities are made either at the initiative of GOG authorities (e.g. support for Global Fund financial planning and reporting, technical support for MARP policies) or at the USG's initiative (intensifying capacity building of local NGO implementers). Examples of joint planning are the initial elaboration of a national MARP program evaluation that will continue in 2012, and the development of a national MARP Implementation Plan, that is presently being costed.

On specific issues and areas, the USG (CDC) assisted with the assessment of the laboratory capacity



and systems while drafting the first National Laboratory Strategic Plan for Ghana, which focuses on the priority areas for laboratory systems strengthening. CDC also conducted assessments of the laboratories identified by the Ghana Health Service before starting quality management processes and systems in order to accredit nine laboratories in Ghana over the next three years. An assessment was also conducted on the laboratory information system before starting to build a Basic Laboratory Information System (BLIS) that should lead towards an improved Laboratory Information System (LIS) in country. CDC also worked with GAC and GHS to ascertain the country's need for trained personnel for monitoring and evaluation (with a focus on HIV), the capacity and needs for blood services, as well as capacity and needs of the health information management system.

Ownership

As indicated above, the past year has seen significant interaction with the Government, civil society, academia and the private sector to produce a number of planning documents, each of which reflect the basic principles and objectives stated in the PF. Therefore, as a sector, we are all on the same path to ensure a well-coordinated national response. However, coordination and ownership at the decentralized and community levels is less pronounced, mainly because the sector funding structure is largely centralized. Less coordination at the community level has its roots in the very nature of the epidemic that is MARP-driven, with communities generally stigmatizing and discriminating against MARP rather than taking ownership of the response.

Capabilities and accountability

Historically, most capacity building for the HIV response has taken place within the health sector, reaching hospital and clinic staff through the NACP. This COP will strengthen the health system in a variety of ways, building on significant prior achievements. Ghanaian leaders in HIV/AIDS including the GAC only recently embraced data regarding the nature of the epidemic, so that Ghana now "knows its epidemic." In the early years of HIV/AIDS in Ghana, there was limited analysis and understanding of the epidemic which resulted in a fragmented response and contradictory priorities.

NGO participation in the HIV sector is under-developed in Ghana. With some notable exceptions, capacity and accountability issues remain important obstacles to increased involvement of NGOs. This is partly because Ghana's early HIV/AIDS community response consisted of mobilizing a large number of emerging NGOs to carry out interventions, without sufficient capacity building and oversight. Much more work is needed to put the quality of community interventions at par with clinical activities. Therefore, as USAID strives to increase involvement of local NGOs it will need to closely monitor and supervise these organizations, technically and in terms of accountability.



Supporting country ownership

The PEPFAR Team will continue its dialogue and involvement in numerous working groups, sub-committees and planning and review exercises to further increase national ownership and stewardship of the national HIV response. Intensive support is presently provided for the development of a National Strategic Application. The costing and commodity planning exercises in preparation of this application have already been mentioned above.

As explained above, the strong presence of stigma and discrimination (S&D) is one reason that community ownership, especially concerning prevention interventions, remains limited. The USG is funding the Ghana AIDS Commission to take a leadership role in reconstituting a special Task Team to intensify activities. Larger groups of professionals (health workers; police and prison officers; and judiciary) will receive training to combat S&D. The Commission for Human Rights and Administrative Justice will be empowered and provided with resources to carry out training and advocacy activities nationally. The USG will fund GAC to provide media training, in close collaborations with the State PEPFAR media point person. At the decentralized level, the formation of MARP advocacy groups consisting of opinion leaders including lawyers and police officers will be scaled up, and members of MARP will be trained as legal aids to support their peers. The Mission is aware of two current cases where MSMs were involved in the legal process for same-sex activity involving alleged assaults, but no case has resulted in a conviction

An important way to increase country ownership is to build the technical and financial capabilities of local NGOs. The activities are described in the technical narratives in much detail. Essentially, prevention activities are increased and shifted towards local NGOs, with intensive support from professional contractors. This is a process in several phases, with much attention to accountability and transparency. The best performing NGOs will be considered for direct funding from the USG or even to act as umbrella organizations, supporting some of their peers financially and technically.

The training and quality enhancement activities in building laboratory, blood services and health management systems conducted by CDC are all geared towards supporting Ghana's capacity building and ownership. They are aimed at making Ghana able to sustain and gradually enhance and increase the quality of laboratories, blood services, monitoring and evaluation and surveys and surveillance capacities nationally with the processes and end products fully owned by the country.

V. Central Initiatives.

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.

Four US Agencies are involved in implementing Gender Challenge Fund activities in Ghana. CDC is preparing a baseline Integrated Biological and Behavioral Survey of the Kayayee population in Accra. Kayayee are market porters, often young, illiterate girls from the deprived Northern Region of Ghana. USAID is beginning an integrated HIV/Reproductive Health intervention for these Kayayee and has intensified leadership trainings for PLHIV to encourage female PLHIV to come forward in leadership roles. Presently participants of PL support groups are predominantly female but the leadership consists largely of males.

Allowable characters: 35,000

02/08/2012 character count: 32,700

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	240,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	02	2009	UNAIDS Report on the global AIDS Epidemic			

			2010			
Children 0-14 living with HIV	27,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	18,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults	18,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	22,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	766,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	12,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Number of people living with HIV/AIDS	260,000	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	160,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	110,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	140,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

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

		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
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
		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
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)
		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
1.4	Ensure PMTCT to 80 percent of pregnant women and infants born to HIV-infected mothers who are infected.	P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.1.N	P1.1.N Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)

		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
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
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	C1.1.N	C1.1.N Number of eligible adults and children provided with a minimum of one care service
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
		C2.3.D	C2.3.D Number of HIV-positive clinically malnourished clients who received therapeutic or

			supplementary food
2.3	Provide therapeutic nutritional supplementation for low BMI patients commencing ART	C2.3.D	C2.3.D Number 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
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
3.3	Support implementation of National OVC Action Plan ****No appropriate policy indicator exists*** C1.1N is a proxy for policy objective	C1.1.N	C1.1.N Number of eligible adults and children provided with a minimum of one care service
4	Strengthen Health Management Systems needed to achieve the prevention, treatment and care goals		
4.1	Strengthen policy dialogue structures and processes	H3.1.N	H3.1.N Domestic and international AIDS spending by

	<p>***No appropriate indicator exists*** H3.1N is proxy for policy dialogue</p>		categories and financing sources
4.2	<p>Improve human and financial resource management</p> <p>***No appropriate indicator exists*** H3.1N is proxy for financial management</p>	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources
4.3	<p>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.</p>	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
4.4	<p>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</p> <p>***No appropriate indicator exists*** H3.1N is proxy for strategic information</p>	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources
5	<p>Strengthen capacity of CBOs to provide information and services to most-at-risk populations (MARPs) and PLHIV</p>		
5.1	<p>Build capacity of CSOs as individual organizations, umbrella groups, and networks that serve MARPs, PLHIV and other vulnerable groups</p>	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources

	No appropriate indicator exists H3.1N is proxy for CSO capacity		
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	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources

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

In what way does the USG participate in the CCM?

Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.

7+ times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.

1-3 times

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.

Yes

In any or all of the following diseases?

Round 11 HIV



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

Yes

If Yes, please indicate which round and how the end of this grant may impact USG programming. Also describe any actions the USG, with country counterparts, is taking to enable continuation of any successful programming financed through these grants.

For HIV/AIDS, round eight, phase two has just started, with a shift from prevention towards PMTCT. Malaria has two grants ending in December 2013, one in-door residual spraying phase 1 grant to Anglo Gold Ashanti and a RCC phase 1 grant to the National Malaria Control Program. The USG has provided support to switch grants to single-stream funding; to strengthen governance of the CCM; and is often providing support to the Government with the applications.

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?

Redacted

Did you receive funds for the Country Collaboration Initiative this year?

Yes

Is there currently any joint planning with the Global Fund?

Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)

Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Round	Principal Recipient	Assistance Provided	Value of Assistance (If Known)	Programming Impact	Causes of Need
5	Ghana Health Service	Developing the costing for an Continuation of Service application for HIV/AIDS since Round 10 application was unsuccessful. Also provided assistance to switch to single-stream funding.		USG programming impacted by implementing partner(s) shifting resources to cover	Unexpected gap in GF programming; Issues with the national forecasting or procurement system; PR not able to procure on schedule
5	Ghana Health Service	Emergency procurement of three-months of first-line ARV	1,500,000	Involved USG staff time	Unexpected gap in GF programming; Issues with the national forecasting or procurement system; PR not able to procure on schedule
9	Ghana Health Service	RCC for malaria, assistance to switch to single stream funding		Involved USG staff time	Unexpected gap in GF programming; Issues with the national forecasting or procurement system; PR not able to procure on schedule

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	HIV Incidence Study	Recent HIV Infections	Female Commercial Sex Workers, Pregnant Women	Implementation	N/A
N/A	Assessment of HIV, STI, and Sexual and Reproductive Health Status among Kayaye in Ghana	Population-based Behavioral Surveys	Other	Development	N/A
N/A	Developing a local misclassification rate for estimating HIV-1 incidence in Ghana	Recent HIV Infections	Other	Implementation	N/A
N/A	Ghana Female Sex Worker Study	Population size estimates	Female Commercial Sex Workers	Publishing	N/A
N/A	Ghana FSW Study	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Publishing	N/A
N/A	Ghana Men's Study	Other	Men who have Sex with Men	Implementation	N/A
N/A	Ghana Men's Study (cont)	Population size estimates	Men who have Sex with Men	Publishing	N/A
N/A	Ghana Mens Study	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	N/A
N/A	Ghana Prisons Study	Behavioral Surveillance among	Other	Implementation	N/A

		MARPS			
N/A	HIV risk factor in Kumasi prison	Behavioral Surveillance among MARPS	Other	Publishing	N/A
N/A	Impact Evaluation of a Comprehensive Prevention Program for MARPS in Ghana	Evaluation	Female Commercial Sex Workers	Development	N/A
N/A	program needs of young female sex workers	Qualitative Research	Female Commercial Sex Workers	Publishing	N/A
N/A	Substance abuse and sex work among MSM	Other	Mobile Populations, Men who have Sex with Men	Development	N/A
N/A	Transactional sex among female university and technical college students	Other	Other	Publishing	N/A



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			300,000		300,000
HHS/CDC		500,000	2,926,000		3,426,000
PC			256,000		256,000
State			90,000		90,000
State/AF			90,000		90,000
USAID			5,338,000	5,500,000	10,838,000
Total	0	500,000	9,000,000	5,500,000	15,000,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State	DOD	HHS/CDC	PC	State/AF	USAID	AllOther	
HBHC		25,000		30,000	25,000	776,632		856,632
HKID		10,000				377,500		387,500
HLAB		25,000	1,354,286			0		1,379,286
HMBL			200,000					200,000
HVAB						0		0
HVCT		30,000				500,000		530,000
HVMS	78,333	77,000	378,857	149,200		381,675		1,065,065
HVOP	11,667	53,000		76,800	65,000	5,842,296		6,048,763
HVSI		10,000	1,454,286			400,000		1,864,286
HVTB		50,000				200,000		250,000
MTCT		20,000				626,632		646,632
OHSS			38,571			1,633,265		1,671,836
PDCS						100,000		100,000
	90,000	300,000	3,426,000	256,000	90,000	10,838,000	0	15,000,000



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	2015	2015	2013-2015	2010-2013
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>There are proposals by the Government to develop national strategy documents to address both service and system issues for ART financing as well as an evidence-based comprehensive health financing strategy with a road map towards universal coverage. USG is currently not supporting</p>	<p>No legislative endorsement of a policy supporting the use of NHIS funds for HIV treatment is anticipated soon. There are however political statements from Government on its commitment. It is considering adapting mechanism which will effectively modify the existing health</p>	<p>A major strategy for reducing financial barriers is through expanding membership of the NHIS. NHIS offers a benefit package for the treatment of opportunistic infections which are the main cause of mortality among PLHIV. GFA TM funding, has enabled almost 11,000 registered</p>	<p>USG has supported GOG in various costing modeling exercises including the costing of HIV/AIDS Adult and Pediatric Clinical Care and Treatment in Ghana. The costing study focused on Clinical care and treatment for adults and children, including: Pre-antiretroviral therapy, Antiretrovira</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?	any policy intervention for ART financing since PEPFAR funds in Ghana does not support treatment.	financing systems, support improved risk pooling and steer these towards universal coverage of ART.	by mid-2011 through the transfer of funds to PLHIV Association for subsidised or reimbursed NHIS membership.	l therapy, Opportunistic infection care and treatment, and nutritional support
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			
Narrative	Access to quality HIV services, including BCC, voluntary counseling and HIV testing (VCT), and ART remains limited in	USG has supported GOG to conduct an assessment to achieve two objectives: provide estimates of numbers of staff who will need to	The development of a task shifting policy is presently contemplated by Ghanaian Health Authorities, and are discussing			

	<p>most parts of Ghana with rural populations being the least served. Services remain facility-based and employ the use of an ever-dwindling number of health workers.</p>	<p>be trained to match 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 cost savings within existing training mechanisms and through task shifting.</p>	<p>provision of TA with the USG</p>			
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	<p>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.</p>	<p>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 interventions targeting MARPs; criminalization of MARPs activities. As a result, MARPs continue to contribute a significant proportion of new HIV infections.</p>	<p>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, and an implementation plan is presently costed.</p>	<p>No legislative endorsement of the national MARP policy is presently foreseen.</p>	<p>population size estimates are underway, coverage of MARP services is ongoing and will be an important element of the 2011 National Strategic Application to the GFATM</p>	<p>Using the UNAIDS MARP evaluation guidelines, a series of evaluation activities is presently being designed, including a national impact and a performance evaluation.</p>
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 futures. This underscores the importance of integrating reproductive health into existing HIV services as a way of leveraging	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 integrated. Again, where they exist, it suffers from lack of implementation and enforcement. There is "verticalization" of FP and HIV structures	Integration of services is now explicitly part of the new national strategic HIV/AIDS plan 2011 - 2015, but has not been operationalized.	Discussions with the Government on how to strengthen integration of HR and HIV services are planned for December 2011	No plans yet	No plans yet

	existing and scarce resources, without placing undue burden on health care systems.	and lack of FP and HIV integration as well as weak integration of PMTCT into existing services including SRH.				
Completion Date						
Narrative						



Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	856,632	0
HKID	387,500	0
HVTB	250,000	0
PDCS	100,000	0
Total Technical Area Planned Funding:	1,594,132	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 is 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	1,379,286	0
HVSI	1,864,286	0
OHSS	1,671,836	0
Total Technical Area Planned Funding:	4,915,408	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. LINGOs 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 MARP: 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	1,065,065	
Total Technical Area Planned Funding:	1,065,065	0

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	200,000	0
HVAB	0	0
HVCT	530,000	0
HVOP	6,048,763	0



MTCT	646,632	0
Total Technical Area Planned Funding:	7,425,395	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 to 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:

While 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	2012	Justification
P1.1.D	P1.1.D Number 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 who were tested for HIV and know their results	30,800	
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	300	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	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	10,025	
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 prevention interventions that are	8,500	

	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	50,365	
	By MARP Type: CSW	27,066	
	By MARP Type: IDU	0	
	By MARP Type: MSM	14,033	
	Other Vulnerable Populations	9,266	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past	69,600	Redacted

	12 months		
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	69,600	
	By Age/Sex: 15+ Male		
	By Sex: Female	47,060	
	By Sex: Male	22,540	
	By Test Result: Negative		
	By Test Result: Positive		
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 violence and coercion related to HIV/AIDS	2,000	Redacted
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	0	
	By Sex: Male	0	
C1.1.D	Number of adults and children provided with a minimum of one	28,800	Redacted

	care service		
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	500	
	By Age/Sex: 18+ Female		
	By Age: 18+	24,500	
	By Age/Sex: 18+ Male		
	By Sex: Female	20,560	
	By Sex: Male	8,440	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	7,900	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	0	
	By Sex: Female	4,200	
	By Sex: Male	3,700	
C2.3.D	C2.3.D Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients	1,000	

	who received therapeutic and/or supplementary food during the reporting period.		
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.		
	By Age: <18		
	By Age: 18+		
C5.1.D	By Age: <18	0	Redacted
	By Age: 18+	0	
	Number of adults and children who received food and/or nutrition services during the reporting period	7,500	
	By: Pregnant Women or Lactating Women	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	62	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	426	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	

H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	10	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	5,928	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
6959	Ghana AIDS Commission	Host Country Government Agency	U.S. Agency for International Development	GHP-USAID	0
7522	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	250,000
10577	FHI 360	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	6,232,500
10597	Boston University	University	U.S. Agency for International Development	GHP-State	0
11044	TBD	TBD	Redacted	Redacted	Redacted
11046	FHI 360	NGO	U.S. Agency for International Development	GHP-USAID	750,000
11047	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	106,800
11048	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	90,000
11049	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	190,000
11050	U.S. Department of Health and Human Services/Centers for Disease	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	0

	Control and Prevention (HHS/CDC)		Control and Prevention		
11943	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-USAID, GHP-State	900,000
11945	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Agency for International Development	GHP-State	0
11946	TBD	TBD	Redacted	Redacted	Redacted
11947	JHPIEGO	University	U.S. Agency for International Development	GHP-State	480,000
11948	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State	0
11951	Ghana Health Service	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	700,000
12929	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	0
12939	Morehouse School of Medicine, MPH Program	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	350,000
12945	ESM	NGO	U.S. Agency for International	GHP-USAID	0

			Development		
13059	TBD	TBD	Redacted	Redacted	Redacted
13113	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing 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	400,000
13280	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13342	Central Contraceptive Procurement	Private Contractor	U.S. Agency for International Development	GHP-USAID	250,000
13344	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000
13372	University of California at San	University	U.S. Department of Health and	GHP-State	350,000

	Francisco		Human Services/Centers for Disease Control and Prevention		
13374	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
13404	TBD	TBD	Redacted	Redacted	Redacted
13438	KNCV Tuberculosis Foundation	NGO	U.S. Agency for International Development	GHP-State	200,000
13475	Ghana AIDS Commission	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	400,000
14375	TBD	TBD	Redacted	Redacted	Redacted
14376	TBD	TBD	Redacted	Redacted	Redacted
14656	ICF Macro	Private Contractor	U.S. Agency for International Development	GHP-State	400,000



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 6959	Mechanism Name: Anti-Stigma (Police and Judiciary)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Ghana AIDS Commission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-USAID	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Stigma and discrimination has been identified as one of the biggest challenges in addressing the needs of MARPs and PLHIV. This activity will build on past work by the Center for Democratic Development (CDD), an NGO that was supported through USAID's Democracy and Governance program. Through Ghana AIDS Commission, the program will continue work with the police force, the judiciary and the prison service. Through addressing stigma against MARPs and PLHIV, and through increasing understanding of human rights, the program will provide advocacy and tools for the correct treatment of MARP groups.

No FY2012 funding allocation has been made even though activity is continuing.

Cross-Cutting Budget Attribution(s)



(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID: 6959			
Mechanism Name: Anti-Stigma (Police and Judiciary)			
Prime Partner Name: Ghana AIDS Commission			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:
 Funding will be used for HIV & AIDS stigmatization training for Officers of the Police, Judiciary and Prison sections of GoG, including Officers of the Domestic Violence and Victim Support Unit of the Ghana Police. Sensitization for police, judiciary, and prison officials about MARPs will be conducted to reduce stigma and discrimination. Further, advocates within the system will be identified and trained, and selected Magistrates, Circuit Courts and selected Police Stations will be monitored with respect to human rights violations and levels of stigma and discrimination. The project will develop specific anti-stigma advocacy materials and coordinate with agencies who track human rights violation reporting.

Implementing Mechanism Details

Mechanism ID: 7522	Mechanism Name: DELIVER
Funding Agency: U.S. Agency for International	Procurement Type: Contract



Development	
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	250,000

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

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

(No data provided.)

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	250,000	0
Narrative: <p>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.</p> <p>Build regional level capacity in distribution and warehouse management, including testing a vendor-managed inventory distribution system for food (including food-by-prescription) commodities.</p> <p>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.</p>			

Implementing Mechanism Details

Mechanism ID: 10577	Mechanism Name: Family Health International -
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Strengthening the HIV/AIDS Response with Evidence-based Results (SHARPER)	
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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,232,500	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	3,458,000
GHP-USAID	2,774,500

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	Youngsters Peer Education	Youth Action on Reproductive



Organization	Project	Order (YARO)
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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

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVSI	FHI 360	800000	FHI 360 is carrying out a CSW size estimation and surveillance study.



Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	300,000
Gender: Reducing Violence and Coercion	1,000,000
Human Resources for Health	300,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

- Increasing gender equity in HIV/AIDS activities and services
- 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
Prevention	HVCT	400,000	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	5,332,500	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.

Implementing Mechanism Details



Mechanism ID: 10597	Mechanism Name: Project SEARCH
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Boston University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

KNUST Kumasi Medical School		
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Overview Narrative

USAID developed a Task Order under the centrally funded Project Search that was awarded to Boston University. The objective is to improve prevention efforts throughout Ghana by answering key questions critical to effective prevention programming, e.g., understanding emerging epidemic drivers such as the role that IDUs and prisoners play; and understanding the role of less-formal sex work and/or transactional sex work. In addition, formative studies might be carried to improve program implementation. All efforts will focus on targeted formative research, with an emphasis on cost-effectiveness and promoting impact-driven programming.

No FY2012 funding has been allocated even though activity is continuing.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10597			
Mechanism Name: Project SEARCH			
Prime Partner Name: Boston University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			
Funding will be used to work with the GAC and other stakeholders to develop a research agenda and carry out some operations research studies on drivers of the epidemic and/or on fine-tuning MARP programming.			

Implementing Mechanism Details

Mechanism ID: 11044	TBD: Yes
REDACTED	

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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 750,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-USAID	750,000

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)

Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A



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	750,000	0

Narrative:

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.

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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 106,800	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount



GHP-State	106,800
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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	16,000
Education	31,900
Food and Nutrition: Commodities	5,300
Gender: Reducing Violence and Coercion	10,600
Human Resources for Health	42,600

TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Malaria (PMI)
- Mobile Population
- Safe Motherhood
- Family Planning

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	30,000	0
Narrative:			
<p>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</p>			



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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	76,800	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 engage community members (residing at PCVs sites) to participate in a national-level HIV artwork contest that will be used to produce the 2013 PEPFAR Calendar for Ghana. Theme for the contest is yet to be determined.

Peace Corps will build the capacity of its 186 volunteers and their community counterparts to promote and implement prevention AB activities, including life skills and leadership training through community-initiated outreach activities. Both volunteers and counterparts will work to design and implement context-appropriate prevention interventions addressing the key drivers of the epidemic, including the reduction of multiple concurrent partners and related community and social norms that impact these behaviors. Peace Corps will administer a Project Assistance Grants to support PCVs and their counterparts' implementation of these prevention AB 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.

Implementing Mechanism Details

Mechanism ID: 11048	Mechanism Name: AMB Fund
Funding Agency: U.S. Department of State/Bureau	Procurement Type: Grant



of African Affairs	
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 90,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	90,000

Sub Partner Name(s)

(No data provided.)

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 groups while supporting outreach for all Agencies towards USG goals.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	50,000
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TBD Details

(No data provided.)

Motor Vehicles Details



N/A

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- 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	25,000	0
Narrative:			
<p>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.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	65,000	0
Narrative:			
<p>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.</p>			



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, PEPFAR Funds will be used to support an experienced peer-educator to train High School deaf Students and disabled persons from the Ghana Federation for the Disabled. 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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 190,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	190,000

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. 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)

Human Resources for Health	50,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	25,000	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	10,000	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	50,000	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 Systems	HLAB	25,000	0

Narrative:			
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.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	10,000	0
Narrative:			
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.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	30,000	0
Narrative:			
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.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	20,000	0
Narrative:			
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 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	20,000	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: 11050	Mechanism Name: CDC/SI
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	



G2G: N/A	Managing Agency: N/A
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Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC Ghana is not funding this mechanism in FY2012.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11050
Mechanism Name:	CDC/SI
Prime Partner Name:	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			
CDC Ghana is not funding this mechanism in FY2012.			

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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 900,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	400,000
GHP-USAID	500,000

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)



Human Resources for Health	400,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

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	100,000	0
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	100,000	0

Narrative:			
<p>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.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	100,000	0
Narrative:			
<p>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 peers attending ART sites.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	600,000	0
Narrative:			
<p>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</p>			



based on their BMI.

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.

Implementing Mechanism Details

Mechanism ID: 11945	Mechanism Name: Behavior Change Support Project
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The JHU Behavior Change Support Project (BCS) project, implemented by the Center for Communication Programs is a four-year project supporting the communication needs of the entire USAID Health, Population and Nutrition Office portfolio. The Project invests in specific campaigns, and its work focuses on both health providers and communities.



Sub-grantee EXP Momentum 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. EXP is specialized in 'bar-activation', promoting condoms and lubricant at hot-spots (e.g., bars). No FY2012 funding is allocated although activity is continuing.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)

Budget Code Information

Mechanism ID: 11945			
Mechanism Name: Behavior Change Support Project			
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0
Narrative:			
Funding will be used to review/analyze the need for additional HIV prevention materials for MARPs and			



work with implementing partners to ensure their availability to target populations.

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

Narrative:
 Funding will be used by sub-grantees EXP Momentum for the distribution of condoms and lubricant, through two pathways. The first is peer educators establishing outlets in their communities. Peer educators working with FSW, their clients and NPP and MSM will also distribute condom and lubricants. All PLHIV groups will distribute condoms through peers, too. 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.

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

Narrative:
 The JHU BCS Project will develop client-provider materials that can be used in PMTCT centers with a focus on HIV positive mothers. Two sets of manuals will be prepared. One to inform HIV positive mothers of all issues surrounding pregnancy and delivery, such as options for ART and use of malaria prophylaxis and cotrimoxizole; and a second set that will focus on issues related to prophylaxis, delivery and post-delivery issues such as HIV TC and breastfeeding options. The first set will be developed and reproduced with FY2010 funding. The present funding is for the development and reproduction of the second set.

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: Contract
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 480,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	480,000

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	480,000
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TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

Budget Code Information

Mechanism ID: 11947 Mechanism Name: MCHIP Prime Partner Name: JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	330,000	0
Narrative:			
<p>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.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	0
Narrative:			
<p>This fund will strengthen MCHIP pre-service education of midwives and community health nurses, this</p>			

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: 11948	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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Under the PFIP, the need was identified to address policies that improve equitable and affordable access to HIV-related services; address stigma and discrimination; address human resource gaps; and improve the local financing and of the national response. In addition, as Ghana develops its third National Strategic Plan, USG continues to provide support in the costing of HIV interventions to improve the



prioritization of activities.

The follow-on project of FUTURES/HPI is expected to be a cooperative agreement designed to provide technical assistance in advocacy, health policy planning and implementation.

No funding is allocation in FY2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 11948			
Mechanism Name: Policy Support			
Prime Partner Name: Futures Group			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0
Narrative:			
OHSS funding will be used to gather additional information about the costs of various interventions. PMTCT and CSW interventions will be costed so that Ghana can accurately plan for the proposed			



scale-up of PMTCT and MARP interventions. Opportunities for task-shifting will continue to be explored based on projections for human resource needs and current staffing patterns

In addition, funding will contribute to the further development of a policy strategy to address stigma and discrimination against PLHIV and other MARP groups.

Implementing Mechanism Details

Mechanism ID: 11951	Mechanism Name: GHS
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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 700,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	700,000

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

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11951		
Mechanism Name:	GHS		
Prime Partner Name:	Ghana Health Service		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Governance and Systems	HLAB	300,000	0
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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	200,000	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	200,000	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: 12929	Mechanism Name: SCMS
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 0	Total Mechanism Pipeline: N/A



Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ghana Partnership Framework (PF) includes a number of activities designed to strengthen laboratory practice in the delivery of HIV services. A number of these activities involve the purchase and installation of laboratory equipment, reagents and related laboratory supplies. One particular need is the improvement of the national cold storage infrastructure, including warehouses and specialized containers for transportation.

The PF also calls for strengthening of the information and communications technology infrastructure for laboratory and strategic information, both within facilities and between facilities. This includes equipment necessary for laboratory information systems at several locations.

The Partnership for Supply Chain Management is a central mechanism designed to perform logistics functions and provide technical assistance in supply chain issues. It can serve as a purchasing and delivery agent for laboratory equipment, reagents, laboratory supplies, computer and networking hardware, printers and consumables. In addition, it can provide technical assistance with logistics issues such as cold storage.

CDC Ghana is not funding this mechanism in FY2012.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12929			
Mechanism Name: SCMS			
Prime Partner Name: Partnership for Supply Chain Management			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
<p>Funding was provided to support the development of laboratory information system capacity through support for local and wide area networks to be installed in the GHS reference and regional laboratories. These networks will allow for more efficient reporting to the national level as well as enhance the capacity for data sharing at the regional level. The network is expected to cover about five regions. This budget code will be used for equipment procurement for the networks.</p> <p>Not being funded in FY2012 COP</p>			

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: N/A
Global Fund / Multilateral Engagement: N/A	



G2G: N/A	Managing Agency: N/A
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Total Funding: 350,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	350,000

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)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	350,000	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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
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)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Custom



Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services

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-price. 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	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13113	Mechanism Name: CDC Lab
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USG Ghana’s PF will continue its support to the tiered MOH national public health laboratory system and will reinforce the institutional capacity and the coordination role of the national HIV, TB, and malaria programs in building sustainable national infrastructure, managerial and technical workforce capacity and expanding services to provide quality diagnostic testing, clinical laboratory monitoring of treatment, and surveillance.

CDC Ghana will not fund this mechanism in FY2012.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13113		
Mechanism Name:	CDC Lab		
Prime Partner Name:	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
<p>This mechanism will be used to continue to request technical assistance from other PEPFAR and regional countries to provide training and technical support to implement cost effective quality assurance activities towards WHO-AFRO accreditation process. CDC will hold this money at HQ in order to send cables out to respective PEPFAR countries as necessary. This south to south TA will also include training on molecular diagnostic testing for early infant diagnostic and quality management system (managerial and technical), in compliance with international requirements with the goal of accreditation.</p> <p>CDC Ghana will not fund this mechanism in FY2012.</p>			

Implementing Mechanism Details

Mechanism ID: 13270	Mechanism Name: GHSS/Lab Accreditation
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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



Total Funding: 400,000	Total Mechanism Pipeline: N/A
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 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 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)

(No data provided.)



TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13270			
Mechanism Name: GHSS/Lab Accreditation			
Prime Partner Name: Global Health Systems Solutions, Ghana			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	400,000	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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

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.)

Motor Vehicles Details

N/A

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:			
<p>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 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.</p> <p>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;</p>			



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: 13342	Mechanism Name: Central Contraceptive Procurement/Food
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Central Contraceptive Procurement	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 250,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-USAID	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CCP is the centrally funded Center for Commodity Procurement. This mechanism will provide therapeutic nutritional supplementation for those newly initiating ART and HIV-positive young mothers below certain body-mass index. The coverage will be in the existing 10 sites and the planned 30 sites earmarked for



scale up this year. This activity fits with the overall PEPFAR strategy of improving access for clinically malnourished PLHIV to receive therapeutic food under the new 'food by prescription' program as well as assist Ghana's strategy of increasing the percentage of clinically malnourished PLHIV receiving therapeutic and supplementary food from zero to 15% in 2015.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	200,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	13342		
Mechanism Name:	Central Contraceptive Procurement/Food		
Prime Partner Name:	Central Contraceptive Procurement		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	0

Narrative:

This mechanism will provide therapeutic nutritional supplementation for those newly initiating ART and HIV-positive young mothers below certain body-mass index. The coverage will be in the existing 10 sites and the planned 30 sites earmarked for scale up this year. This activity fits with the overall PEPFAR



strategy of improving access for clinically malnourished PLHIV to receive therapeutic food under the new 'food by prescription' program as well as assist Ghana's strategy of increasing the percentage of clinically malnourished PLHIV receiving therapeutic and supplementary food from zero to 15% in 2015.

Implementing Mechanism Details

Mechanism ID: 13344	Mechanism Name: GFELTP
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 300,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	300,000

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)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13344			
Mechanism Name: GFELTP			
Prime Partner Name: African Field Epidemiology Network			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	300,000	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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 350,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	350,000

Sub Partner Name(s)

Ghana AIDS Commission	Noguchi Memorial Institute for	Regional Institute for Population
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	Medical Research	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.)

Motor Vehicles Details

N/A

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	350,000	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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	200,000

Sub Partner Name(s)

Custom



(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.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A



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	200,000	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: 13404	TBD: Yes
REDACTED	

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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	200,000

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 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.)

Motor Vehicles Details

N/A

Key Issues

Safe Motherhood

TB

Family Planning

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	200,000	0
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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 CARE I 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: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 400,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	400,000

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.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	400,000	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

Mechanism ID: 14375	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14376	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14656	Mechanism Name: Measure DHS Plus
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: ICF Macro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



Total Funding: 400,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The MEASURE DHS Phase III project for which ICF Macro is the prime contractor will provide support to the 2013 Ghana Demographic and Health Survey (GDHS), a nationally representative population-based survey. The survey will be the sixth national DHS to be conducted in Ghana. It will collect HIV-related information - including HIV status of respondents - as well as a broad range of other reproductive health, maternal and child health and nutrition data.

A range of local stakeholders are expected to be involved in the design of the GDHS, and the survey is expected to receive support from other donors. MEASURE DHS efforts will be directed at all phases of the GDHS—design, collection, analysis, dissemination, and use—to develop the capacity of counterparts. This initial funding amount will be used for the first preparations of the study. Further activities will be supported through a follow-on project.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues



Malaria (PMI)
 Child Survival Activities
 Safe Motherhood
 Family Planning

Budget Code Information

Mechanism ID: 14656			
Mechanism Name: Measure DHS Plus			
Prime Partner Name: ICF Macro			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	400,000	0
Narrative:			
<p>With regard to the HIV-related results, the 2013 GDHS is expected to provide information on: population level knowledge, attitude and behavior regarding HIV/AIDS, including misconceptions about HIV transmission, stigma against PLHA, and multiple sexual partners, HIV status of those respondents who consent to be tested . Coverage of various HIV-related programs, particularly counseling and testing and PMTCT.</p>			



USG Management and Operations

1.
Redacted
2.
Redacted
3.
Redacted
4.
Redacted
5.
Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services			48,000		48,000
ICASS			71,000		71,000
Management Meetings/Professional Development			7,000		7,000
Staff Program Travel			47,000		47,000
USG Staff Salaries and Benefits			475,000		475,000
Total	0	0	648,000	0	648,000

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-USAID	IRM/IT Tax	48,000
ICASS		GHP-USAID	Administrative Support Services	71,000
Management		GHP-USAID	Training &	7,000



Meetings/Professional Development			professional development	
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U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		15,000			15,000
Computers/IT Services		15,000			15,000
ICASS		14,000			14,000
Staff Program Travel		10,000			10,000
USG Staff Salaries and Benefits		56,000			56,000
Total	0	110,000	0	0	110,000

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State		15,000
Computers/IT Services		GHP-State		15,000
ICASS		GHP-State		14,000

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		19,344			19,344



Computers/IT Services		15,000			15,000
ICASS		90,000			90,000
Management Meetings/Professional Development		6,656			6,656
Non-ICASS Administrative Costs		55,000			55,000
Staff Program Travel		40,000			40,000
USG Staff Salaries and Benefits	500,000				500,000
Total	500,000	226,000	0	0	726,000

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		19,344
Computers/IT Services		GHP-State		15,000
ICASS		GHP-State		90,000
Management Meetings/Professional Development		GHP-State		6,656
Non-ICASS Administrative Costs		GHP-State	Internet subscription \$25,000, Office supplies & Consumables \$10,000, Phone charges and additional cell phones \$10,000, Fedex/Delivery	55,000



			\$5,000, Printing \$5,000	
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U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Management Meetings/Professional Development		20,000			20,000
Staff Program Travel		42,000			42,000
USG Staff Salaries and Benefits		28,000			28,000
Total	0	90,000	0	0	90,000

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Professional Development		GHP-State		20,000

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Management Meetings/Professional Development		12,000			12,000
Non-ICASS Administrative Costs		8,600			8,600
Peace Corps		98,800			98,800



Volunteer Costs					
Staff Program Travel		5,000			5,000
USG Staff Salaries and Benefits		24,800			24,800
Total	0	149,200	0	0	149,200

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Professional Development		GHP-State		12,000
Non-ICASS Administrative Costs		GHP-State	Communication \$2000, Postage & Courier services \$500, Printing & Reproduction \$1000, Equipment maintenance \$400, Supplies \$2700, other services \$2,000	8,600