Ghana

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

The Executive Summary is used as a supporting document for Congressional Notifications. The Executive Summary is intended to provide an overview of key demographic, socio-economic, health and HIV statistics; the strengths, weaknesses and opportunities for prevention, care and treatment programs; and a summary of new program directions that respond to the PEPFAR vision of promoting country ownership and sustainability.

I. Five-Year Strategic Overview

On October XX, 2009, U.S. Ambassador to Ghana Donald Teitelbaum and Ghana Minister of Finance, Dr. Kwabena Duffour will sign the Partnership Framework (PF) in Support of Ghana's HIV/AIDS National Response. The PF seeks to more closely align U.S. Government-funded HIV/AIDS efforts with national programs and the efforts of other international partners and civil society at the country level. The PF signing represents the culmination of a dialogue between the U.S. Government (USG) and Government of Ghana (GoG) that began in 2008 with the reauthorization of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). 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.

To address the Ghana epidemic, the goals of the Ghana National HIV & AIDS Strategic Framework (NSF II 2006-2010), built into the PF, are to 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 response, these areas for concentrated focus over the course of the PF should also strengthen GoG's increased ownership of the HIV/AIDS program and result in a declining need for USG assistance over time.

Implementation of the PF will increase the response throughout the country; contribute to the achievement of universal access to HIV prevention, treatment, care and support the Millennium Development Goals (MDG); and better position Ghana to address the epidemic over the long term.

Activities supported through USG Ghana's Fiscal Year (FY) 2010 Country Operational Plan (COP) aim to fulfill the USG commitments outlined in the PF, which includes

support to the GoG to achieve five goals:

1) Reduce the number of new infections by 30% by 2013 by focusing prevention efforts on those at most risk, mother-to-child transmission (MTCT), and people living with HIV (PLHIV) activities;
2) Increase anti-retroviral treatment (ART) coverage from 30% to 60% by 2013;
3) Increase the number of persons receiving care by 200% to 130,000 by 2013;
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 most-at-risk populations (MARP) and PLHIV.

The Ghana AIDS Commission (GAC) established a PF Oversight Committee to ensure effective management of and communication related to the PF. The committee is chaired by the GAC Director General and is comprised of bilateral and multilateral donors, the National AIDS Control Program (NACP) (as the representative of the Ministry of Health (MOH)), the National Association of People Living with HIV/AIDS (NAP+) (a PLHIV umbrella association), Network of NGOs Working in HIV/AIDS (GHANET), and the Ghana Business Coalition against HIV & AIDS. The USG partners are Department of State (DOS), Peace Corps (PC), the Department of Defense (DoD), the Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID), united in the USG Ghana HIV/AIDS Country Team (USG Ghana).

II. HIV/AIDS in Ghana

Overview of Ghana's HIV/AIDS Epidemic

HIV in Ghana peaked in 1998 at 2.4% and is now estimated at 1.7% in (NACP, 2009). Sexual transmission accounts for well over 80% of new infections. HIV infection peaks in 35-39 year-old women (4.1 %) and 40-44 year-old men (4.7%) (DHS, 2003)[1]. However, a shift in peak prevalence among ante-natal care (ANC) clinic attendees from 30-34 year-olds in 2003 to 25-29 year-olds in 2006 and 2008 should continue to be monitored. Youth are relatively less affected by HIV/AIDS than adults, perhaps because of low levels of cross generational sex and few concurrent sexual relations among girls. Reported median age of first sex is stable at 18.4 years for women and 20.0 years for men. Over time, fewer people report having had sex by the age of 18, e.g., of the 45-49 years women's cohort, 51% had sex by the age of 18 while among the 20-24 years cohort, this is 41%. Eight percent of women report having sex before the age of 15; this has been stable over the last 30 years (DHS, 2008). However, the 2008 DHS indicated that 2% of women and 16% of men reported multiple sex partners in the previous year, both increased from the 2003 DHS.

[1] DHS 2003 contains most recent available prevalence data. DHS 2008 did not include testing.

Women account for 51% of Ghana's population, yet 57% of the country's HIV infections occur in women, similar to much of sub-Saharan Africa. The relatively low rate of HIV infection among men (1.5%) is partly attributed to a 95% rate of male circumcision (DHS, 2003). HIV infection in the general population is declining, but appears to be increasing and is ten to – 20 times higher in most at-risk populations (MARP), especially in men who have sex with men (MSM), female sex workers (FSW) and their partners. Fifteen percent of TB patients are HIV positive (NTP, 2009). Informal transactional sex by people who do not consider themselves sex workers but do derive income out of exchanging sexual contacts might be another driver of the epidemic.

Unlike elsewhere in Africa, long distance truck drivers and uniformed services personnel do not appear to have HIV rates higher than men in the general population. According to one USG-funded study, 26% of MSM in Accra are HIV-infected and engage in high risk behaviors, such as unprotected anal sex. 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. Stigma and discrimination encourage transmission especially because people are unable to access clinical and preventative services. MSM are particularly difficult to reach with HIV services, although in recent years great strides have been made in the USG program to reach especially younger MSM.

HIV/AIDS in Ghana is strongly linked with sex work. Both stationary sex workers and mobile sex workers show high prevalence rates (ranging from 37% in Accra to 24% in Kumasi, Ghana's second largest city). Reported condom use among sex workers is 93% with paying partners but is low with non-paying partners (NPPs) (20%), e.g., boyfriends - who themselves are over 33% infected (SHARP, 2006). Clients of sex workers are at high risk and encourage transmission to the general population. Experts estimate that Ghana has approximately 34,000 FSW, but this is likely the low end of the range as experience from sex worker interventions also 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).

However, a recent assessment of Ghana's national spending on HIV/AIDS programs indicates that funding for MARP interventions in 2006 was less than 1% of the overall national budget.

Transmission from high risk populations to the general population is of specific concern in Ghana. Evidence shows high degrees of HIV-discordance in cohabiting partners and low rates of partner disclosure; two-thirds of HIV positive advocates 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.

The current and future anticipated impact of HIV can be measured at the household and individual level, but not at the economic level due to Ghana's low prevalence. Typically, households with HIV positive individuals fall below the poverty line due to reduced income and high health care costs (TFGI, 2005). 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. USG's approach is expected to have the greatest impact on the epidemic.

Overview of Ghana's Response to HIV/AIDS

In 2000, GAC was established to respond to Ghana's HIV/AIDS epidemic. In line with the "Three Ones"[2] principle, the GAC is a multi-sectoral body that leads the national response in-line with Ghana's five-year strategic framework and national monitoring and evaluation (M&E) plan. In 2007, approximately $44 million and in 2009, $68 million[3] was invested in the Ghanaian response to HIV/AIDS. In 2010, investment in HIV/AIDS response is expected to increase to $81 million: one million will be provided by the GoG to the GAC; and a potential $7 million will be provided to the Districts (based on the GoG requirement that District Authorities designate 0.5% of the District Common Funds they receive on HIV/AIDS activities), although not all is expected to be used for HIV/AIDS; $24 million and $23 million respectively will be provided through the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) round five grant (mostly for clinical interventions) and a round eight grant (both clinical and prevention); $13 million will be provided by the USG; $2.5 million each will be provided by the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Bank; $2 million each will be provided by the Danish International Development Assistance (DANIDA), German Technical Assistance (GTZ) and the Department for International Development (DfID); and $2 million by other donors. The PF will result in the release of an additional, approximate $20 million FY2009 and FY2008 funding.

Even with the new Global Fund contribution, about half of the national HIV/AIDS budget is used for treatment, care and support; an additional one-third of the budget is used for prevention and behavior change communications, with much of the remainder of the budget devoted to supporting the GoG (e.g. management and staffing at central and peripheral level). The GAC supports several hundred non-government organizations (NGOs) to implement HIV/AIDS activities. This is a steep reduction from 2004, when GAC supported several thousand NGOs with World Bank and British Government funding, but the fewer NGOs now provide more depth in their interventions. All districts and municipalities and all GoG ministries, agencies and departments have HIV action plans and receive funds from pooled resources, as well as through their Common Fund. Selected Ministries and most of the170 districts have a part-time focal person for

[2] One agreed upon national action framework; one national coordination body; and one national monitoring and evaluation framework.
[3] This excludes approximately $9.5 million frontloaded PF funds for FY2008 and for FY2009.

HIV/AIDS.

While the Global Fund provides almost $50 million support per year, and grant performance is often rated at the highest levels, critical gaps remain. Most importantly, prevention activities remain underfinanced. The new Global Fund grant and the USG program each address most-at-risk groups, but funding is still disproportionate to the number of new infections in these groups. Moreover, there is a lack of sufficient skills at all levels to coordinate and implement high-quality, well-targeted HIV programs in a cohesive, streamlined manner. Districts need capacity to coordinate and prioritize interventions, and NGOs need enhanced capacity-building; most are inexperienced in HIV/AIDS programming for MARP and lack technical skills to carry out quality interventions.

Training, drugs, consumables and refurbishments have been provided to most of the Global Fund's approximately 117 ART sites but many sites are functioning at lower than anticipated levels. Twenty-five thousand new AIDS cases are notified each year, but relatively few access care and treatment services. About 5,000 new patients began ART in 2008. The cumulative number of people on ART is 23,000[4]. Patients are unwilling to reveal their status because of the lack of resources for travel and treatment, and they do not have the support from their relatives. There is strong anecdotal evidence that people with AIDS are quietly taken to rural areas to die because of stigma and shame. Pediatric cases equally disappear, with presently only a total of 1,300 children under five on ART, while 3,500 infants are infected each year. Human capacity at clinical sites can be problematic: case loads can be huge, and motivation can be low with supervisory systems sometimes lacking. Task shifting policies are gradually under development but not always implemented. Some doctors feel training has been insufficient – especially for pediatric HIV-related care, mentoring is limited, and stigma problems lead some staff to refuse to be deployed to ART departments.

Prevention of mother to child transmission (PMTCT) and Testing and Counseling (TC) services, available at about 500 sites, face similar problems, with stigma the overarching factor for low turnout. A new 'opt-out' policy, however, has dramatically increased PMTCT coverage to 27% of all pregnant women HIV-tested in the last year, and 25% of HIV-infected pregnant women a course of antiretroviral prophylaxis to reduce the risk of mother-to-child infection. There is a huge challenge in expanding PMTCT services to all 1600 sites providing ANC and improving the quality of post-partum issues for HIV positive mothers, including provision of family planning services, breastfeeding and nutrition, and early infant diagnosis (EID). Provider-initiated testing at sexually transmitted infection (STI) and tuberculosis (TB) clinics is gradually introduced, and the USG Ghana will aggressively support the GoG to increase ART uptake (see below).

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[4] 27,600 started treatment, but 1,400 were lost to follow-up, and 1,300 died. 121 discontinued treatment.

III. Critical Interventions in Prevention, Care and Treatment

Throughout PEPFAR I, USG Ghana maximized its limited resources by concentrating its efforts on key programmatic gaps not addressed by GoG and other donors. The PF review of the national response's gaps and opportunities reinforced this strategic focus. USG Ghana, through intense collaboration with GoG, donors and civil society representatives, identified critical areas for productive collaboration that support the achievement of the NSF II and PEPFAR targets and facilitate greater sustainability and GoG ownership over time.

The FY2010 COP represents a significant increase in funding relative to the FY2009 COP, allowing USG Ghana to expand the scope and scale of its efforts while retaining its focus on filling key programmatic gaps. The FY2010 COP programs $31.786 million (FY2008: $9.391 million; FY2009: $9.405 million; FY2010: $13 million) of activities in eleven technical areas: PMTCT, sexual prevention, biomedical prevention, adult care and treatment, pediatric care and treatment, TB/HIV, orphans and vulnerable children (OVC), TC, laboratory infrastructure (lab), strategic information (SI) and health systems strengthening. The FY2008 and FY2009 funds are one-time resources provided through the PF.

USG Ghana's support for critical interventions in prevention, care and treatment align with its first three PF goals: reduce the number of new infections, increase ART coverage and increase the number of persons receiving care. These interventions are designed to maximize strengths, address weaknesses and use opportunities identified in the national response, as described below.

Prevention

Infections in the general population are, to a great extent, transmitted from core and bridging populations, such as male and FSW, their NPPs and clients and MSM. Yet, a resource gap exists for prevention services, weakening the impact of Ghana's national response. In addition, it is estimated that about 14% of HIV-positive women (19,700) get pregnant every year, and that 7% of the total new infections in Ghana are pediatric, mostly among infants. Only 25% of HIV-infected pregnant women (and their HIV-exposed infant) received a course of antiretroviral prophylaxis to reduce the risk of MTCT – another key prevention weakness.

In its FY2010 COP prevention portfolio, USG Ghana capitalizes on increasing national attention to prevention. USG Ghana will provide technical assistance to the GAC newly initiated MARP working group, responsible for prioritizing interventions, identifying and disseminating best practices and coordinating among the various MARP program implementers. Similarly, GoG-led initiatives to reduce overlap and increase efficiency of PLHIV interventions present a key opportunity, particularly since evidence suggests improving and expanding Prevention with Positives (PwP) efforts – including PLHIV

engagement in these efforts – provides key improvements in service quality and efficacy. USG Ghana supports these efforts by promoting PLHIV's engagement in the PF Oversight Committee, and by strengthening PLHIV support groups as a key strategy throughout its prevention portfolio. In addition, the national scale-up plan calls for reaching 60% of pregnant women with HIV testing by 2015; and the PF calls for an acceleration of these efforts to reduce MTCT by 80%. Overall, the PF's investment of 50% of its resources into prevention activities is viewed as a key opportunity, as this investment is expected to rapidly reduce the number of new infections over time, the surest way to reduce the cost and therefore increase the sustainability of the response.

Through PEPFAR I resources, USG Ghana developed multiple evidence-based, comprehensive programs for FSW, their clients and NPP, MSM and PLHIV (branded as *I'm Somebody's Hope* for FSW, *It's My Turn* for MSM and *It's My Life* for use with PLHIV support groups). USG Ghana also made critical progress in establishing a national network of facilities offering MARP-friendly services, and in promoting demand and removing barriers to services through efforts to address stigma and discrimination. PMTCT was integrated through USG Ghana's clinical quality assurance (QA) activities, through supporting Regional PMTCT Teams' expansion of PMTCT services to the community level to improve the quality of and linkages between PMTCT and other services. This strong body of evidence-based programming presents a key strength upon which COP FY2010 services build.

To expand access to prevention services, USAID will support a network of approximately 35 indigenous civil society organizations' (CSO) provision of comprehensive prevention activities 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 around drop-in centers and MARP-friendly clinics, linking MARP to the continuum of care for HIV-related services, including PMTCT, TB treatment and ART. Health staff supportive supervision and in-service training will strengthen clinical systems' service provision of MARP-friendly services. PC will build the capacities of its 135 volunteers and their local Ghanaian counterparts to promote prevention activities through community-initiated outreach activities. DOS will provide four to five small grants supporting prevention for vulnerable groups through the Ambassador's Self-Help Fund. DoD will continue supporting HIV prevention's integration within Ghana Armed Forces' (GAF) peer education program and Peacekeeping training, and start a PwP program at an off-base venue for military and military family members. USAID will reinforce these PwP efforts through support to 300 support group facilitators and their members. PMTCT, safe pregnancy and delivery and support for young HIV positive mothers will be central support group themes and activities, and active linkages will be created with clinical sites, including PMTCT sites. These activities will be strengthened through structural interventions to reduce anti-stigma and discrimination with the police, judiciary and prison services.

USG Ghana will reinforce the Global Fund Round Eight's MARP programming by supporting production of peer education manuals and curricula, institutional strengthening of implementers and possibly activity coordination support. USG Ghana will also provide technical assistance to strengthen the programming and organizational capacity of Global Fund principal recipients (PRs) and sub-recipients. PRs will become members of the PF Oversight Group to ensure maximum coordination. PMTCT efforts will reinforce Global Fund's clinical efforts, as QA activities will continue to be centered on Global Fund sites.

New areas of GoG and USG Ghana PMTCT collaboration include: coordinating with the NACP to review and adapt supervision protocols and practices to cater for the larger number of facilities and to ensure high quality standards; supporting the Ghana Health Service (GHS) and the MOH to address the logistical challenges presented by the growing numbers of commodities required as PMTCT sites increase; updating PMTCT-related modules (including post-delivery and testing and counseling issues) in pre-service training for different cadres of National and Regional Health staff.

USG Ghana will also support the National Blood Transfusion Service (NBTS) (under the GHS) to address key operational and organizational challenges to providing high-quality blood services in Ghana. Assistance will focus on training, equipment maintenance, public outreach to increase donations, supply chain management, and information management systems.

Care and Treatment
In Ghana, NACP (2009) reports that approximately 220,000 adults are in need of clinical palliative care, with 42,000 receiving prophylaxis for opportunistic infections (OIs). Evidence suggests 85,000 HIV positive Ghanaians are in need of ART, with 25,000 receiving services, and 20,000 additional persons becoming treatment-eligible annually. In 2009, 20,000 children were HIV positive in Ghana, and 1,000 children received ART. A critical weakness continues to be that the demand for clinical services exceeds the supply; anecdotal evidence suggests that TC service uptake is limited by the high level of stigma and discrimination against those found to be HIV positive. The key care and treatment challenge is encouraging PLHIV to seek services, adhere to treatment and prepare physically and psychologically for reintegration into society.

The Global Fund is the largest individual donor to Ghana's HIV/AIDS response, contributing over $23 million annually to clinic-based activities alone. The Global Fund has mostly exceeded its training targets for ART service providers in recent years, but consistently has problems in reaching its targets for number of people receiving ART, as well as targets for OIs, STI and TB/HIV. These gaps present an opportunity for targeted technical assistance, which USG Ghana met through PEPFAR I development of a QA approach to enhance service delivery at 30 Global Fund sites. The approach integrates

community preparation and linkages, QA, monitoring and mentoring and ART and test-kit logistics. Within the clinics, services linkages between STI, TC, TB, PMTCT and family planning (FP) services are created, and a stigma reduction program offered for health staff. Barriers to access to care for pediatric patients are identified, enabling a rapid increase in the number of children provided with care and support. PLHIV groups, PC and recipients of the Ambassador's Self-Help Fund use active case finding and provided service access support to increase client loads.

Building on the strong QA approach developed during PEPFAR I, USG Ghana's approach to care and treatment will continue to center on leveraging USG Ghana support by reinforcing the scale-up of Global Fund activities. Following the same QA approach, USAID will support the NACP's institutionalization of ART and other HIV/AIDS care and support services quality improvement processes in an additional 100 ART facilities in five regions. The QA method will integrate stigma reduction and infection control trainings into community-facility meetings on issues such as access and acceptability of services. Regional supervision teams will use checklists and provide supportive mentoring to rapidly improve pediatric quality of care. The checklists outline a process of collectively analyzing strengths and weaknesses of service delivery, defining solutions to identified key problems, developing a QA action plan and regularly monitoring the action plan's implementation. Selected PLHIV will be trained to support the work at clinical sites, e.g., acting as adherence counselors.

To reinforce the QA activities, all facilities will be linked with community support groups to ensure that referral networks are in place and care and psycho-social support is provided to individuals seen at the clinics. DoD will support groups for HIV positive military members and their families, and USAID will support groups for PLHIV, FSW and MSM. PC and USAID will provide therapeutic nutritional supplementation through the cultivation and use of the 'Moringa' plant and through a food for prescription program targeting those newly initiating ART and HIV positive young mothers below a certain body-mass index (BMI). A clear standardized home-based care package has not been defined, but bed nets will be provided to PLHIV through President's Malaria Initiative (PMI).

To complement the care efforts, and in support of the PF goal of promoting sustainability, OVC efforts will emphasize coordination with the United Nations International Children's Fund (UNICEF) to implement Ghana's National Plan of Action for OVC (2009 - 2011). USG Ghana will also provide direct support for vocational training and economic strengthening for OVC; bolstering community structures for OVC care and support; and supporting best practices for regulation of and transition from institutional care. The Ambassador's Self-Help Program will continue to serve as a model to select and support income generation and economic strengthening activities for OVC. On military bases, DoD will continue to support the GAF military wives' clubs' identification of military widows and OVC and promotion of referrals to OVC services

and support.

IV. Promoting Country Ownership and Sustainability

USG Ghana's fourth and fifth PF goals – strengthening health management systems and civil society capacity – represent a significant new program focus to promote country ownership and sustainability.

Strengthening Health Management Systems

To strengthen policy dialogue structures and processes, USG Ghana will support efforts to promote leadership in advocating for key interventions; involvement of civil society and the private sector; and decentralizing the response. The PF envisages supporting an agenda of major HIV-related policy issues, including payment policies for ART. Strengthening efforts to reduce stigma and discrimination is an element in all HIV-related activities the USG supports. To improve human and financial resource management, USG Ghana will support a costing study to prioritize interventions and develop costing scenarios for the forthcoming NSF-III.

CDC is initiating several programs in 2010 and beyond to strengthen the GHS' public health laboratory quality, capabilities and reliability. A pivotal feature interwoven throughout these initiatives is a focus on Ghana's collaborative leadership in developing, managing and maintaining new laboratory programs. CDC is working closely with GHS to expand laboratory QA programs, to improve laboratory management, to promote laboratory accreditation and to assist with the development of standardized laboratory operating procedures. CDC is also collaborating with GHS to purchase and maintain clinical testing equipment, to establish maintenance and training programs, to bolster the countries' supply chain management systems, to develop laboratory information systems and to support advance laboratory testing capacity. Lastly, CDC is developing an HIV incidence survey to determine the annual rate of new infections, and working to establish HIV drug resistance testing capacity. These efforts will directly contribute to the US-Ghana PF goals of decreasing new infections (through earlier diagnosis and treatment), support increased ART coverage and provide the clinical information underlying care and treatment decisions. The GHS, NACP and GAC are committed partners in the development and maintenance of viable, Ghana-specific laboratory programs. USAID will support the laboratory program by strengthening the lab logistics systems.

CDC has active partnerships with GHS, GAC, NACP and the University of Ghana directed toward improving information/data harmonization, acquisition, analysis and dissemination of data to support HIV/AIDS prevention and treatment services. Specifically, in support of the PF's goals four and five - to strengthen Health Systems Management and to strengthen capacity of CBOs to provide information and services to MARP - CDC is proposing several collaborative initiatives with national Ghanaian partners, designed to: 1) promote improved surveillance of the HIV epidemic and

monitoring of Ghana's progress in its HIV/AIDS response by strengthening technical and organizational capacity; 2) support the estimation of the size of MARP through trainings, curriculum development and exercises and provide data syntheses and triangulation trainings; 3) support GoG/GHS capacity to conduct HIV incidence surveillance; and, 4) provide assistance to the GAC's M&E efforts to harmonize data collection towards the integration of different health data reporting systems. Lastly, the DoD is working with the GAF to provide support for epidemiology and data analysis training as well as supporting integration of the GAF into the national M&E system.

USAID will support the GoG by reviewing and updating HIV/AIDS pre-service curricula for key health staff, taking into account new best practices, including those for MARP-friendly services and PMTCT.

Health Systems Strengthening
USG Ghana will support a number of activities in several areas of health systems strengthening. For MARP, USG Ghana will provide support for the development of guidelines and policies; advocacy around MARP issues, including stigma and discrimination; and MARP-friendly skills training. Significant work will also be done in the area of leadership and governance, including support for streamlined involvement of civil society and the private sector in HIV/AIDS decision-making; and advocacy support for the government's HIV/AIDS response. In addition, USG Ghana will provide support for technical assistance, training and capacity development in areas such as task shifting, performance-based management and supportive supervision.

Strengthening Civil Society Capacity and Private Sector Engagement
USG Ghana currently supports umbrella NGOs working with at-risk populations; in the coming year, the NGO awards will be expanded to increase the number of sub-grantees they support to 35. The umbrella NGOs will assess the strengths and weaknesses of their sub-grantees, and provide technical, managerial and financial training to enhance their ability to operate independently. These efforts will be reinforced through strengthening District and Regional-level authorities' ability to promote a coordinated and data-driven local response. Lastly, a critical component of building civil society capacity will be to engage the private sector. This will be achieved through the development of private-public partnerships (primarily with produce-buying companies in the cocoa producing areas); collaborative decision making on the national HIV/AIDS response between civil society and the private sector; and solicitation of funding from the private sector.

V. Implementation Timeline

USG Ghana's contribution to the national HIV/AIDS response began in FY 2007. Implementation of the activities outlined in FY2010 COP will take place over the course of FY 2010. COP FY2010 represents a one year implementation plan based on the five-year Partnership Framework (2009 – 2013).

Population and HIV Statistics

Population and HIV Statistics	Value	Year	Source	Additional Sources Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						

Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

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

Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Developing a local misclassification rate for estimating HIV-1 incidence in Ghana	Recent HIV Infections	Other	Implementation
Ghana Men’s Study	Other	Men who have Sex with Men	Implementation
Impact Evaluation of a Comprehensive Prevention Program for MARPS in Ghana	Evaluation	Female Commercial Sex Workers	Development

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			365,000		**365,000**
HHS/CDC		500,000	2,387,413		**2,887,413**
PC			164,000		**164,000**
State			59,433		**59,433**
State/AF			100,000		**100,000**
USAID			3,924,154	5,500,000	**9,424,154**
Total	**0**	**500,000**	**7,000,000**	**5,500,000**	**13,000,000**

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		24,000		440,200		**489,200**
HKID		7,500				122,500		**130,000**
HLAB			773,413			50,000		**823,413**
HMBL			500,000					**500,000**
HTXS						390,000		**390,000**
HVAB		5,000		27,000	50,000	518,000		**600,000**
HVCT		40,000				483,579		**523,579**
HVMS	59,433	195,000	849,000	69,000		858,273		**2,030,706**
HVOP		17,500		44,000	50,000	3,754,094		**3,865,594**
HVSI		75,000	765,000			150,000		**990,000**
HVTB						390,000		**390,000**
MTCT						790,000		**790,000**
OHSS						957,508		**957,508**
PDCS						260,000		**260,000**

PDTX						260,000		**260,000**
	59,433	**365,000**	**2,887,413**	**164,000**	**100,000**	**9,424,154**	**0**	**13,000,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	489,200	
HTXS	390,000	
Total Technical Area Planned Funding:	**879,200**	**0**

Summary:
CONTEXT AND BACKGROUND In Ghana, approximately 220,000 adults (over 15 years of age) are in need of clinical palliative care, with 42,000 receiving prophylaxis for OIs. Evidence suggests 85,000 HIV positive Ghanaians are in need of ART, with 25,000 receiving services and approximately 20,000 additional persons becoming treatment-eligible annually. The availability of ART might be changing the landscape of HIV infection in Ghana – it appears that rates of higher-risk sexual intercourse among adults are increasing (DHS, 2008). However, stigma remains high, and the lack of resources for travel and the absence of family support continue to constrain the number of persons seeking treatment. Strong anecdotal evidence suggests that people with AIDS are quietly taken to rural areas to die because of stigma and shame. Overall, the supply of clinical services continues to exceed the demand; there is poor uptake of HIV-related services by PLHIV who often wait until they are severely ill before seeking care because of the stigma attached to HIV/AIDS. USG Ghana's challenge in 2010 continues to be encouraging PLHIV to seek services, adhering to treatment and preparing physically and psychologically for reintegration into society. Human capacity at clinical sites is also problematic; leadership is sometimes weak, motivation is low and personnel demands for extra remuneration are high. Some doctors feel training and ongoing mentoring have been insufficient, and stigma causes some staff to refuse to be deployed at ART sites. PMTCT and TC services, which are available at over 500 sites, face similar problems with stigma being the overarching factor for low performance. As of September 2009, Ghana had 117 public ART treatment sites and 500 clinics and hospitals providing HIV-related care. Civil society's engagement in clinical care expands the availability of supportive services for HIV infected individuals, with approximately 200 NGOs and faith-based organizations (FBOs) active in-country. Global Fund supports training, drugs, consumables and refurbishments to most of the 500 government sites through a $97 million, five-year grant. When the current Global Fund grant ends in 2011, a second Round Eight grant will focus partially on clinical services and primarily on addressing gaps such as ensuring a safe blood supply; intensified STI treatment, including providing syphilis screening for pregnant mothers; provision of post-exposure prophylaxis (PEP); reducing stigma and discrimination and EID. USG Ghana's approach to adult care and treatment centers on leveraging USG Ghana support by reinforcing the basic scale-up of Global Fund activities. GoG and donor resources (primarily Global Fund) support basic pre-launch site preparation, including training and procurement for comprehensive HIV/AIDS services, and USG Ghana reinforces these efforts through the provision of commodity logistics support. Post-launch, USG Ghana supports activities addressing quality of care issues, stigma reduction, introduction of peer counselors and the creation of linkages with community-based programming and case-finding activities that strengthen services and support more effective operations. USG Ghana also leverages district government support for PLHIV operational costs in its work with this key population. It also strengthens linkages between services and communities, informs target groups of available services

and provides food for prescription for malnourished patients starting on ART. USG Ghana has leveraged non-PEPFAR USG programs such as the PMI which distributes bed nets to eligible PLHIV in 40 planned locations. All USG Ghana support is coordinated with NACP national and regional personnel through quarterly technical coordination meetings. While chronic issues of food security are not prominent in Ghana, it is important to ensure that those who are suffering from HIV-related malnutrition are able to access nutritional supplementation, especially if they are beginning ART. New approaches are needed as Food for Peace – previously a key PEPFAR wrap-around program – phases out of Ghana. ACCOMPLISHMENTS SINCE LAST COP The adult care and treatment program has seen a steady growth over the past year, with the number of individuals on ART increasing from approximately 14,000 to 25,000. Program implementation has been strengthened by holding national semi-annual review meetings and by decentralizing training teams. About 15,000 clients prescribed prophylaxis and treatment for OIs in the past year. The PwP program has reached coverage of 7,000 or 3% of the HIV positive population. However, since only 15% of HIV positive people are aware of their status, more than one in five of those who know their positive status were reached with PwP interventions. Expansion of these interventions will continue in the coming years, but are hindered by widespread fear of stigma and discrimination, making positive living support groups (where PwP programs are held) only a last resort when help is needed. GOALS AND STRATEGIES FOR THE COMING YEAR USG Ghana's PF includes two goals related to adult care and treatment: to increase ART coverage from 30% to 60% (45,000 individuals) by 2013 and to increase the number of persons receiving care (excluding ART) by 200% to 130,000 individuals in 2013 (note: there are discussions ongoing with NACP on phasing this goal in terms of coverage). In support of increasing ART coverage, USG Ghana will support activities linked to three objectives. The first PF objective – to strengthen case identification and facilitate care seeking among ART eligible persons – will be achieved through promoting MARP care, and treatment and service linkages and training USG Ghana supported PLHIV support group members in active case finding. STI clinic staff and personnel will be trained to be MARP-friendly and support linkages with the entire continuum of HIV-related care, including services like family planning. PLHIV support group members will identify PLHIV in their communities and refer and/or escort them to appropriate care and treatment services. To improve quality of clinical care for PLHIV – the second PF objective – USG Ghana will support clinic-based QA activities. To continue efforts reinforcing the Global Fund's investment in treatment, USAID will support NACP's institutionalization of ART, other HIV/AIDS care and support services and quality improvement processes in health facilities in five regions. The QA method will integrate stigma reduction and infection control trainings and community-facility meetings on issues such as access and acceptability of services. The QA process will occur at clinical facilities and involve staff at all levels. The process consists of collectively analyzing strengths and weaknesses of service delivery, defining solutions to identified key problems, developing a QA action plan and regularly monitoring the action plan's implementation. Selected PLHIV (in the previous year over 100) will be trained to support the work at clinical sites, acting as adherence counselors, among others. Previous experience shows PLHIV involvement has a remarkable impact on the quality of service and client satisfaction. To reinforce the QA activities, USAID, through its implementing partner JSI/DELIVER, will expand its nationwide logistics support activities to all facilities planning to provide HIV-related services, while continuing to strengthen systems in existing facilities. JSI/DELIVER will also implement a laboratory logistics management system and support rationalization of laboratory logistics systems. JSI/DELIVER also supports the NACP's development of logistics management training materials, and in quantifying ART and other commodity needs two years ahead. The final objective in support of increasing ART coverage – provision of therapeutic nutritional supplementation – will be achieved through joint PC and USAID supported efforts. PC will incorporate the cultivatio n and use of the Moringa plant as a nutritional supplementation intervention for PLHIV. USAID, through its implementing partner FANTA-2, will develop a food for prescription program that targets those newly initiating ART below a certain BMI. The program will also investigate the effectiveness of targeting PLHIV with severe malnutrition (with or without TB) even when they do not yet qualify for ART. The PF identifies two adult care-related objectives to increase the number of persons receiving care. Strengthening PLHIV support groups – the first PF objective – will be achieved through close coordination with the clinical QA intervention. Approximately

300 USG Ghana supported PLHIV support groups – using the evidence-based, positive-living It's My Life toolkit – will address ART, PMTCT, TB, family planning, STI treatment, self-stigma, support for disclosure of HIV status to regular partners and safe sex. PLHIV groups will distribute condoms though designated peer distributers, make referrals for clinical services and invite key health providers to meetings, promoting positive relationships with heath care providers than can lower barriers to access care. To improve quality of clinical care for HIV positive clients – the second PF objective –OICI supports training for individuals to become lay counselors and caregivers. Through ten days of continuous education, individuals learn how to provide psychosocial and nutritional counseling and promote status disclosure, positive living and infection prevention. DoD will support a PwP program based on the newly developed PEPFAR curriculum for the GAF. The program will involve quarterly meetings at an off-base venue where military and military family members living with HIV/AIDS could meet in a relaxed atmosphere and where civil society support groups can present on available services. DoD will also support training of the GAF staff (e.g., nurses) on care and support for PLHIV to promote improved patient care. In addition, PC will support in-service training to build the capacities of volunteers and their Ghanaian counterparts to design and implement effective interventions (including training) that promote community-based health care and support for PLWA. PC also has a small-grants program to support such interventions or projects managed by volunteers and community counterparts that helps to extend and optimize the quality of life for HIV-infected persons and their families. With FY2010 funds, selected PLHIV groups will be provided with psychological and social support, as well as prevention services. Such support includes: individual and group counseling, peer support programs, income-generating activities, training of caregivers and PwP training. USG will support the development of a clear standardized home-based care package in collaboration with GoG. In the interim bed nets are provided to PLHIV through PMI. Over three years, 29,000 nets will be distributed through USG Ghana and its partners. GoG is engaged in an exercise costing the entire HIV/AIDS response, including care and treatment programs. To support this effort, USAID implementing partner FUTURES/HPI will develop costing scenarios as a basis for creating a new NSF. SUSTAINABLITY The PF emphasizes joint funding and increased management responsibility of the GoG. The proposed interventions will strengthen the skills and knowledge of health workers and will support the organizational development of clinics and GHS as a whole. Without substantial donor inputs – for example, from the Global Fund – care and treatment could not be performed on the present (and growing) scale in Ghana. However, one PF-inspired intervention is to support the GoG's financing of the response through advocacy around a number of policy issues that will enhance sustainability.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	500,000	
Total Technical Area Planned Funding:	**500,000**	**0**

Summary:

CONTEXT AND BACKGROUND Blood services in Ghana are coordinated by the NBTS, a Unit under the Institutional Care Division of the GHS. Currently the NBTS operates one blood center, with regional and district hospitals operating their respective hospital-based transfusion facilities. Country-wide there is a total of 153 fixed sites for blood collection, testing, processing and usage. There are number of substantial operational and organizational challenges to providing high-quality blood services in Ghana, including: inadequate numbers of appropriately trained personnel (which is exacerbated by high attrition rates among current staff); outdated and unreliable equipment; the absence of a regulatory framework; a poorly defined organizational structure; and under-developed community and clinical interface. In 2008, the total donor blood collected was 141,078 units, while the estimated national requirement stood at 150,000. The percentage of donations from voluntary non-remunerated blood donors (VNRBD) was

28.1%; that from family/replacement donors (FRD) was 71.9%. The blood collection index (BCI) per 1000 population was 6.32 and a human development index (HDI) of 1.4 for which Ghana is categorized as a low HDI country based on the patterns of global annual blood collections and estimated number/percentage of blood donations per type of blood donor (UNDP, 1999). Donor blood is currently tested for HIV I & II antibodies, Hepatitis B surface antigen, Hepatitis C antibodies and syphilis antibodies. One-hundred percent of all blood collected nationwide is screened for HIV using either ELISA (Enzyme linked immunosorbent assay) or simple rapid tests. Approximately 30% of screening is by ELISA with confirmatory test being done by a second ELISA test. In 2008, prevalence of HIV among blood donors was 1.9% compared with 1.27% in 2007; while prevalence in the general population was 1.7%. HIV prevalence in 2008 was 1.32% and 2.13%, among VNRBD and FRDs respectively (NACP, 2008). Maternal and child mortality rates in Ghana are unnecessarily high, currently estimated at 540 per 100,000 live births (WHO, 2007), and 115 per 100,000 (UNICEF, 2007) respectively. Reduction of these levels is part of the MDG five (maternal) and four (child). On average 25% of maternal deaths are due to obstetric hemorrhage, and many child deaths are due to anemia. In Ghana, most blood is used for children and women in the child-bearing age. In 2000, blood transfused to children and women in the premiere teaching hospital was 50% of the total blood issued for transfusion. In the regional hospital in the northern belt, the figure was 62%. The percentage is believed to be even higher in the district hospitals where, in 1998, approximately 80% of all the blood was transfused to women and children. More recent blood utilization data are not available for the district (NBTS, 2009). ACCOMPLISHMENTS SINCE THE LAST COP FY2010 will be the first time that Ghana has received PEPFAR funding for improving its blood services and blood safety infrastructure. However, the country has been very pro-active in developing general laboratory and transfusion-specific legislation and policies directed at modernization and re-structuring of the Ghana National Blood Service. The National Blood Policy and Bill In response to the manifold challenges to improving blood services systems, the GoG approved a National Blood Policy in 2006 (Policy). The policy seeks to increase efficiency in donor education, recruitment, selection and retention; improve blood collection; and, improve laboratory testing, component preparation, storage and distribution. The policy also emphasizes QA in clinical transfusion practices and adherence to a code of ethics. There is currently a draft National Blood Service Bill awaiting parliamentary approval. To ensure economies of scale, quality and conformity to standards, blood collection, testing and processing will be centralized at Area Blood Centr es (ABCs). It is envisaged in the long term that five ABCs will be established within five geographical zones in the country. Each of these Centers will be responsible for ensuring the provision of safe, adequate supply of blood and blood products to hospitals within its catchment area through hospital blood banks (HBBs). In this regard HBBs will be responsible for collection of processed blood and blood products from designated ABCs, stocking, grouping and cross-matching for patients who require transfusion therapy. Roles and responsibilities of all stakeholders that the NBTS seeks to collaborate with have been clearly outlined in the Policy. The major stakeholders include the GAC, NACP, Noguchi Memorial Institute for Medical Research, Public Health and Reference Laboratory, Institutional Care Division of the GHS, and the World Health Organization (WHO). The GoG is committed to mobilizing resources for the implementation of the policy. Modernization and Reorganization of Blood Services Under the Health Sector Rehabilitation Project III (HSRP III), the GoG has contracted a loan of € 8,300,000 (~$12M USD) from the African Development Bank (AfDB) and the Nordic Development Fund (NDF). Component Two of the HSRP III focuses on the reorganization, modernization and restructuring of the National Blood Service (NBS) in order to enable it respond effectively, efficiently and satisfactorily to the needs of its clients all over the country in a coordinated and timely manner. The loan agreement provides for infrastructural development involving the construction, equipping and furnishing of a headquarters for the Service and two ABCs, some human capacity development and managerial restructuring. The targets for the project include: establishing an independent NBS and a Blood Regulatory Authority; development of a network of ABCs and systems for targeting 100% VNRBD for blood collection, and donor care; modernizing laboratory services; establishment of quality management systems; improving quality of clinical transfusion practices; and securing a legislative framework for the operations of the NBTS. GOALS AND STRATEGIES FOR THE UPCOMING YEAR In spite of the substantial financial, legislative and organizational commitment to

modernizing blood services in Ghana, there are still a number of gaps and needs that PEPFAR support can mitigate. It should be emphasized, that wherever possible, the NBTS will actively and routinely coordinate and collaborate with all other clinical and public health laboratories within the GHS. GHS and NBTS will strive to leverage proposed PEPFAR support for training, equipment maintenance, supply chain management, information systems and QA. Transportation Current efforts to increase donor mobilization and retention, particularly of the VNRBDs from low risk populations, are constrained by lack of reliable, adequate and appropriate transport for donor education, mobilization and outreach services. Most outreach services are carried out with public transport between the 153 fixed donation sites which tends to be geographically limiting and unreliable for the staff and for prospective donors. The goal for 2010 will be to review the spectrum of options available to improve transportation services for staff and donors. 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. Options will include, purchasing vehicles, leasing dedicated transport, sharing vehicles with other GHS entities, etc. Education and Training Most of the currently employed 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. There is a pressing need to provide pre-service and in-service training to equip staff with the relevant competences for effective donor organization and retention. The goal for FY2 010 PEPFAR funds will be 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 quality, safety, the appropriate clinical use of blood and blood products, laboratory testing, component processing, storage, distribution and supply and waste disposal. Training will also be provided to relevant staff in logistics distribution/supply chain, outreach, and occupational health and safety. The specific strategy will be to develop mini-curricula for the different categories of employees listed above. The recipient of PEPFAR funding for this activity will work with national partners, stakeholders and medical/nursing organizations to develop appropriate, sustainable and timely training modules for its administrative, technical and clinical staff. Public Outreach and Education As previously noted, 72% of blood donations are by family/replacement donors. Volunteer donors only account for 28% of the approximately 140,000 units collected in 2008 (NBTS, 2009). PEPFAR support will be used to develop a comprehensive, direct public social marketing campaign to increase the volume of volunteer, uncompensated donors. This cost-effective proposal would utilize posters, flyers, billboards and public service messages to reach potential volunteer donors. Cold Storage Chain Currently there is inadequate cold storage capacity to ensure the safety, reliability and accessibility of blood products at ten regional and 170 district hospitals. This lack of cold storage space for blood products severely limits GHS/NBTS' ability to provide an adequate or effective blood cold storage chain system. PEPFAR will support the purchase of blood storage refrigerators to improve storage capacity at a network of geographically dispersed priority hospitals. The refrigerators are not available in Africa and will have to be imported from the U.S. or Western Europe. The appropriate type, size, and specifications of the units will be determined to ensure cost-efficiency, durability and reliability for optimum performance. Information Systems There is a present need to strengthen the collection, processing and transmission, analysis, dissemination and evaluation of blood service data and information across the network of ABCs and HBBs. Three types of intercommunicating systems are typically involved in blood services: a system for tracking donors, blood products and recipients; a system for managing blood tests and their results; and a system for quality control and monitoring & evaluation data. In some cases, the blood test system will be a Laboratory Information System installed at a GHS laboratory. NTBS will work with the GHS labs and CDC to insure that software products in the three categories can exchange data effectively. Furthermore, NTBS will work with the GHS Information Technology (IT) group and CDC to insure that NBS Headquarters, the ABCs and blood transfusion facilities are connected by wide area networks to the greatest extent possible, using existing infrastructure; infrastructure being installed under PF activities to connect laboratories, regional offices and warehouses; and dedicated infrastructure procured and installed as part of this activity.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	523,579	
Total Technical Area Planned Funding:	**523,579**	**0**

Summary:

CONTEXT AND BACKGROUND In Ghana, testing services are available in over 500 public facilities, and almost all provide both stand-alone TC and PMTCT services. Several dozen private sites are known to provide TC, but no information on client load is available. Most testing centers use rapid tests for initial and confirmatory testing and provide the test results within an hour. During the past year, public facilities registered 770,000 clients accessing TC services, an almost doubling of the previous year's results. Utilization of TC services by persons engaged in high-risk behaviors – such as FSW, MSM and partners of PLHIV, known to have high HIV prevalence levels – is still low, but has seen a relatively large increase over the past year, from 2,500 individuals in FY2008 to almost 7,000 in FY2009. The main barrier to accessing TC services is the high level of stigma and discrimination against those found to be HIV positive. The military has TC sites in all seven garrisons. The military voluntarily tests approximately 1,000 persons in a year, and an additional 5,000 military personnel are tested on a mandatory basis annually through new recruit and pre-deployment testing. Typically, TC counselors are military personnel or other health educators who have other responsibilities and can only provide counseling services on a part-time basis. Concerned with the high number of PLHIV dying each year in Ghana (13,000 in 2009) even while ART supply is sufficient, the GoG issued new national guidelines for HIV TC (National Guidelines for the Development and Implementation of HIV Counseling and Testing, Ministry of Health, 2008). The policy discerns three types of testing: client-initiated TC (the traditional, voluntary TC); provider-initiated TC (the routine offer of testing and counseling by a wide variety of health service providers, especially ANC and FP clients, STI clients and those suspected or diagnosed with TB); and diagnostic testing (ordered on the basis of clinical presentation). For blood, tissue or organ transfusion, HIV testing is not mandatory. Workloads have significantly increased in TC and PMTCT centers, especially the smaller ones. Task shifting is an option and has started to provide some results in the treatment area especially, but significant shifts need to happen in the scope of work of some cadres of health staff. While there is no law prohibiting such shifting, intensive dialogue is needed with the professional organizations and the Nurses and Midwives Association and regulatory bodies such as Medical and Dental Council. USG Ghana's TC approach complements GoG and other donor activities through targeting USG resources to reinforce Global Fund activities, and by promoting TC for MARP, a major gap in GoG and other donor efforts. In Ghana, Global Fund resources support training, infrastructure development and test kit procurement at its sites. USG Ghana provides comprehensive test kits logistics support to reinforce these efforts. USG Ghana also reinforces the Global Fund's investment by ensuring the quality provision of TC at Global Fund sites. GoG and other donors primarily focus on the provision of TC for the general population; therefore, USG Ghana complements these efforts by supporting TC for high-risk groups through specialized clinics and campaigns for MARP. ACCOMPLISHMENTS SINCE LAST COP In FY2009, USG Ghana supported 40 Global Fund-supported facilities through the provision of comprehensive QA activities for HIV-related services, based on the successful package of activities delivered in FY2008. Twenty additional staff were trained, resulting in 20,000 individuals receiving TC. In addition, based on previous year's success, the focus on strengthening contacts between sites and high-risk groups was intensified. Facility-based providers made visits to client groups, e.g., PLHIV support group meetings, assisting them with topics on testing, disclosure, stigma and accessing services. In addition, USAID implementing partner QHP supported bi-annual facility-community dialogue meetings with PLHIV and high-risk groups in order to facilitate linkages and uptake of services. Support for orienting/training providers at DOTS centers on national policy and guidelines for testing TB clients for HIV was also rolled-out, contributing to the uptake of TC

services. To complement the QA activities, USG Ghana continued to support the national scale up of TC/PMTCT sites by establishing the national logistics systems in all new sites. Through USG Ghana and NACP collaboration, FSW/MSM-friendly STI sites and drop-in centers were closely monitored for TC performance. The MARP communication campaign "Call Me-Chat Me-Text Me" – which was developed and piloted in FY2008 – was rapidly expanded nationally in FY2009. The campaign, providing MARP with TC messages, referrals and access to trained health care providers through cell phone technology, promoted TC services among high-risk groups. In addition, PLHIV couples were trained in couple-to-couple counseling and family counseling to encourage disclosure and testing of partners, helped partners to disclose HIV positive status, referred 500 partners of PLHIV for TC, and promoted prevention interventions for PLHIV. Based on data from the first three quarters of the fiscal year, activities targeting MARP are on target to reach their FY2009 COP goal of referring 5,000 individuals for TC. Within the military, DoD explored how to support two full-time counselors and provide training for additional part-time counselors in the coming year. These positions are expected to be filled in the coming year, and arrangements have been made for additional training of current GAF part-time counselors. GOALS AND STRATEGIES FOR THE COMING YEAR USG Ghana's PF includes two goals related to TC: to reduce the number of new infections by 30% (6,500) by 2013; and to increase the number of persons receiving care (excluding ART) by 200 percent to 130,000 individuals in 2013 (note: there are discussions ongoing with the NACP on phasing this goal in terms of coverage). TC is a critical component of multiple objectives supporting the PF prevention goal. Two objectives – to provide a core package of prevention services for MARP nationwide and to establish a national network of MARP-friendly services – will be supported through the promotion of TC for MARP by the new USAID HIV Prevention for MARP and PLHIV Project, which will train an additional 20 MARP-friendly sites (health centers and drop-in sites) to offer TC to these subpopulations. Activities will include training staff to promote acceptance and receipt of testing and positive attitudes towards FSWs and MSM. The new project will also increase the number of peer educators and continue to expand the successful "Call Me-Chat Me-Text Me" campaign, which preliminary evidence suggests is linked to the increase of MARP receiving TC services. TC referral systems will also be updated with new features such as improved client tracing and client escorting to health care providers. A third prevention PF objective – to ensure PMTCT to 80% of pregnant women – will be supported through another new USAID project. In 2010, USAID's JSI/Focus Regions Health Project will implement activities in five regions: Greater Accra, Eastern, Central, Western and Ashanti, which together have 55% of the population and approximately two-thirds of Ghana's PLHIV population. TC will be promoted along with the expansion of PMTCT services in the target regions through promotion of provider-initiated testing for TB and STI clients and expanding work with MARP and PLHIV. To achieve the final prevention PF objective – to integrate PwP activity into PLHIV support groups – USG Ghana will integrate TC-related activities into approximately 200 PLHIV support groups using the evidence-based, positive-living "It's My Life" toolkit. The toolkit includes activities on PwP that features, among others, notification exercises for partners of PLHIV. In addition, model PLHIV discordant couples – identified through involvement in the support group or other activities – will provide couple-to-couple and family counseling to encourage disclosure and testing of partners. Engagement of discordant couples is particularly critical in Ghana, as two out of three couples with HIV-infection are discordant (DHS, 2003). In support of the PF care goal, improving TC services will be an essential part of activities supporting the PF objective: to improve quality of clinical care for PLHIV. Another new USAID program – the JSI/Focus Regions Health Project – will continue the QA activities previously implemented by USAID implementing partner QHP. In the new Project, activities supporting PMTCT and TC will be greatly increased to facilitate a rapid expansion of the number of sites, ensuring quality of services and linking services with additional, especially RH, services. Key in this expansion will be working with the Regional PMTCT Teams that are trainers and master-trainers, as well as site supervisors. In close cooperation with 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 will be updated if necessary and supporting supervisory visits might be an emerging need. Clinic-community meetings will be held to improve communication, engaging MARP to ensure these activities also support the prevention goal and objectives. To handle critical health systems strengthening issues such as task shifting and linkages of

services, the National and Regional Health Authorities will be supported by the JSI/Focus Regions Health Project. Pre-service training and TC and PMTCT-related modules (including counseling training) will be updated for different cadres of health staff by the USAID Access project. USAID's approach of complementing QA activities with logistics and commodities support will continue through USAID's logistics partner, JSI/DELIVER. JSI/DELIVER will continue to support the nationwide logistics management information system for HIV/AIDS test kits. Data collected are used for forecasting the quantification, procurement planning and pipeline monitoring of the commodities. The system is currently operational in all sites using test kits; in FY2010, the system will be maintained, and all relevant staff will continue to be re-trained as needed on commodities security and logistics. DoD's program will support both the prevention and care PF goals. The DoD program will test approximately 6,000 individuals for HIV including 2,500 troops preparing for peace keeping operations. Within the GAF, DoD will support two full-time counselors and train additional part-time counselors. In addition, DoD will support the remodeling of two to three GAF clinics that provide TC services. Sites will include military clinics in Takoradi, Tamale and one other site to be determined by the GAF and DoD. The military will strengthen its TC program, especially in the area of M&E. SUSTAINABLITY The PF emphasizes joint funding and increased management responsibility of the GoG. The proposed interventions will strengthen the skills and knowledge of health workers and will support the organizational development of clinics and the GHS as a whole. Without substantial donor inputs – for example, from the Global Fund – care and treatment could not be performed on the present (and growing) scale in Ghana. However, one PF-inspired intervention is to support the GoG's financing of the response through advocacy efforts around critical issues such as support for HIV/AIDS in the NHIS.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	957,508	
Total Technical Area Planned Funding:	**957,508**	**0**

Summary:

CONTEXT AND BACKGROUND Through a technical assistance visit from two USAID/Washington health systems strengthening experts, a Health System Strengthening Assessment was carried out in March, 2009. The assessment covered the entire health program, with emphasis on FP/RH and HIV/AIDS. The assessment noted that in order to achieve the 3 – 12 – 12 goals, important work remains to be done in Leadership and Governance, Finance and Financial Management (details on the Human Resources for Health situation, including USG program achievements and FY2010 activities can be found in the HRH technical program narrative). It identified challenges in the process of decentralization; flow of financial information and transparency; and new opportunities with the NHIS. A two-pronged approach was proposed to increase transparency and accountability and to employ policy dialogue to promote national health care strategies and goals, such as using NHIS funds to move from a curative to a preventative approach; and promoting performance-based financing strategically to increase accountability for results. The assessment recognized that there are important gaps in the quality of information collected and used for decision making. The assessment also identified an additional number of HIV/AIDS sector-specific issues that are addressed below. In addition, there is national consensus in Ghana that stigma/discrimination is the single most important obstacle to an effective HIV/AIDS response. Research indicates that PLHIV are systematically blamed for immoral behaviors and that Ghanaian culture extends this blame to the entire family (GSCP 2006). Those who are known to be HIV-positive are often fired and/or evicted from their homes. Police, judiciary and health workers are mentioned by PLHIV as showing particularly stigmatizing and sometimes repressive behaviors. Significant health system strengthening activities in Ghana currently underway include: strengthening of the NHIS systems and processes,

supported by several donors; strengthening of data collection and analysis notably in clinical service provision, supported by the Global Fund; strengthening of financial tracking at the national level, supported by multiple donors; and assessment of the overall national logistics system, also supported by multiple donors. USG Ghana's past strategy has been to provide support to other major implementers (GoG, Global Fund) in development of tools and materials (e.g., for prevention activities and TB); provide technical assistance to strengthen Global Fund implemented activities, e.g., QA activities in up to 40 ART sites; support the development of technical manuals and guidelines, especially in the clinical program areas; provide leadership in service delivery programs for key subpopulations; and to take the lead in reduction of stigma and discrimination programs. The recent process of developing the PF and its IP has lead to much greater collaboration with the Government and other stakeholders, led by an Oversight Group that is chaired by the Director-General of the GAC and has representatives of the Government agencies, civil society, PLHIV and Donor Partners. The PF its IP identify many systems strengthening opportunities, which are addressed in this FY2010 COP. Typifying the current close relationship between the GoG and the USG Ghana Team, at the GoG request, the USAID-funded FUTURES/HPI is undertaking a costing study to prioritize interventions and develop costing scenarios for the forthcoming NSF III. USG Ghana will continue to coordinate its health systems strengthening efforts through the GAC, the NACP and the newly created PF Oversight Group. In addition, USG Ghana will work through the newly created SI and Lab groups while the National MARP Working Group provides leadership in service delivery. While the SI and Lab groups are recent additions, they are expected to grow into national platforms. ACCOMPLISHMENTS SINCE LAST COP USG Gh ana had an emphasis on program support and technical assistance throughout PEPFAR I. Presently the USG program works closely with GoG leadership towards key national targets, with systems strengthening and improving the policy environment as increasingly important program components. The USG has worked to improve the quality of care in 30 ART sites and over 20 MARP-friendly sites, with QA approaches, improved supervision and additional skills training. Importantly, quality of care has been improved by client-provider meetings in 15 clinics, strongly focusing on improving client satisfaction for MARP clients. Key systems strengthening activities for FY2009 included the following: linking MARP prevention services with the continuum of care; and strengthening of the logistics systems for HIV, TB and lab commodities. Together with bi-lateral and multi-lateral donors, USAID takes active part in a national dialogue on improving the coverage and quality of the NHIS. Discussions are ongoing about how HIV-related health benefits might relate to the insurance scheme. GOALS AND STRATEGIES FOR THE COMING YEAR The key areas for focusing Systems Strengthening support that have been jointly identified during the PF development process are: Leadership and Governance Key Leadership and Governance activities to be supported by USG Ghana include the following: involvement of key stakeholder groups; financing and costing the response; leadership in advocating for key interventions; involvement of civil society and the private sector; and decentralizing the response. In support of these activities, USAID implementing partner, TBD, will focus on the following issues: review of the level of NGO/civil society involvement and advise GAC on ways to strengthen and systematize their involvement; review the involvement of the private sector and advise GAC on enhancing the private sector involvement in the response; support the Government in financing the national response, e.g., through social financing arrangements such as the NHIS; support the creation of a National AIDS Account in the national budget; and strengthening the financial skills and accountability of the GACs and Decentralized Authorities (implementer TBD). There are a number of targeted leveraging activities carried out by other implementers, e.g., decentralization support to districts by USAID's prevention-focused partner (TBD/TA for Prevention, Care and Treatment); strategic planning exercises lead by CDC partner University of California at San Francisco; and introduction of a performance-based financing approach in selected regions by the JSI/Focus Regions Health Project. Service Delivery and Stigma reduction To create a more conducive environment for the HIV/AIDS response, the USG has supported the GoG with the development of a national stigma reduction campaign called "Who are you to blame?" USG stigma reduction funding is spent on specific populations such as the police, judiciary and health workers, as well as on PLHIV groups in order to reduce self-stigma and learn to counteract discriminatory behavior. A special curriculum has been developed for a cadre of trainers who conduct downstream training for health care providers in stigma reduction and

improved infection prevention at clinical facilities. The Center for Democratic Development (CDD) works with uniformed services, law enforcement agencies and judiciary in stigma reduction. It promotes long-term solutions to reduce stigmatizing behaviors such as creating codes of conduct and appointing point persons against discrimination in police stations. PC will continue its anti-stigma activities in the communities, while DoD will use its anti-stigma video for the GAF in all six garrisons in the country. Through USAID's prevention-focused partner (TBD/TA for Prevention, Care and Treatment) the following activities are planned: develop and institutionalize policies and guidelines on MARP; support GAC in developing national standards for PL HIV support groups; strengthen HIV-related knowledge and skills related to MARP and PLHIV at the regional and district level; and advocate around addressing MARP issues. In addition, the JSI/Focus Regions Health Project will provide the following: development of training and approaches for performance-based grants for health service delivery in three regions covering one third of the population of Ghana; HIV/RH/FP integration activities; strengthening and application of HIV policies, strategies & procedures to promote effective integration in service delivery settings; and assessments and guidelines for task-shifting interventions. There are many spill-over activities in this area: almost every activity has an anti-stigma component; skills training will take place at every level of civil society and government; and the JHU/BCS Project will provide patient materials and information for both USG-funded and other implementers alike, especially in the areas of PMTCT, TC and pediatric care and treatment. Information Systems and Lab Systems SI and Lab are funded solely through their respective program area budgets. However they do play a key role in strengthening overall health systems. Please see the SI and Lab TANs for more information. Commodities and Supply Chain Systems USAID, through its partner JSI/DELIVER, provides support for commodity quantification and strengthening of HIV commodity supply-chain issues. EXP Momentum provides TA to strengthen social marketing systems, especially those aimed at MARP; and distributes commodities through the private sector at or near cost-recovery. With Health Systems Strengthening funding, JSI/DELIVER will expand its focus to system-wide issues, with a focus on the following: development of capacity of Regional Stores to ensure product availability at all service delivery points (SDPs); provision of supportive supervision to districts and SDPs to ensure commodity availability with a special focus on PMTCT activities; and support for the development of laboratory logistics systems

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	823,413	
Total Technical Area Planned Funding:	**823,413**	**0**

Summary:

CONTEXT AND BACKGROUND The MOH in Ghana has five independent agencies, one of them being the GHS. Clinical and public health laboratories in Ghana report to MOH via GHS, and are under the mandate of two key divisions in GHS: Institutional Care Division (ICD) and Public Health Division (PHD). The ICD is responsible for laboratories in 10 regional hospitals and 170 district hospitals. The clinical laboratory system has 406 laboratories that are private, quasi-government and governmental in nature. The government's clinical laboratory system is comprised of 3 teaching hospitals Korle-Bu, Konfo Anokye and Tamale. The public health laboratory system includes one National Public Health Reference Laboratory (NPHRL) and three zonal public health laboratories. Under the oversight of the PHD, the NPHRL is responsible for the QA programs for the laboratories of the NACP, NTP and the National Malaria Control Program (NMCP). Ghana is currently implementing a five-year, Global Fund Round Five grant which runs through April 2011, and focuses on treatment, care and support. Additionally, PMI is managing funds to strengthen laboratory systems for malaria diagnosis and confirmation. The Global Fund Round Eight award for HIV/AIDS is a five-year grant (2009-2013) with emphasis on prevention,

combined interventions directed towards MARP and other health systems strengthening including: blood safety, laboratory capacity for EID and integration of HIV and STI services. USG's goal is to continue to work with the national HIV, TB and Malaria programs in leveraging and coordinating laboratory efforts to reinforce the basic scale-up of support coming from the Global Fund and PMI. ACCOMPLISHMENTS SINCE LAST COP In 2007, USG provided support to design a Logistic Management Information System (LMIS) which continues to be the backbone of the ART program, and provides rapid diagnostic tests (RDT) for malaria. In 2008, USG provided support to conduct laboratory assessments for malaria through the Improving Malaria Diagnostic (IMaD) project. These assessments were critical in designing the Ghana five-year malaria laboratory strategic plan, which is currently in its first year of implementation. Among other interventions, microscopes were purchased for 30 district and sub district laboratories. DoD is working with the GAF to advance its laboratories' capacity and improve their capabilities. Efforts were made to upgrade the central laboratory at the 37th Military Hospital in Accra by procuring and installing equipment to enable providers based within the military system to provide laboratory diagnoses of HIV, immune function and related opportunistic infections and hematological and metabolic status. Laboratory equipment included biochemistry analyzer, hematology analyzer and reagents. Additional procurements are actively underway for real-time polymerase chain reaction (RT-PCR) cyclers and DNA nucleotide sequencers. CDC provided technical assistance with protocol development and procurement of laboratory equipment and consumables for the incidence (or rate of new infections) study to be carried out, using the BED assay technique. GOALS AND STRATEGIES FOR THE COMING YEAR If laboratory services are to be valuable in HIV, TB, Malaria and other care and treatment programs, they must be accessible, accurate, timely and reliable. The laboratory systems and services outlined below are aligned to support program goals including TC, PMTCT, care, treatment and prevention. Quality Management Systems (QMS) In 2003, the GoG passed the National Health Insurance Law (Act 650, 2003) that instituted the NHIS. The NHIS aims to secure the provision of basic healthcare services, free of charge, to persons resident in the country through mutual and private health insurance schemes. NHIS has recently launched a new scheme which makes it mandatory for laboratories to achieve accreditation, or risk losing the privileges provided by NHIS. Accreditat ion of Laboratories To support care and treatment, PMTCT, TC and routine HIV surveillance programs, USG Ghana continues to provide assistance to improve laboratory capacity in Ghana. USG Ghana will align its activities with the vision of MOH to guarantee quality laboratory services and efforts will be concentrated on providing technical support to implement robust laboratory QMS. To support the engagement of the NPHRL towards the WHO AFRO laboratory stepwise accreditation process, USG Ghana will support two candidates for an 18-month course on laboratory management at the African Center for Integrated Laboratory Training (ACILT). USG Ghana will also assist with the development of SOPs and Job Aids in support of the accreditation process. At least four zonal and 15 Regional Public Health laboratories will be selected and supported to initiate the process of the WHO AFRO laboratory accreditation. Proficiency Testing Programs The NACP coordinates over 500 TC sites, and to date, a total of 775,000 individuals have been tested for HIV. However, the NPHRL, which is mandated to monitor quality in laboratories that diagnose and monitor patients for HIV and TB, provides EQA using to only 42 sentinel surveillance sites. There is urgent need to expand EQA programs to VCT, PMTCT, ART clinics, TB, NBT Centers and clinical laboratories. USG Ghana will work closely with the NPHRL to reinforce existing QA/quality control programs and to supervise the decentralization of EQA programs, Proficiency Testing (PT) and on-site supervision at the regional level to ensure national coverage. USG Ghana will assist the NPHRL enrollment in the digital program for PT for rapid testing, EID and ART clinical monitoring. To ensure the quality of HIV testing performed by both laboratory and non-laboratory staff, USG will provide technical support to implement cost-effective QA activities for HIV rapid testing, including the Dried Tube Specimen (DTS) technology for EQA in serology and standardized logbooks for use at all HIV testing sites. ARV treatment is currently offered at 140 sites in 80 districts for almost 59,000 patients. With funds from the Global Fund, NACP has procured 100 FACSCounts for 100 sites, and all the 100 machines have service contracts. Five laboratories attached to regional hospitals also have FACSCalibur. The sites offering CD4 counts are also equipped with chemistry and hematology analyzers. In Ghana, patients are treated based on CD4 counts, thus the quality of CD4 counts, chemistry and hematology testing will be further strengthened. NACP

coordinates 812 PMTCT sites in locations delivering babies at the district level. An estimated 1500 infants will need EID services in the next year. In December 2008, GFATM provided five thermo-cyclers for EID, but this equipment is awaiting renovations of laboratory space suitable for molecular diagnostic testing. In a south-south collaboration, the CDC-Kenya College of American Pathologists-accredited laboratory will provide technical assistance and training for specimen collection, handling and testing for quality-assured results. USG Ghana will support the training of two Ghanaian laboratory experts for an EID course offered at the ACILT. Proficiency testing for 4 laboratories, will be performed by the CDC International Laboratory Branch (ILB), using DBS based PT panels validated for EID. Reliance on indigenous local/regional capacity will be critical to implement the accreditation, EQA and proficiency testing program to ensure sustainability and mentorship. CDC will work closely with GHS to identify and train indigenous local/regional implementing partners. CDC will work closely with the GHS, to provide coverage for PT of the HIV testing sites. Training and Retention Systems To ensure sustainability and country ownership, USG will provide pre-service training and review the pre-service curricula to incorporate the full spectrum of testing, quality management system and HIV-related content in laborato ry curricula. USG will support candidates for in-service training and organization of test-specific workshops to meet immediate needs in QMS, EID, TB, and Laboratory Information System (LIS). These trainings will be offered in country, at ACILT or at CDC-Atlanta and through regional TAs from Kenya or from CDC-Atlanta. Equipment Maintenance Systems USG Ghana will provide funding to help identify and train local/regional partners to ensure the curative maintenance of equipment. USG Ghana will work closely with GoG to ensure that service contracts are established with commercial companies for preventive maintenance of laboratory equipment. Supply Chain Management Systems (SCMS) Ghana has an urgent need for an in-country cold storage facility for reagents. CDC Atlanta proposes to support GHS' vision by strengthening the supply chain management system through financial support and technical assistance from USAID's central contract SCMS to renovate an existing warehouse for use as a national cold storage room. The DoD and the GAF will continue to work on effectively linking the military and MOH laboratory systems. In addition, efforts will continue to upgrade the central laboratory at the 37th Military Hospital by procuring and installing equipment to enable providers based within the military system to provide laboratory diagnoses of HIV, immune function and related opportunistic infections and hematological and metabolic status. On-site training of laboratory personnel will increase the number of laboratory technicians in the military. LIS An assessment of the laboratory system is the initial step toward improving laboratory services and the design of a laboratory logistics information system. USG Ghana will provide technical assistance for conducting in-depth laboratory assessments that will evaluate laboratory capacity and develop a plan for systematically improving laboratories. LIS implementation will be approached using a tiered system. USG Ghana will provide support to implement an e-LIS or computerized-based system at hospital and regional laboratories and standardized paper-based systems at other levels. Laboratory Samples Referral Systems USG Ghana will provide support to GHS to further strengthen the transportation system required for regular specimen referral from lower level to higher level health facilities. Policies Although there is no current Ghanaian law for medical laboratory practice, the MOH has drafted a policy document for laboratories. At the request of GHS, USG Ghana will provide support for the design, implementation and analysis of in-depth laboratory assessments to integrate lessons learned from the IMaD assessments, and explore opportunities to strengthen HIV, TB and Malaria laboratory systems. In partnership with the Association of Public Health Laboratories (APHL), USG will also support the review of existing laboratory policies and use the assessment documents to collaboratively formulate a five- year National Laboratory Strategic Plan (NLSP) for HIV, Malaria, TB and other related diseases Advanced Laboratory Testing The current national HIV testing algorithm guidelines require that testing is performed by both laboratory and non-laboratory personnel. USG Ghana will provide guidance to GHS to validate a three-test algorithm for HIV diagnostics. TB is a serious concern in Ghana with only a 30% case detection rate and approximately 46,000 new cases expected per year (FY2009 COP). Management Sciences for Health is collaborating with the NTP, through TB CAP to upgrade the entire TB program, including strengthening laboratory support. In late 2008, six BACTEC 960 MGIT instruments were received in Ghana, but only two (one at NPHRL and the other at Komfo Anokye) are currently being used. The other sites have not been able to put the instruments into use because of

lack of bio-safety cabinets, P3 facilities, expired reagents or training of staff. To deal with these essential issues by strengthe ning the capacity for TB diagnostics, and to ensure the national QA program addresses TB laboratory issues, a position focused on TB laboratory strengthening should be established within the GHS. This TB laboratory focal person should be included in technical working groups responsible for the development of the Ghana National Laboratory Policy and the National Laboratory Strategic Plan. Funding for this position and for ten regional supervisors responsible for EQA for TB AFB smear microscopy will be included in the budget developed for the PF. Initial technical assistance for assessment of TB culture laboratories in Ghana will be organized through the CDC ILB. An HIV drug resistance (HIVDR) survey for patient monitoring is being conducted at NMIMR. CDC ILB will provide support for data analysis. Lastly, USG Ghana will continue to provide technical assistance and support training for an HIV incidence study. Staffing USG Ghana has pledged significant support to Ghana for laboratory policy, systems strengthening and improvement in quality management systems. For these plans to be successfully implemented and managed, it is critical to have the in-country presence of qualified personnel with a strong laboratory background. CDC proposes to hire a PEPFAR Lab Team Lead using a newly requested NCDD-38 action. The team Lead will plan, develop and coordinate all PEPFAR lab capacity building efforts, liaising with the highest levels of government, external agencies, and other partners. CDC is also hiring a local lab specialist, who will report to and complement the Team Lead position. The lab FSN will be responsible for supervising specific cooperative agreements, ensuring support for PEPFAR and implementing lab partner reporting, and dealing with day-to-day technical and logistical issues of lab activity implementation. Products/Outputs USG agencies will assist in the development of a national M&E plan for laboratory activities to achieve PEPFAR II indicators (the number of testing laboratories supported by PEPFAR and the number of laboratories accredited).

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,030,706	
Total Technical Area Planned Funding:	**2,030,706**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	130,000	
Total Technical Area Planned Funding:	**130,000**	**0**

Summary:
CONTEXT AND BACKGROUND While Ghana lacks a recent comprehensive assessment of OVC, the GoG Early Childhood Development HIV/AIDS Action Plan estimates Ghana has 755,642 orphans, with 198,000 of these orphans resulting from HIV/AIDS (April 2004). Overall, orphans represent 10% of the Ghanaian population (Children on the Brink, 2004). Based on computer modeling, Ghana's OVC population is projected to remain stable until 2010. Ghanaian policy does not distinguish between AIDS and non-AIDS orphans, giving them the same rights and responsibilities. The main national OVC

indicator is ratio of orphaned to non-orphaned children aged ten -14 who are currently attending school - "the proportion of OVC enrolled in school over the proportion of all children in school." In 2004, the ratio was over 0.8, and in 2006 it even exceeded 1.0. At a national level, child malnutrition is significant and accounts for up to 60% of child mortality (GAC/UNGASS, 2004 & 2006). Child-headed households are rare in Ghana. Many children are cared for by relatives and are not labeled as orphans. Orphans not cared for by their relatives live in orphanages (run by the state, churches or others groups), with foster families or under the care of community associations such as the Queen Mothers, a traditional authority in charge of women and children's welfare. Churches play a significant role in supporting orphanages, which provide children with very basic care and support. Despite a national commitment to community-based care and de-institutionalization of children, anecdotal evidence suggests that orphanages and other facilities are proliferating across the country with little regulation. Vulnerable children are not a well-defined group in Ghana. Child labor and even child trafficking is common in the inland fishing industry. In the cities, child street vendors are numerous although most appear able to find shelter at night. The link between vulnerable children and HIV/AIDS is not understood well in Ghana. One group thought to be extremely vulnerable is teenage girls from the northern part of Ghana who work in the major cities as market porters to finance their marriages. It is commonly thought that these girls engage in transactional sex. A USG-funded TC project tested 2,000 of these girls and found that 4% were infected, lower than experts expected. UNICEF supports interventions for the female porters as a particularly vulnerable group. An additional vulnerability factor in Ghana is the exceptionally high stigma around HIV/AIDS. Ghana has a Department of Social Welfare (DSW) that reaches every district, identifies vulnerable children and looks, as best it can, after their basic needs; however, this department is underfunded. The GoG, with support from UNICEF, has completed a draft National Plan of Action for Orphans and Vulnerable Children (2009 - 2011), which builds on the existing National Policy Guidelines for Orphans and Other Children Made Vulnerable by HIV/AIDS (the policy guidelines were enacted in January 2005; a major accomplishment noted in USG Ghana's PF). The GoG is also working to implement significant social protection programs to benefit children such as the NHIS, which provides free health insurance to all children under 18, and the Livelihood Empowerment against Poverty (LEAP), which provides direct cash transfers to extremely poor caregivers of OVC in order to provide support for their basic livelihood needs. Annually, there is about $400,000 for orphans in the GoG HIV/AIDS budget, but additional resources become available through district allocations of HIV/AIDS funds and other sources, most notably gifts by FBOs, CBOs and the private sector to institutions caring for orphans. UNICEF and DfiD are the key OVC donor supporters, and USG Ghana activities coordinate with and complement their efforts. As UNICEF continues its support of the National Plan of Action, USG Ghana will maintain its strong partnership with UNI CEF to implement the National Plan of Action and develop a vision for action for the next five years. USG Ghana's PF notes that support to OVC in Ghana is fragmented, and that implementation of the National Plan of Action to support the existing OVC policy's application could achieve significant results. USG Ghana will also develop strong links with DfID, which supports the LEAP cash-transfer program. USG Ghana also works in collaboration with OVC-relevant national bodies including the National OVC Committee, the DSW, and the Ministry of Women and Children. These bodies collaborate on national OVC efforts, for example, developing an OVC database to reinforce the identification of and provision of services to OVC through enhanced M&E. ACCOMPLISHMENTS SINCE LAST COP Through FY2009 support, the USG Ghana program continued to support OVC and their caregivers through OICI, whose activities include: vocational training and economic strengthening for OVC; bolstering community structures for OVC care and support, such as the Queen Mothers Association; and supporting best practices for regulation of and transition from institutional care. OICI is on track to achieve its FY2009 COP target of providing 300 OVC with scholarships. In FY2009, USG started partnering with UNICEF to strengthen the GoG's capacity and response to OVC. Specifically, activities focused on the finalization, dissemination and implementation of the draft National Plan of Action for OVC. Capacity building efforts also focused on strengthening the national OVC Committee's leadership role on issues such as quality in OVC programming, coordinated care and referrals and data management. Caregivers are being trained in child care and parenting skills. Through the provision of small grants, the Ambassador's Self-Help Program continued to serve as a

model to select and support income generation and economic strengthening activities for OVC. Through the grants awarded since the last COP, the Ambassador’s Self-Help Program is on track to achieve its FY2009 COP target of strengthening two grassroots organizations working with OVC and supporting approximately 25 OVC with direct supplemental support. DoD continued to support the GAF’s military wives' clubs as they mobilize to identify OVC from nearby military bases and surrounding communities. The clubs continue to assist the OVC and their care takers by creating linkages to civilian OVC and nutritional programs. Outstanding challenges USG Ghana’s OVC efforts face are that a decreasing number of orphans seem to be absorbed into the social fabric of society and that the number of OVC ending up in orphanages is mushrooming. Many children in institutions are not necessarily orphans. Creating the right environment to identify orphans and develop community-based solutions such as foster care, and to provide interventions on a case by case basis to ensure quality care and support, is the greatest challenge in Ghana. GOALS AND STRATEGIES FOR THE COMING YEAR USG Ghana’s goal guiding its OVC efforts is to create an enabling environment for effective orphan and foster care. The USG Ghana strategy for the FY2010 COP is based on the OVC objective in its PF: to harmonize support for and promote the adoption of the National Policy Guidelines through the National Plan of Action. To achieve this objective, USG Ghana will continue to partner with UNICEF to promote the GoG's implementation of the National Plan of Action. Specifically, activities will focus on the dissemination and implementation of the draft National Plan of Action for OVC. USG Ghana and UNICEF's partnership will also continue to support activities promoting the GoG's leadership in OVC, including: reinforcing national efforts towards an OVC database; supporting the planned OVC Situational Analysis; promoting national systems to reduce the number living in orphanages by re-uniting them with their families, and place children in foster care and encourage adoption; and creating standards for orphan and foster care and developing supervisory structures such as Child Protection Committees at the community level. USG Ghana also committed in its PF to funding scholarships and providing life skills to 2,000 OVC and targeting OVC for referral to OVC services and support. In previous years, the USG Ghana Food for Peace program supported OVC and their caregivers through OICI. Following on the conclusion of the Food for Peace program, in FY2010 USG Ghana will provide direct support to OICI to continue its activities, which continue to include: vocational training and economic strengthening for OVC; bolstering community structures for OVC care and support, such as the Queen Mothers Association; and supporting best practices for regulation of and transition from institutional care, including the provision of scholarships. The Ambassador’s Self-Help Program will continue to serve as a model to select and support income generation and economic strengthening activities for OVC. On military bases, DoD will continue to support the GAF’s military wives' clubs' identification of military widows and OVC from nearby military bases and surrounding communities. The clubs will also continue to promote referrals to OVC services and support by linking OVC and their caretakers to civilian OVC and nutritional programs. SUSTAINABILITY The entire National Plan of Action is designed to provide Ghana with the capacity to manage quality orphan programs. This is strengthened by links with the LEAP cash transfer program, which will provide some financing at least for the medium term. Promoting promising practices around institutional care and transitioning to community-based models and implementing recommendations from the recent capacity assessment of the DSW, created a real possibility that OVC programs will increase in quality, and can be managed by communities.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	260,000	
PDTX	260,000	
Total Technical Area Planned Funding:	**520,000**	**0**

Summary:

CONTEXT & BACKGROUND In 2009, approximately 20,000 children were HIV positive in Ghana, and approximately 1,300 children received ART for HIV infection. Pediatric ART has only recently been introduced in Ghana, and the number of identified, treatment-eligible children is low. Most infection is acquired vertically. Stigma, a lack of objective information in treatment options (for parents and guardians) and a lack of early infant diagnosis are believed to be barriers to reaching pediatric care and treatment goals. In addition, anecdotal evidence suggests that many parents keep HIV-positive children away from hospitals. Guidelines for ART and OI management for children are part of the comprehensive existing national guidelines, and provider trainings for comprehensive ART services cover both adults and children (Guidelines for the Management of Opportunistic Infections and Other Related HIV Diseases, Ministry of Health, October 2008; Guidelines for Antiretroviral Therapy, Ministry of Health, September 2008). It appears that on the whole, pediatric care and treatment skills are rare. Weak skills, combined with the limited cases reaching the hospital, hinder health staff in timely diagnosis of pediatric AIDS and create hesitancy to treat. The result is that ART sites at the peripheral levels often refer pediatric HIV cases to the more experienced clinics – nine public hospitals account for 85% of children in care and 90% of children on ART nationally. All together, the majority of cases are missed or lost to follow-up. Out of the 3,800 children expected to become newly infected in 2009, 2,600 are expected to die in that year. Disease progression appears to be very rapid in infants with about 30% of them dying in the first year of life, so EID and early initiation of the treatment is paramount. Recently, NACP acquired PCR-equipment for EID (including five machines provided by USG Ghana). Ordinary anti-body testing is hindered by presence of maternal anti-bodies, and, therefore, infants will be tested on the presence of HIV. Soon, every regional capital will have this equipment and the challenge then becomes to develop a logistics system to ensure timely delivery of infant venal blood to the testing centers and return of the test results to the respective clinics. While exact figures for the proportion of HIV positive children with active family-centered care are unavailable, evidence suggests that parental/adult support for HIV positive pediatric cases is lacking and/or inconsistent in the majority of cases, leading to a high default/drop-out rate. Some ART sites have CSOs providing needed complementary support (e.g., nutrition, economic empowerment and psycho-social support). However, such support does not extend to all ART sites, and the absence of such support limits the capacity of ART sites to maintain care for affected infants. There is at least anecdotal evidence that nutrition is the number one problem for HIV positive infants. Pediatric nutrition rehabilitation centers see many suspected cases of HIV positive infants. USG Ghana's approach to pediatric care and treatment mirrors its adult treatment and care efforts, with USG Ghana support reinforcing the basic scale-up of Global Fund activities. GoG and donor resources (primarily Global Fund) support basic pre-launch site preparation, including training and procurement for comprehensive HIV/AIDS services, and USG Ghana reinforces these efforts through the provision of commodity logistics support (JSI/DELIVER installs basic logistics and management information systems at all sites). Post-launch, USG Ghana supports activities addressing quality of care issues, stigma reduction, introduction of peer counselors and the creation of linkages with community-based programming and case-finding activities that strengthen services and support more effective operations. In FY2010, USG Ghana will continue this approach of coordinating its efforts with GoG and other donors' activities through the JSI/Focus Regions Project. JSI/Focus Regions Project will apply QA and stigma reduction tools, promote and support the logistics management of PCR early infant diagnoses, support retraining of medical staff in pediatric diagnosis and treatment, and support, in collaboration with UNICEF, pediatric food for prescription programs. USG Ghana also leverages non-PEPFAR USG programs such as the PMI which distributes bed nets to eligible PLHIV in 40 planned locations. All USG Ghana support is coordinated with NACP national and regional personnel through periodic technical coordination meetings. With so few pediatric cases even reaching the clinics, let alone surviving, issues like gender equality in treatment and strengthening family centered care has received little attention in Ghana. Also, there are hardly any cases known of children that were HIV-infected non-vertically. ACCOMPLISHMENTS SINCE LAST COP Since the last COP, USG Ghana support has resulted in a more than doubling of pediatric ART patients. Training, drugs, consumables and refurbishments to improve facilities' ability to provide pediatric care and

treatment were implemented at most of the 117 ART sites and the over 500 PMTCT sites supported by USG Ghana's QA activities. Through support to one site per region for expanded access to early infant diagnosis – including specimen logistics – 1,300 infants received an early diagnosis. Pediatric-specific QA and training was provided to an estimated additional 12 ART sites, resulting in approximately 700 additional infants on ART in USG-supported facilities (will be confirmed in the forthcoming APR). Through collaboration with NACP, access for isolated ART providers was improved via the provision of continuing education, mentoring and remote assistance with management of difficult or unusual clinical problems. Finally, pediatric nutrition for HIV positive children through the provision of nutritional supplements has initiated. GOALS AND STRATEGIES FOR THE COMING YEAR USG Ghana's PF includes two goals related to pediatric care and treatment: to increase ART coverage from 30% to 60% (45,000 individuals) by 2013 and to increase the number of persons receiving care (excluding ART) by 200 percent to 130,000 individuals in 2013 (note: there are discussions ongoing with the NACP on phasing this goal in terms of coverage). In support of increasing ART coverage, USG Ghana will support activities linked to three objectives. The first PF objective – to strengthen case identification and facilitate care seeking among ART eligible persons – will be achieved through promoting early-infant diagnosis at six weeks of age for all HIV-exposed newborns using dried blood spots. USG Ghana, through JSI/DELIVER, will design systems and train staff in logistics to transport specimens to and from the Regional PCR testing centers. JSI/Focus Regions Project will support hospitals in developing care centers that can facilitate case identification through training on the special needs of pediatric patients. To facilitate care seeking, the JHU/BCS Project will design client materials to improve information exchange. In select hospitals, support groups will be established for parents with HIV positive children to promote case seeking and treatment adherence. To improve quality of clinical care for PLHIV – the second PF objective – USG Ghana will continue supporting clinic-based QA activities. To continue efforts reinforcing the Global Fund's investment in treatment, USAID will support the NACP's institutionalization of ART and other HIV/AIDS care and support services and quality improvement processes in up to 100 ART facilities in five regions. The QA method will integrate stigma reduction and infection control trainings into community-facility meetings on issues such as access and acceptability of services. The QA process will occur at clinical facilities and involve staff at all levels. Regional supervision teams will use checklists and provide suppor tive mentoring to rapidly improve pediatric quality of care. The checklists outline a process of collectively analyzing strengths and weaknesses of service delivery, defining solutions to identified key problems, developing a QA action plan and regularly monitoring the action plan's implementation. Selected PLHIV (in the previous year over 100) will be trained to support the work at clinical sites, acting as adherence counselors, among others. Previous experience shows PLHIV involvement has a remarkable impact on the quality of service and client satisfaction. The final objective in support of increasing ART coverage – provision of therapeutic nutritional supplementation – will be achieved through scaling-up nutrition services for pediatric HIV positive clients. USAID, through its implementing partner FANTA-2, will develop a food for prescription program with two major areas of focus. First, nutritional support will be provided for infants born to HIV positive mothers (this service will be coordinated with PMTCT, EID and pediatric care and treatment services, as needed, to determine the length of time needed for the supplementation). Second, a food for prescription component will be provided for clinically malnourished pediatric ART patients. The PF identifies one pediatric care-related objective in support of its goal to increase the number of persons receiving care. This objective – strengthening PLHIV support groups – will be achieved through close coordination with the clinical QA intervention. Approximately 300 USG Ghana supported PLHIV support groups – using the evidence-based, positive-living It's My Life toolkit – will address ART, PMTCT, TB, family planning, STI treatment, self-stigma, support for disclosure of HIV status to regular partners and safe sex. These topics will be adjusted to meet the specific needs of families with HIV positive children through the continued support of groups specifically for parents of HIV positive infants and children. The support groups will promote the provision of family centered care and familial involvement in care, support and treatment. USG will provide support for the development of a clear standardized home-based care package in collaboration with GoG. In the interim, bed nets are provided to PLHIV through the PMI. Over three years, 29,000 nets will be distributed through USG Ghana and its partners, including to families with HIV positive infants and children. Ghana will be engaged in an

exercise costing the entire HIV/AIDS response, including care and treatment programs. USAID implementer FUTURES/HPI will develop costing scenarios as a basis for creating a new NSF. Pediatric care will be included in the exercise. SUSTAINABLITY The PF emphasizes joint funding and increased management responsibility of the GoG. The proposed interventions will strengthen the skills and knowledge of health workers and will support the organizational development of clinics and the GHS as a whole. Without substantial donor inputs – for example, from the Global Fund – care and treatment could not be performed on the present (and growing) scale in Ghana. However, one PF-inspired intervention is to support the GoG's financing of the response via user fees and social financing arrangements such as the National Health Insurance Scheme (NHIS).

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	790,000	
Total Technical Area Planned Funding:	**790,000**	**0**

Summary:
CONTEXT AND BACKGROUND According to NACP (2009), approximately 940,000 Ghanaian women are pregnant nationally. In the last year, 257,000 (27%) were tested for HIV, about double from the year before. An estimated 25% of eligible HIV-infected pregnant women (and their HIV-exposed infant) received a course of antiretroviral prophylaxis to reduce the risk of mother-to-child infection. The national scale-up plan calls for reaching 60% of pregnant women with HIV testing by 2015, and the PF calls for an acceleration of these efforts to reduce MTCT by 80%. It is estimated that about 14% of HIV-positive women (19,700) get pregnant every year, and that 7% of the total new infections in Ghana are pediatric, mostly among infants. About 7% of people on ART are below the age of 15. Ghana has 2,700 ANC sites, of which 500 provide TC and PMTCT services. PMTCT services were first initiated in larger facilities in Ghana. The challenge now is providing these services in smaller facilities, including private maternity homes. Expansion occurs through regional training teams consisting of approximately 12 health staff serving as part-time trainers. Initial costs for refurbishments, training and drugs are provided by the Global Fund as well as some M&E and supervisory costs. However, there remains a need for follow-up training, supervision, M&E and logistics, even more acutely during continued rapid expansion. Quality of care, counseling and communications at ANC clinics could benefit from continuous improvement strategies. Workload remains a concern and needs addressing though task shifting initiatives. PMTCT has long been regarded as a one-time activity during delivery; however, the new national guidelines position PMTCT as a complex continuum of interventions (National Guidelines for Prevention of Mother to Child Transmission of HIV, September 2008). The multi-pronged approach includes pregnancy and delivery; post-delivery services; and linkages with other services such as family planning and nutrition. The guidelines promote three policy measures: provider-initiated PMTCT testing (opt-out method); the provision of HAART as prophylaxis for pregnant women; and raising the eligibility for Highly-Active Anti-retroviral Therapy (HAART) from 250 to 350 CD4 count (September 2008). All women are receiving a CD4 count test to determine their ART eligibility. Pregnant women with a CD4 count higher than 350 receive a course of two-anti-retrovirals (ARVs) from the 18th week of pregnancy, with a third provided during delivery. NACP coordinates the national scale up of PMTCT services. The activities and targets are well coordinated between NACP and the USG implementers, and are in line with the agreements in the PF and Implementation Plan (IP). Targeted USG support reinforces the scale-up activities funded by the Global Fund. USG support is being coordinated with NACP national and regional personnel in activities and through quarterly technical coordination meetings. Non-USG resources support the basic pre-launch (prior to site service implementation) PMTCT and TC site preparation including training and procurement for comprehensive HIV/AIDS services, with USG providing commodity logistics support.

Post-launch (after site service delivery implementation) USG includes quality of care issues, stigma reduction, introduction of peer counselors and the creation of the linkages with community-based programming and support for communication materials. Work with MARP focuses on prevention activities and creating linkages with clinical services. ACCOMPLISHMENTS SINCE LAST COP Community-based activities centered on working with PLHIV groups using the evidence-based, positive-living It's My Life toolkit. Since the last COP, over 150 PLHIV groups used the toolkits to facilitate discussions of prevention and partner notification, family planning and safe delivery and nutrition. The groups developed linkages between their groups and health services by exchange visits with health workers. In addition, prevention activities with MARP discussed issues of pregnancy and possible MTCT, especially with sex workers. The USG had no interventions in the clinical areas of PMTCT before 2009, with the exception of test kit logistics. Since the last COP, PMTCT has been explicitly integrated through the USAID-supported QA activities. USAID implementing partner EngenderHealth/Quality Health Partners (QHP) implements QA activities in 40 clinics supported by Global Fund grants. The QA method, focusing on HIV-related services including ARV, includes community-facility meetings to discuss issues with access and acceptability of services, stigma reduction and infection control trainings. QA occurs at clinical facilities and involves staff at all levels. Strengths and weaknesses of service delivery are identified through collective analysis, solutions to key problems identified, and a QA action plan is developed and regularly monitored. Since the last COP, over 100 PLHIV were trained to support the work at clinical sites, acting as adherence counselors, among others. Their engagement has greatly improved quality of service and client satisfaction. Specific PMTCT-related activities focus on client flow; improving the quality of counseling; ensuring availability of ART stock; and retention of clients for delivery. GOALS AND STRATEGIES FOR THE COMING YEAR To support the USG Ghana's PF goal of reducing new infections by 30% (6,500) by 2013, the PF PMTCT objective states: to ensure PMTCT to 80% women, concentrating on improving the quality of care, counseling and communication at ANC services. The PF also seeks to integrate HIV/AIDS prevention with other reproductive health (RH) services and bring PMTCT to the community level, to the extent possible, leveraging USG and Global Fund resources. To achieve this objective, PMTCT will be integrated throughout the new USAID program providing HIV prevention services for MARP and PLHIV. In their outreach with sex workers, peer educators will integrate messages and skill building sessions on preventing unintended pregnancies, FP and PMTCT. Sex workers will be linked with the continuum of care through MARP-friendly facilities that link their clients with other services, including PMTCT and ART. The number of PLHIV groups, especially for sex workers, will be increased. In all of the expected 300 USG supported groups, PMTCT, safe pregnancy and delivery and support for young HIV positive mothers will be central themes and activities, and active linkages will be created with clinical sites, including PMTCT sites. Within PLHIV groups, PwP, use of FP, safe pregnancy and delivery and support for HIV positive new mothers will be discussed. USG Ghana will also integrate PMTCT activities in a new program working in five regions – Greater Accra, Eastern, Central, Western and Ashanti – which together have 55% of the population and approximately two-thirds of HIV positive pregnant women. Central in the new program's 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 new program will also support the provision of food for prescription to HIV positive pregnant women who qualify based on their BMI; 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. Health systems strengthening efforts are focusing on issues of protocols and guidelines, support for Regional PMTCT Teams, task shifting and pre-service curricula development. QA activities will continue as discussed in the section on accomplishments since the last COP. However, activities supporting PMTCT will increase to facilitate a rapid expansion of sites, ensuring quality of and linkages between PMTCT and additional, especially RH, services. Key in this expansion will be working with the Regional PMTCT Teams that are 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 – also to be held with MARPS – will be held to improve

communication. To handle critical health systems strengthening issues such as task shifting and linkages of services, the National and Regional Health Authorities will be supported by the USAID JSI/Focus Regions Health Project. Pre-service training and especially PMTCT-related modules (including post-delivery issues) will be updated for different cadres of health staff by the USAID Access project. The JHU/BCS Project will develop materials for HIV positive mothers, including the options for ART prophylaxis, delivery and post-delivery issues such as HIV testing and breastfeeding options. The food for prescription program implemented by USAID partner FANTA-2 will be expanded to include as many PMTCT sites as possible. The growing numbers of commodities that are needed at an ever-growing number of PMTCT sites form a logistical challenge for which JSI/DELIVER will provide support to the GHS and the MOH to address. Activities will include increasing supportive supervision efforts, initially to all districts in the five focus regions, as well as building the capacity of Regional Medical Stores to ensure product availability of service delivery points.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	600,000	
HVOP	3,865,594	
Total Technical Area Planned Funding:	**4,465,594**	**0**

Summary:

CONTEXT & BACKGROUND The HIV epidemic in Ghana can be characterized as mature, low-level generalized and highly concentrated. The availability of ART might be changing the landscape of HIV infection in Ghana – it appears that rates of higher-risk sexual intercourse among adults are increasing (DHS, 2008). The defining characteristic of the epidemic in Ghana is that infection in the general population depends to a great extent on continuous seeding from core and bridging populations, such as male and FSW, NPPs and clients and MSM. HIV prevalence is estimated to be 1.7% in the adult population (UNAIDS, 2009). The dynamics of the epidemic produce limited impact on youth and the general population. Infection levels peak relatively late in life (women aged 35-39; men aged 40-44). FSW HIV prevalence estimates range from 24% to 51% (SHARP, 2006). In the general population, higher-risk sex appears to be increasing slightly, from 21% to 23% of women and 38% to 42% for men, while condom use during higher-risk sex has declined for women from 28% to 25%, and seems stable for men at 45% (DHS, 2003 & 2008). For FSW, 98% report using condoms with their clients, but only 27% report using condoms with their NPP. Among MSM, HIV prevalence is approximately 25%. Around half of MSM surveyed report having sex with both male and female partners. Women who identify themselves as sex workers are estimated at around 34,000 – new, possibly more precise, target group estimations are underway. It is unknown how many FSW and MSM are involved in informal, transactional sex; the HIV prevalence of female partners of MSM is also unknown. Prevalence of male circumcision is over 90% in Ghana (DHS, 2008). USG-supported research suggests that long distance truck drivers and informal miners in Ghana do not have HIV rates or risk behaviors that are different from men in the general population (SHARP, 2004 & 2005). Studies show that the number of men visiting FSW is much higher than reported in population-based surveys; the population-attributable factor of prevalent HIV infection among men for sexual contact with FSW is estimated at 75% (Cote, 2004). Some prisons report high HIV prevalence; information on injection drug users (IDUs) will be collected in the coming year, as little is known. Condoms are widely available through formal and informal channels. After previous stock-outs, GHS will take over procurement using Global Fund resources. Special condom distribution programs for FSW, MSM and PLHIV exist, often using peer educators (details forthcoming in the Annual Progress Report (APR)). FSW and MSM are also provided with lubricants, and FSW are provided with female

condoms. USAID has a small condom and lubrication distribution program that is aiming for financial and managerial sustainability.   According to DHS (2003) there are approximately 25,000 PLHIV nation-wide, 59% of whom are female. Of those PLHIV that live with a regular partner, approximately 70% are in discordant relationships. Still, very few PLHIV have disclosed their status to these partners, suggesting that PLHIV and their regular partners need targeted prevention interventions. Stigma related to HIV infection is high in Ghana, and serves as an obstacle to reaching those already infected, as well as populations who are most-at-risk. As sexual solicitation and sodomy are illegal in Ghana, and homophobia is prevalent and extremely hostile, a double-layer of stigma poses an important barrier to FSW and MSM accessing services. Ghana is gradually coming together in satisfying the health and prevention needs of MARP. USG Ghana will provide technical assistance to GAC's newly initiated MARP working group, responsible for prioritizing interventions, identifying and disseminating best practices and coordinating among the various MARP program implementers. Similarly, initiatives are being taken to reduce the overlap and increase efficiency of PLHIV interventions, in particularly by imp roving and expanding PwP efforts. The goal is to evolve PLHIV from passive recipients of services (e.g. food aid) to active and empowered participants and organizers of interventions. MARP efforts will be supported through the new Global Fund Round Eight grant, and USG Ghana will reinforce these efforts with production of peer education manuals and curricula, institutional strengthening of implementers and activity coordination support. The USG will provide technical assistance to strengthen the programming and organizational capacity of Global Fund PRs and sub-recipients. PRs will become members of the PF Oversight Group to ensure maximum coordination.   ACCOMPLISHMENTS SINCE LAST COP USAID implementing partner AED/SHARP completed a five-year project focusing on FSW, their clients and NPPs, MSM and PLHIV. Since the last COP, the program reached about 40,000 MARP in 30 districts. The NPPs and PLHIV programs showed promising results (details of all achievements forthcoming in the APR). Through a pilot telephone counseling initiative, MARP increasingly consulted health professionals for TC and STI services. The MSM community and patrons of 'hotspots' were given condom and lubricant use messages as well as partner reduction messages through bar outreach programs. PC capitalized on its community presence nation-wide to support prevention programs for vulnerable population groups such as the head-porter girls who migrate from villages to work in the cities. The State Department's Ambassador's Self-Help Program supplemented these activities by providing small grants to at-risk and vulnerable populations. USAID implementing partner Opportunities for Industrialization Centers International (OICI) provided prevention activities for OVCs, resulting in about 300 OVCs receiving messages that emphasize abstinence and being faithful. DoD supported prevention efforts for troops, civil employees and their families in the GAF.   GOALS & STRATEGIES FOR THE COMING YEAR USG Ghana's PF includes three prevention goals: to reduce the number of new infections by 30%; to strengthen Health Management Systems; and to strengthen CBO's capacity to provide information and services to MARP and PLHIV.   In support of reducing new infections, USG Ghana will support activities linked to four objectives. To achieve the first objective – to provide a core package of prevention services for MARP nationwide – a network of over 35 sub-grantees will be scaled-up to provide high-quality, comprehensive prevention activities for FSW, their clients and NPPs, MSM, PLHIV and their regular sexual partners. This will be carried out by two partners – a new AIDSTAR Task Order continuing the work of AED/SHARP (referenced as TBD/TA for Prevention, Care and Treatment) and a Prevention APS. Due to the stigma facing FSW, MSM and PLHIV, the overall approach to comprehensive HIV prevention will continue to rely heavily on informal social networks and peer education, as well as innovative electronic communications such as mobile phone help-lines and text messaging services. Building on the highly successful pilot, the number of help-line counselors will be increased, and real-time information systems put in place to more closely monitor use and needs. Peer educators will continue to cluster around drop-in centers and MARP-friendly clinics that will link MARP to the continuum of care for HIV-related services, including PMTCT, TB and ART services. The new USAID implementing partner JHU/Behavior Change Support (BCS) Project will analyze the need for additional prevention materials and work with implementing mechanisms to ensure technical and educational excellence. USG will also target youth MARP for prevention activities through age-appropriate HIV prevention activities for OVC. USAID implementing partner OICI will continue to provide monthly counseling sessions that emphasize

comprehensive prevention messaging. OICI will continue to ensure that all sessions are appropriately targeted to the age an d risk-profile of the youth in attendance. The second objective – to establish a national network of MARP-friendly facilities – will be achieved through supportive supervision and in-service training of health staff on strengthening clinical systems to provide MARP-friendly services. These efforts will be reinforced through structural interventions to reduce anti-stigma and discrimination with the police, judiciary and prison services. Activities will include advocating for improved treatment of MARP, e.g., no longer using the possession of condoms as proof of guilt in court. Selected courts, magistrates and police stations will be monitored, and protocols developed for each service. Activities in support of the third objective – to ensure PMTCT to 80% of pregnant women – will largely be addressed through the clinical program (see the PMTCT Technical Area Narrative (TAN)). MARP-friendly clinics and PLHIV support groups will create strong linkages with PMTCT programs. Efforts to support the fourth objective – to integrate PwP activities into PLHIV support groups – will prioritize quality programming, making use of standardized tools including the evidence-based, positive-living It's My Life toolkit. Approximately 300 support group facilitators and their members will strengthen their prevention peer education activities – including information, education and communication (IEC), role-playing and referrals for psycho-social support – and expand quality improvement efforts, including supervision and refresher trainings. Support groups will also distribute condom and lubricant, encouraging their members to establish outlets in their communities. Peer educators working with FSW, their clients and NPP and MSM will also distribute condom and lubricants. USAID will also focus on the mature segment of the condom market, selling commodities at a cost-recovery price. Based on the results of market research, new products may include colored and scented condoms and single-use lubricant packets, all relatively novel products in Ghana. USAID implementing partner JSI/DELIVER will monitor national stocks and procurement schedules, and provide technical assistance nation-wide to strengthen condoms logistics systems. Efforts to promote the final prevention-related goal – to strengthen CBO's capacity to provide information and services to MARP and PLHIV – will be achieved through activities grouped under three objectives. The first, building the capacity of CBOs serving MARP and PLHIV, will be achieved through awards made under an annual program statement instrument launched in 2008. Two to three umbrella NGOs are currently supporting work with at-risk populations; in the coming year, the NGO awards will be expanded to increase the number of sub-grantees they support. The second objective – to decrease stigma and discrimination toward PLHIV, FSW and MSM – will be addressed through the structural interventions discussed above. The third objective – to increase participation of civil society and the private sector – will be achieved through a private-public partnership (PPP) with produce-buying companies in the cocoa producing areas (see PPP supplemental). Prevention activities will be supported during the cocoa season, when farmers with cash transform sleepy towns into around-the-clock parties. Bar activations and condom promotion will take place in cocoa areas as well as hot-spots in 30 USAID focus districts (see supporting documents). Addressing multiple prevention goals and objectives outlined above, PC will continue to build the capacities of its 135 volunteers and their local Ghanaian counterparts to promote prevention activities, including life-skills training and promoting ABC messages, through community-initiated outreach activities. Volunteers and their counterparts will carry out projects aimed at promoting the care and acceptance of PLHIV. PC will also continue administering its small grants program, which provides volunteers and their counterp arts with the resources necessary to implement prevention activities. To leverage USG investments, PC will incorporate some of the training resources developed by USAID implementing partners into its training and project activities. PC will partner with local civil society and/or USAID implementing partners working in some of the higher HIV/AIDS prevalence areas in Ghana (e.g., Yilo Krobo District). Most personnel in the GAF are in the sexually-active ages of 19-49 years-old. Many troops are highly mobile, with nearly one third of the force deploying every year in support of UN peacekeeping operations. The UN's new sexual exploitation regulations prohibit sexual contact with host country nationals and carries financial penalties to the troop donor countries. Based on this regulation, the Peacekeeper training emphasizes abstinence and be faithful messages. The GAF has assumed financial responsibility for its peer educator program and pre-deployment HIV-related peacekeeper training, and has expanded it to include presentations at base wives' clubs. The GAF also conducts advocacy activities with military leaders and chaplains. The GAF includes education on correct condom

use as part of the peer educator program and issues condoms to all active duty forces. FY2010 funds requested will support the production costs for new posters, video production, and other prevention training materials as well technical assistance needed to improve prevention messaging. DoD will support events, e.g. soccer tournaments and community service projects, with a focus on HIV prevention, partner reduction and messages related to gender and male norms. A DoD-supported PwP program will begin, involving quarterly meetings at an off-base venue where military and military family members living with HIV/AIDS can meet in a relaxed atmosphere and where civil society support groups can present on available services. The DOS will continue to provide grants through the Ambassador's Self-Help Fund, with an anticipated four to five small grants to vulnerable groups to be made in the coming year. The exact details will depend on the awards made, but selection will be based on funding proposals that support USG Ghana's prevention portfolio, for example, supporting PLHIV groups' use of the evidence-based, positive-living It's My Life toolkit and/or indigenous organizations' use of OICI's model for integrating prevention messaging into OVC counseling. SUSTAINABILITY USG Ghana supports umbrella organizations to provide programmatic and organizational technical assistance to nascent CSOs, including those supported by Global Fund grants targeting MARP. Through reinforcing organization's technical, management and financial skills, USG Ghana promotes indigenous organizations' ability to become leaders in the national response. Investing about 50% of PF funds into prevention activities is expected to rapidly reduce the number of new infections.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	990,000	
Total Technical Area Planned Funding:	**990,000**	**0**

Summary:

CONTEXT AND BACKGROUND Ghana's HIV sero-prevalence rate among the adult population was estimated at 1.7% (NACP, 2008) from a median prevalence among pregnant women of 2.2% in 2008 and appears to be declining from a peak of 3.6% in 2003. However, behavioral surveillance studies from 2006 (USG supported) indicate that Ghana's epidemic is mixed rather than generalized, with high prevalence concentrated in subpopulations with high-risk behaviors: FSW (38%; mobile at 31%, stationary at 45%) and MSM (26%). However, a recent assessment of Ghana's national spending on HIV/AIDS programs indicates that funding for MARP interventions in 2006 was less than 1% of the overall national budget. A 2003 DHS included HIV testing and found a prevalence of 2.2% in adults (2.7% in females, 1.5% males). The most recent DHS was conducted in 2008 without HIV testing. The GHS conducts routine annual HIV sentinel surveillance in ANC and STI clinics and AIDS case reporting. Ghana has also implemented a national behavioral surveillance survey among adults, youth and military; and has initiated WHO recommended HIVDR surveillance including, collection of early warning indicators, a transmitted HIVDR survey and baseline ART patient monitoring with 12 month follow up in process. The GHS has a functioning system for routine health information. The NACP maintains parallel national HIV services reporting systems for ART, PMTCT and TC, but these are at a low technical level, and the pace of implementation is slow. The GAC has implemented the CRIS system for collecting M&E data in non-clinical settings, which will need some customization to include new PEPFAR indicators. GAC has also modified the administrative arrangements and data flows from USG implementing partners, so ongoing support and data quality assessments should take place. A national M&E plan is in place, and guidelines exist for data collection and analysis. Non-clinical data from the district level is often of low quality due to inconsistent record keeping and partial and delayed reporting. An institutional assessment of the GAC revealed that there was considerable need to strengthen its M&E component. In response, there have been recent and encouraging efforts to strengthen the human resource and technical capacity, as well as

the changes in administration. Further support at the national as well as local levels is still needed. USG Ghana participates in major fora for dissemination of information: the National Technical Working Group; the subcommittee for M&E of the GAC (USAID is deputy chair, and CDC is a participant); and the MARP technical working group. Through leveraged technical assistance from UNAIDS, key District Assemblies staff in 30 districts will be trained in CRIS, an HIV/AIDS data management software package. Careful planning will ensure that these initiatives are synergistic. Global Fund is supporting the development of the management and technical capacity at GAC; technical input from the USG will enhance this M&E system strengthening. AED/SHARP generated program operations research on FSW interventions that have been widely disseminated to national-level stakeholders. Findings related to MSM communities have also been collected but not yet disseminated to a wide audience for fear of a backlash due to the heavy stigmatization of this group. The surveillance data gathered by AED/SHARP has stimulated further efforts at characterizing the epidemic, particularly with regard to MARP. There are signs of progress with a recent World Bank report strongly recommending increased financial resources be dedicated to MARP, notably FSW and MSM. The study was well-received by the national Technical Working Group, led by the GAC. ACCOMPLISHMENTS SINCE LAST COP By the end of FY2008, AED/SHARP supported 14 sub-grantees working in prevention through grants and technical assistance to develop and strengthen their M&E systems, build credible data audit tra ils and improve data quality and use. This support included standardization of data collection tools across partners and geographic regions. Technical assistance was given to 30 GHS clinics to collect data and report timely on HIV/STI activities. Sixteen USAID-focus districts received technical to improve their data collection, analysis and management of information generated from the collected data and reports. AED/SHARP also provided USG partners EngenderHealth/QHP, AED/GSCP, OICI and JSI/DELIVER with technical assistance to streamline and standardize data collection instruments and procedures to ensure that data reported is of high quality. Data quality assessments were carried out for most PEPFAR indicators as well as the locally used MARP-related indicators. In support of HIV incidence surveillance, a laboratory readiness assessment was conducted, equipment and materials procured and a protocol developed for an incidence test misclassification study to be initiated at the end of year. After the study is completed, incidence estimation particularly in MARP and pregnant women will be conducted. Technical support was provided to the GAC to review and harmonize HIV/AIDS reporting requirements and revise and harmonize national HIV/AIDS indicators with current global indicators including PEPFAR. An initial national HMIS needs assessment to determine potential support priorities was also conducted. Technical assistance was provided to determine priority areas for enhancement and strengthening within Ghana's existing surveillance and M&E systems. Training was provided in appropriate surveillance methods for the country's epidemic, focusing on population size estimation and mapping methods for MARP. A plan on Ghana's approach is in development. As a part of the effort to improve data quality, DoD assisted the GAF in initiating the process of recruiting a full-time data entry clerk/analyst to use program data to further focus the military HIV/AIDS program. Improving the GAF's current reporting system was also a priority for DoD, so equipment such as computers is being procured for seven of the GAF's garrisons. During the year, DoD supported USG-sponsored M%E training for the GAF staff as to improve their basic knowledge and understanding of M&E systems. Ultimately, the GAF will integrate with the national M&E system. GOALS AND STRATEGIES FOR THE COMING YEAR USG Ghana's SI efforts are in support of the PF's fourth goal: to strengthen Health Management Systems. SI support will be used to assist with implementation of appropriate routine surveillance, HMIS and M&E conducted according to international guidance. This will strengthen reporting and use of National, UNGASS, and PEPFAR indicators included in the PFIP. Strategies to support the achievement of this goal include working with the GoG to promote improved surveillance of the HIV epidemic and monitoring of Ghana's progress in its HIV/AIDS response. In working with national partners, USG Ghana will also support ongoing efforts to strengthen technical and organizational capacity as part of its overall strategy to strengthen Ghana's M&E system. Key SI-related commitments in the USG Ghana PF include supporting MARP size estimation and mapping, to better understand the size and geographic concentration of MARP and their contribution to the epidemic. University of California San Francisco, a CDC partner, will provide technical assistance and support to national surveillance efforts describing MARP, working towards developing an institutionalized standard

approach. These efforts will begin with FSWs, followed by MSM. A data syntheses/triangulation training exercise will also be conducted to support existing data use and analysis to inform the development of the NSF III. To reinforce the efforts supporting MARP size estimation and mapping, USAID will develop a Task Order under the USAID central mechanism Project SEARCH. The Task Order will improve prevention efforts thr oughout Ghana by answering key questions critical to effective prevention programming, e.g., understanding emerging epidemic drivers, such as the role that IDUs play; and understanding the role of less-formal sex work and/or transactional sex work. All efforts will focus on targeted formative research, with an emphasis on cost-effectiveness and promoting impact-driven programming. The PF also includes a commitment to support GoG's capacity to conduct HIV-1 incidence surveillance. In FY2010, CDC will continue providing assistance to the NACP to develop the nation's capacity to carry out HIV-incidence surveillance. Initial incidence estimation will be conducted using existing blood specimens that are in storage; these potentially include unlinked anonymous ANC specimens from the general population and behavioral survey specimens from several MARP surveys including FSW and MSM samples. In support of the PF commitment to support GoG's comprehensive approach to Second Generation Surveillance including general and MARP prevalence, new infections and behavioral science, CDC has and will continue to provide assistance to the GAC M&E efforts to harmonize indicators and improve M&E tools and reporting. Technical assistance through Morehouse School of Medicine will be given to develop an M&E training curriculum and initially implement short courses to support the national M&E system and to support in country capacity through ongoing training. Technical assistance (mechanism to be determined) will also be provided to strengthen national M&E routine data collection, management and reporting of indicators from community level partners and other sub-national M&E systems (clinical and non-clinical). These efforts will begin working toward integration of different health and HIV data systems. PF also commits to assisting in addressing identified gaps and strengthening GHS HIMS' ability to manage health information and ensure linkages between and among existing health data systems. Assistance with HMIS includes: support for information systems implementation including technical support to community and patient electronic data systems; CRIS at sub-national levels linked to national program indicators; assistance in enhancing laboratory information services; and logistics management. These activities will also include capacity improvement of the computer systems at the regional health office and laboratories level and assistance to NACP with its data collection systems. Presentation of and participation in workshops to train information systems staff in best practices may be supported. An electronic data and reporting system help desk will be developed to support the roll out of the national M&E reporting system. Also, ongoing data quality improvement efforts will be supported and expanded. In support of the PF commitment to train the GAF staff in epidemiology, data analysis and effective data use, DoD will complete the process of hiring a data entry clerk/analyst for the GAF preventive medicine program. This position is part of DoD's effort to improve the quality of data coming from the program. The allocated funds will also help to provide training in epidemiology and data analysis to GAF staff, fund travel of GAF staff to present their data if accepted at the implementers' meetings or other meetings, and assist with data analysis. The CDC Ghana office is currently being opened and staffed. The CDC is in the process of hiring a Country Director /Senior Epidemiologist, who will oversee CDC supported SI activities and provide technical assistance to strategic information efforts at the national level. CDC is also hiring a local SI specialist to support PEPFAR reporting and SI efforts among partners and at the national level SUSTAINABILITY The PF emphasizes development of the coordination and management capacity of the GoG and strengthening systems at the national and community level. The proposed interventions will strengthen gaps in the strategic information skills and knowledge of health workers and promote continuing capacity. USG will also support organizational and systems capacity development of the GHS, GAC and GAF.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	390,000	

Total Technical Area Planned Funding:	390,000	0

Summary:
CONTEXT & BACKGROUND In Ghana, according to the NTP (2009), TB prevalence is 1.7% in the general population. TB is responsible for an estimated 11,000 deaths each year. Data suggest that 46,000 new cases of active TB (rate of 203/100,000 population) occur each year, of which 21,000 (90/100,000) are smear-positive (WHO/MOH, 2006-8). Of these active disease cases, only 14,000 (7,700 of whom are smear-positive) are diagnosed (case notification rate of 61 per 100,000) and notified via the National TB Control Program (NTP). Ghana's case detection rate of 30% for all forms of TB and 37% for smear-positive cases is markedly below the 70% globally accepted target. The directly observed therapy, short-course (DOTS) strategy has been adopted nationally, and the country reports 100% coverage. Of those who are reported using the DOTS strategy, 84% are considered cured, close to the 85% global target. Case fatality rate remains high at 9%, but the defaulter rate has improved over time (currently 3%) (NTP, 2009). NTP reported that in 1989 about 14% of TB cases were attributed to HIV/AIDS, and this proportion has remained stable at 15% in 2009, even though some hospital studies report a prevalence of HIV in TB patients at 25-30%. At the Korle-Bu Teaching Hospital in the capital Accra, 30% of HIV patients present with TB, and TB accounts for 40-50% of HIV deaths (NTP, 2009). A particular challenge to treating TB/HIV co-infection is the higher incidence of smear-negative and extra-pulmonary TB (EPTB) in HIV-positive individuals, both of which are more difficult to diagnose than smear-positive TB. National policy documents cite TB as a major priority, and TB has received stable funding in recent years. However, Ghana's low case detection rate (30% versus the African regional average of 41% for all forms; 37% versus the 46% regional average for smear positive TB) remains stubbornly low (NTP, 2009). The low detection and treatment success rates fuel ongoing transmission of the disease. Low treatment success rates can also foster the development of drug resistant disease, which can be difficult or impossible to treat, particularly for HIV positive individuals. The low case-detection rate and high case-fatality rate are due to a number of factors, for example, lack of standardization of procedures at the clinic level; issues with recording and tracing of referrals; very late diagnosis and failure to send suspect cases for sputum-smear testing; lack of intensified TB case finding in HIV case settings; and high stigma of TB in major parts of the country. NTP and NACP have developed policies to promote collaboration as articulated in the TB/HIV Technical Policy and Guidelines (GHS, 2007), developed using WHO recommendations and USG Ghana support. Despite this, implementation of collaborative activities is lagging. For example, TB and HIV services are often co-located but systematic referral between the two services has only begun in some of the larger facilities. In 2008, a total of 14,467 TB patients were registered for TB treatment, and 7,370 (51%) were tested for HIV, of whom 23% tested HIV positive. Approximately 14,000 PLHIV were screened for TB (NACP, 2009). Most TB control activities in Ghana are driven by Global Fund grants. In 2004-06, $3.3 million in Global Fund Round One support was made available for Public-Private Mix initiatives and an enabler's package to support DOTS implementation in two regions. In 2005, Ghana was awarded a Global Fund Round Five grant ($31.5 million for 2006-2010) for national scale-up of these activities and new initiatives including community-based DOTS, TB/HIV, the new anti-TB drug regimen and extension of the TB control program in prisons. Ghana's Global Fund Round Five award for HIV/AIDS also provides $2.9 million to the NACP for TB/HIV activities. A well-prepared Round Nine proposal valued at over $67 million was recently submitted. USG Ghana activities reinforce the Global Fund HIV and T B grants. Coordination is critical to the grant's success, and the USG Ghana, therefore, works to ensure that managers and service providers responsible for the HIV and the TB program optimize their collaboration to improve delivery of services to those co-infected. At the national level, USG supports stakeholders meetings to assess progress and inform all parties. USAID, with Child Survival and Health (CSH) funds, has assisted the NTP since March 2008. Activities include implementing the Standard Operating Procedures (SOPs) for case detection; improving TB management through a QA approach at the central level and in five regions; transport of sputum and microscopy; and routine monitoring and supervision of TB control activities. Improving the quality of monitoring and

supervision of TB/HIV collaborative activities through technical assistance in the areas of strategic planning, laboratory QA, pharmaceutical management, and data analysis will remain a key focus for USG Ghana's Health and PEPFAR programs. No other development partners finance TB control in Ghana. WHO provides $40,000 in technical assistance to the NTP, while the Royal Netherlands Tuberculosis Foundation (KNVC) provides technical assistance to the NTP from Canadian and other sources. The estimated burden of MDR-TB among new TB patients is 1,090 (prevalence rate of 2.2%). In 2010, NTC plans to start treating existing MDR-TB patients. NTC has developed draft MDR-TB guidelines, and applied to the Green Light Committee (GLC) to access necessary commodities (the GLC Initiative enables access to affordable, high-quality, second-line anti-TB drugs for the treatment of MDR-TB). The application is under consideration pending the formal establishment of external QA (EQA) link to a Supra National Reference Laboratory. Two clinicians have been identified and trained by the International Union Against TB and Lung Disease (IUATLD) in the Philippines in MDR-TB management; six laboratories have been equipped with Mycobacterium Growth Indicator Tube (MGIT) machines to be able to perform sputum culture particularly among retreatment TB cases. There are plans to erect a small admission facility capable of containing XDR-TB cases. Finally, SOPs for TB infection control for health care facilities will be developed with USAID CSH funds. ACCOMPLISHMENTS SINCE LAST COP Since the last COP, USG Ghana efforts emphasized strengthening M&E systems to provide reliable national statistics, including documentation of PLHIV screened for TB. The prevalence of dual infection among TB patients is 15%, lower than in many other countries. USAID implementing partner QHP rolled-out activities to an additional 15 facilities, for a total of 40. In addition, for existing facilities, in-depth training on clinical management for TB/HIV staff was held for new and existing staff. TC providers were trained to use TB screening tools to promote early TB diagnosis among PLHIV and appropriately refer or link them with DOTS services. TB activities were also integrated through USG Ghana's prevention and care activities. PLHIV support groups were trained to conduct TB screening and education, resulting in 3,000 PLHIV referred to TB treatment sites for secondary screening. Full results will be provided in the forthcoming APR. GOALS & STRATEGIES FOR THE COMING YEAR USG Ghana's PF includes two goals related to TB: to increase ART coverage from 30% to 60% (45,000 individuals) by 2013 and to increase the number of persons receiving care (excluding ART) by 200% to 130,000 individuals in 2013 (note: there are discussions ongoing with NACP on phasing this goal in terms of coverage). In support of both PF goals' common objective to improve quality of clinical care for HIV positive clients, TB/HIV activities are integrated into USG Ghana's QA activities. This integration ensures USG Ghana's TB/HIV interventions are positioned within the care continuum in 40 focus facilities through: disseminating and supporting the implemen tation of the TB/HIV dual infection guidelines; strengthening TB screening and treatment of HIV-infected individuals at 25 health facilities; and training DOTS centers in testing for HIV. Improved clinical care will also be achieved by introducing SOPs to facilitate early TB case detection and Isoniazid Preventive Therapy (IPT) for PLHIV. USG Ghana will leverage existing USG program expertise by using the USAID central program TBCAP to scale up its TB/HIV activities. Building on the NTP's recent decision to provide IPT to PLHIV, TBCAP will support a consultative process to draft and disseminate IPT guidelines. The new SOPs for early case detection will be tested and jointly disseminated with Global Fund-financed staff. SOPs introduction is expected to significantly improve the case detection rate as well as reduce case-fatality by earlier diagnosis. Support for improved clinical care will also be provided by USAID's JSI/Focus Regions Health Project, which focuses on the entire range of clinical care in five regions. TB/HIV activities will be integrated through Regional HIV QA Teams' efforts to increase knowledge and skills during meetings and provide supervisory support to HIV/AIDS clinics, evaluate quality of care, introduce new tools and provide on-the-job coaching/mentoring to address gaps in performance. TB/HIV co-infections management updates will be provided at facilities, including the use of the TB screening questionnaire for HIV positive clients and emphasizing provider-initiated testing. Neighbor sub-district facilities will be included to help sensitize staff, increase the knowledge and understanding of providers of TB/HIV dual infection and promote active case-finding among clients visiting the facilities and in the communities. Care and treatment staff will be trained in the effective use of the TB screening questionnaire for HIV positive clients, as well as in data capture of dual infection to improve reporting. The updates will also be used to ensure that referral arrangements are made at the

sites, e.g., for continuation at sites more convenient to the patient. TB/HIV activities are also integrated throughout USG Ghana's efforts to strengthen PLHIV groups, a key strategy for addressing the PF's care and treatment goals. USAID's prevention-focused partner (TBD/TA for Prevention, Care and Treatment) will support approximately 300 PLHIV groups to interlink with clinics to dispense IPT, provide training and referrals to DOTS centers and support early diagnosis and referral. SUSTAINABILITY All USG Ghana programs are aimed to be synchronized with activities funded by the Global Fund and the GoG. The GoG finances facilities, some management and most personnel costs. The Global Fund financed all drug costs, incentive packages for personnel and patient and refurbishment of facilities. The USG Ghana program is supporting capacity building of the NTP by housing an Advisor at their headquarters – funded with CSH funding. The program has developed a series of clinical guidelines, including one for TB/HIV and SOPs for diagnosis of TB. With PEPFAR funding, national policies are further strengthened to create a robust national TB program, e.g. preparing the introduction of TB-prophylactic treatment for PLHIV. Additional USAID efforts are aiming at strengthening practices at the clinical levels, including reinforcing TB/HIV programs and increasing overall quality.

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7522	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	517,508
10577	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10597	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11044	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11046	AED	Implementing Agency	U.S. Agency for International Development	GHCS (State)	190,200
11047	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	95,000
11048	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	100,000
11049	Dodoma Environmental Network	NGO	U.S. Department of Defense	GHCS (State)	170,000
11050	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	152,500

11053	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11943	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	1,720,000
11944	TBCTA	Implementing Agency	U.S. Agency for International Development	GHCS (State)	150,000
11945	John Hopkins University/CCP	Implementing Agency	U.S. Agency for International Development	GHCS (State)	380,000
11946	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11947	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	240,000
11948	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11949	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	350,000
11950	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	323,413
11951	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease	Redacted	Redacted

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			Control and Prevention		
11952	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	350,000
11953	Morehouse School of Medicine, MPH Program	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	150,000
11954	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7522	**Mechanism Name: DELIVER**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 517,508	
Funding Source	**Funding Amount**
GHCS (State)	517,508

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JSI/Deliver is a five-year, worldwide project to design and develop safe, reliable and sustainable supply systems that provide a range of affordable, quality essential health commodities to clients in country programs. Activities will focus on supply chain management support, such as forecasting exercises and improving the supply chain sustainability through targeted TA, including the development of SOPs in various areas.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

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
Care	HTXS	100,000	

Narrative:

Funding will be used for supporting the GHS for the forecasting and procurement of ART and related commodities.

Part of the funding will be used to support the FANTA-2 project in putting in place a logistics management system for Food for Prescription nutrional supplements at ART sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	117,508	

Narrative:

The laboratory logistics system recently designed by the JSI/DELIVER will be introduced in at least 100 hospital labs. It will streamline the flow of laboratory commodities through the CMS and the RMS. JSI/DELIVER will build capacity in laboratory quantification. Currently, HIV test kits are the only laboratory commodities that are quantified on a regular basis. In addition, JSI/DELIVER will build capacity of the NPHRL to monitor and supervise the laboratory logistics system.

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

Narrative:

Funding will be used to provide technical support for condoms, lubricant and female condom forecasting and procurement to the GHS; as a partner under the new Global Fund grant, it is becoming responsible of national condom procurement.

In addition, support for implementation of a new "vendor management inventory" (VMI) approach critical for large volume HIV-related commodities such as condoms. To shift responsibility for more supply chain functions from service providers and facility staff to professional logisticians, this activity would phase in a transfer of key logistics functions to RMS delivery personnel/logisticians including physical inventory at facilities, estimating resupply quantities, delivering supplies and reporting data to the RMS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	
Narrative:			
PMTCT funding will build the capacity of district pharmacists and other staff to provide supportive supervision through training, development of tools and forms, and creation of linkages between supervisory visits and the supply chain. This will provide specific support for supervision of PMTCT activities, for example ensuring availability of test kits, ARVs, condoms, and related consumables at PMTCT sites.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10577	**Mechanism Name: Technical Assistance for Prevention, Care and Treatment**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A task order under the AIDSTAR IQC is anticipated to be awarded by November 2009. Objectives are to improve MARP and PLHIV's knowledge, attitudes and practice of key health behaviors; to increase utilization of quality HIV/AIDS related health services for MARP and PLHIV; and to strengthen human and institutional capacity of MARP and PLHIV program implementers and coordination bodies. Activities will

take place in 30 districts with a concentration of MARP.

The HIV/AIDS prevention interventions for MARP and PLHIV focus primarily on the following key health behaviors: 1) use condoms consistently and correctly; 2) use non-oil based lubricants properly; 3) get tested and know your result; 4) disclose your HIV status to regular partners; 5) promptly seek appropriate and effective treatment (including for STI); 6) adhere to treatment (including ART, OIs and STIs); 7) reduce your number of multiple and concurrent sexual partners; 8) actively participate in program design and implementation; 9) eat healthfully; 10) protect yourself against infectious diseases such as TB, malaria and diarrhea.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID: Mechanism Name: Prime Partner Name:	10577 Technical Assistance for Prevention, Care and Treatment TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
MARP-friendly drop-in centers and satellite clinics will be expanded in a systematic fashion, involving national and local coordinating authorities. In collaboration with other implementing partners, linkages between MARP-friendly TC/STI services and other relevant health services such as PMTCT, OI and ART treatment and FP will be strengthened. PLHIV groups or networks will be trained to institutionalize systematic AIDS case finding and subsequent enrollment into care services.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	Redacted	Redacted

Narrative:

Through peer education, outreach, "Helpline" programs and TC services, MSM, FSW, MSW, NPPs and PLHIV will be encouraged to disclose their HIV status to their regular partners. Provider-initiated TC will be introduced for all STI clients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

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. There are no abstinence-only activities planned.

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

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 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.

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

Narrative:

MARP-friendly sites will be equipped to provide PMTCT services, especially for sex workers and other at-risk women, and stigma and discrimination reduction will be promoted among health care providers. Attention will be paid to the availability and quality of services that are essential for HIV-positive young mothers, such as breastfeeding and other nutritional information; EID; and FP. This activity will be partly financed with FY2008 PMTCT earmarked funding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

MARP-friendly clinic staff will be trained in recognizing TB symptoms, and provider-initiated TB testing will be introduced for all HIV-positive clients.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10597	**Mechanism Name: Project SEARCH**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Funding will be used to reinforce the efforts supporting MARP size estimation and mapping. USAID will develop a Task Order under the central mechanism Project SEARCH, that will 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 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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10597		
Mechanism Name:	Project SEARCH		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
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, potentially including a qualitative study on IDU behaviors and a study on the modes of HIV transmission among prisoners.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11044	**Mechanism Name: Prevention Annual Program Statement**
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID has published a call for proposals with rolling deadlines for NGO to apply as an umbrella organization to support prevention activities for MARP and PLHIV. It is expected that four to five grants will be issued and that each grantee will have four to six sub-grantees. Grantees will provide skills training to sub-grantees for prevention activities as well as strengthen their institutional base.

The HIV/AIDS prevention interventions for MARP and PLHIV focus primarily on the following key health behaviors: 1) use condoms consistently and correctly; 2) use non-oil based lubricants properly; 3) get tested and know your result; 4) disclose your HIV status to regular partners; 5) promptly seek appropriate and effective treatment (including for STI); 6) adhere to treatment, including ART, OIs and STIs; 7) reduce your number of multiple and concurrent sexual partners; 8) actively participate in program design and implementation; 9) eat healthfully; 10) protect yourself against infectious diseases such as TB, malaria and diarrhea.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11044		
Mechanism Name:	Prevention Annual Program Statement		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
MARP will be linked to MARP-friendly friendly drop-in centers and satellite clinics where TC/STI services are provided. These facilities will provide linkages to and strengthening of other relevant health services such as PMTCT, OI and ART treatment and FP. PLHIV groups or networks will be trained to			

institutionalize systematic AIDS case finding and subsequent enrollment into care services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

MARP will be linked to MARP-friendly friendly drop-in centers and satellite clinics where TC/STI services are provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

Funding will be used for partner reduction activities among NPPs of CSW and among the MSM population, using peer education and DJs at MSM "trust" parties, and other outreach activities. There are no abstinence-only activities planned.

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

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 use will be promoted among MSW and FSW, their clients, their NPPs, MSM and their female partners and PLHIV, including distribution of condoms and lubricant through peer educators. Knowledge of STI symptoms will be increased and prompt health seeking behavior for appropriate health services among MSM, FSW, PLHIV will be promoted through peer education and outreach. PLHIV support groups will be strengthened, including support groups for MARP (e.g., CSWs and MSM). Support groups will use the evidence-based, positive-living It's My Life toolkit for PLHIV that includes a strong PwP component. This activity will be supplemented with FY2009 HVOP prevention funding.

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

Narrative:

FSW and PLHIV will be linked with PMTCT services, e.g., by inviting service providers to accompany outreach workers and peer educators. The evidence-based, positive-living It's My Life toolkit for PwP will include a PMTCT module that will be used at all PLHIV support groups that are included in the program.

Implementing Mechanism Indicator Information

(No data provided.)

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: AED	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 190,200	
Funding Source	**Funding Amount**
GHCS (State)	190,200

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	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11046		
Mechanism Name:	FANTA 2		
Prime Partner Name:	AED		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	140,200	
Narrative:			
To strengthen the capacity of health care workers to provide nutrition care, FANTA-2 will work with the MOH and PEPFAR partners such as the EngenderHealth QHP project to scale up training of health care workers in nutrition care using an enhanced three day training in 40 sites. Service provider materials to support anthropometric assessment and nutrition counseling will be provided to sites, and providers will be trained in their use.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	50,000	
Narrative:			
FANTA-2 will support the MOH and GHS to train health care workers at pediatric HIV sties in assessment of nutritional status as a routine part of pediatric HIV services. Sites will also be provided nutrition education materials and trained in nutrition education and counseling of the caregivers of pediatric HIV clients. Linkages will be established between PMTCT and pediatric care nutrition services.			

Implementing Mechanism Indicator Information

(No data provided.)

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	Global Fund / Multilateral Engagement: No

Total Funding: 95,000

Funding Source	Funding Amount
GHCS (State)	95,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps supports two primary activities to enhance the integration of HIV/AIDS activities into the four sectors in which Peace Corps volunteers are assigned (Education, Small Enterprise Development, Environment, and Health/Water and Sanitation).

First, all Peace Corps volunteers and their counterparts are provided with in-service training. The training is facilitated by the Health APCD, PEPFAR Program Assistant and other technical resource persons from the USG, USG implementing partners and/or local institutions. The training helps participants understand the epidemiology and drivers of the Ghana HIV/AIDS epidemic and builds their capacities to design and implement results-oriented, community-initiated HIV/AIDS projects that focus primarily on HVAB, HVOP and HBHC activities. The training also highlights the PEPFAR VAST grant application process, project design and management, and project completion and reporting procedures.

Second, Peace Corps supports its volunteers and their counterparts' implementation of HIV/AIDS activities through PEPFAR VAST grants. VAST grants finance the implementation of community-level interventions. All activities are closely coordinated with District Health Management Teams, and Peace Corps volunteers are encouraged to integrate capacity building efforts for these teams into their activities. To promote local ownership and sustainability, a community contribution of at least 25% of the total project cost is required. Peace Corps' also promotes sustainability and cost efficiency by building strong partnerships with and the capacities of local community groups, schools, and District Assemblies.

Peace Corps staff regularly conducts field monitoring and support visits to volunteers' sites. Volunteers receive training in PEPFAR reporting and submit regular progress reports using a standardized reporting tool. Where possible, volunteers build the M&E capacity of local partners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11047		
Mechanism Name:	Peace Corps		
Prime Partner Name:	U.S. Peace Corps		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	24,000	
Narrative:			
Peace Corps will build the capacities of its 135 volunteers and their local Ghanaian counterparts to promote community-based health care and support for PLWA. Peace Corps will also administer small grants to provide volunteers and their counterparts with the resources necessary to extend and optimize the quality of life for HIV-infected persons and their families. With FY10 funds, selected PLHIV groups will be provided with psychological and social support, including individual and group counseling, peer support programs, income-generating activities, training of caregivers, and PwP training.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	27,000	
Narrative:			
Peace Corps will build the capacities of its 135 volunteers and their local Ghanaian counterparts to promote prevention activities, including life-skills training and promoting ABC messages, through community-initiated outreach activities. Volunteers and their counterparts will carry out projects aimed at promoting the care and acceptance of PLHA. Peace Corps will also administer small grants to provide volunteers and their counterparts with the resources necessary to implement prevention activities. 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 partner with local civil society and/or USAID implementing partners working in some of the higher HIV/AIDS prevalence areas in Ghana (e.g. Yilo Krobo District).			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	44,000	
Narrative:			

Peace Corps will build the capacities of its 135 volunteers and their local Ghanaian counterparts to promote prevention activities, including life-skills training and promoting ABC messages, through community-initiated outreach activities. Volunteers and their counterparts will carry out projects aimed at promoting the care and acceptance of PLHA. Peace Corps will also administer small grants to provide volunteers and their counterparts with the resources necessary to implement prevention activities. 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 partner with local civil society and/or USAID implementing partners working in some of the higher HIV/AIDS prevalence areas in Ghana (e.g. Yilo Krobo District).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

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

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

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**
Prevention	HVAB	50,000	
Narrative:			
The Ambassador's Self-Help Fund Program anticipates awarding two to four grants to support activities that reinforce the USG Ghana prevention portfolio. While the exact details of the activities will depend on the proposals received, the Ambassador's Self-Help Fund Program will target its solicitation to emphasize support for vulnerable populations. For HVAB-supported awards, for example, activities could include support for HIV/AIDS widows' groups to conduct income-generation activities.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	50,000	
Narrative:			
The Ambassador's Self-Help Fund Program anticipates awarding two to four grants to support activities that reinforce the USG Ghana prevention portfolio. While the exact details of the activities will depend on the proposals received, the Ambassador's Self-Help Fund Program will target its solicitation to emphasize support for vulnerable populations. For HVOP-supported awards, for example, activities could include support for PLHIV support groups.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11049	**Mechanism Name: DoD Ghana**
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: Dodoma Environmental Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 170,000	
Funding Source	**Funding Amount**
GHCS (State)	170,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Most personnel in the Ghana Armed Forces (GAF) are in the sexually active age group of 19-49 years old and are highly mobile because they support UN peacekeeping operations and the size of the GAF is approximately 12,000 troops. DoD's efforts with the GAF will support several of the goals of the Partnership Framework by trying to reduce the number of new infections with prevention efforts for the GAF and their families, supporting testing and counseling services, creating linkages to care and treatment services, and supporting the strengthening of health managment systems.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11049**
Mechanism Name:	**DoD Ghana**

Prime Partner Name:	Dodoma Environmental Network		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	25,000	

Narrative:

DoD will support a Prevention With Positives program based on the newly developed PEPFAR curriculum for the GAF. The program will involve quarterly meetings at an off base venue where military and military family members living with HIV/AIDS could meet in a relaxed atmosphere and where civil society/NGO support groups can 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	7,500	

Narrative:

DoD will to 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. This will be a continuation of a program initiated last year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	40,000	

Narrative:

The DoD program will support the testing of approximately 7,000 individuals for HIV including 4,500 troops preparing for peace keeping operations. Within the GAF, DOD will support 2 full-time counselors and train additional part- time counselors. The military will strengthen their testing and counseling program with this additional personnel as well as improve monitoring and evaluation activities of their TC program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	75,000	

Narrative:

DoD is working with the GAF to provide support 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 data, training of GAF personnel on the national M&E reporting system and hiring a SI specialist to provide support to the GAF. The SI specialist will assist in the managment of data tracking and training of the GAF.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	5,000	
Narrative:			
The United Nation's new sexual exploitation regulations prohibit sexual contact with host country nationals and carries financial penalties to the troop donor countries. For this reason much of the GAF's peacekeeper training involves abstinence and be faithful messages. The GAF has assumed financial responsibility for the peer educator program and pre-deployment HIV related peacekeeper training, and has expanded it to include presentations at the base wives' clubs. DoD will support events and activities such as soccer tournaments and community service projects with a focus on HIV prevention, partner reduction, and messages related to gender and male norms for the GAF and family members.			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	17,500	
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 pre-deployment HIV related peacekeeper training, and has expanded it to include presentations at the base wives' 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. Funds requested by DoD will support the production costs for new posters, video production, and other prevention training materials as well technical assistance needed to improve prevention messaging and this would include monitoring and evaluating of their prevention programs.			

Implementing Mechanism Indicator Information

(No data provided.)

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: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 152,500	
Funding Source	**Funding Amount**
GHCS (State)	152,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The CDC is in the process of establishing an office in Accra as a new member of the Ghana PEPFAR interagency team. CDC will provide technical support to Ghana Government partners in several areas of strategic information including M&E, surveillance and information systems. The CDC is in the process of hiring a Country Director Epidemiologist, who will oversee CDC supported activities and provide technical assistance to strategic information efforts at the national level. CDC is also hiring a local SI specialist to support PEPFAR reporting, implementing partner reporting as well as strategic information efforts among partners and at the national level. The implementation of activities is specifically linked to hiring of this new staff.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11050		
Mechanism Name:	CDC/SI		
Prime Partner Name:	HHS/Centers for Disease Control & Prevention		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	152,500	
Narrative:			

Support to GAC will include providing opportunities to engage in South-to-South technical assistance through targeted visits to a select country with best practices on strengthening M&E systems (especially community based monitoring systems). Examples of possible countries to visit include Lesotho, Malawi or Zambia.

The SI Lead and the SI Specialist will work to provide overall technical assistance to GAC and NACP. Specifically, CDC will explore and assist NACP in modification of electronic ART patient tracking program to collect and analyze data and produce indicators. Possible links to other programs will also be explored like PMTCT etc. Support will also include technical assistance in the automation of indicator reporting for programs providing services for OVCs on an existing isolated system to the GAC M&E system.

Incidence testing in key populations was also initiated in Ghana by the NACP, with technical support from USG. Further technical support will be provided as existing specimens are tested to monitor incidence in critical populations including female sex workers, men who have sex with men, and pregnant women attending ANC.

HIV drug resistance (HIVDR) surveillance has been initiated by the NACP and follows the WHO approach including collection of early warning indicators of HIVDR at the ART site level, a transmitted HIVDR survey, and patient monitoring for HIVDR in several ART sites. CDC will provide additional technical assistance and support to the development of capacity to monitor HIVDR further at ART sites providing broader national coverage, as well as build capacity to sustain the surveillance.

CDC will also provide assistance for the development of information system capacity through support for a wide area network expected to be installed in about 8 regional offices and laboratories, depending on the physical location of facilities and the extent to which such networks already exist. 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 CDC will also provide coordination for PEFPAR partner reporting of indicator data for the SAPR and ARP. This coordination will be conducted through workshops in support of ongoing program efforts.

Indicators-

Number of health care workers who successfully completed an in-service training program- 2010- 0, 2011- 20

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11053	**Mechanism Name: Public-Private Partnership with Cocoa Industry**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

Exp Momentum	JHU/CCP	

Overview Narrative

USG Ghana, through buy-in to the USAID/Washington Economic Growth, Agricultural and Trade Sustainable Tree Crops Program (STCP), will partner with licensed, Ghanaian cocoa buying companies to support HIV prevention efforts in cocoa producing centers. Cacao is a cash-crop and farmers often get a year's income all at once in their hands. Some then engage in high-risk activities like alcohol use and commercial sex, when farmers with cash transform sleepy towns into around-the-clock parties. Through a partnership with JHU, activities will include: interpersonal HIV communication through peer educators and condom activations and entertainment-education events in 'hot spots' (e.g. bars). USAID will coordinate efforts with the distribution of branded condoms through EXP Momentum, a Ghanaian social marketing firm. Cocoa buying companies will contribute Redacted of in-kind contributions of staff time. USG Ghana will continue to coordinate closely with OGAC's PPP team on this activity. Project activities will be implemented in USAID/Ghana health focus regions and efforts will be made to ensure synergistic relationships with on-going safe motherhood, family planning and MCH interventions.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**11053**		
Mechanism Name:	**Public-Private Partnership with Cocoa Industry**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
Funding will be used to strengthen Licensed Cocoa Buying Agents and other community volunteers to integrate HIV information and education in their field extension activities with cocoa farmers. Trained peer educators and community volunteers will undertake information, education and communication activities in 'HIV hot spots' (e.g., bars) and further promote condom awareness and usage. JHU will work closely with EXP Momentum to undertake condom activations and BCC activities in the selected hot spots where high-risk activities take place to ensure the availability of behavior change communication materials are readily available to support HIV education and uptake of services through referral.			

Implementing Mechanism Indicator Information

(No data provided.)

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	Global Fund / Multilateral Engagement: No

Total Funding: 1,720,000	
Funding Source	**Funding Amount**
GHCS (USAID)	1,720,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The JHI/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	500,000

Key Issues

(No data provided.)

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	HBHC	100,000	

Narrative:

STI clinic staff and personnel will be trained to be MARP-friendly and support linkages to the entire continuum of HIV-related care, including services like FP. PLHIV support group members will identify PLHIV in their communities and refer and/or escort them to appropriate care and treatment services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	290,000	

Narrative:

To improve quality of clinical care for PLHIV, USG Ghana will support clinic-based QA activities. To continue efforts reinforcing the Global Fund's investment in treatment, USAID will support NACP's institutionalization of QA processes for ART and other HIV/AIDS care and support services in health facilities in five regions. The QA method will integrate stigma reduction and infection control trainings and community-facility meetings on issues such as access to and acceptability of services. The QA process will occur at clinical facilities and involve staff at all levels. The process consists of collectively analyzing strengths and weaknesses of service delivery, defining solutions to identified key problems, developing a QA action plan and regularly monitoring the action plan's implementation. Selected PLHIV (in the previous year over 100) will be trained to support the work at clinical sites, acting as adherence counselors, among others. Previous experience shows PLHIV involvement has a remarkable impact on the quality of service and client satisfaction.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	

Narrative:

The JHI/Focus Regions Health Project will greatly increase activities supporting PMTCT and TC to facilitate a rapid expansion of the number of sites, ensuring quality of services and linking services with additional, especially RH services. Key in 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 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 will be updated if necessary and supporting supervisory visits might be an emerging need. Clinic-community meetings will be held to

improve communication, engaging MARP to ensure these activities also support the prevention goal and objectives.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	130,000	

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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	260,000	

Narrative:

Regional supervision teams will use checklists and provide supportive mentoring to rapidly improve pediatric quality of care. The checklists outline a process of collectively analyzing strengths and weaknesses of service delivery, defining solutions to identified key problems, developing a QA action plan and regularly monitoring the action plan's implementation

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	

Narrative:

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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	300,000	

Narrative:

The central approach is supporting Regional PMTCT Teams' expansion of PMTCT services to the community level to improve the quality of and linkages between PMTCT services and other services. The program will support the provision of food for prescription to HIV positive pregnant women who qualify based on their BMI.

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. These activities will be supplemented with FY2008 PMTCT funding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	140,000	
Narrative:			
TB/HIV activities will be integrated through Regional HIV QA Teams' efforts to increase knowledge and skills during meetings, provide supervisory support to HIV/AIDS clinics, evaluate quality of care, introduce new tools and provide on-the-job coaching/mentoring to address gaps in performance. TB/HIV co-infections management updates will be provided at facilities including the use of the TB screening questionnaire for HIV positive clients and will emphasize provider-initiated TC.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11944	**Mechanism Name: TB CAP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBCTA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**

GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TB CAP is a five-year centrally funded USAID project working in several countries. In Ghana, for several years, TB CAP activities were funded from CSH funds at about $500,000. TB CAP has put an Advisor at the National TB Program to strengthen the organization and provide technical assistance. TB CAP does small studies, supports supervision of the Region and supports the preparation of key documents, such as the National Five Year Strategic Plan and SOPs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**11944**		
Mechanism Name:	**TB CAP**		
Prime Partner Name:	**TBCTA**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	150,000	
Narrative:			
With PEPFAR funding, national policies will be further strengthened by preparing the introduction of TB-prophylactic treatment for PLHIV. Additional USG Ghana efforts are aimed at strengthening practices at the clinical levels, especially by preparing and disseminating SOPs for infection prevention in clinics and laboratories.			

Implementing Mechanism Indicator Information

(No data provided.)

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: John Hopkins University/CCP	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 380,000	
Funding Source	**Funding Amount**
GHCS (State)	380,000

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 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-prize. EXP is specialized in 'bar-activation', promoting condoms and lubricant at hot-spots (e.g., bars).

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11945		
Mechanism Name:	Behavior Change Support Project		
Prime Partner Name:	John Hopkins University/CCP		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	80,000	
Narrative:			
No client-provider materials exist in Ghana to inform parent of options for care, support and treatment, especially for HIV-positive infants. The materials will be produced and distributed at all PMTCT and ART sites, in conjunction with the Global Fund PR and the NACP.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	200,000	
Narrative:			
Funding will be used by sub-grantees EXP Momentum for the distribution of condoms and lubricant, though 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	100,000	
Narrative:			
The JHU BCS Project will develop client-provider materials that can be use 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 present funding is for the development and reproduction of the first set.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11946	**Mechanism Name: OVC Services**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In previous years, the USG Ghana Food for Peace program supported OVC and their caregivers through OICI. Following on the conclusion of the Food for Peace program, in FY2010 USG Ghana will develop a new mechanism to provide direct support to OICI to continue its activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11946**

Mechanism Name:	OVC Services		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted

Narrative:

OICI will provide support to orphans and vulnerable children providing life skills to 2,000 OVC and targeting OVC for referral to OVC services and support. OICI's services include: vocational training and economic strengthening for OVC; bolstering community structures for OVC care and support, such as the Queen Mothers Association; and supporting best practices for regulation of and transition from institutional care, including the provision of 600 scholarships and two-year vocational trainings followed by internships.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

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

Total Funding: 240,000	
Funding Source	**Funding Amount**
GHCS (State)	240,000

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. 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.

JHPIEGO/MCHIP will work with local partners to strengthen pre-service education at 14 midwifery schools to 1) improve the quality of PMTCT education and HIV, STI and AIDS care, and 2) to develop and strengthen practicum sites, one per school. Emphasis will be on a competency-based approach supported by learning guides, job aids and humanistic materials. All programs will include basic knowledge and skills to work with MARP.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	240,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11947**		
Mechanism Name:	**MCHIP**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	100,000	
Narrative:			
Funding will be used to finance the portion of the work that will improve the quality of TC education (including $100,000 FY2008 funding)			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	140,000	
Narrative:			
With this financing, JHPIEGO will work with associations of people living with HIV and AIDS in order to			

ensure the relevancy of TC, and stigma and discriminations scenarios. It is anticipated that the involvement of these groups in the preparation of young health professionals will contribute substantially to the reduction of stigma and positive provider attitudes regarding the MARP.

Implementing Mechanism Indicator Information

(No data provided.)

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: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The follow-on project of FUTURES/HPI is expected to be a multi-award IQC to provide field-level programming in health policy and implementation.

Under the PFIP, the need was identified to address policies that improve equitable and affordable access to HIV-related services; strengthen the involvement of civil society and private sector involvement; improve the local financing of the national response.

Cross-Cutting Budget Attribution(s)

(No data provided.)

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11948		
Mechanism Name:	Policy Support		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
OHSS funding will be used to strengthen the role of civil society and the private sector in the national response. The level and quality of civil society involvement will be reviewed, improvements proposed, and – together with the GAC - activities to maximize their involvement put in place. A similar exercise will be carried out regarding private sector involvement.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11949	**Mechanism Name: SCMS Food & Lab**
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	Global Fund / Multilateral Engagement: No

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHCS (State)	50,000
GHCS (USAID)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of SCMS is to provide support for supply chain management. In Ghana, SCMS will be involved in the purchase of highly nutritious ready to use pre-packaged therapeutic food for clients starting ART, including HIV positive pregnant mothers and children. A PPP with UNICEF, FANTA-2 and the Ghanaian firm Athena Food is presently building a local production facility expected to be operational in March 2010. Initially, it is expected that only therapeutic food for children will be produced, which UNICEF will buy and make available to GHS at no cost. SCMS will probably need to import therapeutic food for adults in the near future.

The Ghana 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.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	300,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11949		
Mechanism Name:	SCMS Food & Lab		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	
Narrative:			
Funding will be used for procurement of therapeutic food (food for prescription) for adult clients starting on ART.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	200,000	
Narrative:			
Funding will be used for procurement of therapeutic food (food for prescription) for HIV positive women and adult clients starting on ART and for the preparation of a food for prescription commodity security strategy.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	50,000	
Narrative:			
Funding will be 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.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11950	**Mechanism Name: Lab**
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	Global Fund / Multilateral Engagement: No

Total Funding: 323,413	
Funding Source	**Funding Amount**
GHCS (State)	323,413

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Although there is no law for medical laboratory practice, the MOH in Ghana has drafted a policy document for laboratories. At the request of GHS, USG Ghana's PF will provide support for the design, implementation and analysis of in-depth laboratory assessments to integrate lessons learned from the Improving Malaria Diagnostic (IMaD) project assessments and explore opportunities to strengthen HIV, TB and Malaria laboratory systems.

In partnership with the APHL, USG Ghana's PF will support the development of a five-year National Laboratory Strategic Plan and National Laboratory Policy documents for HIV, Malaria, TB and other related diseases. USG Ghana's PF will also provide technical support in strengthening of LIS for referral linkages and networking between clinical laboratories and regional and national reference laboratories.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11950**

Mechanism Name:	Lab		
Prime Partner Name:	Association of Public Health Laboratories		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	323,413	

Narrative:

CDC will collaborate with APHL to provide technical assistance to support the further development and finalization of the Five-year National Laboratory Strategic Plan (NLSP) and National Laboratory Policy documents in Ghana through PEPFAR, including the following:

Strengthening of LIS: APHL will also provide technical support for strengthening of a LIS, referral linkages, and networking between clinical laboratories and regional and national reference laboratories; technical assistance will continue to expand LIS for the network of reference 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 for laboratory and information technology personnel at the NPHRL facilities.

In addition, APHL will procure additional LIS software and accessories for the NPHRL and regional laboratories; procure barcode printers, barcode readers, and barcode printer paper; provide refresher training to laboratory technicians and receptionists in LIS; procure computers and accessories; support peer-to-peer network for zonal and regional laboratories including broadband internet, networking and cabling; support operational costs; provide technical and logistic costs; and provide local human capacity development. Funds will be used to integrate the LIS system into the laboratory equipment, in the areas of chemical chemistry, hematology, serology, CD4 and viral load. The planned activities will also include expanding the paper-based LIS in all facilities especially in those sites where electronic LIS is not established. APHL will also deliver paper based training for health professionals from selected pilot sites.

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 five (zonal and regional) laboratories supported by PEPFAR, which will be used in laboratory planning. 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.

New/Continuing Activity: LIS is a new activity. Lab strategic plan/policy is continuing. The APHL mechanism is a continuing mechanism, established in the Sept. 2009 reprogramming.

Implementing Mechanism Indicator Information

(No data provided.)

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: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The GHS is a public service body responsible for implementation of national policies under the control of the MOH through the GHS Council. The GHS has the mandate to provide and manage comprehensive and accessible health services with special emphasis on primary health care at regional, district and sub-district levels in accordance with approved national policies. As part of its mandate, GHS is charged with: developing appropriate strategies and setting technical guidelines to achieve national policy goals/objectives; undertaking management and administration of the overall health resources; establishing effective mechanisms for disease surveillance, prevention and control; and managing health information relating to patients, facilities and services, both on paper and by means of information and communications technology. The GHS also has mandate to increase access to good quality health services and provide in-service training and continuing education for health professionals. USG Ghana's PF will provide assistance to the GHS to build capacity nationally for the sustainability of quality laboratory and medical services related to HIV, tuberculosis and malaria in the areas of policy development, training, specimen referral systems, implementation of quality systems with a long term goal towards laboratory accreditation, standardization of information systems, and data collection in line with country requirements. USG will provide technical assistance for process improvement in the areas of laboratory

and strategic information, including accreditation of selected hospital laboratories. USG will also provide critical support to the NBTS, a unit under the Institutional Care Division of the GHS, through this mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11951		
Mechanism Name:	GHS		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted
Narrative:			

CDC will work with a TBD partner 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. Options will include purchasing vehicles, leasing dedicated transport, sharing vehicles with other GHS entities, etc.

Volunteer donors only account for 28% of the approximately 140,000 units of blood collected Ghana in 2008. PEPFAR support will be used to develop a comprehensive, direct public social marketing campaign to increase the volume 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 2010 PEPFAR funds will be 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 quality, safety, the 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 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 to ensure cost-efficiency, durability and reliability for optimum performance.

There is a present need to strengthen the collection, processing and transmission, analysis, dissemination and evaluation of blood service data and information across the network of regional and hospital based blood centers. Assistance will be provided to the Ghanaian government to ensure that the national blood service headquarters and blood transfusion facilities are connected by wide area networks to the greatest extent possible, using existing infrastructure and infrastructure being installed under PFactivities to connect laboratories, regional offices and warehouses. Dedicated infrastructure will be procured and installed as part of this activity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

USG PEPFAR/CDC will support, through a TBD partner, for the development of a national laboratory strategic plan (NLSP) that will serve as the basis for all national laboratory activities and coordination of national programs, stakeholders and donor agencies in improving the national laboratory network. The funding will support the following activities: planning and implementation of stakeholder meetings to review existing national laboratory policy and laboratory assessment documents to develop the national laboratory strategic plan; development, with key players, of the implementation strategy; and advocacy for the adoption and submission of policy documents to the ministerial cabinet for approval. The TBD partner will finalize, print and disseminate the NLSP and national laboratory policy documents and coordinate their implementation in collaboration with the Association of Public Health Laboratories (APHL).

The TBD partner, through funds from the USG Ghana's PF, will support the cost of training, in a training-of-trainers (TOT) format, for two candidates from representative clinical facilities for an 18 month, task-based laboratory management WHO AFRO laboratory accreditation course at the African Center for Integrated Laboratory Training (ACILT) in Johannesburg in South Africa (ACILT). Funds will also support the training of two candidates on bio-safety and two on TB molecular testing at ACILT. Additionally, the TBD partner will organize workshop trainings on quality management systems (QMS) for 75 testing facility personnel laboratory professionals through 2011 including proficiency testing and use of a standardized logbook for HIV rapid testing. Moreover, the TBD partner will provide training for 25 laboratory professionals on CD4, on EID (specimens collection, handling and testing) and TB molecular testing. These trained laboratory professionals will continue to transfer skills, knowledge and capacity, ensuring a sustained impact. The TBD partner will develop and validate new testing algorithms of HIV rapid testing. The TBD partner will work to strengthen laboratory capacity for monitoring trends in HIV and Tuberculosis (TB) resistance. Funds will support training costs for a laboratory scientist on advanced testing HIV drug resistance and enrollment in EQA programs for HIV drug resistance. Funds will also support the salaries of a quality manager for TB and ten regional supervisors responsible for EQA for TB AFB smear microscopy. The TBD partner 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). The TBD partner will 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11952	**Mechanism Name: 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	Global Fund / Multilateral Engagement: No

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHCS (State)	350,000

Sub Partner Name(s)

Integrated Health Solutions		

Overview Narrative

To provide support, training and technical assistance for long term capacity building in SI towards improvement of surveillance and M&E throughout Ghana. Note: this is not a new mechanism; it was added in September 2009 reprogramming.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11952**		
Mechanism Name:	**SI**		
Prime Partner Name:	**University of California at San Francisco**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	350,000	
Narrative:			
UCSF training and in-service activities & deliverables include the following:			

1. Based on the initial assessment visit, UCSF will collaborate with the NACP at GHS and GAC in the assessment of high-priority MARP in Ghana, namely FSW, MSM and IDUs. UCSF will work with NACP and GAC to identify existing data in Ghana (surveillance, program and special studies) and in neighboring countries to help identify surveillance gaps to be addressed with in-country partners. Formative assessments will be conducted to better inform surveillance activities (see below). TARGETS: Training activities for 4 NACP and GAC staff in formative research methods.

2. UCSF will support the development and fielding of MARPs surveillance and size estimation activities and provide direct oversight and capacity building through "twinning" and training to MOH and other in-country staff in IBBS and MARPS size estimation in a staggered, phased-in approach to IBBS. FSW will be the first target population addressed in IBBS (through a respondent driven sample [RDS] methods for sampling) and size estimation exercises, tied in with IBBS and possibly mapping conducted. In the first year, formative assessments will be conducted with MSM and IDUs to further understand the populations of interest with IBBS and size estimation in these populations planned for subsequent years. With additional support from external sources in addition to CDC, UCSF will work with Integrated Health Solutions (I.H.S.), a Ghanain NGO to hire staff for the data collection teams (5 teams x 5 people) with UCSF providing direct oversight in the staffing, training and supervision of data collection teams; data analysis and results dissemination for program and policy. TARGETS: Training for 12 NACP, GAC and other in-country collaborators in protocol & instrument development for IBBS and RDS methodology training and MARPS size estimation methods.

3. Support additional SI activities as specifically determined and prioritized in needs assessment, including

a) data synthesis/triangulation exercise including the development of a relational database of current surveillance, M&E and research activities in Ghana. UCSF will work with GAC, NACP and other in-country stakeholders to identify key topics to be addressed in data synthesis activities. UCSF will twin with in-country collaborators to collate existing data (surveillance, special studies, program, research activities) relevant to the topic(s) of interest and provide TA and capacity building in the analysis and interpretation of the data to answer the question(s) of interest. UCSF will train in-country staff in triangulation methodology for program planning and improvement. TARGETS: Training of 12 NACP, GAC and other in-country collaborators in triangulation methodology.

b) targeted TA for CDC-funded HIV incidence study. UCSF will provide logistical support to conduct a CDC-funded HIV incidence study. UCSF will provide logistical support for ART patient specimen collection for Ghana incidence testing and provide one facilitator for a training of research lab staff for specimen testing.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11953	Mechanism Name: 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	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

To provide technical assistance and support for the development of HIV program management and M&E capacity in Ghana. This will be supported through development and initial implementation of training curriculum for delivery through short courses in collaboration with appropriate institutions in Ghana. Note: this is not a new mechanism; it was added in Sept 2009 reprogramming.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11953		
Mechanism Name:	M&E		
Prime Partner Name:	Morehouse School of Medicine, MPH Program		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	150,000	
Narrative:			
CDC will provide support for SI HIV program management, M&E curriculum development and training. Specific activities included the following: work with the GAC (as M&E coordinating body) in planning to assure M&E curriculum and approach meet needs of country; work from training materials that are available (developed in Ghana and internationally) to develop/adapt relevant curriculum and training guides for HIV program and M&E training for GAC's coordinated M&E system; the audience for these trainings will be district and regional level M&E focal points and program managers within the context of the national M&E structure; provide initial trainings that will build on relationships with CDC-supported FELTP epidemiologic training program at University of Ghana School of Public Health, with technical and advisory support from Morehouse faculty, and other training resources to promote capacity development and sustainability of the training program; in consultation with GAC, prioritize training by higher prevalence areas and areas were there are gaps in reporting for initial trainings; there will be a mentoring/supervisory component to training which will include follow-up after training. Indicators- Number of health care workers who successfully completed an in-service training program- 2010- 40, 2011- 50			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11954	Mechanism Name: M&E
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11954**		
Mechanism Name:	**M&E**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
Strengthen routine (clinical and non clinical) data collection and analysis, data quality and promote data use at all levels of the M&E system. Focus for support will be on front line staff at the community level.			

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

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

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

Indicators-

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

Implementing Mechanism Indicator Information

(No data provided.)

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	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services					48,200	48,200
ICASS					104,500	104,500
Management Meetings/Professional Developement					70,000	70,000
Non-ICASS Administrative Costs					30,000	30,000
Staff Program Travel					59,693	59,693
USG Staff Salaries and Benefits					545,880	545,880
Total	**0**	**0**	**0**	**0**	**858,273**	**858,273**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		48,200
ICASS		GHCS (USAID)		104,500
Management Meetings/Professional Developement		GHCS (USAID)		70,000
Non-ICASS Administrative Costs		GHCS (USAID)		30,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				50,000		50,000
Non-ICASS Administrative Costs				37,500		37,500
Staff Program Travel				37,500		37,500
USG Staff Salaries and Benefits				70,000		70,000
Total	**0**	**0**	**0**	**195,000**	**0**	**195,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		50,000
Non-ICASS Administrative Costs		GHCS (State)		37,500

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

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS			120,000			120,000
Management Meetings/Professional Developement			12,000			12,000
Non-ICASS Administrative Costs			124,000			124,000
Staff Program Travel			29,000	49,000		78,000
USG Staff Salaries and Benefits			215,000	300,000		515,000
Total	**0**	**0**	**500,000**	**349,000**	**0**	**849,000**

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

Category	Item	Funding Source	Description	Amount
ICASS		GAP		120,000
Management Meetings/Professional Developement		GAP		12,000
Non-ICASS Administrative Costs		GAP		124,000

U.S. Department of State

Agency Cost	Central	DHAPP	GAP	GHCS (State)	GHCS	Cost of

of Doing Business	GHCS (State)				(USAID)	Doing Business Category Total
ICASS				5,000		5,000
Non-ICASS Administrative Costs				3,000		3,000
Staff Program Travel				20,000		20,000
USG Staff Salaries and Benefits				31,433		31,433
Total	**0**	**0**	**0**	**59,433**	**0**	**59,433**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		5,000
Non-ICASS Administrative Costs		GHCS (State)		3,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				41,900		41,900
Staff Program Travel				5,600		5,600
USG Staff Salaries and				21,500		21,500

Benefits						
Total	**0**	**0**	**0**	**69,000**	**0**	**69,000**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		41,900