
Know Your HIV/AIDS Response: A Pilot Test of a New Service Mapping Tool Kit in Greater Accra, Ghana

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List of Acronyms

ARVs	antiretroviral medications
CBOs	community-based organizations
CCM	Country Coordinating Mechanism
CEO	chief executive officer
CERSGIS	Centre for Remote Sensing and Geographic Information Services
DHS	Demographic and Health Survey
eTWG	Expanded Technical Working Group
FGD	focus group discussion
FSW	female sex worker
GAC	Ghana AIDS Commission
GIS	geographic information system
IBSSS	Integrated Biological, Behavioral Surveillance Survey
KYER	Know Your Epidemic, Know Your Response
KYR	Know Your HIV Response
MARP	most-at-risk population
MICS	Multi-Indicator Cluster Survey
MMDA	Metropolitan, Municipal, and District Assembly
MoE	Ministry of Education
MoFA	Ministry of Food and Agriculture
MOH	Ministry of Health
MoI	Ministry of Information
MoWAC	Ministry of Women and Children Affairs
MoYS	Ministry of Youth and Sports
MSM	men who have sex with men
NACP	National AIDS and STIs Control Programme
NGO	nongovernmental organization
NSP	National Strategic Plan
OP	operational plan
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
SI	strategic information
TB	tuberculosis
TWG	technical working group
UG-SPH	University of Ghana School of Public Health
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development

Executive Summary

“Knowing” an HIV response in a country is a complex undertaking. This effort requires knowing to the level of a district (or similar local administrative unit) what key implementers in all sectors (government, nongovernment, public, and private) are working against HIV, what populations they serve, what is the reach of these programs, and what specific types of interventions they are implementing. We pilot tested a set of newly developed data collection tools (referred to as the Know Your HIV Response or KYR) in the Greater Accra region of Ghana at the request of the government of Ghana. Data were collected on HIV programming being undertaken in each of the 16 metropolitan, municipal, and district assemblies (MMDAs) in the Greater Accra region of Ghana. As a prevention tool, the KYR tools address three key concepts that are critical for an improved understanding of the HIV-prevention response (location, scale, and needs). Analysis and dissemination of data includes the production of maps of HIV services using geographic information system technology. Overall, the data generated from this pilot exercise allows for mapping and understanding of the scope and scale of the HIV-prevention response at the regional level and identifies challenges and opportunities for scaling the exercise nationally. Ultimately, the study provides information needed to guide prioritization, and/or adjustment of the national HIV-prevention programs and interventions being carried out in the Greater Accra region.

Introduction

As knowledge on the global HIV response continues to accumulate both globally and locally, there is general awareness that individual countries must prioritize among many interventions in order to use their resources most effectively to combat the epidemic. These prioritizations take into account country specific epidemiological and social contexts. The Know Your Epidemic, Know Your Response (KYER) concept has emerged in the global HIV community to describe this process of matching a national response to the local disease context.

“Knowing” an HIV response in a country is a complex undertaking. This effort requires knowing to the level of a district (or similar local administrative unit) what key implementers in all sectors (government, nongovernment, public, and private) are working against HIV, what populations they serve, what is the reach of these programs, and what specific types of interventions they are implementing.

We pilot tested a set of newly developed data collection tools (referred to as the Know Your HIV Response or KYR tools) in the Greater Accra region of Ghana at the request of the government of Ghana. The tools facilitated data collection on HIV programming being undertaken in the 16 metropolitan, municipal, and district assemblies (MMDAs) in the Greater Accra region of Ghana. As a set of prevention tools, KYR addresses three key concepts that are critical for an improved understanding of the HIV-prevention response (location, scale, and needs). It also helps provide answers to the following pertinent questions: Who is doing what and where? Who is being reached by HIV-prevention programs? How many are being reached? Are the needs of key populations at higher risk of HIV exposure being met in settings where they are located?

Ghana has developed a very ambitious national strategic plan (NSP) for HIV prevention for the period 2011-2015; with an accompanying operational plan (OP) covering the period 2011-2013. A national HIV and AIDS policy developed in 2004 and revised in 2012 provides overall guidance to the implementation of the national response. To date, much is known about HIV and Ghana’s response to HIV. The HIV epidemic in Ghana is characterized as a generalized epidemic with data from the recent HIV Sentinel Surveillance Report indicating a national prevalence of 1.3% (NACP, 2013). Among some groups, however, the prevalence is much higher. For example, the 2011 Integrated Biological and Behavioural Surveillance Survey

(IBBSS) reported that 11.1% (Roamers [6.6%], Seaters [21.4%]) of female sex workers (FSW) were living with HIV (Ghana IBBSS, 2011). A multi-country analysis done in March 2010 by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank covering the West African sub-region indicated that 38% of new HIV infections in Ghana were attributed to these groups and their partners (UNAIDS & World Bank, 2010). A much earlier policy paper by UNAIDS underscored the need to link these high risk and marginalized populations with services in order to address the concentrated nature of the epidemic in Ghana (UNAIDS, 2005). Even though Ghana has managed to create universal awareness about HIV, and the rising prevalence is contained and is on a downward trend, significant challenges and gaps remain. Systematically documenting the various response activities, outcomes, and challenges, through the piloting and adoption of the KYR, is therefore a worthwhile exercise. Overall, the data to be generated from this pilot exercise will permit a gap analysis of the HIV-prevention response at the regional level, and identify challenges and opportunities for scaling the exercise nationally. Ultimately, it will provide information needed to guide prioritization, and/or adjustment of the national HIV-prevention programs and interventions. The Ghana experience may also lead to the KYR tools being implemented in other countries or regions where it may be used as a program planning tool for HIV.

With rich experience implementing both qualitative and quantitative research, faculty members from the University of Ghana School Of Public Health (UG-SPH), Departments of Biostatistics and Epidemiology of the UG-SPH, and Centre for Remote Sensing and Geographic Information Services (CERSGIS), University of Ghana, Legon, collaborated with GAC and MEASURE Evaluation to implement the stated objectives of this pilot study. These objectives were to:

1. identify problems in the KYR tools and enable corrective changes or adjustments to be made before collecting data on a larger scale or in other country settings;
2. determine whether data collected via the tools yield the information that is needed to assess the extent to which prevention interventions match current HIV-transmission patterns, are focused on geographic areas where HIV is spreading most rapidly, and cover technical recommendations for HIV-prevention among populations at higher risk of HIV exposure in Greater Accra; and

3. share the results of the pilot test with key stakeholders who will be using the data in order to determine how the data yielded by the KYR tools can best be used for programming and policy decision making around HIV prevention in Greater Accra.

Approach and Methods

This study achieved the research objectives outlined above by carrying out very specific data collection, analysis, and dissemination efforts designed to make the data accessible and utilizable by HIV programmers in Ghana. These are to include:

1. the implementation of the KYR tools in the 16 MMDAs of the Greater Accra Region of Ghana (the tools are summarized in appendix A and copies of the tools themselves are provided in appendix B);
2. qualitative interviews (debriefs and focus group discussions) with KRY respondents and data collectors about their impressions of the ease of administering and responding to the tools, as well as limited response verification by data collectors;
3. analysis and dissemination of data including the production of maps of HIV services using geographic information system (GIS) technology; and
4. de-identifying the data and making them publicly available.

Each of these study activities recruited specific categories of respondents. Each of these data collection efforts will be described in turn below, with relevant information about study population, recruitment, and implementation methodology presented and discussed.

KYR Tools Development

The KYR tools were designed to collect basic information about the implementers for each of an organization's projects conducting HIV-prevention activities. Provisions were made in the tools to collect data on the type of HIV-prevention activities implemented in the past 12 months, financial resources expended for HIV prevention activities in the past 12 months, and sources of funding for HIV-prevention activities implemented in the past 12 months. In addition, the KYR tools collected information on the number of people reached with HIV-prevention activities by the organization by district of residence and sex. The structure of the intervention

based tools were guided by Michael Sweat's (2008) framework for classifying HIV-prevention interventions, published by UNAIDS. Six broad categories of interventions were identified:

1. standardized hybrid interventions commonly used (e.g., voluntary counseling and testing, social mobilization, comprehensive sex education)
2. interventions affecting knowledge, attitudes and beliefs, and influencing psychological and social risk correlates (e.g., mass media campaigns, prevention counseling, etc.)
3. harm-reduction interventions (e.g., condom distribution, needle and syringe exchange, etc.)
4. biological/biomedical interventions that reduce HIV-infection and transmission risk (e.g., post-exposure prophylaxis, male circumcision, etc.)
5. mitigation of barriers to prevention and negative social outcomes of HIV infection (e.g., training of service providers and law enforcement officers, etc.)
6. mitigation of biological outcomes of HIV infection (e.g., HIV/tuberculosis [TB] treatment services, opportunistic infection prophylaxis, palliative care, etc.)

The modules identified which of the following key populations were targeted by the organization in the past 12 months: female sex workers; men who have sex with men and transgender; people who inject drugs; young people aged 10-24 years in the general population; emergency settings and refugee/internally displaced populations; migrant and mobile populations; pregnant women, infants, and young children; uniformed personnel/services; and incarcerated populations. For each key population, data were collected on a standard set of HIV-prevention interventions as well as on specific interventions for the group based on the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and World Health Organization recommendations.

KYR Tools Administration

The various components of KYR were administered to an identified, discussed, and agreed-upon list of institutions/implementers, as well as individuals in all 16 MMDAs of Greater Accra. Throughout the processes, efforts were made to document comments, questions, and concerns related to the implementation of the KYR in Ghana.

To ensure that the appropriate stakeholders were identified, the study team worked mainly with

the Ghana AIDS Commission (GAC) and the National AIDS and STIs Control Programme (NACP) to identify key implementing partners and stakeholders as respondents to respond to the various components of the toolkit. The respondents for each of the components of the toolkits are described.

The various components of the toolkit (six main tools, three post-data collection debriefs and one focus group discussion [FGD]) were administered. The three post-data collection tools (interviewer debrief, two district-level debrief, and FGD guide) were each administered at different points in times – after the key tools were completed.

Summarized below are the steps taken from tool adaptation, validation, to administration.

Tools adaptation — There were pre-study expert reviews of the draft tools at two levels. First, the study investigators at UG-SPH reviewed the tools in line with the Ghanaian context. Second, the tools were forwarded to GAC for circulation to all relevant stakeholders. GAC circulated tools to the members of Most-at-Risk Population (MARP) Technical Working Group (TWG), the Expanded Technical Working Group (eTWG), and all other relevant stakeholders for inputs. A presentation by the principal investigator was subsequently made to members of the Midterm Evaluation Technical Working Group and tools shared with the group. At these levels, the tools were reviewed for language, accuracy, relevance, and appropriateness of methodology and local text².

Finalization of tools based on expert review and pre-testing during data collector training — Inputs were incorporated and final draft tools produced prior to a five-day data collector training. Review of tools during the data collector training, pretesting/role play revealed potential problems, which were also addressed (most of which involved rewording of sentences; a few deleted, and a couple of new questions introduced).

Identification of stakeholders to respond to the SI, the policy checklist, and the district level tools — To ensure that the appropriate stakeholders were identified, our team worked with the

² It is worthy of note that earlier, the GAC had provided a couple of minor comments to the strategic information checklist prior to additional reviews of the draft tools.

GAC and NACP to identify potential participants for the strategic information (SI) and policy checklist as follows.

SI checklist, followed by debrief:

1. Director of Strategic Information, FHI 360
2. Director, Ghana-West Africa Program to Combat AIDS and STIs (WAPCAS)
UNAIDS country coordinator, UNAIDS
3. Task team leader, United Kingdom Department for International Development
4. Director, Department of Social Welfare
5. Focal person, Ministry of Education

Policy checklist followed by debrief:

GAC issued letters of introduction and invitation to the below listed institutions to participate in the event. UG-SPH dispatched letters and confirmed meeting date. In a round-table discussion format, two co-investigators moderated a discussion involving a cross section of decision makers on the extent to which policy actions for moving towards prevention goals and the scaling up of prevention interventions have been addressed in Ghana.

1. Director of policy and planning, GAC
2. Director of technical services, GAC
3. Director of policy planning, monitoring and evaluation, MOH
4. Program manager, NACP
5. CEO, Korle Bu Teaching Hospital
6. Focal persons of 11 key MMDAs identified in the NSP 2011-2015
7. Focal persons, MMDAs
8. Chairperson/executive secretary, Country Coordinating Mechanism (CCM) of the Global Fund.
9. Ministry of Health
10. Ministry of Local Government and Rural Development
11. Ministry of Employment and Social Welfare
12. Ministry of Information (MoI):

13. Ministry of Education (MoE):
14. Ministry of Food and Agriculture (MoFA):
15. Ministry of Women and Children Affairs (MoWAC):
16. Ministry of Chieftaincy and Cultural Affairs:
17. Ministry of Youth and Sports (MoYS):
18. Ministry of Interior:
19. Ministry of Defense:

District health sector tool and participant debrief

Appropriate offices/personnel to complete the various sections of the tool were identified (with the help of members of the District Health Management Team). Research Assistants immediately administered the debrief tool after each section of the tool was completed.

Government, non-health sector tool

Similarly, with the help of focal persons at the MMDA-level, the appropriate personnel were identified and the different components of the tool completed.

Identification of all HIV prevention program implementers (both core and key population modules) in all the 16 MMDAs — To ensure that the appropriate stakeholders were identified, our team first secured the list of organizations generated by GAC prior to fieldwork. In addition, our team visited each of the 16 MMDAs as well as their Department of Social Welfare to identify all organizations/stakeholders implementing HIV prevention activities. We also contacted the Coalition of NGOs in Health and obtained a list of their members who implement HIV intervention programs. Concerned that some organization may not have been duly registered and might be missed, we also deployed a snowballing method to complement the lists generated.

Data collectors then visited and interviewed all HIV organizations using the program implementers' tool and key populations module (to all organizations providing HIV key population services). In all tools, particularly the program implementers' tool, questions and prompts were introduced to verify data reported by respondents.

Post-implementation focus groups with implementers — The 16 MMDAs were zoned into three; in each zone, one focus group discussion was done. In addition, one FGD was conducted with implementers providing services to key populations. The final FGD was one with participants selected from across the three zones. In total, five FGDs were done.

Analyses and “mapping” — Quantitative data were entered and analyzed in STATA 11.0 statistical software (Statacorps, 2009). Univariate and Bivariate[??] analyses were conducted, tabulating two way tables, frequencies, means, and ranges [??]of data by tool. These data were disaggregated by MMDA wherever possible and summary tables were created. These summary tables were used to create maps using ARCGIS geographic mapping software. Select summary tables and maps are presented in the Results section of this report. Qualitative data (data from the SI and Policy checklists as well as the respondent debriefs and focus group discussions) were recorded and transcribed. Transcriptions were analyzed in Microsoft Word and Excel was used to create a directory of themes and subthemes. A qualitative data summary was then prepared. Information from this thematic analysis and results summary is presented in this report. Following the publication of the report the data will be de-identified and made publicly available through the Dataverse Network MEASURE Evaluation data archive.

Results

Strategic Information and Policy Checklists

At the policy level, respondents to Policy Checklist seemed easily able to articulate and reference specific policies that support HIV prevention and to identify where specific gaps exist. For example, policy makers pointed to strong and specific legislation and policy to protect the inheritance rights of women, increase the gender balance in Parliament, increase access to education for women and girls and a legal minimum age of marriage, and increase male involvement in prevention of mother-to-child transmission (PMTCT) of HIV. However, policy makers were also quick to point out that in many instances these policies had not been rigorously enforced or were recent changes that had yet to be enforced. Policy makers also noted that HIV prevention, especially with key populations, were somewhat affected by policies criminalizing some sexual preferences or behaviors. In this instance, policy makers noted, Ghanaian civil society was playing a key role in advocating for the rights of these populations and for changes in societal attitudes.

Policy makers reported that integration and coordination of HIV services were strengths of Ghanaian policy. They remarked that services are prioritized according to the National Strategic Plan for key populations and PMTCT. They also noted that HIV and sexual and reproductive health, and antenatal care services are well integrated at the policy/practice guideline level and that the Ghana AIDS Commission leads a strong multi-sectoral response. However, certain populations were emphasized over others, with a relative lack of policy or coordination of response noted for prisoners, intravenous drug users, or the promotion of medical (as opposed to traditional) male circumcision practices.

The respondents to the strategic information checklist noted several barriers to maintaining up-to-date information to guide the HIV prevention response. While there is a national HIV/AIDS data collection system, there are also other information systems implemented by donors and implementers which are not interoperable with each other or the national system. However, several systems to ensure data quality were in place and there was a high level of confidence in the data that were collected.

Respondents to the strategic information checklist felt that good recent data were available on HIV incidence in the general population, and on FSW, and men who have sex with men (MSM). This was due to a high investment in and faith in recent national level surveys including Demographic Health Surveys (DHS), Multi-Indicator Cluster Survey (MICS), and IBBSS. It was also felt that these surveys had done a good job allowing for disaggregation by age and sex and in monitoring domestic violence. A recent prison survey was also cited as a recent and critical special study.

However, information on key populations, HIV-related morbidity and mortality, and other populations underrepresented in HIV surveillance (such as rural populations) were noted as gaps. Given the limits of routine data, any vulnerable population or special service lacking a recent special study presented gaps in strategic information.

MMDA Level Response by the Health and Non-health Sectors

MMDA level health officials (i.e., health coordinators or HIV or infectious disease coordinators) were successfully interviewed in 14 of the 16 MMDAs in Greater Accra. Data collectors were unsuccessful in collecting data in Ga South and Ningo Prampram (newly created Municipal Assemblies).

In the Health Sector tool, respondents were asked to comment on whether none, some, most, or all of the public and private health facilities in a given MMDA provide a given intervention. These data are summarized in table 1.

Some significant gaps were found in the health sector as well including a lack of medical male circumcision (only five districts reported providing any medical male circumcision within the last 12 months), few facilities with capability for diagnosis and treatment of opportunistic and secondary infections, and limited provision of family planning services targeted to PLHIV. Specialized HIV care, such as palliative care, nutrition, and breastfeeding supports are largely absent. Another category that represents a significant gap for facilities is in the widespread lack of training, supplies, and equipment needed to prevent nosocomial HIV infections as well as in the extremely limited availability of post-exposure prophylaxis.

Table 1. Number of MMDAs (n=14) Reporting on Whether No, Some, Most, or All of Their Facilities Offer a Given HIV Prevention Intervention

Intervention	No MMDA Facility Offers	Some MMDA Facilities Offer	Most MMDA Facilities Offer	All MMDA Facilities Offer
socially marketed condoms	0	6	1	7
trained HCWs in universal precautions	0	3	4	7
provide needle exchange	7	1	0	6
equipment required for universal precautions	0	0	4	10
dedicated safe space for key pops	6	8	0	0
diagnose and treat STIs	1	1	9	3
post-exposure prophylaxis protocol	2	5	6	1
free PEP for HCWs	2	2	10	0
FP specific to PLWHIV	3	4	6	1
medical male circumcision	1	10	2	1
PMTCT	1	4	7	2
breastfeeding substitutes	8	4	1	1
blood donation/transfusion services	5	2	2	5
test/screen donations	9	0	0	4
sperm donation available	3	11	0	0
test/screen sperm	0	1	0	2
routinely use gloves	6	0	3	5
offer drug addiction treatment	10	1	2	1
have equipment to regularly disinfect equipment	3	0	3	8
% with safe med waste mgt	4	2	6	2
HCWs trained to id and control occupational hazards that could expose them to HIV	4	2	8	0
HCWs with sensitization training in working with PLWHIV	2	4	8	0
TB screening and treatment	3	2	5	4
ARVs	4	6	3	1
ARV adherence counseling and support	4	6	3	1
opportunistic infection Dx and Tx	4	6	3	1
hepatitis screening and Tx	4	5	3	2
hepatitis prevention	6	5	2	1
palliative care for PLWHIV (pop rcvd)	8	3	3	0
food and nutrition for PLWHIV	8	2	4	0
mental health for PLWHIV	8	4	2	0
HCWs trained in Adolescent SRH	2	7	2	3
HCWs trained in GBV	8	4	1	1

This having been said, the health sector has been very successful in providing socially marketed condoms, needle exchange, and in access to antiretroviral medications (ARVs) and drug adherence counseling. Also, many health care workers have been trained in the provision of sexual health services for adolescents and in responding to gender based violence.

A non-health sector tool was also developed as part of KYR in order to understand better the HIV response as it is being carried out in the education sector, as well as the sectors with oversight of prisons, refugee and migrant populations, mental health facilities, and uniformed personnel. Unfortunately, the response rate of the MMDA non-health sector staff to this questionnaire prevents any meaningful description or analysis of the HIV prevention responses being carried out. This may be an indication that little HIV prevention work is ongoing in these sectors or that these staff felt little interest in participating in a study sponsored by the health sector. Additional work would be needed to better understand what would motivate a stronger response to this part of the KYR.

Program Implementer Questionnaires

The 136 program implementers active in Greater Accra region are not evenly distributed in terms of geography or in terms of the kinds of interventions being implemented (see figure 1). Some districts, such as Accra Metro, Dangme West, and Tema Municipal have many program implementers who are implementing interventions in all of the intervention categories including standard interventions in common use, work on knowledge, attitudes, and practices, harm reduction, reduction of barriers to services and negative social outcomes of HIV, as well as mitigation of biological outcomes of HIV. Ga Central reports no program implementers currently working and many more districts (including Ningo Prampram, Ga East, Nkwatanang Madina, and Dangme East) only have one or two implementing partners reporting and/or have an entire category of interventions that no implementing partner is offering. Implementers working in the area of mitigation of biological outcomes of HIV (e.g. treatment, care, and prevention of opportunistic infections) appear to be the least represented of intervention categories among implementing partners, though that may be expected as that might be perceived as a gap to be filled by the Health Sector.

Of the 136 Program Implementers interviewed, 46.3% receive government funds, 46.3% receive

donor funds, 11.0% receive private sector funds, 2.2% receive funds from insurance, 6.6% receive funds directly from clients/client fees, 24.3% receive funds from individual or personal accounts. The sum is greater than 100% because programs could specify multiple sources of funds.

Of the 136 program implementers, 30 (22%) report working with key populations. However, the most common key populations served are pregnant women, people living with HIV, and youth. Despite the focus on particular key populations in the national strategic plan, only four districts (of 16 total) have implementing partners reporting working with MSM in the last 12 months. Partners report serving female sex workers in only seven districts, their clients in only five, with transgender populations in only three districts, Intravenous drug users in two districts, and incarcerated populations in only two districts. Medical male circumcision was only offered in one district by an implementing partner (see figure 2).

Appendix D. presents two maps which depict the distribution of particular key population interventions across the MMDAs by nongovernmental implementing organizations. Like the distribution of all HIV prevention services, there are particular concentrations of interventions provided in certain districts (such as Accra Metro) that are not offered elsewhere in Greater Accra.

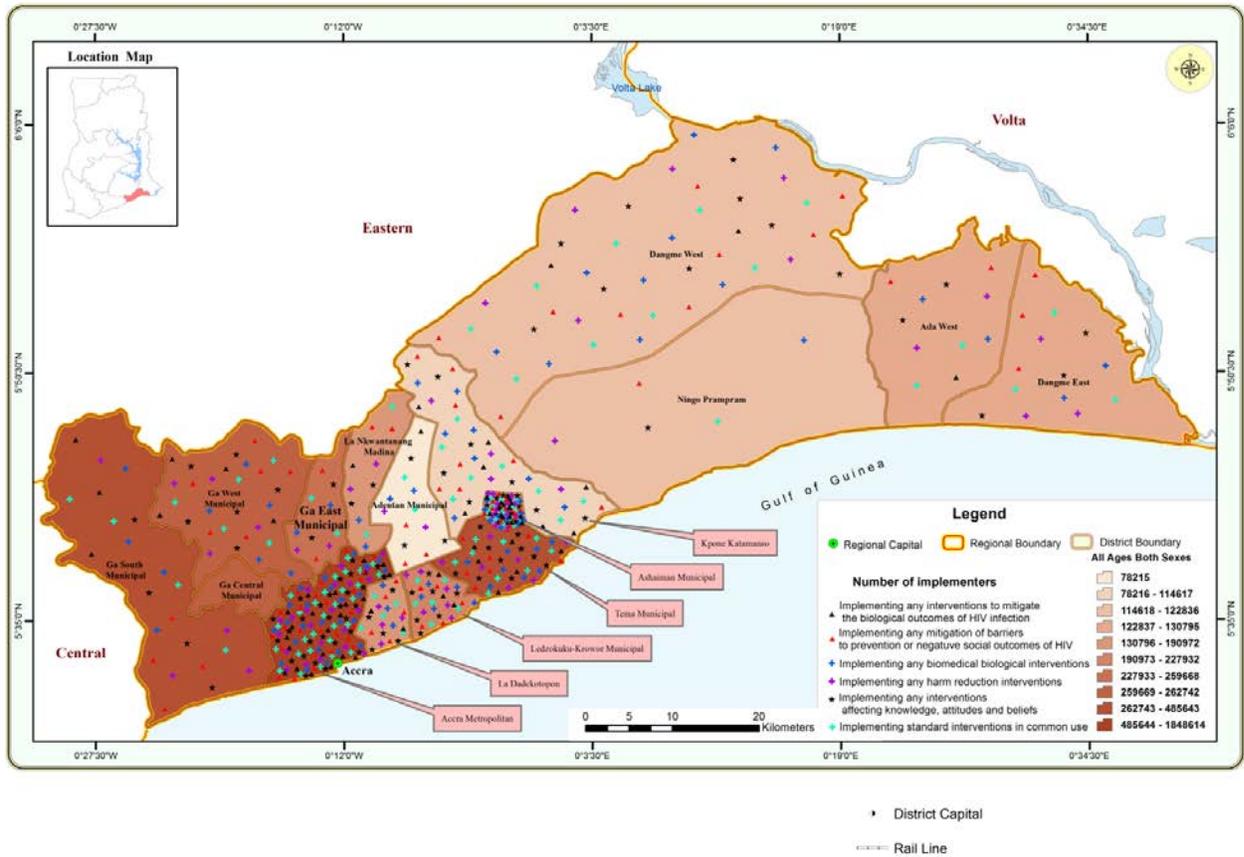


Figure 1. Map illustrating the number of implementing partners working in each of the MMDAs of Greater Accra, Ghana.

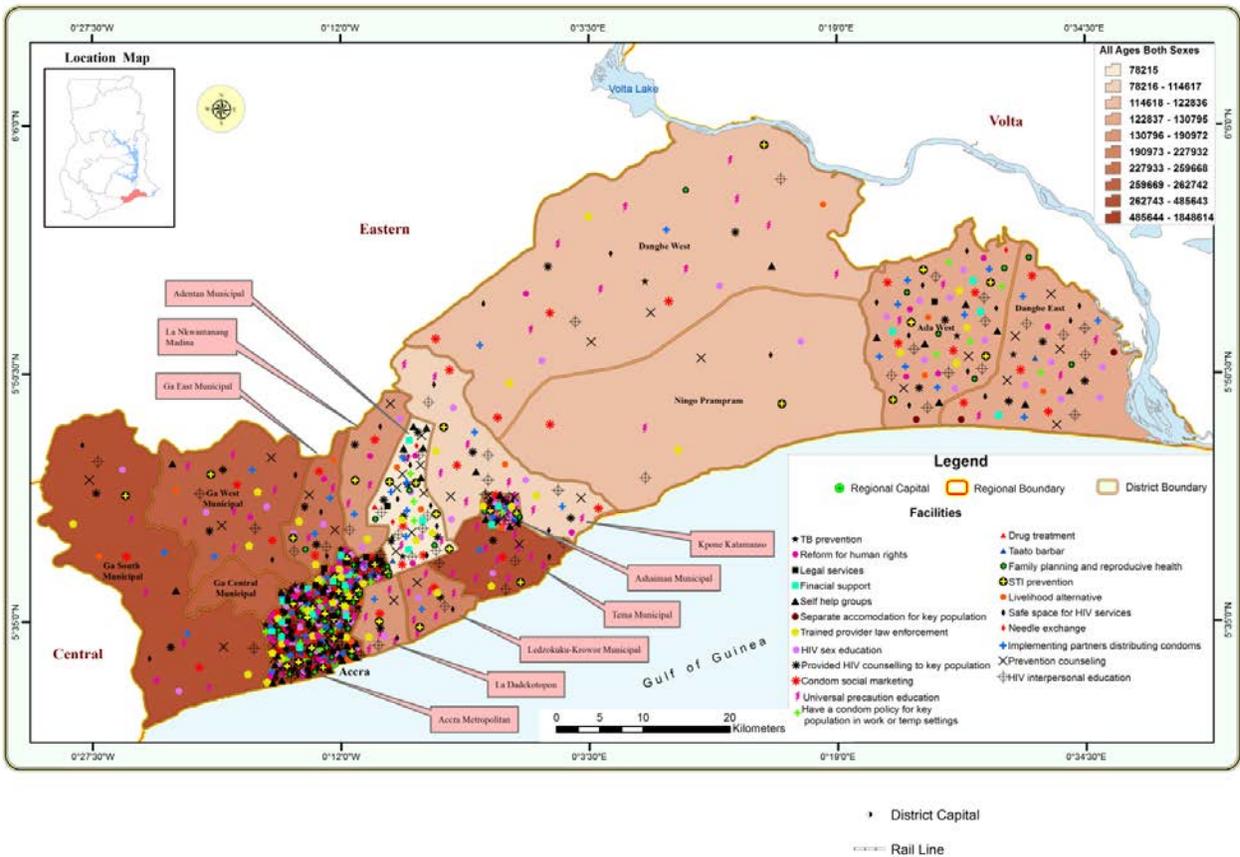


Figure 2a. Key Populations served by Program Implementers, by MMDA.

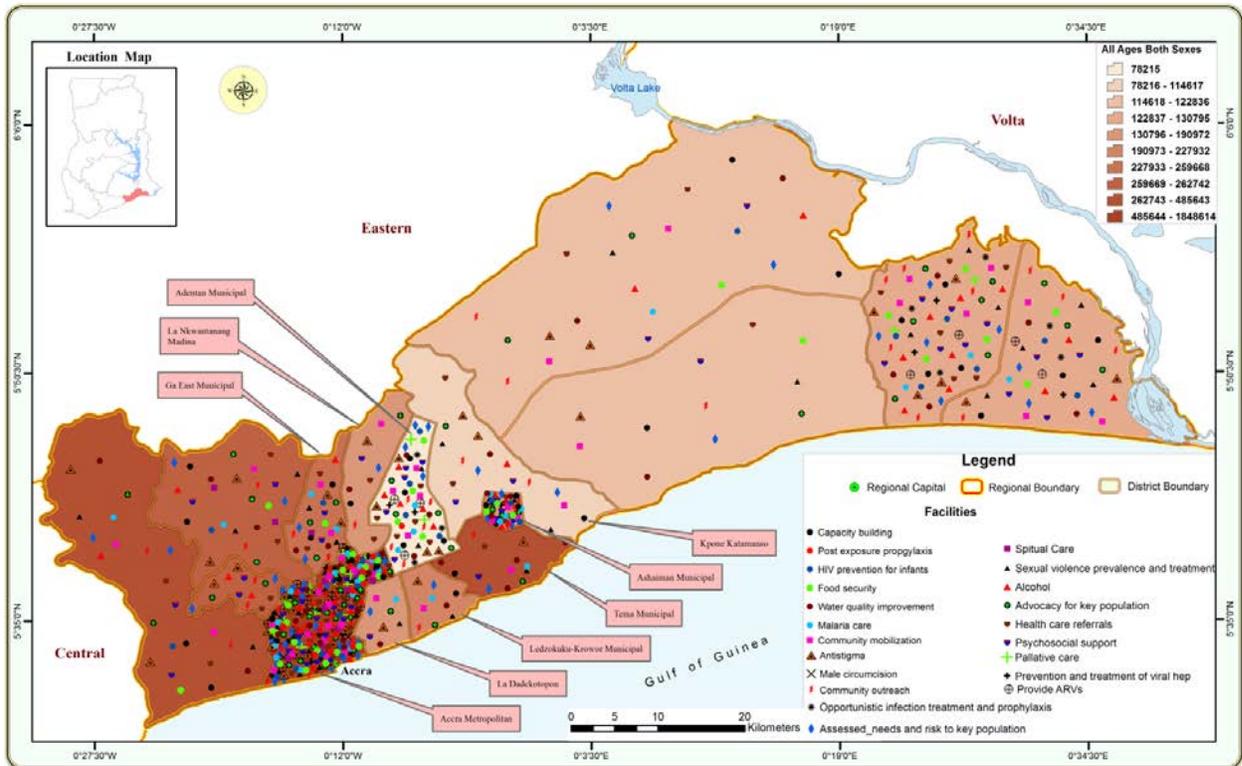


Figure 2b. Key Populations served by program implementers, by MMDA.

Qualitative Debriefs and FGDs with Respondents

Program implementers largely felt the questionnaires were appropriate, that they were the appropriate respondents to provide responses, and that the questionnaire could provide valuable opportunities to network and coordinate with other partners working in HIV prevention in Greater Accra. One respondent was particularly gratified that small implementers were included in the study as well as the larger program implementers, saying:

Through changes in political regimes and its effects on policies, funding gets to bigger NGOs [nongovernmental organizations] at the expense of smaller organizations and CBOs [community-based organizations]. This information would bring to light the contributions we are making to the national response to the fight against HIV in Ghana.

However, respondents also had some concerns about the questionnaire. Implementers felt that the questionnaire was too long and that they were not given enough advance time to pull together the data required. Many respondents also felt that the information on finances was troublesome and led some to question the true intentions of the study team, as one respondent said, “I thought they were going to investigate us. I thought the Supreme Court had sent them to us.”

Program implementers expressed a strong desire that, regardless of the outcomes of the study, that the findings are made available to them, referring to the tool as a “wake-up call” that should be used to assess programs’ achievements, identify priority areas, and chart a way forward. Some respondents saw this tool as a networking and relationship building opportunity that could promote collaboration for working toward national goals.

District health personnel were not interviewed about the questionnaire and response rate and data quality was high. The largest issue discovered with the district health questionnaire included data inconsistencies in the facility by facility tables. As a result of these inconsistencies, these data are not described in this report and it is recommended that this table not be used in future iterations of the tool.

The low response rate for the district non-health sector questionnaire makes it impossible to comment on the difficulties with the tool. Instead, further work should be invested in how to motivate non-health sector personnel to respond to this kind of HIV prevention mapping effort.

Strategic information and policy checklist respondents had no issues with the content of the checklists or providing the required information in a roundtable setting. However, several respondents felt that the questionnaire was “bulky” or repetitive and, further, that some questions were “loaded”, by which they meant that they felt an honest answer may not find favor.

Discussion

The objective of this report is to provide a very high level summary of the findings generated by the KYR tools in Greater Accra, to provide access to the tools and data to allow for further exploration of the publicly available data, and to summarize recommendations for conducting additional studies with the KYR tools based on the experience of respondents and data collectors in Greater Accra.

KYR was successful in collecting a great deal of data from program implementers and health sector personnel to describe, at the district or MMDA level, who is working in HIV prevention, what interventions they are providing, where these interventions are being provided, and to whom the interventions are being targeted. This data are not only extensive, but mappable, allowing the creation of maps to allow for easier understanding of the spatial patterns underlying service provision in Greater Accra. Four examples of this type of mapping are provided as part of this report.

Unexpected successes of the tools also included the perspective that the process of answering questions led some program implementers to consider their own portfolio of interventions and target populations in a more strategic light. Further, respondents acknowledged that the directory generated by this process provided an opportunity for networking and coordination between program implementers who might not otherwise be aware of each other’s work. Finally, it was a gratifying for smaller program implementers to be included. It provided a sense of public acknowledgement of the important role they play in HIV prevention in Ghana.

Despite the many successes in implementing the tools, there were some challenges as well. Some parts of the tools were found to be difficult to implement. Most notable here was the lack of response to the non-health sector governmental questionnaire. However, program implementers were uncomfortable with detailed financial questions. Also, the health sector facility tables in the

health sector governmental questionnaire collected data of dubious quality with many internal inconsistencies and should be eliminated in future data collection efforts.

Another common complaint by all respondents was that the data collection tools were long and took too much time to implement. An electronic data collection format might simplify the tools and allow for easier data collection. Further, it might be wise, if implementing this questionnaire at a larger scale, to simplify the tools by being more selective in the data being collected, restricting the questionnaire to priority populations and interventions. The length and detail of the questionnaires also translates to large and unwieldy data sets. Therefore, simplifying data collection and shifting to an electronic format might also lead to simpler analysis more amenable to more user-friendly data analysis software.

In order to facilitate dissemination and further use of the information generated in this application of the KYR, this report is being published electronically and being disseminated by email to donors, stakeholders, and survey respondents. In addition, the data are being made publicly available via the MEASURE Evaluation Dataverse data archiving platform. Requests for data can be made in writing to Dr. Amos Laar of the University of Ghana School of Public Health (alaar@ug.edu.gh) or Dr. Elizabeth Sutherland of MEASURE Evaluation (beth_sutherland@unc.edu).

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Appendix A: Summary of KYR Tools

Policy Questionnaire collects information from decision makers on the extent to which policy actions for moving towards prevention goals and the scaling up of prevention interventions have been addressed in Ghana.

Strategic Information Questionnaire assesses the extent to which the existing information system addresses the three main categories of activities related to strategic information for the HIV prevention response: (a) surveillance of HIV and sexually-transmitted infections; (b) monitoring and evaluation; and (c) research.

Program Implementers Core Questionnaire: is a tool to aid a situation analysis of the HIV-prevention response. This will also permit an analysis of gaps in the geographic coverage and scope of HIV-prevention activities and the geographic mapping of the HIV-prevention response.

Program Implementers Module for Key Populations and Other Vulnerable Populations at Higher Risk of HIV assesses the nature and comprehensiveness of the programmatic response for key populations at higher risk of HIV exposure, thereby permitting an analysis of actual gaps between location, needs and scale of these priority populations and current programmatic efforts to address their needs.

District Questionnaire (Health Facility Module) collects information from district health officers regarding HIV interventions that are based at private and public health facilities.

District Questionnaire (Government Non-Health Sector HIV-Prevention Module) helps assess the extent to which district-level services address technical HIV-prevention recommendations, and to determine barriers and facilitators to full implementation of those recommendations.

Appendix B: KYR Tools

Policy Questionnaire

MEASURE Evaluation

KNOW YOUR HIV PREVENTION RESPONSE

Policy Questionnaire

Ghana Pilot Test

March 2013

THIS QUESTIONNAIRE IS TO BE ADMINISTERED THROUGH GROUP DISCUSSIONS. PLEASE OBTAIN AND ENTER ALL BASIC INFORMATION ABOUT THE 5 KEY INFORMANTS COMPRISING EACH GROUP BEFORE THE INTERVIEW.

Basic Information about Key Informant #1

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 Name:

103 Title:

104 Agency/Organization:

105 Length of Time at Agency/Organization:

106 Phone number:

107 E-Mail:

Basic Information about Key Informant #2

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 Name:

103 Title:

104 Agency/Organization:

105 Length of Time at Agency/Organization:

106 Phone number:

107 E-Mail:

Basic Information about Key Informant #3

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 Name:

103 Title:

104 Agency/Organization:

105 Length of Time at Agency/Organization:

106 Phone number:

107 E-Mail:

Basic Information about Key Informant #4

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 Name:

103 Title:

104 Agency/Organization:

105 Length of Time at Agency/Organization:

106 Phone number:

107 E-Mail:

Basic Information about Key Informant #5

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 Name:

103 Title:

104 Agency/Organization:

105 Length of Time at Agency/Organization:

106 Phone number:

107 E-Mail:

108 Name of Interviewer:

109 Start time: _____ : _____ _____
(109a) Hours (109b) Minutes (109c) AM/PM

Note to Interviewer:

- *All questions or phrases are to be read aloud.*
- *Items may be filled in by the team prior to the interview based on the findings from policy text analyses completed by the team prior to implementation of this tool.*
- *Ask each question as stated in the interview guide.*
- *Most questions request the key informant to specify or explain further. Please probe appropriately to obtain the response/comment. Write down any comments or recommendations that the key informant gives. Interviewers are encouraged to probe as all questions are open-ended questions. Use spaces provided and the margins or the back pages of the interview guide if more space is needed.*
- *Proof/evidence is required for most of the questions in this tool.*
- *In case questions arise, make sure you have copies of relevant policies with you.*
- *After reading out the introduction, administer the consent form.*

Introduction

Good morning Ladies and Gentlemen [*or as appropriate*]. Thank you very much for making time for this interview. My name is [*state your name*] and I work for [*state your organization*]. We are interviewing key informants regarding the existence and implementation of HIV-prevention policies in Ghana.

By policy implementation, we mean the activities and operations of various stakeholders toward achieving the goals and objectives articulated in an authorized policy.

The purpose of this assessment is to find out which laws and policies relate to HIV prevention and how well they are being implemented. The results of the interviews can be used by policymakers and stakeholders to clarify guidelines and directives, address barriers to implementation, improve resource mobilization, update implementation plans, or advocate for policy reform.

The questions in this interview are open ended. We anticipate that this interview will last about one and a half hours.

PLEASE ADMINISTER THE CONSENT FORM.

A. HIV-PREVENTION POLICIES AND GUIDELINES

No.	QUESTION	RESPONSE/COMMENTS
1	Is there a national HIV-prevention policy or strategy?	
2	(If yes) How does the national HIV prevention policy or strategy addressing the following four illustrative structural vulnerability factors:	
2(a)	Gender inequality? PLEASE EXPLAIN AND PROVIDE EVIDENCE.	
2(b)	Low level of engagement of men in	

	<p>the HIV prevention response?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
2(c)	<p>HIV-related stigma and discrimination?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
2(d)	<p>Social, legislative, policy and community attitudes towards key populations (i.e., sex workers, people who inject drugs, men who have sex with men, migrants, refugees, displaced populations, young people, etc.)?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
3	<p>To what extent does the national HIV prevention policy or strategy</p>	

	<p>promote male circumcision as an additional strategy for the prevention of heterosexually-acquired HIV infection in men?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
4.	<p>Is there a costed plan for effective HIV prevention?</p>	
5	<p>(If yes), does it provide a clear mandate for leadership, resource mobilization, coordination and reporting to the National AIDS Authority?</p> <p>PLEASE DESCRIBE THIS MANDATE.</p>	

6	(If yes) To what extent does this costed plan:	
6(a)	<p>Mobilize and commit resources to HIV prevention sufficient to meet the needs of the essential HIV prevention plan.</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
6(b)	<p>Track and analyze expenditures to improve future planning cycles.</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
6(c)	<p>Allocate <u>financial</u> resources to ensure gender-responsive HIV-prevention strategies?</p>	

	PLEASE EXPLAIN AND PROVIDE EVIDENCE.	
6(d)	<p>Allocate <u>technical</u> resources to ensure gender-responsive HIV-prevention strategies?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
6(e)	<p>Allocate <u>human</u> resources to ensure gender-responsive HIV-prevention strategies?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	

B. LINKAGES OF HIV-PREVENTION AND SEXUAL AND REPRODUCTIVE HEALTH

No.	QUESTION	RESPONSE/COMMENTS
7	<p>Are there bidirectional linkages between HIV prevention and sexual and reproductive health (SRH) in the country?</p>	
8	<p>(If yes) Which linkages exist?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>Possible prompts:</p> <p>E.g., statements, endorsement of international consensus documents, national SRH and AIDS policies, plans and financial</p>	

	<p>support.</p> <p>Is there a strategy developed and implemented to lobby for leadership support for integrated policies and services?</p> <p>Are there joint planning mechanisms between HIV and SRH departments?</p>	
9	<p>What are the most important policies and procedures in place that facilitate the strengthening of linkages between HIV-prevention and sexual and reproductive health services?</p> <p>LIST THE SERVICE PROTOCOLS, POLICY GUIDELINES AND MANUALS THAT ARE SPECIFICALLY GEARED TOWARDS INCREASING HIV PREVENTION AND SRH LINKAGES.</p>	
10	<p>Is there a line item for sexual and reproductive health commodities (female and male condoms, other contraceptives, STI medication, safer- delivery kits) in the HIV-</p>	

	<p>prevention budget?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
11	<p>Within the HIV-prevention budget, what is the proportion allocated to core SRH services within HIV prevention programs/services?</p>	
12	<p>Is there joint planning of HIV-prevention and SRH programs?</p> <p>PLEASE EXPLAIN.</p>	
12(a)	<p>(If yes) How is joint planning of HIV-prevention and SRH programs undertaken? (For example, dual protection in condom programming, the HIV National Strategic Plan, proposals for the Global Fund, integration of HIV prevention into poverty reduction strategy papers).</p>	

13	To what extent have the following essential sexual and reproductive health services been integrated into HIV prevention and response programs:	
13(a)	Family Planning. PLEASE PROVIDE EVIDENCE.	
13(b)	Prevention and management of sexually-transmitted infections. PLEASE PROVIDE EVIDENCE.	
13(c)	Maternal and newborn health care.	

	PLEASE PROVIDE EVIDENCE.	
13(d)	Prevention and management of gender-based violence PLEASE PROVIDE EVIDENCE.	
13(e)	Prevention of unsafe abortions and post- abortion care	

C. LEGISLATIVE FRAMEWORK

No.	QUESTION	RESPONSE/COMMENTS
14	Are there laws against gender-based violence?	

15(a)	(If yes) List the laws and policies that prevent or respond to gender-based violence.	
15(b)	<p>How effectively are each of the laws/policies (listed above) enforced?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	

15(c)	<p>Is the public well informed about the existence of laws against gender-based violence?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
15(d)	<p>Has there been an observable change (decrease/increase) in the reporting of cases of gender-based violence since the implementation of the law?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
15(e)	<p>To what extent has the country built public awareness and demand to amend legislation and policies that create barriers to the reporting of and response to gender-based violence?</p>	

15(f)	<p>Provide examples of activities conducted by the country in the past three years to build public awareness and demand to amend legislation and policies that create barriers to the reporting of and response to gender-based violence.</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
16	What is the legal minimum age at marriage?	
17(a)	Is it the same for men and women?	

17(b)	<p>To what extent is the legal minimum age at marriage respected?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
17(c)	<p>To what extent is the legal minimum age at marriage monitored?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	

17(d)	<p>In the past three years, what steps have been taken by the country to amend, enact or enforce the legal minimum age at marriage?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
18	<p>What is the legal age of consent to sexual intercourse? How does this relate to the typical age of sexual debut?</p>	

18(a)	<p>To what extent is the legal age of consent to sexual intercourse respected?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
18(b)	<p>To what extent is the legal age of consent to sexual intercourse monitored?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	

18(c)	<p>In the past three years, what activities have been conducted by the country to build public awareness of the legal age of consent?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
18(d)	<p>In the past three years, what steps have been taken by the country to amend, enact or enforce the legal age of consent to sexual intercourse?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	

19	What is the legal age for HIV testing independent of consent from a parent or caretaker?	
19(a)	What is its impact of this legal age on HIV testing independent of consent from a parent or caretaker on HIV prevention? PLEASE EXPLAIN AND PROVIDE EVIDENCE.	

19(b)	<p>In the past three years, what steps have been taken by the country to review and amend legislation and policies that create barriers to HIV prevention and response in minors</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
20	<p>What are the laws and policies affecting sex workers?</p> <p>PLEASE LIST THESE LAWS AND POLICIES.</p>	
20(a)	<p>What is their impact on HIV</p>	

	<p>prevention responses?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
20(b)	<p>In the past three years, what steps have been taken by the country to amend legislation and policies that create barriers to HIV prevention responses among sex workers?</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
21	<p>What are the laws affecting people who inject drugs?</p>	

	PLEASE LIST THESE LAWS AND POLICIES.	
21(a)	<p>What is their impact on HIV-prevention responses?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
21(b)	In the past three years, how has the country built public awareness and demand to amend legislation and policies that that discriminate against people who inject drugs?	

	PLEASE EXPLAIN AND PROVIDE EVIDENCE.	
21(c)	<p>In the past three years, what steps have been taken by the country to amend legislation and policies that create barriers to HIV prevention responses among people who inject drugs?</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
22	<p>What are the laws affecting men who have sex with men and transgender people?</p> <p>PLEASE LIST THESE LAWS AND</p>	

	<p>people?</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
23	<p>What are the laws and policies affecting women and girls?</p> <p>PLEASE LIST THESE LAWS AND POLICIES.</p>	

23(a)	<p>What is the impact of these laws and policies on HIV prevention responses?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
23(b)	<p>In the past three years, how has the country built public awareness and demand to amend legislation and policies that discriminate</p>	

	<p>against women and girls</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
23(c)	<p>In the past three years, what steps have been taken by the country to amend legislation and policies that create barriers to HIV prevention responses among women and girls?</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
24	<p>What are the laws and policies governing treatment of prisoners?</p>	

	PLEASE LIST THE LAWS AND POLICIES.	
24(a)	<p>What is the impact of these laws and policies on HIV prevention responses?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
24(b)	In the past three years, what steps have been taken by the country to review and amend legislation and policies that create barriers to HIV prevention responses among prisoners?	

	PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.	
25	<p>What anti-discrimination laws and policies exist to protect people living with HIV?</p> <p>PLEASE LIST THESE LAWS AND POLICIES.</p>	
25(a)	Has there been legal action by people living with HIV against employees/colleagues/employers, communities/ services based on discrimination on HIV status?	

	PLEASE PROVIDE EVIDENCE.	
25(b)	<p>(If yes) What was the outcome of this legal action?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
25(c)	Are law enforcement officers and the judiciary trained in the implementation of anti-discrimination laws?	
25(d)	(If yes) What categories of law enforcement officers and the judiciary have been trained in the implementation of anti-discrimination laws in the past 3 years?	

	PLEASE PROVIDE EVIDENCE.	
25(e)	<p>In the past three years, how has the country built public awareness and demand to amend legislation and policies that that discriminate against HIV status?</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
26	Are there policies or legislation that criminalize(s) HIV transmission?	

	EVIDENCE.	
27	Within the broader HIV/AIDS operational plan, what explicit activities exist to improve access to and coverage and quality of care of HIV prevention services for:	
27(a)	Men in the general population	
27(b)	Women in the general population	
27(c)	Sex workers	

27(d)	People who inject drugs?	
27(e)	Men who have sex with men and transgender people?	
27(f)	Prisoners?	
27(g)	Young people (ages 15-24)?	

28	What laws and policies promote gender equality in the following areas:	
28(a)	Gender-based violence. PLEASE LIST LAWS AND POLICIES PROMOTING GENDER EQUALITY IN THE AREA OF GENDER-BASED VIOLENCE.	
28(a1)	In the past three years, how effectively has gender equality been enforced in policies and laws related to gender-based violence? PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.	

28(b)	<p>Property and inheritance rights.</p> <p>PLEASE LIST LAWS AND POLICIES PROMOTING GENDER EQUALITY IN PROPERTY AND INHERITANCE RIGHTS.</p>	
28(b1)	<p>In the past three years, how effectively has gender equality been enforced in policies and laws related to property and inheritance rights?</p> <p>PLEASE EXPLAIN AND PROVIDE</p>	

	EXAMPLES AND EVIDENCE.	
28(c)	<p>a. Access to education.</p> <p>PLEASE LIST LAWS AND POLICIES PROMOTING GENDER EQUALITY IN ACCESS TO EDUCATION.</p>	
28(c1)	<p>In the past three years, how effectively has gender equality been enforced in access to education?</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	

28(d)	<p>Access to HIV prevention, care, treatment, and support services.</p> <p>PLEASE LIST LAWS AND POLICIES PROMOTING GENDER EQUALITY IN ACCESS TO HIV PREVENTION, CARE, TREATMENT, AND SUPPORT SERVICES.</p>	
28(d1)	<p>In the past three years, how effectively has gender equality been enforced in policies and laws related to access to HIV prevention, care, treatment, and support services?</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
28(e)	Access to livelihood resources	

	<p>PLEASE LIST LAWS AND POLICIES PROMOTING GENDER EQUALITY IN ACCESS TO LIVELIHOOD RESOURCES.</p>	
28(e1)	<p>In the past three years, how effectively has gender equality been enforced in policies and laws related to access to livelihood resources?</p> <p>PLEASE EXPLAIN AND PROVIDE EXAMPLES AND EVIDENCE.</p>	
29	<p>To what extent do user fees or taxes on key commodities (such as HIV test kits, male and female condoms, treatment of sexually transmitted infections and antiretroviral drugs) support or hinder effective HIV-prevention</p>	

	<p>and response efforts?</p> <p>PLEASE PROVIDE EXAMPLES AND EVIDENCE.</p>	
30	<p>Has there been a national or subnational review of the influence of user fees or taxes on key commodities on HIV prevention and response?</p>	
31	<p>(If yes), when was the last review conducted?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
32	<p>Has a workplace policy for HIV prevention been adopted by the government?</p> <p>PLEASE LIST THE POLICY AND PROVIDE EVIDENCE.</p>	

32(a)	<p>(If yes) Has it been adapted to include SRH components, HIV components or both?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
32(b)	<p>(If yes) Is there a monitoring tool for the implementation of the workplace policy for HIV prevention at all levels across the country?</p> <p>PLEASE PROVIDE EVIDENCE.</p> <p>Possible Prompts:</p> <p>National level?</p> <p>Provincial/regional level?</p> <p>District level?</p> <p>Health facility level?</p>	

32(c)	<p>How widely is the workplace policy for HIV prevention used?</p> <p>PLEASE EXPLAIN.</p>	
33	<p>What specific HIV-prevention policies support condom (male and female) access?</p> <p>LIST THESE POLICIES.</p>	
33(a)	<p>(If there are some policies) Are these policies aimed at protection against unintended pregnancies? Against STIs, including HIV? Or both?</p>	

	PLEASE PROVIDE EVIDENCE.	
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D. RIGHTS-BASED APPROACHES TO HIV PREVENTION

No.	QUESTION	RESPONSE/COMMENTS
34	<p>What can be potential contentious or conflicting topics in a rights-based approach to HIV prevention?</p> <p>Possible prompts:</p> <ul style="list-style-type: none"> • Rights of people living with HIV to be sexually active and to bear the children. • Mandatory vs. voluntary HIV testing. • Provider-initiated HIV testing • Criminalization of HIV transmission. • Universal access to services • Right to life and physical integrity. • Right to accurate and relevant information. • Disclosure of HIV status. • Contact tracing. • Other, specify 	

35	<p>Are there in-service training materials on rights-based approaches to HIV-prevention which train the following groups to speak-out against HIV-related stigma and discrimination and in favor of universal access to HIV prevention, care and support?</p> <p>a) Political leaders b) Networks of people living with HIV c) Leaders of vulnerable communities d) The private sector e) Faith-based organizations</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
36	<p>In the past three years, have the following groups been trained on speaking out against HIV-related stigma and discrimination and in favor of universal access to HIV prevention, care and support?</p>	
36(a)	<p>Political leaders.</p> <p>PLEASE PROVIDE EVIDENCE.</p>	

36(b)	<p>Networks of people living with HIV.</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
36(c)	<p>Leaders of vulnerable communities.</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
36(d)	<p>The private sector.</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
36(e)	<p>Faith-based organizations.</p> <p>PLEASE PROVIDE EVIDENCE.</p>	

36(f)	<p>Women's groups.</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
37	<p>What specific policies are there on confidentiality and disclosure for HIV-related services whether administered through HIV- or SRH-related programs?</p> <p>PLEASE PROVIDE EVIDENCE.</p> <p>Possible prompts: HIV testing for minors? Disclosure to HIV-positive children? Disclosure to spouses/ family/ partners/ employers? Referrals to other services. (How is it administratively done? Does it obey and/or violate confidentiality?)</p>	
38	<p>How have HIV-prevention programs/services been assessed and reoriented to accommodate the rights and needs of people living with HIV?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	

	<p>Possible prompts:</p> <p>Positive prevention programs</p> <p>Positive health dignity and prevention principles/framework</p> <p>Discussion about reproductive rights and choices and sexuality</p>	
<p>39</p>	<p>In the past three years, what activities have been conducted to increase the public’s understanding of and access to rights-based policies and programs that support people living with HIV to make choices that address their needs?</p> <p>PLEASE PROVIDE EXAMPLES AND EVIDENCE.</p>	

40	<p>In the past three years, what activities have been conducted to increase the public's understanding of and access to rights-based policies and programs that allow people living with HIV to live health lives free from stigma and discrimination?</p> <p>PLEASE PROVIDE EXAMPLES AND EVIDENCE.</p>	
41	<p>How do monitoring and evaluation systems capture the promotion of human rights in HIV-prevention programs?</p> <p>PLEASE PROVIDE EXAMPLES AND EVIDENCE.</p>	

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E. ROLE OF CIVIL SOCIETY

No.	QUESTION	RESPONSE/COMMENTS
42	<p>What is the role of civil society in HIV-prevention programming (in particular networks of people living with HIV)?</p> <p>PLEASE EXPLAIN.</p>	
43	<p>In the past three years, how have the following elements of civil society been involved in HIV-prevention responses?</p> <p>Possible prompts:</p> <p>Part of situation analysis?</p>	

43(c)	<p>Networks or associations of key populations (e.g., sex workers, people who inject drugs, men who have sex with men and transgender people)?</p> <p>PLEASE PROVIDE EXAMPLES AND EVIDENCE OF HOW NETWORKS OR ASSOCIATIONS OF KEY PEOPLE HAVE BEEN INVOLVED IN HIV PREVENTION RESPONSES.</p>	
43(d)	Women's groups?	

	<p>PLEASE PROVIDE EXAMPLES AND EVIDENCE OF HOW WOMEN'S ORGANIZATIONS/ASSOCIATIONS HAVE BEEN INVOLVED IN HIV PREVENTION RESPONSES.</p>	
<p>43(e)</p>	<p>Groups representing poor and underserved populations?</p> <hr/> <p>(SPECIFY)</p> <p>PLEASE PROVIDE EXAMPLES AND EVIDENCE OF HOW THESE GROUPS HAVE BEEN INVOLVED IN HIV PREVENTION RESPONSES.</p>	
<p>44</p>	<p>Currently, is there support for social capital programs that focus on community-driven responses to HIV?</p>	

45	<p>What are some of the most important policies and procedures in place that strengthen community ownership and leadership of HIV prevention programs?</p> <p>LIST POLICIES AND PROCEDURES.</p>	
46	<p>How have communities been supported in their HIV prevention responses?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>Possible prompts:</p> <p>By investing in community development</p> <p>Networking</p>	

	<p>Capacity building</p> <p>Providing resources for organizations and networks of people-living-with HIV</p>	
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F. HUMAN RESOURCES AND CAPACITY DEVELOPMENT

No.	QUESTION	RESPONSE/COMMENTS
47	<p>What are some of the highest priority training needs for HIV prevention responses (i.e., who need to be trained and on what subject or skills)?</p> <p>PLEASE LIST.</p>	
48	To what extent do capacity building	

	<p>activities for program managers, policy makers and health care providers include the following elements:</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
48(a)	Avoidance of stigma and discrimination.	
48(b)	Linkages between gender inequality and HIV.	
48(c)	Knowledge and skills needed to address gender-based constraints.	
48(d)	Knowledge and skills needed to prevent and respond to gender-based violence.	

48(e)	Male involvement in HIV prevention and response	
48(f)	Attitudes towards people living with HIV	
48(g)	Confidentiality	
48(h)	Rights and choices	
49	To what extent do literacy programs incorporate the following issues:	
49(a)	HIV prevention. PLEASE PROVIDE EVIDENCE.	

49(b)	<p>HIV care, treatment and support.</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
49(c)	<p>Human rights</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
50	<p>In relation to staffing for HIV prevention, what are the biggest challenges?</p> <p>Possible Prompts:</p> <p>Retention?</p> <p>Recruitment?</p> <p>Task shifting?</p> <p>Workload and burnout?</p> <p>Quality?</p> <p>Gender balance?</p>	

	PLEASE EXPLAIN.	
51	<p>In the past 3 years, how has gender inequality in human resources for HIV prevention been addressed?</p> <p>PLEASE PROVIDE EXAMPLES OF POLICIES ENACTED OR STEPS TAKEN IN THE PAST 3 YEARS TO RECRUIT, TRAIN AND RETAIN AN APPROPRIATE MIX OF MALES AND FEMALES FOR HIV PREVENTION PROGRAMS/SERVICES AT ALL LEVELS.</p> <p>Possible Prompts:</p> <p>National level?</p> <p>Provincial/regional level?</p> <p>District level?</p> <p>Health facility level?</p>	

A. MUTI-SECTORAL APPROACHES

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No.	QUESTION	RESPONSE/COMMENTS
52	<p>How are different sectors within government /ministries involved in HIV prevention?</p> <p>Possible prompts:</p> <p>Social welfare;</p> <p>Health</p> <p>Education</p> <p>Agriculture</p> <p>Youth and sports</p> <p>Women</p> <p>Uniformed services</p> <p>Tourism</p> <p>Mining</p> <p>Labor</p> <p>PLEASE EXPLAIN.</p>	
53	<p>How effective is coordination between the different government sectors/ministries that are implementing HIV prevention programs.</p>	

	PLEASE EXPLAIN.	
54	Are there clear sectoral responsibilities for the following: PLEASE EXPLAIN AND PROVIDE EVIDENCE.	
54(a)	Sexual risk reduction	
54(b)	Vulnerability reduction	
54(c)	Harm reduction (as with alcohol	

	and injecting drug use)	
54(d)	HIV impact reduction	
55	Has the country conducted a national review of sectors in government to evaluate whether current practices promote risk behavior or hamper access to HIV-prevention services?	
56	(If yes) How frequently are the reviews conducted?	
57	When was the last national review conducted?	

	PLEASE PROVIDE EVIDENCE.	
58	<p>Please list the sectors in government that were covered in the most recent national review?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
59	<p>Is there an HIV-prevention policy in the tourism sector?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
60	<p>Is there an HIV-prevention policy in the mining sector?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	

61. FINAL COMMENTS

62 Interview end time: _____
(62a) Hours (62b) Minutes (62c) AM/PM

Source: Adapted from (1) UNAIDS, 2007. Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. Geneva, Switzerland: UNAIDS, page 37; (2) GNP+, UNAIDS. 2011. Positive Health, Dignity and Prevention: A Policy Framework. Amsterdam, GNP+; (3) Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide, prepared and published by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives, 2008.

WORKING DEFINITIONS OF SELECTED TERMS

The following working definitions are proposed in order to facilitate consistent understanding and interpretation of the terms used in this Guide.

1. Bi-directionality: Refers to both linking SRH with HIV-related policies and programs and HIV with SRH-related policies and programs.
2. Dual protection: Many sexually active people need dual protection: protection against unintended pregnancy and against STIs including HIV. Those contraceptives that offer the best pregnancy prevention do not protect against STIs. Thus, simultaneous condom use for disease prevention is recommended. Condoms used alone can also prevent both STIs and pregnancy if used correctly and consistently, but are associated with higher pregnancy rates than condoms used together with another contraceptive method
3. Health sector: Wide-ranging and encompassing public and private health services (including those for health promotion, disease prevention, diagnosis, treatment and care); health ministries; non-governmental organizations; community groups; professional organizations; as well as institutions that directly input into the health-care system (e.g. the pharmaceutical industry and teaching institutions).²
4. HIV and AIDS programs and policies: For the purposes of this tool HIV programs and policies relate to and include the complete spectrum of prevention, treatment, care and support activities, as well as the broad guidance which establishes appropriate and timely implementation and development of HIV policy. Core programs and policies relate to and include HIV counseling and testing, prophylaxis and treatment for people living with HIV (opportunistic infections (OI) and antiretroviral therapy (ART), home-based care and psycho-social support, positive prevention, HIV prevention for the general population, condom provision, PMTCT, and specific services for key populations.
5. HIV testing and counseling: HIV testing and counseling form the gateway to HIV prevention, care, treatment and support for persons in need. All HIV testing of individuals must be confidential, only be conducted with informed consent (meaning that it is both informed and voluntary) and be accompanied by counseling. ³ Provider-initiated testing and counseling (PITC) involves the routine offer of HIV testing to all patients in health-care settings where HIV is prevalent and antiretroviral treatment is available. People retain the right to refuse HIV testing. At the same time, client-initiated HIV testing for all people who want to learn their HIV status through voluntary counseling and testing (VCT) remains critical to the effectiveness of HIV prevention. Promotion of knowledge of HIV status among any population that may have been exposed to HIV through any mode of transmission is essential.
6. Integration: Refers to how different kinds of SRH and HIV services or operational programs can be joined together to ensure and perhaps maximize collective outcomes. This would include referrals from one service to another, for example. It is based on the need to offer comprehensive services
7. Key populations: Key populations are those where risk and vulnerability converge. HIV epidemics can be limited by concentrating prevention efforts among key populations. The concept of key populations also recognizes that they can play a key role in responding to HIV. Key populations vary in different places depending on the context and nature of the local epidemic, but in most places,

they include men who have sex with men (MSM), sex workers (SWs) and their clients, and injecting drug users (IDUs).

8. Linkages: The bi-directional synergies in policy, programs, services and advocacy between SRH and HIV.
9. Positive Prevention: This encompasses a set of actions that help people living with HIV to protect their sexual health, avoid other STIs, delay HIV disease progression, and avoid passing HIV infection on to others. People living with HIV play an essential role in preventing new HIV infections. Strategies for prevention for and with people living with HIV include but are not limited to individual health promotion, scaling-up of HIV& AIDS and SRH services, community participation, and advocacy and policy change
10. Risk and Vulnerability: HIV infection is associated with specific risks, including behaviors such as unprotected sexual intercourse or situations such as being forced to have sex. Vulnerability to HIV is a measure of an individual's or community's inability to control their risk of infection. In many settings, women – and in particular young women – are especially vulnerable to HIV infection as they may be less able than men to avoid non-consensual or coercive sexual relations.
11. Sexual and reproductive health programs and policies: For the purposes of this tool core programs and policies relate to and include family planning (FP), maternal and newborn health (MNH), sexually-transmitted infections (STIs), reproductive tract infections (RTIs), promotion of sexual health, prevention and management of gender-based violence, prevention of unsafe abortion and post-abortion care.

Source: Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide, prepared and published by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives, 2008.

Strategic Information Questionnaire

MEASURE Evaluation Draft Tools v4.7, March 2013

Know Your HIV-Prevention Response

Strategic Information Questionnaire

Basic Information about the Key Informant

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 Name:

103 Title:

104 Agency/Organization:

105 Length of Time at Agency/Organization:

106 Phone number:

107 E-Mail:

108 Name of Interviewer:

109 Start time: _____
(109a) Hours (109b) Minutes (109c) AM/PM

Introduction

Good morning/afternoon Sir/Madam [*or as appropriate*]. Thank you very much for making time for this interview. My name is [*state your name*] and I work for [*state your organization*]. We are interviewing key informants regarding the existence and implementation of strategic information actions in Ghana.

By strategic information, we are referring to data and information from monitoring and evaluation activities, evidence-based research, surveillance, management information systems, and routine health information systems that enable HIV programs and projects to improve planning and management and assess the extent to which they are achieving set goals and objectives. Specifically, we are interested in data and information that can be used for any of the following purposes: to show which health and disease problems are significant and worthy of intervention; to detect and investigate health problems and initiate remedial action; to monitor the implementation and evaluate effectiveness of specific programs/projects; to identify high risk groups and geographical areas where HIV and associated problems are common; to identify and monitor risk factor that affect HIV prevalence and health status; to identify epidemics and ensure effective control measures are taken; to monitor timely and appropriate use of resources and identify gaps; to communicate effectively with decision makers and public; and to decide whether to end, modify or scale-up a program

The purpose of this assessment is to find out whether strategic information actions are in place and to assess the extent to which they are being implemented. The results of the interviews can be used by program managers, policymakers and stakeholders to make recommendations to improve the strategic information system and promote improvements to current HIV programs and projects based on evidence.

The questions in this interview are open ended. We anticipate that this interview will last about one and a half hours.

PLEASE ADMINISTER THE CONSENT FORM.
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The following strategic information actions have been adapted from recommendations by UNAIDS. Please indicate whether the country has each of the following recommended strategic information actions in place.

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No.	QUESTION	RESPONSE/COMMENTS
1	<p>Is there a national HIV monitoring and evaluation (M&E) system?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE</p>	
1(a)	<p>(If yes) To what extent does the national HIV M&E system collect data on sentinel HIV surveillance among pregnant women?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE</p>	
1(b)	<p>Are the sentinel HIV surveillance among pregnant women collected equally in urban and rural areas?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
2	<p>Does the national HIV M&E system include cross-sectional surveys of behavior in the following key populations:</p>	

2(a)	<p>Female sex workers?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
2(b)	<p>Clients of female sex workers?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
2(c)	<p>Men who have sex with men and transgender people?</p> <p>The term “men who have sex with men” denotes all men who sex with men, regardless of their sexual identify, sexual orientation and whether or not they have sex with females.</p>	

3	<p>To what extent does the national HIV M&E system collect data on surveillance of sexually transmitted infections and other biological markers of risk?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
4	<p>To what extent does the national HIV M&E system collect data on HIV case reporting?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
5	<p>To what extent does the national HIV M&E track HIV in donated blood?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
6	<p>To what extent does the national HIV M&E collect data from cross-sectional surveys of attitudes and behavior and HIV infection in the general</p>	

	<p>population?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
7	<p>To what extent does the national HIV M&E collect data on cross-sectional surveys of HIV-related attitudes/behaviors among young people?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
8	<p>How does the national HIV M&E collect data on HIV surveillance in the following subpopulations:</p>	
8(a)	<p>Female sex workers?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p>	

	<p>Surveillance of HIV incidence?</p> <p>Surveillance of HIV prevalence?</p> <p>Surveillance of sexually-transmitted infections?</p> <p>Surveillance of risk behavior?</p> <p>Surveillance of behavioral links between female sex workers and the general population?</p> <p>Surveillance of uptake of prevention services?</p> <p>Both rural and urban surveillance?</p> <p>Institution-based surveillance?</p> <p>Community-based surveillance?</p> <p>Mapping of sex worker contact venues and drawing a sample?</p> <p>Through collaborations with key stakeholders in local sex work scene?</p> <p>Through linkages to interventions targeted at sex workers?</p>	
8(b)	<p>Clients of female sex workers?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p>	

	<p>Surveillance of HIV incidence?</p> <p>Surveillance of HIV prevalence?</p> <p>Surveillance of sexually-transmitted infections?</p> <p>Surveillance of risk behavior?</p> <p>Surveillance of behavioral links between clients of female sex workers and the general population?</p> <p>Surveillance of uptake of prevention services?</p> <p>Both rural and urban surveillance?</p> <p>Institution-based surveillance?</p> <p>Community-based surveillance?</p> <p>Mapping of sex worker contact venues and drawing a sample?</p> <p>Through collaborations with key stakeholders in local sex work scene?</p> <p>Through linkages to interventions targeted at sex workers?</p>	
8(c)	<p>Men who have sex with men and transgender people?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS</p> <p>Surveillance of HIV incidence?</p>	

	<p>Surveillance of HIV prevalence?</p> <p>Surveillance of sexually-transmitted infections?</p> <p>Surveillance of risk behaviors?</p> <p>Surveillance of behavioral links between MSM and transgender people and the general population?</p> <p>Surveillance of uptake of prevention services?</p> <p>Community-based surveillance?</p> <p>Mapping of MSM/TG intervention sites</p> <p>Both rural and urban surveillance?</p> <p>Through alliances with key organizations and actors in MSM and transgender communities?</p> <p>Through linkages to interventions targeted at MSM and transgender?</p>	
8(d)	<p>Refugee and displaced populations?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Surveillance of HIV incidence?</p> <p>Surveillance of HIV prevalence?</p> <p>Surveillance of sexually-transmitted infections?</p> <p>Surveillance of risk behaviors?</p> <p>Surveillance of behavioral links</p>	

	<p>between refugee and displaced populations and the general population?</p> <p>Surveillance of uptake of HIV-prevention services?</p> <p>Community-based surveillance?</p> <p>Mapping of places where refugee and displaced populations are located?</p> <p>Both rural and urban surveillance?</p> <p>Through alliances with key organizations and actors working with refugee and displaced populations?</p> <p>Through linkages to interventions targeted at refugee and displaced populations?</p>	
8(e)	<p>People who inject drugs?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Surveillance of HIV incidence?</p> <p>Surveillance of HIV prevalence?</p> <p>Surveillance of hepatitis C?</p> <p>Surveillance of sexually-transmitted infections?</p> <p>Surveillance of sexual risk behaviors</p>	

	<p>associated with HIV?</p> <p>Surveillance of behavioral links between people who inject drugs and the general population?</p> <p>Surveillance of drug injecting practices (sharing of needles and injection equipment)?</p> <p>Surveillance of risk behaviors associated with hepatitis C virus (HCV)?</p> <p>Surveillance of uptake of HIV-prevention services?</p> <p>Community-based surveillance?</p> <p>Mapping of places where people who inject drugs are located?</p> <p>Both rural and urban surveillance?</p> <p>Through alliances with key organizations and actors working with people who inject drugs?</p> <p>Through linkages to interventions targeted at people who inject drugs?</p>	
8(f)	<p>Mobile and migrant populations?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Surveillance of HIV incidence?</p> <p>Surveillance of HIV prevalence?</p> <p>Surveillance of sexually-transmitted</p>	

	<p>infections?</p> <p>Surveillance of risk behavior?</p> <p>Surveillance of behavioral links between mobile and migrant populations and the general population?</p> <p>Surveillance of uptake of prevention services?</p> <p>Both rural and urban surveillance?</p> <p>Through alliances with key organizations and actors working with migrant and mobile populations?</p> <p>Through linkages to interventions targeted at migrant and mobile populations?</p>	
8(g)	<p>Incarcerated populations?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Surveillance of HIV incidence?</p> <p>Surveillance of HIV prevalence?</p> <p>Surveillance of sexually-transmitted infections?</p> <p>Surveillance of risk behaviors?</p> <p>Surveillance of uptake of HIV-prevention services?</p> <p>Through alliances with key organizations and actors working with</p>	

	<p>incarcerated populations?</p> <p>Through linkages to interventions targeted at incarcerated populations?</p>	
8(h)	<p>Uniformed personnel?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Surveillance of HIV incidence?</p> <p>Surveillance of HIV prevalence?</p> <p>Surveillance of sexually-transmitted infections?</p> <p>Surveillance of risk behaviors?</p> <p>Surveillance of uptake of HIV-prevention services?</p> <p>Through alliances with key organizations and actors working with uniformed personnel?</p> <p>Through linkages to interventions targeted at uniformed personnel?</p>	
9	<p>To what extent does the national HIV M&E collect data on HIV-related morbidity?</p>	

	PLEASE EXPLAIN AND PROVIDE EVIDENCE.	
10	To what extent does the national HIV M&E collect data on HIV-related mortality? PLEASE EXPLAIN AND PROVIDE EVIDENCE.	
11	Does the national HIV M&E system collect behavioral surveillance data among the following key populations?	
11(a)	Female sex workers? PLEASE EXPLAIN AND PROVIDE EVIDENCE. POSSIBLE PROMPTS: When did the last behavioral surveillance survey take place among female sex workers? Who conducted the last behavioral	

	<p>surveillance survey among female sex workers: the Government or an NGOs?</p> <p>Was the last behavioral surveillance survey of female sex workers conducted nationwide or in particular provinces/regions or communities?</p> <p>In which provinces/regions or communities was it conducted?</p> <p>Was the last behavioral surveillance survey of female sex workers conducted in urban areas only, in rural areas only or in both urban and rural areas?</p>	
11(b)	<p>Clients of female sex workers?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>When did the last behavioral surveillance survey take place among clients of female sex workers?</p> <p>Who conducted the last behavioral surveillance survey among clients of female sex workers: the Government or an NGOs?</p> <p>Was the last behavioral surveillance survey of clients of female sex workers conducted nationwide or in particular provinces/regions or communities?</p> <p>In which provinces/regions or</p>	

	<p>communities was it conducted?</p> <p>Was the last behavioral surveillance survey of clients of female sex workers conducted in urban areas only, in rural areas only or in both urban and rural areas?</p>	
11(c)	<p>Men who have sex with men and transgender people?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>When did the last behavioral surveillance survey take place among MSM and transgender people?</p> <p>Who conducted the last behavioral surveillance survey among MSM and transgender people: the Government or an NGO?</p> <p>Was the last behavioral surveillance survey of MSM and transgender people conducted nationwide or in particular provinces/regions or communities?</p> <p>In which provinces/regions or communities was it conducted?</p> <p>Was the last behavioral surveillance survey of MSM and transgender people conducted in urban areas only, in rural areas only, or in both urban</p>	

	and rural areas?	
11(d)	<p>Refugee and displaced populations?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>When did the last behavioral surveillance survey take place among refugee and displaced populations?</p> <p>Who conducted the last behavioral surveillance survey among MSM and transgender people?</p> <p>Was the last behavioral surveillance survey of MSM and transgender people conducted nationwide or in particular provinces/regions or communities?</p> <p>In which provinces/regions or communities was it conducted?</p> <p>Was the last behavioral surveillance survey of MSM and transgender people conducted in urban areas only, in rural areas only, or in both urban and rural areas?</p>	
11(e)	<p>People who inject drugs?</p> <p>PLEASE EXPLAIN AND PROVIDE</p>	

	<p>EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>When did the last behavioral surveillance survey take place among people who inject drugs?</p> <p>Who conducted the last behavioral surveillance survey among people who inject drugs: the Government or an NGO?</p> <p>Was the last behavioral surveillance survey of people who inject drugs conducted nationwide or in particular provinces/regions or communities?</p> <p>In which provinces/regions or communities was it conducted?</p> <p>Was the last behavioral surveillance survey of people who inject drugs conducted in urban areas only, in rural areas only, or in both urban and rural areas?</p>	
11(f)	<p>Mobile and migrant populations?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>When did the last behavioral</p>	

	<p>surveillance survey take place among mobile and migrant populations?</p> <p>Who conducted the last behavioral surveillance survey among mobile and migrant populations: the Government or an NGO?</p> <p>Was the last behavioral surveillance survey of mobile and migrant populations conducted nationwide or in particular provinces/regions or communities?</p> <p>In which provinces/regions or communities was it conducted?</p> <p>Was the last behavioral surveillance survey of mobile and migrant populations conducted in urban areas only, in rural areas only or in both urban and rural areas?</p>	
11(g)	<p>Incarcerated populations?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>When did the last behavioral surveillance survey take place among incarcerated populations?</p> <p>Who conducted the last behavioral surveillance survey among incarcerated populations: the Government or an NGO?</p> <p>Was the last behavioral surveillance</p>	

	<p>survey of incarcerated populations conducted nationwide or in particular provinces/regions or communities?</p> <p>In which provinces/regions or communities was it conducted?</p> <p>Was the last behavioral surveillance survey of incarcerated populations conducted in urban areas only, in rural areas only or in both urban and rural areas?</p>	
11(h)	<p>Uniformed personnel?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>When did the last behavioral surveillance survey take place among uniformed personnel?</p> <p>Who conducted the last behavioral surveillance survey among uniformed personnel: the Government or an NGO?</p> <p>Was the last behavioral surveillance survey of uniformed personnel conducted nationwide or in particular provinces/regions or communities?</p> <p>In which provinces/regions or communities was it conducted?</p> <p>Was the last behavioral surveillance</p>	

	<p>survey of uniformed personnel conducted in urban areas only, in rural areas only or in both urban and rural areas?</p>	
<p>12</p>	<p>What program and financial data are collected by the HIV strategic information system?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
<p>13</p>	<p>What information is collected about HIV-related patient monitoring systems?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	

14	<p>How are adverse events associated with antiretroviral treatment/therapy monitored?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
15	<p>Does the HIV strategic information system do the following:</p>	
15(a)	<p>Collect routine data on gender-specific outputs of HIV-prevention programs?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
15(b)	<p>Collect data periodically on the effectiveness of gender-specific elements of HIV-prevention programming?</p>	

	PLEASE EXPLAIN AND PROVIDE EVIDENCE.	
15(c)	<p>Collect data on attitudes and behaviors that reflect harmful gender norms for HIV prevention?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
15(d)	<p>Collect data on gender-based violence.</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
15(e)	Gathers data on the underlying structural and social factors that	

	<p>increase people’s vulnerability to HIV?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
16	<p>In the HIV routine data reporting system, what data on HIV program coverage are disaggregated by sex?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
17	<p>In the HIV routine data reporting system, what data on HIV program coverage are disaggregated by population subgroup?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <ul style="list-style-type: none"> • Rural-urban residence? • Education? 	

	<ul style="list-style-type: none"> • Geographic areas? • Marital status? 	
18	<p>How does the HIV strategic information system ensure that gender differences are highlighted in monitoring and evaluation data?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
19	<p>Please describe how routine data from the HIV strategic information system are used to plan and improve gender programming?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	

20	<p>Please describe how routine data from the HIV strategic information system are used to plan and improve HIV-prevention programs?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
21	<p>In the past 3 years, what research has been conducted by the country on sexual networking patterns in order to better understand the potential HIV transmission flow from key populations to the general population?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	

22	<p>In the past 3 years, what research has been conducted by the country on sexual trafficking networks to better understand the potential HIV transmission flow?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
23	<p>In the HIV strategic information system, how is data quality ensured?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Probe for standard guidelines and tools, data quality audit guidelines, support supervision, frequency, team constitution, sampling, reporting format and reports, feedback, etc.</p>	

24	<p>What forums exist in the country for sharing HIV-prevention data with key stakeholders?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>At the national level?</p> <p>At the provincial level?</p> <p>At the district level?</p>	
25	<p>What activities are conducted to promote the sharing of HIV information from the strategic information system?</p>	

	PLEASE EXPLAIN AND PROVIDE EVIDENCE.	
26	<p>How are routine data from the HIV strategic information system analyzed to give a picture of HIV prevention at the national level?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Compare data over time, compare data between different provinces, compare data between different districts, data use, etc.</p>	
27	<p>How are routine data from the HIV strategic information system analyzed to give a picture of HIV prevention at the district level?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Calculate indicators based on facility catchment area, compare data with other districts data, compare data over time, etc.</p>	

28	<p>How does the HIV strategic information system track M&E capacity building activities?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>[Probe: national or decentralized level database or register and contents (participants, trainers, trainees, date trained, M&E training received, etc.)]</p>	
29	<p>Have there been participatory national assessments of the HIV-prevention response in the past three years?</p> <p>PLEASE PROVIDE EVIDENCE.</p>	
30	<p>If yes, did the last participatory national assessment of the HIV-prevention response include:</p>	

30(a)	<p>An analysis of HIV-prevention resource needs in the public and private sector?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
30(b)	<p>Gender analysis?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
31	<p>What data are gathered by the HIV strategic information system in order to estimate HIV incidence in key populations (e.g., female sex workers, men who have sex with men and transgender people, refugee/displaced populations, people who inject drugs, mobile/migrant populations, incarcerated populations, and uniformed personnel)?</p>	
32	<p>In the past three years, what behavioral and ethnographic studies have been conducted among young</p>	

	<p>people to map and define sexual and communication networks?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
33	<p>Are there annual studies to assess the integration of Positive Health, Dignity and Prevention principles into prevention, care, and treatment interventions?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p> <p>POSSIBLE PROMPTS:</p> <p>Are there studies at the national level? At the subnational levels?</p>	
34	<p>Are there annual studies of access by people living with HIV to positive health, dignity and prevention services?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
35	<p>What indicators are used to track the integration of positive health, dignity and prevention principles into HIV</p>	

	<p>programming?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
36	<p>Does the HIV strategic information system include universal access targets for prevention?</p> <p>What are those targets?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE.</p>	
38	<p>What indicators are being used to capture the results of integration of HIV and sexual and reproductive health programs?</p> <p>PLEASE EXPLAIN AND PROVIDE EVIDENCE</p> <p>POSSIBLE PROMPTS:</p> <p>HIV clients receiving SRH services?</p> <p>SRH clients receiving HIV services?</p> <p>% of FP clients offered HIV counseling and testing?</p>	

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THANK YOU!!!

39 Interview end time: _____ (39a) Hours (39b) Minutes 39c) AM/PM
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Program Implementer's Questionnaire (Core)

MEASURE Evaluation

KNOW YOUR HIV PREVENTION RESPONSE

Program Implementers' Core Questionnaire

Greater Accra Region

Ghana Pilot Test

March 2013

INTRODUCTION

USAID's MEASURE Evaluation project is completing a situation analysis of the HIV/AIDS prevention response in the Greater Accra Region of Ghana with the goal of identifying principal implementers (geographic location, programmatic areas, populations served, source and level of financial resources), programmatic needs and opportunities for the future. The information collected will let us know which HIV-prevention interventions are being implemented and in what districts of the Greater Accra Region. The results of this interview will help the USAID and the Government of Ghana to map the HIV-prevention response in the Greater Accra Region now and the entire country in the very near future.

A key source of information for this analysis is interviews with HIV/AIDS program designers and implementers in many programmatic areas. Your participation in this interview is voluntary. It should take approximately one and a half hours.

BASIC INFORMATION

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 Name of organization/institution:

103 Address:

104 Phone number:

105 E-Mail:

106 Name of interviewee:

107 Position of interviewee:

108 Self-administered questionnaire? (Yes/No):

109 Start time: _____

(109a) Hours

(109b) Minutes

(109c) AM/PM

2. PROJECTS CURRENTLY IMPLEMENTED IN THE GREATER ACCRA REGION, GHANA

Instructions

This section provides a review of projects implemented by your organization in and possible HIV-prevention activities conducted in all 16 MMDAs of the Greater Accra Region. For each project that implements activities in the region:

- Please write down the project's name, the date the project started and the date the project ended.
- For each project, review the list of HIV-prevention programmatic areas and check off the program areas in which the project is currently implementing activities in the Greater Accra Region.
- Use one table/page per project. Add supplementary pages as needed.

201a Project1 Name:		
202a Project Start date:		203a Project End date:
Current HIV-Prevention Programmatic Area(s) in the Greater Accra Region – Mark all that apply		
204a Standardized interventions in common use	205a Interventions affecting knowledge, attitudes, and beliefs	206a Harm reduction (lowering risk of behavior, but not eliminating the behavior)
<input type="checkbox"/> 204aa HIV Testing and Counseling <ul style="list-style-type: none"> <input type="checkbox"/> 204aa1 Provider-initiated <input type="checkbox"/> 204aa2 Client-initiated <input type="checkbox"/> 204aa3 Home-based testing <input type="checkbox"/> 204aa4 Self-testing <input type="checkbox"/> 204aa5 Door-to-door testing <input type="checkbox"/> 204aa6 Know Your Status Campaign <input type="checkbox"/> 204ab Condom social marketing <input type="checkbox"/> 204ac Comprehensive sex education <input type="checkbox"/> 204ad Social mobilization <input type="checkbox"/> 204ae Other area (specify) _____ <hr/> <input type="checkbox"/> 204af None of the above	<input type="checkbox"/> 205aa Mass media campaigns <input type="checkbox"/> 205ab Interpersonal education and persuasion programs, face-to-face interactive dialogue <input type="checkbox"/> 205ac Sex education <input type="checkbox"/> 205ad Education to promote adherence to universal precautions <input type="checkbox"/> 205ae Prevention counseling <input type="checkbox"/> 205af Other area (specify) _____ <hr/> <input type="checkbox"/> 205ag None of the above	<input type="checkbox"/> 206aa Distribution of condoms and condom-compatible lubricants <input type="checkbox"/> 206ab Needle and syringe exchange <input type="checkbox"/> 206ac Provision of equipment required for universal precautions <input type="checkbox"/> 206ad Providing safe spaces for vulnerable populations to use prevention services and to inject drugs safely <input type="checkbox"/> 206ae Livelihood alternatives to transactional sex <input type="checkbox"/> 206af Other area (specify) _____ <hr/> <input type="checkbox"/> 206ag None of the above
207a Biological/biomedical interventions that reduce HIV infection and transmission risk	208a Mitigation of barriers to prevention and negative social outcomes of HIV infection	209a Mitigation of biological outcome of HIV infection
<input type="checkbox"/> 207aa Diagnosis and treatment of sexually-transmitted infections <input type="checkbox"/> 207ab Post-exposure prophylaxis <input type="checkbox"/> 207ac Family planning services <input type="checkbox"/> 207ad Medical male circumcision <input type="checkbox"/> 207ae Antiretroviral prophylaxis for infants born to HIV-positive mothers <input type="checkbox"/> 207af Breastfeeding for infants born to HIV positive mothers <input type="checkbox"/> 207ag Screening blood products and donated organs for HIV <input type="checkbox"/> 207ah Screening sperm donations for HIV <input type="checkbox"/> 207ai Disinfection of medical equipment	<input type="checkbox"/> 208aa Training of service providers and law enforcement <input type="checkbox"/> 208ab Separate accommodation to protect at-risk populations <input type="checkbox"/> 208ac Self-help and solidarity groups <input type="checkbox"/> 208ad Financial and in-kind sustenance support <input type="checkbox"/> 208ae Medical and legal assistance services <input type="checkbox"/> 208af Counseling <input type="checkbox"/> 208ag Legal, policy and institutional reform to protect human rights of vulnerable groups	<input type="checkbox"/> 209aa Tuberculosis prevention, diagnosis and treatment services <input type="checkbox"/> 209ab HIV treatment with antiretroviral drugs <input type="checkbox"/> 209ac HIV-related opportunistic infection prophylaxis and treatment <input type="checkbox"/> 209ad Prevention, diagnosis, & treatment of viral hepatitis (allowing access to antiretroviral treatment) <input type="checkbox"/> 209ae Palliative care for people living with HIV

<input type="checkbox"/> 207aj Disinfection of tattoo, body piercing and barber equipment <input type="checkbox"/> 207ak Use of gloves and protective clothing during medical procedures <input type="checkbox"/> 207al Drug treatment including drug substitution therapy <input type="checkbox"/> 207am Other area (specify)	and HIV-positive people	
<hr/> <input type="checkbox"/> 207an None of the above	<input type="checkbox"/> 208ah Other area (specify) <hr/> <input type="checkbox"/> 208ai None of the above	<input type="checkbox"/> 209af Other area (specify) <hr/> <input type="checkbox"/> 209ag None of the above

Comments

201b Project1 Name:		
202b Project Start date:		203b Project End date:
Current HIV-Prevention Programmatic Area(s) in the Greater Accra Region – Mark all that apply		
204b Standardized interventions in common use	205b Interventions affecting knowledge, attitudes, and beliefs	206b Harm reduction (lowering risk of behavior, but not eliminating the behavior)
<input type="checkbox"/> 204ba HIV testing & counseling <ul style="list-style-type: none"> <input type="checkbox"/> 204ba1 Provider-initiated <input type="checkbox"/> 204ba2 Client-initiated <input type="checkbox"/> 204ba3 Home-based testing <input type="checkbox"/> 204ba4 Self-testing <input type="checkbox"/> 204ba5 Door-to-door testing <input type="checkbox"/> 204ba6 Know Your Status Campaign <input type="checkbox"/> 204bb Condom social marketing <input type="checkbox"/> 204bc Comprehensive sex education <input type="checkbox"/> 204bd Social mobilization <input type="checkbox"/> 204be Other area (specify)	<input type="checkbox"/> 205ba Mass media campaigns <input type="checkbox"/> 205bb Interpersonal education and persuasion programs, face-to-face interactive dialogue <input type="checkbox"/> 205bc Sex education <input type="checkbox"/> 205bd Education to promote adherence to universal precautions <input type="checkbox"/> 205be Prevention counseling <input type="checkbox"/> 205bf Other area (specify)	<input type="checkbox"/> 206ba Distribution of condoms and condom-compatible lubricants <input type="checkbox"/> 206bb Needle and syringe exchange <input type="checkbox"/> 206bc Provision of equipment required for universal precautions <input type="checkbox"/> 206bd Providing safe spaces for vulnerable populations to use prevention services and to inject drugs safely <input type="checkbox"/> 206be Livelihood alternatives to transactional sex <input type="checkbox"/> 206bf Other area (specify)
<input type="checkbox"/> 204bf None of the above	<input type="checkbox"/> 205bg None of the above	<input type="checkbox"/> 206bg None of the above
207b Biological/biomedical interventions that reduce HIV infection and transmission risk	208b Mitigation of barriers to prevention and negative social outcomes of HIV infection	209b Mitigation of biological outcome of HIV infection
<input type="checkbox"/> 207ba Diagnosis and treatment of sexually-transmitted infections <input type="checkbox"/> 207bb Post-exposure prophylaxis <input type="checkbox"/> 207bc Family planning services <input type="checkbox"/> 207bd Medical male circumcision <input type="checkbox"/> 207be Antiretroviral prophylaxis for infants born to HIV-positive mothers <input type="checkbox"/> 207bf Breastfeeding for infants born to HIV positive mothers <input type="checkbox"/> 207bg Screening blood products and donated organs for HIV <input type="checkbox"/> 207bh Screening sperm donations for HIV <input type="checkbox"/> 207bi Disinfection of medical equipment <input type="checkbox"/> 207bj Disinfection of tattoo, body piercing and barber equipment	<input type="checkbox"/> 208ba Training of service providers and law enforcement <input type="checkbox"/> 208bb Separate accommodation to protect at-risk populations <input type="checkbox"/> 208bc Self-help and solidarity groups <input type="checkbox"/> 208bd Financial and in-kind sustenance support <input type="checkbox"/> 208be Medical and legal assistance services <input type="checkbox"/> 208bf Counseling <input type="checkbox"/> 208bg Legal, policy and institutional reform to protect human rights of vulnerable groups and HIV-positive people	<input type="checkbox"/> 209ba Tuberculosis prevention, diagnosis and treatment services <input type="checkbox"/> 209bb HIV treatment with antiretroviral drugs <input type="checkbox"/> 209bc HIV-related opportunistic infection prophylaxis and treatment <input type="checkbox"/> 209bd Prevention, diagnosis, & treatment of viral hepatitis (allowing access to antiretroviral treatment) <input type="checkbox"/> 209be Palliative care for people living with HIV

<input type="checkbox"/> 207bk Use of gloves and protective clothing during medical procedures <input type="checkbox"/> 207bl Drug treatment including drug substitution therapy <input type="checkbox"/> 207bm Other area (specify)	<input type="checkbox"/> 208bh Other area (specify)	<input type="checkbox"/> 209bf Other area (specify)
<hr/> <input type="checkbox"/> 207bn None of the above	<hr/> <input type="checkbox"/> 208bi None of the above	<hr/> <input type="checkbox"/> 209bg None of the above

Comments

201c Project1 Name:		
202c Project Start date:		203c Project End date:
Current HIV-Prevention Programmatic Area(s) in the Greater Accra Region – Mark all that apply		
204c Standardized interventions in common use	205c Interventions affecting knowledge, attitudes, and beliefs	206c Harm reduction (lowering risk of behavior, but not eliminating the behavior)
<input type="checkbox"/> 204ca HIV testing & counseling <ul style="list-style-type: none"> <input type="checkbox"/> 204ca1 Provider-initiated <input type="checkbox"/> 204ca2 Client-initiated <input type="checkbox"/> 204ca3 Home-based testing <input type="checkbox"/> 204ca4 Self-testing <input type="checkbox"/> 204ca5 Door-to-door testing <input type="checkbox"/> 204ca5 Know Your Status Campaign <input type="checkbox"/> 204cb Condom social marketing <input type="checkbox"/> 204cc Comprehensive sex education <input type="checkbox"/> 204cd Social mobilization <input type="checkbox"/> 204ce Other area (specify) <hr/> <input type="checkbox"/> 204cf None of the above	<input type="checkbox"/> 205ca Mass media campaigns <input type="checkbox"/> 205cb Interpersonal education and persuasion programs, face-to-face interactive dialogue <input type="checkbox"/> 205cc Sex education <input type="checkbox"/> 205cd Education to promote adherence to universal precautions <input type="checkbox"/> 205ce Prevention counseling <input type="checkbox"/> 205cf Other area (specify) <hr/> <input type="checkbox"/> 205cg None of the above	<input type="checkbox"/> 206ca Distribution of condoms and condom-compatible lubricants <input type="checkbox"/> 206cb Needle and syringe exchange <input type="checkbox"/> 206cc Provision of equipment required for universal precautions <input type="checkbox"/> 206cd Providing safe spaces for vulnerable populations to use prevention services and to inject drugs safely <input type="checkbox"/> 206ce Livelihood alternatives to transactional sex <input type="checkbox"/> 206cf Other area (specify) <hr/> <input type="checkbox"/> 206cg None of the above
207c Biological/biomedical interventions that reduce HIV infection and transmission risk	208c Mitigation of barriers to prevention and negative social outcomes of HIV infection	209c Mitigation of biological outcome of HIV infection
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<input type="checkbox"/> 207cj Disinfection of tattoo, body piercing and barber equipment <input type="checkbox"/> 207ck Use of gloves and protective clothing during medical procedures <input type="checkbox"/> 207cl Drug treatment including drug substitution therapy <input type="checkbox"/> 207cm Other area (specify)	and HIV-positive people	
<hr/> <input type="checkbox"/> 207cn None of the above	<input type="checkbox"/> 208ch Other area (specify) <hr/> <input type="checkbox"/> 208ci None of the above	<input type="checkbox"/> 209cf Other area (specify) <hr/> <input type="checkbox"/> 209cg None of the above

Comments

201d Project1 Name:		
202d Project Start date:		203d Project End date:
Current HIV-Prevention Programmatic Area(s) in the Greater Accra Region – Mark all that apply		
204d Standardized interventions in common use	205d Interventions affecting knowledge, attitudes, and beliefs	206d Harm reduction (lowering risk of behavior, but not eliminating the behavior)
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207d Biological/biomedical interventions that reduce HIV infection and transmission risk	208d Mitigation of barriers to prevention and negative social outcomes of HIV infection	209d Mitigation of biological outcome of HIV infection
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<input type="checkbox"/> 207dj Disinfection of tattoo, body piercing and barber equipment <input type="checkbox"/> 207dk Use of gloves and protective clothing during medical procedures <input type="checkbox"/> 207dl Drug treatment including drug substitution therapy <input type="checkbox"/> 207dm Other area (specify)	and HIV-positive people	
<hr/> <input type="checkbox"/> 207dn None of the above	<input type="checkbox"/> 208dh Other area (specify) <hr/> <input type="checkbox"/> 208di None of the above	<input type="checkbox"/> 209df Other area (specify) <hr/> <input type="checkbox"/> 209dg None of the above

Comments

210 Are there additional HIV-prevention activities currently being implemented by your organization that have not been mentioned?

1_Yes

2_No

210a If Yes, what are they?



3. RESOURCES FOR HIV-PREVENTION ACTIVITIES IMPLEMENTED IN THE GREATER ACCRA REGION

301. Is there a mechanism in place to ensure funding in the next two years for implementing your organization's HIV-prevention activities in the Greater Accra Region?

1_Yes

2_No

8_Don't know

If yes, ask 301a; if no, ask 301b. If don't know, continue with 302.

(301a) Please explain the mechanism.

(301b) How will funding for your organization's HIV-prevention activities in the Greater Accra Region be sustained over the next two years? Please explain.

302. From what sources does your organization receive funding to implement HIV-prevention activities in the Greater Accra Region? *Check all that apply.*

(302a) Government

(302b) Donor (please specify) _____

(302c) Private sector

(302d) Insurance

(302e) Clients

(302) Other (please specify) _____

303. How sufficient are the funds your organization has available to carry out its current HIV-prevention activities?

1	2	3	4
Not sufficient	Somewhat sufficient	Mostly sufficient	Completely sufficient

(303a) Please explain.

(303b) What key HIV-prevention activities would your organization be able to conduct with additional funding?

Activity	(a) Additional annual funding
(303b1)	(303b1a)
(303b2)	(303b2a)
(303b3)	(303b3a)

304. Has your organization experienced problems/barriers in accessing funding for HIV-prevention activities in the Greater Accra Region (i.g., funding cycles, signatory authority, reporting requirements)?

1_Yes

2_No

8_Don't know

If yes, ask 304a and 304b; otherwise skip to 305.

(304a) Please explain.

(304b) In your opinion, how can these problems be resolved?

305. Has your organization experienced problems/barriers in expending funds for HIV-prevention activities in the Greater Accra Region?

1_Yes

2_No

8_Don't know

If yes, ask 305a and 305b; otherwise skip to 306.

(305a) Explain.

(305b) In your opinion, how can these problems be resolved?

306. Please rate the sufficiency (both in terms of quality and quantity) of your organization’s human and material resources to implement its current HIV-prevention activities in the Greater Accra Region. Please describe the difficulties, challenges, or consequences arising from any insufficiencies.

In this section, please double check that that responses refer to HIV-prevention activities implemented in the Greater Accra Region, not the organization, in general.

		Sufficiency of resources for current HIV-prevention activities in the Greater Accra Region		(3) Difficulties, challenges, or consequences
		(1) Quantity (How would you rate the current quantity of resources?) 1= insufficient 2= somewhat sufficient 3= mostly sufficient 4 = completely sufficient	(2) Quality (How would you rate the current quality of resources?) 1= insufficient 2= somewhat sufficient 3= mostly sufficient 4 = completely sufficient	
Resources				<p><i>Probe for gender inequalities, rural/urban differences, and access by the poor or other underserved and vulnerable groups, as</i></p>
(306a)	Human Resources (Quantity refers to numbers of personnel; quality refers to trained personnel)	(306a1)	(306a2)	(306a3)

(306b)	Infrastructure/Facilities	(306b1)	(306b2)	(306b3)
(306c)	Equipment/Supplies	(306c1)	(306c2)	(306c3)
(306d)	Information	(306d1)	(306d2)	(306d3)
(306e)	Others	(306e1)	(306e2)	(306e3)

307. What was your total budget for HIV-prevention activities in the Greater Accra Region in the past 12 months?

308. What were your total expenditures against your budget for HIV-prevention activities in the Greater Accra Region in the past 12 months?

4. COVERAGE OF HIV-PREVENTION ACTIVITIES IN THE PAST 12 MONTHS BY GEOGRAPHIC LOCATION AND TARGET POPULATION/GROUP, GREATER ACCRA REGION

Instructions

- For each target group/intervention area, please write down:
 - The total number of people reached by the organization in each district of implementation in the past 12 months (page 15).
 - If your organization implemented HIV prevention activities in more than one project in the past 12 months, the number of people reached in each district of implementation should be added across projects before the totals are entered in the tables provided on pages 15-17.
 - On page 16, write down how many **males** were reached in the past 12 months in each district of implementation.
 - On page 17, write down how many **females** were reached in the past 12 months in each district of implementation.

TOTAL NUMBER (MALES AND FEMALES COMBINED) REACHED BY HIV-PREVENTION ACTIVITIES IN THE GREATER ACCRA REGION IN PAST 12 MONTHS BY TARGET POPULATION/GROUP

For EACH Metropolitan/Municipal/District, write down the total numbers (both sexes) reached in the past 12 months by your organization's HIV-prevention activities.

NAME OF DISTRICTS WORKING IN	a. General population aged 25 years /older	b. Female sex workers	c. Clients of female sex workers	d. Men who have sex with men	e. Transgender people	f. Youth aged 10-24 in general population	g. Refugee/displaced populations	h. Mobile /migrant populations	i. People who inject drugs	j. Pregnant women, infants and young children	k. Health care workers	l. Incarcerated populations (e.g., prisoners)	m. Uniformed personnel	n. People living with HIV (PLWH)	o. Male circumcision clients	p. Other (specify)
	401 Accra Metropolitan															
402 Ada West																
403 Adenta Municipal																
404 Ashaiman Municipal																
405 Dangme East																
406 Dangme West																

407 Ga Central															
408 Ga East Municipal															
409 Ga South Municipal															
410 Ga West Municipal															
411 Kpone Katamanso															
412 La Dade Kotopon Municipal															
413 La Nkwantanang Madina															
414 Ledzokuku- Krowor Municipal															
415 Ningo Prampram															
416 Tema Metropolitan															

NA Not applicable

TOTAL NUMBER OF MALES REACHED BY HIV-PREVENTION ACTIVITIES IN THE GREATER ACCRA REGION IN PAST 12 MONTHS BY TARGET POPULATION/GROUP

For EACH Metropolitan/Municipal/District, write down the total number of males reached in the past 12 months by your organization's HIV-prevention activities.

NAME OF DISTRICTS WORKING IN	<i>For EACH Metropolitan/Municipal/District, write down the total number of <u>males</u> reached in the past 12 months by your organization's HIV-prevention activities.</i>															
	a. General population aged 25 years /older	b. Female sex workers	c. Clients of female sex workers	d. Men who have sex with men	e. Transgender people	f. Youth aged 10-24 in general population	g. Refugee/displaced populations	h. Mobile /migrant populations	i. People who inject drugs	j. Pregnant women, infants and young children	k. Health care workers	l. Incarcerated populations (e.g.,	m. Uniformed personnel	n. People living with HIV (PLWH)	o. Male circumcision clients	p. Other (specify)
401 Accra Metropolitan		NA														
402 Ada West		NA														
403 Adenta Municipal		NA														
404 Ashaiman Municipal		NA														
405 Dangme East		NA														
406 Dangme West		NA														

407 Ga Central		NA														
408 Ga East Municipal		NA														
409 Ga South Municipal		NA														
410 Ga West Municipal		NA														
411 Kpone Katamanso		NA														
412 La Dade Kotopon Municipal		NA														
413 La Nkwantanang Madina		NA														
414 Ledzokuku- Krowor Municipal																
415 Ningo Prampram																
416 Tema Metropolitan																

NA Not applicable

TOTAL NUMBER OF FEMALES REACHED BY HIV-PREVENTION ACTIVITIES IN THE GREATER ACCRA REGION IN PAST 12 MONTHS BY TARGET POPULATION/GROUP

For EACH Metropolitan/Municipal/District, write down the total number of females reached in the past 12 months by your organization's HIV-prevention activities.

NAME OF DISTRICTS WORKING IN	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	o.	p.
	General population aged 25 years /older	Female sex workers	Clients of female sex workers	Men who have sex with men	Transgender people	Youth aged 10-24 in general population	Refugee/displaced populations	Mobile /migrant populations	People who inject drugs	Pregnant women, infants and young children	Health care workers	Incarcerated populations (e.g.,	Uniformed personnel	People living with HIV (PLWH)	Male circumcision clients	Other (specify)
401 Accra Metropolitan				NA											NA	
402 Ada West				NA											NA	
403 Adenta Municipal				NA											NA	
404 Ashaiman Municipal				NA											NA	
405 Dangme East				NA											NA	
406 Dangme West				NA											NA	

407 Ga Central				NA											NA	
408 Ga East Municipal				NA											NA	
409 Ga South Municipal				NA											NA	
410 Ga West Municipal				NA											NA	
411 Kpone Katamanso				NA											NA	
412 La Dade Kotopon Municipal				NA											NA	
413 La Nkwantanang Madina				NA											NA	
414 Ledzokuku- Krowor Municipal																
415 Ningo Prampram																
416 Tema Metropolitan																

NA Not applicable

HIV-PREVENTION INTERVENTIONS IMPLEMENTED IN THE GREATER ACCRA REGION IN THE PAST 12 MONTHS BY TYPE AND DISTRICT

Instructions

This section contains HIV-prevention interventions for the programmatic areas listed below. For the assessments in this section, use only the matrices that match the major HIV-prevention intervention areas that your organization is working on. Indicate which of the activities were implemented by your organization in the past 12 months and/or which services/commodities were provided by your organization in the past 12 months, by district. You should complete a matrix for **each** major HIV-prevention area in which your organization worked in the past 12 months.

MAJOR HIV-PREVENTION INTERVENTIONS CURRENTLY IMPLEMENTED	PAGES
<ul style="list-style-type: none"> • Standardized interventions in common use 	17-20
<ul style="list-style-type: none"> • Interventions affecting knowledge, attitudes and beliefs and influencing psychological and social risk correlates 	21-24
<ul style="list-style-type: none"> • Harm reduction interventions (lowering risk of a behavior but not eliminating the behavior) 	25-28
<ul style="list-style-type: none"> • Biological/biomedical interventions that reduce HIV infection and transmission risk 	29-34
<ul style="list-style-type: none"> • Interventions mitigating barriers to prevention and negative social outcomes of HIV infection 	35-38
<ul style="list-style-type: none"> • Mitigation of biological outcomes of HIV infection 	39-42

5. STANDARDIZED INTERVENTIONS IN COMMON USE IN THE PAST 12 MONTHS, GREATER ACCRA REGION

COMPLETE THE TABLE FOR EACH DISTRICT IN WHICH YOUR ORGANIZATION IMPLEMENTS HIV-PREVENTION ACTIVITIES.

IN EACH "RURAL" AND "URBAN" COLUMN, WRITE DOWN THE CODE FOR INTERVENTION SITE.

IF THERE IS MORE THAN ONE INTERVENTION SITE, WRITE DOWN ALL THE CODES THAT APPLY.

CODES FOR INTERVENTION SITE:

0= Does not work here; 1=Community; 2=Home; 3= School; 4=Mobile Outreach;

5=Worship Place; 6=Health Facility; 7 =Workplace; 8=Other

NAME OF DISTRICTS WORKING IN	1. Voluntary counseling and testing		2. Condom Social Marketing		3. Comprehensive sex Education		4. Social Mobilization		5. Other (specify)	
	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban
	501 Accra Metropolitan									
502 Ada West										
503 Adenta Municipal										
504 Ashaiman Municipal										

505	Dangme East									
506	Dangme West									

5. STANDARDIZED INTERVENTIONS IN COMMON USE IN THE PAST 12 MONTHS CONTD., GREATER ACCRA REGION

507	Ga Central									
508	Ga East Municipal									
509	Ga South Municipal									
510	Ga West Municipal									

511 Kpone Katamanso										
512 La Dade Kotopon Municipal										
513 La Nkwantanang Madina										
514 Ledzokuku-Krowor Municipal										
515 Ningo Prampram										
516 Tema Metropolitan										

6. VOLUNTARY COUNSELING AND TESTING IN THE PAST 12 MONTHS BY TYPE OF TESTING, GREATER ACCRA REGION

COMPLETE THE TABLE FOR EACH DISTRICT IN WHICH YOUR ORGANIZATION IMPLEMENTS HIV-PREVENTION ACTIVITIES.

IN EACH "RURAL" AND "URBAN" COLUMN, WRITE DOWN THE CODE FOR INTERVENTION SITE.

IF THERE IS MORE THAN ONE INTERVENTION SITE, WRITE DOWN ALL THE CODES THAT APPLY.

CODES FOR INTERVENTION SITE:

0= Does not work here; 1=Community; 2=Home; 3= School; 4=Mobile Outreach;

5=Worship Place; 6=Health Facility; 7 =Workplace; 8=Other

NAME OF DISTRICTS WORKING IN	1. Provider-initiated testing		2. Client-initiated testing		3. Home-based testing		4. Self-testing		5. Door-to-door testing	
	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban
601 Accra Metropolitan										
602 Ada West										
603 Adenta Municipal										
604 Ashaiman Municipal										

605	Dangme East									
606	Dangme West									

6. VOLUNTARY COUNSELING AND TESTING IN THE PAST 12 MONTHS BY TYPE OF TESTING CONT'D, GREATER ACCRA REGION

607	Ga Central									
608	Ga East Municipal									
609	Ga South Municipal									
610	Ga West Municipal									
611	Kpone Katamanso									
612	La Dade Kotopon Municipal									

613 La Nkwantanang Madina										
614 Ledzokuku-Krowor Municipal										
615 Ningo Prampram										
616 Tema Metropolitan										

7. INTERVENTIONS AFFECTING KNOWLEDGE, ATTITUDES AND BELIEFS AND INFLUENCING PSYCHOLOGICAL AND SOCIAL RISK CORRELATES IMPLEMENTED IN THE PAST 12 MONTHS, GREATER ACCRA REGION

COMPLETE THE TABLE FOR EACH DISTRICT IN WHICH YOUR ORGANIZATION IMPLEMENTS HIV-PREVENTION ACTIVITIES.

IN EACH "RURAL" AND "URBAN" COLUMN, WRITE DOWN THE CODE FOR INTERVENTION SITE.

IF THERE IS MORE THAN ONE INTERVENTION SITE, WRITE DOWN ALL THE CODES THAT APPLY.

CODES FOR INTERVENTION SITE:

0= Does not work here; 1=Community; 2=Home; 3= School; 4=Mobile Outreach;

5=Worship Place; 6=Health Facility; 7 =Workplace; 8=Other

NAME OF DISTRICTS WORKING IN	1. Mass-media campaigns		2. Interpersonal education & persuasion programs/face-to-face interactive dialogue		3. Comprehensive sex education		4. Education to promote adherence to universal precautions		5. Prevention counseling	
	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban
	701 Accra Metropolitan									
702 Ada West										
703 Adenta Municipal										

704	Ashaiman Municipal										
705	Dangme East										
7. INTERVENTIONS AFFECTING KNOWLEDGE, ATTITUDES AND BELIEFS AND INFLUENCING PSYCHOLOGICAL AND SOCIAL RISK CORRELATES IMPLEMENTED IN THE PAST 12 MONTHS CONT'D, GREATER ACCRA REGION											
706	Dangme West										
707	Ga Central										
708	Ga East Municipal										
709	Ga South Municipal										
710	Ga West Municipal										
711	Kpone Katamanso										
712	La Dade Kotopon Municipal										

713 La Nkwantanang Madina										
714 Ledzokuku-Krowor Municipal										
715 Ningbo Prampram										
716 Tema Metropolitan										

8. HARM REDUCTION INTERVENTIONS (LOWERING RISK OF A BEHAVIOR BUT NOT ELIMINATING THE BEHAVIOR) IMPLEMENTED IN THE PAST 12 MONTHS, GREATER ACCRA REGION

COMPLETE THE TABLE FOR EACH DISTRICT IN WHICH YOUR ORGANIZATION IMPLEMENTS HIV-PREVENTION ACTIVITIES.

IN EACH "RURAL" AND "URBAN" COLUMN, WRITE DOWN THE CODE FOR INTERVENTION SITE.

IF THERE IS MORE THAN ONE INTERVENTION SITE, WRITE DOWN ALL THE CODES THAT APPLY.

CODES FOR INTERVENTION SITE:

0= Does not work here; 1=Community; 2=Home; 3= School; 4=Mobile Outreach;
5=Worship Place; 6=Health Facility; 7 =Workplace; 8=Other

NAME OF DISTRICTS WORKING IN	1. Distribution of condoms and condom-compatible lubricants		2. Needle and syringe exchange		3. Provision of equipment required for universal precautions		4. Providing safe spaces for vulnerable populations to use prevention services & inject drugs safely		5. Livelihood alternatives to transactional sex	
	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban
	801 Accra Metropolitan									
802 Ada West										
803 Adenta Municipal										

804	Ashaiman Municipal										
805	Dangme East										
806	Dangme West										
8. HARM REDUCTION INTERVENTIONS (LOWERING RISK OF A BEHAVIOR BUT NOT ELIMINATING THE BEHAVIOR) IMPLEMENTED IN THE PAST 12 MONTHS CONT'D, GREATER ACCRA REGION											
807	Ga Central										
808	Ga East Municipal										
809	Ga South Municipal										
810	Ga West Municipal										
811	Kpone Katamanso										
812	La Dade Kotopon Municipal										

813 La Nkwantanang Madina										
814 Ledzokuku-Krowor Municipal										
815 Ningbo Prampram										
816 Tema Metropolitan										

9. BIOLOGICAL/BIOMEDICAL INTERVENTIONS THAT REDUCE HIV INFECTION AND TRANSMISSION RISK IMPLEMENTED IN THE PAST 12 MONTHS, GREATER ACCRA REGION

COMPLETE THE TABLE FOR EACH DISTRICT IN WHICH YOUR ORGANIZATION IMPLEMENTS HIV-PREVENTION ACTIVITIES.

IN EACH "RURAL" AND "URBAN" COLUMN, WRITE DOWN THE CODE FOR INTERVENTION SITE.

IF THERE IS MORE THAN ONE INTERVENTION SITE, WRITE DOWN ALL THE CODES THAT APPLY.

CODES FOR INTERVENTION SITE:

0= Does not work here; 1=Community; 2=Home; 3= School; 4=Mobile Outreach;

5=Worship Place; 6=Health Facility; 7=Workplace; 8=Other

NAME OF DISTRICTS WORKING IN	1. Diagnosis, treatment of sexually-transmitted infections		2. Post-exposure prophylaxis		3. Family planning services		4. Male circumcision		5. Antiretroviral prophylaxis to infants born to HIV-positive mothers	
	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban
	901 Accra Metropolitan									
902 Ada West										
903 Adenta Municipal										
904 Ashaiman Municipal										

905	Dangme East										
906	Dangme West										

9. BIOLOGICAL/BIOMEDICAL INTERVENTIONS THAT REDUCE HIV INFECTION AND TRANSMISSION RISK IMPLEMENTED IN THE PAST 12 MONTHS CONT'D, GREATER ACCRA REGION

907	Ga Central										
908	Ga East Municipal										
909	Ga South Municipal										
910	Ga West Municipal										
911	Kpone Katamanso										
912	La Dade Kotopon Municipal										
913	La Nkwantanang Madina										

914 Ledzokuku-Krowor Municipal										
915 Ningo Prampram										
916 Tema Metropolitan										

10. MITIGATION OF BARRIERS TO PREVENTION AND NEGATIVE SOCIAL OUTCOMES OF HIV INFECTION, INTERVENTIONS IMPLEMENTED IN THE PAST 12 MONTHS, GREATER ACCRA REGION

COMPLETE THE TABLE FOR EACH DISTRICT IN WHICH YOUR ORGANIZATION IMPLEMENTS HIV-PREVENTION ACTIVITIES.

IN EACH "RURAL" AND "URBAN" COLUMN, WRITE DOWN THE CODE FOR INTERVENTION SITE.

IF THERE IS MORE THAN ONE INTERVENTION SITE, WRITE DOWN ALL THE CODES THAT APPLY.

CODES FOR INTERVENTION SITE:

0= Does not work here; 1=Community; 2=Home; 3= School; 4=Mobile Outreach;

5=Worship Place; 6=Health Facility; 7=Workplace; 8=Other

NAME OF DISTRICTS WORKING IN	1. Training of service providers and law enforcement		2. Separate accommodation to protect at-risk population		3. Self-help and solidarity groups		4. Financial and in-kind sustenance support		5. Medical and legal assistance services	
	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban
	1001 Accra Metropolitan									
1002 Ada West										
1003 Adenta Municipal										

1004	Ashaiman Municipal										
1005	Dangme East										
1006	Dangme West										
10. MITIGATION OF BARRIERS TO PREVENTION AND NEGATIVE SOCIAL OUTCOMES OF HIV INFECTION, INTERVENTIONS IMPLEMENTED IN THE PAST 12 MONTHS CONT'D, GREATER ACCRA REGION											
1007	Ga Central										
1008	Ga East Municipal										
1009	Ga South Municipal										
1010	Ga West Municipal										
1011	Kpone Katamanso										
1012	La Dade Kotopon Municipal										

1013 La Nkwantanang Madina										
1014 Ledzokuku-Krowor Municipal										
1015 Ningo Prampram										
1016 Tema Metropolitan										

11. MITIGATION OF BIOLOGICAL OUTCOMES OF HIV INFECTION, INTERVENTIONS IMPLEMENTED IN THE PAST 12 MONTHS, GREATER ACCRA REGION

COMPLETE THE TABLE FOR EACH DISTRICT IN WHICH YOUR ORGANIZATION IMPLEMENTS HIV-PREVENTION ACTIVITIES.

IN EACH "RURAL" AND "URBAN" COLUMN, WRITE DOWN THE CODE FOR INTERVENTION SITE.

IF THERE IS MORE THAN ONE INTERVENTION SITE, WRITE DOWN ALL THE CODES THAT APPLY.

CODES FOR INTERVENTION SITE:

0= Does not work here; 1=Community; 2=Home; 3= School; 4=Mobile Outreach;

5=Worship Place; 6=Health Facility; 7=Workplace; 8=Other

NAME OF DISTRICTS WORKING IN	1. Tuberculosis prevention, diagnosis and treatment services		2. HIV treatment with antiretroviral drugs		3. HIV-related opportunistic infection prophylaxis & treatment		4. Prevention, diagnosis and treatment of viral hepatitis (allowing access to antiretroviral treatment)		5. Palliative care for people living with HIV	
	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban	a. Rural	b. Urban
	1101 Accra Metropolitan									
1102 Ada West										
1103 Adenta Municipal										

1104	Ashaiman Municipal										
1105	Dangme East										
1106	Dangme West										
11. MITIGATION OF BIOLOGICAL OUTCOMES OF HIV INFECTION, INTERVENTIONS IMPLEMENTED IN THE PAST 12 MONTHS CONT'D, GREATER ACCRA REGION											
1107	Ga Central										
1108	Ga East Municipal										
1109	Ga South Municipal										
1110	Ga West Municipal										
1111	Kpone Katamanso										
1112	La Dade Kotopon Municipal										

1113 La Nkwantanang Madina										
1114 Ledzokuku-Krowor Municipal										
1115 Ningo Prampram										
1116 Tema Metropolitan										

12. STRATEGIES TO ADDRESS GENDER ISSUES IN HIV-PREVENTION ACTIVITIES IN THE GREATER ACCRA REGION

Please complete the table below for each district.

Name of District	Is your organization implementing HIV-prevention activities in this district? Yes/No If No, go to the next district.	To what extent do your organization's HIV-prevention activities currently include <u>strategies</u> to address gender issues in this district? Use the key provided below. 1 = Does not address key gender issues 2 = Addresses some key gender issues 3 = Addresses most of the key gender issues 4 = Addresses all of the key gender issues	What gender issues is your organization addressing? A = Gender norms B = Violence against women and girls C = Cross-generational sex D = Gender-related barriers in access to & utilization of HIV/AIDS services E = Gender differentials in caregiving for HIV-infected and affected people F = Gender differentials in access to education and economic security G = Other (specify)	What is your organization doing to address these gender issues?
1201 Accra Metropolitan	(1201a)	(1201b)	(1201c) Write all codes that apply.	(1201d)
1202 Ada West	(1202a)	(1202b)	(1202c) Write all codes that apply.	(1202d)
1203 Adenta Municipal	(1203a)	(1203b)	(1203c) Write all codes that apply.	(1203d)
1204 Ashaiman Municipal	(1204a)	(1204b)	(1204c) Write all codes that apply.	(1204d)

1205	Dangme East			
1206	Dangme West			

Name of District	Is your organization implementing HIV-prevention activities in this district? Yes/No <i>If No, go to the next district.</i>	To what extent do your organization's HIV-prevention activities currently include <u>strategies</u> to address gender issues in this district? <i>Use the key provided below.</i> <i>1 = Does not address key gender issues</i> <i>2 = Addresses some key gender issues</i> <i>3 = Addresses most of the key gender issues</i> <i>4 = Addresses all of the key gender issues</i>	What gender issues is your organization addressing? <i>A = Gender norms</i> <i>B = Violence against women and girls</i> <i>C = Cross-generational sex</i> <i>D = Gender-related barriers in access to & utilization of HIV/AIDS services</i> <i>E = Gender differentials in caregiving for HIV-infected and affected people</i> <i>F = Gender differentials in access to education and economic security</i> <i>G = Other (specify)</i>	What is your organization doing to address these gender issues?
1207 Ga Central	(1205a)	(1205b)	(1205c) Write all codes that apply.	(1205d)
1208 Ga East Municipal	(1206a)	(1206b)	(1206c) Write all codes that apply.	(1206d)
1209 Ga South Municipal	(1207a)	(1207b)	(1207c) Write all codes that apply.	(1207d)

1210 Ga West Municipal	(1208a)	(1208b)	(1208c) <i>Write all codes that apply.</i>	(1208d)
1211 Kpone Katamanso				
1212 La Dade Kotopon Municipal				
1213 La Nkwantanang Madina				
1214 Ledzokuku- Krowor Municipal				
1215 Ningo Prampram				
1216 Tema Metropolitan				

13. SOCIAL, POLITICAL AND ECONOMIC CONTEXT OF IMPLEMENTING HIV-PREVENTION ACTIVITIES IN THE GREATER ACCRA REGION (OPTIONAL SECTION –INCLUDE OR EXCLUDE?)

1301. From your perspective, how do social factors—at either local or national levels—facilitate or hinder your or your organization’s ability to implement HIV-prevention activities in the Greater Accra Region? Please consider religious practices or beliefs, gender norms, cultural practices, ethnic affiliations, or social status.

	Social Factor	(1) Indicate Facilitate/Hinder	(2) Describe Effect
(1301a)	Religious practices or beliefs	(1301a1)	(1301a2)
(1301b)	Gender norms	(B1301b1)	(1301b2)
(1301c)	Cultural practices	(1301c1)	(1301c2)
(1301d)	Ethnic affiliations	(1301d1)	(1301d2)
(1301e)	Social status	(1301e1)	(1301e2)
(1301f)	Other	(1301f1)	(1301f2)

1302. In your opinion, how do political factors—at either local or national levels— facilitate or hinder your or your organization’s ability to implement HIV-prevention activities in the Greater Accra Region? Please take into consideration changes in political leadership, decentralization, policy environment, and international agreements (e.g., United Nations declarations, Millennium Development Goals).

	Political Factor	(1) Indicate Facilitate/Hinder	(2) Describe Effect
(1302a)	Changes in political leadership	(1302a1)	(1302a2)
(1302b)	Decentralization; and/or divergent priorities at national and local levels	(1302b1)	(1302b2)
(1302c)	Policy environment, including alignment or conflict with other policies	(1302c1)	(1302c2)
(1302d)	International agreements, programs, covenants, and priorities	(1302d1)	(1302d2)
(1302e)	Prioritization of poverty alleviation on the policy agenda	(1302e1)	(1302e2)
(1302f)	Other	(1302f1)	(1302f2)

1303. In your opinion, how do economic factors—at either local or national levels— facilitate or hinder your or your organization’s ability to implement HIV-prevention activities in the Greater Accra Region? Please take into consideration domestic economic issues as well as global assistance priorities and mechanisms.

	Economic Factor	(1) Indicate Facilitate/Hinder	(2) Describe Effect
(1303a)	Unemployment	(1303a1)	(1303a2)
(1303b)	Migration	(1303b1)	(1303b2)
(1303c)	Poverty	(1303c1)	(1303c2)
(1303d)	Global assistance mechanisms, donor priorities	(1303d1)	(1303d2)
(1303e)	Other	(1303e1)	(1303e2)

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14. OBJECTIVES, CHALLENGES, OPPORTUNITIES AND ORGANIZATION NEEDS TO CONTRIBUTE TO THE NATIONAL HIV PREVENTION RESPONSE

Time Period	Objectives	Challenges	Opportunities	Needs
Short term (1 year)				
Medium term (3 years)				
Long term (6 years)				

15. FINAL COMMENTS

1501.

1502 End time: _____
(1502a) Hours (1503b) Minutes (1504c) AM/PM

Thank you for participating in the survey. Be sure to review the questionnaire for completeness before handing it over to the research team (if questionnaire is self-administered) or leaving the organization (if questionnaire is administered through face-to-face interviews).

MEASURE Evaluation

KNOW YOUR HIV PREVENTION RESPONSE

Program Implementers' Module for Key Populations

Greater Accra Region

GHANA Pilot Test

March 2013

INTRODUCTION

USAID's MEASURE Evaluation project is completing a situation analysis of the HIV/AIDS prevention response in Ghana with the goal of identifying principle implementers (geographic location, programmatic areas, populations served, source and level of financial resources), programmatic needs and opportunities for the future. The results of this interview will help USAID and the country to define actions and strategies to strengthen the national HIV response.

A key source of information for this analysis is interviews with HIV/AIDS program designers and implementers in many programmatic areas. Your participation in this interview is voluntary. It should take approximately 45 minutes.

This module identifies HIV-prevention interventions targeted at key populations at higher risk of exposure to HIV. These populations include female sex workers; men who have sex with men and transgender people; people who inject drugs; young people aged 10-24 years in the general population; emergency settings and refugee/internally displaced populations; migrant and mobile populations; pregnant women, infants and young children; uniformed personnel/services; and incarcerated populations. Countries may adapt this module to correspond to their prevailing HIV epidemic – whether concentrated, generalized, or mixed.

BASIC INFORMATION

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 Name of organization/institution:

103 Address:

104 Phone number:

105 E-Mail:

106 Name of interviewee:

107 Position of interviewee:

5. HIV-PREVENTION INTERVENTIONS CURRENTLY IMPLEMENTED FOR KEY POPULATIONS BY CATEGORY AND GEOGRAPHIC LOCATION

Instructions

This section contains HIV-prevention interventions for the strategic populations listed below. For the assessments in this section, use only the matrices that match the specific strategic populations that your organization is working with. Indicate which of the targeted activities and services are currently performed or provided by your organization to the most-at-risk population category in the districts in which your organization works. You should complete a matrix for **each strategic population group** reached by your organization **in the past 12 months**.

PLEASE ANSWER THE QUESTIONS BELOW:

Did your organization target the following strategic populations in HIV-prevention activities conducted in the past 12 months?	Yes	No	IF YES, GO TO :
201a. Female sex workers to prevent sexual transmission of HIV	1	2	Pages 3-4
201b. Men who have sex with men and transgender people	1	2	Pages 5-6
201c. Young people aged 10-24 years in the general population	1	2	Pages 7-8
201d. Emergency settings and refugee/displaced populations	1	2	Pages 9-10
201e. Non-refugee/non-displaced mobile and migrant populations (e.g., truckers, migrants, seasonal workers, street youth, etc.)	1	2	Pages 11-12
201f. People who inject drugs (PWID)	1	2	Pages 13-14
201g. Pregnant women, infants and young children	1	2	Pages 15-16
201h. Uniformed personnel (e.g., police, army, air force, navy, etc.)	1	2	Pages 17-19
201i. Incarcerated populations (i.e., prisoners, etc.)	1	2	Pages 19-20
201j. People living with HIV (Positive health, dignity and prevention interventions)	1	2	Pages 21-22

2.1 HIV-PREVENTION INTERVENTIONS TARGETING FEMALE SEX WORKERS IN THE PAST 12 MONTHS

FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																										
	a. HIV voluntary counseling & testing	b. Condom social marketing	c. Comprehensive sex/HIV education	d. Targeted interpersonal education & persuasion programs, face –to-face interactive dialogue	e. Education to promote adherence to universal precautions	f. Prevention counseling/safer sex & risk reduction counseling	g. Distribution of condoms & condom-compatible lubricants	h. Condom policies in work places	i. Needle & syringe exchange	j. Providing safe space for sex workers to use HIV-prevention services	k. Livelihood alternatives to transactional sex	l. Prevention, diagnosis & treatment of sexually transmitted infections	m. Family planning & reproductive health care	n. Disinfection of tattoo, body piercing & barber equipment	o. Drug treatment including drug substitution therapy	p. Training of service providers & law enforcement	q. Separate accommodation to protect at-risk population	r. Self-help & solidarity groups	s. Financial & in-kind sustenance support/social welfare	t. Medical & legal services	u. Legal, policy, & institutional reform to protect human rights	v. TB prevention, diagnosis, & treatment	w. Antiretroviral drugs	x. Opportunistic infection prophylaxis & treatment	y. Prevention, diagnosis, & treatment of viral hepatitis	z. Palliative care for HIV+ female sex workers	
2.1.0 National level																											
2.1.1 Accra Metropolitan																											
2.1.2 Ada West																											
2.1.3 Adenta Municipal																											
2.1.4 Ashaiman Municipal																											
2.1.5 Dangme East																											
2.1.6 Dangme West																											

2.1 HIV-PREVENTION INTERVENTIONS TARGETING FEMALE SEX WORKERS IN THE PAST 12 MONTHS CONTINUED

FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY

NAME OF DISTRICTS WORKING IN	HIV-PREVENTION INTERVENTIONS CONTINUED															LOCATION				
	aa. Assessing risk, needs, & vulnerability of female sex workers	bb. Community-based outreach to female sex workers	cc. Medical male circumcision	dd. Focused anti-discrimination & stigma activities	ee. Linkages & referrals to psychosocial support services	ff. Linkages & referrals to health care & antiretroviral treatment	gg. Linkages & referrals to other HIV-prevention services	hh. Advocacy	ii. Alcohol prevention & treatment	jj. Prevention & response to sexual violence	kk. Other (specify)	ll. Other (specify)	mm. Other (specify)	nn. Other (specify)	oo. Other (specify)	pp. Other (specify)	qq. Other (specify)	rr. Rural	ss. Urban	
2.1.0 National level			NOT APPLICABLE																	
2.1.1 Accra Metropolitan																				
2.1.2 Ada West																				
2.1.3 Adenta Municipal																				
2.1.4 Ashaiman Municipal																				
2.1.5 Dangme East																				

2.1.6 Dangme West																			
2.1.7 Ga Central																			
2.1.8 Ga East Municipal																			
2.1.9 Ga South Municipal																			
2.1.10 Ga West Municipal																			
2.1.11 Kpone Katamanso																			
2.1.12 La Dade Kotopon Municipal																			
2.1.13 La Nkwantanang Madina																			
2.1.14 Ledzokuku-Krowor Municipal																			
2.1.15 Ningo Prampram																			
2.1.16 Tema Metropolitan																			

2.1.17a Comments and/or additional information about projects implemented

2.2 HIV-PREVENTION INTERVENTIONS TARGETING MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER (TG) IN THE PAST 12 MONTHS

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																										
	a. HIV voluntary counseling & testing	b. Condom social marketing	c. Comprehensive sex/HIV education	d. Targeted interpersonal education & persuasion programs, face –to-face interactive dialogue	e. Education to promote adherence to universal precautions	f. Prevention counseling/safer sex & risk reduction counseling	g. Distribution of condoms & condom-compatible lubricants	h. Condom policies in work places/ popular hangouts	i. Needle & syringe exchange	j. Providing safe space for MSM & TG workers to use prevention services	k. Livelihood alternatives to transactional sex	l. Prevention, diagnosis & treatment of sexually-transmitted infections	m. Family planning & reproductive health care	n. Disinfection of tattoo, body piercing & barber equipment	o. Drug treatment including drug substitution therapy	p. Training of service providers & law enforcement	q. Separate accommodation to protect at-risk population	r. Self-help & solidarity groups	s. Financial & in-kind sustenance support/social welfare	t. Medical & legal services	u. Legal, policy, & institutional reform to protect human rights	v. TB prevention, diagnosis , & treatment	w. Antiretroviral drugs	x. Opportunistic infection prophylaxis & treatment	y. Prevention, diagnosis, & treatment of viral hepatitis	z. Palliative care for HIV+ MSM/TG	
2.2.0 National level																											
2.2.1 Accra Metropolitan																											
2.2.2 Ada West																											
2.2.3 Adenta Municipal																											
2.2.4 Ashaiman Municipal																											
2.2.5 Dangme East																											
2.2.6 Dangme West																											

2.2 HIV-PREVENTION INTERVENTIONS TARGETING MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER (TG) IN THE PAST 12 MONTHS CONTINUED

FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY

NAME OF DISTRICTS WORKING IN	HIV-PREVENTION INTERVENTIONS CONTINUED																LOCATION		
	aa. Assessing risk, needs, & vulnerability of MSM & transgender people	bb. Community-based outreach to MSM & transgender	cc. Medical male circumcision	dd. Focused anti-discrimination & stigma activities	ee. Linkages & referrals to psychosocial support services	ff. Linkages & referrals to health care & antiretroviral treatment	gg. Linkages & referrals to other HIV-prevention services	hh. Advocacy	ii. Alcohol prevention & treatment	jj. Prevention & response to sexual violence	kk. Other (specify)	ll. Other (specify)	mm. Other (specify)	nn. Other (specify)	oo. Other (specify)	pp. Other (specify)	qq. Other (specify)	rr. Rural	ss. Urban
2.2.0 National level																			
2.2.1 Accra Metropolitan																			
2.2.2 Ada West																			
2.2.3 Adenta Municipal																			
2.2.4 Ashaiman Municipal																			
2.2.5 Dangme East																			
2.2.6 Dangme West																			

2.2.7 Ga Central																				
2.2.8 Ga East Municipal																				
2.2.9 Ga South Municipal																				
2.2.10 Ga West Municipal																				
2.2.11 Kpone Katamanso																				
2.2.12 La Dade Kotopon Municipal																				
2.2.13 La Nkwantanang Madina																				
2.2.14 Ledzokuku-Krowor Municipal																				
2.2.15 Ningo Prampram																				
2.2.16 Tema Metropolitan																				

2.2.17aa Comments and/or additional information about projects implemented

2.3 HIV-PREVENTION INTERVENTIONS TARGETING YOUNG PEOPLE (AGE 10-24) IN THE GENERAL POPULATION IN THE PAST 12 MONTHS

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																										
	a. HIV voluntary counseling & testing	b. Condom social marketing	c. Comprehensive sex/HIV education	d. Targeted interpersonal education & persuasion programs, face –to-face interactive dialogue	e. Education to promote adherence to universal precautions	f. Prevention counseling/safer sex & risk reduction counseling	g. Distribution of condoms & condom-compatible lubricants	h. Youth-friendly HIV-prevention policies	i. Needle & syringe exchange	j. Providing safe space for youth to use HIV-prevention services	k. Livelihood alternatives to transactional sex	l. Prevention, diagnosis & treatment of sexually transmitted infections	m. Family planning & reproductive health care	n. Disinfection of tattoo, body piercing & barber equipment	o. Drug treatment including drug substitution therapy	p. Training of service providers & law enforcement	q. Separate accommodation to protect at-risk youth	r. Self-help & solidarity groups	s. Financial & in-kind sustenance support/social welfare	t. Medical & legal services	u. Legal, policy, & institutional reform to protect human rights	v. TB prevention, diagnosis, & treatment	w. Antiretroviral drugs	x. Opportunistic infection prophylaxis & treatment	y. Prevention, diagnosis, & treatment of viral hepatitis	z. Palliative care for HIV+ youth	
2.3.0 National level																											
2.3.1 Accra Metropolitan																											
2.3.2 Ada West																											
2.3.3 Adenta Municipal																											
2.3.4 Ashaiman Municipal																											
2.3.5 Dangme East																											
2.3.6 Dangme West																											

2.3 HIV-PREVENTION INTERVENTIONS TARGETING YOUNG PEOPLE (AGE 10-24) IN THE GENERAL POPULATION IN THE PAST 12 MONTHS CONTINUED

FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY

NAME OF DISTRICTS WORKING IN	HIV-PREVENTION INTERVENTIONS CONTINUED															LOCATION			
	aa. Assessing risk, needs, & vulnerability of young people	bb. Community-based outreach to young people	cc. Medical male circumcision	dd. Focused anti-discrimination & stigma activities	ee. Linkages & referrals to psycho-social support services	ff. Linkages & referrals to health care & antiretroviral treatment	gg. Linkages & referrals to other HIV-prevention services	hh. Advocacy	ii. Alcohol prevention & treatment	jj. Prevention & response to sexual violence	kk. Design/establishment of youth-friendly facilities & services	ll. Fostering parent & community support for youth-friendly services	mm. Human Papillomavirus (HPV) vaccination	nn. Other (specify)	oo. Other (specify)	pp. Other (specify)	qq. Other (specify)	rr. Rural	ss. Urban
2.3.0 National level																			
2.3.1 Accra Metropolitan																			
2.3.2 Ada West																			
2.3.3 Adenta Municipal																			
2.3.4 Ashaiman Municipal																			
2.3.5 Dangme East																			
2.3.6 Dangme West																			

2.3.7 Ga Central																			
2.3.8 Ga East Municipal																			
2.3.9 Ga South Municipal																			
2.3.10 Ga West Municipal																			
2.3.11 Kpone Katamanso																			
2.3.12 La Dade Kotopon Municipal																			
2.3.13 La Nkwantanang Madina																			
2.3.14 Ledzokuku-Krowor Municipal																			
2.3.15 Ningo Prampram																			
2.3.16 Tema Metropolitan																			

2.3.17aa Comments and/or additional information about projects implemented

2.4 HIV-PREVENTION INTERVENTIONS TARGETING EMERGENCY AND DISPLACED POPULATIONS IN THE PAST 12 MONTHS CONTINUED

FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY

NAME OF DISTRICTS WORKING IN	HIV-PREVENTION INTERVENTIONS CONTINUED																	LOCATION	
	aa. Assessing risk, needs, & vulnerability of people in emergency settings & refugee & displaced populations	bb. Community-based outreach in emergency settings & displaced populations	cc. Medical male circumcision	dd. Focused anti-discrimination & stigma activities	ee. Linkages & referrals to psycho-social support services	ff. Linkages & referrals to health care & antiretroviral treatment	gg. Linkages & referrals to other HIV-prevention services	hh. Advocacy	ii. Alcohol prevention & treatment	ijj. Prevention & response to sexual violence	kk. Establishment of coordinating mechanisms	ll. Protection of orphaned & separated children	mm. Provision of condoms to peace-keepers, military & humanitarian staff	nn. Food security of HIV/AIDS affected households; nutritional care & support of PLWH	oo. Provision of post-exposure prophylaxis for humanitarian staff & sexual violence survivors	pp. Training for uniformed forces & humanitarian workers on HIV/AIDS, sexual violence, gender, & non-discrimination	qq. Other (specify)	rr. Rural	ss. Urban
2.4.0 National level																			
2.4.1 Accra Metropolitan																			
2.4.2 Ada West																			
2.4.3 Adenta Municipal																			
2.4.4 Ashaiman Municipal																			
2.4.5 Dangme East																			
2.4.6 Dangme West																			

2.4.7 Ga Central																			
2.4.8 Ga East Municipal																			
2.4.9 Ga South Municipal																			
2.4.10 Ga West Municipal																			
2.4.11 Kpone Katamanso																			
2.4.12 La Dade Kotopon Municipal																			
2.4.13 La Nkwantanang Madina																			
2.4.14 Ledzokuku-Krowor Municipal																			
2.4.15 Ningo Prampram																			
2.4.16 Tema Metropolitan																			

2.4.17aa Comments and/or additional information about projects implemented

2.5 HIV-PREVENTION INTERVENTIONS TARGETING NON-REFUGEE/NON-EMERGENCY MOBILE AND MIGRANT POPULATIONS (E.G. TRUCKERS, MIGRANTS, SEASONAL WORKERS, STREET YOUTH) IN THE PAST 12 MONTHS

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																										
	a. HIV voluntary counseling & testing	b. Condom social marketing	c. Comprehensive sex/HIV education	d. Targeted interpersonal education & persuasion programs, face –to-face interactive dialogue	e. Education to promote adherence to universal precautions	f. Prevention counseling/safer sex & risk reduction counseling	g. Distribution of condoms & condom-compatible lubricants	h. Condom policies in work places	i. Needle & syringe exchange	j. Providing safe space for mobile/migrant populations to use prevention services	k. Livelihood alternatives to transactional sex	l. Prevention, diagnosis & treatment of sexually transmitted infections	m. Family planning & reproductive health care	n. Disinfection of tattoo, body piercing & barber equipment	o. Drug treatment including drug substitution therapy	p. Training of service providers & law enforcement	q. Separate accommodation to protect at-risk population	r. Self-help & solidarity groups	s. Financial & in-kind sustenance support/social welfare	t. Medical & legal services	u. Legal, policy, & institutional reform to protect human rights	v. TB prevention, diagnosis, & treatment	w. Antiretroviral drugs	x. Opportunistic infection prophylaxis & treatment	y. Prevention, diagnosis, & treatment of viral hepatitis	z. Palliative care for HIV+ mobile/migrant populations	
2.5.0 National level																											
2.5.1 Accra Metropolitan																											
2.5.2 Ada West																											
2.5.3 Adenta Municipal																											
2.5.4 Ashaiman Municipal																											
2.5.5 Dangme East																											
2.5.6 Dangme West																											

2.5 HIV-PREVENTION INTERVENTIONS TARGETING NON-REFUGEE / NON-DISPLACED MOBILE AND MIGRANT POPULATIONS (E.G. TRUCKERS, MIGRANTS, SEASONAL WORKERS, STREET YOUTH) IN THE PAST 12 MONTHS CONTINUED

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																		
	HIV-PREVENTION INTERVENTIONS CONTINUED																LOCATION		
	aa. Assessing risk, needs, & vulnerability of mobile & migrant populations	bb. Community-based outreach to mobile & migrant populations	cc. Medical male circumcision	dd. Focused anti-discrimination & stigma activities	ee. Linkages & referrals to psycho-social support services	ff. Linkages & referrals to health care & antiretroviral treatment	gg. Linkages & referrals to other HIV-prevention services	hh. Advocacy	ii. Alcohol prevention & treatment	jj. Prevention & response to sexual violence	kk. Other (specify)	ll. Other (specify)	mm. Other (specify)	nn. Other (specify)	oo. Other (specify)	pp. Other (specify)	qq. Other (specify)	rr. Rural	ss. Urban
2.5.0 National level																			
2.5.1 Accra Metropolitan																			
2.5.2 Ada West																			
2.5.3 Adenta Municipal																			
2.5.4 Ashaiman Municipal																			
2.5.5 Dangme East																			
2.5.6 Dangme																			

West																				
2.5.7 Ga Central																				
2.5.8 Ga East Municipal																				
2.5.9 Ga South Municipal																				
2.5.10 Ga West Municipal																				
2.5.11 Kpone Katamanso																				
2.5.12 La Dade Kotopon Municipal																				
2.5.13 La Nkwantanang Madina																				
2.5.14 Ledzokuku- Krowor Municipal																				
2.5.15 Ningo Prampram																				
2.5.16 Tema Metropolitan																				

2.5.17a Comments and/or additional information about projects implemented

2.6 HIV-PREVENTION INTERVENTIONS TARGETING PEOPLE WHO INJECT DRUGS (PWID) IN THE PAST 12 MONTHS

NAME OF DISTRICTS WORKING IN	FOR <u>EACH</u> DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																										
	a. HIV voluntary counseling & testing	b. Condom social marketing	c. Comprehensive sex/HIV education	d. Interpersonal education & persuasion programs, face –to-face interactive dialogue	e. Education to promote adherence to universal precautions	f. Prevention counseling/safer sex & risk reduction counseling	g. Distribution of condoms & condom-compatible lubricants	h. Condom policies in work places	i. Needle & syringe exchange	j. Providing safe space for PWID to use prevention services	k. Livelihood alternatives to transactional sex	l. Diagnosis & treatment of sexually-transmitted infections	m. Family planning & reproductive health care	n. Disinfection of tattoo, body piercing & barber equipment	o. Drug treatment including drug substitution therapy	p. Training of service providers & law enforcement	q. Separate accommodation to protect PWID	r. Self-help & solidarity groups	s. Financial & in-kind sustenance support/social welfare	t. Medical & legal services	u. Legal, policy, & institutional reform to protect human rights	v. TB prevention, diagnosis, & treatment	w. Antiretroviral drugs	x. Opportunistic infection prophylaxis & treatment	y. Prevention, diagnosis, & treatment of viral hepatitis	z. Palliative care for HIV+ PWID	
2.6.0 National level																											
2.6.1 Accra Metropolitan																											
2.6.2 Ada West																											
2.1.3 Adenta Municipal																											
2.6.4 Ashaiman Municipal																											
2.6.5 Dangme East																											
2.6.6 Dangme West																											
2.6.7 Ga																											

2.6 HIV-PREVENTION INTERVENTIONS TARGETING PEOPLE WHO INJECT DRUGS (PWID) IN THE PAST 12 MONTHS CONTINUED

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																		
	HIV-PREVENTION INTERVENTIONS CONTINUED															LOCATION			
	aa. Assessing risk, needs, & vulnerability of people who inject drugs	bb. Community-based outreach to PWID	cc. Medical male circumcision	dd. Focused anti-discrimination & stigma activities	ee. Linkages & referrals to psycho-social support services	ff. Linkages & referrals to health care & antiretroviral treatment	gg. Linkages & referrals to other HIV-prevention services	hh. Advocacy	ii. Alcohol prevention & treatment	jj. Prevention & response to sexual violence	kk. Other (specify)	ll. Other (specify)	mm. Other (specify)	nn. Other (specify)	oo. Other (specify)	pp. Other (specify)	qq. Other (specify)	rr. Rural	ss. Urban
2.6.0 National level																			
2.6.1 Accra Metropolitan																			
2.6.2 Ada West																			
2.1.3 Adenta Municipal																			
2.6.4 Ashaiman Municipal																			
2.6.5 Dangme East																			
2.6.6 Dangme West																			
2.6.7 Ga Central																			

2.6.8 Ga East Municipal																			
2.6.9 Ga South Municipal																			
2.6.10 Ga West Municipal																			
2.6.11 Kpone Katamanso																			
2.6.12 La Dade Kotopon Municipal																			
2.6.13 La Nkwantanang Madina																			
2.6.14 Ledzokuku-Krowor Municipal																			
2.6.15 Ningo Prampram																			
2.6.16 Tema Metropolitan																			

2.6.17aa Comments and/or additional information about projects implemented

2.7 HIV-PREVENTION INTERVENTIONS TARGETING PREGNANT WOMEN, INFANTS AND YOUNG CHILDREN IN THE PAST 12 MONTHS

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																											
	a. HIV voluntary counseling & testing	b. Condom social marketing	c. Comprehensive sex/HIV education	d. Interpersonal education & persuasion programs, face –to-face interactive dialogue	e. Education to promote adherence to universal precautions	f. Prevention counseling/safer sex & risk reduction counseling	g. Distribution of condoms & condom-compatible lubricants	h. Condom policies in work places	i. Needle & syringe exchange	j. Providing safe space for pregnant women to use prevention services	k. Livelihood alternatives to transactional sex	l. Diagnosis & treatment of sexually transmitted infections	m. Family planning & reproductive health care	n. Disinfection of tattoo, body piercing & barber equipment	o. Drug treatment including drug substitution therapy	p. Training of service providers & law enforcement	q. Separate accommodation to protect at-risk population	r. Self-help & solidarity groups	s. Financial & in-kind sustenance support/social welfare	t. Medical & legal services	u. Legal, policy, & institutional reform to protect human rights	v. TB prevention, diagnosis, & treatment	w. Antiretroviral drugs	x. Opportunistic infection prophylaxis & treatment	y. Prevention, diagnosis, & treatment of viral hepatitis	z. Palliative care for HIV+ pregnant women, infants & children		
2.7.0 National level																												
2.7.1 Accra Metropolitan																												
2.7.2 Ada West																												
2.1.3 Adenta Municipal																												
2.7.4 Ashaiman Municipal																												
2.7.5 Dangme East																												
2.7.6 Dangme West																												
2.7.7 Ga																												

2.7 HIV-PREVENTION INTERVENTIONS TARGETING PREGNANT WOMEN, INFANTS AND YOUNG CHILDREN IN THE PAST 12 MONTHS CONTINUED

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																	
	HIV-PREVENTION INTERVENTIONS														LOCATION			
	aa. Assessing risk, needs, & vulnerability of pregnant women, infants, and young	ab. Community-based outreach	ac. Medical male circumcision	ad. Focused anti-discrimination & stigma activities	ae. Linkages & referrals to psycho-social support services	af. Linkages & referrals to health care & antiretroviral treatment	ag. Linkages & referrals to other HIV-prevention services	ah. Advocacy	ai. Alcohol prevention & treatment	aj. Prevention & response to sexual violence	ak. Infant feeding counseling & support	al. Provision of child survival interventions for HIV- <small>exposed/infected infants</small>	am. Provision of virological & serological tests for HIV-exposed <small>infants</small>	an. Other (specify)	ao. Other (specify)	ap. Other (specify)	aq. Other (specify)	ar. Rural
2.7.0 National level																		
2.7.1 Accra Metropolitan																		
2.7.2 Ada West																		
2.1.3 Adenta Municipal																		
2.7.4 Ashaiman Municipal																		
2.7.5 Dangme East																		
2.7.6 Dangme																		

West																				
2.7.7 Ga Central																				
2.7.8 Ga East Municipal																				
2.7.9 Ga South Municipal																				
2.7.10 Ga West Municipal																				
2.7.11 Kpone Katamanso																				
2.7.12 La Dade Kotopon Municipal																				
2.7.13 La Nkwantanang Madina																				
2.7.14 Ledzokuku-Krowor Municipal																				
2.7.15 Ningo Prampram																				
2.7.16 Tema Metropolitan																				

2.7.17aa Comments and/or additional information about projects implemented

2.8 HIV-PREVENTION INTERVENTIONS TARGETING UNIFORMED PERSONNEL (E.G., POLICE, MILITARY, AIR FORCE, NAVY, ETC.) IN THE PAST 12 MONTHS

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																										
	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	o.	p.	q.	r.	s.	t.	u.	v.	w.	x.	y.	z.	
	HIV voluntary counseling & testing	Condom social marketing	Comprehensive sex/HIV education	Targeted interpersonal education & persuasion programs, face –to-face interactive dialogue	Education to promote adherence to universal precautions	Prevention counseling/safer sex & risk reduction counseling	Distribution of condoms & condom-compatible lubricants	Condom policies in work places	Needle & syringe exchange	Providing safe space for uniformed personnel to use prevention services	Livelihood alternatives to transactional sex	Diagnosis & treatment of sexually transmitted infections	Family planning & reproductive health care	Disinfection of tattoo, body piercing & barber equipment	Drug treatment including drug substitution therapy	Training of service providers & law enforcement	Separate accommodation to protect at-risk population	Self-help & solidarity groups	Financial & in-kind sustenance support/social welfare	Medical & legal services	Legal, policy, & institutional reform to protect human rights	TB prevention, diagnosis, & treatment	Antiretroviral drugs	Opportunistic infection prophylaxis & treatment	Prevention, diagnosis, & treatment of viral hepatitis	Palliative care for HIV+ uniformed personnel	
2.8.0 National level																											
2.8.1 Accra Metropolitan																											
2.8.2 Ada West																											
2.8.3 Adenta Municipal																											
2.8.4 Ashaiman Municipal																											
2.8.5 Dangme East																											
2.8.6 Dangme West																											

2.8 HIV-PREVENTION INTERVENTIONS TARGETING UNIFORMED PERSONNEL (E.G., POLICE, MILITARY, AIR FORCE, NAVY, ETC.) IN THE PAST 12 MONTHS CONTINUED

	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																LOCATION		
	HIV-PREVENTION INTERVENTIONS CONTINUED																Rural	Urban	
NAME OF DISTRICTS WORKING IN	aa. Assessing risk, needs, & vulnerability of uniformed personnel	bb. Community-based outreach	cc. Medical male circumcision	dd. Focused anti-discrimination & stigma activities	ee. Linkages & referrals to psycho-social support services	ff. Linkages & referrals to health care & antiretroviral treatment	gg. Linkages & referrals to other HIV-prevention services	hh. Advocacy	ii. Alcohol prevention & treatment	jj. Prevention & response to sexual violence	kk. Gender-sensitivity training for uniformed personnel	ll. Other (specify)	mm. Other (specify)	nn. Other (specify)	oo. Other (specify)	pp. Other (specify)	qq. Other (specify)	rr. Rural	ss. Urban
2.8.0 National level																			
2.8.1 Accra Metropolitan																			
2.8.2 Ada West																			
2.8.3 Adenta Municipal																			
2.8.4 Ashaiman Municipal																			
2.8.5 Dangme East																			

2.8.6 Dangme West																			
2.8.7 Ga Central																			
2.8.8 Ga East Municipal																			
2.8.9 Ga South Municipal																			
2.8.10 Ga West Municipal																			
2.8.11 Kpone Katamanso																			
2.8.12 La Dade Kotopon Municipal																			
2.8.13 La Nkwantanang Madina																			
2.8.14 Ledzokuku-Krowor Municipal																			
2.8.15 Ningo Prampram																			
2.8.16 Tema Metropolitan																			

2.8.17aa Comments and/or additional information about projects implemented

2.9 HIV-PREVENTION INTERVENTIONS TARGETING INCARCERATED POPULATIONS (PRISONERS) IN THE PAST 12 MONTHS

FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																											
	a. HIV voluntary counseling & testing	b. Condom social marketing	c. Comprehensive sex/HIV education	d. Targeted interpersonal education & persuasion programs, face –to-face interactive dialogue	e. Education to promote adherence to universal precautions	f. Prevention counseling/safer sex & risk reduction counseling	g. Distribution of condoms & condom-compatible lubricants	h. Condom policies in work places	i. Needle & syringe exchange	j. Providing safe space for incarcerated populations to use prevention services	k. Livelihood alternatives to transactional sex	l. Diagnosis & treatment of sexually transmitted infections	m. Family planning & reproductive health care	n. Disinfection of tattoo, body piercing & barber equipment	o. Drug treatment including drug substitution therapy	p. Training of service providers & law enforcement	q. Separate accommodation to protect at-risk population	r. Self-help & solidarity groups	s. Financial & in-kind sustenance support/social welfare	t. Medical & legal services	u. Legal, policy, & institutional reform to protect human rights	v. TB prevention, diagnosis, & treatment	w. Antiretroviral drugs	x. Opportunistic infection prophylaxis & treatment	y. Prevention, diagnosis, & treatment of viral hepatitis	z. Palliative care for HIV+ incarcerated populations		
2.9.0 National level																												
2.9.1 Accra Metropolitan																												
2.9.2 Ada West																												
2.9.3 Adenta Municipal																												
2.9.4 Ashaiman Municipal																												
2.9.5 Dangme East																												
2.9.6 Dangme West																												

2.9 HIV-PREVENTION INTERVENTIONS TARGETING INCARCERATED POPULATIONS (PRISONERS) IN THE PAST 12 MONTHS CONTINUED

NAME OF DISTRICTS WORKING IN	FOR EACH DISTRICT (AND THE NATIONAL LEVEL), MARK ALL THAT APPLY																	
	HIV-PREVENTION INTERVENTIONS CONTINUED															LOCATION		
	aa. Assessing risk, needs, & vulnerability of incarcerated populations	bb. Community-based outreach	cc. Medical male circumcision	dd. Focused anti-discrimination & stigma activities	ee. Linkages & referrals to psycho-social support services	ff. Linkages & referrals to health care & antiretroviral treatment	gg. Linkages & referrals to other HIV-prevention services	hh. Advocacy	ii. Alcohol prevention & treatment	ij. Prevention & response to sexual violence	kk. Gender-sensitivity training for uniformed personnel	ll. Other (specify)	mm. Other (specify)	nn. Other (specify)	oo. Other (specify)	pp. Other (specify)	qq. Other (specify)	rr. Rural
2.9.0 National level																		
2.9.1 Accra Metropolitan																		
2.9.2 Ada West																		
2.9.3 Adenta Municipal																		
2.9.4 Ashaiman Municipal																		
2.9.5 Dangme East																		
2.9.6 Dangme West																		

2.9.7 Ga Central																				
2.9.8 Ga East Municipal																				
2.9.9 Ga South Municipal																				
2.9.10 Ga West Municipal																				
2.9.11 Kpone Katamanso																				
2.9.12 La Dade Kotopon Municipal																				
2.9.13 La Nkwantanang Madina																				
2.9.14 Ledzokuku-Krowor Municipal																				
2.9.15 Ningo Prampram																				
2.9.16 Tema Metropolitan																				

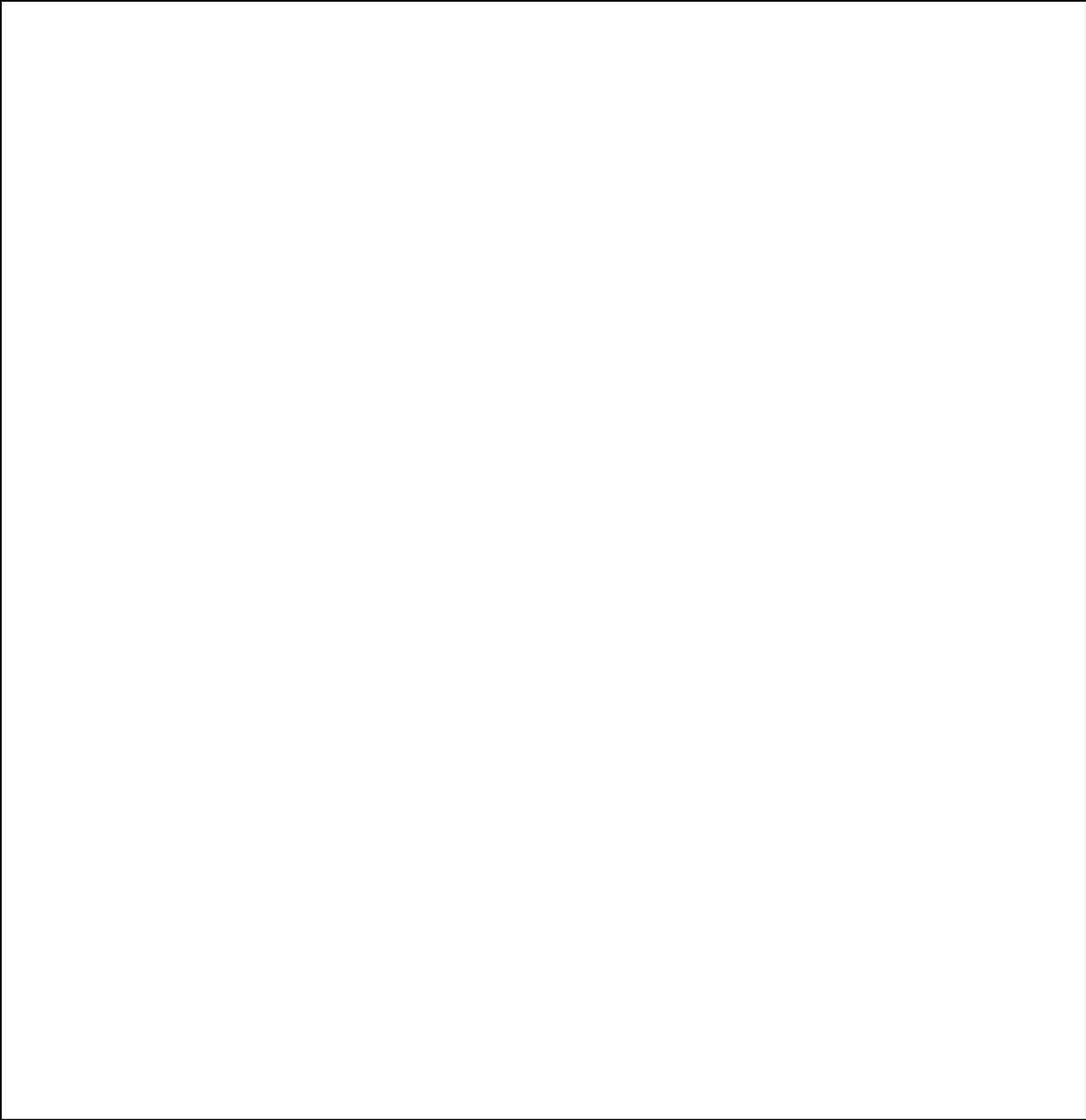
2.9.17aa Comments and/or additional information about projects implemented

6. OBJECTIVES, CHALLENGES, OPPORTUNITIES AND ORGANIZATION NEEDS TO CONTRIBUTE TO THE NATIONAL HIV-PREVENTION RESPONSE

Time Period	Objectives	Challenges	Opportunities	Needs
Short term (1 year)				
Medium term (3 years)				
Long term (6 years)				

FINAL COMMENTS

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MEASURE Evaluation

KYR Synthesis: District Health Facility Questionnaire

Ghana Pilot Test

March 2013

INTERVIEW INFORMATION

USAID's MEASURE Evaluation project is completing a situation analysis of the HIV/AIDS prevention response in Ghana with the goal of identifying principle implementers (geographic location, programmatic areas, populations served, source and level of financial resources), programmatic needs, and opportunities for the future. The results of this interview will help the USAID and the country to define actions and strategies to strengthen the national response to the HIV epidemic.

A key source of information for this analysis is interviews with district health officers regarding HIV interventions based at private and public health facilities. The objectives of this questionnaire are to assess the extent to which district-level health facilities address technical HIV prevention recommendations, and to determine barriers and facilitators to full implementation of technical recommendations. Your participation in this interview is voluntary. It is not expected that every district would or should be implementing each and every HIV intervention asked about in this interview. However, understanding the response at both the regional and district level will help the country plan for ongoing HIV prevention planning and coordination. Completing this questionnaire should take approximately 1 hour.

Basic Information about Key Informant

001 Date of Interview: _____ / _____ / _____
(001a) Day (001b) Month (001c) Year

002 District:

003 Name:

004 Title:

005 Agency/Organization:

006 Length of Time at Agency/Organization:

007 Phone number:

008 E-Mail:

009 Name of Interviewer:

010 Start time: _____

(110a) Hours (110b) Minutes (110c) AM/PM

QUESTIONNAIRE OVERVIEW:

The district questionnaire contains three sections that include the following:

Section 1: HIV-related interventions at health facilities

This section of the questionnaire explores the availability and provision of various HIV-related interventions at health facilities in the **district**, by intervention type. It includes questions on the following topics:

- Patient services
- Service delivery, safety, and administration

Section 2: Health facility service checklist

This section of the questionnaire attempts to understand whether selected interventions are available at **each facility** in the district. It is not expected that all services asked about will be available at each facility and some services may be available regionally, but not in the district.

Now we would like to ask about the major HIV-prevention interventions that are being implemented by health facilities in the district. Please answer to the best of your ability. For coverage questions (e.g., percent of public and private health facilities in this district that provide a service), the following are the response options:

1. **None** - The service is not available in **any** public and private facility in the district.
2. **1 – 49%** - This service is available in under half of the public **and** private facilities in the district.
3. **50 – 99%** - This service is available in over half of the public **and** private facilities in this district.
4. **All** - This service is available in all of the public **and** private facilities in this district.

Interventions Affecting Knowledge, Attitudes, and Beliefs and Influencing Psychological and Social Risk Correlates

101.	Have any health facilities in this district directly sponsored HIV mass media campaigns in the past 12 months	Yes.....1 No.....2 (SKIP to Q103)			
102.	Proportion of the district population reached by HIV prevention mass media campaigns directly sponsored by health facilities in the past 12 months.	None	1 -49%	50 -99%	All
103.	Proportion of the district population reached by interpersonal HIV-prevention education and persuasion programs, and face-to-face interactive dialogue (NOT including pre and post-test counseling as part of HIV testing) conducted at health facilities in the past 12 months	None	1 -49%	50 -99%	All

104.	What sources of data supported the answer to Q103?	<p>CIRCLE ALL THAT APPLY</p> <p>Key Informants.....A Service Registers.....B District Reports.....C Other.....D</p> <p>(Specify: _____)</p>			
105.	<p>Please indicate whether any of the following were specific target groups for interpersonal HIV prevention education and persuasion programs and face-to-face interactive dialogue at any health facility in the district in the past 12 months.</p> <p>CIRCLE ALL THAT APPLY</p>	<p>General population.....A Female sex workers.....B Men who have sex with men.....C Transgender people.....D Youth aged 15-24.....E People living with HIV/AIDS.....F Refugee and displaced populations.....G Mobile and migrant populations.....H Injecting drug users.....I Pregnant women.....J Health care workers.....K Prisoners/other people in closed settings L Uniformed personnel.....M Male circumcision clients.....N</p> <p>Other.....O (Specify: _____)</p>			
106.	Proportion of the district adolescent population (Ages 15-24) reached by sexual education by health facility staff in the past 12 months	None	1 -49%	50 -99%	All
107.	Proportion of the district's health-care workers who received education to promote adherence to universal precautions in the past 12 months	None	1 -49%	50 -99%	All

108.	Proportion of the district population reached by HIV prevention counseling in the past 12 months	None	1 -49%	50 -99%	All
109.	Has there been a campaign at health facilities discussing violence against women in the district in the past 12 months?	Yes.....1 No.....2 (SKIP to Q111)			
110.	Please describe the health facility campaign on violence against women conducted in last 12 months.	<hr/> <hr/> <hr/>			

Harm reduction interventions (lowering risk of a behavior but not eliminating the behavior)					
111.	What percentage of all health facilities in the district offer socially marketed male condoms	None	1 -49%	50 -99%	All
112.	What percentage of all health facilities in the district offer socially marketed female condoms	None	1 -49%	50 -99%	All
113.	Proportion of the district's health-care workers who received education to promote adherence to universal precautions in the past 12 months	None	1 -49%	50 -99%	All
114.	Proportion of the district's health care facilities that provide needle and syringe exchange services	None	1 -49%	50 -99%	All
115.	Proportion of the district's health-care facilities that have the equipment required for universal precautions (e.g gloves, masks, gowns, sterile syringes and needles, safe disposal protocols, etc.)	None	1 -49%	50 -99%	All

116.	Does the district health system provide safe spaces for vulnerable populations to use prevention services, to inject drugs safely? For example, a dedicated, private office where injecting drug users or MSM can get information on HIV prevention.	Yes.....1
		If yes, please describe:

		No.....2

Biological/biomedical interventions that reduce HIV infection and transmission risk					
117.	What % of public and private health facilities offers services to diagnose and treat sexually transmitted infections.	None	1 -49%	50 -99%	All
118.	What % of public and private health facilities have a post-exposure prophylaxis protocol (providing clear instructions to follow in case of accidental exposure to blood or body fluids)?	None	1 -49%	50 -99%	All
119.	Are health care workers in the District provided free access to post-exposure antiretroviral prophylaxis for HIV?	No (skip to Q122)	Yes, some	Yes, all (skip to Q122)	

120.	Which health care workers in the District are provided free access to post-exposure antiretroviral prophylaxis for HIV?	<p style="text-align: right;">(circle all that apply)</p> <p>Nurses.....A</p> <p>Doctors.....B</p> <p>Clinical/Assistant Officers.....C</p> <p>Managers.....D</p> <p>Pharmacists/dispensers.....E</p> <p>HIV counselors.....F</p> <p>Laboratory technicians.....G</p> <p>HMIS staff.....H</p> <p>Community Health Workers.....I</p> <p>Social workers.....J</p> <p>Other (Please list).....K</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>			
121.	What % of public and private health facilities routinely offer family planning services specifically for HIV-positive men and women	None	1 -49%	50 -99%	All
122.	What % of public and private health facilities offer medical male circumcision services?	None	1 -49%	50 -99%	All
123.	What % of public and private health facilities offer PMTCT services?	None	1 -49%	50 -99%	All

124.	What % of public and private health facilities offer breastfeeding substitutes for HIV-positive mothers?	None	1 -49%	50 -99%	All
125.	Are blood donation or transfusion services available in the district?	Yes, both.....1 Yes, donation only.....2 Yes, transfusion only.....3 (SKIP to Q130) No.....4 (SKIP to Q131)			
126.	For facilities in the District that collect blood donations, what % test/screen donor blood for major transfusable infections, including HIV?	None	1 -49%	50 -99%	All
127.	For facilities in the District that collect blood donations, what % have pre-donation counseling available for blood donors?	None	1 -49%	50 -99%	All
128.	For facilities in the District that collect blood donations, what % have post-donation counseling available for blood donors in the district?	None	1 -49%	50 -99%	All
129.	For facilities in the District that collect blood donations, what % have long term follow-up and care available for those donors found infected with HIV, hepatitis, or other transfusion-transmissible infections?	None	1 -49%	50 -99%	All
130.	For facilities in the District that offer blood transfusions, what % had any interruption in blood availability over the previous 3 months?	None	1 -49%	50 -99%	All

131.	Please briefly describe any challenges the district faces in providing blood donation and/or transfusion services:				
132.	Please briefly describe any particularly successful blood donation and/or transfusion initiative in your district:				
133.	To what do you attribute this success?				
134.	Are sperm donation services available in the district?	Yes.....1 No.....2 (SKIP to Q171)			
135.	For facilities in the District that collect sperm donations, what % test/screen donor blood for major transfusable infections, including HIV?	None	1 -49%	50 -99%	All
136.	What % of public and private health facilities are routinely able to use gloves and protective clothing during all medical procedures?	None	1 -49%	50 -99%	All
137.	Please estimate the percentage of health facilities in this district that offer drug treatment, including drug substitution therapy for injecting drug users.	None	1 -49%	50 -99%	All

138.	Is there a published District-level strategy/protocol for injection safety?	<p style="text-align: right;">Yes.....1</p> <p style="text-align: right;">No.....2</p> <p style="text-align: right;">(SKIP to Q140)</p>			
139.	It can be difficult in some contexts to ensure that health facilities follow District-level recommendations. Please estimate the percentage of health facilities in this district that you believe are able to completely follow the strategy/protocol for injection safety?	None	1 -49%	50 -99%	All
140.	Has the district health system carried out training or other communication with health care workers regarding injection over use?	<p style="text-align: right;">Yes.....1</p> <p style="text-align: right;">If yes, please describe:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">No.....2</p>			
141.	Has the district carried out communication with communities regarding injection over use?	<p style="text-align: right;">Yes.....1</p> <p style="text-align: right;">If yes, please describe:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">No.....2</p>			

142.	Please briefly describe any other challenges (not already mentioned) the district faces related to injection and occupational safety.				
143.	Please briefly describe any particularly successful initiative related to injection and occupational safety in the district:				
144.	To what do you attribute this success?				
145.	It can be difficult in some contexts to ensure that health facilities regularly and adequately disinfect medical equipment. Please estimate the percentage of public and private health facilities in this district that you believe regularly and adequately disinfect medical equipment?	None	1 -49%	50 -99%	All
146.	Please indicate which of the following is the most commonly used type of needles and syringes for general health services (apart from immunization activities) in the district.	Disposable.....1 Re-usable.....2 Auto-destruct.....3			

147.	Please indicate which of the following is the most commonly used method of sterilization for general health services.	Autoclave.....1 Sterilizers.....2 Pressure pots.....3 Boiling pot.....4 Other.....5 (Specify: _____) _____)			
148.	What % of health facilities in the district provide for safe medical waste management with separate containers and adequate disposal systems for sharps, other infectious or hazardous waste, and non-infectious and non-hazardous waste? By adequate disposal system we mean burned incinerator, etc.	None	1 -49%	50 -99%	All
149.	Are health care workers in the District trained to identify and control occupational hazards that would expose them to HIV?	No (skip to Q151)	Yes, some	Yes, all (skip to Q151)	

150.	Which health care workers in the District are trained to identify and control occupational hazards that would expose them to HIV?	<p>(circle all that apply)</p> <p>Nurses.....A</p> <p>Doctors.....B</p> <p>Clinical/Assistant Officers.....C</p> <p>Managers.....D</p> <p>Pharmacists/dispensers..E</p> <p>HIV counselors.....F</p> <p>Laboratory technicians.....G</p> <p>HMIS staff.....H</p> <p>Community Health Workers.....I</p> <p>Social workers.....J</p> <p>Other.....K (Please list: _____)</p>
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Mitigation of barriers to prevention and negative social outcomes of HIV infection				
151.	Do health care workers in the District receive sensitization training for working with people living with HIV?	No (skip to Q153)	Yes, some	Yes, all (skip to Q153)

152.	Which health care workers in the District receive sensitization training for working with people living with HIV?	<p>(circle all that apply)</p> <p>Nurses.....A</p> <p>Doctors.....B</p> <p>Clinical/Assistant Officers.....C</p> <p>Managers.....D</p> <p>Pharmacists/dispensers.....E</p> <p>HIV counselors.....F</p> <p>Laboratory technicians.....G</p> <p>HMIS staff.....H</p> <p>Community Health Workers.....I</p> <p>Social workers.....J</p> <p>Other.....K (Please list: _____)</p>
153.	Are there programs in the district health facilities aimed at self-help and solidarity/social support for HIV-positive persons?	<p>Yes.....1</p> <p>No.....2</p>
154.	Are there programs in the district health facilities aimed at promoting self-help and solidarity/social support for family and caretakers of people living with HIV?	<p>Yes.....1</p> <p>No.....2</p>
155.	Do any health facilities in the district directly provide any of the following services directly to PLWH? By directly provide we mean delivering the service themselves and not by referral to other programs in the district.	<p>Home-based care services for people living with HIV/AIDS and their families.....A</p> <p>Support groups for PLWHB</p> <p>Fee exemptions for PLWH and their families.....C</p> <p>Legal services for PLWH.....D</p>

		<p style="text-align: center;">Counseling or health education for prevention of transmission of HIV.....E</p> <p style="text-align: center;">Specialized services for OVC.....F</p> <p style="text-align: center;">Education on HIV care for patients and their families.....G</p> <p style="text-align: center;">Other.....H</p> <p>(Specify: _____)</p> <p>_____)</p>
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Mitigation of biological outcomes of HIV infection					
156.	What percentage of public and private health facilities in the district provide tuberculosis screening and treatment services?	None	1 -49%	50 -99%	All
157.	What percentage of public and private health facilities in the district provide HIV treatment with antiretroviral drugs?	None	1 -49%	50 -99%	All

158.	What percentage of public and private health facilities in the district provide antiretroviral therapy adherence counseling?	None	1 -49%	50 -99%	All
159.	What percentage of public and private health facilities in the district provide HIV-related opportunistic infection prophylaxis and treatment?	None	1 -49%	50 -99%	All
160.	What percentage of public and private health facilities in the district provide treatment of hepatitis for HIV/hepatitis co-infected people? Here, we could also include prevention of hepatitis (through vaccination, counseling, etc.)	None	1 -49%	50 -99%	All
161.	What percentage of public and private health facilities in the district provide hepatitis prevention (through vaccination and counseling, etc.) services?	None	1 -49%	50 -99%	All
162.	Are there programs provided by health facilities in the district providing palliative care for people living with HIV? These may be programs at health facilities or through community groups or other organizations. Palliative care may include food and nutrition support, mental health care, provision of pain medications and other activities to help prevent, assess and treat pain and other physical, psychosocial and spiritual problems in people living with HIV.	<p style="text-align: right;">Yes.....1</p> <p style="text-align: right;">No.....2 (SKIP to Q164)</p>			
163.	Please estimate, to the best of your knowledge, what percentage of people who need palliative HIV care (including adequate pain control), currently receive it?	None	1 -49%	50 -99%	All

164.	What percentage of public and private health facilities in the district provide food and nutrition support for people living with HIV?	None	1 -49%	50 -99%	All
165.	What percentage of public and private health facilities in the district provide mental health care for people living with HIV?	None	1 -49%	50 -99%	All

Standardized hybrid interventions in common use			
HIV Prevention Services Provided: We now have some questions regarding the number of clients seen in health facilities in the district for HIV-prevention services and related population numbers.			
No.	Question	Answer	
For each of the following, please tell me the number of clients (men and women separately) in this district that received the service in the past 12 months. Note to interviewer: ENTER "0" if none. ENTER "999" if don't know.		# Men	# Women
166.	Client initiated HIV counseling and testing (client received results)		
167.	Provider initiated HIV counseling and testing (client received results)		
168.	PMTCT	N/A	
169.	Post-exposure prophylaxis		
170.	HIV treatment with antiretroviral therapy		
171.	Antiretroviral therapy adherence counseling		
172.	Medical male circumcision		N/A
173.	Syndromic management of STIs		
174.	Sexual risk reduction counseling		
175.	Family planning for people living with HIV		
176.	Mental health care for people living with HIV		

177.	TB screening and treatment for people living with HIV		
178.	Needle and syringe programs for IDUs		
179.	Drug dependence treatment (such as opioid substitution therapy) for IDUs		
Now please tell me the district population #s (men and women separately) for the following categories. <i>Note to interviewer:</i> ENTER "0" if none . ENTER "999" if don't know .			
180.	District population		
181.	# of health facility staff		
182.	# of people living with HIV		
183.	# of pregnant women presenting for antenatal care (in the past 12 months?)	N/A	
184.	# of HIV+ pregnant women presenting for antenatal care in the past 12 months	N/A	
185.	# of IDUs		
186.	# of youth (ages 15-24 years of age)		

187. Please briefly describe any challenges the district faces in providing any of the above-noted HIV prevention services.

188. Please describe a HIV prevention service in your district that you believe has been particularly successful:

189. To what do you attribute this success?

STAFF TRAINING, SUPPORT, AND SERVICES: We would also like to ask about services, training and support provided to personnel in the health workforce related to working with people living with HIV. The answer options are: “none,” “1-49% of facilities,” “50-99% of facilities,” or “all facilities.”					
No.	Question	Answer			
		None	1 -49%	50 -99%	All
	For each of the following, please estimate (to the best of your knowledge) the percent of public and private facilities in this district with at least one health worker who has, within the last 2 years, received pre-service or in-service training on:				
190.	Adolescent sexual and reproductive health (ASRH)	None	1 -49%	50 -99%	All
191.	HIV/AIDS opportunistic infection treatment and care	None	1 -49%	50 -99%	All
192.	HIV/AIDS counseling only	None	1 -49%	50 -99%	All
193.	HIV/AIDS counseling and testing	None	1 -49%	50 -99%	All
194.	Anti-retroviral therapy adherence counseling	None	1 -49%	50 -99%	All
195.	PMTCT	None	1 -49%	50 -99%	All
196.	Prevention with HIV-positive persons	None	1 -49%	50 -99%	All
197.	General HIV prevention education	None	1 -49%	50 -99%	All

198.	Infection control/universal precautions for handling blood and other bodily fluids	None	1 -49%	50 -99%	All
199.	Waste management including safe waste disposal	None	1 -49%	50 -99%	All
200.	Safe Injection practices	None	1 -49%	50 -99%	All
201.	Family planning for HIV+ people and their partners	None	1 -49%	50 -99%	All
202.	Health services/ case management	None	1 -49%	50 -99%	All
203.	Drug and supplies management	None	1 -49%	50 -99%	All
204.	Diagnosis and treatment of TB	None	1 -49%	50 -99%	All
205.	Nutrition counseling for PLWH	None	1 -49%	50 -99%	All
206.	Nutrition counseling for newborns of HIV-infected mothers	None	1 -49%	50 -99%	All
207.	Gender-based violence prevention and treatment	None	1 -49%	50 -99%	All
208.	Confidentiality, rights, and non-discrimination practices for working with clients living with HIV	None	1 -49%	50 -99%	All

209. Please briefly describe any challenges the district faces related to staff training and support for HIV-prevention services.

210. Please briefly describe any particularly successful initiative related to staff training and support for HIV-prevention services in the district:

211. To what do you attribute this success?

SERVICE DELIVERY, SAFETY, AND ADMINISTRATION

<p>SERVICE DELIVERY AND ADMINISTRATION: We would like to ask about the service delivery system available in the entire district, including linkages and integration of services, demand for services and management. There are a variety of response types that I will read to you.</p>		
No.	Question	Answer
212.	Is there a system for referring HIV patients between levels of the health system in the district (from primary to secondary to tertiary or specialist care)?	<p>Yes.....1</p> <p>No.....2 (skip to Q214)</p>
213.	Please describe any challenges faced in this referral system.	<hr/> <hr/> <hr/> <hr/> <hr/>

214.	<p>Is service provision for HIV-related services integrated at ALL levels of the health system in the district? An example of this integration would be a patient being able to receive services for both PMTCT and TB management from the same health care worker or team of health care workers.</p> <p><i>Integrated refers to delivering multiple services or interventions to the same patient either by an individual health care worker or a team of health care workers.</i></p>	<p>Yes.....1</p> <p>No..... 2 (skip to Q216)</p>
215.	<p>Please briefly describe any barriers to integration of HIV-related services.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>
216.	<p>Do HIV-related service providers in health facilities always, often, sometimes or never provide referrals to non-health services intended to benefit PLWH and their families (such as education, social welfare, community-based organizations, etc.)?</p>	<p>Always.....1</p> <p>Often.....2</p> <p>Sometimes.....3</p> <p>Never.....4 (skip to Q219)</p>
217.	<p>How do service providers obtain information about non-health services intended to benefit PLWH and their families that are available in their communities, to which they may refer clients?</p>	<hr/> <hr/> <hr/> <hr/> <hr/>

218.	Please briefly describe any challenges faced when referring from an HIV-related health service to other types of (non-health) services (such as education, social welfare, community-based organizations, etc.).	<hr/> <hr/> <hr/> <hr/> <hr/>
219.	<p>How often do district managers undertake strategic and operational planning to ensure efficient service delivery of HIV-related services within the district?</p> <p><i>Planning can include reviewing existing policies and strategies, setting district program priorities, selecting key district indicators and targets</i></p>	Monthly.....1 Bimonthly.....2 Quarterly.....3 Semiannually.....4 Annually.....5 As needed.....6 Other.....7 (Please list: _____)
220.	Are there activities in the district to raise public awareness about HIV-related services?	Yes.....1 No.....2 (skip to Q223)
221.	Are there activities in the district to reduce stigma or other obstacles to increase demand for HIV-related services?	Yes.....1 No.....2 (skip to Q223)
222.	Please briefly describe these public awareness/anti-stigma activities.	<hr/> <hr/> <hr/>
223.	Do any health facilities in this district offer outreach services for the express purposes of HIV prevention?	Yes.....1 No.....2 (SKIP to Q225)

224.	Please briefly describe outreach services for HIV prevention that are offered by health facilities in this district.	<hr/> <hr/> <hr/>
225.	Is there a district-level HIV/AIDS prevention technical group (name country specific)?	Yes.....1 No.....2 If NO, SKIP to Q228
226.	How often does the district-level HIV/AIDS prevention technical group meet?	Monthly.....1 Bimonthly.....2 Quarterly.....3 Semiannually.....4 Annually.....5 As needed.....6 Other.....7 (Please list: _____)
227.	Does the district-level HIV/AIDS prevention technical group have a written mandate?	Yes.....1 No.....2
228.	Is there a published district-level HIV/AIDS prevention strategy?	Yes.....1 No.....2

229. Please briefly describe any other challenges (not already mentioned) the district faces related to the service delivery system and administration for HIV-prevention services.

230. Please briefly describe any particularly successful initiative related to the service delivery system and administration for HIV-prevention services in the district:

231. To what do you attribute this success?

SECTION 2: Government/Public Health Facility Services Checklist

Instructions

This section asks about facilities in the district. We are interested in knowing where selected interventions are available at various levels of the health system. It is not expected that all the services asked about will be available at every facility in the district. Some services may be available regionally but not in the district. This information will help in planning allocation of services, nation-wide.

Preliminary information includes:

There are 6 facility types, coded as follows:

- 1 **Tertiary/third level hospital** (these generally provide training as well as specialized care)
- 2 **Second level referral hospital** (this is generally the regional level hospital)
- 3 **First level hospital** such as district level hospitals **Specialist hospitals e.g. psychiatric**
- 4 **Polyclinic**
- 5 **Health center/Clinic**
- 6 **Health post/CHPS Compound**

Note: This is country specific; make sure these correspond to the types of facilities being used on the first page of the facility questionnaire.

Confirming facility listing:

For this section, you will need to sit with the respondent and review the list you have of existing facilities. For **each** facility, make sure all the information is correct. That is: its name, location (village, town, or city name). Then ask if the services of interest are available in **each**.

Explore whether additional facilities exist that are not listed:

If there are some facilities that are not listed, write these in the additional rows provided. Collect the same information as you did for the facilities that were already listed.

Acronyms:

PMTCT:	Prevention of Mother-To-Child Transmission of HIV
HIV:	Human Immune-deficiency virus
ARV:	Antiretroviral
ART:	Antiretroviral therapy
TB:	Tuberculosis

	GOVERNMENT/PUBLIC HEALTH FACILITIES								
	1	2	3	4	5	6	7	8	9
301. Facility name:									
302. Facility type:									
303. Facility code:									
304. Rural or urban:									
305. Locality name:									
306a. Population (#) covered: Men									
306b. Population (#) covered: Women									
307. In-house Client- Initiated HIV Testing and Counseling (CITC)									
308. In-house Provider- Initiated HIV Testing and Counseling (PITC)									
309. In-house couples base voluntary counseling and testing (VCT)									
310. Mobile counseling and testing unit									
311. In-house blood donor HIV testing and counseling									
312. Condom use education, promotion and support									
313. In-house STI testing									
314. In-house STI treatment provision									
315. In-house STI/HIV risk reduction education and counseling									
316. Medicinal male circumcision									
317. Non-occupational post-exposure prophylaxis (for sexual assault)									
318. PMTCT									
319. Cesarean delivery									

320. Family planning									
321. ARV therapy									
322. In-house viral load counts									
323. In-house CD4 counts									
324. In-house laboratory TB testing									
325. In-house malaria microscopy									
326. TB treatment									
327. PLWH illness-prevention treatments									
328. PLWH support groups									
329. Management of HIV-associated opportunistic infections/co-morbidities									
330. HIV home-based care/outreach									
331. Youth-friendly SRH services									

	GOVERNMENT/PUBLIC HEALTH FACILITIES CONTINUED								
	10	11	12	13	14	15	16	17	18
301. Facility name:									
302. Facility type:									
303. Facility code:									
304. Rural or urban:									
305. Locality name:									
306a. Population (#) covered: Men									
306b. Population (#) covered: Women									
307. In-house Client- Initiated HIV Testing and Counseling (CITC)									
308. In-house Provider- Initiated HIV Testing and Counseling (PITC)									
309. In-house couples base voluntary counseling and testing (VCT)									
310. Mobile counseling and testing unit									
311. In-house blood donor HIV testing and counseling									
312. Condom use education, promotion and support									
313. In-house STI testing									
314. In-house STI treatment provision									
315. In-house STI/HIV risk reduction education and counseling									
316. Medicinal male circumcision									
317. Non-occupational post-exposure									

prophylaxis (for sexual assault)									
318. PMTCT									
319. Cesarean delivery									
320. Family planning									
321. ARV therapy									
322. In-house viral load counts									
323. In-house CD4 counts									
324. In-house laboratory TB testing									
325. In-house malaria microscopy									
326. TB treatment									
327. PLWH illness-prevention treatments									
328. PLWH support groups									
329. Management of HIV-associated opportunistic infections/co-morbidities									
330. HIV home-based care/outreach									
331. Youth-friendly SRH services									

	GOVERNMENT/PUBLIC HEALTH FACILITIES CONTINUED								
	19	20	21	22	23	24	25	26	27
301. <i>Facility name:</i>									
302. <i>Facility type:</i>									
303. <i>Facility code:</i>									
304. <i>Rural or urban:</i>									
305. <i>Locality name:</i>									
306a. <i>Population (#) covered: Men</i>									
306b. <i>Population (#) covered: Women</i>									
307. In-house Client-Initiated HIV Testing and Counseling (CITC)									
308. In-house Provider-Initiated HIV Testing and Counseling (PITC)									
309. In-house couples base voluntary counseling and testing (VCT)									
310. Mobile counseling and testing unit									
311. In-house blood donor HIV testing and counseling									
312. Condom use education, promotion and support									
313. In-house STI testing									
314. In-house STI treatment provision									
315. In-house STI/HIV risk reduction education and counseling									
316. Medicinal male circumcision									
317. Non-occupational post-exposure prophylaxis (for sexual									

assault)									
318. PMTCT									
319. Cesarean delivery									
320. Family planning									
321. ARV therapy									
322. In-house viral load counts									
323. In-house CD4 counts									
324. In-house laboratory TB testing									
325. In-house malaria microscopy									
326. TB treatment									
327. PLWH illness-prevention treatments									
328. PLWH support groups									
329. Management of HIV-associated opportunistic infections/co-morbidities									
330. HIV home-based care/outreach									
331. Youth-friendly SRH services									

332 End time: _____

(332a) Hours

(332b) Minutes

(332c) AM/PM

MEASURE Evaluation Tools

KYR Synthesis: District Questionnaire – Governmental non-health sector HIV prevention programs

Ghana Pilot Test

March 2013

QUESTIONNAIRE INFORMATION

USAID's MEASURE Evaluation project is completing a situation analysis of the HIV/AIDS prevention response in Ghana with the goal of identifying principle implementers (geographic location, programmatic areas, populations served, source and level of financial resources), programmatic needs and opportunities for the future. The results of this questionnaire will help the USAID and the country to define actions and strategies to strengthen the national response.

A key source of information for this analysis is with district level officials knowledgeable about HIV/AIDS activities in the education, uniformed services, prison, refugee/displaced person, and mental health sectors of government. The objectives of this questionnaire are to assess the extent to which district-level services address technical HIV prevention recommendations, and to determine barriers and facilitators to full implementation of technical recommendations.

Who can complete this questionnaire: This questionnaire requires knowledge of HIV/AIDS activities in the education, uniformed services, prison, and refugees and displaced persons camp/settlement, and mental health sectors. If there is one district official, such as a District AIDS Coordinator, who has all of this information, he/she can answer this questionnaire alone. If not, the relevant sections of the questionnaire can be completed by multiple officials who work in the specific sectors covered by the questionnaire sections.

Your participation in completion of this questionnaire is voluntary. It should take approximately 15 minutes per section.

QUESTIONNAIRE OVERVIEW:

The district questionnaire contains four sections that include the following:

Section 1: Public school HIV prevention activity checklist

This section asks about programs and support for HIV prevention that may be provided by the government in the district's public basic and secondary schools. It requires listing all the public schools in the district and completing a checklist of HIV prevention activities.

Section 2: HIV Programs/support for uniformed personnel

This section asks about programs and support for HIV prevention that may be provided by the government for the district's uniformed personnel.

Section 3: HIV Programs/support for prison populations

This section asks about programs and support for HIV prevention that may be provided by the government in the district's prisons. It requires listing all the prisons in the district and completing a checklist of HIV prevention activities.

Section 4: HIV Programs/support for refugees and displaced persons

This section asks about programs and support for HIV prevention that may be provided by the government in the district's camps/settlements for refugees and displaced persons.

Section 5: Checklist of HIV services for mental health institution populations

This section asks about programs and support for HIV prevention that may be provided by the government in the district's prisons. It requires listing all the mental health institutions in the district and completing a checklist of HIV prevention activities.

SECTION 1: Public School HIV Prevention Activity Checklist

Basic Information about Key Informant

101 Date of Interview: _____ / _____ / _____
(101a) Day (101b) Month (101c) Year

102 District:

103 Name:

104 Title:

105 Agency/Organization:

106 Length of Time at Agency/Organization:

107 Phone number:

108 E-Mail:

109 Name of Interviewer:

110 Start time: _____
(110a) Hours (110b) Minutes (110c) AM/PM

Instructions

This section asks about each public school in the district. We are interested in knowing where selected programs/services are directly provided by the government. It is not expected that all the activities asked about will be available at every public school in the district. Some activities may be available regionally but not in the district. Please note that we do not want information on activities being provided by non-governmental organizations.

Please fill in the information in the table for every public school in your district. For each school, mark in the boxes below with an X if the service/program is available at that school.

There are 2 school types, coded as follows:

- 1 **Public basic school**
- 2 **Public secondary school**

	PUBLIC BASIC AND SECONDARY SCHOOLS												
	1	2	3	4	5	6	7	8	9	10	11	12	13
111. School name:													
112. School type: Basic=1; Secondary=2													
113. School code:													
114. Rural or urban													
115. Locality name:													
116a. Male student population (#)													
116b. Female student population (#)													
117. Sexual education coursework													
118. HIV/AIDS prevention curricula													
119. Offers information on where to obtain HIV testing													
120. Onsite peer (student to student) educators for HIV prevention													
121. Programs to involve parents in HIV prevention													
121. School clubs focused on HIV prevention													
121. Has a school-based HIV/AIDS committee													
122. Teachers have undergone training in HIV prevention													
123. Condoms available onsite for students													

124. Please briefly describe any challenges public schools in your district face in providing HIV prevention programs/support

125 End time: _____
(125a) Hours (125b) Minutes (125c) AM/PM

SECTION 2: HIV Programs/support for Uniformed Personnel

Basic Information about Key Informant

201 Date of Interview: _____ / _____ / _____
(201a) Day (201b) Month (201c) Year

202 District:

203 Name:

204 Title:

205 Agency/Organization:

206 Length of Time at Agency/Organization:

207 Phone number:

208 E-Mail:

209 Name of Interviewer:

210 Start time: _____
(210a) Hours (210b) Minutes (210c) AM/PM

Instructions:

This questionnaire should only be completed if your district has uniformed personnel such as the military or police.

We would like to ask about the HIV-prevention programs/services that are being directly provided by the government to uniformed personnel in the district. It is not expected that all the activities asked about will be available in every district. Some activities may be available regionally but not in the district. Please note that we do not want information on activities being provided by non-governmental organizations.

Please answer to the best of your ability. For coverage questions (e.g., what proportion of uniformed personnel have received a given service), the following are the response options:

5. **None** – This program/support is not provided by the government to the uniformed personnel in this district.
6. **1 – 49%** - This program/support is provided by the government to less than half of the uniformed personnel in this district
7. **50 – 99%** - This program/support is provided by the government to over half of the uniformed personnel in this district
8. **All** - This program/support is provided by the government to all of the uniformed personnel in this district

212.	Are any government offices working with uniformed personnel in this district on HIV/AIDS prevention, care, and/or treatment?	Yes.....1 No.....2 (skip to Q311) N/A (no uniformed personnel in District).....3 (skip to Q311)			
213.	What proportion of the uniformed personnel in the district has been reached by government-provided interpersonal HIV-prevention education and persuasion programs, face-to face, interactive dialogue targeted specifically to uniformed personnel, in the past 12 months?	None	1 -49%	50 -99%	All
214.	What proportion of the uniformed personnel in the district has been reached by government-provided female or male condom distribution, targeted specifically to uniformed personnel, in the past 12 months?	None	1 -49%	50 -99%	All
215.	What proportion of the uniformed personnel in the district has been reached by government-provided condom social marketing targeted specifically to uniformed personnel, in the past 12 months?	None	1 -49%	50 -99%	All
216.	Has there been a government-provided voluntary counseling and testing for HIV campaign (“know your	Yes.....1 No.....2			

	status”) targeted specifically to uniformed personnel in the district in the past 12 months?	
217.	Are there government-provided PLHA support groups targeted specifically to uniformed personnel in the district?	Yes.....1 No.....2
218.	Are there government-provided alcohol abuse treatment programs targeted specifically to uniformed personnel in the district?	Yes.....1 No.....2
219.	In the past 12 months, has there been a government-provided campaign addressing gender issues (such as gender-based violence or gender inequalities), targeted specifically to uniformed personnel?	Yes.....1 No.....2
220.	Is there a military hospital/health center/clinic in the District?	Yes.....1 No.....2
221.	In this district, where can uniformed personnel get voluntary counseling and testing (VCT) for HIV services?	<u>Choose all that apply:</u> Military hospital/health center/clinic.....1 Other uniformed personnel –specific hospital/health center/clinic.....2 Public health clinics.....3 Private health clinics.....4 Not applicable – VCT services unavailable5
222.	In this district, where can uniformed personnel get HIV antiretroviral drug treatment (ART) and services?	<u>Choose all that apply:</u> Military hospital/health center/clinic.....1 Other uniformed personnel–specific hospital/health center/clinic.....2 Public hospital/health center/clinic.....3 Private hospital/health center/clinic.....4 Not applicable – ART unavailable5

223. Please briefly describe any challenges your district faces in providing HIV prevention programs/support to uniformed personnel.

224 End time: _____
(224a) Hours (224b) Minutes (224c) AM/PM

SECTION 3: HIV Programs/support for Prison Populations

Basic Information about Key Informant

301 Date of Interview: _____ / _____ / _____
(301a) Day (301b) Month (301c) Year

302 District:

303 Name:

304 Title:

305 Agency/Organization:

306 Length of Time at Agency/Organization:

307 Phone number:

308 E-Mail:

309 Name of Interviewer:

310 Start time: _____ : _____ : _____
(310a) Hours (310b) Minutes (310c) AM/PM

Instructions:

This questionnaire should only be completed if your district has a prison or jail.

We would like to ask about the HIV-prevention programs/services that are being directly provided by the government to prison populations in the district. It is not expected that all the activities asked about will be available at every prison. Some activities may be available regionally but not in the district. Please note that we do not want information on activities being provided by non-governmental organizations.

Please answer to the best of your ability. For coverage questions (e.g., what proportion of the prison population has been reach by a certain program), the following are the response options:

1. **None** – This program/support is not provided by the government to the prison population in this district.
2. **1 – 49%** - This program/support is provided by the government to less than half of the prison population in this district
3. **50 – 99%** - This program/support is provided by the government to over half of the prison population in this district
4. **All** - This program/support is provided by the government to all of the prison population in this district

311.	Some prisons have separate accommodation for youth and adults. Are youth separated from adults in the district prison(s)?	Yes.....1 No.....2			
312.	Are any prisons in this district working with specific populations on HIV/AIDS prevention, care, and/or treatment?	Yes.....1 No.....2 (skip to Q401)			
313.	What proportion of the prison population in the district has been reached by government-provided interpersonal HIV-prevention education and persuasion programs, face-to face, interactive dialogue in the past 12 months?	None	1 -49%	50 -99%	All
314.	What proportion of the prison population in the district has been reached by government-provided condom distribution in the past 12 months?	None	1 -49%	50 -99%	All

Checklist of HIV services for prison populations

Instructions

This section asks about each prison in the district. We are interested in knowing where selected interventions are available. It is not expected that all the activities asked about will be

available at every prison in the district. Some activities may be available regionally but not in the district.

Please fill in the information in the table for every prison in your district. For each prison, mark in the boxes below with an X if the service/program is available at that prison. We only want to know about services/programs directly provided by government staff on-site at prisons, not at an external health clinic.

Acronyms:

PMTCT: Prevention of Mother-To-Child Transmission of HIV

HIV: Human Immune-deficiency virus

TB: Tuberculosis

	PRISONS								
	1	2	3	4	5	6	7	8	9
314. Prison name:									
315. Rural or urban:									
316. Locality name:									
317a. Male inmate population #									
317b. Female inmate population (#)									
318. Diagnosis and treatment of sexually transmitted infections									
319. Voluntary counseling and testing for HIV services									
320. HIV antiretroviral drug treatment services									
321. Drug treatment, including drug substitution treatment									
322. Post-exposure prophylaxis									
323. Needle and syringe exchange services									
324. TB diagnosis and treatment services									
325. Condom distribution									

326. Please briefly describe any challenges your district faces in providing HIV prevention programs/support to its prison population.

327 End time: _____
(327a) Hours (327b) Minutes (327c) AM/PM

SECTION 4: HIV Programs/support for Refugees or Displaced Persons

Basic Information about Key Informant

401 Date of Interview: _____ / _____ / _____
(401a) Day (401b) Month (401c) Year

402 District:

403 Name:

404 Title:

405 Agency/Organization:

406 Length of Time at Agency/Organization:

407 Phone number:

408 E-Mail:

409 Name of Interviewer:

410 Start time: _____
(410a) Hours (410b) Minutes (410c) AM/PM

Instructions:

This questionnaire should only be completed if your district has a refugee or displaced persons camp or settlement.

We would like to ask about the HIV-prevention programs/services that are being provided by the government to refugees and displaced persons in the district. It is not expected that all the activities asked about will be available in every district for refugees and displaced persons. Some activities may be available regionally but not in the district.

We only want to know about services/programs directly provided by government staff on-site at camps/settlements, not at an external health clinic. We do not want information on services/programs being provided by non-governmental organizations.

Please answer to the best of your ability. For coverage questions (e.g., what proportion of the refugee and displaced population has been reached by a certain program), the following are the response options:

1. **None** – This program/support is not provided by the government to the refugee and displaced population in this district.
2. **1 – 49%** - This program/support is provided by the government to less than half of the refugee and displaced population in this district
3. **50 – 99%** - This program/support is provided by the government to over half of the refugee and displaced population in this district
4. **All** - This program/support is provided by the government to all of the refugee and displaced population in this district

411.	Are there any refugee or displaced persons camps or settlements in this district that provide HIV/AIDS prevention education or services?	Yes.....1 No.....2 (skip to Section 501)			
412.	What proportion of the refugee and displaced population in the district has been reached by government-provided interpersonal HIV-prevention education and persuasion programs, face-to face, interactive dialogue in the past 12 months?	None	1 -49%	50 -99%	All
413.	What proportion of the refugee and displaced population in the district has been reached by government-provided condom distribution in the past 12 months?	None	1 -49%	50 -99%	All
414.	Are there government-provided voluntary counseling and testing for HIV services available in the refugee and displaced persons camps/settlements?	Yes.....1 No.....2			
415.	Has there been a government-provided voluntary counseling and testing for HIV campaign (“know your status”) in the refugee and displaced	Yes.....1 No.....2			

	persons camps/settlements in the past 12 months?	
416.	Are there government-provided HIV antiretroviral drug treatment services available in the district refugee and displaced persons camps/settlements?	Yes.....1 (skip to Q 26) No.....2
417.	Where do refugee and displaced persons access HIV antiretroviral drug treatment services in your district?	<u>Choose all that apply:</u> Predominantly public hospitals/health centers/clinics.....1 Predominantly private hospitals/health centers/ clinics.....2 Not applicable – ART unavailable3
418.	Are there government-provided services for diagnosis and treatment of sexually transmitted infections available in the refugee and displaced persons camps/settlements?	Yes.....1 No.....2
419.	Is government-provided post-exposure prophylaxis available in the refugee and displaced persons camps/settlements?	Yes.....1 No.....2
420.	Are government-provided PMTCT services available in the refugee and displaced persons camps/settlements in the district?	Yes.....1 No.....2
421.	Has there been a government-provided gender-based violence prevention campaign in the refugee and displaced persons camps/settlements in the past 12 months?	Yes.....1 No.....2
422.	Are there government-provided gender-based violence treatment services available in the refugee and displaced persons camps/settlements in the district?	Yes.....1 No.....2

423. Please briefly describe any challenges your district faces in providing HIV prevention programs/support to refugees and displaced persons.

424 End time: _____
(424a) Hours (424b) Minutes (424c) AM/PM

SECTION 5: Checklist of HIV Services for Mental Health Institution Populations

Basic Information about Key Informant

501 Date of Interview: _____ / _____ / _____
(501a) Day (501b) Month (501c) Year

502 District:

503 Name:

504 Title:

505 Agency/Organization:

506 Length of Time at Agency/Organization:

507 Phone number:

508 E-Mail:

509 Name of Interviewer:

510 Start time: _____
(510a) Hours (510b) Minutes (510c) AM/PM

Instructions

This section asks about each mental health institution in the district. We are interested in knowing where selected interventions are available. It is not expected that all the activities asked about will be available at every mental health institution in the district. Some activities may be available regionally but not in the district.

Please fill in the information in the table for every mental health institution in your district. For each mental health institution, mark in the boxes below with an X if the service/program is

available at that mental health institution. We only want to know about services/programs directly provided by government staff on-site at mental health institutions, not at an external health clinic.

Acronyms:

PMTCT: Prevention of Mother-To-Child Transmission of HIV

HIV: Human Immune-deficiency virus

TB: Tuberculosis

	MENTAL HEALTH INSTITUTION								
	1	2	3	4	5	6	7	8	9
511. Mental health institution name:									
522. Rural or urban:									
523. Locality name:									
524. Population (#) of males									
525. Population (#) of females									
526. Diagnosis and treatment of sexually transmitted infections									
527. Voluntary counseling and testing for HIV services									
528. HIV antiretroviral drug treatment services									
529. Drug treatment, including drug substitution treatment									
530. Post-exposure prophylaxis									
531. Needle and syringe exchange services									
532. TB diagnosis and treatment services									

533. Please briefly describe any challenges your district faces in providing HIV prevention programs/support to its mental health institution population.

534 End time: _____
(534a) Hours (534b) Minutes (534c) AM/PM

Appendix C: Directory of HIV Prevention Program Implementers in Greater Accra, Ghana

PPAG

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

Incarcerated populations|

Funding sources:

Donor| G.AIDS COMMISSION

Other| GLOBAL FUND, WILLO FOUNDATION

Projects run by program: 5

Intervention activities total: 28

Standard interventions: 9

Knowledge interventions: 12

Harm reductions: 2

Bio interventions: 4

Barrier mitigations: 1

Bio outcome mitigations: 0

Address: BOX AN 5756, ACCRA NORTH

Phone: 0243404163, 030231369

Date of interview: 08/30/13

1ST FAMILY FOUNDATION

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

Pregnant women, infants|

Funding sources:

Donor| INDIVIDUAL

Projects run by program: 1

Intervention activities total: 5

Standard interventions: 1

Knowledge interventions: 2

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 1

Bio outcome mitigations: 0

Address: ASHAIMAN ZONGO

Phone: 0276782118

Date of interview: 12/12/13

UNISPHERE (GHANA)

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O. BOX 1476 MAMPROBI ACCRA

Phone: 0244669898 0262669898

Date of interview: 09/16/13

YOUTH IN ASHAIMAN ZONGO

Areas served:

Populations served:

Funding sources:

Donor | INDIVIDUAL CONTRIBUTION

Projects run by program: 1

Intervention activities total: 3

Standard interventions: 1

Knowledge interventions: 1

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: ASHAIMAN ZONGO

Phone:

Date of interview: 12/15/13

DUFFOR HEALTH CENTRE

Areas served:

Accra Metropolitan |

Populations served:

Pregnant women, infants |

People living with HIV |

Funding sources:

Other| FUNDS RECEIVE IS IN THE FORM OF TEST ICTS FOR TESTING AND TRAINING OF STAFF

Projects run by program: 2
Intervention activities total: 24

Standard interventions: 3
Knowledge interventions: 6
Harm reductions: 0
Bio interventions: 9
Barrier mitigations: 4
Bio outcome mitigations: 2

Address: P.O.BOX 1 DODOWA
Phone: 0244643438
Date of interview: 09/07/13

INSTITUTE OF CHILD DEVE AND CROSS CULTURE EXCHANGE

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs| Female sex workers|
General age 10-24|
Pregnant women, infants|

Funding sources:

Other | MEMBERS OF THE ORGANISATION INTERNALLY GENERATED FRIENDS

Projects run by program: 1

Intervention activities total: 8

Standard interventions: 2

Knowledge interventions: 4

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 1

Bio outcome mitigations: 0

Address: P.O.BOX CE11138, TEMA

Phone: 0243929504

Date of interview: 08/31/13

CENTRE FOR THE DEVELOPMENT OF DEPRIVED

Areas served:

Populations served:

Funding sources:

Donor | MEMBERS CONTRIBUTION

Private Sector |

Projects run by program: 2

Intervention activities total: 19

Standard interventions: 4
Knowledge interventions: 6
Harm reductions: 0
Bio interventions: 3
Barrier mitigations: 4
Bio outcome mitigations: 2

Address: P.O.BOX KN 3491, KANESHIE
Phone: RESPONDENT (0244637285) ORGANISATION (0244637285)
Date of interview: 09/16/13

GODS GRACE FOUNDATION

Areas served:

Populations served:

Funding sources:

Projects run by program: 0
Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: BOX CS 8777,TEMA
Phone: 0242644438 0202432382
Date of interview: 09/10/13

CHOSEN REHAB CENTRE

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs| Female sex workers|

People who inject drugs|

Funding sources:

Private Sector|

Clients|

Other| CHURCHES AND INDIVIDUALS

Projects run by program: 1

Intervention activities total: 17

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 0

Bio interventions: 6
Barrier mitigations: 2
Bio outcome mitigations: 3

Address: P.O. BOX 14922 ACCRA GHANA
Phone: 0540865886 0573596237
Date of interview: 09/04/13

FAIR RIVER INTER ASSOCIATION FOR DEVELOPMENT

Areas served:
Ada West|

Populations served:
General population > 25 yrs|

Funding sources:

Other| INTERNAL FUNDS GENERATION

Projects run by program: 2
Intervention activities total: 3

Standard interventions: 0
Knowledge interventions: 3
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P.O.BOX OS 2369 OSU ACCRA
Phone: 0243107106 0307099882
Date of interview: 09/11/13

AHMADIYA MUSLIM MISSION

Areas served:
Accra Metropolitan|

Populations served:

Funding sources:

Donor| GHANA AIDS COMMISSION

Projects run by program: 1

Intervention activities total: 7

Standard interventions: 3

Knowledge interventions: 1

Harm reductions: 0

Bio interventions: 1

Barrier mitigations: 2

Bio outcome mitigations: 0

Address: P.O. BOX 2327 ACCRA
Phone: 0302776845 0244736446 0242 869028
Date of interview: 09/15/13

ASS. OF PEOPLE FOR PRACTICAL LIFE EDUCATION (APPLE)

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|
Transgender people| Mobile/migrant|

People living with HIV|

Funding sources:

Government|
Donor| SINCE 2004, AFTER WE RECEIVED SUPPORT FROM THE GHANA AIDS
COMMISSION (GAC) APPLE HAS USED THE STRATE

Projects run by program: 3
Intervention activities total: 23

Standard interventions: 3
Knowledge interventions: 7
Harm reductions: 2
Bio interventions: 4
Barrier mitigations: 3
Bio outcome mitigations: 4

Address: P.O. BOX NM2 NIMA ACCRA
Phone: 0244847614
Date of interview: .

concern health eeducation project

Areas served:

La Dade Kotopon Municipal|

Populations served:

General population > 25 yrs|
General age 10-24| Mobile/migrant|
Pregnant women, infants|
Uniformed personnel|

Funding sources:

Government|
Donor| NETHERLAND EMBASSY
Private Sector|

Projects run by program: 2
Intervention activities total: 21

Standard interventions: 4
Knowledge interventions: 8
Harm reductions: 0
Bio interventions: 1
Barrier mitigations: 5
Bio outcome mitigations: 3

Address: p.o. box os 2982 osu accra
Phone: 0243044732 0200578464
Date of interview: 08/03/13

COMMUNITY AND FAMILY AIDS FOUNDATION

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

Pregnant women, infants| Health care workers|

Funding sources:

Government|

Donor| AMERICA EMBASSY

Private Sector|

Projects run by program:	1
Intervention activities total:	15

Standard interventions:	3
Knowledge interventions:	6
Harm reductions:	2
Bio interventions:	1
Barrier mitigations:	1
Bio outcome mitigations:	2

Address: P.O.BOX JE 224 JAMES TOWN ACCRA

Phone: 0274393220

Date of interview: .

TOTAL CARE FOUNDATION OMEGA PROJECT MANAGEMENT

Areas served:

Accra Metropolitan|

Populations served:

Funding sources:

Donor | WATAG, HFFG, TB, CONTROL PROGRAM

Clients |

Projects run by program: 1
Intervention activities total: 13

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 2
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: P.O. BOX NB 94 NIBOIMAN ACCRA
Phone: 0242352770
Date of interview: .

ADA EAST DISTRICT HOSPITAL

Areas served:

Populations served:
General population > 25 yrs |
General age 10-24 |
Pregnant women, infants |

Funding sources:
Government |
Donor | TICA(NGO)

Projects run by program: 1
Intervention activities total: 20

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 5
Barrier mitigations: 3
Bio outcome mitigations: 5

Address: ADA
Phone: 0243486505
Date of interview: .

TEMA POLYCLINIC

Areas served:

Populations served:
General population > 25 yrs |

Funding sources:
Government |

Projects run by program: 1
Intervention activities total: 10

Standard interventions: 1
Knowledge interventions: 1
Harm reductions: 0
Bio interventions: 3
Barrier mitigations: 1
Bio outcome mitigations: 4

Address: TEMA COMMUNITY 2
Phone: 0244834332
Date of interview: 12/19/13

TA CLINIC

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs|
General age 10-24|
Pregnant women, infants|

Funding sources:
Donor| SOME NGO COMES TO OUR AID

Other| SELF FUNDING

Projects run by program: 3

Intervention activities total: 6

Standard interventions: 1
Knowledge interventions: 1
Harm reductions: 1
Bio interventions: 1
Barrier mitigations: 1
Bio outcome mitigations: 1

Address: ASHAIMAN, JERICHO ROAD
Phone: 0302302389
Date of interview: 12/14/13

ASHAIMAN POLYCLINIC

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs|

Funding sources:
Government|
Donor| SOMETIMES EE STAT TESTING

Projects run by program: 1
Intervention activities total: 15

Standard interventions: 1

Knowledge interventions:	2
Harm reductions:	1
Bio interventions:	5
Barrier mitigations:	1
Bio outcome mitigations:	5

Address: ASHAIMAN MAIN STATION
 Phone: 0208190164
 Date of interview: 12/18/13

 TRUST AID

Areas served:

Populations served:
 General population > 25 yrs | Female sex workers |
 Health care workers |

Funding sources:

Donor | MISSING
 Private Sector |

Projects run by program:	1
Intervention activities total:	6

Standard interventions:	1
Knowledge interventions:	4
Harm reductions:	1

Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: TEMA NEWTOWN
Phone: 0246382994
Date of interview: 12/13/13

TEMA HEALTH CENTER(MANHEA)

Areas served:

Populations served:
General population > 25 yrs |

Funding sources:
Government |

Projects run by program: 1
Intervention activities total: 10

Standard interventions: 2
Knowledge interventions: 2
Harm reductions: 1
Bio interventions: 3
Barrier mitigations: 0
Bio outcome mitigations: 2

Address: TEMA NAVAL
Phone: 0242607170
Date of interview: 12/19/13

SEGE HEALTH CENTER

Areas served:
Ada West|

Populations served:
General population > 25 yrs|
General age 10-24|
Pregnant women, infants|

Funding sources:
Government|

Projects run by program: 1
Intervention activities total: 7

Standard interventions: 1
Knowledge interventions: 1
Harm reductions: 1
Bio interventions: 2
Barrier mitigations: 1
Bio outcome mitigations: 1

Address: SEGHE, ADA WEST
Phone: 0243553052
Date of interview: 12/23/13

TMA CLIMIC (MATERNUTY AND CHILDREN CLINIC

Areas served:

Populations served:

Pregnant women, infants|

Funding sources:

Government|

Projects run by program: 1

Intervention activities total: 5

Standard interventions: 1

Knowledge interventions: 1

Harm reductions: 0

Bio interventions: 2

Barrier mitigations: 1

Bio outcome mitigations: 0

Address: TEMA COMMUNITY ONE(CENTER)

Phone: 0244871157

Date of interview: 12/20/13

KASSEH,DANGMA HEALTH CENTER

Areas served:

Populations served:

General population > 25 yrs|

Pregnant women, infants|

Funding sources:

Government|

Projects run by program: 1

Intervention activities total: 11

Standard interventions: 1

Knowledge interventions: 4

Harm reductions: 1

Bio interventions: 3

Barrier mitigations: 1

Bio outcome mitigations: 1

Address: KASSEH,DANGMA,EAST

Phone: 0243365218

Date of interview: 12/23/13

FRANSFORMANCE INTERNATIONAL

Areas served:

Populations served:

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O.BOX AN 12308 ACCRA

Phone: 0249605536/0276940355

Date of interview: 09/09/13

THEATRE FOR A CHANGE

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

Funding sources:

Donor| ICCO AND KERK IN ACTIVE AFRAICAN WOMEN DEVELOPMENT FUND

Projects run by program: 1

Intervention activities total: 7

Standard interventions: 1

Knowledge interventions: 3

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 2

Bio outcome mitigations: 0

Address: P.O.BOX GP18244 ACCRA

Phone: 0302500716

Date of interview: .

NEW ERA WOMEN IN DEVELOPMENT

Areas served:

Populations served:

Funding sources:

Government |
Donor | GAC, MINISTRY OF WOMAN AND CHILDREN AFFAIRS

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: AHOTACHIMOTA ACCRA
Phone: 0208161940
Date of interview: 10/10/13

FHI360

Areas served:

Populations served:

Funding sources:

Donor | USAID(SHARPER PROJECT)ALL PROJECT

Other| FHI CORE FUNDING(PITOT TEST OF FAMILY PLANNING INTERVENTION

Projects run by program: 1
Intervention activities total: 17

Standard interventions: 5
Knowledge interventions: 3
Harm reductions: 3
Bio interventions: 3
Barrier mitigations: 3
Bio outcome mitigations: 0

Address: 2ND FLOOR MARVEL HOUSE, EAST CANTOMENTS
Phone: 0244759566/0264759566/0302740780
Date of interview: .

GA WEST MUNICIPAL HOSPITAL

Areas served:
Ga West Municipal|

Populations served:
General population > 25 yrs|
General age 10-24|
Pregnant women, infants|
People living with HIV|

Funding sources:

Projects run by program: 3
Intervention activities total: 72

Standard interventions:	3
Knowledge interventions:	12
Harm reductions:	6
Bio interventions:	28
Barrier mitigations:	12
Bio outcome mitigations:	11

Address: P.O.BOX 22 AMASAMAN
 Phone: 0242137987
 Date of interview: 10/25/13

 PPAG

Areas served:
 Accra Metropolitan|

Populations served:
 General population > 25 yrs|
 General age 10-24|
 Incarcerated populations|

Funding sources:
 Donor| G.AIDS COMMISSION

Other| GLOBAL FUND, WILLO FOUNDATION

Projects run by program:	5
Intervention activities total:	28

Standard interventions:	9
Knowledge interventions:	12
Harm reductions:	2

Bio interventions: 4
Barrier mitigations: 1
Bio outcome mitigations: 0

Address: BOX AN 5756, ACCRA NORTH
Phone: 0243404163, 030231369
Date of interview: 08/30/13

1ST FAMILY FOUNDATION

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|
General age 10-24|
Pregnant women, infants|

Funding sources:
Donor| INDIVIDUAL

Projects run by program: 1
Intervention activities total: 5

Standard interventions: 1
Knowledge interventions: 2
Harm reductions: 1
Bio interventions: 0
Barrier mitigations: 1
Bio outcome mitigations: 0

Address: ASHAIMAN ZONGO
Phone: 0276782118
Date of interview: 12/12/13

UNISPHERE (GHANA)

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|
General age 10-24|

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O. BOX 1476 MAMPROBI ACCRA
Phone: 0244669898 0262669898
Date of interview: 09/16/13

YOUTH IN ASHAIMAN ZONGO

Areas served:

Populations served:

Funding sources:

Donor | INDIVIDUAL CONTRIBUTION

Projects run by program: 1

Intervention activities total: 3

Standard interventions: 1

Knowledge interventions: 1

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: ASHAIMAN ZONGO

Phone:

Date of interview: 12/15/13

DUFFOR HEALTH CENTRE

Areas served:

Accra Metropolitan|

Populations served:

Pregnant women, infants|
People living with HIV|

Funding sources:

Other| FUNDS RECEIVE IS IN THE FORM OF TEST ICTS FOR TESTING AND
TRAINING OF STAFF

Projects run by program: 2
Intervention activities total: 24

Standard interventions: 3
Knowledge interventions: 6
Harm reductions: 0
Bio interventions: 9
Barrier mitigations: 4
Bio outcome mitigations: 2

Address: P.O.BOX 1 DODOWA
Phone: 0244643438
Date of interview: 09/07/13

INSTITUTE OF CHILD DEVE AND CROSS CULTURE EXCHANGE

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs| Female sex workers|
General age 10-24|
Pregnant women, infants|

Funding sources:

Other| MEMBERS OF THE ORGANISATION INTERNALLY GENERATEED FRIENDS

Projects run by program: 1

Intervention activities total: 8

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 0
Barrier mitigations: 1
Bio outcome mitigations: 0

Address: P.O.BOX CE11138, TEMA
Phone: 0243929504
Date of interview: 08/31/13

CENTRE FOR THE DEVELOPMENT OF DEPRIVED

Areas served:

Populations served:

Funding sources:

Donor | MEMBERS CONTRIBUTION
Private Sector |

Projects run by program: 2
Intervention activities total: 19

Standard interventions: 4
Knowledge interventions: 6
Harm reductions: 0
Bio interventions: 3
Barrier mitigations: 4
Bio outcome mitigations: 2

Address: P.O.BOX KN 3491, KANESHIE
Phone: RESPONDENT (0244637285) ORGANISATION (0244637285)
Date of interview: 09/16/13

GODS GRACE FOUNDATION

Areas served:

Populations served:

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: BOX CS 8777,TEMA
Phone: 0242644438 0202432382
Date of interview: 09/10/13

CHOSEN REHAB CENTRE

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs| Female sex workers|

People who inject drugs|

Funding sources:

Private Sector|

Clients|
Other| CHURCHES AND INDIVIDUALS

Projects run by program: 1
Intervention activities total: 17

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 6
Barrier mitigations: 2
Bio outcome mitigations: 3

Address: P.O. BOX 14922 ACCRA GHANA
Phone: 0540865886 0573596237
Date of interview: 09/04/13

FAIR RIVER INTER ASSOCIATION FOR DEVELOPMENT

Areas served:
Ada West|

Populations served:
General population > 25 yrs|

Funding sources:

Other| INTERNAL FUNDS GENERATION

Projects run by program: 2

Intervention activities total: 3

Standard interventions: 0
Knowledge interventions: 3
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P.O.BOX OS 2369 OSU ACCRA
Phone: 0243107106 0307099882
Date of interview: 09/11/13

AHMADIYA MUSLIM MISSION

Areas served:
Accra Metropolitan|

Populations served:

Funding sources:

Donor | GHANA AIDS COMMISSION

Projects run by program: 1

Intervention activities total: 7

Standard interventions: 3

Knowledge interventions:	1
Harm reductions:	0
Bio interventions:	1
Barrier mitigations:	2
Bio outcome mitigations:	0

Address: P.O. BOX 2327 ACCRA
 Phone: 0302776845 0244736446 0242 869028
 Date of interview: 09/15/13

 ASS. OF PEOPLE FOR PRACTICAL LIFE EDUCATION (APPLE)

Areas served:
 Accra Metropolitan|

Populations served:
 General population > 25 yrs|
 Transgender people| Mobile/migrant|
 People living with HIV|

Funding sources:
 Government|
 Donor| SINCE 2004, AFTER WE RECEIVED SUPPORT FROM THE GHANA AIDS
 COMMISSION (GAC) APPLE HAS USED THE STRATE

Projects run by program:	3
Intervention activities total:	23

Standard interventions:	3
Knowledge interventions:	7
Harm reductions:	2

Bio interventions:	4
Barrier mitigations:	3
Bio outcome mitigations:	4

Address: P.O. BOX NM2 NIMA ACCRA
 Phone: 0244847614
 Date of interview: .

 concern health eeducation project

Areas served:
 La Dade Kotopon Municipal|

Populations served:
 General population > 25 yrs|
 General age 10-24| Mobile/migrant|
 Pregnant women, infants|
 Uniformed personnel|

Funding sources:
 Government|
 Donor| NETHERLAND EMBASSY
 Private Sector|

Projects run by program:	2
Intervention activities total:	21

Standard interventions:	4
Knowledge interventions:	8
Harm reductions:	0
Bio interventions:	1
Barrier mitigations:	5

Bio outcome mitigations: 3

Address: p.o. box os 2982 osu accra
Phone: 0243044732 0200578464
Date of interview: 08/03/13

COMMUNITY AND FAMILY AIDS FOUNDATION

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|
General age 10-24|
Pregnant women, infants| Health care workers|

Funding sources:

Government|
Donor| AMERICA EMBASSY
Private Sector|

Projects run by program: 1

Intervention activities total: 15

Standard interventions: 3
Knowledge interventions: 6
Harm reductions: 2
Bio interventions: 1
Barrier mitigations: 1
Bio outcome mitigations: 2

Address: P.O.BOX JE 224 JAMES TOWN ACCRA
Phone: 0274393220

Date of interview: .

TOTAL CARE FOUNDATION OMEGA PROJECT MANAGEMENT

Areas served:

Accra Metropolitan|

Populations served:

Funding sources:

Donor| WATAG, HFFG, TB, CONTROL PROGRAM

Clients|

Projects run by program: 1

Intervention activities total: 13

Standard interventions: 4

Knowledge interventions: 4

Harm reductions: 0

Bio interventions: 2

Barrier mitigations: 2

Bio outcome mitigations: 1

Address: P.O. BOX NB 94 NIBOIMAN ACCRA

Phone: 0242352770

Date of interview: .

ADA EAST DISTRICT HOSPITAL

Areas served:

Populations served:
General population > 25 yrs |
General age 10-24 |
Pregnant women, infants |

Funding sources:
Government |
Donor | TICA(NGO)

Projects run by program: 1
Intervention activities total: 20

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 5
Barrier mitigations: 3
Bio outcome mitigations: 5

Address: ADA
Phone: 0243486505
Date of interview: .

TEMA POLYCLINIC

Areas served:

Populations served:

General population > 25 yrs|

Funding sources:

Government|

Projects run by program: 1
Intervention activities total: 10

Standard interventions:	1
Knowledge interventions:	1
Harm reductions:	0
Bio interventions:	3
Barrier mitigations:	1
Bio outcome mitigations:	4

Address: TEMA COMMUNITY 2

Phone: 0244834332

Date of interview: 12/19/13

TA CLINIC

Areas served:

Ashaiman Municipal|

Populations served:

General population > 25 yrs|
General age 10-24|
Pregnant women, infants|

Funding sources:

Donor| SOME NGO COMES TO OUR AID

Other| SELF FUNDING

Projects run by program: 3

Intervention activities total: 6

Standard interventions: 1
Knowledge interventions: 1
Harm reductions: 1
Bio interventions: 1
Barrier mitigations: 1
Bio outcome mitigations: 1

Address: ASHAIMAN, JERICHO ROAD
Phone: 0302302389
Date of interview: 12/14/13

ASHAIMAN POLYCLINIC

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs|

Funding sources:
Government|
Donor| SOMETIMES EE STAT TESTING

Projects run by program: 1
Intervention activities total: 15

Standard interventions: 1
Knowledge interventions: 2
Harm reductions: 1
Bio interventions: 5
Barrier mitigations: 1
Bio outcome mitigations: 5

Address: ASHAIMAN MAIN STATION
Phone: 0208190164
Date of interview: 12/18/13

TRUST AID

Areas served:

Populations served:
General population > 25 yrs| Female sex workers|
Health care workers|

Funding sources:
Donor| MISSING
Private Sector|

Projects run by program: 1

Intervention activities total: 6

Standard interventions: 1

Knowledge interventions: 4

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: TEMA NEWTOWN

Phone: 0246382994

Date of interview: 12/13/13

TEMA HEALTH CENTER(MANHEA)

Areas served:

Populations served:

General population > 25 yrs |

Funding sources:

Government |

Projects run by program: 1

Intervention activities total: 10

Standard interventions: 2
Knowledge interventions: 2
Harm reductions: 1
Bio interventions: 3
Barrier mitigations: 0
Bio outcome mitigations: 2

Address: TEMA NAVAL
Phone: 0242607170
Date of interview: 12/19/13

SEGE HEALTH CENTER

Areas served:
Ada West |

Populations served:
General population > 25 yrs |
General age 10-24 |
Pregnant women, infants |

Funding sources:
Government |

Projects run by program: 1

Intervention activities total: 7

Standard interventions: 1

Knowledge interventions:	1
Harm reductions:	1
Bio interventions:	2
Barrier mitigations:	1
Bio outcome mitigations:	1

Address: SEGHE,ADA WEST
 Phone: 0243553052
 Date of interview: 12/23/13

 TMA CLIMIC (MATERNUTY AND CHILDREN CLINIC

Areas served:

Populations served:

Pregnant women, infants|

Funding sources:

Government|

Projects run by program:	1
Intervention activities total:	5

Standard interventions:	1
Knowledge interventions:	1
Harm reductions:	0

Bio interventions: 2
Barrier mitigations: 1
Bio outcome mitigations: 0

Address: TEMA COMMUNITY ONE(CENTER)
Phone: 0244871157
Date of interview: 12/20/13

KASSEH,DANGMA HEALTH CENTER

Areas served:

Populations served:
General population > 25 yrs |
Pregnant women, infants |

Funding sources:
Government |

Projects run by program: 1
Intervention activities total: 11

Standard interventions: 1
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 3
Barrier mitigations: 1
Bio outcome mitigations: 1

Address: KASSEH,DANGMA,EAST
Phone: 0243365218
Date of interview: 12/23/13

FRANSFORMANCE INTERNATIONAL

Areas served:

Populations served:

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P.O.BOX AN 12308 ACCRA
Phone: 0249605536/0276940355
Date of interview: 09/09/13

THEATRE FOR A CHANGE

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

Funding sources:

Donor| ICCO AND KERK IN ACTIVE AFRAICAN WOMEN DEVELOPMENT FUND

Projects run by program: 1

Intervention activities total: 7

Standard interventions: 1

Knowledge interventions: 3

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 2

Bio outcome mitigations: 0

Address: P.O.BOX GP18244 ACCRA

Phone: 0302500716

Date of interview: .

NEW ERA WOMEN IN DEVELOPMENT

Areas served:

Populations served:

Funding sources:

Government |

Donor | GAC, MINISTRY OF WOMAN AND CHILDREN AFFAIRS

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: AHOTACHIMOTA ACCRA

Phone: 0208161940

Date of interview: 10/10/13

FHI360

Areas served:

Populations served:

Funding sources:

Donor | USAID(SHARPER PROJECT)ALL PROJECT

Other | FHI CORE FUNDING(PITOT TEST OF FAMILY PLANNING INTERVENTION

Projects run by program: 1

Intervention activities total: 17

Standard interventions: 5

Knowledge interventions: 3

Harm reductions: 3

Bio interventions: 3

Barrier mitigations: 3

Bio outcome mitigations: 0

Address: 2ND FLOOR MARVEL HOUSE, EAST CANTOMENTS

Phone: 0244759566/0264759566/0302740780

Date of interview: .

GA WEST MUNICIPAL HOSPITAL

Areas served:

Ga West Municipal |

Populations served:

General population > 25 yrs |

General age 10-24|
Pregnant women, infants|
People living with HIV|

Funding sources:

Projects run by program: 3
Intervention activities total: 72

Standard interventions: 3
Knowledge interventions: 12
Harm reductions: 6
Bio interventions: 28
Barrier mitigations: 12
Bio outcome mitigations: 11

Address: P.O.BOX 22 AMASAMAN
Phone: 0242137987
Date of interview: 10/25/13

MADINA POLY CLINIC

Areas served:

Populations served:

Funding sources:
Government|

Projects run by program: 1
Intervention activities total: 20

Standard interventions: 2
Knowledge interventions: 3
Harm reductions: 0
Bio interventions: 10
Barrier mitigations: 2
Bio outcome mitigations: 3

Address: P.O.BOX 839 MADINA
Phone: RESPONDENT 0243256533
Date of interview: 10/18/13

GA SOUTH MUNICIPAL HOSPITAL

Areas served:
Ga South Municipal|

Populations served:
General population > 25 yrs|
General age 10-24| Refugee/displaced| Mobile/migrant|
Pregnant women, infants| Health care workers|

Funding sources:

Projects run by program: 2

Intervention activities total: 47

Standard interventions: 5
Knowledge interventions: 9
Harm reductions: 1
Bio interventions: 16
Barrier mitigations: 7
Bio outcome mitigations: 9

Address: P.O.BOX 361 MALAM
Phone: 0277292496
Date of interview: 10/11/13

AMANGO HEALTH CERTER ADENTA

Areas served:
Adenta Municipal|

Populations served:
General population > 25 yrs|
General age 10-24|
Pregnant women, infants|

Funding sources:

Projects run by program: 3
Intervention activities total: 63

Standard interventions:	11
Knowledge interventions:	15
Harm reductions:	7
Bio interventions:	14
Barrier mitigations:	12
Bio outcome mitigations:	4

Address: P.O.BOX AP 1322,ADENTA
 Phone: RESP.024481617
 Date of interview: .

 ABOKOBI HEALTH CENTER

Areas served:

Populations served:

Funding sources:
 Government |
 Donor | RESPONDENT COULDN'T RECALL

Other | THERE IS NO FUNDING FOR HIV CURRENTLY

Projects run by program:	1
Intervention activities total:	20

Standard interventions:	2
Knowledge interventions:	4
Harm reductions:	2

Bio interventions:	6
Barrier mitigations:	3
Bio outcome mitigations:	3

Address: P.O. BOX AKI, ABOKOBI
 Phone: RESP.0208236891
 Date of interview: 10/23/13

 SUPERME HELP CARE

Areas served:

Adenta Municipal | Ga East Municipal | Kpone Katamanso | La Dade Kotopon
 Municipal | Ledzokuku-Krowor Municipal |

Populations served:

General age 10-24 |

Funding sources:

Private Sector |

Projects run by program:	2
Intervention activities total:	20

Standard interventions:	3
Knowledge interventions:	9
Harm reductions:	0
Bio interventions:	5
Barrier mitigations:	3

Bio outcome mitigations: 0

Address: P.O.BOX MD1484 MADINA ACCRA
Phone: RESPONDENT: 0244117426 ORGAN:0302962705
Date of interview: 09/05/13

MANCHIE WOMEN'S CASSAVA/FOOD PROCESSING GROUP

Areas served:

Ga West Municipal|

Populations served:

Female sex workers|

Pregnant women, infants|

People living with HIV|

Funding sources:

Government|

Private Sector|

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O.BOX 1 GA WEST DISTRICT MANCHIE, AMASAMAN

Phone: ORGANISAQTION WN/INDIVIDUAL:0244248261
Date of interview: .

BAANYYE MERCY GROUP

Areas served:

Populations served:

Funding sources:
Government|

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: DTA22,SPINTEX HIGHWAY
Phone: 0243740803 BOTH
Date of interview: .

WABA

Areas served:

Populations served:

Funding sources:

Government|
Donor| MISSING
Private Sector|

Projects run by program: 1
Intervention activities total: 11

Standard interventions: 1
Knowledge interventions: 0
Harm reductions: 4
Bio interventions: 0
Barrier mitigations: 6
Bio outcome mitigations: 0

Address: P.B.BOXAEA ADENTA ACCRA
Phone: PERSONAL:024284700
Date of interview: 09/01/13

HEALTH KEEPERS NETWORK

Areas served:

Ada West | Ashaiman Municipal | Dangme East | Dangme West | Ga East
Municipal |
Ga South Municipal | Ga West Municipal | La Nkwantanang Madina |
Ledzokuku-Krowor Municipal | Tema Metropolitan |

Populations served:

Other |

Funding sources:

Donor | USAID

Projects run by program: 1
Intervention activities total: 11

Standard interventions: 3
Knowledge interventions: 3
Harm reductions: 1
Bio interventions: 2
Barrier mitigations: 2
Bio outcome mitigations: 0

Address: P.O.BOX LA281 ACCAR
Phone: ORGRAN 0542675073 RESPONDENT: 0243716560
Date of interview: 09/03/13

WELLINGTON FOUNDATION GHANA

Areas served:

Populations served:

Funding sources:

Donor | ADRA GHANA

Projects run by program: 1

Intervention activities total: 12

Standard interventions: 2

Knowledge interventions: 4

Harm reductions: 2

Bio interventions: 1

Barrier mitigations: 2

Bio outcome mitigations: 1

Address: P.O.BOX AD 283, ACCRA

Phone: 0277865214/0244477517

Date of interview: .

TOMORROW PIONEER FOUNDATION

Areas served:

Populations served:

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O.BOX NB 529 NII BOIMAN, ACCRA

Phone: 0277888898,0249020834

Date of interview: .

ALLIANCE CREATIVE COMMUNITY PROJECT

Areas served:

Populations served:

Funding sources:

Other | CONTRIBUTION FROM MANAGEMENT TEAM MEMBERS AND FOREIGN REPRESENTATIVE FORM GERMANY

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P.O.BOX KN 1914 KANESHIE ACCRA GHANA
Phone: 0203800419/0269579350/0302403620
Date of interview: .

DIVINE GROUP INTERNATIONAL

Areas served:

Populations served:

Funding sources:

Other | PERSONAL SAVINGS

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O.BOX AT 1759 ACHIMOTA ACCRA

Phone: 0546768077/0244760710/0203409210

Date of interview: .

HUMAN COMPASSION ORGANISATION

Areas served:

Ga West Municipal |

Populations served:

General age 10-24 |

Pregnant women, infants |

People living with HIV | Other |

Funding sources:

Donor | OPPORTUNITIES INDUSTRIALISATION CENTRE

Projects run by program: 1

Intervention activities total: 20

Standard interventions:	2
Knowledge interventions:	5
Harm reductions:	0
Bio interventions:	4
Barrier mitigations:	5
Bio outcome mitigations:	4

Address: P O BOX OF 564 OFANKOR ACCRA
 Phone: 0277070950 02450140013
 Date of interview: 09/18/13

 ACHIMOTA WPMEN ASSOCIATIO

Areas served:

Populations served:

Funding sources:
 Government |
 Donor | USAID

Projects run by program:	0
Intervention activities total:	0

Standard interventions:	0
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Knowledge interventions:	0
Harm reductions:	0
Bio interventions:	0
Barrier mitigations:	0
Bio outcome mitigations:	0

Address: ACHIMOTA
 Phone: 0244784101 0249520098
 Date of interview: 09/20/13

 INTERGRATED DEVELOPEPENT IN FOCUS

Areas served:
 Accra Metropolitan| Ga South Municipal| Ga West Municipal|

Populations served:
 General population > 25 yrs|

Funding sources:
 Government|
 Donor| GLOBALFUND, ADRA, IPAS

Projects run by program:	5
Intervention activities total:	27

Standard interventions:	8
Knowledge interventions:	11
Harm reductions:	0
Bio interventions:	5

Barrier mitigations: 2

Bio outcome mitigations: 1

Address: P. O. BOX AN 7966 ACCRA NORTH

Phone: 0244375937 0302671623

Date of interview: 09/02/13

SOCIETY FOR WOMEN AND AIDS IN AFRICA

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24| Mobile/migrant|

Funding sources:

Government|

Donor| USAID, GLOBAL FUND, PPAG

Other| DUES FROM MEMBERS

Projects run by program: 2

Intervention activities total: 13

Standard interventions: 4

Knowledge interventions: 7

Harm reductions: 0

Bio interventions: 2

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P. O. BOX KD 293 KANDA
Phone: 024495170, 0289545226
Date of interview: 08/29/13

HOPE CARE FOUNDATION

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|
General age 10-24|

Funding sources:
Government|
Donor| NETHERLAND EMBASSY

Projects run by program: 1
Intervention activities total: 10

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 1
Bio outcome mitigations: 1

Address: P. O. BOX AT 2263 ACHIMOTA
Phone: 0240273982 0208313596
Date of interview: 09/03/13

CHRISTIAN MOTHERS ASSOCIATION

Areas served:

Populations served:

Funding sources:

Other | HOPE FOR FUTURE GENERATION

Projects run by program: 0
Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: C/O ST DOMINIC CATHOLIC CHURCH TAIFA, ACCRA
Phone: 0277724208
Date of interview: 09/10/13

MEDIA RESPONSE

Areas served:

Populations served:

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P O BOX MP 2678
Phone: 0244366693
Date of interview: 09/06/13

DREAM AFRICA CARE FOUNDATION

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|
General age 10-24|

People living with HIV|

Funding sources:

Other| VOLUMTEER SUPPORT FUND

Projects run by program: 1

Intervention activities total: 8

Standard interventions: 2

Knowledge interventions: 4

Harm reductions: 2

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P. O. BOX 415 TESHIE NUNGUA ESTATE
Phone: 0302716652 0244150788
Date of interview: 09/06/13

OMEGA PROJECT MANAGEMENT FOUNDATION

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|
Refugee/displaced|

Health care workers|
People living with HIV|

Funding sources:
Government|
Donor| WHO

Clients|

Projects run by program: 1
Intervention activities total: 19

Standard interventions: 3
Knowledge interventions: 3
Harm reductions: 1
Bio interventions: 3
Barrier mitigations: 6
Bio outcome mitigations: 3

Address: P. O. BOX 1161 NII BOIMAN ACCRA
Phone: 0244054125 0268788380
Date of interview: 09/02/13

NETWORK FOR PERSON LIVING WITH AIDS

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs| Female sex workers| Men who have sex
with men|
General age 10-24|
Pregnant women, infants| Health care workers|
Uniformed personnel| People living with HIV|

Funding sources:

Government|
Donor| USAID, FHI360, WORD EDUCATION, GAC

Projects run by program: 2
Intervention activities total: 42

Standard interventions: 0
Knowledge interventions: 12
Harm reductions: 8
Bio interventions: 1
Barrier mitigations: 12
Bio outcome mitigations: 9

Address: PMB 145 MEDINA
Phone: 0243849006
Date of interview: 08/30/13

YOUNG WOMEN AGAINST STIGMA

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs| Female sex workers|
General age 10-24|

People living with HIV|

Funding sources:
Government|

Other | NATIONAL AIDS CONTROL PROGRAM

Projects run by program: 2
Intervention activities total: 15

Standard interventions: 5
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 1
Barrier mitigations: 3
Bio outcome mitigations: 1

Address: BOX 5017, ACCRA NORTH
Phone: 0203942557
Date of interview: 08/03/13

CHILDREN YOUTH IN BROADCASTING-CURIOUS MINDS

Areas served:

Populations served:

Funding sources:

Donor | UNFPA

Projects run by program: 1
Intervention activities total: 5

Standard interventions:	2
Knowledge interventions:	2
Harm reductions:	1
Bio interventions:	0
Barrier mitigations:	0
Bio outcome mitigations:	0

Address: P O BOX 1633 ACCRA GHANA
 Phone: 0207384276 0288262722
 Date of interview: 08/30/13

 COMMUNITY HEALTH DEVELOPMENT ORGANISATION

Areas served:
 Ga West Municipal |

Populations served:

Other |

Funding sources:

Donor | SHENZHENG HOSPITAL-CHINA

Projects run by program:	0
Intervention activities total:	0

Standard interventions:	0
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Knowledge interventions:	0
Harm reductions:	0
Bio interventions:	0
Barrier mitigations:	0
Bio outcome mitigations:	0

Address: P. O. BOX KN 1346 KANESHIE
 Phone: 0243014663
 Date of interview: 09/30/13

 MUSLIM FAMILY COUNSELLING SERVICE

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|
 General age 10-24|

People living with HIV|

Funding sources:

Donor| GHANA AIDS COMMISSION

Projects run by program:	4
Intervention activities total:	47

Standard interventions:	14
Knowledge interventions:	11
Harm reductions:	4
Bio interventions:	7

Barrier mitigations: 7

Bio outcome mitigations: 4

Address: P. O. BOX 9543 KIA, 0208122757

Phone:

Date of interview: .

DEFENSE AGAINST AIDS POVERTY AND UNDERDEVELOPMENT

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

Funding sources:

Government|

Donor| GLOBAL FUND

Projects run by program: 2

Intervention activities total: 10

Standard interventions: 3

Knowledge interventions: 3

Harm reductions: 0

Bio interventions: 1

Barrier mitigations: 1

Bio outcome mitigations: 2

Address: P. O. BOX KN KANESHIE ACCRA
Phone: 0244409930
Date of interview: 10/03/13

HEALTH PROMOTION WATCH GHANA

Areas served:

Ledzokuku-Krowor Municipal|

Populations served:

General population > 25 yrs|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:

Government|
Donor| WHO AND USAID

Other| INTERNAL SUPPORT

Projects run by program: 1

Intervention activities total: 9

Standard interventions: 4

Knowledge interventions: 4

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P O BOX MP 1793 MAMPROBI ACCRA
Phone: 0243021922
Date of interview: 09/05/13

COMMUNAL SPIRIT NETWORK

Areas served:

La Dade Kotopon Municipal|

Populations served:

General population > 25 yrs| Female sex workers| Clients of female sex|

Pregnant women, infants|

People living with HIV|

Funding sources:

Donor| MISSING

Private Sector|

Projects run by program: 1

Intervention activities total: 9

Standard interventions: 3

Knowledge interventions: 3

Harm reductions: 1

Bio interventions: 1

Barrier mitigations: 1

Bio outcome mitigations: 0

Address: DANSOMAN, EBENEZER DOWN

Phone: 0543396687

Date of interview: 09/02/13

FOUNDATION FOR CHRISTIAN FUTURE WORKERS INTERN.

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs| Female sex workers| Clients of female sex|

General age 10-24|

People living with HIV|

Funding sources:

Government|

Donor| AMERICAN EMBASSY, GAC, NATION TB CONTROL PROGRAM

Projects run by program: 2

Intervention activities total: 23

Standard interventions: 6

Knowledge interventions: 8

Harm reductions: 4

Bio interventions: 1

Barrier mitigations: 0

Bio outcome mitigations: 4

Address: P O BOX KN 1181, KANESHIE ACCRA

Phone: 0208925441 0302 300362

Date of interview: 08/29/13

NETWORK FOR COMMUNITY PLANNING AND DEVELOPMENT

Areas served:
Ledzokuku-Krowor Municipal|

Populations served:
General population > 25 yrs| Female sex workers| Clients of female sex|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:
Government|

Projects run by program: 1
Intervention activities total: 16

Standard interventions: 5
Knowledge interventions: 5
Harm reductions: 2
Bio interventions: 2
Barrier mitigations: 0
Bio outcome mitigations: 2

Address: P O BOX TS 376, TESHIE-ACCRA
Phone: 0208276136
Date of interview: 09/03/13

DAPS FOUNDATION

Areas served:
Ledzokuku-Krowor Municipal| Accra Metropolitan|

Populations served:

General population > 25 yrs| Female sex workers|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:

Donor| THROUGH MY PASTOR (CHURCH)

Projects run by program: 1
Intervention activities total: 11

Standard interventions: 3
Knowledge interventions: 3
Harm reductions: 1
Bio interventions: 1
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: TESHIE BUSH ROAD
Phone: 0244169229
Date of interview: 09/02/13

GOLDEN JOY FOUNDATION

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|

Funding sources:

Donor | GLOBAL FUND THROUGH NTCP AND GHS

Projects run by program: 1

Intervention activities total: 5

Standard interventions: 3
Knowledge interventions: 1
Harm reductions: 0
Bio interventions: 1
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P O BOX DS 2021 DANSOMAN ACCRA
Phone: 0203316807/0243316807
Date of interview: .

KENESHIE POLYCLINIC

Areas served:
Accra Metropolitan |

Populations served:
General population > 25 yrs |
General age 10-24 |
Pregnant women, infants |
People living with HIV |

Funding sources:
Government |
Donor | THROUGH FOCUS

Projects run by program: 1
Intervention activities total: 20

Standard interventions: 3
Knowledge interventions: 3
Harm reductions: 1
Bio interventions: 5
Barrier mitigations: 3
Bio outcome mitigations: 5

Address: KANESHIE
Phone: 0244715443
Date of interview: .

USSER POLYCLINIC

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0

Intervention activities total: 20

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 2
Bio interventions: 5
Barrier mitigations: 4
Bio outcome mitigations: 3

Address:
Phone: 0209838891
Date of interview: 09/02/13

THE TRUST HOSP

Areas served:

Populations served:

Funding sources:
Government |

Other | FOCUS HEALTH (ASSIST IN TRAINING)

Projects run by program: 1
Intervention activities total: 23

Standard interventions:	1
Knowledge interventions:	5
Harm reductions:	1
Bio interventions:	10
Barrier mitigations:	1
Bio outcome mitigations:	5

Address:
 Phone: 0244782768 0302761974/0302761975
 Date of interview: .

 LEKMA HOSP

Areas served:
 Ledzokuku-Krowor Municipal|

Populations served:
 General population > 25 yrs| Female sex workers|
 General age 10-24|
 Pregnant women, infants| Health care workers|
 People living with HIV|

Funding sources:
 Donor| FOCUS HELP ALOT

Projects run by program:	1
Intervention activities total:	31

Standard interventions:	4
Knowledge interventions:	5
Harm reductions:	3

Bio interventions:	10
Barrier mitigations:	4
Bio outcome mitigations:	5

Address: TESHIE
 Phone: 0244624092
 Date of interview: 09/11/13

 MISSION MANNA HOSP

Areas served:
 Accra Metropolitan|

Populations served:
 General population > 25 yrs|
 General age 10-24|

Funding sources:
 Government|

Projects run by program:	1
Intervention activities total:	28

Standard interventions:	4
Knowledge interventions:	4
Harm reductions:	1
Bio interventions:	9
Barrier mitigations:	6

Bio outcome mitigations: 4

Address: P.O BOX TN 1032 TESHIE-NUNGUA ESTATES
Phone: 02442200797/0302712892/0302713820
Date of interview: .

ACHIMOTA HOSPITAL

Areas served:
Accra Metropolitan| Accra Metropolitan|

Populations served:
General age 10-24|
Pregnant women, infants|
People living with HIV|

Funding sources:
Government|

Projects run by program: 0
Intervention activities total: 23

Standard interventions: 3
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 8
Barrier mitigations: 3
Bio outcome mitigations: 4

Address: ACHIMOTA
Phone: 0209209271

Date of interview: 10/10/13

LA GENERAL HOSP

Areas served:

La Dade Kotopon Municipal|

Populations served:

General population > 25 yrs| Female sex workers| Men who have sex
with men|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:

Government|
Donor| USAID

Projects run by program: 0
Intervention activities total: 26

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 4
Bio interventions: 9
Barrier mitigations: 3
Bio outcome mitigations: 4

Address: SOUTH LA ESTATE
Phone: 0277687896
Date of interview: 08/03/13

MAAMOBI POLYCLINIC

Areas served:

Populations served:

Funding sources:

Other | IGF

Projects run by program:	0
Intervention activities total:	25

Standard interventions:	2
Knowledge interventions:	4
Harm reductions:	1
Bio interventions:	10
Barrier mitigations:	4
Bio outcome mitigations:	4

Address:
Phone: 0269337557
Date of interview: .

ADVENTIST DEVELOPMENT AND RELIEF AGENCY-GHANA

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|
Health care workers|
Other|

Funding sources:
Government|
Donor| GLOBAL FUND

Projects run by program: 1
Intervention activities total: 15

Standard interventions: 4
Knowledge interventions: 1
Harm reductions: 2
Bio interventions: 0
Barrier mitigations: 4
Bio outcome mitigations: 4

Address:
Phone: 0244583969 0302220779/0302255686
Date of interview: .

KEBA AFRICA

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|

People living with HIV|

Funding sources:
Government|
Donor| TECHNICAL NOT FINANCIAL
Private Sector|

Other| INT LABOUR ORG

Projects run by program: 3
Intervention activities total: 16

Standard interventions: 4
Knowledge interventions: 9
Harm reductions: 1
Bio interventions: 2
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: BOX 5484 ACCRA NORTH
Phone: 0244281292 0302301213
Date of interview: .

WOMEN GATE FOUNDATION

Areas served:
Ga South Municipal|

Populations served:
General population > 25 yrs|

People living with HIV|

Funding sources:
Government|
Donor| SWAA

Projects run by program: 1
Intervention activities total: 18

Standard interventions: 4
Knowledge interventions: 5
Harm reductions: 2
Bio interventions: 4
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: BOX 11587 ACCRA NORTH
Phone: 0243160460 0244669898
Date of interview: 08/03/13

WAF WEST AFRICAN FOUNDATION

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs| Men who have sex with men|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:
Government|
Donor| STAR GHANA

Other| INTENSE ,VOLUNTEERS WELL WISHERS

Projects run by program: 4
Intervention activities total: 30

Standard interventions: 3
Knowledge interventions: 5
Harm reductions: 5
Bio interventions: 8
Barrier mitigations: 5
Bio outcome mitigations: 4

Address: WEST AFRICAN FOUNDATION/WAF KD 130 CANDA-ACCRA
Phone: 0249401630/0243362447
Date of interview: .

MADINA POLY CLINIC

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 1
Intervention activities total: 20

Standard interventions: 2
Knowledge interventions: 3
Harm reductions: 0
Bio interventions: 10
Barrier mitigations: 2
Bio outcome mitigations: 3

Address: P.O.BOX 839 MADINA
Phone: RESPONDENT 0243256533
Date of interview: 10/18/13

GA SOUTH MUNICIPAL HOSPITAL

Areas served:
Ga South Municipal|

Populations served:
General population > 25 yrs|
General age 10-24| Refugee/displaced| Mobile/migrant|
Pregnant women, infants| Health care workers|

Funding sources:

Projects run by program: 2
Intervention activities total: 47

Standard interventions:	5
Knowledge interventions:	9
Harm reductions:	1
Bio interventions:	16
Barrier mitigations:	7
Bio outcome mitigations:	9

Address: P.O.BOX 361 MALAM
 Phone: 0277292496
 Date of interview: 10/11/13

 AMANGO HEALTH CERTER ADENTA

Areas served:
 Adenta Municipal|

Populations served:
 General population > 25 yrs|
 General age 10-24|
 Pregnant women, infants|

Funding sources:

Projects run by program:	3
Intervention activities total:	63

 Standard interventions: 11
 Knowledge interventions: 15

Harm reductions: 7
Bio interventions: 14
Barrier mitigations: 12
Bio outcome mitigations: 4

Address: P.O.BOX AP 1322,ADENTA
Phone: RESP.024481617
Date of interview: .

ABOKOBI HEALTH CENTER

Areas served:

Populations served:

Funding sources:
Government |
Donor | RESPONDENT COULDN'T RECALL

Other | THERE IS NO FUNDING FOR HIV CURRENTLY

Projects run by program: 1
Intervention activities total: 20

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 2
Bio interventions: 6
Barrier mitigations: 3

Bio outcome mitigations: 3

Address: P.O. BOX AKI,ABOKOBI
Phone: RESP.0208236891
Date of interview: 10/23/13

SUPERME HELP CARE

Areas served:

Adenta Municipal| Ga East Municipal| Kpone Katamanso| La Dade Kotopon
Municipal| Ledzokuku-Krowor Municipal|

Populations served:

General age 10-24|

Funding sources:

Private Sector|

Projects run by program: 2

Intervention activities total: 20

Standard interventions: 3

Knowledge interventions: 9

Harm reductions: 0

Bio interventions: 5

Barrier mitigations: 3

Bio outcome mitigations: 0

Address: P.O.BOX MD1484 MADINA ACCRA
Phone: RESPONDENT: 0244117426 ORGAN:0302962705
Date of interview: 09/05/13

MANCHIE WOMEN'S CASSAVA/FOOD PROCESSING GROUP

Areas served:
Ga West Municipal|

Populations served:
Female sex workers|

Pregnant women, infants|
People living with HIV|

Funding sources:
Government|

Private Sector|

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P.O.BOX 1 GA WEST DISTRICT MANCHIE, AMASAMAN
Phone: ORGANISATION WN/INDIVIDUAL:0244248261
Date of interview: .

BAANYYE MERCY GROUP

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0
Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: DTA22, SPINTEX HIGHWAY
Phone: 0243740803 BOTH
Date of interview: .

WABA

Areas served:

Populations served:

Funding sources:

Government|
Donor| MISSING
Private Sector|

Projects run by program: 1

Intervention activities total: 11

Standard interventions: 1

Knowledge interventions: 0

Harm reductions: 4

Bio interventions: 0

Barrier mitigations: 6

Bio outcome mitigations: 0

Address: P.B.BOXAEA ADENTA ACCRA

Phone: PERSONAL:024284700

Date of interview: 09/01/13

HEALTH KEEPERS NETWORK

Areas served:

Ada West| Ashaiman Municipal| Dangme East| Dangme West| Ga East
Municipal|

Ga South Municipal | Ga West Municipal | La Nkwantanang Madina |
Ledzokuku-Krowor Municipal | Tema Metropolitan |

Populations served:

Other |

Funding sources:

Donor | USAID

Projects run by program: 1
Intervention activities total: 11

Standard interventions:	3
Knowledge interventions:	3
Harm reductions:	1
Bio interventions:	2
Barrier mitigations:	2
Bio outcome mitigations:	0

Address: P.O.BOX LA281 ACCAR
Phone: ORGRAN 0542675073 RESPONDENT: 0243716560
Date of interview: 09/03/13

WELLINGTON FOUNDATION GHANA

Areas served:

Populations served:

Funding sources:

Donor | ADRA GHANA

Projects run by program: 1
Intervention activities total: 12

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 2
Bio interventions: 1
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: P.O.BOX AD 283, ACCRA
Phone: 0277865214/0244477517
Date of interview: .

TOMORROW PIONEER FOUNDATION

Areas served:

Populations served:

Funding sources:

Projects run by program: 0
Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P.O.BOX NB 529 NII BOIMAN, ACCRA
Phone: 0277888898,0249020834
Date of interview: .

ALLIANCE CREATIVE COMMUNITY PROJECT

Areas served:

Populations served:

Funding sources:

Other | CONTRIBUTION FROM MANAGEMENT TEAM MEMBERS AND FOREIGN REPRESENTATIVE FORM GERMANY

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O.BOX KN 1914 KANESHIE ACCRA GHANA

Phone: 0203800419/0269579350/0302403620

Date of interview: .

DIVINE GROUP INTERNATIONAL

Areas served:

Populations served:

Funding sources:

Other | PERSONAL SAVINGS

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P.O.BOX AT 1759 ACHIMOTA ACCRA
Phone: 0546768077/0244760710/0203409210
Date of interview: .

HUMAN COMPASSION ORGANISATION

Areas served:
Ga West Municipal|

Populations served:
General age 10-24|
Pregnant women, infants|
People living with HIV| Other|

Funding sources:
Donor| OPPORTUNITIES INDUSTRIALISATION CENTRE

Projects run by program: 1
Intervention activities total: 20

Standard interventions: 2

Knowledge interventions: 5
Harm reductions: 0
Bio interventions: 4
Barrier mitigations: 5
Bio outcome mitigations: 4

Address: P O BOX OF 564 OFANKOR ACCRA
Phone: 0277070950 02450140013
Date of interview: 09/18/13

ACHIMOTA WPMEN ASSOCIATIO

Areas served:

Populations served:

Funding sources:
Government |
Donor | USAID

Projects run by program: 0
Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0

Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: ACHIMOTA
Phone: 0244784101 0249520098
Date of interview: 09/20/13

INTERGRATED DEVELOPEPEMT IN FOCUS

Areas served:

Accra Metropolitan| Ga South Municipal| Ga West Municipal|

Populations served:

General population > 25 yrs|

Funding sources:

Government|
Donor| GLOBALFUND, ADRA, IPAS

Projects run by program: 5
Intervention activities total: 27

Standard interventions: 8
Knowledge interventions: 11
Harm reductions: 0
Bio interventions: 5
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: P. O. BOX AN 7966 ACCRA NORTH
Phone: 0244375937 0302671623
Date of interview: 09/02/13

SOCIETY FOR WOMEN AND AIDS IN AFRICA

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|
General age 10-24| Mobile/migrant|

Funding sources:

Government|
Donor| USAID, GLOBAL FUND, PPAG

Other| DUES FROM MEMBERS

Projects run by program: 2
Intervention activities total: 13

Standard interventions: 4
Knowledge interventions: 7
Harm reductions: 0
Bio interventions: 2
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P. O. BOX KD 293 KANDA
Phone: 024495170, 0289545226
Date of interview: 08/29/13

HOPE CARE FOUNDATION

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

Funding sources:

Government|

Donor| NETHERLAND EMBASSY

Projects run by program: 1
Intervention activities total: 10

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 1
Bio outcome mitigations: 1

Address: P. O. BOX AT 2263 ACHIMOTA
Phone: 0240273982 0208313596
Date of interview: 09/03/13

CHRISTIAN MOTHERS ASSOCIATION

Areas served:

Populations served:

Funding sources:

Other | HOPE FOR FUTURE GENERATION

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: C/O ST DOMINIC CATHOLIC CHURCH TAIFA, ACCRA

Phone: 0277724208

Date of interview: 09/10/13

MEDIA RESPONSE

Areas served:

Populations served:

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P O BOX MP 2678

Phone: 0244366693

Date of interview: 09/06/13

DREAM AFRICA CARE FOUNDATION

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

People living with HIV|

Funding sources:

Other| VOLUMTEER SUPPORT FUND

Projects run by program: 1

Intervention activities total: 8

Standard interventions: 2

Knowledge interventions: 4

Harm reductions: 2

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P. O. BOX 415 TESHIE NUNGUA ESTATE

Phone: 0302716652 0244150788

Date of interview: 09/06/13

OMEGA PROJECT MANAGEMENT FOUNDATION

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

Refugee/displaced|

Health care workers|

People living with HIV|

Funding sources:

Government |
Donor | WHO

Clients |

Projects run by program: 1
Intervention activities total: 19

Standard interventions: 3
Knowledge interventions: 3
Harm reductions: 1
Bio interventions: 3
Barrier mitigations: 6
Bio outcome mitigations: 3

Address: P. O. BOX 1161 NII BOIMAN ACCRA
Phone: 0244054125 0268788380
Date of interview: 09/02/13

NETWORK FOR PERSON LIVING WITH AIDS

Areas served:
Accra Metropolitan |

Populations served:
General population > 25 yrs | Female sex workers | Men who have sex
with men |
General age 10-24 |
Pregnant women, infants | Health care workers |
Uniformed personnel | People living with HIV |

Funding sources:
Government |
Donor | USAID, FHI360, WORD EDUCATION, GAC

Projects run by program: 2
Intervention activities total: 42

Standard interventions: 0
Knowledge interventions: 12
Harm reductions: 8
Bio interventions: 1
Barrier mitigations: 12
Bio outcome mitigations: 9

Address: PMB 145 MEDINA
Phone: 0243849006
Date of interview: 08/30/13

YOUNG WOMEN AGAINST STIGMA

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs| Female sex workers|
General age 10-24|

People living with HIV|

Funding sources:
Government|

Other| NATIONAL AIDS CONTROL PROGRAM

Projects run by program: 2

Intervention activities total: 15

Standard interventions: 5
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 1
Barrier mitigations: 3
Bio outcome mitigations: 1

Address: BOX 5017, ACCRA NORTH
Phone: 0203942557
Date of interview: 08/03/13

CHILDREN YOUTH IN BROADCASTING-CURIOUS MINDS

Areas served:

Populations served:

Funding sources:

Donor | UNFPA

Projects run by program: 1

Intervention activities total: 5

Standard interventions: 2

Knowledge interventions:	2
Harm reductions:	1
Bio interventions:	0
Barrier mitigations:	0
Bio outcome mitigations:	0

Address: P O BOX 1633 ACCRA GHANA
 Phone: 0207384276 0288262722
 Date of interview: 08/30/13

 COMMUNITY HEALTH DEVELOPMENT ORGANISATION

Areas served:
 Ga West Municipal|

Populations served:

Other|

Funding sources:

Donor| SHENZHENG HOSPITAL-CHINA

Projects run by program:	0
Intervention activities total:	0

Standard interventions:	0
Knowledge interventions:	0
Harm reductions:	0

Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P. O. BOX KN 1346 KANESHIE
Phone: 0243014663
Date of interview: 09/30/13

MUSLIM FAMILY COUNSELLING SERVICE

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

General age 10-24|

People living with HIV|

Funding sources:

Donor| GHANA AIDS COMMISSION

Projects run by program: 4

Intervention activities total: 47

Standard interventions: 14

Knowledge interventions: 11

Harm reductions: 4

Bio interventions: 7

Barrier mitigations: 7

Bio outcome mitigations: 4

Address: P. O. BOX 9543 KIA, 0208122757
Phone:
Date of interview: .

DEFENSE AGAINST AIDS POVERTY AND UNDERDEVELOPMENT

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|
General age 10-24|

Funding sources:
Government|
Donor| GLOBAL FUND

Projects run by program: 2
Intervention activities total: 10

Standard interventions: 3
Knowledge interventions: 3
Harm reductions: 0
Bio interventions: 1
Barrier mitigations: 1
Bio outcome mitigations: 2

Address: P. O. BOX KN KANESHIE ACCRA
Phone: 0244409930
Date of interview: 10/03/13

HEALTH PROMOTION WATCH GHANA

Areas served:

Ledzokuku-Krowor Municipal|

Populations served:

General population > 25 yrs|

General age 10-24|

Pregnant women, infants| Health care workers|

People living with HIV|

Funding sources:

Government|

Donor| WHO AND USAID

Other| INTERNAL SUPPORT

Projects run by program: 1

Intervention activities total: 9

Standard interventions: 4

Knowledge interventions: 4

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P O BOX MP 1793 MAMPROBI ACCRA

Phone: 0243021922

Date of interview: 09/05/13

COMMUNAL SPIRIT NETWORK

Areas served:

La Dade Kotopon Municipal|

Populations served:

General population > 25 yrs| Female sex workers| Clients of female sex|

Pregnant women, infants|

People living with HIV|

Funding sources:

Donor| MISSING

Private Sector|

Projects run by program: 1

Intervention activities total: 9

Standard interventions: 3

Knowledge interventions: 3

Harm reductions: 1

Bio interventions: 1

Barrier mitigations: 1

Bio outcome mitigations: 0

Address: DANSOMAN, EBENEZER DOWN

Phone: 0543396687

Date of interview: 09/02/13

FOUNDATION FOR CHRISTIAN FUTURE WORKERS INTERN.

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs| Female sex workers| Clients of female sex|

General age 10-24|

People living with HIV|

Funding sources:

Government|

Donor| AMERICAN EMBASSY, GAC, NATION TB CONTROL PROGRAM

Projects run by program: 2

Intervention activities total: 23

Standard interventions: 6

Knowledge interventions: 8

Harm reductions: 4

Bio interventions: 1

Barrier mitigations: 0

Bio outcome mitigations: 4

Address: P O BOX KN 1181, KANESHIE ACCRA

Phone: 0208925441 0302 300362

Date of interview: 08/29/13

NETWORK FOR COMMUNITY PLANNING AND DEVELOPMENT

Areas served:

Ledzokuku-Krowor Municipal|

Populations served:

General population > 25 yrs| Female sex workers| Clients of female sex|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:

Government|

Projects run by program: 1
Intervention activities total: 16

Standard interventions: 5
Knowledge interventions: 5
Harm reductions: 2
Bio interventions: 2
Barrier mitigations: 0
Bio outcome mitigations: 2

Address: P O BOX TS 376, TESHIE-ACCRA
Phone: 0208276136
Date of interview: 09/03/13

DAPS FOUNDATION

Areas served:

Ledzokuku-Krowor Municipal| Accra Metropolitan|

Populations served:

General population > 25 yrs| Female sex workers|
General age 10-24|
Pregnant women, infants| Health care workers|

People living with HIV|

Funding sources:

Donor| THROUGH MY PASTOR (CHURCH)

Projects run by program: 1

Intervention activities total: 11

Standard interventions: 3

Knowledge interventions: 3

Harm reductions: 1

Bio interventions: 1

Barrier mitigations: 2

Bio outcome mitigations: 1

Address: TESHIE BUSH ROAD

Phone: 0244169229

Date of interview: 09/02/13

GOLDEN JOY FOUNDATION

Areas served:

Accra Metropolitan|

Populations served:

General population > 25 yrs|

Funding sources:

Donor| GLOBAL FUND THROUGH NTCP AND GHS

Projects run by program:	1
Intervention activities total:	5

Standard interventions:	3
Knowledge interventions:	1
Harm reductions:	0
Bio interventions:	1
Barrier mitigations:	0
Bio outcome mitigations:	0

Address: P O BOX DS 2021 DANSOMAN ACCRA
 Phone: 0203316807/0243316807
 Date of interview: .

 KENESHIE POLYCLINIC

Areas served:
 Accra Metropolitan|

Populations served:
 General population > 25 yrs|
 General age 10-24|
 Pregnant women, infants|
 People living with HIV|

Funding sources:
 Government|
 Donor| THROUGH FOCUS

Projects run by program: 1
Intervention activities total: 20

Standard interventions: 3
Knowledge interventions: 3
Harm reductions: 1
Bio interventions: 5
Barrier mitigations: 3
Bio outcome mitigations: 5

Address: KANESHIE
Phone: 0244715443
Date of interview: .

USSER POLYCLINIC

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0
Intervention activities total: 20

Standard interventions:	2
Knowledge interventions:	4
Harm reductions:	2
Bio interventions:	5
Barrier mitigations:	4
Bio outcome mitigations:	3

Address:
 Phone: 0209838891
 Date of interview: 09/02/13

 THE TRUST HOSP

Areas served:

Populations served:

Funding sources:
 Government |

Other | FOCUS HEALTH (ASSIST IN TRAINING)

Projects run by program:	1
Intervention activities total:	23

Standard interventions:	1
Knowledge interventions:	5

Harm reductions: 1
Bio interventions: 10
Barrier mitigations: 1
Bio outcome mitigations: 5

Address:
Phone: 0244782768 0302761974/0302761975
Date of interview: .

LEKMA HOSP

Areas served:
Ledzokuku-Krowor Municipal|

Populations served:
General population > 25 yrs| Female sex workers|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:
Donor| FOCUS HELP ALOT

Projects run by program: 1
Intervention activities total: 31

Standard interventions: 4
Knowledge interventions: 5
Harm reductions: 3
Bio interventions: 10
Barrier mitigations: 4

Bio outcome mitigations: 5

Address: TESHIE
Phone: 0244624092
Date of interview: 09/11/13

MISSION MANNA HOSP

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|
General age 10-24|

Funding sources:
Government|

Projects run by program: 1
Intervention activities total: 28

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 9
Barrier mitigations: 6
Bio outcome mitigations: 4

Address: P.O BOX TN 1032 TESHIE-NUNGUA ESTATES

Phone: 02442200797/0302712892/0302713820
Date of interview: .

ACHIMOTA HOSPITAL

Areas served:
Accra Metropolitan| Accra Metropolitan|

Populations served:
General age 10-24|
Pregnant women, infants|
People living with HIV|

Funding sources:
Government|

Projects run by program: 0
Intervention activities total: 23

Standard interventions: 3
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 8
Barrier mitigations: 3
Bio outcome mitigations: 4

Address: ACHIMOTA
Phone: 0209209271
Date of interview: 10/10/13

LA GENERAL HOSP

Areas served:

La Dade Kotopon Municipal|

Populations served:

General population > 25 yrs| Female sex workers| Men who have sex
with men|

General age 10-24|

Pregnant women, infants| Health care workers|

People living with HIV|

Funding sources:

Government|

Donor| USAID

Projects run by program: 0

Intervention activities total: 26

Standard interventions: 2

Knowledge interventions: 4

Harm reductions: 4

Bio interventions: 9

Barrier mitigations: 3

Bio outcome mitigations: 4

Address: SOUTH LA ESTATE

Phone: 0277687896

Date of interview: 08/03/13

MAAMOBİ POLYCLINIC

Areas served:

Populations served:

Funding sources:

Other | IGF

Projects run by program:	0
Intervention activities total:	25

Standard interventions:	2
Knowledge interventions:	4
Harm reductions:	1
Bio interventions:	10
Barrier mitigations:	4
Bio outcome mitigations:	4

Address:
Phone: 0269337557
Date of interview: .

ADVENTIST DEVELOPMENT AND RELIEF AGENCY-GHANA

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|

Health care workers|
Other|

Funding sources:
Government|
Donor| GLOBAL FUND

Projects run by program: 1
Intervention activities total: 15

Standard interventions: 4
Knowledge interventions: 1
Harm reductions: 2
Bio interventions: 0
Barrier mitigations: 4
Bio outcome mitigations: 4

Address:
Phone: 0244583969 0302220779/0302255686
Date of interview: .

KEBA AFRICA

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs|

People living with HIV|

Funding sources:

Government|
Donor| TECHNICAL NOT FINANCIAL
Private Sector|

Other| INT LABOUR ORG

Projects run by program: 3
Intervention activities total: 16

Standard interventions: 4
Knowledge interventions: 9
Harm reductions: 1
Bio interventions: 2
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: BOX 5484 ACCRA NORTH
Phone: 0244281292 0302301213
Date of interview: .

WOMEN GATE FOUNDATION

Areas served:

Ga South Municipal|

Populations served:

General population > 25 yrs|

People living with HIV|

Funding sources:

Government|
Donor| SWAA

Projects run by program: 1
Intervention activities total: 18

Standard interventions: 4
Knowledge interventions: 5
Harm reductions: 2
Bio interventions: 4
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: BOX 11587 ACCRA NORTH
Phone: 0243160460 0244669898
Date of interview: 08/03/13

WAF WEST AFRICAN FOUNDATION

Areas served:
Accra Metropolitan|

Populations served:
General population > 25 yrs| Men who have sex with men|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:
Government|
Donor| STAR GHANA

Other| INTENSE ,VOLUNTEERS WELL WISHERS

Projects run by program: 4
Intervention activities total: 30

Standard interventions: 3
Knowledge interventions: 5
Harm reductions: 5
Bio interventions: 8
Barrier mitigations: 5
Bio outcome mitigations: 4

Address: WEST AFRICAN FOUNDATION/WAF KD 130 CANDA-ACCRA
Phone: 0249401630/0243362447
Date of interview: .

YOUTH SKILL TRAINING FOUNDATION

Areas served:
Adenta Municipal |

Populations served:
General population > 25 yrs |
Health care workers |
Uniformed personnel |

Funding sources:

Other | VOLUNTARY
Projects run by program: 0
Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: BOX C1259 CANTOMENT ACCRA
Phone: 02430830401
Date of interview: .

AGENDA DEVELOPERS

Areas served:

Populations served:

Funding sources:

Other | OWN SOURCES

Projects run by program: 1
Intervention activities total: 7

Standard interventions: 2
Knowledge interventions: 3

Harm reductions: 1
Bio interventions: 0
Barrier mitigations: 1
Bio outcome mitigations: 0

Address: BOX AF 649 ADENTA ACCRA
Phone: 024426353
Date of interview: .

PRO-LINK

Areas served:
Accra Metropolitan| La Nkwantanang Madina|

Populations served:
Female sex workers| Men who have sex with men|

Funding sources:
Donor| FH1360/USAID AND GLOBAL FUND

Projects run by program: 2
Intervention activities total: 29

Standard interventions: 7
Knowledge interventions: 8
Harm reductions: 2
Bio interventions: 5
Barrier mitigations: 5

Bio outcome mitigations: 2

Address: DID22SPINTEX HIGH WAY ,EAST AIRPORT ACCRA
Phone: 0289545339
Date of interview: .

GLOBAL AID FOUNDATION

Areas served:

Populations served:

Funding sources:
Government |
Donor | WORLD VISION

Other | GENERAL PUBLIC

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: BOX AM 189, AMASAMAN ACCRA GHANA

Phone: 0243858635
Date of interview: .

AFRICAN RIGHT INITIATIVE INT

Areas served:

Populations served:

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: DTD P 11 COASTAL ESTATE, BATSONAA SPINTEX ROAD
Phone: 0302959382/0246649907
Date of interview: .

INTERNATIONAL FORUM(IF)

Areas served:

Populations served:

Funding sources:
Government|

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: BOX CT 5207 CANTOMENT-ACCRA
Phone: 0289528958/0243517578
Date of interview: .

YOUNGSTERS PEER EDUCATORS PROJECT(YPEP)

Areas served:
Accra Metropolitan|

Populations served:
Men who have sex with men|

Funding sources:
Donor| FH1360 AND UNICEF

Projects run by program: 1
Intervention activities total: 12

Standard interventions: 3
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 1
Barrier mitigations: 3
Bio outcome mitigations: 0

Address: BOX AF 2439-ADENTA
Phone: 0302503637/0244663178
Date of interview: .

RURAL CARE FOUNDATION

Areas served:

Populations served:

Funding sources:

Government |
Donor | GHANA AIDS COMMISSION

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: BOX AF 1593 ADENTA
Phone: 0244629277
Date of interview: 09/01/13

RAPHAL HOSPITAL

Areas served:

Populations served:

Funding sources:

Other | PERSONAL

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O.BOX CE11035
Phone: 0501255832 0302301293
Date of interview: .

BETHEL HOSPITAL

Areas served:

Populations served:

Funding sources:

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O.BOX 3142 TEMA
Phone: 0206301628 0303305048
Date of interview: 09/17/13

KPONE HEALTH CENTRE

Areas served:
Kpone Katamanso|

Populations served:
General population > 25 yrs|
General age 10-24|
Pregnant women, infants|
People living with HIV|

Funding sources:

Other| NO SOURCE OF FUNDING (JUST BECAME A DISTRICT)

Projects run by program: 1

Intervention activities total: 13

Standard interventions: 1
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 4
Barrier mitigations: 2
Bio outcome mitigations: 2

Address: P.O.BOX 1, KPONE
Phone: 0244824553
Date of interview: .

SHAI OSUDOKU DISTRICT HOSPITAL

Areas served:
Dangme West |

Populations served:
General population > 25 yrs |
General age 10-24 |
Pregnant women, infants |
Uniformed personnel | People living with HIV |

Funding sources:
Government |

Projects run by program: 1
Intervention activities total: 28

Standard interventions:	4
Knowledge interventions:	4
Harm reductions:	2
Bio interventions:	9
Barrier mitigations:	4
Bio outcome mitigations:	5

Address: P.O.BOX DD1
 Phone: 0243205499
 Date of interview: 09/04/13

 OSUDOKU HEALTH CENTRE

Areas served:
 Dangme West |

Populations served:
 Female sex workers |
 General age 10-24 |

 People living with HIV |

Funding sources:

 Donor | GLOBAL FUND

Projects run by program:	1
Intervention activities total:	19

Standard interventions:	3
Knowledge interventions:	5
Harm reductions:	2

Bio interventions: 5
Barrier mitigations: 1
Bio outcome mitigations: 3

Address: OSUDOKU HEALTH CERTRE
Phone: 0243326229
Date of interview: .

BLACK RIVER COALITION

Areas served:
Dangme West|

Populations served:
General population > 25 yrs| Female sex workers|
General age 10-24|
Pregnant women, infants|
People living with HIV|

Funding sources:
Government|

Projects run by program: 1
Intervention activities total: 11

Standard interventions: 4
Knowledge interventions: 3
Harm reductions: 0
Bio interventions: 1
Barrier mitigations: 3

Bio outcome mitigations: 0

Address: P.O.BOX DD7 DODOWA
Phone: 0245368003 0274413903
Date of interview: .

CHRISTIAN COUNCIL OF GHANA

Areas served:
Dangme East|

Populations served:
General population > 25 yrs|
General age 10-24|
Health care workers|
People living with HIV|

Funding sources:
Donor| BRITISH GOVERNMENT/WACC

Projects run by program: 0
Intervention activities total: 13

Standard interventions: 4
Knowledge interventions: 5
Harm reductions: 1
Bio interventions: 0
Barrier mitigations: 3
Bio outcome mitigations: 0

Address: OSU, LOKKO ROAD, OPPOSITE RIG
Phone: 0246910940

Date of interview: 09/06/13

FAITH HEALTH CARE FOUNDATION

Areas served:

Ga West Municipal|

Populations served:

General population > 25 yrs|

Pregnant women, infants|

People living with HIV|

Funding sources:

Other| CHURCH-PRAYER DELIVERANCE MINISTRY INTERNATIONAL-ASOFAN

Projects run by program: 1

Intervention activities total: 18

Standard interventions: 3

Knowledge interventions: 3

Harm reductions: 1

Bio interventions: 4

Barrier mitigations: 3

Bio outcome mitigations: 4

Address: C/O P.O.BOX GP 2409 ACCRA

Phone: 0277352824 0204260145

Date of interview: .

DAMGBE COMMUNITY HOSPITAL NEW NINGO HOSPITAL

Areas served:

Populations served:

Funding sources:

Private Sector|

Projects run by program: 0
Intervention activities total: 14

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 4
Barrier mitigations: 2
Bio outcome mitigations: 2

Address: NONE
Phone: 0269893103 0244638590
Date of interview: .

REACH THE CHILDREN ORGANISATION

Areas served:

Populations served:

Funding sources:

Donor | REACH THE CHILDREN AND BOUNTIFUL RESOURCES(USA)

Projects run by program:	2
Intervention activities total:	27

Standard interventions:	6
Knowledge interventions:	10
Harm reductions:	0
Bio interventions:	1
Barrier mitigations:	6
Bio outcome mitigations:	4

Address: P.O.BOX CT1878, CANTOMENTS

Phone: 0266681829 0244743393

Date of interview: .

WORLDWIDE INTERNATIONAL YOUTH ORGANISATION(WIYO)

Areas served:

Ashaiman Municipal |

Populations served:

Female sex workers| Clients of female sex|

People living with HIV|

Funding sources:

Government|

Donor| USAID THROUGH FHI360

Other| SOS

Projects run by program: 2

Intervention activities total: 44

Standard interventions: 8

Knowledge interventions: 9

Harm reductions: 6

Bio interventions: 7

Barrier mitigations: 12

Bio outcome mitigations: 2

Address: P.O.BOX AS14, ASHAIMAN

Phone: 0207080009 0242134002

Date of interview: .

WOMEN FOR CHANGE FOUNDATION

Areas served:

Ashaiman Municipal|

Populations served:

General population > 25 yrs| Female sex workers|

General age 10-24|

Pregnant women, infants|

People living with HIV|

Funding sources:

Other | FROM PERSONAL FUNDS, THAT IS FROM MY OWN POCKET

Projects run by program:	1
Intervention activities total:	23

Standard interventions:	3
Knowledge interventions:	5
Harm reductions:	3
Bio interventions:	5
Barrier mitigations:	2
Bio outcome mitigations:	5

Address: UCOM, P.O.BOX 8038, TEMA
Phone: 0249925768
Date of interview: 08/03/13

AIDS SUPPORT ASSOCIATION(SUPPORT GROUP)

Areas served:

Populations served:

Funding sources:

Donor | OICI

Projects run by program: 0
Intervention activities total: 25

Standard interventions: 3
Knowledge interventions: 5
Harm reductions: 2
Bio interventions: 5
Barrier mitigations: 6
Bio outcome mitigations: 4

Address: TEMA GENERAL HOSPITAL, BOX 14. TEMA
Phone: 0242260274 0265973392
Date of interview: 08/03/13

JONCARING FOUNDATION

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs| Female sex workers|
General age 10-24| Refugee/displaced|

People living with HIV|

Funding sources:
Government|

Projects run by program: 1

Intervention activities total: 17

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 2
Bio interventions: 1
Barrier mitigations: 5
Bio outcome mitigations: 1

Address: P.O.BOX AS 741, ASHAIMAN
Phone: 0244412611 0266199663
Date of interview: 08/03/13

RUWACDA

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0
Intervention activities total: 0

Standard interventions: 0

Knowledge interventions:	0
Harm reductions:	0
Bio interventions:	0
Barrier mitigations:	0
Bio outcome mitigations:	0

Address: P.O.BOX AS 522 ASHAIMAN
 Phone: 0208253068
 Date of interview: .

 ALPHA JOY ASSOCIATION

Areas served:
 Ashaiman Municipal|

Populations served:
 General population > 25 yrs|
 General age 10-24|

Funding sources:
 Government|
 Private Sector|

Projects run by program:	1
Intervention activities total:	15

Standard interventions:	4
Knowledge interventions:	5
Harm reductions:	0

Bio interventions: 1
Barrier mitigations: 3
Bio outcome mitigations: 2

Address: NONE
Phone: 0243675466 0246296715
Date of interview: 08/03/13

MERCY MATERNITY

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0
Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P.O BOX 448, MAMPROBI-ACCRA
Phone: 0243457756
Date of interview: .

DUNAMIS CLINIC/MATERNITY

Areas served:

Populations served:

Funding sources:

Clients |

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0
Knowledge interventions: 0
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: P. O. BOX C02196, TEMA
Phone: 0269381500 0327031115
Date of interview: .

NYEMI SUOMI FOUNDATION

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0

Intervention activities total: 0

Standard interventions: 0

Knowledge interventions: 0

Harm reductions: 0

Bio interventions: 0

Barrier mitigations: 0

Bio outcome mitigations: 0

Address: P.O.BOX 31, NINGO

Phone: 0543390499

Date of interview: .

OLD NINGO HEALTH CENTRE

Areas served:
Dangme West|

Populations served:
General population > 25 yrs|
General age 10-24|
Pregnant women, infants|

Funding sources:
Government|

Projects run by program: 0
Intervention activities total: 13

Standard interventions: 3
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 4
Barrier mitigations: 2
Bio outcome mitigations: 0

Address: P.O.BOX 4, OLD NINGO
Phone: 0245290440 0267383838
Date of interview: .

PRAMPAM HEALTH CENTRE

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0

Intervention activities total: 22

Standard interventions: 4

Knowledge interventions: 4

Harm reductions: 3

Bio interventions: 5

Barrier mitigations: 3

Bio outcome mitigations: 3

Address: P.O.BOX 37 PRAMPARAM
Phone: 0206819778 0265231840
Date of interview: 09/09/13

DARBAM MEDICAL

Areas served:

Populations served:

Funding sources:
Government|

Projects run by program: 0

Intervention activities total: 6

Standard interventions: 1
Knowledge interventions: 3
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 2
Bio outcome mitigations: 0

Address: P.O.BOX 200 ASHAIMAN-ACCRA
Phone: 0303-306841
Date of interview: 09/13/13

POSITIVE MINDED FOUNDATION

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs| Female sex workers| Clients of female
sex| Men who have sex with men|
General age 10-24| Refugee/displaced| Mobile/migrant|
People who inject drugs| Pregnant women, infants| Health care workers|
Incarcerated populations|
People living with HIV|

Funding sources:

Donor| HFFG, SWA GHANA, OICI

Projects run by program: 1
Intervention activities total: 15

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 2
Bio interventions: 0
Barrier mitigations: 3
Bio outcome mitigations: 2

Address: P.O.BOX SK 1031 SAKUMONO TEMA
Phone: 0249722375 0246653765
Date of interview: 08/29/13

ZAG FOUNDATION

Areas served:

Populations served:

General population > 25 yrs| Female sex workers| Clients of female sex|
General age 10-24|
Pregnant women, infants|
People living with HIV|

Funding sources:

Government|
Donor| OICI

Other | INCOME GENERATED ACTIVITIES (BANK)

Projects run by program: 2
Intervention activities total: 24

Standard interventions: 6
Knowledge interventions: 8
Harm reductions: 1
Bio interventions: 1
Barrier mitigations: 7
Bio outcome mitigations: 1

Address: P.O.BOX AT 1422 ACCRA
Phone: 0302932591 0242770050 0277014460
Date of interview: 08/29/13

WILLWAY AFRICA

Areas served:

Populations served:

Funding sources:

Donor | MISSING

Projects run by program: 1
Intervention activities total: 12

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 0
Barrier mitigations: 3
Bio outcome mitigations: 0

Address: P.O.BOX GP 18418 ACCRA-GHANA.
Phone: 0302310107 0243125782
Date of interview: 09/05/13

NARHBITA HOSPITAL

Areas served:

Populations served:

Funding sources:

Private Sector|

Projects run by program: 0
Intervention activities total: 12

Standard interventions:	2
Knowledge interventions:	0
Harm reductions:	0
Bio interventions:	6
Barrier mitigations:	2
Bio outcome mitigations:	2

Address: P.O.BOX CO/1061, TEMA.
 Phone: 0208371329 0303202720
 Date of interview: 09/16/13

 PORT MEDICAL CENTER

Areas served:

Populations served:

Funding sources:

Private Sector|

Projects run by program:	0
Intervention activities total:	22

Standard interventions:	2
Knowledge interventions:	4

Harm reductions: 0
Bio interventions: 8
Barrier mitigations: 3
Bio outcome mitigations: 5

Address: P.O.BOX 1593, TEMA
Phone: 0249223325 0303206879
Date of interview: 09/16/13

OIC INTERNATIONAL

Areas served:

Accra Metropolitan| Adenta Municipal| Ashaiman Municipal| Dangme East|
Dangme West|
Ga East Municipal| Ga South Municipal| Ga West Municipal| Ledzokuku-
Krowor Municipal|

Populations served:

Uniformed personnel| People living with HIV|

Funding sources:

Government|
Donor| USAID

Projects run by program: 1
Intervention activities total: 4

Standard interventions: 0
Knowledge interventions: 2
Harm reductions: 1
Bio interventions: 0

Barrier mitigations: 1
Bio outcome mitigations: 0

Address: BOX BC 137 BURMA CAMP, ACCRA
Phone: 0244674169 0302500230
Date of interview: 09/10/13

FAITHBUILDS FELLOWSHIP

Areas served:
Dangme West |

Populations served:
General population > 25 yrs |
General age 10-24 |

Funding sources:
Government |

Projects run by program: 1
Intervention activities total: 7

Standard interventions: 4
Knowledge interventions: 1
Harm reductions: 1
Bio interventions: 0
Barrier mitigations: 1
Bio outcome mitigations: 0

Address: BOX SC60 TEMA
Phone: 0244673512
Date of interview: 09/05/13

SAINT ANDREWS CATHOLIC CLINIC(NATIONAL CATH.H. S.)

Areas served:
Dangme West|

Populations served:
General population > 25 yrs|
Pregnant women, infants|

Funding sources:
Government|
Donor| CHRIST THE KING COLLEGE

Projects run by program: 1

Intervention activities total: 7

Standard interventions: 3
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 0
Bio outcome mitigations: 0

Address: BOX 12 KODIABE G/A
Phone: 0264444941 0244886193
Date of interview: 09/04/13

RESCUERS SOLUTION CENTRE

Areas served:

Populations served:

General population > 25 yrs|

General age 10-24|

People who inject drugs| Pregnant women, infants|

People living with HIV|

Funding sources:

Clients|

Projects run by program: 4

Intervention activities total: 52

Standard interventions: 10

Knowledge interventions: 17

Harm reductions: 0

Bio interventions: 3

Barrier mitigations: 14

Bio outcome mitigations: 8

Address: RESCUERS SOLUTION CENTRE BOX CO 3039 TEMA

Phone: 0208217449 026228217449

Date of interview: 08/30/13

APOSTOLIC MISSION INTERNATIONAL

Areas served:

Populations served:

Funding sources:
Government |

Other | MOSTLY I USED MY OWN MONEY TO DO THE PROJECTS

Projects run by program: 4
Intervention activities total: 92

Standard interventions: 16
Knowledge interventions: 17
Harm reductions: 4
Bio interventions: 21
Barrier mitigations: 18
Bio outcome mitigations: 16

Address: TEMA C5 HS.16 BOX CO 951 TEMA
Phone: 0244566998 0303214491
Date of interview: 08/30/13

HEALTH DEPARTMENT

Areas served:

Populations served:

Funding sources:
Government|

Projects run by program: 4

Intervention activities total: 89

Standard interventions: 13

Knowledge interventions: 12

Harm reductions: 3

Bio interventions: 33

Barrier mitigations: 8

Bio outcome mitigations: 20

Address: AHAIMAN MUNICIPAL HEALTH DIRECTORATE PMB
Phone: 0206301351 0303309986
Date of interview: 08/29/13

HARMONY AND PASSION DEVELOPMENT

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs| Female sex workers|
General age 10-24|

People who inject drugs| Pregnant women, infants| Health care workers|
Uniformed personnel| People living with HIV|

Funding sources:

Government|
Donor| HFFG, OICI

Projects run by program: 1
Intervention activities total: 14

Standard interventions: 3
Knowledge interventions: 4
Harm reductions: 2
Bio interventions: 0
Barrier mitigations: 3
Bio outcome mitigations: 2

Address: BOX 121 ASHAIMAN
Phone: 0267449581
Date of interview: 08/02/13

NEW LIFE CBO

Areas served:
Dangme West|

Populations served:
General population > 25 yrs|
General age 10-24|
Pregnant women, infants|
People living with HIV|

Funding sources:
Government|

Donor | GAC, FIDA

Projects run by program: 0
Intervention activities total: 11

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 3
Bio outcome mitigations: 0

Address: P.O.BOX DD8 DODOWA
Phone: 0241300139
Date of interview: 09/05/13

EDUCATION DEPARTMENT(MUNICIPAL EDUCATION OFFICE)

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0
Intervention activities total: 8

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 0
Bio interventions: 0
Barrier mitigations: 2
Bio outcome mitigations: 0

Address: BOX AS 309 ASHAIMAN
Phone: 0244741711
Date of interview: 09/02/13

FOUNDATION FOR SUSTAINABLE DEVELOPMENT IN AFRICA

Areas served:

Populations served:

Funding sources:
Government |

Projects run by program: 0
Intervention activities total: 11

Standard interventions:	4
Knowledge interventions:	4
Harm reductions:	2
Bio interventions:	0
Barrier mitigations:	1
Bio outcome mitigations:	0

Address: SUIT 204 CHRISTMAN HOUSE. PMB CT 446 CANTOMENT
 Phone: 0547617076 0268229927 030762367
 Date of interview: 09/04/13

 HOPE ALIVE

Areas served:
 Dangme West |

Populations served:
 General population > 25 yrs |

Funding sources:
 Government |
 Private Sector |
 Clients |
 Other | INDIVIDUALS/PHILANTROPIST

Projects run by program:	0
Intervention activities total:	20

Standard interventions:	4
Knowledge interventions:	5

Harm reductions:	1
Bio interventions:	5
Barrier mitigations:	5
Bio outcome mitigations:	0

Address: BOX DD198 DODOWA
 Phone: 020872498 0271294055
 Date of interview: 09/15/13

 NETWOMEN PLUS

Areas served:

Ashaiman Municipal|

Populations served:

General population > 25 yrs|
 General age 10-24|
 Pregnant women, infants|
 People living with HIV|

Funding sources:

Donor| USAID

Projects run by program:	1
Intervention activities total:	12

Standard interventions:	3
Knowledge interventions:	5
Harm reductions:	0
Bio interventions:	1

Barrier mitigations: 3
Bio outcome mitigations: 0

Address: P.O.BOX 43, NUNGUA.
Phone: 0240277507
Date of interview: 08/31/13

MOTHERLY LOVE FOUNDATION

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs| Female sex workers| Men who have sex
with men|
Refugee/displaced| Mobile/migrant|
People who inject drugs| Pregnant women, infants| Health care workers|
Uniformed personnel| People living with HIV|

Funding sources:
Donor| HFFG, SWA GHANA, OICI

Projects run by program: 1
Intervention activities total: 15

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 2
Bio interventions: 0
Barrier mitigations: 3
Bio outcome mitigations: 2

Address: P.O.BOX SK 1031 SAKUMONO TEMA
Phone: 0249722375 0246653765
Date of interview: 08/29/13

NATIONWIDE CARE

Areas served:

La Dade Kotopon Municipal|

Populations served:

General population > 25 yrs| Female sex workers|
General age 10-24|
Pregnant women, infants| Health care workers|
People living with HIV|

Funding sources:

Donor| MISSING

Projects run by program: 1

Intervention activities total: 7

Standard interventions: 3

Knowledge interventions: 2

Harm reductions: 1

Bio interventions: 0

Barrier mitigations: 1

Bio outcome mitigations: 0

Address: LABADI(SPARE PARTS)
Phone: 0573765657
Date of interview: 09/10/13

CRYSTAL CLINIC ASHAIMAN

Areas served:

Ashaiman Municipal|

Populations served:

General population > 25 yrs|

Funding sources:

Insurance|
Clients|
Other| NHIS

Projects run by program: 1
Intervention activities total: 22

Standard interventions: 3
Knowledge interventions: 6
Harm reductions: 2
Bio interventions: 4
Barrier mitigations: 4
Bio outcome mitigations: 3

Address: NEW CRYSTAL HEALTH CLINIC ADJEI-KOJO
Phone: 0501264604
Date of interview: 12/05/13

NEW CRYSTAL HOSPITAL

Areas served:

Kpone Katamanso|

Populations served:

General population > 25 yrs|

Funding sources:

Insurance|

Projects run by program: 1
Intervention activities total: 18

Standard interventions: 2
Knowledge interventions: 3
Harm reductions: 2
Bio interventions: 7
Barrier mitigations: 3
Bio outcome mitigations: 1

Address: BOX 540 ASHAIMAN MICHEL CAMP
Phone: 0243068899/0501264734
Date of interview: 12/20/13

NADELA HOSPITAL

Areas served:

Kpone Katamanso|

Populations served:
General population > 25 yrs|

Funding sources:

Projects run by program: 1
Intervention activities total: 15

Standard interventions: 2
Knowledge interventions: 1
Harm reductions: 0
Bio interventions: 8
Barrier mitigations: 1
Bio outcome mitigations: 3

Address: P.O.BOX K.B.468 K.BU ACCRA
Phone: 0289510014/0277728701
Date of interview: 12/23/13

ATLANTIS CLINIC

Areas served:
Kpone Katamanso|

Populations served:
General population > 25 yrs|

Funding sources:

Other | MEDICAL DIRECTOR

Projects run by program: 1
Intervention activities total: 21

Standard interventions: 2
Knowledge interventions: 4
Harm reductions: 3
Bio interventions: 6
Barrier mitigations: 4
Bio outcome mitigations: 2

Address: GOLF CITY BOX CE 11516,TEMA
Phone: 0247941511/0302296480
Date of interview: 12/18/13

JOSA CLINIC

Areas served:
Kpone Katamanso |

Populations served:
General population > 25 yrs |

Funding sources:

Projects run by program: 1
Intervention activities total: 12

Standard interventions: 1
Knowledge interventions: 4
Harm reductions: 2
Bio interventions: 2
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: JOSA CLINIC LIMITED TEMA
Phone: 0261895295/0302998393
Date of interview: 12/19/13

ST FLORENCE CLINIC ASHAIMAN

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs|

Funding sources:

Projects run by program: 1
Intervention activities total: 11

Standard interventions: 2
Knowledge interventions: 3
Harm reductions: 0
Bio interventions: 3
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: P. O. BOX 29, ASHAIMAN
Phone: 0572995288 0208912734
Date of interview: 12/10/13

GENERAL FAMILY HOSPITAL

Areas served:
Ashaiman Municipal|

Populations served:
General population > 25 yrs|

Funding sources:
Government|

Clients|

Projects run by program: 1
Intervention activities total: 22

Standard interventions:	2
Knowledge interventions:	4
Harm reductions:	2
Bio interventions:	8
Barrier mitigations:	3
Bio outcome mitigations:	3

Address: P.O.BOX TT62 ASHAIMAN ZONE2
 Phone: 0549714454
 Date of interview: 12/09/13

 ECCLESIA HOSP

Areas served:
 Kpone Katamanso|

Populations served:
 General population > 25 yrs|

Funding sources:

Clients|

Projects run by program:	1
Intervention activities total:	12

Standard interventions:	2
Knowledge interventions:	4

Harm reductions:	0
Bio interventions:	4
Barrier mitigations:	1
Bio outcome mitigations:	1

Address: BOX AN 16563 ACCRA NORTH
Phone: 0243656103/0243485716
Date of interview: 12/12/13

LEBANON COMMUNITY CLINIC

Areas served:
Kpone Katamanso|

Populations served:
General population > 25 yrs|

Funding sources:

Insurance|

Projects run by program:	1
Intervention activities total:	16

Standard interventions:	3
Knowledge interventions:	4
Harm reductions:	3
Bio interventions:	3

Barrier mitigations: 2
Bio outcome mitigations: 1

Address: P O BOX TN 142 LEBANON ZONE TWO ASHAIMAN
Phone: 0244592623
Date of interview: 12/10/13

KPONE-BAWALASHIE HEALTH CENTRE

Areas served:

Populations served:

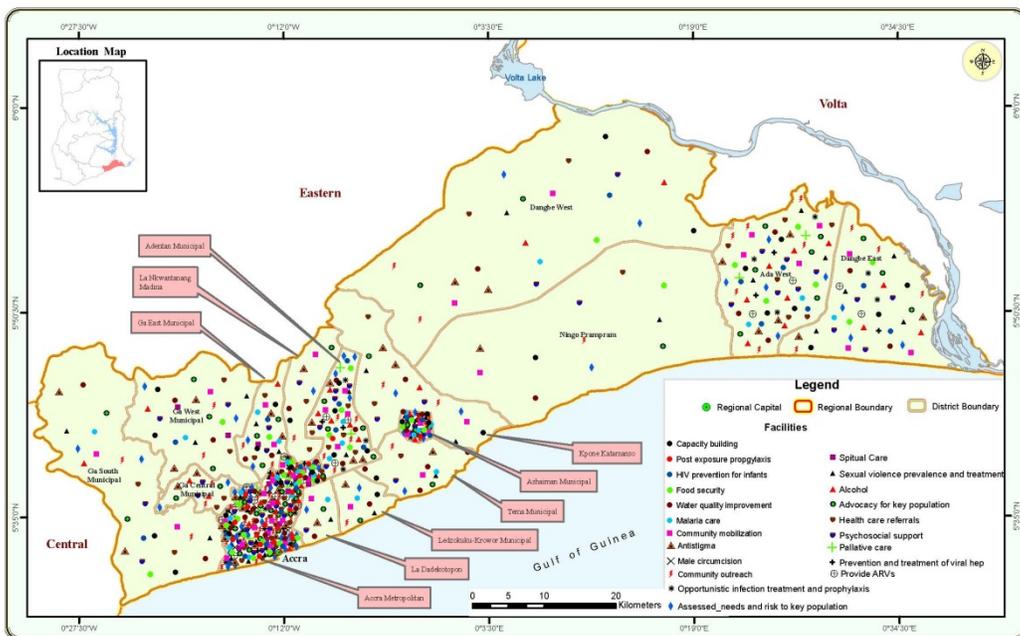
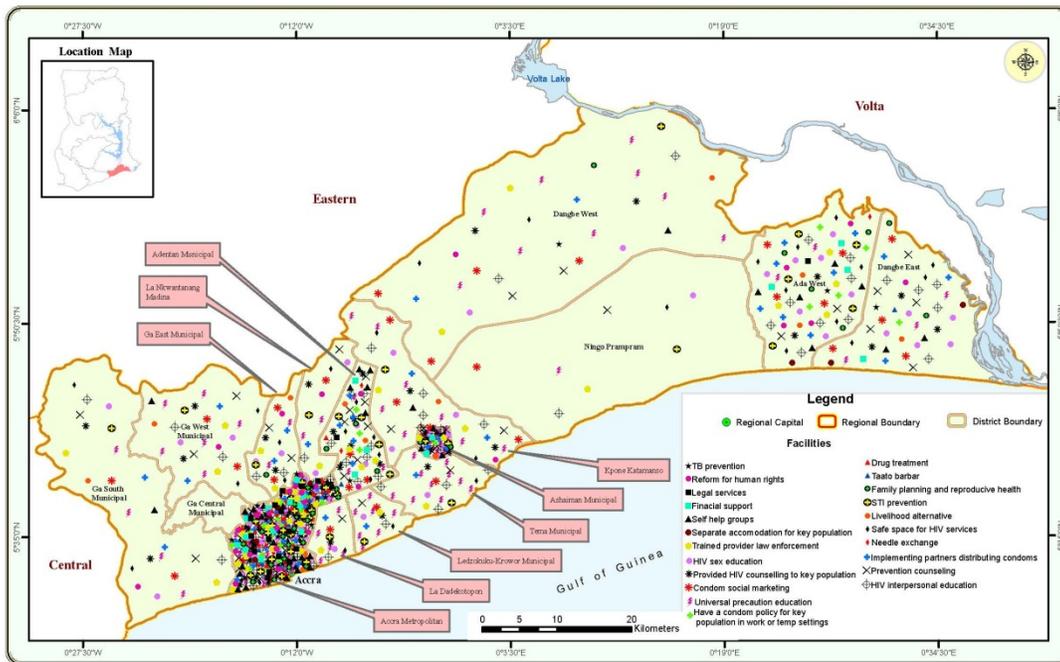
Funding sources:

Projects run by program: 1
Intervention activities total: 16

Standard interventions: 4
Knowledge interventions: 4
Harm reductions: 1
Bio interventions: 4
Barrier mitigations: 2
Bio outcome mitigations: 1

Address: C/O KPONE-KATAMANSO DHD, BOX 1. KPONE-ON SEA
Phone: 0246721952
Date of interview: 01/06/13

Appendix D: Maps illustrating the distribution of Key Population Interventions in Greater Accra, Ghana



MEASURE Evaluation

Carolina Population Center
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, NC 27517

<http://www.cpc.unc.edu/measure/>