

Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of 16 March 2015), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **Republic of Ghana** (the "Grantee") for the Program described herein.

2. This Grant Confirmation supplements, forms part of, and is subject to the Framework Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.

3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of Ghana
3.2	(Disease) Component:	HIV/AIDS
3.3	Program Title:	Reinforcing the Scaling Up of HIV Services: Strengthening HIV Prevention and Effective Targeting
3.4	Grant Name:	GHA-H-MOH
3.5	GA Number:	789
3.6	Grant Funds:	Up to the amount of US\$74,165,340.00 (Seventy-Four Million One Hundred Sixty-Five Thousand Three Hundred and Forty US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 July 2015 to 31 December 2017

3.8	The Principal Recipient Nominated:	<p>The Ministry of Health of the Republic of Ghana P.O. Box MB-44, Ministries, Accra, Republic of Ghana</p> <p>Attention: Dr. Badu Sarkodie A.G. Director, Public Health Division Ghana Health Service</p> <p>Telephone: + 233 302 680 892 Facsimile: + 233 244 417 911 Email: sarks60@yahoo.co.uk</p>
3.9	Fiscal Year of the Principal Recipient:	01 January to 31 December
3.10	LFA:	<p>PricewaterhouseCoopers (Ghana) Limited No.12 Airport City; Una Home, 3rd Floor; PMB CT42, Cantonments; Accra, Ghana</p> <p>Attention: Mr. Michael Asiedu-Antwi</p> <p>Telephone: +233 (302) 761 50 Facsimile: +233 302 761 544 Email: michael.asiedu-antwi@gh.pwc.com</p>
3.11	Global Fund (Notices information for this Grant Confirmation):	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier Geneva, Switzerland</p> <p>Attention: Mr. Michael David Byrne Head, High Impact Africa 1 Department Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: michael.byrne@theglobalfund.org</p>

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the “Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting” (2014, as amended from time to time), available at the Global Fund’s Internet site, throughout the Implementation Period.

5. The Global Fund and the Grantee further agree the following:

5.1 The disbursement of Grant Funds by the Global Fund to the Principal Recipient for the supply chain system strengthening activities is subject to satisfaction of each of the following: (a) delivery by the Principal Recipient to the Global Fund of a detailed and costed plan for

implementation of the supply chain system strengthening activities, including but not limited to the measurable indicators and targets and the detailed insurance arrangements (the “Supply Chain Plan”), developed in collaboration with the relevant stakeholders in the Republic of Ghana; and (b) the written approval by the Global Fund of the Supply Chain Plan.

- 5.2 Unless otherwise agreed by the Global Fund in writing the Principal Recipient shall not undertake construction and/or renovation activities of any scale using Grant Funds, or savings, efficiencies, interest or revenues generated therefrom. Any investment or expenditure contrary to the above shall be deemed ineligible and spent in breach of this Grant Agreement.
- 5.3 The Principal Recipient acknowledges and agrees that all the warehousing and distribution of the Health Products financed by the Global Fund shall be handled by a third party contractor selected and contracted by the Global Fund and financed through the Grant Funds, until such time when the Global Fund in its sole discretion determines that other arrangements are acceptable. The Principal Recipient agrees to provide all the necessary information to and to fully cooperate with such third party contractor in discharging its obligations under the agreement concluded between the Global Fund and the contractor.
- 5.4 Starting from 31 December 2015 and annually thereafter, the Principal Recipient, in collaboration with the Principal Recipient Ghana Health Services, shall, on an annual basis, provide to the Global Fund an update, in form and substance satisfactory to the Global Fund, of the Government of Ghana’s confirmed contribution to the fight against HIV/AIDS in Ghana for the period corresponding to each Disbursement Request, including all activities to be funded by such contribution (including, but not limited to, the amount that will be used to fund PMTCT and patients on ART).
- 5.5 The procurement of certain Health Products, as communicated by the Global Fund from time to time, with Grant Funds shall be carried out through the Pooled Procurement Mechanism of the Global Fund until the Global Fund has agreed in writing that such procurement can be managed by the Grantee acting through the Principal Recipient using a different process.
- 5.6 In accordance with the Global Fund Board Decision Point GF/B28/DP4, the Grantee acknowledges and agrees that the commitment and disbursement of 15% of the Republic of Ghana’s aggregate allocation of US\$ 125,101,951 for the 2014-2016 allocation period, which is equal to US\$ 18,765,292.65, is subject to the Global Fund’s satisfaction with the Republic

of Ghana's compliance with the Global Fund's policies relating to counterpart financing.

6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations as follows:

6.1 The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Grantee or the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

The signature page follows.

IN WITNESS WHEREOF, the Global Fund and the Grantee acting through the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives as of the date of last signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Republic of Ghana
Acting through
The Ministry of Health

By: 

Name: Mr. Mark Eldon-Edington
Title: Head, Grant Management Division

Date: 22 JUL. 2015

By: 

Name: Dr. Badu Sarkodie
Title: AG. Director, Public Health Division,
Ghana Health Service

Date: 17/07/2015

Acknowledged by

By: 

Name: Mr. Collins Agyarko-Nti
Title: Chair of the Country Coordinating
Mechanism for Republic of Ghana

Date:

By: 

Name: Mrs. Comfort Asamoah-Adu
Title: Civil Society Representative of the
Country Coordinating Mechanism
for Republic of Ghana

Date: 14/07/15

Framework Agreement

between

The Global Fund
to Fight AIDS, Tuberculosis and Malaria

and

Republic of Ghana

Dated as of 16.03.2015

FRAMEWORK AGREEMENT

This **Framework Agreement** (the "Framework Agreement"), dated as of 16.03.2015 (the "Effective Date"), is made by and between **The Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **the Republic of Ghana** (the "Grantee") (the Global Fund and the Grantee hereinafter referred to collectively as the "Parties" and individually each a "Party").

WHEREAS, the Global Fund was established in January 2002 as an innovative financing institution for the purpose of attracting and managing financial resources globally as well as providing such resources to countries to support national and regional programs that prevent, treat and care for people with the diseases of HIV/AIDS, tuberculosis and/or malaria; and

WHEREAS, the certain entities of the Grantee have been, or are expected to be, nominated by relevant country or regional coordinating mechanism(s) to implement relevant Program(s) (as defined in the Global Fund Grant Regulations (2014)) in relevant Host Country (as defined in the Global Fund Grant Regulations (2014)) or Host Countries;

NOW, THEREFORE, the Parties agree as follows:

ARTICLE 1 THE GLOBAL FUND GRANT REGULATIONS (2014)

- 1.1 **Incorporation by Reference.** All the provisions of the Global Fund Grant Regulations (2014) available at the Global Fund's Internet site are hereby made applicable to this Framework Agreement with the same force and effect as if they were fully set forth herein.
- 1.2 **Defined Terms.** Wherever used in this Framework Agreement, the terms defined in the Global Fund Grant Regulations (2014) shall have the respective meanings set forth therein unless modified herein or the context requires otherwise.

ARTICLE 2 CONFIRMATION OF GRANTS

- 2.1 **Grant Confirmations.**
 - (1) The Global Fund and the Grantee anticipate entering into one or more Grant Confirmations for implementing certain Program(s) in the relevant Host Country or Host Countries with relevant details set forth in each such Grant Confirmation.
 - (2) Under each Grant Confirmation, if entered into, and subject to the provisions of Sections 3.2 and 3.3 of the Global Fund Grant Regulations (2014), the Global Fund will confirm its willingness to make available to the Grantee, for the sole purpose of the Program and for the duration of the Implementation Period, certain Grant Funds on such terms and conditions as specified in such Grant Confirmation.
 - (3) Under each Grant Confirmation, if entered into, the Grantee will confirm its readiness to implement relevant Program Activities using Grant Funds under such terms and conditions as specified in such Grant Confirmation.
- 2.2 **No Reliance or Obligations.** By entering into this Framework Agreement, the Global Fund is not obliged to prepare, issue or execute any Grant Confirmation

unless it, at its sole discretion, decides to do so, nor is the Global Fund liable for any damages, loss, costs or liability that the Grantee or any of its Principal Recipients, Sub-recipients or Suppliers actually or may potentially suffer or incur as a result of the Global Fund not preparing, issuing or executing one or more or any particular Grant Confirmation under this Framework Agreement.

ARTICLE 3 INTERPRETATION

- 3.1 **Inconsistency.** Each and every Grant Confirmation is subject to the provisions of this Framework Agreement. In the event of any inconsistency between any provision of the Grant Confirmation for a Program and a provision of this Framework Agreement, the provision of the Grant Confirmation shall prevail for the purpose of (but only to the extent of) such Program.
- 3.2 **Single Agreement.** All Grant Confirmations are made in reliance on the Parties' understanding that this Framework Agreement together with all Grant Confirmations (including any and all subsequent amendments thereto) form a single agreement between the Parties.

ARTICLE 4 MISCELLANEOUS

- 4.1 **Survival.**
- (1) For each Program, all agreements, representations and covenants made by the Grantee (and if any, by the relevant Principal Recipient) in the Grant Agreement shall be considered to have been relied upon by the Global Fund and shall survive the execution and delivery of the Grant Agreement, regardless of any investigation or assessment made by the Global Fund or by other third party on its behalf prior to the execution and delivery of the Grant Agreement or notwithstanding that the Global Fund may have had notice or knowledge of any fact or incorrect representation or warranty at any time during the Implementation Period, and shall continue in full force and effect until the end of such Implementation Period.
 - (2) For each Program, Sections 1.1, 1.2, 2.2, 3.1, 3.2, and 4.1 to 4.3 of this Framework Agreement, and Sections 1.3, 2.1 to 2.4, 3.1, 3.3(3), 3.4 to 3.6, 4.2, 4.3(4), 4.4(2), 5.2, 6.4(2), 6.5, 6.6, 7.1, 7.5, 7.6, 10.3, 10.4, and Articles 11 and 12 of the Global Fund Grant Regulations (2014) shall survive the expiry of the Implementation Period or early termination of the Grant Agreement.
 - (3) For each Program, the expiry of the Implementation Period or any early termination of the Grant Agreement, for whatever reason, shall not affect any rights or obligations accrued or subsisting to either Party prior to such expiry or early termination.
- 4.2 **Governing law.** For each Program, the relevant Grant Agreement shall be governed by the UNIDROIT Principles of International Commercial Contracts (2004).
- 4.3 **Notices.**
- (1) Any notice under the Framework Agreement or any Grant Confirmation given by one Party to the other Party (the "Notice") shall be made in writing and delivered personally or by certified or registered mail (postage prepaid), by international courier, by fax, or by electronic messaging system to the

relevant address and/or number described below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

- (a) if for a matter concerning a specific Program, to the relevant address and/or number set forth in the relevant Grant Confirmation; and
- (b) if for a matter concerning this Framework Agreement in general or having potential impact on more than one Program under this Framework Agreement, to the relevant address and/or number set forth below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

For the Global Fund:

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland

Attention: Mark Eldon Edington
Head, Grant Management Division
Telephone: +41 58 791 1700
Facsimile: +41 58 791 1701
Email: Mark.Edington@theglobalfund.org

For the Grantee:

The Republic of Ghana:

The Ministry of Health, Post Office Box M44, Ministries, Accra, Ghana

Attention: Dr. Sylvester Anemana
Chief Director, Ministry of Health

Telephone: +233 243332866
Facsimile:
Email: chiefdirector@moh.gov.gh

- (2) Any Notice shall be deemed to have been duly given (a) when delivery to the receiving Party is complete if delivered in person or via international courier, (b) upon receipt if delivered by registered or certified mail, postage prepaid, (c) upon confirmation of successful transmission if sent by facsimile, and (d) when successfully sent if effected through electronically messaging system, provided that it is followed by transmittal of the original of such Notice via international courier or by registered or certified mail, postage prepaid.
- (3) In the case of any communication to the Global Fund through the LFA as may be required under the relevant Grant Agreement, the Grantee or the relevant Principal Recipient acting on behalf of the Grantee shall submit such communication to the LFA representative whose details are set forth in the Grant Confirmation, following a principle similar to that described in subparagraph (2) of this Section above.
- (4) All communications under the relevant Grant Agreement shall be in English with a copy to the relevant CCM or, as the case may be, RCM or RO.


4.4 **Counterparts; Delivery through Facsimile or Electronic Messaging System.** This Framework Agreement and all Grant Confirmations may be executed in one or more identical counterparts, all of which shall constitute one and the same agreement as if the Parties had signed the same document. This Framework Agreement and all Grant Confirmations may also be signed and delivered by facsimile transmission or by electronic messaging system, and such signature and delivery shall have the same force and effect as an original document with original signatures.


4.5 **Effective Date.** This Framework Agreement shall become effective on the date when the last Party to sign has executed this Framework Agreement.

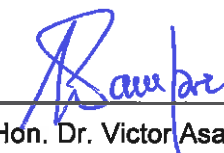
IN WITNESS WHEREOF, the Parties have caused this Framework Agreement to be executed and delivered by their respective duly authorized representatives as of the Effective Date.

**The Global Fund
to Fight AIDS, Tuberculosis and Malaria**

The Republic of Ghana

By: 
Name: **Mark Eldon-Edington, Division Head**
Title: **Grant Management**
Date: 16/03/2015

By: 
Name: **Hon. Cassiel Ato Forson (MP)**
Title: **Deputy Minister of Finance**
Date:

By: 
Name: **Hon. Dr. Victor Asare Bampoe**
Title: **Deputy Minister of Health**
Date:

Performance Framework			English
A. Program details			
Country / Applicant:	Ghana	Principal Recipients <i>(Please select from list or add a new one)</i>	Ministry of Health of Ghana
Component:	HIV/AIDS		Ghana AIDS Commission
Start Year:	2015		Planned Parenthood Association of Ghana
Start Month:	July		Adventist Development and Relief Agency
Annual Reporting Cycle	Jan - Dec		
Reporting Frequency (Months)	6		

B. Reporting periods								
Period	Jan 2015 - Jun 2015	Jul 2015 - Dec 2015	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018
PU due						Yes		
PU/DR due	No	Yes	Yes	Yes	Yes	No	No	No

C. Program goals and impact indicators															
Goals:															
1	To reduce new HIV infections and deaths among men, women, children and neonates in the next 3 years														
2															
3															
Linked to goal(s) #	Impact indicator	Country	Baseline				Required disaggregation	Targets						Comments	
			Value	Year	Source	2015		Report due date	2016	Report due date	2017	Report due date	2018		Report due date
1	HIV I-1: Percentage of young people aged 15-24 who are living with HIV	Ghana	1.2%	2013	Annual HIV Sentinel Survey	Sex	1.0%	20/03/2016	<1.0%	20/03/2017	<1.0%	20/03/2018			PR: NACP/MOH The assumption for the target is based on the HIV Sentinel Survey, i.e. Trends among pregnant women 15-24 years attending ANC.
1	HIV I-5: New HIV infections among children	Ghana	2407	2013	National HIV Prevalence and AIDS Estimates Report (2013-2020)		980	20/03/2016	641	20/03/2017	575	20/03/2018			PR: NACP/MOH The assumption for the target is based on the Spectrum estimate (CD4<500). The subsequent reports would be taken from the National HIV Prevalence and Estimates Report. The indicator covers the number of new child HIV infections due to mother-to-child transmission.
1	HIV I-8: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	Ghana	8.26%	2013	National HIV Prevalence and AIDS Estimates Report (2013-2020)		4.11%	20/03/2016	2.62%	20/03/2017	2.41%	20/03/2018			PR: NACP/MOH The subsequent reports would be taken from the National HIV Prevalence and Estimates Report (CD4<500)
1	HIV I-9a: Percentage of men who have sex with men who are living with HIV	Ghana	17.5%	2011	BSS (Behavioral Surveillance Survey)	Age	12.5%	Dec-15			10%	Dec-17			PR: GAC HIV Prevalence among MSM is 17.5% (IBSS 2011). Based on the 5% decline (between 2011 and 2015) which is stated in the 2011-2015 NSP, it is expected that the figures will follow in that order. This target may be revised based on the new NSP 2016 - 2020, which will be developed this year (2015). Results from the second round of IBSS for MSM (2015) will be available by the end of year (2015) and the next IBSS is planned for 2017
1	HIV I-10: Percentage of sex workers who are living with HIV	Ghana	11.10%	2011	BSS (Behavioral Surveillance Survey)		6%	Dec-15			4%	Dec-17			PR: GAC HIV Prevalence among FSW is 11.1% (IBSS 2011). Based on the 5% decline (between 2011 and 2015) which is stated in the NSP it is expected that the figures will follow in that order. This target may be revised based on the new NSP 2016 - 2020 which will be developed this year. Results from the second round of IBSS for FSW (2015) will be available by the end of year (2015) and the next IBSS is planned for 2017
					Please select...										

D. Program objectives and outcome indicators	
Objectives:	
1	To increase the ART coverage from 60% in 2013 to 70% in 2017
2	To improve the screening of HIV exposed infants from 37% to 95%
3	To increase the coverage of key populations accessing HIV testing and counseling

Linked to objective(s)	Outcome indicator	Country	Baseline				Required disaggregation	Targets						Comments	
			Value	Year	Source	2015		Report due date	2016	Report due date	2017	Report due date	2018		Report due date
1	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Ghana	72%	2013	HMIS/DQA	Sex, Age, Duration of treatment	80%	Mar-16	90%	Mar-17	95%	Mar-18			PR: NACP/MOH. Baseline is from the 2014 DQ/QoS assessment. The source of data for reporting is routine HMIS. This would be confirmed by annual DQA and cohort analysis. The population covers children and adults initiated on treatment based on national guidelines (for inclusion and exclusion criteria) in the last 12 months after taking out deaths, loss to follow-up and those who stopped treatment due to clinical status or events.
3	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client	Ghana	92%	2011	BSS (Behavioral Surveillance Survey)	Sex	98%	Dec-15			98%	Dec-17			PR: GAC Baseline is 92% (Refer to page 16, IBSS 2011) 98% target for 2015 (Refer to page 82, M & E Plan) Results from IBSS for FSW will be available every three years. Therefore, no target has been set for year 2 (2016). Baseline and 2015 targets reflect what is in M & E Plan 2011 - 2015. The targets may be revised based on the new NSP 2016 - 2020
3	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Ghana	52%	2011	BSS (Behavioral Surveillance Survey)		65%	Dec-15			70%	Dec-17			PR: GAC Condom use at last sex was more than 50% across all four sites (Refer Page 8, IBSS 2011). Since there is no overall percentage for condom use in the report, 52.4% was selected as the least value to represent the baseline. 65% target for 2015 (Refer to page 82, M & E Plan) Results from IBSS for MSM will be available every three years. Therefore, no target has been set for year 2 (2016). Baseline and 2015 targets reflect what is in M & E Plan 2011 - 2015. The targets may be revised based on the new NSP 2016 - 2020
		Ghana													
					Please select...										

E. Modules																										
Module 1																										
Treatment, care and support																										
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments								
					N#	%	Year	Source		Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016			Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018	
										D#	D#	D#	D#	D#	D#	D#	D#		D#	D#	D#	D#	D#	D#	D#	D#
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	MOH	Please select...	National	Non-cumulative - other	83,712	65.6%	2014	HMIS	Sex, Age			97,889	63.1%	104,694	64.1%	117,312	72%	124,020	73%	140,084	83%			The source of data for this indicator will be the HMIS/DHIS. The total numbers of those needing ART (based on <AD129350 CD4 Count) for 2015, 2016 and 2017 are 155,043, 163,230, 169,598. The 2015 target includes 61,870 from 2014 plus 1000 new children plus 10,468 PMTCT option B+ plus 2,709 new HIVTB (i.e., 76047 GF total) and 21,842 GOG= 97,889. The 2016 target includes 97,889 cohort of 2015 plus 10,917 B+ and 1000 new children plus 3,391 HIVTB on GF; and 4,115 new patients on GOG (total 117,312). The 2017 target includes 117,312 cohort of 2016 plus 10,862 B+ plus 1000 new children and 4,157 HIVTB on GF and 6,754 new patients on GOG (total: 140,084). By the end of 2017 the total new enrollment will be 56,372 which includes 3000 children on ART (paediatric), 32,246 Option B+, 10,257 HIVTB and 10,869 general population clients. 45,503 of this total new enrollment by end of 2017 will be supported by GF and the remaining 10,869 by GOG. In summary, GF will cover ART for 76047, 91355 and 107373 patients in 2015, 2016 and 2017, respectively. GOG will cover ART for 21842, 25957 and 32711 patients in 2015, 2016 and 2017, respectively.		
Please select...	Please select...	Please select...	Please select...				Please select...																			
Please select...	Please select...	Please select...	Please select...				Please select...																			

WorkplanTracking Measures

Module 2																										
Prevention programs for general population																										
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments								
					N#	%	Year	Source		Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016			Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018	
										D#	D#	D#	D#	D#	D#	D#	D#		D#	D#	D#	D#	D#	D#	D#	
GP-1: Number of women and men aged 15+ who received an HIV test and know their results	MOH	Please select...	National	Cumulative	824,790	6.7%	2014	DHMS	Sex, HIV status			2,517,985	20%	1,288,028	10%	2,576,055	20%	1,317,525	10%	2,635,049	20%			The data source for the indicator is the HMIS/DHIS. The GF grant will support/cover HIV tests for 4,029,088 people/clients over the 3 (2.5years) year period. The remaining 3.7 million tests are to be covered by GOG. With annual cumulative targets, the programme hopes to test 20% of all projected sexually active population in the country. Annual targets of 251985, 2576055 and 2635049 for 2015, 2016 and 2017 should cover 20% of the sexual population for the next 3 years. The indicator includes all adults (15 years of age and above) who are tested for HIV and receive their results (received post test counselling).		
Please select...	Please select...	Please select...	Please select...				Please select...																			
Please select...	Please select...	Please select...	Please select...				Please select...																			

WorkplanTracking Measures

Module 3																										
PMTCT																										
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments								
					N#	%	Year	Source		Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016			Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018	
										D#	D#	D#	D#	D#	D#	D#	D#		D#	D#	D#	D#	D#	D#	D#	
PMTCT-1: Percentage of pregnant women who know their HIV status	MOH	Please select...	National	Cumulative	601,726	60.0%	2014	HMIS	HIV status-pregnant women			869,677	85.0%	457,178	42.5%	914,357	85.0%	467,648	42.5%	935,297	85.0%			The data source is HMIS/DHIS. 4% of the general population is expected to be pregnant.85% of expected pregnancies are to be targeted each year Under this grant, the GF is expected to cover testing of 1.8 million pregnant women over 2.5 years (i.e., about 600,000 testing yearly) and the rest by GOG and other sources (269,677 in 2015, 314,357 in 2016, 335,297). The target also involves re-testing of all HIV-negative pregnant women at 34 weeks of gestation. The target is cumulative per year. Testing will be done at all SDAs/facilities.		
					1,003,162							1,023,150		1,075,715		1,075,715		1,100,350		1,100,350						
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	MOH	Please select...	National	Cumulative	8,299	46.1%	2014	HMIS	Type of regimen			15,698	80.7%	8,252	80.7%	16,504	80.7%	8,441	80.7%	16,882	80.7%			The expected positive is 1.9% of Pregnant women to be tested (as indicated above) based on 2013 HIV surveillance system (HSS) results. Of those expected to be tested positive, 95% are expected to be given ARVs, i.e., the Numerator constitute 95% of expected positives. GF will support 32,246 HIV positive pregnant women to receive Option B+ (i.e., 10,468, 10917, 10,861 in 2015, 2016 and 2017, respectively). The remaining will be taken care of by GOG i.e. 5,230, 5,587, 6,021 - ARV prophylaxis in 2015, 2016 and 2017, respectively.		
					18,012							19,440		10,219		20,439		10,453		20,907						
PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	MOH	Please select...	National	Cumulative	2,878	16.0%	2014	HMIS				13,446	69.2%	8,252	80.7%	16,504	80.7%	8,441	80.7%	16,882	80.7%			The indicator measures children who undergo a PCR test within 2 months of birth. Data source for the indicator is HMIS/DHIS. The grant will support 46,832 HEI over the 3 (2.5years) years period. The assumption is 1 child per HIV+ pregnant woman meaning still births and multiple births are assumed to effect a net 0 change to the numbers. In the first grant year (2015), a little over 70% is targeted for prophylaxis and EID based on the currently low baseline value. Infants shall be given ARV prophylaxis for six weeks and receive virological testing (using PCR) @ 6 weeks. The denominator and numerator (HIV+ women/Babies born of HIV+ women) are projected numbers based on number of pregnant mothers expected to be positive (95%) as in indicator 2 above.		
					18,012							19,440		10,219		20,439		10,453		20,907						
Please select...	Please select...	Please select...	Please select...					Please select...																		
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WorkplanTracking Measures

Module 4		TB/HIV										Targets														Comments	
Coverage/Output Indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018			
					N#	%	Year	Source		N#	%	N#	%	N#	%	N#	%	N#	%	N#	%	N#	%	N#	%		
					D#					D#		D#		D#		D#		D#		D#		D#		D#			D#
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	MOH	Please select...	National	Non-cumulative	45,217	20.1%	2013	DHIMS			104,666	48%	113,348	52%	122,031	56%	128,903	59%	135,774	63%							The Targets are projections in the Joint Program Planning and Policy Guideline for HIV/TB 2014. Numerator is persons in HIV Care expected to be screened for TB at least once yearly in HIV Care Settings and it's non cumulative. Denominator is estimated number of HIV+ people (source: 2013-2020 AIDS estimation report, page 42, table 7) Progress on this area is a factor of access to HIV care services, lower levels of stigma, documentation of TB screening activities in patients notes and data capturing into HMIS/DHS. Annual rate of scale up is 6%. Screening will be done in ART and PMTCT/HTC sites
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Please select...	Please select...	Please select...	Please select...					Please select...																			

WorkplanTracking Measures

Module 5		Prevention programs for MSM and TGs										Targets														Comments	
Coverage/Output Indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018			
					N#	%	Year	Source		N#	%	N#	%	N#	%	N#	%	N#	%	N#	%	N#	%	N#	%		
					D#					D#		D#		D#		D#		D#		D#		D#		D#			D#
KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services	ghnaids	Please select...	Subnational	Non-cumulative	1217	3.5%	2014	Reports (specify)	1,150	3%	6,942	20%	5,240	15%	5,240	15%	5,904	17%	5,904	17%							The defined minimum package of services: risk assessment STI screening and referral, condom promotion and distribution, HTC, SGBV and HIV care. Any 4 services provided qualifies as 'reached'. HTC and condom and any other two out of the 6 must be included. The targets are 40% for 2015, 50% for 2016 and 60% for 2017 of all number of MSM to be reached (Refer KP SOP pg 60). Target for No cost extension is 1150 (Jan- Jun). The target is GF specific and MSM will be reached in 3 (Ashanti, Greater Accra and Central) regions. The target does not include contributions from PEPFAR. PEPFAR will be reaching about 14000 MSM annually and not part of the numerator as reporting at this stage may not be possible. The denominator refers to national number of MSMs as there is no sub national estimates.
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	PPAG	Please select...	National	Non-cumulative	1918	197.7%	2014	Reports (specify)	750	2.2%	2,487	7.2%	2,620	7.6%	2,620	7.6%	3,542	10%	3,543	10.3%							The base line is 2014 (Refer 2014 PUDR). The annual testing target is 40%, 50% and 60% of people to be reached with the prevention package in 2015 , 2016 and 2017 respectively. The targets were computed based on the KP SOP. No cost extension is 750. The target is GF specific and MSM will be reached in 3 (Ashanti, Greater Accra and Central) regions. PEPFAR contribution is not part of the numerator. The denominator refers to national number of MSMs as there is no sub national estimates.
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WorkplanTracking Measures

Module 6		Prevention programs for sex workers and their clients										Targets														Comments	
Coverage/Output Indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018			
					N#	%	Year	Source		N#	%	N#	%	N#	%	N#	%	N#	%	N#	%	N#	%	N#	%		
					D#					D#		D#		D#		D#		D#		D#		D#		D#			D#
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	ghnaids	Please select...	Subnational	Non-cumulative	46,129	78.3%	2014	Reports (GAC Annual Report)	2,760	5%	8,247	14%	6,397	11%	6,398	11%	7,375	13%	7,375	13%							- Baseline value is count of number of contacts - For both GAC and ADRA, package of prevention services to FSWs will include: i) Risk assessment and referrals, ii) HTC, iii) STI screening and referrals, iv) condom distribution, v) SGBV screening, and vi) HIV stigma reduction activities -Community Capacity Enhancement (CCE). An FSW is counted as reached if she receives a minimum of four out of six services. - GAC and ADRA are contributing to this indicator in a proportion of 55% and 45% respectively of the target funded by the allocation amount, respectively. - No cost extension target (i.e., to June 2015) is 2,760. - PEPFAR contribution is about 25,000 FSWs is not included in the numerator. (The numerator is GF specific managed by GAC only). The denominator refers to the national number of FSWs.
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	ADRA	Please select...	Subnational	Non-cumulative	46,129	78.3%	2013	Reports (GAC Annual Report)	4,000	6.8%	5,005	8.5%	5,234	8.88%	5,234	8.88%	6,034	10.2%	6,034	10.2%							- Baseline value is count of number of contacts - For both GAC and ADRA, package of prevention services to FSWs will include: i) Risk assessment and referrals, ii) HTC, iii) STI screening and referrals, iv) condom distribution, v) SGBV screening, and vi) HIV stigma reduction activities -Community Capacity Enhancement (CCE). An FSW is counted as reached if she receives a minimum of four out of six services. - GAC and ADRA are contributing to this indicator in a proportion of 55% and 45% respectively of the target funded by the allocation amount, respectively. - PEPFAR contribution is about 25,000 FSWs is not included in the numerator (The numerator is GF specific managed by ADRA only). The denominator refers to the national number of FSWs. - PR has proposed to implement activities in the four (4) regions namely, Eastern, Ashanti, Greater Accra and Volta. - Sites for implementing KP activities have been mapped out to avoid duplication of efforts. - Refer SOP, page 28 for Minimum BCC package & Evaluation plan for the Ghana National Strategy for KP (2013) page 13.
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	ghnaids	Please select...	Subnational	Non-cumulative	11,941	199.0%	2014	Reports (program report)	3,000	5.1%	4,115	7.0%	3,664	6.2%	3,664	6.2%	4,526	8%	4,526	7.7%							The baseline is data for 2014 (Refer PUDR). The targets are 65% for 2015, 70% for 2016 and 75% for 2017 of all number of sex workers to be reached (Refer KP SOP pg 59). No cost extension target is 3000
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	ADRA	Please select...	Please select...	Non-cumulative	7,438	46.5%	2014	Reports (ADRA Annual Report)	3,100	5.3%	4,505	7.6%	3,297	5.6%	9,071	15.4%	5,431	9%	10,457	17.7%							90% of the target will be tested for HIV. 98% of FSWs who tested negative will be retested after 6 months. These assumptions hold for 2016 & 2017. For 2015 (July-Dec), 90% of the target (5005) will test once.
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WorkplanTracking Measures

Module 7		Prevention programs for other vulnerable populations (please specify)										Targets																Comments
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018				
					N#	%	Year	Source		N#	%	N#	%	N#	%	N#	%	N#	%	N#	%	N#	%	N#	%			
					D#					D#		D#		D#		D#		D#		D#		D#		D#		D#		
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	PPAG	Please select...	Subnational	Non-cumulative	46,799	93.4%	2014	PUDR report for period ending Dec 2014				12,398	80%	13,390	80%	13,390	80%	14,461	80%	14,461	80%							
					50,120							15,498		16,738		16,738		18,077		18,077								
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	PPAG	Please select...	National	Non-cumulative	29,868	119.2%	2014	PUDR for period ending December 2014				15,142	97.7%	16,353	97.7%	16,353	97.7%	17,661	97.7%	17,661	97.7%							
					25,060							15,498		16,738		16,738		18,077		18,077								
Please select...	Please select...	Please select...	Please select...				Please select...																					

Total prison population used for the analysis is 14,350 as at 2014, with an annual projected increase of 8% (according to the 2014 Standard Operating Procedures for implementing HIV programs among key populations) resulting in a corresponding difference in population and targets each year. The estimated populations for the various years therefore, will be 15,498, 16,738 and 18,077 for the years 2015, 2016 and 2017 respectively.

According to the NSP 2011-2015, 80% of inmates should receive HIV prevention messages/services. The PR therefore, based its projections on this.

The service package includes: 1. Distribution of personal hygiene kits to prevent disease transmission (tooth paste and brush, shaving blades), and any of these two stated services - 2.Targeted IEC/BCC on HIV and TB through one-on-one and small group discussions. 3. Drama performance. A prison inmate will be counted as reached if s/he receives at least two of the services within a reported period of six months. The services will be provided by Peer Educators on cell basis and Staff of PPAG, SR and the National TB Program on outreach basis with support from Prison Officers.

Targets are set per semester and not cumulative. Baseline reflects year 2 of phase 2 based on contacts, i.e., inmates reached (contacts).

According to the IBSS 2014, 97.7% of inmates are willing to test for HIV. Each inmate desirous to be tested for HIV should be able to access the service twice in a year.

With the projected 8% increase in the prison population each year, the program is designed to conduct an HTC session in each prison per semester as recommended by the IBSS 2014 (i.e., a total of 2 sessions a year per inmate). HTC will be conducted through outreach by Health Staff from the PR with support from Prison Infirmiry Staff while Peer Educators mobilize inmates. Walk-in HTC will be conducted by Prison Infirmiry Nurses on daily basis. General HIV education will precede the testing process.

Targets are set per semester and not cumulative. Baseline reflects year 2 of phase 2 and is based on contacts (however, NFM targets are based on unique clients tested).