



Ghana

Operational Plan Report

FY 2011



Operating Unit Overview

OU Executive Summary

I. Background

The prevalence of HIV in Ghana peaked in 1998 at 2.4% and is now estimated at 1.9% (NACP, 2010). 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, there seems to be a shift in peak prevalence among ante-natal care (ANC) clinic attendees from 30-34 year-olds to 25-29 year-olds that needs to be monitored. Youth are relatively less affected by HIV/AIDS than adults, perhaps because of low levels of cross generational sex and fewer concurrent sexual relationships 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., 51% of women 45-49 years had sex by the age of 18 while only 41% of 20-24 years have had sex by the age of 18. Eight percent of women report having sex before the age of 15; this has been stable over the last 30 years (DHS, 2008). However, reports of multiple sex partners increased in 2008, with 2% of women and 16% of men reporting multiple partners in the previous year.

Similar to much of sub-Saharan Africa, women account for 51% of Ghana's population, yet 57% of the country's HIV infections occur in women. The relatively low rate of HIV infection among men (1.5%) is partly attributed to a high rate of male circumcision (over 90%, DHS, 2008). HIV infection in the general population is declining, but 15 to 20 times higher in most at-risk populations (MARF), especially in men who have sex with men (MSM), and female sex workers (FSW) and their partners. Little is known about male sex workers, prisoners and injecting drug users. Fifteen percent of TB patients are HIV positive (NTP, 2009). Unlike elsewhere in Africa, however, long distance truck drivers and military personnel do not appear to have HIV rates higher than men in the general population.

HIV/AIDS in Ghana is strongly linked with sex work. Both stationary sex workers and mobile sex workers show high prevalence rates (ranging from 37% in Accra to 24% in Kumasi. Reported condom use among sex workers is 93% with paying partners but is low (20%) with non-paying partners (NPPs), 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). 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.

According to one United States Government (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 promote the "bridging" of HIV transmission to the general population. MSM are particularly difficult to reach with HIV services, although in recent years great strides have been made in the USG program to reach MSM.

Transmission from high risk populations to the general population is of specific concern in Ghana. Evidence 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

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



sexual partner(s). Sex workers and MSM face high levels of stigma and discrimination and have very few options in Ghana to defend their rights. Stigma and discrimination encourage transmission because people are unable to access clinical and preventative services.

Due to Ghana's low prevalence the current and future anticipated impact of HIV can be measured at the household and individual level, but not at the economic level. Typically, households with HIV positive individuals fall below the poverty line due to reduced income and high health care costs (The Futures Group International, 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 of focusing prevention activities on MARP is, according to the current state-of-the-art information, the most cost-effective way to reduce the number of new infections.

II. Country Ownership and Sustainability

On November 30th, 2009, US Ambassador to Ghana, Donald Teitelbaum, and Ghana Minister of Finance, Dr. Kwabena Duffour, signed the Partnership Framework (PF) in Support of Ghana's HIV/AIDS National Response. The PF seeks to more closely align USG-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 USG and Government of Ghana (GOG) that began in 2008 with the reauthorization of the US 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. A more detailed implementation plan is in the latest stages of the review process.

To address the Ghana epidemic, the goals of the draft National Strategic Plan reflected in the PF are: reduce new infections; mitigate the health and socio-economic impact of HIV/AIDS; and promote healthy lifestyles. The PF reinforces other USG investments in health and development, which aim to address Ghana's key development challenges by fostering a healthier, better educated and more productive population, and by supporting capacity building for the GOG. By linking the HIV/AIDS response with Ghana's development agenda, these areas for concentrated focus over the course of the PF 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 improve the response throughout the country; contribute to the achievement of universal access to HIV prevention, treatment, and care; support the Millennium Development Goals; and better position Ghana to address the epidemic over the long term.

Activities supported through USG Ghana's Fiscal Year (FY) 2011 Country Operational Plan (COP) aim to fulfill the USG commitments outlined in the Partnership Framework, which includes support to the GOG to achieve five goals by 2013:

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

All districts and municipalities and all GOG ministries, agencies and departments have HIV action plans.



Districts receive funds through their 'Common Fund,' the allocation to districts by the central government. Selected Ministries and most of the 170 districts have a part-time focal person for HIV/AIDS. There is, however, 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.

III Integration across the USG

Each agency has a clearly defined role. The Department of Defense (DOD) works with the military, their families, civilian personnel and civilian residents living near their bases; Peace Corps (PC) works with PLHIV, FSW and other vulnerable populations; the State Department reaches the vulnerable through the Ambassador's self-help program. The Centers for Disease Control and Prevention (CDC) strengthens systems, including laboratories, strategic information and safe blood systems, and USAID supports prevention, treatment, care and support and builds capacity nationwide to manage and implement the HIV/AIDS response. Through the Presidential Malaria Initiative, bed nets are provided to PLHIV. There is close collaboration with CDC in strengthening laboratory capacity and coordinating the laboratory component of the USAID TB and Malaria programs. Research activities, particularly surveillance and research system strengthening, are CDC's mandate, with some smaller contributions from USAID in operations research to strengthen the prevention program.

The US agencies work together to leverage efforts. State Department provides overall coordination for the Presidential Emergency Plan for AIDS Relief (PEPFAR) team efforts as well as media and public relations to support the program. USAID contributes to the PEPFAR team directly by providing logistical and administrative support for meeting, planning and reporting. CDC contributes support and coordination by providing technical assistance to agencies as they work with their partners on monitoring and evaluation (M&E) and PEPFAR reporting and informs USG prevention program effects through their MARP surveillance and estimation activities.

IV Coordination with other donors

In line with the "three ones"² principle, the Ghana AIDS Commission (GAC) is a multi-sectoral body that leads the national response with Ghana's five-year strategic framework and national M&E plan. In 2009, \$68 million³ 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 directive that district authorities designate 0.5% of the District Common Funds they receive on HIV/AIDS activities); \$24 million and \$23 million respectively will be provided through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) 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 and the World Bank; \$2 million each will be provided by the Danish International Development Assistance, German Technical Assistance and the British Department for International Development; and \$2 million by other donors. The PF resulted in the release of an additional, approximate \$20 million FY2009 and FY2008 funding, but FY2011 funding declines to a total of \$15 million for the entire USG response.

The GF provides almost \$50 million support per year, and grant performance is often rated at the highest levels. Training, drugs, consumables and refurbishments have been provided to most of the GF's approximately 135 ART sites treating about 35,000 ART patients.

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.



V Programmatic Focus

USG Ghana maximizes its limited resources by concentrating on key programmatic gaps not addressed by GOG and other donors. 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.

USG Ghana's support for critical interventions in prevention, care and treatment align with the first three PF goals and are designed to maximize strengths, address weaknesses and use opportunities identified in the national response, as described below.

Prevention

Overall, about 50% of USG resources are focused on prevention activities as this investment is expected to rapidly reduce the number of new infections, the surest way to reduce the cost and therefore increase the sustainability of the response. Efforts are mostly focused on prevention activities for core and bridging populations, such as FSW, their NPPs, FSW clients and MSM, as well as on HIV-positive pregnant women (about 20,000 per year), and Prevention with Positives programs for PLHIV groups.

In its FY2011 COP prevention portfolio, USG Ghana capitalizes on increased GOG commitments to HIV prevention. USG Ghana will provide technical assistance to the GAC's MARP working group, still in its infancy but 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 to coordinate, improve and expand Prevention with Positives (PwP) efforts – including PLHIV engagement in these efforts. USG Ghana supports these efforts by strengthening PLHIV support groups, a key strategy in the prevention portfolio.

USG Ghana will expand its evidence-based, comprehensive programs for FSW, their clients and NPP, MSM and PLHIV (branded *I'm Somebody's Hope* for FSW, *It's My Turn* for MSM and *It's My Life* for PLHIV support groups). USG Ghana will continue to expand a national network of facilities offering MARP-friendly services and promote demand by removing barriers to services, including barriers created by stigma and discrimination. These activities will be strengthened through structural interventions to reduce stigma and discrimination with the police, judiciary and prison services, as well as active training of MARP, PLHIV and local experts in human rights issues.

To expand access to prevention services, USAID will support a network of approximately 18 indigenous civil society organizations (CSO) to provide comprehensive prevention services for FSW, their clients and NPPs, MSM, PLHIV and their regular sexual partners. The approach will continue to rely heavily on informal social networks, peer education and innovative electronic communications. Drop-in centers will be created in places with high MARP concentrations, where they can relax, receive information or be tested for HIV. Peer educators will cluster in and around the drop-in centers and MARP-friendly clinics will link MARP to HIV-related services, including PMTCT, TB treatment and ART. Supportive supervision and in-service training for health staff will strengthen clinical systems to provide MARP-friendly services.

Peace Corps (PC) will expand its reach to meet specific country needs in the area of HIV prevention and care. PC will build the capacities of its approximately 200 volunteers and their local Ghanaian counterparts to promote HIV prevention, care and support activities through community-initiated training and outreach activities. 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, *Know your Status* Campaign and Peacekeeping training, and start a PwP program at an off-base venue for military and family members.



USAID will build PwP efforts through training and sustaining approximately 100 support groups, including their designated facilitators. PMTCT, safe pregnancy and delivery and support for young HIV positive mothers will be central support group themes, and active linkages will be created with clinical sites, including PMTCT sites. PMTCT will also be integrated through USG Ghana's clinical quality assurance (QA) activities. By supporting the GOG's expansion of PMTCT services to the community level, USG will help improve the quality of and linkages between PMTCT and other services.

USG Ghana will reinforce GF-supported MARP programming by producing peer education manuals and curricula, and strengthening implementers. USG Ghana will also provide technical assistance to strengthen the capacity of Global Fund principal and sub-recipients. USG PMTCT efforts will reinforce GF's clinical activities, as QA activities will continue to be centered on GF sites.

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

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

Care and Treatment

In Ghana, the National AIDS Control Program (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 90,000 HIV-positive Ghanaians are in need of ART, with 35,000 receiving services, and 18,000 additional persons becoming treatment-eligible annually. In 2009, 17,000 children were HIV positive in Ghana, and 2,300 children received ART. Anecdotal evidence suggests that counseling and testing 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 GF is the largest individual donor to Ghana's HIV/AIDS response, contributing over \$23 million in 2009 to clinic-based activities alone. The GF-supported activities have exceeded training targets for ART service providers in recent years, but have consistently encountered problems achieving its targets for number of people receiving ART, treating Opportunistic Infections, Sexually Transmitted Infections and TB/HIV. These gaps present an opportunity for targeted technical assistance. Building on the strong QA approach in previous years, USG Ghana's approach to care and treatment for FY 2011 will continue to reinforce implementation of Global Fund activities. Following the same QA approach, USAID will support the NACP's institutionalization of quality improvement processes for ART and other HIV/AIDS care and support services in an additional 100 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 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. PLHIV will be trained to support the work at clinical sites, acting as adherence counselors.

To reinforce the QA activities, 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 by prescription program targeting those newly initiating ART and HIV- positive young mothers below a certain body-mass index. A standardized home-based care package will be defined, and will include bed nets provided to PLHIV through the President's Malaria Initiative.

PC will support PLHIV support groups and facilitate the strengthening of linkages between the support groups and comprehensive clinical services. PC will also support improved access to other HIV-related health services, including CT and STI management. PC will distribute condoms to MARP target groups, and will work with the general population and health care providers to implement interventions that address HIV-related stigma and discrimination.

To complement care efforts and in support of the PF goal of promoting sustainability, efforts for orphans and vulnerable children (OVC) will emphasize coordination with the United Nations International Children's Fund 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. DOD will continue to support the GAF military wives' clubs to identify military widows and OVC and promote referrals to OVC services and support, and will fund school fees and uniforms for a small group of OVC.

VI Health System Strengthening and Human Resources for Health

Health systems strengthening involves policy development; generation of critical information for planning, management and evaluation of the HIV response; and strengthening clinical systems. Human resource strengthening includes improving technical, administrative and management skills and systems.

To strengthen policy dialogue structures and processes, USG Ghana will support efforts to promote leadership in advocating for key interventions, involve civil society and the private sector, and decentralize the response. USAID is supporting an agenda of major HIV-related policy issues, including task shifting for health workers, MARP policy issues and costing of services. Strengthening efforts to reduce stigma and discrimination is an element in all HIV activities. To improve human and financial resource management, USAID will support a number of costing studies related to service provision, especially for PMTCT, and develop costing scenarios exploring the most-cost-effective interventions and scenarios for future planning.

PC supports health systems strengthening through the placement of volunteers residing in communities on a full-time basis, working side-by-side with community partners using local resources and technology for the development of sustainable, community-led responses to HIV. These volunteers strengthen institutional capacities in the areas of communication, financial management, outreach to target populations, monitoring, evaluation and reporting.

CDC initiated several programs in 2010 to strengthen the GHS public health clinical laboratory systems and services. These will continue in the coming year. 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 develop and implement an overall national public health laboratory strategic plan and policy which will expand laboratory QA programs and



supervision, improve quality laboratory management, assist with the development and implementation of standardized laboratory operating procedures, and promote laboratory accreditation. CDC is also collaborating with GHS to support laboratory equipment, maintenance and training programs, develop laboratory information systems and assist in improving specimen referral systems. CDC will purchase and maintain clinical testing equipment to support advanced laboratory testing capacity, such as early infant diagnostic and HIV drug resistance testing for patient care monitoring. Lastly, CDC is providing technical assistance to National AIDS Control Program in building and implementing HIV incidence surveillance capacity to monitor the level of new infections. 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 Ghana Health Service, National AIDS Control Program and GAC are committed partners in the development and maintenance of viable, Ghana-specific laboratory programs. USAID will support the laboratory program by strengthening laboratory logistics systems.

To strengthen health systems management and capacity of CBOs and other implementing partners to provide information and services to MARP, CDC is engaged in several collaborative initiatives with national Ghanaian partners. These initiatives are to: 1) promote improved and appropriate surveillance of the HIV epidemic and monitoring of Ghana's progress in its HIV/AIDS response by strengthening both technical and organizational capacity and strategic information activities; 2) support MARP surveillance and size estimation through training, technical assistance and implementation of appropriate surveillance methods and data syntheses and triangulation; 3) support GOG/GHS capacity to conduct HIV incidence surveillance; and, 4) provide assistance to the GAC's M&E efforts to improve data quality and harmonize data collection processes towards the integration of health data reporting systems. 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 various cadres of health staff, especially mid-level personnel, taking into account new best practices, including those for MARP-friendly services and PMTCT.

USAID will also provide support for the development of guidelines and policies on services for MARP; conduct advocacy around MARP issues, including stigma and discrimination; and support 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, support will be provided for technical assistance, training and capacity development in areas such as task shifting, performance-based management and supportive supervision.

USG Ghana currently supports three umbrella NGOs working with at-risk populations. In the coming year, the program will increase the number of umbrella NGOs to six and the sub-grantees they support to 40. The umbrella NGOs 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.

VII Women and Girl-centered approaches

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%. A key population in the prevention efforts is female sex workers, who will be reached through peer education, STI treatment and condom promotion. USG programs will also focus on women's legal rights and protection, using key district level



officials as focal points and supporting peer legal advisors. These efforts should result in decreased sexual violence, coercion and rape, thus decreasing the vulnerability of female sex workers. In working with PLHIV groups, where the majority of members are women but the leadership largely men, efforts will continue to build a strong cadre of women PLHIV leaders through trainings and mentoring. DOD and PC will conduct income-generating activities with vulnerable groups, including FSW and PLHIV. In addition, PC will conduct leadership camps with vulnerable girls to build skills in negotiation and empowerment to educate them about their HIV risk. PC will continue to build capacity of vulnerable groups such as young female porters (kayayee) through BCC and one on one interaction.

CDC will continue to support the GHS Blood Services in providing safe blood to the population, primarily to women and children, thus contributing to Ghana's efforts of reducing maternal and child mortality. Children cannot donate blood and women are often anemic during reproductive years. They are truly dependent on the community at large to provide safe blood. Also, women and children are not in positions to advocate adequately for themselves but their lives are dependent on donations from the community, particularly men and boys. A large part of CDC's blood safety support to GHS is on education and outreach activities to enhance voluntary blood donation in Ghana.

VII Management and staffing

Management and staffing funds will support the in-country personnel needed for USAID, CDC, State Department, DOD, and PC. No new staffing positions are requested in this COP; however, Redacted are currently vacant and will be filled this year, as detailed in the M&O narrative. Redacted.

IX New procurements

Redacted

Population and HIV Statistics

| Population and HIV Statistics | | | | Additional Sources | | |
|----------------------------------|---------|------|--|--------------------|------|--------|
| | Value | Year | Source | Value | Year | Source |
| Adults 15+ living with HIV | 240,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Adults 15-49 HIV Prevalence Rate | 02 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Children 0-14 living with HIV | 27,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Deaths due to HIV/AIDS | 18,000 | 2009 | UNAIDS Report on the global | | | |

| | | | | | | |
|--|---------|------|---|--|--|--|
| | | | AIDS Epidemic 2010 | | | |
| Estimated new HIV infections among adults | | | | | | |
| Estimated new HIV infections among adults and children | | | | | | |
| Estimated number of pregnant women in the last 12 months | 703,000 | 2007 | UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women. | | | |
| Estimated number of pregnant women living with HIV needing ART for PMTCT | 13,000 | 2009 | Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. | | | |
| Number of people living with HIV/AIDS | 260,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Orphans 0-17 due to HIV/AIDS | 160,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| The estimated number of adults and children with | 130,000 | 2009 | Towards Universal Access. Scaling | | | |



| | | | | | | |
|---|---------|------|--|--|--|--|
| advanced HIV infection (in need of ART) | | | up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. | | | |
| Women 15+ living with HIV | 140,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |

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 |
|--|-------------------------------------|-------------------------------|----------------|
| Assessment of HIV, STI, and Sexual and Reproductive Health Status among Kayayee in Ghana | Population-based Behavioral Surveys | Other | Development |
| Developing a local misclassification rate for estimating HIV-1 incidence in Ghana | Recent HIV Infections | Other | Implementation |
| Ghana Female Sex Worker Study | Population size estimates | Female Commercial Sex Workers | Implementation |
| Ghana Men's Study | Other | Men who have Sex with Men | Implementation |



| | | | |
|--|-------------------------------------|---|----------------|
| Ghana Men's Study (cont) | Population size estimates | Men who have Sex with Men | Implementation |
| HIV risk factor in Kumasi prison | Behavioral Surveillance among MARPS | Other | Implementation |
| Impact Evaluation of a Comprehensive Prevention Program for MARPS in Ghana | Evaluation | Female Commercial Sex Workers | Development |
| program needs of young female sex workers | Qualitative Research | Female Commercial Sex Workers | Implementation |
| Substance abuse and sex work among MSM | Other | Mobile Populations, Men who have Sex with Men | Development |
| Transactional sex among female university and technical college students | Other | Other | Implementation |



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 | | | 521,150 | | 521,150 |
| HHS/CDC | | 500,000 | 2,889,413 | | 3,389,413 |
| PC | | | 256,200 | | 256,200 |
| State | | | 84,283 | | 84,283 |
| State/AF | | | 100,000 | | 100,000 |
| USAID | | | 5,148,954 | 5,500,000 | 10,648,954 |
| Total | 0 | 500,000 | 9,000,000 | 5,500,000 | 15,000,000 |

Summary of Planned Funding by Budget Code and Agency

| Budget Code | Agency | | | | | | | Total |
|-------------|--------|---------|-----------|---------|----------|-----------|----------|-----------|
| | State | DOD | HHS/CDC | PC | State/AF | USAID | AllOther | |
| HBHC | | 35,000 | | 25,000 | 25,000 | 500,000 | | 585,000 |
| HKID | | 10,000 | | | | 500,000 | | 510,000 |
| HLAB | | 100,000 | 1,189,413 | | | 0 | | 1,289,413 |
| HMBL | | | 200,000 | | | | | 200,000 |
| HTXS | | | | | | 452,824 | | 452,824 |
| HVAB | | | | 25,000 | 25,000 | 590,000 | | 640,000 |
| HVCT | | 40,000 | | | | 550,000 | | 590,000 |
| HVMS | 84,283 | 150,000 | 1,000,000 | 46,000 | | 648,622 | | 1,928,905 |
| HVOP | | 20,000 | | 160,200 | 50,000 | 4,200,000 | | 4,430,200 |
| HVSI | | 66,150 | 1,000,000 | | | 170,000 | | 1,236,150 |
| HVTB | | 100,000 | | | | 450,000 | | 550,000 |
| MTCT | | | | | | 900,000 | | 900,000 |
| OHSS | | | | | | 1,087,508 | | 1,087,508 |
| PDCS | | | | | | 300,000 | | 300,000 |



| | | | | | | | | |
|------|--------|---------|-----------|---------|---------|------------|---|----------------|
| PDTX | | | | | | 300,000 | | 300,000 |
| | 84,283 | 521,150 | 3,389,413 | 256,200 | 100,000 | 10,648,954 | 0 | 15,000,000 |

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 | 585,000 | |
| HTXS | 452,824 | |
| Total Technical Area Planned Funding: | 1,037,824 | 0 |

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HMBL | 200,000 | |
| Total Technical Area Planned Funding: | 200,000 | 0 |

Summary:
(No data provided.)

Technical Area: Counseling and Testing

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVCT | 590,000 | |
| Total Technical Area Planned Funding: | 590,000 | 0 |

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|-------------------------------------|----------------------------|----------------|
| OHSS | 1,087,508 | |
| Total Technical Area Planned | 1,087,508 | 0 |



| | | |
|-----------------|--|--|
| Funding: | | |
|-----------------|--|--|

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HLAB | 1,289,413 | |
| Total Technical Area Planned Funding: | 1,289,413 | 0 |

Summary:
(No data provided.)

Technical Area: Management and Operations

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVMS | 1,928,905 | |
| Total Technical Area Planned Funding: | 1,928,905 | 0 |

Summary:
(No data provided.)

Technical Area: OVC

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HKID | 510,000 | |
| Total Technical Area Planned Funding: | 510,000 | 0 |

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| PDCS | 300,000 | |
| PDTX | 300,000 | |
| Total Technical Area Planned Funding: | 600,000 | 0 |



Summary:
(No data provided.)

Technical Area: PMTCT

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| MTCT | 900,000 | |
| Total Technical Area Planned Funding: | 900,000 | 0 |

Summary:
(No data provided.)

Technical Area: Sexual Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVAB | 640,000 | |
| HVOP | 4,430,200 | |
| Total Technical Area Planned Funding: | 5,070,200 | 0 |

Summary:
(No data provided.)

Technical Area: Strategic Information

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVSI | 1,236,150 | |
| Total Technical Area Planned Funding: | 1,236,150 | 0 |

Summary:
(No data provided.)

Technical Area: TB/HIV

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVTB | 550,000 | |
| Total Technical Area Planned Funding: | 550,000 | 0 |



Summary:
(No data provided.)



Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

| Mech ID | Partner Name | Organization Type | Agency | Funding Source | Planned Funding |
|---------|-----------------------------|----------------------|--|----------------------------|-----------------|
| 6959 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 7522 | John Snow, Inc. | Private Contractor | U.S. Agency for International Development | GHCS (State) | 1,570,332 |
| 10577 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State), GHCS (USAID) | 1,290,000 |
| 10597 | Boston University | University | U.S. Agency for International Development | GHCS (State) | 170,000 |
| 11044 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 11045 | UNICEF | Multi-lateral Agency | U.S. Agency for International Development | GHCS (State) | 0 |
| 11046 | AED | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 500,000 |
| 11047 | U.S. Peace Corps | Implementing Agency | U.S. Peace Corps | GHCS (State) | 210,200 |
| 11048 | U.S. Department of State | Implementing Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 100,000 |
| 11049 | US Department of Defense | Own Agency | U.S. Department of Defense | GHCS (State) | 371,150 |
| 11050 | HHS/Centers for | Implementing | U.S. Department | GHCS (State) | 0 |

| | | | | | |
|-------|---|---------------------|---|--------------|-----------|
| | Disease Control & Prevention | Agency | of Health and Human Services/Centers for Disease Control and Prevention | | |
| 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) | 1,700,000 |
| 11945 | John Hopkins University/CCP | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 400,000 |
| 11946 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 11947 | JHPIEGO | NGO | U.S. Agency for International Development | GHCS (State) | 620,000 |
| 11948 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12929 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 0 |
| 12939 | Morehouse School of Medicine | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 250,000 |
| 12945 | ESM | Implementing Agency | U.S. Agency for International | GHCS (USAID) | 300,000 |

| | | | | | |
|-------|--|---------------------|---|--------------|----------|
| | | | Development | | |
| 13059 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13113 | HHS/Centers for Disease Control & Prevention | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 39,413 |
| 13270 | Global Health Systems Solutions, Ghana | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 350,000 |
| 13280 | Association of Public Health Laboratories | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 300,000 |
| 13285 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 13342 | Central Contraceptive Procurement | Private Contractor | U.S. Agency for International Development | GHCS (State) | 200,000 |
| 13344 | TBD | TBD | U.S. Department | Redacted | Redacted |

| | | | | | |
|-------|---|---------------------|---|--------------|----------|
| | | | of Health and Human Services/Centers for Disease Control and Prevention | | |
| 13372 | University of California at San Francisco | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 250,000 |
| 13374 | Clinical and Laboratory Standards Institute | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 0 |
| 13395 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13404 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13438 | THE TUBERCULOSIS | Implementing Agency | U.S. Agency for International | GHCS (State) | 750,000 |

| | | | | | |
|-------|--|--------------------------------|---|--------------|----------|
| | COALITION FOR TECHNICAL ASSISTANCE(TB CTA) | | Development | | |
| 13447 | Ghana Health Service | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 600,000 |
| 13475 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13523 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 0 |



Implementing Mechanism(s)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 6959 | Mechanism Name: Anti-Stigma (Police and Judiciary) |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: 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

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

Cross-Cutting Budget Attribution(s)

| | |
|--|----------|
| Gender: Reducing Violence and Coercion | Redacted |
|--|----------|

Key Issues

Increasing women's legal rights and protection



Budget Code Information

| Mechanism ID: 6959 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Anti-Stigma (Police and Judiciary) | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | Redacted | Redacted |

Narrative:

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

Implementing Mechanism Indicator Information

(No data provided.)

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: 1,570,332 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 1,570,332 |

Sub Partner Name(s)

Custom



(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, as well as increased supervision and mentorship to PMTCT sites. Additionally, JSI/DELIVER will procure ready-to-use therapeutic food (RUTF) and supplementary food for the Fanta Food by Prescription program.

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Food and Nutrition: Commodities | 600,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 100,000 |
| 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 | HBHC | 200,000 | |
| Narrative: | | | |
| Money designated as Adult Care and Support will be used for the purchase of Ready-to-Use Therapeutic Food and Supplementary food for HIV positive adults who are clinically malnourished. RUTF will be distributed at clinics where DELIVER, in partnership with FANTA-2, has set up logistics systems for the supply of RUTF | | | |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 252,824 | |

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 nutritional supplements at ART sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDCS | 100,000 | |

Narrative:

This funding will be used for the purchase of Ready-to-Use Supplementary Food for HIV-positive children who are identified as undernourished. RUTF and Supplementary Therapeutic Food will be distributed at clinics where DELIVER, in partnership with FANTA-2 and the Ghana Health Service, has set up logistics systems for the supply and distribution of these commodities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 200,000 | |

Narrative:

This funding will be used for the purchase of Ready-to-Use Therapeutic Food for HIV-positive children who are clinically malnourished. RUTF will be distributed at clinics where DELIVER, in partnership with FANTA-2 and the Ghana Health Service, has set up logistics systems for the supply and distribution of these commodities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 217,508 | |

Narrative:

The laboratory logistics system recently introduced in 100 hospital labs will be monitored. The logistics system was designed to streamline the flow of laboratory commodities through the CMS and the RMS. JSI/DELIVER will continue to 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 and encourage timely and consistent reporting.



OHSS money will also be used for to support the FANTA-2 Food By Prescription activity through setting up logistic systems and purchasing ready to use therapeutic food. This activity provides clinical nutritional supplementation for HIV positive clients who are identified as clinically malnourished.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 300,000 | |

Narrative:

Funding will be used to provide technical support for condoms, lubricant and female condom forecasting and procurement to the GHS. In addition, DELIVER will conduct end-use assessment activities using Datadyne and Episurveyor to assess the availability of condoms at a facility and district level. DELIVER will continue to expand training for service providers as well as logistics managers in the area of commodity supply and procurement, and advocate for timely procurement of HIV commodities at the central level.

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

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.

A rapid SMS system will be expanded. This system will enable PMTCT sites to send data from facilities to districts and regions using cell phone technology. This activity is designed to simplify and increase commodity use reporting from facilities.

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 | Procurement Type: Contract |



| | |
|---|---|
| Development | |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,290,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 638,622 |
| GHCS (USAID) | 651,378 |

Sub Partner Name(s)

| | | |
|--------------------------|--------------|---|
| Catholic Relief Services | Exp Momentum | Opportunities Industrialization Center Int. |
| Social Impact | | |

Overview Narrative

A task order under the AIDSTAR IQC was awarded by March 2010 - the SHARPER Project. 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, with at least 25 NGO subgrantees carrying out the interventions.

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. Main means to reach the target groups are Peer and small group education; condom promotion, bar activations and cell-phone-based interventions. In addition, there's a focus on reducing vulnerability of MARP through improved legal protection which should lead to a reduction of gender-based violence and coercion.

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Gender: Reducing Violence and Coercion | 100,000 |
| Human Resources for Health | 200,000 |

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection

Malaria (PMI)

TB

Family Planning

Budget Code Information

| | | | |
|----------------------------|--|--|--|
| Mechanism ID: | 10577 | | |
| Mechanism Name: | Technical Assistance for Prevention, Care and Treatment | | |
| Prime Partner Name: | Family Health International | | |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 100,000 | |

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 | 190,000 | |

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 | 1,000,000 | |
| Narrative: | | | |
| <p>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.</p> | | | |

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: Boston University | |
| 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)

| | | |
|-----------------------------|--|--|
| KNUST Kumasi Medical School | | |
|-----------------------------|--|--|

Overview Narrative

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



driven programming.

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: Boston University | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 170,000 | |
| Narrative: | | | |
| Funding will be used to work with the GAC and other stakeholders to develop a research agenda and carry out some operations research studies on drivers of the epidemic and/or on fine-tuning MARP programming. | | | |

Implementing Mechanism 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 two 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 |
|----------------|-------------|----------------|----------------|
| 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 11045 | Mechanism Name: OVC Policy |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: UNICEF | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 0 | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 0 |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

USG partnering has resulted in the National Policy Guidelines for Orphans and Other Children Made Vulnerable by HIV/AIDS, enacted in January 2005. In FY2009, USG continued the partnership with UNICEF to strengthen the GoG's capacity and response to OVC. Specifically, activities will be focused on the finalization, dissemination and implementation of the draft National Plan of Action for OVC.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 200,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| |
|-----------------------------------|
| Mechanism ID: 11045 |
| Mechanism Name: OVC Policy |
| Prime Partner Name: UNICEF |

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

Narrative:

USG Ghana and UNICEF's partnership will 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 of OVCs living in orphanages by re-uniting them with their families, place children in foster care and encourage adoption; and creating standards for orphan and foster care, including the development of supervisory structures such as Child Protection Committees at the community level.



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: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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

Cross-Cutting Budget Attribution(s)

| | |
|---|--------|
| Food and Nutrition: Policy, Tools, and Service Delivery | 50,000 |
| Human Resources for Health | 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 | 200,000 | |
| 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 JSI/Focus Region Health 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 | PDTX | 100,000 | |
| Narrative: | | | |
| To strengthen the capacity of Ministry of Health (MOH) and Ghana Health Service to integrate Nutritional and Counselling Service into HIV care and support, FANTA-2 will provide technical support to 40 ART sites to initiate food by prescription to paediatric HIV clients. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 200,000 | |
| Narrative: | | | |
| Fanta-2 will strengthen the capacity of health care providers in the provision quality nutrition care and support services for PLHIV. | | | |

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: 210,200 | |
| Funding Source | Funding Amount |
| GHCS (State) | 210,200 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps will support three 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).

Firstly, all Peace Corps Volunteers (PCVs) and their counterparts will receive HIV/AIDS and Behavior Change Communication (BCC) sessions during Pre Service Training (PST). This section of PST will introduce participants to PEPFAR; build their capacity to lead intervention activities through classroom and field exercises, and introduce appropriate community assessment tools. The training will help deepen participants understanding of the epidemiology and drivers of the Ghana HIV/AIDS epidemic and build their capacities to design and implement results-oriented, community-initiated HIV/AIDS projects that focus primarily on HVAB, HVOP and HBHC activities. PCVs and counterparts' BCC interventions will support improved access to HIV related health services, including Counseling and Testing, STI management; other areas of focus will be abstinence, increased condom use, partner reduction and improved acceptance of PLHIV. Most- At-Risk-Populations (MARP) will also be targeted as part of the general population programs. The training will be facilitated by the PEPFAR Coordinator and other technical resource persons from the USG, USG implementing partners and/or local institutions.

Secondly, Peace Corps supports its volunteers and their counterparts' implementation of HIV/AIDS activities through the administration of VAST grants. VAST grants finance the implementation of community-level interventions. PCVs and counterparts will gain an understanding of the VAST grant process and how it can support community HIV and AIDS interventions from initial assessment to final reporting. All VAST activities are closely coordinated with District Health Management Teams, and Peace Corps volunteers are encouraged to integrate capacity building efforts 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 local community groups, schools, and District Assemblies.

Thirdly, Peace Corps will organize an All Volunteers conference/training event that will provide PCVs an opportunity to disseminate project related information (lessons learnt, challenges, best practices, recommendation) to their peers in a variety of focus areas such as target populations, region of activity, intervention types, and program sector in order to better plan future HIV/AIDS activities. They will review their HIV activities in relation to their program sectors. Participants will gain increased knowledge and skills, and will be able to use evidence-based approaches in their HIV/AIDS interventions.

Additional activities that Peace Corps will organize are:

A Partners Meeting to promote and strengthen a collaborative approach among PCVs (and counterparts) and key stakeholders in the design and implementation of HIV interventions at the community level.

Participating stakeholders/partners will learn and understand PC's PEPFAR program and the activities of PCVs and counterparts in the national response against HIV/AIDS. PCVs will also learn about the roles of participating stakeholders in their respective communities and establish working relationships with participating stakeholders and actively engage them in their HIV activities.

PCVs and PEPFAR partners will raise awareness of HIV/AIDS by developing the HIV/AIDS (PEPFAR) Calendar for Ghana (2012). PCVs will develop art projects in their communities for a national-level competition. The Country Team will select the art for inclusion into the final calendar to be produced by the end of 2011.

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 | 25,000 | |

Narrative:

Peace Corps will build the capacities of its 155 volunteers and their local Ghanaian counterparts to promote community-based health care and support for PLHIV. 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 FY11 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 | 25,000 | |

Narrative:

Peace Corps will build the capacities of its 155 volunteers and their local Ghanaian counterparts to promote prevention activities, including life-skills training and promoting ABC messages, through community-initiated outreach activities. 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 | 160,200 | |

Narrative:

Peace Corps will build the capacities of its 155 volunteers and their local Ghanaian counterparts to promote prevention activities, including life-skills training and promoting ABC messages, through community-initiated outreach activities. 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.

Peace Corps will organize an All Volunteers conference/training event that will provide PCVs an opportunity to disseminate project related information (lessons learnt, challenges, best practices, recommendation) to their peers in a variety of focus areas such as target populations,



region of activity, intervention types, and program sector in order to better plan future HIV/AIDS activities. They will review their HIV activities in relation to their program sectors. Participants' will gain increased knowledge and skills, and will be able to use evidence-based approaches in their HIV/AIDS interventions. Additional activities that Peace Corps will orgnaize are:

A Partners Meeting to promote and strengthen a collaborative approach among PCVs (and counterparts) and key stakeholders in the design and implementation of HIV inteventions at the community level. Participating stakeholders/partners will learn and understand PC's PEPFAR program and the activities of PCVs and counterparts in the national response against HIV/AIDS. PCVs will also learn about the roles of participating stakeholders in their respective communities and establish working relationships with participating stakeholders and actively engage them in their HIV activities.

Also, PCVs and PEPFAR partners will raise awareness of HIV/AIDS by developing the HIV/AIDS (PEPFAR) Calender for Ghana (2012). PCVs will develop art projects in their communities for a national-level competition. The Country Team will select the art for inclusion into the final calander to be produced by the end of 2011.

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 |
| Care | HBHC | 25,000 | |

Narrative:
 The AHBHC Care: Adult Care and Support 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 HBHC Care: Adult Care and Support-supported awards, for example, activities could include support for PLHIV support groups.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 25,000 | |

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 education in School as well as OVC.

| 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: US Department of Defense | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 371,150 | |
| Funding Source | Funding Amount |
| GHCS (State) | 371,150 |

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, improving laboratory capabilities, strengthening TB surveillance and supporting the



strengthening of health management 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: US Department of Defense | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 35,000 | |
| Narrative: | | | |
| DoD will support care activities that include a support group for HIV positives and will provide referrals for care and treatment services for the GAF and their families. The support group was formed in 2010 and it involves monthly 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/NGO support groups make presentations about available services. DoD will also support training of the GAF staff (nurses) on care and support for people living with HIV/AIDS. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 10,000 | |
| 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. School fees, uniforms and supplies will be funded for a small group of OVCs. 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. The GAF's campaign is entitled "Know Your Status" and encourages HIV testing as well as teaching prevention methods. The campaign is supported in seven areas throughout Ghana. Funds will be used to support testing capabilities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | HVSI | 66,150 | |

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 program data, training of GAF personnel on the national M&E reporting system and epidemiological training that will allow the GAF to begin planning surveillance activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 20,000 | |

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. The campaign that the GAF supports is entitled "Know Your Status". Funds requested by DoD will support the production costs for new posters, video production, and other prevention training materials as well technical assistance needed to improve prevention messaging and this would include monitoring and evaluating of their prevention programs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 100,000 | |

Narrative:

DoD will support the continued improvement of laboratory infrastructure for the GAF. Funds will be used to procure reagents, consumables and equipment for the 37th Military Hospital and a renovated lab in Takoradi. The renovations for the lab in Takoradi will be funded through the PF.



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 100,000 | |

Narrative:

DoD will work with the GAF to improve surveillance and diagnostic capabilities for TB. In order to improve TB diagnostic capabilities at the 37th Military Hospital, DoD will support the procurement of equipment such as Cyscope TB microscopes with cameras, computer equipment, personal protective equipment for health care providers, and TB test kits. In addition, DoD will assist in developing, printing and disseminating a screening tool to improve TB case findings as well as training health care providers. Currently, patients are required to pay for some TB diagnostic testing so DoD will procure x-ray equipment so that patients will not have to pay and will be more likely to get tested.

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: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC has established an office in Accra as a new member of the Ghana PEPFAR interagency team. CDC has been providing technical support to to Government of Ghana (GoG) and other PEPFAR partners in several areas of strategic information including M&E, surveillance and information systems. The CDC



Country Director (an Epidemiologist) oversees CDC supported activities and provide technical assistance to strategic information efforts at the national level. CDC will also hire 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 | 0 | |

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 (HQ based) 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 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 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 PEPFAR partner reporting of indicator data for the SAPR and APR. 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

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 | |
|--------------|-----|--|

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: | | | |
| <p>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.</p> | | | |

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: 1,700,000



| Funding Source | Funding Amount |
|----------------|----------------|
| GHCS (USAID) | 1,700,000 |

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 | 200,000 | |
|------|------|---------|--|

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 | 200,000 | |

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 |
|----------------|-------------|----------------|----------------|
|----------------|-------------|----------------|----------------|



| | | | |
|-------|------|---------|--|
| 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 | HVOP | 200,000 | |

Narrative:
 HIV/AIDS stigma has been identified as one of the principal obstacles to HIV prevention. MARP who are in need of access to HIV services are those with the highest levels of fear and stigma that they might experience in health facilities. FRHP intend to assist the GHS further expand on the drive for stigma reduction and discrimination against PLHIV and MARP at Health facilities that QHP had implemented at 40 ART sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 500,000 | |

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.



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: 400,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 400,000 |

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 communication needs of the entire USAID Health, Population and Nutrition Office portfolio. The Project invests in specific campaigns, and its work focuses on both health providers and communities.

Sub-grantee EXP Momentum specializes in social marketing activities, both for MARP and to mature the Ghanaian commodity market, by providing mid-range products that can be sold at or close to cost-price. EXP is specialized in 'bar-activation', promoting condoms and lubricant at hot-spots (e.g., bars).

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 |
| Prevention | HVAB | 100,000 | |
| Narrative: | | | |
| Funding will be used to review/analyze the need for additional HIV prevention materials for MARPs and work with implementing partners to ensure their availability to target populations. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 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 used in PMTCT centers with a focus on HIV positive mothers. Two sets of manuals will be prepared. One to inform HIV positive mothers of all issues surrounding pregnancy and delivery, such as options for ART and use of malaria prophylaxis and cotrimoxizole; and a second set that will focus on issues related to prophylaxis, delivery and post-delivery issues such as HIV TC and breastfeeding options. The first set will be developed and reproduced with FY2010 funding. The present funding is for the development and reproduction of the second set. | | | |



Implementing Mechanism 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 FY2011 USG Ghana will develop a new mechanism to provide direct support for OVC 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: | | | |
| Funding will be used to support orphans and vulnerable children providing life skills to 2,000 OVC and targeting OVC for referral to OVC services and support. Services will 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. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | Redacted | Redacted |
| Narrative: | | | |
| Funding will be used in supporting PLHIV groups and OVCs' use of the evidence-based, positive-living "It's My Life" toolkit for integrating prevention messaging into PLHIV and OVC counselling. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | Redacted | Redacted |
| Narrative: | | | |
| Funding will be used to provide monthly counselling sessions that emphasize comprehensive prevention messaging. Funding would be used to ensure that all sessions are appropriately targeted to age and risk profile of the youth in attendance. | | | |

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: 620,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 620,000 |

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 | 250,000 | |
| Narrative: | | | |
| Funding will be used to provide funding to the Maternal and Child Health Integrated Program (MCHIP), in order to strengthen pre-service education for midwives and community health nurses. In the area of HIV, emphasis will be placed on counselling and testing. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 70,000 | |
| 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. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 300,000 | |
| Narrative: | | | |
| This fund will strengthen MCHIP pre-service education of midwives and community health nurses, this will be achieved by reducing stigma that midwives, preceptors and staff have towards PLHIV as well as MARPS. | | | |

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 cooperative agreement designed to provide technical assistance in advocacy, health policy planning and implementation.

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

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

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: | | | |
| <p>OHSS funding will be used to gather additional information about the costs of various interventions. PMTCT and CSW interventions will be costed so that Ghana can accurately plan for the proposed scale-up of PMTCT and MARP interventions. Opportunities for task-shifting will continue to be explored based on projections for human resource needs and current staffing patterns</p> <p>In addition, funding will contribute to the further development of a policy strategy to address stigma and discrimination against PLHIV and other MARP groups.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12929 | Mechanism Name: SCMS |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12929 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: SCMS | | | |
| Prime Partner Name: Partnership for Supply Chain Management | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 0 | |

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

| | |
|-------------------------------|-----------------------|
| Total Funding: 250,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 250,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of CDC SI support will be to continue to provide technical assistance and support for the development of HIV program management and M&E capacity in Ghana. This will be supported through implementation of training curriculum for delivery through short courses in collaboration with appropriate institutions in Ghana.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 200,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| |
|----------------------------|
| Mechanism ID: 12939 |
|----------------------------|



| Mechanism Name: Morehouse/M&E | | | |
|--|-------------|----------------|----------------|
| Prime Partner Name: Morehouse School of Medicine | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 250,000 | |
| Narrative: | | | |
| <p>Working with its implementing partner MSM, CDC will continue to provide support to the GoG in the areas of HIV program management, M&E curriculum development and training and technical assistance through the following activities: work with GAC (the M&E coordinating body in Ghana) in planning to assure M&E curriculum and approaches meet needs of the country; work from training materials that are available (developed in Ghana and internationally); develop and adapt relevant curriculum and training guides for HIV program and M&E training in Ghana. These training materials have been adapted for implementation with district and regional level M&E focal points and program managers within the context of the national M&E structure, as well as for a short course M&E program delivered by the University of Ghana School of Public Health in order to institutionalize M&E trainings at the country level.</p> <p>Initial training have built up on the relationship with CDC-supported FELTP epidemiologic training program at the University of Ghana School of Public Health with technical support and advisory support from Morehouse faculty and trainers, from the School of Public Health, and GAC to promote capacity development and sustainability of the training program. In consultation with GAC, further training will be prioritized for higher prevalence areas and areas where there are gaps in reporting for first trainings. There is a mentoring-supervisory component to the training which includes follow-up assessments post training.</p> <p>The GAC and Morehouse have undertaken initial steps to evaluate the use of mobile telephones to collect M&E and related service delivery data. The GAC is seeking additional resources to expand its efforts in this area. If requested, Morehouse will provide technical assistance to GAC in evaluating, developing specifications for, and assisting in project management for the development of mobile-based community outreach worker systems. This does not include development or deployment of such systems, which should be conducted using other funding sources.</p> <p>Indicators- Number of health care workers who successfully completed an in-service training program- 2010- 40, 2011- 50</p> | | | |

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

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

| | |
|-------------------------------|-----------------------|
| Total Funding: 300,000 | |
| Funding Source | Funding Amount |
| GHCS (USAID) | 300,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ESM specializes in social marketing activities, both for MARP and to mature the Ghanaian commodity market, by providing mid-range products that can be sold at or close to cost-prize. ESM 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: 12945 |
| Mechanism Name: ESM |



| Prime Partner Name: ESM | | | |
|--------------------------------|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 300,000 | |

Narrative:

EXM is a Sub-grantee of FHI/SHARPER project and JHU Behavior Change Support Project (BCS) project, and specializes in social marketing activities, both for MARP and to mature the Ghanaian commodity market, by providing mid-range products that can be sold at or close to cost-price. EXM is specialized in 'bar-activation', promoting condoms and lubricant at hot-spots (e.g., bars). Funding will be used by EXM for the distribution of condoms and lubricants, through two pathways: The first is peer educators (from FSW, MSM and PLHIV) groups establishing outlets in their communities; A second pathway is the commercial market - Through multiple large wholesalers, USAID will focus on the mature segment of the condom market, selling commodities at a cost-recovery price.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 13059 | Mechanism Name: Community-Based M & E |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and 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: 13059 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Community-Based M & E | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |
| Narrative: | | | |
| <p>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.</p> | | | |



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.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13113 | Mechanism Name: CDC Lab |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: USG Core |
| Prime Partner Name: HHS/Centers for Disease Control & Prevention | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

Total Funding: 39,413

| Funding Source | Funding Amount |
|----------------|----------------|
|----------------|----------------|



| | |
|--------------|--------|
| GHCS (State) | 39,413 |
|--------------|--------|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13113 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: CDC Lab | | | |
| Prime Partner Name: HHS/Centers for Disease Control & Prevention | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 39,413 | |

Narrative:

This mechanism will be used to continue to request technical assistance from other PEPFAR and regional countries to provide training and technical support to implement cost effective quality assurance activities towards WHO-AFRO accreditation process. CDC will hold this money at HQ in order to send cables out to respective PEPFAR countries as necessary. This south to south TA will also include training on molecular diagnostic testing for early infant diagnostic and quality management system (managerial and technical), in compliance with international requirements with the goal of accreditation.



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

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

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The clinical laboratory system, part of the Ghana Health Service (GHS), is responsible for hospital laboratories in ten regional and 170 district hospitals. It is comprised of 406 private, quasi-government and government laboratories. The public health laboratory system, also part of GHS, is comprised of one National Public Health Reference Laboratory (NPHRL) and three zonal public health laboratories. A national health insurance bill has been passed into law by the parliament of Ghana which seeks to set up a National Health Insurance Scheme (NHIS), which would enable residents in Ghana to obtain, at least, basic healthcare services without paying money at the point of delivery of the service. NHIS has recently launched a new scheme, making it mandatory for laboratories to obtain accreditation/certification or risk losing the privileges provided by NHIS. Thus, MOH has shown strong commitment towards laboratory accreditation.

The Global Fund is a key donor in the area of laboratory services for screening, treatment, and monitoring HIV/AIDS patients including drug resistance. Though these services exist, the provision of quality laboratory services and the conduct of reliable diagnostic testing are still challenges in Ghana. The quality



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

USG Ghana's PF will support cost-effective, quality laboratory practices to promote reliable and accurate results, thus contributing to effective patient care. This will in turn build a positive attitude by patients towards testing. USG Ghana will work closely with the GOG to support zonal and regional laboratories identified by GHS in preparation for the accreditation process. This will include evaluating, developing, improving, and maintaining the laboratories QMS (managerial and technical) in compliance with the College of American Pathologists (CAP) and ISO 15189 requirements with the goal of accreditation. This will be a two to three year process.

**Please note that this mechanism represents the second of two grantees who are receiving money from the same cooperative agreement. It's part of the mechanism ID new013.*

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 125,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13270 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: GHSS/Lab Accreditation | | | |
| Prime Partner Name: Global Health Systems Solutions, Ghana | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 350,000 | |
| Narrative: | | | |

**Please note that this mechanism represents the second of two grantees who are receiving money from the same cooperative agreement. It's part of the mechanism ID new013.*

Global Health Systems Solutions (GHSS) will receive funds to support the implementation of quality management systems. It will ensure that the NPHRL is accredited and will prepare zonal and regional hospital laboratories selected in consultation with the Ghana Health Service (GHS) for accreditation.

As each laboratory is unique, GHSS will continue to support the customization of the Quality System Essentials (QSEs) activities for each of the selected laboratories. GHSS will continue to mentor laboratory managers and support the implementation of the QSEs as the primary focal areas.

Laboratories will continue to focus on QSEs identified by initial gap assessment and address them in a stepwise manner. The work plan will be carried out in phases: 1) implementation of milestones through mentoring program ; 2) continuing self-assessment of progress by the laboratory management; 3) quality improvement activities and on-going assistance based on needs. GHSS will continue to support training of laboratory managers trained to improve the quality of laboratory management within the network and provide mentorship.

As part of the quality management systems, the external quality assessment (EQA) is a critical component that includes on-site supervision and proficiency testing (PT) programs. GHSS will work closely with the NPHRL to reinforce existing quality assurance/quality control programs and to supervise the decentralization of EQA programs at the regional level and ensure national coverage.

GHSS will support the NPHRL to enroll in the digital program for proficiency testing for rapid testing. GHSS will implement a proficiency testing program for HIV at 200 HIV testing sites and organize training workshops on quality assurance for HIV testing for the Dried Tube Specimen (DTS) technology for EQA in serology, and printing and dissemination of standardized logbooks for use at all HIV testing sites. GHSS, in collaboration with NPHRL, will support the implementation of an EQA program for CD4, chemistry and hematology and enroll 20 testing facilities and laboratories in the program. GHSS will support the distribution of proficiency testing panels, collection of results, and supervisory activities.

GHSS will train a pool of 20 mentors to provide on-site mentoring for the 5 laboratories engaged in the accreditation process through 2011.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



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

| | |
|-------------------------------|-----------------------|
| Total Funding: 300,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 300,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Although there is no law for medical laboratory practice in Ghana as of 2010, the Ministry of Health (MOH) has drafted a policy document for laboratories. At the request of Ghana Health Service (GHS), USG Ghana's Partnership Framework (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 a laboratory information system (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: | 13280 | | |
|---|--|----------------|----------------|
| Mechanism Name: | Association of Public Health Laboratories (APHL) | | |
| Prime Partner Name: | Association of Public Health Laboratories | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 300,000 | |
| Narrative: | | | |
| <p>APHL will continue to provide technical support for strengthening of a laboratory information system (LIS), referral linkages, and networking between clinical laboratories and regional and national reference laboratories. Technical assistance will also include the expansion of LIS to network the reference and zonal laboratories in order to support the implementation of the ART program and the accreditation process. APHL will provide in-service training on LIS implementation and operation for laboratory and information technology personnel at the NPHRL facilities.</p> <p>In addition, APHL will 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 chemistry, hematology, serology, CD4 and viral load testing. 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.</p> <p>The development of a LIS will ensure that capacity is established for long-term sustainability. The system will assist in obtaining statistics for the NPHRL and the other selected zonal and regional laboratories and 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.</p> | | | |



Continuing Activity: The APHL mechanism is a continuing mechanism, established in the September 2009 reprogramming.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13285 | Mechanism Name: District Training |
| 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)

(No data provided.)

Overview Narrative

A new mechanism will be developed to provide training for district officials in MARP-related project administration. Training will include staff such as planning officers, HIV/AIDS focal points and budget officers that work under the District Chief executive and the District Assembly.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues



(No data provided.)

Budget Code Information

| Mechanism ID: 13285 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: District Training | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | Redacted | Redacted |
| Narrative: | | | |
| Funding will be used to strengthen district assemblies and their staff's ability to effectively use resources from the District Common Fund to implement HIV/AIDS programs, especially programs that target MARP. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13342 | Mechanism Name: Central Contraceptive Procurement/Food |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Central Contraceptive Procurement | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 200,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 200,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



CCP is the centrally funded Center for Commodity Procurement. It procures condoms, lubricant and a wide range of contraceptives.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Family Planning

Budget Code Information

| Mechanism ID: | 13342 | | |
|--|--|----------------|----------------|
| Mechanism Name: | Central Contraceptive Procurement/Food | | |
| Prime Partner Name: | Central Contraceptive Procurement | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 200,000 | |
| Narrative: | | | |
| USAID Ghana is supporting condom distribution at prices close to cost-recovery levels and important unbranded condoms when stock-outs occur, to ensure that MARP have consistent access to condom supplies. Funding will be used to cover the transport of condoms (most condoms are free of charge from USAID for African countries) and lubricant. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13344 | Mechanism Name: EquipMaintenance |
| 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 Partnership Framework (PF) is focused on reducing the number of new infections, and increasing ART coverage. Both these goals depend on the performance of laboratories to provide information to patients that is accurate, timely, cost effective, appropriate, and interpretable and strengthens quality of patient care. Thus laboratory indicator, measuring number of accredited laboratories in a country encompasses quality measurement for six other laboratory systems like quality management, training, equipment maintenance, supply chain management, laboratory information, specimen referral and advocates strongly for laboratory policy.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 13344 | | | |
| Mechanism Name: EquipMaintenance | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |

| Treatment | HLAB | Redacted | Redacted |
|--|------|----------|----------|
| Narrative: | | | |
| <p>Preventive and curative maintenance of equipment constitute a key component of the national laboratory strategic plan and play a critical role in ensuring quality laboratory testing and uninterrupted service delivery as ART services are rolled out. In Ghana, the Global Fund (GFATM) has traditionally provided equipment for screening, confirming, and monitoring patients on treatment for HIV, TB and Malaria. However, there are gaps/concerns with proper maintenance of equipment given machine downtime during breakdowns.</p> | | | |
| <p>A local /regional TBD partner will collaborate with the MOH/GHS to support the development of a sustainable system on preventive maintenance and calibration of key equipment in laboratories used for screening, confirmation and monitoring patients on ARV. In collaboration with MOH/GHS, the TBD partner will embark on a sustainable plan and prioritize key laboratories for establishing service contracts for critical equipment.</p> | | | |
| <p>The TBD partner will provide technical assistance including preventive maintenance, troubleshooting and calibration of laboratory equipment including freezers, refrigerators, incubators, ELISA washer, ELISA reader, microscopes, incubators, autoclaves, centrifuges, hematology and chemistry analyzers in the 14 laboratories selected for the WHO Afro accreditation. Broken machines will be repaired and spare parts will be changed to prevent/minimize service interruption.</p> | | | |
| <p>The TBD partner will also provide technical assistance in developing standard operating procedures for use during instrument operation, developing preventative maintenance and maintenance logs, and training of 14 laboratory personnel and providing mentorship.</p> | | | |
| <p>The training of bio-engineers for preventive and curative maintenance of equipment at the national reference as well as zonal and regional laboratories will be emphasized. Engineers will be trained to identify equipment problems as well as perform calibration of common laboratory equipment such as thermometers, timers, and pipettes. The TBD partner will establish proper mechanisms for the reporting of damaged equipment to regional and reference laboratories, ensuring proper documentation procedures are followed. The TBD partner will ensure equipment maintenance contracts are in place with manufacturers or their local representatives with periodic evaluation of the services they provide.</p> | | | |
| <p>The TBD partner will work with vendors to facilitate trainings for laboratory technicians to develop routine preventive equipment maintenance plans at the 14 laboratories engaged in the accreditation process. The TBD partner will also facilitate trainings between vendors and biomedical engineers to repair broken equipment. The TBD partner will further enhance the capacity of local institutes that engage in training</p> | | | |



bio-medical engineers for equipment maintenance and repair by providing tool kits for equipment repair and creating opportunities for additional trainings. The TBD partner will check the feasibility of expanding the service contracts for equipment maintenance to additional laboratories involving local biomedical engineering institutes.

Support of the above activities will enable a sustainable preventive and curative maintenance system that addresses an integrated laboratory service for equipment maintenance, builds local capacity and ensures that accurate, reliable and reproducible results are provided to the client.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

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

| | |
|-------------------------------|-----------------------|
| Total Funding: 250,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 250,000 |

Sub Partner Name(s)

| | | |
|-----------------------------|--|--|
| Integrated Health Solutions | Regional Institute for Population Studies, University of Ghana | |
|-----------------------------|--|--|

Overview Narrative

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



Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|--------|
| Human Resources for Health | 76,500 |
|----------------------------|--------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13372 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: UCSF/SI | | | |
| Prime Partner Name: University of California at San Francisco | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 250,000 | |

Narrative:

UCSF Training and In-service Activities & Deliverables

1. UCSF has been collaborating with the National AIDS Control Program (NACP) at Ghana Health Services (GHS) and Ghana AIDS Commission (GAC) in the assessment of high-priority most at-risk populations in Ghana, namely female sex workers (FSW), men who have sex with men (MSM) and injecting drug users (IDUs). UCSF will continue to 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 GAC, GHS and other in-country staff in IBBS and MARPS size estimation in a staggered, phased-in approach to IBBS. 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 a CDC-funded HIV incidence study. UCSF will provide logistical support in the conduct of 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: 13374 | Mechanism Name: Laboratory Standards |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Clinical and Laboratory Standards Institute | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)



(No data provided.)

Overview Narrative

The clinical laboratory system, part of the Ghana Health Service (GHS), is responsible for hospital laboratories in ten regional and 170 district hospitals. It is comprised of 406 private, quasi-government and government laboratories. The public health laboratory system in Ghana, also part of GHS, is comprised of one National Public Health Reference Laboratory (NPHRL) and three zonal public health laboratories. A national health insurance bill has been passed into law by the parliament of Ghana which seeks to set up a National Health Insurance System (NHIS), which would enable residents in Ghana to obtain, at least, basic healthcare services without paying money at the point of delivery of the service. NHIS has recently launched a new scheme, making it mandatory for laboratories to obtain accreditation or risk losing the privileges provided by NHIS. Thus, the Ministry of Health (MOH) in Ghana has shown strong commitment towards laboratory accreditation.

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

USG Ghana's Partnership Framework (PF) will support cost-effective, quality laboratory practices to promote reliable and accurate results, thus contributing to effective patient care. This will in turn build a positive attitude by patients towards testing. USG Ghana will work closely with the GOG to support four zonal and 10 regional laboratories in preparation for the accreditation process. This will include evaluating, developing, improving, and maintaining the laboratories' quality management system (managerial and technical) in compliance with CAP and ISO 15189 requirements with the goal of accreditation. This will be a two to three year process.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---|
| Human Resources for Health | 0 |
|----------------------------|---|



Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13374 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Laboratory Standards | | | |
| Prime Partner Name: Clinical and Laboratory Standards Institute | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 0 | |
| Narrative: | | | |
| <p>CLSI will receive funds to support the implementation of quality management systems to ensure that the National Public Health Reference Laboratory (NPHRL) is accredited and will prepare three zonal and 10 regional hospital laboratories for accreditation.</p> <p>As each laboratory is unique, CLSI will customize Quality System Essentials activities for each of the 14 laboratories. It will proceed methodically in the assessment and implementation of the Quality System Essentials as the primary focal area. Based on the initial gap assessment, laboratories will focus on three to four Quality System Essentials to start with. The work plan will be carried out in phases: (1) gap analysis of the baseline quality management systems; (2) action plan development to fill gaps to strengthen laboratory quality system and operation; (3) implementation of milestones through mentorship/twinning; (4) self-assessment of progress by the laboratory management; (5) quality improvement and on-going assistance based on needs.</p> <p>CLSI will work closely with the GHS to constitute a task force to review and/or develop standard operating procedures, including safety procedures, and hold consensus workshops on revised standard operating procedures. Funds will also be used to print and disseminate revised standard operating procedures. CLSI will work with the two laboratory managers trained at the African Center for Integrated Laboratory Training as master trainers (per Capacity Building mechanism) to organize a series of training workshops for laboratory managers to improve the quality of laboratory management within the network and provide mentorship.</p> <p>One of the key pieces of quality management systems is EQA, which includes on-site supervision and proficiency testing programs. CLSI will work closely with the NPHRL to reinforce existing quality assurance/quality control programs and to supervise the decentralization of EQA programs (proficiency</p> | | | |



testing, on-site supervisions) at the regional level and ensure national coverage.

CLSI will also support the NPHRL to enroll in the digital program for proficiency testing for rapid testing. It will implement a proficiency testing program for HIV at 200 HIV testing sites and organize training workshops on quality assurance for HIV testing for the Dried Tube Specimen technology for EQA in serology, and printing and dissemination of standardized logbooks for use at all HIV testing sites. In collaboration with NPHRL, CLSI will support the implementation of an EQA program for CD4, chemistry and hematology and enroll 20 testing facilities and laboratories in the program. It will support the distribution of proficiency testing panels, collection of results, and supervisory activities.

Lastly, CLSI will train a pool of 20 mentors to provide on-site mentoring for the 14 laboratories engaged in the accreditation process through 2011.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13395 | Mechanism Name: Lab Training |
| 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

To support the implementation of the laboratory management framework for accreditation, it is important to improve pre-service training curricula in laboratory diagnosis and monitoring of diseases with an



emphasis on HIV/AIDS. USG Ghana's partnership Framework (PF), in collaboration with the Ghana Health Service (GHS), will work with the TBD local medical technology school or academic institution to review the curricula and incorporate HIV standard of care tests, new technology, quality assurance and laboratory management in order to ensure that trainees from the schools are well-equipped to work in the national laboratory network upon graduation.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13395 | | | |
|-------------------------------------|-------------|----------------|----------------|
| Mechanism Name: Lab Training | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | Redacted | Redacted |

Narrative:

The To Be Determined (TBD) CDC International Lab Coalition partner will be granted funding to provide technical laboratory assistance through pre-service training curriculum development. The TBD partner will work with key stakeholders including university faculty and the medical technology school to conduct a pre-service gap analysis and develop a consensual work plan for the revision of curricula to aid in teaching laboratory focused methods and courses. The TBD partner will ensure inclusion of information on new technologies, instrumentation and procedures, and provide training to faculty on quality assurance and new technologies in the clinical laboratory. The TBD partner will also develop supplemental materials, exercises, enhanced exams, timetables and activities; and will also organize pre-service training designed to provide the faculty with newly developed curriculum and exercises. The TBD partner trainers will employ participatory methods for interactive learning and promotion of teamwork in the training of trainers workshop for 25 key faculty members and directors of schools of medical technology.



The TBD partner will facilitate twinning of local academic institutions with another educational institution supported by the TBD partner to provide information sharing related to faculty interactive teaching techniques. It will provide mentorship and technical assistance to the school trainers for the reviewed curriculum by pairing with faculty from U.S. universities.

The twinning partnership will build the capacity of the country's regional laboratories to provide quality HIV/AIDS diagnostic services to patients. Through this mentorship program, laboratory personnel and students will increase their knowledge, practical skills and confidence to provide quality up-to-date HIV/AIDS diagnostic services. This will result in a larger pool of competent laboratory technicians to sustain the country's laboratory services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13404 | Mechanism Name: HQ TO 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

To provide individual and organizational capacity building and technical assistance to the Ghana AIDS Commission (GAC), the national coordinating body for the multisectorial response to the HIV/AIDS epidemic. Assistance will focus on supporting the GAC's efforts in strengthening community based



monitoring systems, with the goal of transitioning leadership to the Government of Ghana.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13404 Mechanism Name: HQ TO M & E Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |

Narrative:

In close collaboration with GAC, capacity building and technical assistance will include developing and/or adapting M&E curriculum to strengthen M&E skills of front line staff at the community level. Training will focus on enhancing skills in data collection, data management and use, understanding indicator reporting requirements, assuring data quality and promoting data use. The GAC will engage in south to south technical assistance regarding best practices on strengthening community based monitoring systems. Technical assistance will be provided to support GAC's efforts in identifying the appropriate participants for the south to south TA, develop tools to document observations and lessons learned and ensure that findings from the south to south TA are incorporated into action plans for implementation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13438 | Mechanism Name: TB Care I |
| Funding Agency: U.S. Agency for International | Procurement Type: Cooperative Agreement |



| | |
|--|---|
| Development | |
| Prime Partner Name: THE TUBERCULOSIS COALITION FOR TECHNICAL ASSISTANCE(TBCTA) | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 750,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 750,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TB Care I is a five-year centrally funded USAID project working in several countries. In Ghana, for several years, TB CAP activities were funded from CSH funds at about \$500,000. TB Care I has put an Advisor at the National TB Program to strengthen the organization and provide technical assistance. TB Care I 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)

| | |
|----------------------------|--------|
| Human Resources for Health | 50,000 |
|----------------------------|--------|

Key Issues

TB

Budget Code Information

| | |
|----------------------------|--|
| Mechanism ID: | 13438 |
| Mechanism Name: | TB Care I |
| Prime Partner Name: | THE TUBERCULOSIS COALITION FOR TECHNICAL ASSISTANCE(TBCTA) |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 300,000 | |

Narrative:

This funding will strengthen TB/HIV collaboration. Prevention of HIV will be enhanced by offering counselling and testing services to TB clients at DOTS centres.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 450,000 | |

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: 13447 | Mechanism Name: Capacity Building |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ghana Health Service | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 600,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 600,000 |

Sub Partner Name(s)

(No data provided.)



Overview Narrative

The Ghana Health Services (GHS) is a public service body responsible for implementation of national policies under the control of the Ministry of Health (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 quality health services and provide in-service training and continuing education for health professionals. USG-Ghana's Partnership Framework (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 National Blood Transfusion Services (NBTS), a unit under the Institutional Care Division of the GHS, through this mechanism.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 200,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 13447 | | | |
| Mechanism Name: Capacity Building | | | |
| Prime Partner Name: Ghana Health Service | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|-------|------|---------|--|
| Other | HVSI | 100,000 | |
|-------|------|---------|--|

Narrative:

CDC provided technical assistance to the Ghana Health Services (GHS) in implementing a new aggregate data capture system. CDC will continue to work on this system to incorporate additional aggregates currently being captured by parallel systems, with a special emphasis on laboratory and HIV aggregates; to create additional reports; to improve data use and data quality; and to provide supportive supervision to sites which experience implementation difficulties. In addition, work will continue on other partnership framework tasks, such as creating a help desk and improving the ART monitoring software so as to work with the new aggregate system. Finally, work may be undertaken on additional elements of the Ghana Health Information System strategic plan, such as deployment of a human resource system and evaluation of a trial of an experimental system using cell phones to support community health workers providing antenatal care.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HMBL | 200,000 | |

Narrative:

CDC will work with the GHS to implement a multi-focal plan to strengthen blood services in Ghana.

Current efforts to increase donor mobilization and retention, particularly of volunteer, non-remunerated donors from low risk populations, are constrained by lack of reliable, adequate and appropriate transport for donor education, mobilization and outreach services. The primary strategy will be to determine the most cost-effective, reliable, safe and durable methods of improving transport to increase the reliability and accessibility of blood services. 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 in 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 PEPFAR funding is to increase the quality, frequency, sustainability and capacity to conduct targeted training for blood procurement, laboratory technicians and clinicians involved in blood

services. Training will include topics on quality, safety, appropriate clinical use of blood and blood products, laboratory testing, component processing, storage, distribution and supply, and waste disposal.

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

There is a need to strengthen the collection, processing, 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 GHS 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 PF activities 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 | 300,000 | |

Narrative:

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

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

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

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



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13475 | Mechanism Name: GAC/M&E |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: 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

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

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: 13475 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: GAC/M&E | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |
| Narrative: | | | |
| <p>A multi-level approach to strengthen capacity at the individual, organizational and systems level will be used in order to create organizational and technically sustainable M&E and surveillance systems for the national response to HIV/AIDS. This may include technical assistance and training in 1) appropriate surveillance and M & E methods, 2) management and analysis of data, and 3) effective use of system-generated data at all levels. At the individual level, technical assistance will be provided to strengthen routine (clinical and non clinical) data collection, analysis and use throughout the various levels of the M&E system. At the organizational level, assistance will support ongoing efforts to strengthen technical and organizational capacity to enhance the role of the national leadership in informing and coordinating the response to the HIV/AIDS epidemic. At the system level, assistance will support opportunities to engage in community program systems development, site assessments and supervision, and south to south technical assistance regarding best practices on strengthening community based monitoring systems. By building capacity at the various levels, one can ensure that the different level activities support each other.</p> | | | |
| Number of health care workers who successfully completed an in-service training program - 25 | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13523 | Mechanism Name: Food |
| 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: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

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 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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 13523 | | | |
| Mechanism Name: Food | | | |
| Prime Partner Name: Partnership for Supply Chain Management | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 0 | |

Narrative:

Funding will be used for procurement of therapeutic food (food for prescription) for adult clients starting



on ART.

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 | | | | | 37,000 | 37,000 |
| ICASS | | | | | 73,000 | 73,000 |
| Management Meetings/Professional Development | | | | | 12,000 | 12,000 |
| Staff Program Travel | | | | | 54,000 | 54,000 |
| USG Staff Salaries and Benefits | | | | | 472,622 | 472,622 |
| Total | 0 | 0 | 0 | 0 | 648,622 | 648,622 |

U.S. Agency for International Development Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|--------------|------|----------------|-------------|--------|
| Computers/IT | | GHCS (USAID) | | 37,000 |



| | | | | |
|--|--|--------------|--|--------|
| Services | | | | |
| ICASS | | GHCS (USAID) | | 73,000 |
| Management Meetings/Professional Development | | GHCS (USAID) | | 12,000 |

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 |
|--|----------------------|----------|----------|----------------|--------------|---------------------------------------|
| Capital Security Cost Sharing | | | | 15,000 | | 15,000 |
| Computers/IT Services | | | | 10,000 | | 10,000 |
| ICASS | | | | 50,000 | | 50,000 |
| Management Meetings/Professional Development | | | | 13,000 | | 13,000 |
| Non-ICASS Administrative Costs | | | | 10,000 | | 10,000 |
| Staff Program Travel | | | | 10,000 | | 10,000 |
| USG Staff Salaries and Benefits | | | | 42,000 | | 42,000 |
| Total | 0 | 0 | 0 | 150,000 | 0 | 150,000 |

U.S. Department of Defense Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|------------------|------|----------------|-------------|--------|
| Capital Security | | GHCS (State) | | 15,000 |



| | | | | |
|--|--|--------------|--|--------|
| Cost Sharing | | | | |
| Computers/IT Services | | GHCS (State) | | 10,000 |
| ICASS | | GHCS (State) | | 50,000 |
| Management Meetings/Professional Development | | GHCS (State) | | 13,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 10,000 |

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 |
|--|----------------------|----------|----------------|----------------|--------------|---------------------------------------|
| Computers/IT Services | | | | 15,000 | | 15,000 |
| ICASS | | | | 90,000 | | 90,000 |
| Management Meetings/Professional Development | | | | 12,000 | | 12,000 |
| Non-ICASS Administrative Costs | | | | 55,000 | | 55,000 |
| Staff Program Travel | | | | 40,000 | | 40,000 |
| USG Staff Salaries and Benefits | | | 500,000 | 288,000 | | 788,000 |
| Total | 0 | 0 | 500,000 | 500,000 | 0 | 1,000,000 |



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

| Category | Item | Funding Source | Description | Amount |
|--|------|----------------|-------------|--------|
| Computers/IT Services | | GHCS (State) | | 15,000 |
| ICASS | | GHCS (State) | | 90,000 |
| Management Meetings/Professional Development | | GHCS (State) | | 12,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 55,000 |

U.S. Department of State

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---------------------------------|----------------------|----------|----------|---------------|--------------|---------------------------------------|
| Staff Program Travel | | | | 56,283 | | 56,283 |
| USG Staff Salaries and Benefits | | | | 28,000 | | 28,000 |
| Total | 0 | 0 | 0 | 84,283 | 0 | 84,283 |

U.S. Department of State Other Costs Details

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 | | | | 2,400 | | 2,400 |



| | | | | | | |
|---------------------------------|----------|----------|----------|---------------|----------|---------------|
| Administrative Costs | | | | | | |
| Staff Program Travel | | | | 12,200 | | 12,200 |
| USG Staff Salaries and Benefits | | | | 31,400 | | 31,400 |
| Total | 0 | 0 | 0 | 46,000 | 0 | 46,000 |

U.S. Peace Corps Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|--------------------------------|------|----------------|-------------|--------|
| Non-ICASS Administrative Costs | | GHCS (State) | | 2,400 |