



USAID | GHANA

FROM THE AMERICAN PEOPLE

July 6, 2009

Reference: AIDSTAR Sector I – AIDS SUPPORT AND TECHNICAL ASSISTANCE
RESOURCES SECTOR 1 (AIDSTAR 1) PROGRAM

**SUBJECT : Request for Task Order Proposal (RFTOP) No. 641-09-014:
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES SECTOR 1
(AIDSTAR 1) PROGRAM**

TO ALL IQC Contractors:

United States Agency for International Development (USAID) to Ghana is hereby requesting a task order proposal under the AIDS Support and Technical Assistance Resource (AIDSTAR) Sector I to implement the HIV/AIDS Service Delivery Support Program as described in Section C – Statement of Work (SOW). It is anticipated that a Cost Plus Fixed fee (CPFF) task order will be awarded as a result of the RFTOP. The estimated period of performance is four (4) years, depending on availability of funds.

Pursuant to Section F.6, Fair Opportunity of the referenced IQC, this RFTOP is issued to your firm per F.6. (b)(2)(iii) of the basic award.

For instructions on proposal submission, see Section V to this RFTOP which sets forth requirements and instructions for the preparation and submission of technical and cost proposals, while Section VI states the criteria by which task order proposals will be evaluated.

Issuance of this Request for Task Order Proposal (RFTOP) does constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of a proposal. Further, the Government reserves the right to reject any or all proposals received. The closing date for proposal submission is August 14, 2009 1:00 pm Accra, Ghana time.

Questions or communications regarding this RFTOP should be directed to Ms. Anne L. Busaka, Sr. Acquisition and Assistance (A&A) Specialist at accracontract@usaid.gov not later than July 17, 2009 1:00 pm Accra, Ghana time. The subject line for all communications should read: RFTOP No. 641-09-014.

Applicants should retain for their records, copies of any and all attachments, which accompany your Proposal.

Sincerely,



Brian Aaron
Contracting Officer
USAID/WA - RAAO

AIDSTAR – SECTOR I - Request for Task Order Proposal

Table of Contents

I. BACKGROUND.....	2
II. STATEMENT OF WORK.....	8
III. DELIVERABLES	18
IV. REPORTING REQUIREMENTS	19
V. INSTRUCTIONS FOR PROPOSAL SUBMISSION.....	21
VI. EVALUATION CRITERIA	29
VII. ATTACHMENTS	32

ACRONYM LIST

ART	Anti-Retroviral Treatment
BCC	Behavior Change and Communication
COTR	Contracting Officer's Technical Representative
CDC	Centers for Disease Control and Prevention
C&T	HIV Counseling and Testing
DOD	Department of Defense
FSW	Female Sex Worker
FP	Family Planning
ICT	Information and Communication Technology
IDU	Intravenous Drug Use
GOG	Government of Ghana
GAC	Ghana AIDS Commission
GDHS	Ghana Demographic and Health Survey
MARP	Most At Risk Population
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
MSW	Male Sex Worker
MSM	Men who have sex with Men
NPP	Non-Paying Partner
NSF	National Strategic Framework
OI	Opportunistic Infection
OVC	Orphan and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	Presidential Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention from Mother to Child Transmission
PLHIV	People Living with HIV/AIDS
SI	Strategic Information
STI	Sexual Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
TWG	Technical Working Group

I. BACKGROUND

1) Current Situation

According to the preliminary results of the Ghana Demographic and Health Survey 2008 (GDHS 2008), infant and child mortality rates have declined to 50 and 80 per 1000 live births respectively, and several other health indicators have significantly improved (e.g. 95% of pregnant women now receive ante-natal care from a professional). Meanwhile, the contraceptive prevalence rate among married women has decreased from 19% to 17% over the past five years. Access to quality health services in the public and private sectors remains a challenge in Ghana. Malaria, tuberculosis and HIV/AIDS are still major factors that contribute significantly to morbidity and mortality in Ghana, particularly among most-at-risk populations (MARP).

According to UNAIDS estimates, HIV prevalence among adults peaked in 1998 at 2.4% and has gradually declined to 1.7% in 2008 (NACP). The HIV/AIDS epidemic in Ghana is described as a mature, low-level generalized epidemic with a high level of infection among certain sub-populations. HIV prevalence varies by geographic location, age, and different sub-population groups. Several districts, particularly in the Eastern region, have consistently registered HIV levels among pregnant women above 5%. HIV prevalence is relatively high (3.5%) among adults between 35-39 years old¹. Sexual debut occurs relatively late (18 years old for women and 20 years old for men)², but appears to be declining. By far, most HIV-positive adults between 20-39 years old were infected via sexual transmission.

Estimated HIV prevalence among certain MARP remains very high: 30-45% among female sex workers (FSW) and 26% among men who have sex with men (MSM)³. Unlike other African countries however, recent studies show that long-distance truck drivers and miners do not have high infection levels. The Ghanaian Armed Forces have lower than average infection rates. A study suggests that HIV rates among prison populations, especially in one location housing inmates with long-term sentences, are much higher than in the general population. It is unclear whether intravenous drug use (IDU), use of sharps (e.g. for tattooing), or male to male anal sex is driving this. Data available from Counseling and Testing (C&T) centers suggest that prevalence among otherwise very vulnerable “kayayee” (illiterate young female temporary migrants from the northern part of Ghana who work as market porters) is below the national average. Prevalence rates among intravenous drug users are not known, nor has an estimate of the number of IDU been made. The number of MSM is also unknown. A short two-staged respondent-driven study in Accra and Tema identified thirteen hundred unique MSM.

¹ 2007 HSS Report

² Ghana Mini-COP 2009

³ NSF II, 2006-2010

The annual incidence of HIV infection is now stable at around 23,000 per year⁴. Nationwide, there are 240,000 people living with HIV/AIDS (PLHIV). Among the PLHIV who are in a relationship, almost 80% are in a discordant relationship (DHS 2003) and relatively few have disclosed their status to their partners.

Stigma related to HIV/AIDS remains very high and is a major constraint for MARP and PLHIV groups seeking HIV/AIDS prevention, care and treatment services as well as other health care services.

2) HIV/AIDS response by Government of Ghana (GOG), other development partners and US Government (USG):

a) Response of GOG and other development partners:

In 1987, the GOG created the National AIDS Control Program (NACP) within the Ministry of Health (MOH) to implement the country's HIV/AIDS program. At present, Ghana's multi-sectoral efforts against HIV and AIDS are led by the Ghana AIDS Commission (GAC). The GAC has played an important role to ensure effective use of resources and management and coordination of HIV/AIDS activities in the country. Based on the "Three Ones" principle, the GOG has developed a five-year National Strategic Framework and a monitoring and evaluation (M&E) plan. Currently, the GOG is implementing its second National Strategic Framework (NSF II), 2006-2010. The NSF provides broad planning and implementation guidance for public and private sector partners, as well as donors.

Several national policies and guidelines have been developed to address the HIV/AIDS epidemic in Ghana, such as a National Workplace HIV/AIDS policy, C&T and Prevention from Mother to Child Transmission (PMTCT) guidelines, a policy for Orphans and Vulnerable Children (OVC), national HIV/AIDS/STI guidelines, and other HIV/AIDS related policies. The GAC has established a special Technical Working Group to strengthen MARP-related programming in Ghana. To date, the GOG has established about 524 C&T sites and 117 Anti-Retroviral Treatment (ART) clinics.⁵ Condom distribution and use among the general and special populations has increased through social marketing programs and specific MARP programs, with FSW reporting 98% condom use.

In 2009, investment in HIV/AIDS activities is expected to be around \$68 million. The Global Fund is the single largest donor and provides approximately \$40 million per year (Round 5, \$17 million, Round 8, \$23 million). World Bank, DFID, DANIDA, and GOG will provide about \$12.6 million directly to GAC to implement the national HIV/AIDS program. GTZ supports the workplace-based HIV/AIDS prevention program⁶.

⁴ National HIV Prevalence and AIDS Estimates Report 2007-2012

⁵ NACP 2008 report

⁶ POW 2009

b) Response of USG:

PEPFAR/Ghana provides \$7.5 million to support HIV/AIDS prevention, care and treatment services and is the largest bi-lateral donor supporting these activities. For years, USAID has been the lead partner in targeting MARP interventions. Currently, other donor partners target MARP to some extent through direct funding of implementers or through the GAC. More significantly, two Principle Recipients of Round 8 Global Fund resources will concentrate efforts on HIV/AIDS prevention which will include targeting MARP. USAID also focuses on strengthening primary health care systems in order to prevent and treat a number of communicable diseases, including malaria and tuberculosis. Under PEPFAR II and the auspices of the Partnership Framework, PEPFAR/Ghana anticipates an increase in funding over the next five years. The preliminary objectives of the Partnership Framework are to assist GOG in reducing the number of new HIV infections by 30% (approximately 7000 less per year), increase the number of persons on ART from 30% to 60%, rapidly increase the number receiving non-ART clinical care by 200% (90,000), as well as strengthen health information system and community based organization's capacity.

Other USG agencies play an important role in the implementation of the PEPFAR/Ghana program. The Department of Defense (DOD) supports the Ghana's Armed Forces in the implementation of comprehensive HIV/AIDS activities and services, including laboratory services. The Centers for Disease Control and Prevention (CDC) supports Ghana's efforts to improve disease surveillance and strengthen strategic information as well as the quality of laboratory services. The Peace Corps works at the community level nationwide to implement community-based HIV/AIDS prevention activities. The US Ambassador's Self-Help program provides small grants to help meet the HIV/AIDS-related needs of local communities.

PROBLEMS TO BE ADDRESSED

FSW: Prostitution – which is illegal in Ghana - is concentrated mostly in urbanized areas and in commercial centers. FSW are categorized as “seaters” or “roamers”. A seater is stationary while a roamer is mobile. Roamers usually work at night and can be found on the streets or at “pick-up spots” such as bars, discotheques, video centers and internet cafés. More hidden roamers use mobile phones to reach clients. Little is known about this sub-population. In general, roamers are more dispersed, mobile and difficult to reach. Also, many roamers do not self-identify as sex workers. Stigma and discrimination against FSW is very high. Overall, HIV prevalence among seaters is higher than roamers, 45% and 31% respectively. Some data suggest that the rate among seaters is declining while the rate among roamers is increasing. Declared condom use with clients among FSW is high (99%). However, only 23% of roamers and 21% of seaters use condoms

with their non-paying partners (NPP)⁷. The high prevalence rates among FSW are inconsistent with the declared rate of condom use.

Interventions targeting seaters have been implemented for over a decade in Ghana and have achieved relatively high levels of coverage. The much larger group of roamers has received less attention and is only partly covered. The much larger group of women who sell sex but do not self-identify as sex workers is even less covered with prevention interventions and is also less understood. There is a growing network of STI clinics with providers specially trained to counsel, diagnose and treat FSW and MSM. Recently, a MARP Behavior Change and Communication (BCC) strategy using a helpline with peer educators and text messaging appears to have achieved success in encouraging MARP to use counseling and testing (C&T) and STI services.

MSM: Homosexuality is culturally unacceptable in Ghana and sodomy is prohibited by law. MSM face negative reactions when their sexual preferences are disclosed, ranging from verbal harassment to violence. Violence around MSM gathering points is common as well. According to a study funded by USAID in 2008, the HIV/AIDS prevalence among MSM is estimated to be 26%. About half of them report having sex with both men and women, and the far majority engaging in high risk behavior such as unprotected anal sex. Because of the high level of stigma and discrimination against MSM, they often hide their identity, making it difficult for them to access health services and for implementers to reach MSM with HIV/AIDS prevention programs. Sex work is somewhat common among MSM, with exchange of goods and money for sex featuring prominently in the MSM community. It is possible that MSM sex tourism to Ghana is on the increase and there are regular cases of blackmail and extortion in the MSM community. Programs to date have reached about 10,000 MSM mainly in some major urban areas, using peer-education, similar telecommunication interventions as for FSW, providing selected MSM-friendly clinical facilities and drop-in centers. Programs still have limited coverage and reach mainly younger MSM, including bi-sexuals. Little is known about 'older' MSM, their specific needs and lifestyle.

NPP: NPP are usually the boyfriends of sex workers and live in the same community. Most NPP are now aware that they are at high risk of HIV infection and interventions have stressed 100% condom use. NPP may be a source of "bridging" HIV/AIDS infection to the general population. The HIV/AIDS prevalence, according to one small study, among NPP in Ghana is 39%⁸. Not all Sex Workers (SW) have non-paying partners; the size of the sub-population is not known.

PLHIV: As stated above, about 240,000 people are living with HIV/AIDS. Although the GOG has dramatically expanded the number of ART sites, from 46 in 2006 to 117 in 2009, only 23,000 of the 70,000 PLHIV⁹ in need of ART are currently on treatment.

⁷ SHARP BSS 2006

⁸ SHARP BSS 2006

⁹ Ghana POW 2009

Accessing ART services for PLHIV remains a challenge. Access to ART is constrained by several factors: a limited number of ART clinics, unwillingness to reveal one's HIV status, lack of money to pay for transportation to ART services, 5 Ghana Cedi's (approximately US\$3.50) monthly co-payments and lack of family support. Stigma among PLHIV is also an issue; it creates an environment that discourages PLHIV from seeking HIV/AIDS prevention, care and treatment.

Ghana has many programs for PLHIV, but the quality of most programs is thought to be low, focused on receiving some hand-outs such as food and transport costs. USAID previously implemented a program providing large food supplementation rations for PLHIV and their families ("Title II"), but this program has ended.

A USAID-funded program, AED/Strengthening HIV/AIDS Response Partnership (SHARP), has developed an extensive modular curriculum "It's My Life", covering topics such as understanding AIDS, HIV prevention, partner notification, nutrition, family planning, etc. About 150 USG-supported support groups are currently using this program. Additionally, "Helpline and Text Message" activities were developed and implemented by SHARP as a pilot project. The pilot project reaches FSW and MSM through telephone counselors and text messages, which are reinforced by peer education and outreach activities. A recent internal evaluation of the pilot program shows that the interventions increased knowledge of HIV/AIDS prevention, adherence to treatment and utilization of C&T/STI services among these two groups in a short period of time. The pilot project is currently coordinated and implemented by former SHARP sub-partners.

In addition, USAID has supported the development and implementation of tailor-made educational materials for FSW ("I am someone's hope") and MSM ("it's my turn"). The latter set contains special pocket-size materials that can easily be hidden, and none of the materials uses posters or mass media. Peer educators and ICT are the main vehicles. Training materials for peer educators and manuals for supervision of the educators are available as well. All materials can be downloaded from www.aedsharp.org.

In addressing the MARP described above, a number of cross-cutting challenges remain:

- Changing high risk behavior: PLHIV might still have low condom use. Male and female sex workers report condom use with their clients but much less with their NPP. There are an increasing number of brothels in Ghana and many have not adopted 100% condom use policies. MSM until recently had low condom use especially with their male partners. Consistent use of condoms and lubricant is still limited. High HIV/AIDS prevalence among these groups indicates that behavior change messaging - see page 12 for a description of the key behaviors whose adoption must be promoted - must still be the primary focus of HIV/AIDS prevention. Challenges to BCC programming include lack of national coverage for existing MSM

and CSW efforts, an inadequate number of high-quality peer educators to meet the need and limited supportive supervision for peer educators.

- Stigma and discrimination remain high: Stigma and discrimination against MARP and PLHIV remain high in communities and also at health facilities. Stigma and discrimination at health facilities hinders MARP access to and use of health services. At the community level, some PLHIV have been evicted from their homes, and often families abandon or refuse to care for PLHIV. Some health providers refuse to provide services to HIV/AIDS positive patients because they are afraid of contracting HIV. It is said that many PLHIV die in churches and prayer camps or in houses hidden from their neighbors without receiving quality health services including ART. In 2008, there were about 18,000 AIDS deaths and about 5000 PLHIV were put on ART.
- Access to condoms and non-oil based lubricants is still limited: The availability and consistent supply of condoms and non-oil based lubricants remains an issue. All USG-supported peer-educators maintain condom and lube supply and all USG-supported PLHIV groups serve as condom outlets. The long-term national plan for ensuring condoms and lube supply and distribution remains unclear. National stock-outs of condoms occurred during recent years and the forthcoming shift to Global Fund-financed condom procurement might see new challenges. The details of the new supply system are not yet known but the MOH does supply to NGOs directly. USAID provides minor quantities of condoms at prices close to cost-recovery and provides single-dose lubricant to supply FSW and MSM. Condoms are not always available at key locations frequented by MARP. Lubricant is perceived as expensive and single-use portions can be hard to find.
- Access to and use of quality health services for HIV/AIDS is inadequate: The number and quality of MARP-friendly C&T/STI clinics, satellite clinics and drop-in centers is insufficient. The continuum of care needs further improvement to ensure adherence to ART and linkages to care and treatment for other opportunistic infections as well as tuberculosis and malaria. Linkages need to be strengthened.
- Lack of institutional and human capacity and coordination/collaboration: There is a lack of sufficient skills in Ghana at all levels to coordinate and implement high-quality HIV programs for MARP and PLHIV in a cohesive, streamlined manner. Local NGOs need enhanced capacity-building to strengthen their overall organizational capacity and to develop the skills needed to implement, monitor and evaluate MARP programs. Most national NGOs lack experience in HIV/AIDS programming and the technical skills needed to carry out quality interventions, most notably in prevention (e.g. peer education, outreach activities, supportive supervision). This weakness is even more critical regarding MARP interventions, in which few organizations are involved. Many health care workers need additional training in order to provide services to MARP in a manner that does not stigmatize them. Finally, there are few effective HIV/AIDS umbrella organizations. More will

be needed to rapidly increase the coverage of HIV/AIDS-related prevention activities in the near future.

While the national HIV program is increasingly decentralized, HIV-related education and training of district authorities is limited. With more and more decision making power in steering the HIV/AIDS response, these authorities, as well as district level NGOs, need enhanced capacity to coordinate and implement programs.

II. STATEMENT OF WORK (SOW)

a) Summary of the Goal and Objectives

USG Ghana aims to contribute to Ghana's national goal of achieving a 30% reduction in new infections by 2013 by supporting efforts to reduce HIV/AIDS transmission among MARP and their sexual partners.

The objectives of this SOW are:

1. Improve MARP and PLHIV's knowledge, attitudes and practice of key health behaviors.
2. Increase utilization of quality HIV/AIDS related health services for MARP and PLHIV.
3. Strengthen human and institutional capacity of MARP and PLHIV program implementers and coordination bodies.

PROGRAM RESULT FRAMEWORK (SEE ATTACHMENT J-6)

b) Strategic and Technical Approach:

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

The contractor shall be responsible for improving the continuum of care for MARP and PLHIV. For example, HIV/AIDS prevention efforts - such as condom distribution and health education activities - must be linked with HIV/AIDS treatment, care and support services. Treatment and care activities of PLHIV must be linked with other health prevention services such as TB screening and treatment and MCH/FP services.

Additionally, the proposed approach and activities shall build upon the recently developed delivery models and tools, such as the “Helpline” program and the “My Life-Positive Living Tool Kits”, while responding to the current HIV/AIDS situation in Ghana. To obtain these materials, the contractors can download them from the website listed in attachment J-4.

When new information becomes available on the epidemic among MARP (e.g. related to alcohol abuse, IDU or prison populations or geographic distribution of MARP) or when additional information becomes available on effectiveness and efficiency of MARP interventions, the contractor will need to adapt its interventions. As necessary and under the direction of the COTR, the contractor shall propose adaptations to existing activities or additional activities that are realistic, technically sound and respond to the most recent situation. The suggested new approach and activities shall be reflected in the annual workplan, in consultation with and approved by the COTR.

Objective 1: Improve MARP and PLHIV’s knowledge, attitudes and practice of key health behaviors.

The expected results of this intervention are:

- 50,000 CSW (male and female); 45,000 MSM; 68,000 PLHIV and 15,000 NPP in 30 districts reached with key health behavior messages
- 35 sub-contractors implement HIV/AIDS prevention for MARP and PLHIV program
- 100% condoms use policies in brothels established and institutionalized

- A guideline for the development of linkage between HIV/AIDS prevention services and clinical services standardized and adopted by the GOG

To achieve this objective, the contractor will be responsible for developing and implementing an approach and activities that respond to the current situation of MARP, building on the illustrative activities and approaches set forth below.

Regarding BCC/IEC material development, the contractor shall focus its efforts primarily on using existing strategies, tools and materials. Selected new IEC materials may be developed after the award if clear gaps are identified in existing resources (e.g. case finding approaches and materials to support the work of PLHIV and other groups such as the Peace Corps; approaches and/or material suitable to reach older MSM). An annotated list of existing materials can be found in the attachment J-4 or requested from USAID/Ghana. All materials can be downloaded from the link mentioned there.

Illustrative activities and approach:

- Promote HIV/AIDS prevention and healthier behavior among MARP and PLHIV, through peer education programs, community events, and telecommunication programs.
- Promote appropriate and consistent condom use among male and female sex workers (MSW and FSW), their clients, their NPP, MSM and their female partners, and PLHIV, including distribution of condoms and lube through peer educators.
- Promote stigma and discrimination reduction among MARP, PLHIV and health care providers.
- Support the scale up of the current “Helpline” and “Text Messages” program to increase coverage and target more difficult to reach MARP (e.g. older MSM, young sex workers).¹⁰
- Increase knowledge of STI symptoms and promote prompt health seeking behavior for appropriate health services among MSM, FSW, PLHIV through peer education, outreach and “Helpline” program.
- Through peer education, outreach, “Helpline” programs and C&T services, encourage MSM, FSW, MSW, NPP, and PLHIV to disclose their HIV status to their regular partners.
- Support PLHIV support groups, specifically for MARP (e.g. male and female sex workers, young and old MSM), and link these groups with MARP-friendly care and treatment services (including C&T, STI, ART, TB and other OI services)
- Continue and expand the implementation of the “My Life-Positive Living” tool kits for PLHIV.

¹⁰ At the end of the USAID-funded AED/SHARP project, responsibility for the text messaging and Helpline interventions was moved to two NGOs, one for the MSM work and the other for FSW. The future awardee will need to work closely with these NGOs to support expansion and further development of these interventions.

- Make available appropriate quantity of already existing BCC/IEC materials for MARP and PLHIV.

Performance Indicators:

PEPFAR Indicators

- Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards, disaggregated by MARP type: FSW, MSM, MSW, NPP

Program Level Indicators

- Number of People Living with HIV/AIDS reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards, disaggregated by sex: Male and Female.
- Number of MARP reached through “Helpline” and “Text Messages” programs.
- Number of individuals (MARP, PLHIV, health providers) reached with stigma and discrimination reduction messages.
- Number of PLHIV and their families (infected and affected individuals) reached by project-supported community and home based care program.
- ICT interventions for MARP expanded
- Number PL groups carrying out partner’s status disclosure activity
- Number PL groups carrying out case finding activities

Please note that several key health behavior change indicators, such as condom use among MARP with their paid partners, will be measured through surveillance surveys of specific MARP that are funded separately. Under the direction of the designated COTR, the contractor is expected to closely coordinate its efforts with the results of these surveys, adapting its activities and approaches as necessary and appropriate.

Objective 2: Increase utilization of C&T/STI and other HIV/AIDS related health services among MARP and PLHIV.

The expected results of this intervention are:

- High-quality, user-friendly C&T/STI facilities for MARP developed, and adopted by the GOG.
- A standard referral guideline for MARP and PLHIV developed, disseminated, implemented in 30 districts, and adopted by the GOG.
- Number of MARP using C&T/STI services increased
- Number of condom and lubricant outlets (including distribution by individuals...e.g. peer educators, MSM, NPP, FSW...etc) for MARP increased.

The contractor must note that funding under this task order cannot be used to subsidize the distribution of condoms and other health commodities. Such commodities will either be donated to the program for distribution or can be purchased and sold at cost. The MOH will be responsible for condom procurement and nation-wide distribution, and may outsource some or all of this work to a social marketing organization. A USAID grantee will have prime responsibility for lubricant importation and distribution. USAID-funded PMI partners will be responsible for bed-net and possibly malaria drug procurement. Therefore, the contractor, at the initial stage of the workplan development, must build partnerships and work collaboratively with the GOG and other relevant organizations to ensure health commodities supplies are obtained and distributed among MARP. A list of names and contact of some of the relevant organizations is in the attachment J-5.

Illustrative activities and approach:

- Develop an MOU with the GOG to ensure condom and other health commodities supplies.
- Develop an MOU with relevant non-USAID funded NGOs, such as Round 8 GF recipients and other donor funded organizations, to ensure continuum of care and commodity supplies for MARP and PLHIV.
- Standardize quality improvement guideline and tools for monitoring quality of C&T/STI services delivery and health care provider's performance.
- Standardize supervision and monitoring guideline and tools for monitoring HIV/AIDS prevention for MARP and PLHIV program implementation.
- Deploy peer educators for MARP and PLHIV, using available standard curricula and closely supervise and support them.
- Hold community events per target group that reinforce healthier behaviors and provide linkages with services.
- Expand MARP-friendly C&T/STIs services, drop-in centers and satellite clinics in a systematic fashion, involving coordinating authorities.
- In collaboration with other implementing partners, establish and improve the linkage between MARP-friendly C&T/STI services and other relevant health services such as PMTCT, OI and ART treatment, and family planning.
- Train health service providers and auxiliary personnel in stigma and discrimination reduction against MARP and PLHIV, possibly combined with infection-prevention training.
- Create and strengthen referral systems to ensure PLHIV and MARP receive appropriate care and ensure adherence of ART/STIs and other OI treatment.
- Work closely with PLHIV groups or networks to institutionalize systematic AIDS case finding and subsequent enrollment into care services.
- Distribute bed-nets and possibly other health commodities to PLHIV, and provide nutritional counseling.

- In collaboration with other USAID funded implementing partners, the recipient of the GF Round 8, GAC's implementing partners, private sector and other donor supported programs, ensure condoms and non-oil based lubricants are widely available, accessible and affordable at all points of contact between MARP, their clients and partners.

Performance Indicators:

PEPFAR Indicators

- Number of individuals who received Testing and Counseling services for HIV and received their test results, disaggregated by age group, MARP types, gender and test result.
- Number of PLHIV provided with a minimum of one care service, disaggregated by age group (18, 18+) and gender.
- Number of health care workers who successfully completed an in-service training program (including quality C&T, infection prevention, STIs syndromic treatment and management, and stigma and discrimination reduction)

Program Level Indicators

- Number of targeted condom service outlets, disaggregated by peer educators, PLHIV and other vendors
- Number of condoms sold/distributed through peer educators.
- Number of MARP who received STI services, disaggregated by MARP types.
- Number of MARP referred for and who received other HIV/AIDS-related care services.
- Number of AIDS cases identified by PLHIV and enrolled in care and support services.
- Number of PLHIV who received preventive commodities, excluding condoms (e.g., bed-nets, water purification tablets)

Objective 3: Strengthen human and institutional capacity of MARP and PLHIV program implementers and coordination bodies

The expected results of this intervention are:

- Highly-functioning national Technical Working Group (TWG) for HIV/AIDS Prevention for MARP and PLHIV meeting on a quarterly basis.
- Highly-functioning NGO coordination body for the implementation of HIV/AIDS Prevention for MARP and PLHIV meeting on a quarterly basis (tentative, depending on GOG decision-making).
- HIV/AIDS Prevention for MARP and PLHIV program models implemented and adopted by the GOG and non-USAID funded partners.

- Existing supervision guidelines and tools for monitoring HIV/AIDS Prevention for MARP and PLHIV programs disseminated and adopted by the GOG and other implementers.
- Existing BCC/IEC materials for implementation of HIV/AIDS prevention for MARP and PLHIV adopted by the GOG and other implementers.

The contractor shall implement approaches and activities specified in this Task Order. However, it should be realized that in a constantly changing environment with newly emerging information on MARP and HIV epidemiology, as well as newly developing best practices, the contractor shall develop and adopt interventions that are in tune with the state of the art of HIV/AIDS prevention work. During the implementation period, changes will be discussed and approved by USAID Ghana's designated COTR and reflected in the annual workplan.

Illustrative activities and approach: Any changes to the statement of work (SOW) shall have Contracting Officer approval.

- Strengthen the national GAC Technical Working Group for MARP
- Support an NGO forum or coordination body for the programming, planning and monitoring of HIV/AIDS prevention for MARP and PLHIV (tentative)
- Strengthen capacity of sub-contractors and non USAID funded partners for programming, planning, management, monitoring and evaluation of HIV/AIDS prevention for MARP and PLHIV.
- Develop or document best practices for HIV/AIDS prevention activities for MARP and PLHIV, and advocate for adoption and use by the GOG and other implementers.
- Use and advocate for the use of supervision guidelines and tools for monitoring of peer educator's performance.
- Provide regular mentoring and supervision to health providers, educators and other relevant staff to ensure quality of service delivery. Use a monitoring system that tracks performance and makes comparisons between different sites and individuals.
- Build technical skills of sub-partner and local NGO staff working in prevention for MARP (including those supported by other funding mechanisms, e.g. Global Fund or District Common Fund) to assess problems, seek inputs from MARP and PLHIV and generate local solutions.
- Develop and support new or existing umbrella organizations to expand and strengthen quality MARP activities and support PLHIV interventions.
- Provide technical assistance to sub-partners, other grantees, national and district authorities to strengthen their institutional capacity in management and governance to effectively plan, manage, supervise, implement, and evaluate HIV/AIDS prevention programs for MARP and PLHIV.
- Develop approaches and tools to enable PLHIV organizations and potentially other groups to carry out case finding of bedridden PLHIV and enroll them into the continuum of care.

- Support the expansion of the “Helpline” and “Text Messages” programs and “My Life-Positive Living tool kits, and its use.
- Share best practices and other strategic information with other MARP prevention program implementing partners and link activities to other USG implementing agencies such as CDC, Peace Corps, DOD, and the Ambassador’s Self-Help program.
- Improve collaboration and coordination through improving dialogue, information sharing, and participating in technical working groups or other coordinating bodies, and advocate for implementation and scale up of best practices.

Performance Indicators

PEPFAR Indicators: N/A

Program Level Indicators

- Number of health facilities and NGOs with monitoring and evaluation system for program planning and reporting.
- Number of active PLHIV groups.
- Number of C&T/STI clinic staff who received regular supportive supervision and mentoring.
- Number of peer educators who received regular supportive supervision and mentoring.
- Number of sub-partner(s) and local NGO(s) who received technical assistance in administration, management, planning, and monitoring and evaluation of HIV/AIDS prevention activities for MARP and PLHIV.
- Number of sub-partners and local NGOs who received technical assistance in MARP programming.
- Case finding methods adopted by PLHIV groups.

c) Geographic coverage

In the first year of implementation, the target geographic locations under this task order are the 30 current USG-supported districts for HIV/AIDS (out of 167 districts in Ghana), as data suggests that MARP and PLHIV are most concentrated in these districts. USG Ghana expects that the contractor will implement the full package of comprehensive HIV/AIDS prevention activities for MARP in the areas within these 30 districts where MARP and PLHIV are most concentrated. After year one, geographic coverage might need to be further refined and expanded based on available strategic information and national planning. If adjustments to geographic coverage are required, it is expected that these adjustments will be made without changing the overall budget ceiling.

The list of the current USG supported districts is provided in Attachment J.1.

d) Beneficiaries

The expected beneficiaries for the programs are:

Beneficiaries	Year 1	Year 2	Year 3	Year 4
CSW (male and female sex workers)	25,000	35,000	43,000	50,000
MSM	10,000	20,000	30,000	45,000
PLHIV	20,000	45,000	55,000	68,000
NPP	7,000	10,000	12,000	15,000

ADDRESSING CROSS-CUTTING THEMES

a) Gender

Gender is a cross-cutting theme. The contractor shall fully integrate gender consideration into program interventions. The contractor shall take into account the following PEPFAR gender areas of emphasis:

- Increasing gender equity in HIV/AIDS activities and services.
- Reducing violence and coercion.
- Addressing male norms and behavior
- Increasing women’s legal protection
- Increase women’s access to income and productive resources

Activities under this task order shall address the issue of gender based violence and exploitation of women and girls by sex trafficking, rape and sexual abuse; behavior change education on harmful gender norms, violence and alcohol abuse; stigma reduction surrounding MSM due to norms of masculinity; and unique needs of male and female sex workers.

b) Health System Strengthening/Capacity Building

Health system strengthening and capacity building are keys to successful implementation of the HIV/AIDS prevention for MARP in Ghana program and its future sustainability. Supporting, strengthening and expansion of individual, community, private sector, NGO, and public sector capacity are critical. Evidence of improved human capacity development ought to lead to an increased number of Ghanaian professionals in leadership positions to promote long term sustainability of the development activities. The contractor will be expected to collaborate with other implementing partner(s) in the development of a human and institutional capacity development plan in coordination

with health system strengthening and quality assurance initiatives that are currently or will be implemented in Ghana.

SPECIAL REQUIREMENTS

a) Environment Consideration

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID must include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulation (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ADS/200/>), which, in part, require that potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.

Other references of the environment requirement and compliance can be found at http://siteresources.worldbank.org/INTRANETENVIRONMENT/3635842-1175696087492/21919456/Ghana_CEA.pdf, http://www.usaid.gov/locations/sub-saharan_africa/countries/ghana/index.html.

b) Linkages/Partnership

To maximize the outcomes of the HIV/AIDS Prevention for MARP in Ghana program implementation and avoid missed opportunities in providing other related health services, the contractor must foster collaborative linkages and partnerships with other USG-funded implementing partners and within the wider health sector community, especially the MOH of Ghana and GAC. This is expected to be an important principle throughout the period of this task order. The linkages and partnerships in this program must be developed in an effective manner to lead to closer collaboration, avoid duplication of efforts and resources, and increase and improve government's ownership and accountability. Linking and partnering to wider development sectors beyond health including, but not limited to, education, good governance, clean water and sanitation, private sector, and economic growth are strongly encouraged.

OTHER CONTRACTOR REQUIREMENTS

Authorized Geographic Code

The contractor shall be responsible for the procurement of any and all equipment and commodities which are procured under the task order to carry out activities. The contractor shall consider the procurement plan as part of the work plan and all procurement of goods must be executed in accordance with USAID regulations. The

authorized sources for procurement are USAID Code 935, and local procurement as authorized by 22 CFR 228.40. Whether commodity procurement will be off-shore or local will depend on timing, cost, and available sources. The Contractor will also be responsible for proper warehousing, inventory, delivery, end-use monitoring and reporting requirement for all equipment, materials, and commodities purchased under this task order.

III. DELIVERABLES

The contractor will be responsible to provide the following deliverables:

Administration deliverables:

- a) Environment Compliance: the contractor shall conduct an early evaluation of environmental concern and develop an acceptable mitigation plan.
- b) Annual Workplan: The contractor shall submit the Annual Workplans that detail the works to be accomplished during the period of performance of this task order and the estimate funding needed for each year. The first Annual Workplan shall be submitted within one month of award. The workplan must include the estimated funding required for the first year implementation. The Annual Workplan(s) may be revised on an occasional basis, as needed, to reflect changes on the ground and with the concurrence of the designated COTR. The scope and format of the annual workplan will be guided by the designated COTR.
- c) Transition workplan: The contractor shall be responsible to develop a transition workplan that describes how the contractor will continue and build upon high-performing aspects of current USAID/Ghana-supported MARP/PLHIV prevention efforts that are currently implemented by sub-partners. The transition workplan will be submitted with the technical proposal.
- d) Monitoring and Evaluation Plan: The contractor will be responsible to develop and execute a Monitoring and Evaluation (M&E) plan, in consultation with the designated COTR. Expected program results with illustrative indicators, mid-term milestones/benchmarks, end-of project results must be clearly elaborated in the M&E plan. During the initial program planning period, the contractor shall work closely with the designated COTR to establish final indicators, baseline data and performance targets for each indicator. Data source and collection methodology must be noted for each indicator. The M&E plan will be revised as appropriate on an ongoing basis in collaboration with USAID/Ghana and the PEPFAR SI team. In particular, as PEPFAR is currently undergoing a Next Generation Indicators exercise, the contractor must be flexible in adapting its M&E efforts based on the results of the Next Generation Indicators exercise. The M&E plan shall be submitted to the designated COTR for approval within 60 days of award.

Program Outcome Deliverables:

- 50,000 CSW (male and female); 45,000 MSM; 68,000 PLHIV and 15,000 NPP in 30 districts reached with key health behavior messages
- 35 sub-contractors implement HIV/AIDS prevention for MARP and PLHIV program
- 100% condoms use policies in brothels established and institutionalized
- A guideline for the development of linkage between HIV/AIDS prevention services and clinical services standardized and adopted by the GOG
- High-quality, user-friendly C&T/STI facilities for MARP developed and adopted by the GOG.
- A standard referral guideline for MARP and PLHIV developed, disseminated, implemented in 30 districts, and adopted by the GOG.
- Number of MARP using C&T/STI services increased.
- Number of condom and lubricant outlets (including distribution by individuals...e.g. peer educators, MSM, NPP, FSW...etc) for MARP increased.
- Highly-functioning national Technical Working Group (TWG) for HIV/AIDS Prevention for MARP and PLHIV meeting on a quarterly basis.
- Highly-functioning NGO coordination body for the implementation of HIV/AIDS Prevention for MARP and PLHIV meeting on a quarterly basis (tentative, depending on GOG decision-making).
- HIV/AIDS Prevention for MARP and PLHIV program models implemented and adopted by the GOG and non-USAID funded partners.
- Existing supervision guidelines and tools for monitoring HIV/AIDS Prevention for MARP and PLHIV programs disseminated and adopted by the GOG and other implementers.
- Existing BCC/IEC materials for implementation of HIV/AIDS prevention for MARP and PLHIV adopted by the GOG and other implementers.

All deliverables shall also be submitted electronically to the designated COTR. Bound/color printed deliverable may be required, as directed by the designated COTR.

VI. REPORTING REQUIREMENTS

In order to monitor the progress of the HIV/AIDS Prevention for MARP in Ghana Program implementation and ensure successful results, the contractor shall develop meaningful baseline information, and set up indicators and targets for national and district level. National-level results are not USG Ghana's sole responsibility, but can be achieved in collaboration with GOG and other development partners.

Source of baseline data include Ghana DHS 2008, Ghana HSS 2007, Ghana BSS 2007, National HIV Prevalence and AIDS Estimates Report 2007-2012, and other ad-hoc studies.

a. Annual and Semi-Annual Progress Reports (APR and S/APR)

The contractor will prepare and submit to USAID/Ghana the APR and S/APR within 30 days after the end of fiscal year and the end of April each year, respectively. USAID HIV/AIDS funds are subjected to PEPFAR requirements, thus the contractor will, at a minimum, report on all relevant PEPFAR indicators, and the reporting format will need to conform to OGAC guidance. PEPFAR indicators and guidance can be found in PEPFAR website: <http://www.pepfar.gov/guidance/>.

The contractor shall report in the APR and S/APR the information on all participants training fully or partially financed under this contract. The training data must be also recorded in the web-based “TraiNet” system. The contractor shall collect the participant training data on the following training:

- For the in-country training: record and report all participants training of 3 or more consecutive class days in duration.
- For the third country training and training in the U.S: record and report all participants training regardless of type and duration of training.

The contractor shall contact the designated COTR or the Mission’s Training Specialist for further information about site registration and use of the “TraiNet” website.

In addition to the APR and S/APR, the contractor is expected to submit:

- a. Short-term consultant’s report: If short-term consultancy is planned under this task order, the consultant’s report shall be submitted to the designated COTR in a mutually agreed upon format and time frame.
- b. End of project report: By the end of the project life, the contractor shall prepare a comprehensive final report that discusses accomplishments, strengths and weakness that occurs over the course of project.
- c. Quarterly financial report: quarterly financial report shall be submitted within seven calendar days before the start of the new quarter. The scope and format will be determined in consultation with the designated COTR.
- d. Accrual reports shall be submitted quarterly to USAID/Ghana.

The contractor’s performance shall be evaluated based on the completion of specific tasks as outline in the task order, adherence to the work plan, and reports submitted to the designated COTR.

As part of the performance M&E process and under the direction of the designated COTR, the contractor shall participate in joint planning, implementation, and evaluation exercises with other implementing partners, GOG at national and district level. The contractor shall contribute and share information and data with GAC, relevant Ministries, and USAID implementing partners. Whenever applicable, the information and data shall also be used to inform policy makers for program re-designing or redirection.

The contractor must note that the reporting requirement may change over the course of project.

V. INSTRUCTIONS FOR PROPOSAL SUBMISSION

A. General Instructions

The government anticipates the award of one (1) Cost Plus Fixed Fee task order as a result of this RFTOP; however, the government reserves the right to make multiple awards or no award.

Offerors must submit Task Order proposals electronically - internet email with up to 3 attachments (6 MB limit) per email compatible with MS WORD, Excel, PDF, in a MS Windows environment. There has been a problem with the receipt of *.zip files due to the anti-virus software. Therefore, offerors are discouraged from sending files in this format as we can not guarantee receipt by the internet server.

Please submit your Task Order proposal to the following e-mail address: accracontract@usaid.gov no later than August 14, 2009 at 1:00 p.m. local Accra, Ghana time. The subject line of the email must state the RFTOP number 641-09-014 and the name of your organization. You will receive an email confirming receipt of the task order proposal.

Regardless of the method used, the Technical Proposal and Cost Proposal must be kept separate from each other. Technical Proposals must not make reference to pricing data in order that the technical evaluation may be made strictly on the basis of technical merit.

The US Government is not obligated to make an award or to pay for any costs incurred by the contractor in preparation of a proposal in response hereto.

Unnecessarily Elaborate Proposals: Brochures or other presentations beyond those sufficient to present a complete and effective proposal in response to this RFTOP are not desired and may be construed as an indication of the Contractor's lack of cost savings. Elaborate artwork, expensive paper and binding, expensive visual and other presentation aids are neither necessary nor desired.

B. Instructions for Preparation of the Technical Proposal

The technical proposal in response to this RFTOP must be specific, clear, and complete, and must respond to the instructions set forth in this Section. It must be organized according to the technical evaluation criteria listed below and must address the key principles described above and the specific points specified below.

1) Proposal Format: The technical proposal must be written in English not to be more than **30 pages including the Executive Summary (see B(3) below)**. Proposals will be on pages of 8-1/2 inch by 11-inch paper (210 mm by 297-mm paper), single-spaced, 11-point or larger type in a single column, with one-inch margins on all sides and tabs to distinguish each section. Proposals may contain matrices, tables and figures if they synthesize needed information. Proposals may contain text boxes, and text may be in 10-point font, as long as the boxes are formatted so as to not unduly interfere with readability. Cover pages, dividers, table of contents, and attachments (i.e., key personnel resumes, and letters of commitment, supporting documentations) do not count within the 30-page limitation. Insert page numbers on all pages. All attachments must be included at the end of the technical proposal. An English translation must accompany any attachment that is not originally prepared in English.

The technical proposal at a minimum shall include the following:

2) Cover Page: The RFTOP title, name of organization(s) submitting the proposal, contact person, telephone and fax numbers, address and email, plus identification of all formal partner organization must all be included.

3) Executive Summary (not to exceed 3 pages): This section must not exceed three (3) pages, and shall contain the following information:

- Statement of goal and objectives.
- Brief descriptions of key strategic and technical approaches will be implemented to reduce new HIV/AIDS infections.
- Describe briefly partnership and collaboration strategy with other implementing partners.
- Describe program monitoring plan, include identification of outcome indicators, specifying end-of program targets, as well as data collection and reporting methods.

- Identification of sub-partners, including type of relationship, selection methodology, management of sub-partners and level of program funding to be granted.
- Level of USAID funding request for the period of the task order, and cost-share amount if applicable.
- Proposed start and end dates.
- Main author of the proposal and responsible representative(s) from headquarter and regional or in-country office.

4) Strategic and Technical Approach

Contractors must describe a clear and comprehensive plan and rationale on the technical approaches and activities to successfully complete the tasks in the statement of work, and demonstrate a clear understanding of the work to be undertaken and responsibilities of all parties involved. The technical approaches and proposed activities must be technically sound, realistic, logical and respond to the HIV/AIDS epidemic situation among MARP.

The strategic and technical approach must also discuss how the proposed activities will be:

- Implemented in order to complete the tasks and achieve the expected results in the statement of work of this task order.
- Carried on to avoid discontinuation of the current activities that the contractor will be responsible to continue and possibly expand.
- Implemented in an integrated manner and linked to other HIV/AIDS-related health service, include STIs, ART and opportunistic infection care and treatment services.
- Implemented in collaboration and coordination with other relevant health partners, include involvement of individuals, governmental entities, sub-partners, the GF partners, and MARP community.

The contractor shall develop and adopt interventions that are in tune with the up to date state of the art of HIV/AIDS prevention work..

The contractor shall also describe how gender will be addressed in the proposed activities as described in **Section II – ADDRESSING CROSS CUTTING THEMES, paragraph (a)**.

Further, contractors shall indicate the associated deliverables which is part of the task order requirements.

5) Performance, Management and Evaluation Plan

The performance, management and evaluation plan shall discuss the overall management plan for the implementation of the program during the course of the task order; include discussion on output and outcome indicators that correspond to the major activities and to the project. This section must specify the end-of-program targets and year-to-year milestones for the output and outcome indicators. Contractors must ensure that all indicators meet USAID/Ghana's reporting needs for PMP and PEPFAR. Contractors shall describe data collection and reporting methods, and assumptions for each output and outcome indicator. The contractor shall also explain how the data and information generated will be used for the purposes of program management, monitoring and evaluation, and to some extent for informing policy decision.

Contractors must describe their plan to manage and work with the governmental entities, organizational sub-partners, and other stakeholders to successfully undertake the tasks and achieve the objectives as set forth in the statement of work. As part of this description, the contractor shall indicate the extent intended, the method of identifying sub-contractor, tasks/functions they will be performing, and performance management plan for the sub-contractors.

The contractor must describe how to coordinate and oversee the works of the partnerships with other implementing partners, and also discuss the ability and experience in rapid development of partnerships with governmental entities, other implementing partners, and community/faith-based groups (if applicable) to facilitate uninterrupted activity implementation.

Contractors shall also propose a plan to communicate success and share lessons within their organizations and with relevant in-country stakeholders.

6) Staffing and Key Personnel

The contractor must propose a staffing structure by identifying key positions; describing their main technical/administrative functions; specifying their authority, reporting relationships, line of communication within the organization and sub-partners and describing the estimated amount of time devoted to the project.

The contractors must specify the qualifications and abilities of proposed key personnel relevant to successful implementation of the proposed technical approach and activities in the statement of work of this task order. The contractor must provide resumes and references of proposed candidates. Resumes shall be in chronological order starting with most recent experience. Each resume shall be accompanied by a signed letter of commitment from each candidate indicating his/her: (a) availability and commitment to

serve in the stated position and perform the duties set forth in the job descriptions for the period of life of the project; and (b) agreement to the compensation levels which correspond to the levels set forth in the cost proposal. As references may be checked for all proposed long-term personnel, a minimum of three references for each proposed long-term person is required. The contractors must provide current phone, fax and email address for each reference contact.

The short-term technical assistance plan must first consider available in-house expertise, if it is not available; identify international, regional and in-country expertise, with attention to gender balance, and the development of indigenous local capacity.

Key Personnel Qualifications

USAID/Ghana encourages the contractor to build sustained indigenous technical and management capacity for social and economic development of Ghana. The contractor shall therefore be encouraged to hire qualified Ghanaians, excluding active service employees of GOG, in key and non-key positions.

The contractor, without written approval of the Contracting Officer and the COTR, shall make no replacement of key personnel.

The following positions are designated as key personnel for the successful implementation of the tasks in this task order. However, the contractor may propose other staffing configuration, with full and appropriate justification.

i) Chief of Party

The Chief of Party will provide leadership and direction in strategy development and planning, and oversight the management for the implementation of the activities in this task order. The Chief of Party will serve as liaison with the headquarter office, USAID's designated COTR, government counterparts, other implementing partners, and other relevant UN/Donors agencies to coordinate the activities in this task order.

Minimum qualification required for this position:

- Master degree in Public Health or a related field.
- 10 years experience in public health, management of HIV/AIDS program, experience in working in developing/transitional country.
- At least 5 years of experiences as country director/project director in international development projects. Experience working with USAID partner(s) preferred
- Demonstrated skills and ability to lead and manage similar program and work collaboratively and effectively with other agencies, counterparts, and USAID
- Excellent verbal and writing communication skills
- Excellent interpersonal skills, and ability to work effectively and collaboratively as a team

ii). Deputy Chief of Party

The Deputy Chief of Party will provide technical support and oversight in the implementation of the activities in this task order, including providing technical direction and advise to the Chief of Party in program design and planning, technical support to organization's staff, local NGO partners and government counterparts and technical inputs to national and international technical working groups.

Minimum qualification required for this position:

- At least has a Master Degree in Public Health or relevant fields.
- 10 years experience working in public health.
- At least 5 years experience serving as HIV/AIDS senior technical advisor
- Excellent verbal and writing communication skills
- Excellent interpersonal skills, and ability to work effectively and collaboratively as a team
- Experience working with USAID funded program preferred

iii). Finance/Administration Manager

Financial and Administration Manager will provide financial and administration management support and oversight during the course of the project. Management support areas include finance, human resources, information technology and procurement.

Minimum qualification required for this position:

- Bachelor degree (or advanced degree) in accounting or business administrative
- At least 5 years experience in a management position
- Demonstrated knowledge, skills and/or experiences in accounting, financial and human resource planning and management and familiarity with USAID's financial rules and regulations
- Excellent interpersonal skills

7) Corporate Experience

The contractors must provide evidence of their technical and managerial resources, expertise and experience in management of HIV/AIDS Prevention for MARP or relevant program over the past three years. Information in this section must include, but is not limited to, the following:

- Brief description of organizational history/expertise, similar work to that discussed in the Statement of Work (SOW);
- Sub-contractors capabilities and expertise; and

- Experience, lesson learnt and examples of accomplishments in developing and implementing HIV/AIDS Prevention for MARP program or similar programs, with provision of several references;
- Relevant experience with proposed approaches in the SOW;
- Experience in internal control and financial management; including experience in oversee financial management of sub-contracts.

8) Past Performance

Past Performance will be evaluated based on reference checks and relevant past performance information submitted and may consider other past performance information.

a. The offeror shall submit a list of 5 contracts and/or subcontracts awarded within the last five years and provide performance information for each of the activities; i.e. list of contact names, job titles, mailing addresses, phone numbers, and e-mail addresses, as well as the project name, primary location(s) of work, term of performance, and dollar value.

(USAID recommends that you alert the contacts that their names have been submitted and that they are authorized to provide performance information concerning the listed contracts if and when USAID requests it)

(b) If extraordinary problems impacted any of the referenced contracts, provide a short explanation and the corrective action taken.

Attachments

Contractors must include the following attachments at the end of their technical proposal:

- Work plan matrix for the four years program implementation
- A transition plan that describes how the contractor will continue and build upon high-performing aspects of current USAID/Ghana-supported MARP/PLHIV prevention efforts that are currently implemented by sub-partners.
- Organogram
- Branding Implementation Plan and Marking Plan
- CVs of candidates filling the key positions and letter of commitment and compensation agreement of each candidate
- References of previous and/or current experience in designing, implementing, and evaluating similar programs over the past three years

C) COST PROPOSAL INSTRUCTIONS

This will be a four-year task order with an estimated budget of \$22,000,000 to \$24,000,000 over the life of the project. The contractor is expected to propose a realistic budget to support the expected results described in the statement of work in Section C of this RFTOP.

The contractor must present detail budgets for both the prime contractor and sub-contractors. The contractor shall provide two budgets, one detailing all the proposed salaries, other direct costs, and fixed fee; and another, detailing the total cost per intervention areas or expected results identified in the technical proposal.

Cost Elements	Total
Direct Labor	\$ _____
Travel, Transportation & Perdiem	\$ _____
Allowances	\$ _____
Equipment	\$ _____
Subcontracts	\$ _____
Other Direct Cost	\$ _____
Indirect Cost	\$ _____
Fixed Fee	\$ _____
TOTAL ESTIMATED COST PLUS FIXED FEE	\$ _____

The contractor's budget shall include the following information:

A detailed level of effort estimate: Provide a separate line item for each proposed individual and identify each by name and labor category as set forth in the contract. Biographical Data Sheets (AID Form 1420-17) supporting proposed daily rates for proposed candidates.

A detailed estimate for other direct costs (for example, travel, allowances, per diem etc.): Please explain the basis and budget narrative for the estimate for each category of cost.

If subcontracting is contemplated: The contractor shall indicate the types of work to be subcontracted, stating the percentage of each type of work subcontracted, the extent to which competition will be solicited prior to selection, subcontractor(s) selected and reasons therefore, and the method of analyzing prospective subcontractor proposals.

a. Salary and Wages: A detailed level of effort estimate shall be provided for the five-year period. The contractor shall provide a separate line item for each proposed individual and identify each by name, title, proposed level of effort, daily rate and total costs

The contractor shall provide the computations that were utilized in developing the proposed local-hired national personnel and other non-U.S. expatriate salary. The contractor shall show the unburdened rate and any other costs applied to develop the proposed salary. Additionally, out-year labor escalation shall be explained and justified.

b. Fringe Benefits: If the Contractor has a fringe benefit rate that has been approved by an agency of the U.S. Government, such rate must be used and evidence of its approval must be provided. If a fringe benefit rate has not been so approved, the cost proposal must propose a rate and explain how the rate was determined. If the latter is used, the narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries;

c. Sub-Contractors: Any goods and services delivered by a subcontractor

d. Travel and Transportation: The contractor must include international and in-country air travel. Per diem is calculated based on current rates.

e. Other Direct Costs: . This includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits), equipment, office rent abroad, office supplies and other related supply items related to this activity; etc.

f. Indirect Costs: The Contractor shall support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency, a Negotiated Indirect Cost Agreement (NICRA), or with sufficient information for USAID to determine the reasonableness of the rates. Indirect Costs in accordance with your approved NICRA but not to exceed any indirect cost ceilings set forth in the IQC.

g. Fee: Proposed fee, if any, not to exceed the ceiling set forth in the IQC.

To support the proposed costs, please provide detailed budget notes/narrative for all costs that explain how the costs were derived.

Range: The Cost Proposal volume is not page limited, however is to be strictly limited to cost and price information. As a general guide when preparing cost proposal documentation, please be advised that USAID anticipates receiving approximately US\$ 22 million to 24 million to fund this activity. This range is provided to give offerors the relative order of magnitude of the anticipated project and must not be used as a target. Each offer will be evaluated for cost reasonableness and realism.

VI. EVALUATION CRITERIA

The evaluation criteria have been tailored to the requirements of this Task Order to allow USAID to choose the highest quality proposal. These criteria: a) identify the significant areas that the Offerors must address in their proposals and b) serve as the standard against which all proposals will be evaluated.

The Government intends to evaluate Task Order proposals in accordance with the technical evaluation factors provided below and award to the responsible contractor whose Task Order proposal represents the best value to the U.S. Government. “Best Value” is defined as the offeror that results in the most advantageous solution for the Government, in consideration of technical factors and cost.

The specific evaluation criteria are as follow:

Evaluation Criteria	Weight
Strategic and Technical Approach	25
Performance, Management and Evaluation Plan	25
Staffing and Key Personnel	25
Corporate Experience	20
Past Performance	5
Total Technical Evaluation Points	100

TECHNICAL EVALUATION CRITERIA

Strategic and Technical Approach: (25 points)

The technical approach will be evaluated based on:

- The extent to which the proposal are clear, justifiable and technically sound to achieve the program objectives and anticipated results;
- Creativity and realistic in proposing innovative activities that will facilitate achievement of program objectives;
- Responsiveness of proposed program design and activities to the epidemiology and health system and human capacity strengthening needs of proposed intervention;

- The proposed program design and activities fit or complement to existing interventions of the GOG, other implementing partners and donors in the chosen districts as well as ensuring the continuation of the continuing successful program;
- The quality of the offerors approach to addressing gender in the proposed activities.

Performance, Management and Evaluation Plan: (25 points)

The Performance, Management and Evaluation Plan will be evaluated based on:

- The extent to which the proposal demonstrate the ability to manage the relationship with government entities and organizational sub-partners, as well as the ability to rapidly develop the partnership to facilitate uninterrupted delivery of services; demonstrate management capacity and ability to successfully implement the project;
- Demonstrate a sound approach to data collection, clear and realistic processes to measure progress toward the proposed program's objectives and linkages between the proposed output/outcome indicators and major activities of this task order;
- The extent to which the collected data will be used for decision making, program management and re-direction, communicate success and share lesson learned.

Staffing and Key Personnel: (25 points)

Key personnel will be evaluated based on

- Explanation of each identified key personnel's roles and responsibilities and estimated amount of time devoted to the project;
- Proposed key personnel with their relevant prior experience directly related to the proposed activities in the technical proposal, including technical qualifications, professional competence, relevant academic background, and past/recent experience;
- Demonstrate a clear organizational structure, management and authority line of the proposed key personnel;
- Ability to demonstrate gender balance and efficiently use of in-house, international and local expertise.

Corporate Experience: (20 points)

Offerors will be evaluated on the quality of their corporate experience in the following areas:

- Organizational history and experience on work similar to that described in the statement of work (SOW);
- Subcontractor experience;
- Lessons learned and examples of accomplishments in developing and implementing HIV/AIDS Prevention for MARP program or similar programs;
- Experience in internal control and financial management.

Past Performance: (5 points)

The past performance information will be evaluated in accordance with the following:

- Quality of product or service, including consistency in meeting goals and targets;
- Cost control, including forecasting costs as well as accuracy in financial reporting;
- Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient completion of tasks.

COST:

Cost has not been assigned a score but will be evaluated for cost reasonableness, allocability, allowability, cost effectiveness and realism, adequacy of budget detail and financial feasibility and cost sharing (if applicable). While cost may be a determining factor in the final award decision, especially between closely ranked proposals, the technical merit of proposals is substantially more important under this RFTOP.

VII. LIST OF ATTACHMENTS

J-1: List of USAID/Ghana supported districts

J-2: List of references

J-3: Annual Workplan Matrix Format

J-4: Annotated list of BCC/IEC materials and Training manual and tools (Attachment J-4 can also be downloaded at www.aedsharp.org)

J-5: List of organization and contacts

J-6. Program Result Framework

ATTACHMENT J-1: USAID supported Districts:

Region		Districts
Western region	1	Jomoro
	2	Shama Ahanta East
	3	Wassa West
	4	Ahanta West
Greater Accra	5	AMA
	6	TMA
Eastern	7	New Juaben
	8	Suhum Kraboa Coalta
	9	Birem south
	10	Kwahu West
	11	Asuogyaman
	12	Fanteakwa
	13	Yilo Krobo
	14	Manya Krobo
Ashanti	15	Obuasi Municipality
	16	Offinso
	17	KMA
Brong Ahafo	18	Nkoranza
	19	Techimana
	20	Kintampo
	21	Sampa
Central	22	Cape Coast
	23	Awutu-Efutu-Senya
	24	Agona Swedru
Volta	25	Ketu
	26	Ho
Upper East	27	Bawku Municipal
	28	Bolgatanga
	29	Kasena Nankana
Upper West	30	Wa

ATTACHMENT J-2: REFERENCES

USAID Branding and Marking: <http://www.usaid.gov/branding/>
PEPFAR Guidance: <http://www.pepfar.gov/guidance/index.htm>

In country references:

National Strategic Framework II, 2006-2010

Program of Work, 2009

National HIV/AIDS Control Program Annual Report, 2007

National HIV Prevalence and AIDS Estimates Report, 2007-2012

National AIDS Spending Assessment Study (NASA), 2007

National HIV Sentinel Survey Report 2008

Behavioral Surveillance Survey Report, 2008

For BCC/IEC materials and other study reports, please contact AED/SHARP acting country representative: Lucy Shilligi at lshilligi@aed.org or USAID/Ghana: Emmanuel Essandoh at eessandoh@usaid.gov or download them from www.aedsharp.org

ATTACHMENT J-4 (1): Annotated Bibliography of MSM, FSW, and PLHIV Materials

AED-SHARP

A. MSM

Manuals and Toolkits	Topics or Key Behaviors	Description
MSM Peer Educator Tool Kit	HIV and AIDS STI Condom and lubricant use VCT Stigma	<ul style="list-style-type: none"> • Compilation of peer educator activities with descriptions and instructions • Includes job aides and instructions for usage • Toolkit divided into six modules: <ol style="list-style-type: none"> 1) HIV and AIDS 2) STIs 3) Condom and Lubricant Use 4) Voluntary Testing and Counseling 5) Stigma 6) Life Skills
Training Manual and Job Aides for Peer Educators of Most-At-Risk-Men: HIV and AIDS Prevention	HIV and AIDS STI Condom and lubricant use VCT Stigma	<ul style="list-style-type: none"> • A4 non-laminated colored guide with illustrations (292 pages) • A three section guide to aid in the training of MSM peer educators • Part 1: Session Plans for Training Peer Educators with four sections: <ol style="list-style-type: none"> 1) Behavior change strategy 2) Interpersonal communication skills building 3) Games for motivating peer educators 4) Background information on MSM, HIV, STI, and VCT • Part 2: Tools for MSM

		<p>Peer Educators with 6 modules and a continuing education section. Includes descriptions of activities and instructions for how to use the job aides, as well as questions for discussion</p> <ol style="list-style-type: none"> 1) HIV and AIDS 2) STIs 3) Condom and Lubricant Use 4) VCT 5) Stigma 6) Life Skills 7) Continuing Education <p>Part 3: Support Guide describing responsibilities of a supervisor and methods of supervision, monitoring and evaluation</p>
Flip Charts	Topics or Key Behaviors	Description
STI Flip Chart	<ul style="list-style-type: none"> • Promptly seek appropriate care for STI signs and symptoms • Adhere to STI medications 	For MSM peer educators. Contains graphic photographs of real STI cases with brief discussions points in English to facilitate communication on signs and symptoms to support prompt care-seeking,
Flyers	Topics or Key Behaviors	Description
"It's My Turn" STI Treatment Flyer	Promptly seek appropriate care for STI signs and symptoms	<ul style="list-style-type: none"> • A5 2-sided color flyer • "Be ready to take your turn when life calls" • Front prompts reader to seek care at friendly STI clinics if they notice anything unusual • Back provides a list of friendly HIV/STI counseling and testing clinics in the area
"It's My Turn" VCT Flyer	<p>Get tested to know your HIV and STI status</p> <p>Disclose your HIV or STI status to your partners</p> <p>Promptly seek appropriate care for STI signs and symptoms</p>	<ul style="list-style-type: none"> • A5 2-sided color flyer • "If you want to take your turn in life..." • Front message prompts the reader to know his HIV status • Back provides a list of friendly HIV counseling and

<p>"It's My Turn" Condom Use Flyer</p>	<p>Correct and consistent use of condoms and lubricants</p> <p>Promptly seek appropriate care for STI signs and symptoms</p>	<p>testing clinics in the area</p> <ul style="list-style-type: none"> • A5 2-sided color flyer • "Don't miss your turn in life. Be prepared." • Front prompts reader to use a condom and lube every time to avoid HIV and STI • Back provides a list of friendly HIV/STI counseling and testing clinics in the area • Back describes the transmission of HIV/STI through unprotected sex and tells the reader where he can buy condoms and lubricants
<p>"It's My Turn" Be Faithful Flyer</p>	<p>Be faithful to one partner or to a reduced number of partners</p> <p>Promptly seek appropriate care for STI signs and symptoms</p>	<ul style="list-style-type: none"> • A5 one-sided color flyer • "Free from sexually transmitted infections" • Front informs reader that a higher number of sex-mates equals a higher risk for STI and HIV infection and encourages him to stay faithful to his partner • Back provides a list of friendly HIV/STI counseling and testing clinics
<p>"It's My Turn" Text Me! Calendar Flyer</p>	<p>Accessing the Helpline to find information on:</p> <p>1) Promptly seeking care for STI and HIV</p> <p>2) HIV/STI testing and Counseling</p> <p>3) Where to buy condoms and lubricants</p>	<ul style="list-style-type: none"> • A5 2-sided color flyer • Front side provides the number of the Helpline and directions for access and lists types of general questions regarding HIV/STI that the Helpline can answer • Back is a year long calendar
<p>"12 Ways to Keep Your Love and Trust Alive" Flyer</p>	<p>Be faithful to one partner or to a reduced number of partners</p> <p>Correct and consistent condom and lubricant use</p>	<ul style="list-style-type: none"> • A5 one-sided color flyer • Lists 12 ways to maintain a trusting and loving relationship with your partner • Encourages reader to enrich

		his relationship with a single partner or reduce the number of partners
“What is Responsible Sex?” Mini Accordion Flyer	<p>Correct and consistent use of condoms and lubricants</p> <p>Be faithful to one partner or to a reduced number of partners</p> <p>Get tested to know your HIV and STI status</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Adhere to prescribed ART and STI medications</p>	<ul style="list-style-type: none"> • Mini colored accordion flyer • Different folds list ways to have responsible sex, cites various key behaviors, provides questions to ask to determine if the reader’s current behavior is risky or responsible • Provides list of friendly hospitals, clinics, and drop in centers
“ 11 Ways to Prevent HIV and Other STIs” Mini Accordion Flyer	<p>HIV and STI prevention</p> <p>Correct and consistent use of condoms and lubricants</p> <p>Be faithful to one partner or to a reduced number of partners</p>	<ul style="list-style-type: none"> • Mini colored accordion style flyer • Each fold is an illustration and description of a different way to prevent HIV and STI infection
“Steps to Using a Condom Correctly” Mini Accordion Flyer	<p>Correct and consistent use of condoms and lubricants</p>	<ul style="list-style-type: none"> • Mini colored accordion style flyer • Step-By-Step guide for using a condom • Each fold has a picture and a description of a step in the condom usage process
Brochures	Topics or Key Behaviors	Description
“Sexually Transmitted Infections: Types, Prevention, and Treatment” Flipbook Brochure	<p>Promptly seek appropriate care for HIV and STI</p> <p>Get tested to know your HIV and STI status</p>	<ul style="list-style-type: none"> • A4 laminated booklet • Pictures and descriptions of STI signs and symptoms, transmission routes, and appropriate prevention and treatment methods. • To help recognize STIs and their symptoms and understand STI transmission and prevention
Story Cards	Topics or Key Behaviors	Description
“It’s My Turn” STI Story Cards	Prevention of HIV and other STIs	<ul style="list-style-type: none"> • Set of 8 laminated, double-sided and colored

	<p>Correct and consistent use of condoms and lubricants</p> <p>Get tested to know your HIV and STI status</p> <p>Promptly seek appropriate care for HIV and STI</p>	<p>A5 sized cards</p> <ul style="list-style-type: none"> • One side of each card describes a different stage in a story of an individual who suspects he has an STI and questions about the situation to prompt discussion. The other side has a related image or photograph.
<p>"It's My Turn" VCT Story Cards</p>	<p>Voluntary counseling and testing</p> <p>Get tested to know your HIV and STI status</p> <p>Be faithful to one partner or to a reduced number of partners</p>	<ul style="list-style-type: none"> • Set of 11 laminated, double-sided and colored A5 sized cards • One side of each card follows the story of an individual who is afraid to go for HIV testing and counseling at first but eventually makes the decision to go. • Card has questions related to the situation to prompt discussion about key behaviors and risky behaviors. • Other side of the card has a related image or photograph.
<p>"It's My Turn" Condom Use Story Cards</p>	<p>Correct and consistent use of condoms and lubricants</p>	<ul style="list-style-type: none"> • Set of 8 laminated, double-sided and colored A5 sized cards • One side of each card follows the story of an individual who convinced his partner to use condoms and lubricants during every sexual encounter and to learn the correct way to use them. • Card has questions

		<p>related to the situation to prompt discussion about key behaviors and risky behaviors.</p> <p>Other side of the card has a related image or photograph.</p>
Stigma Cards	Topics or Key Behaviors	Description
<p>“Health Facility Stigma” Cards</p>	<p>Stigma</p> <p>Get tested to know your HIV and STI status</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Get involved in planning, monitoring and implementing HIV interventions for MSM</p>	<ul style="list-style-type: none"> • 2 double-sided laminated cards • One card has an image of an MSM being stigmatized by a health worker with questions about stigma and treatment • One card has an image of an MSM having a non-stigmatizing experience with a health worker with a statement about friendly health workers • Used to look at MSM stigma health facilities and how it effects an MSM’s decision to seek treatment
<p>“Disclosure stigma and Testing” Cards</p>	<p>Stigma</p> <p>Get tested to know your HIV and STI status</p> <p>Disclose your status to your partners</p>	<ul style="list-style-type: none"> • 3 double-sided laminated cards • One card depicts an image of an MSM disclosing his HIV status to one partner and being treated badly • One card depicts an image of a MSM disclosing his status to another partner and receiving a supportive and good response • Third card depicts the MSM and the supportive partner going for VCT
<p>“Disclosure and Violence” Card</p>	<p>Stigma</p>	<ul style="list-style-type: none"> • One double-sided card • Depicts an image of a

	Disclose your status to your partners	MSM being assaulted by his partner after disclosing his status <ul style="list-style-type: none"> Used to prompt discussion about dealing with the reactions to disclosure and ways for protecting yourself
HIV and AIDS Game Cards	Topics or Key Behaviors	Description
HIV Transmission Game	HIV and AIDS transmission and prevention	<ul style="list-style-type: none"> 2 large header cards: "Body Fluids that Transmit HIV" and "How HIV gets into your body" 8 small routes cards with illustrations: anus, mouth, ears, penetrated skin, vagina, open cuts and sores, penis, and hands 8 small fluids cards with illustrations: blood, urine, mucus, semen, vaginal fluids, saliva, breast milk and tears
Safe and Risky Game	HIV and AIDS prevention and transmission	<ul style="list-style-type: none"> 2 large header cards "Risky" and "Safe" 12 small actions cards: sharing needles, sharing phones, hugs, handshakes, toilet, urine etc.
Tins of Rice Card Game	HIV and AIDS prevalence	<ul style="list-style-type: none"> A4 sized laminated card Front says "How many people have HIV in Africa and Ghana" Back has image of cans of rice representing the number of people who have HIV in all of Africa and just in Ghana
What Happens to the Body of Someone who has HIV or AIDS Game	<p>Understanding the difference between HIV and AIDS and the role of ART</p> <p>Promptly seek appropriate care for HIV and STI</p>	<ul style="list-style-type: none"> 5 colored laminated cards with illustrations Each card has string for wearing the card around your neck during the

	Adhere to prescribed ART and STI medications	<p>drama sketch</p> <ul style="list-style-type: none"> • HIV, White Blood Cell, Infection, Another Infection, Anti-Retro Virals • Used during a drama sketch to teach the difference between HIV and AIDS, what happens to the body of someone who has HIV or AIDS, and the role of ART in treatment
Health Worker and Patient Communication Role Play Cards	<p>Get tested to know your HIV and STI status</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Understanding the importance of seeking treatment and communicating assertively with health workers</p>	<ul style="list-style-type: none"> • Set of 6 cards with a different image: Queen Mother, King, Sheep, Lion, Angry health worker, nice health worker
Information Sheets	Topics or Key Behaviors	Descriptions
"MSM BSS" Information Sheet	<p>HIV and AIDS prevention and treatment</p> <p>Correct and consistent use of condoms and lubricants</p> <p>Get tested to know your HIV and STI status</p> <p>Promptly seek appropriate care for HIV and STI</p>	<ul style="list-style-type: none"> • Table of 6 key behaviors promoted by the Text Me! Flash Me! Watch Me! Helpline and key findings from survey responses about those behaviors
"Number of People Living with HIV and AIDS" Information Sheet	<p>HIV and AIDS prevention and treatment</p> <p>HIV and AIDS demographics</p>	<ul style="list-style-type: none"> • Table of the population of PLHIVs in Sub, Saharan Africa, Ghana, and each region in Ghana
"HIV Transmission – QQR" Information Sheet	<p>HIV and AIDS prevention and treatment</p> <p>Correct and consistent use of condoms and lubricants</p>	<ul style="list-style-type: none"> • Describes the quality, quantity, and routes of transmission of HIV • Gives ways you can and cannot become infected with HIV

<p>"HIV Risk of Infection" Information Sheet</p>	<p>HIV and AIDS prevention and treatment</p> <p>Correct and Consistent use of condoms and lubricants</p> <p>Be faithful to one partner or reduce your number of partners</p>	<ul style="list-style-type: none"> • Lists and describes high risk and low risk behaviors for contracting HIV
<p>"ART" Information Sheet</p>	<p>HIV and AIDS prevention and treatment</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Adhere to prescribed ART and STI medications</p>	<ul style="list-style-type: none"> • Gives basic background information about ART, what it is and how it is used in HIV and AIDS treatment
<p>"Relationship Between HIV and other STIs" Information Sheet</p>	<p>STI</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Get tested to know your HIV and STI status</p>	<ul style="list-style-type: none"> • Defines HIV and STI respectively • Describes the role STIs play in increasing risk for HIV and in complicating and advancing the HIV virus to AIDS
<p>"Sexually Transmitted Infections" Information Sheet</p>	<p>STI</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Get tested to know your HIV and STI status</p> <p>Adhere to prescribed ART and STI medications</p>	<ul style="list-style-type: none"> • Table of different STIs, male signs and symptoms, routes of transmission, treatments, and what happens if the STI is left untreated
<p>"Condom and Lubricant Use" Information Sheet</p>	<p>Correct and consistent use of condoms and lubricants</p>	<ul style="list-style-type: none"> • Explains what condoms and lubricants are, how they are used, and the advantages and disadvantages of using a condom
<p>"Positive Living" Information Sheet</p>	<p>VCT</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Adhere to prescribed ART and STI medications</p>	<ul style="list-style-type: none"> • Describes strategies and tactics for living positively with HIV and AIDS
<p>"VCT" Information Sheet</p>	<p>VCT</p>	<ul style="list-style-type: none"> • One page explains VCT,

	Get tested to know your HIV and STI status	describes the testing procedure, and lists reasons to get tested
“Life Skills: Anatomy of the Male and Female Sex Organs” Information Sheet	Life skills Understand the anatomy of the human body	<ul style="list-style-type: none"> • Gives a definition of anatomy and physiology • Lists male external and internal male organs and provides definition • Lists female external and internal male organs and provides definition • Provides a labeled illustration of male and female reproductive anatomy
Information Sheet Glossary		<ul style="list-style-type: none"> • Provides a list of terms used throughout the information sheets and their working definitions
Films	Topics or Key Behaviors	Description
“Watch Me!” Video-Clip Collection and Discussion Aids for Peer Educators and Health Workers	Use condoms & lubes Reduce your partners Get tested to know your HIV status Disclose your status to your partners	<ul style="list-style-type: none"> • 9 video-clips (average 1 minute each) on CD-ROM in formats compatible for use with most computers and cell phones with video view capacity. • Comes with a Discussion Aid for Peer Educators and a Discussion Aid for Health Workers
“That’s Me” Film	Use condoms & lubes Reduce your partners Get tested to know your HIV status Disclose your status to your partners	<ul style="list-style-type: none"> • 50 minute film about MSM and HIV prevention

B. FSW

Manuals and Toolkits	Topics or Key Behaviors	Description
FSW Peer Educator Tool Kit	HIV and AIDS STI Condom and lubricant use VCT	<ul style="list-style-type: none"> • Toolkit divided into five modules: 1) HIV and AIDS 2) STIs 3) Condom Use 4) Voluntary Testing and Counseling 5) Life Skills • Compilation of peer educator activities with descriptions and instructions • Includes job aides and instructions for usage
Flip Charts	Topics or Key Behaviors	Description
STI Flip Chart	<ul style="list-style-type: none"> • Promptly seek appropriate care for STI signs and symptoms • Adhere to STI medications 	For FSW peer educators. Contains graphic photographs of real STI cases with brief discussions points in English to facilitate communication on signs and symptoms to support prompt care-seeking,
"I am Someone's Hope" Calendar Flyer	Accessing the Helpline to find information on: 1) Promptly seeking care for STI and HIV 2) HIV/STI testing and Counseling 3) Where to buy condoms and lubricants	<ul style="list-style-type: none"> • A5 2-sided color flyer • Front side provides the number of the Helpline and directions for access. Front lists types of general questions regarding HIV/STI that the Helpline can answer • Back is a year long calendar
"How to Use a Female Condom" Flyer	Correct and consistent use of condoms	<ul style="list-style-type: none"> • A5 one-sided color flyer • Step by step, illustrated guide for the use of a

		female condom
Brochures	Topics or Key Behaviors	Description
“Sexually Transmitted Infections: Types, Prevention, and Treatment” Flipbook Brochure	<p>Promptly seek appropriate care for HIV and STI</p> <p>Get tested to know your HIV and STI status</p>	<ul style="list-style-type: none"> • A4 laminated booklet • Pictures and descriptions of STI signs and symptoms, transmission routes, and appropriate prevention and treatment methods. • To help recognize STIs and their symptoms and understand STI transmission and prevention
Story Cards	Topics or Key Behaviors	Description
“I Am Someone’s Hope” STI Story Cards	<p>STI</p> <p>Get tested to know your HIV and STI status</p> <p>Promptly seek appropriate care for HIV and STI</p>	<ul style="list-style-type: none"> • Set of 8 laminated, double-sided and colored A5 sized cards • One side of each card follows the story of a FSW who decides to go for STI testing and counseling after noticing some unusual symptoms. She visits a friendly and professional clinic to receive prompt and proper care. • Card has questions related to the situation to prompt discussion about key behaviors and risky behaviors. • Other side of the card has a related image or photograph.
“I Am Someone’s Hope” VCT Story Cards	<p>VCT</p> <p>Get tested to know your HIV and STI status</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Adhere to prescribed ART and STI medications</p>	<ul style="list-style-type: none"> • Set of 8 laminated, double-sided and colored A5 sized cards • One side of each card follows the story of two FSW who decide to go for VCT after talking to a peer educator. One learns how to live

		<p>positively with HIV, the other learns how to stay HIV negative.</p> <ul style="list-style-type: none"> • Card has questions related to the situation to prompt discussion about key behaviors and risky behaviors. • Other side of the card has a related image or photograph.
"I Am Someone's Hope" Condom Use Story Cards	Correct and consistent use of condoms	<ul style="list-style-type: none"> • Set of 9 laminated, double-sided and colored A5 sized cards • One side of each card follows the story of an FSW who refuses to have sex without a female or male condom with every paying partner and with her non-paying partner and how this helps her to live a responsible and healthy life. • Card has questions related to the situation to prompt discussion about key behaviors and risky behaviors. • Other side of the card has a related image or photograph.
HIV and AIDS Game Cards	Topics or Key Behaviors	Description
HIV Transmission Game	HIV and AIDS transmission and prevention	<ul style="list-style-type: none"> • 2 large header cards: "Body Fluids that Transmit HIV" and "How HIV gets into your body" • 8 small routes cards with illustrations: anus, mouth, ears, penetrated skin, vagina, open cuts and sores, penis, and

		<p>hands</p> <ul style="list-style-type: none"> • 8 small fluids cards with illustrations: blood, urine, mucus, semen, vaginal fluids, saliva, breast milk and tears
Safe and Risky Game	HIV and AIDS prevention and transmission	<ul style="list-style-type: none"> • 2 large header cards "Risky" and "Safe" • 12 small actions cards: sharing needles, sharing phones, hugs, handshakes, toilet, urine etc.
Tins of Rice Card Game	HIV and AIDS prevalence	<ul style="list-style-type: none"> • A4 sized laminated card • Front says "How many people have HIV in Africa and Ghana" • Back has image of cans of rice representing the number of people who have HIV in all of Africa and just in Ghana
What Happens to the Body of Someone who has HIV or AIDS Game	<p>Understanding the difference between HIV and AIDS and the role of ART</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Adhere to prescribed ART and STI medications</p>	<ul style="list-style-type: none"> • 5 colored laminated cards with illustrations • Each card has string for wearing the card around your neck during the drama sketch • HIV, White Blood Cell, Infection, Another Infection, Anti-Retro Virals • Used during a drama sketch to teach the difference between HIV and AIDS, what happens to the body of someone who has HIV or AIDS, and the role of ART in treatment
Health Worker and Patient Communication Role Play Cards	Get tested to know your HIV and STI status	<ul style="list-style-type: none"> • Set of 6 cards with a different image: Queen Mother, King, Sheep,

	Promptly seek appropriate care for HIV and STI Understanding the importance of seeking treatment and communicating assertively with health workers	Lion, Angry health worker, nice health worker
Other Activity Cards	Topics or Key Behaviors	Descriptions
VCT Picture Cards	Get tested to know your HIV and STI status	<ul style="list-style-type: none"> • 3 laminated colored cards with a picture of pre-test counseling, a test, and post-test counseling
Female Condom Step Cards	Correct and consistent use of condoms	<ul style="list-style-type: none"> • 10 laminated colored cards • Each card has an illustration and description of one of the 10 steps to correctly using a female condom
Information Sheets	Topics or Key Behaviors	Descriptions
"HIV Transmission – QQR" Information Sheet	HIV and AIDS prevention and treatment Correct and consistent use of condoms and lubricants	<ul style="list-style-type: none"> • Describes the quality, quantity, and routes of transmission of HIV • Gives ways you can and cannot become infected with HIV
"Male Condom and Lubricant" Information Sheet	Correct and consistent use of condoms and lubricants	<ul style="list-style-type: none"> • Explains what male condoms and lubricants are, how they are used, and the advantages and disadvantages of using a condom
"Female Condom" Information Sheet	Correct and consistent use of condoms	<ul style="list-style-type: none"> • Explains what female condoms are, how they are used, and the advantages and disadvantages of using them
"Positive Living" Information Sheet	VCT Promptly seek appropriate care for HIV and STI Adhere to prescribed ART and	<ul style="list-style-type: none"> • Describes strategies and tactics for living positively with HIV and AIDS

	STI medications	
"Prevention of Mother-to-Child Transmission" Information Sheet	Get tested to know your HIV and STI status Correct and consistent use of condoms and lubricants	<ul style="list-style-type: none"> • Describes how a mother can pass HIV to her child, ways to lower the chances of mother-to-child transmission, and tips for HIV treatment and prevention
"Life Skills: Anatomy of the Male and Female Sex Organs" Information Sheet	Life skills Understand the anatomy of the human body	<ul style="list-style-type: none"> • Gives a definition of anatomy and physiology • Lists male external and internal male organs and provides definition • Lists female external and internal male organs and provides definition • Provides a labeled illustration of male and female reproductive anatomy
Information Sheet Glossary		<ul style="list-style-type: none"> • Provides a list of terms used throughout the information sheets and their working definitions
Films	Topics or Key Behaviors	Descriptions
"SASA" Film	Get tested to know your HIV and STI	<ul style="list-style-type: none"> • 30 minute film about two women who have experienced violence because of their HIV status and because of their gender
"Night Stop" Film	Correct and consistent use of condoms Promptly seek appropriate care for HIV and STI	<ul style="list-style-type: none"> • 52 minute film about FSW at a truck stop in Mozambique and their relationships and experiences
"Silent Epidemic" Film	Correct and consistent use of condoms Promptly seek appropriate care for HIV and STI Adhere to prescribed ART and STI medications	<ul style="list-style-type: none"> • 17 minute film about STIs and their various symptoms

C. PLHIV

Manuals and Toolkits	Topics or Key Behaviors	Description
My Life Positive Living Toolkit	HIV and AIDS STIs Positive Living Safe Disclosure ART Opportunistic Infections Prevention Stigma	<ul style="list-style-type: none"> • Compilation of peer educator activities with descriptions and instructions • Includes job aides and instructions for usage • Toolkit divided into nine modules: <ol style="list-style-type: none"> 1) Overview of HIV/AIDS 2) STIs 3) Positive Living 4) Safe Disclosure 5) Prevention with Positives 6) Opportunistic Infections 7) AntiRetroviral Therapy 8) Reproductive Health 9) Stigma and Discrimination
Flip Charts	Topics or Key Behaviors	Description
STI Flip Chart	<ul style="list-style-type: none"> • Promptly seek appropriate care for STI signs and symptoms • Adhere to STI medications 	For PLHIV support group leaders or Models of Hope. Contains graphic photographs of real STI cases with brief discussions points in English to facilitate communication on signs and symptoms to support prompt care-seeking,
“AntiRetroviral Therapy: Managing the Side Effects” Pamphlet	Adhere to prescribed ART medications Learning to live positively with HIV and AIDS	<ul style="list-style-type: none"> • A5 sized colored, glossy-finished booklet • Describes different side effects of ART • Lists simple things you can do at home to lessen the side effects • Provides descriptions of situations in which you should visit a clinic • Each side effect has a table

		with illustrations and bullet pointed instructions for how to manage the side effect
"Basic Facts About AntiRetroviral Therapy" Pamphlet	Adhere to prescribed ART medications Learning to live positively with HIV and AIDS	<ul style="list-style-type: none"> • A5 sized colored, glossy-finished booklet • Provides basic information on HIV/AIDS, ART and how it works, and how you can effectively manage and live with HIV/AIDS • Gives facts about the immune system, strengthening immunity, keeping immunity strong and the role ART plays in each • Discusses the importance of committing to your ART prescription and gives instructions for how to take ART
HIV and AIDS Game Cards	Topics or Key Behaviors	Description
Tins of Rice Card Game	HIV and AIDS prevalence	<ul style="list-style-type: none"> • A4 sized laminated card • Front says "How many people have HIV in Africa and Ghana" • Back has image of cans of rice representing the number of people who have HIV in all of Africa and just in Ghana
HIV Transmission Game	HIV and AIDS transmission and prevention	<ul style="list-style-type: none"> • 2 large header cards: "Body Fluids that Transmit HIV" and "How HIV gets into your body" • 8 small routes cards with illustrations: anus, mouth, ears, penetrated skin, vagina, open cuts and sores, penis, and hands

		<ul style="list-style-type: none"> 8 small fluids cards with illustrations: blood, urine, mucus, semen, vaginal fluids, saliva, breast milk and tears
Safe and Risky Game	HIV and AIDS prevention and transmission	<ul style="list-style-type: none"> 2 large header cards "Risky" and "Safe" 12 small actions cards: sharing needles, sharing phones, hugs, handshakes, toilet, urine etc.
What Happens to the Body of Someone who has HIV or AIDS Game	<p>Understanding the difference between HIV and AIDS and the role of ART</p> <p>Promptly seek appropriate care for HIV and STI</p> <p>Adhere to prescribed ART and STI medications</p>	<ul style="list-style-type: none"> 5 colored laminated cards with illustrations Each card has string for wearing the card around your neck during the drama sketch HIV, White Blood Cell, Infection, Another Infection, Anti-Retro Virals Used during a drama sketch to teach the difference between HIV and AIDS, what happens to the body of someone who has HIV or AIDS, and the role of ART in treatment
Other HIV and AIDS Cards	Topics or Key Behaviors	Description
Health Worker and Patient Communication Role Play Cards	Understanding the importance of seeking treatment and communicating assertively with health workers	<ul style="list-style-type: none"> Set of 6 cards with a different image: Queen Mother, King, Sheep, Lion, Angry health worker, nice health worker
Opportunistic Infections Cards	Signs and symptoms of opportunistic infections	<ul style="list-style-type: none"> Small, laminated cards with printed words of the following OI symptoms: Diarrhea, fever & chills,

		headaches & dizziness, mouth ulcers, sore throat & painful swallowing, coughing & difficulty breathing, nausea & vomiting, itchy skin & rash
Films	Topics or Key Behaviors	Descriptions
"Siyayinqoba Beat It! HIV" Film	HIV and AIDS Positive Living VCT Opportunistic Infections ARV	<ul style="list-style-type: none"> • Film about HIV/AIDS and how it affects the body • Used as a supplement to educate about living healthfully with HIV and AIDS • 1: Introduction to HIV • 2: The Immune System • 3: Sex and the Positive Person • 4: Human Rights • 5: Rules for Better Living • 6: Nutritional Supplements • 7: VCT • 8: OI's of the Skin • 9: OI's of the Nervous System • 10: OI's of the Mouth • 11: OI's of the Respiratory System • 12: Children with ARV • 13: ARV Side Effects • 14: ARV Adherence

		• 15: PMTCT
CD and Audio	Topics or Key Behaviors	Description
"My Life" CD Disc 2	Positive Living	<ol style="list-style-type: none"> 1) Self Esteem and Well Being 2) Talking to the Virus 3) Laugh A Lot 4) Love Heals 5) Forgiveness 6) Gratitude 7) Relax and Exercise 8) Good Hygiene 9) Eating and Nutrition 10) Living Positively with Others
"My Life" CD Disc 3	Positive Living	<ol style="list-style-type: none"> 1) Mind, Body, and Soul 2) Video Activity
"My Life" CD Disc 4	Disclose your HIV and STI status to your partners	<ol style="list-style-type: none"> 1) Why Disclose? 2) How to Prepare to Disclose 3) What to say and do when disclosing 4) Disclosure Practice 5) Disclosure and Violence
"My Life" CD Disc 5	Prevention with Positives Correct and consistent use of condoms and lubricants	<ol style="list-style-type: none"> 1) Prevention with Positives 2) Ideal Future 3) Effective Prevention Methods 4) Negotiating Condom Use 5) Male Condom

		Demonstration 6) Female Condom Demonstration
"My Life" CD Disc 6	Opportunistic Infections	1) Overview of Opportunistic Infections 2) Symptoms of Opportunistic Infections 3) Opportunistic Infection-Malaria 4) Opportunistic Infection-Tuberculosis 5) Health Worker-Patient Role Play 6) Healthy Body Healthy Home and Healthy Food 7) Video Activity
"My Life" CD Disc 7	ART	1) Defining ART 2) Starting ART 3) Drug Options 4) Side Effects of ART 5) Importance of Adherence 6) Adherence Strategies for ART 7) Video Activity
"My Life" CD Disc 8	Reproductive Health and Family Planning	1) Defining Family Planning 2) Beliefs on Family Planning 3) Children or No Children 4) Involve your Partner 5) Health Worker-Patient Role Play

		6) Family Planning Methods
"My Life" CD Disc 9	Reproductive Health PMTCT	1) Myths and Truths about Family Planning 2) Preventing Mother-To-Child Transmission 3) Infant Feeding Do's and Don'ts 4) Video Activity
"My Life" CD Disc 10	Stigma and Discrimination	1) Stigma, Discrimination and Your Life 2) Coping with Stigma and Discrimination 3) Stigma, Discrimination and your Health 4) Health-Worker Patient Role Play
Information and Reference Sheets	Topics or Key Behaviors	Description
"Number of People Living with HIV and AIDS" Information Sheet	HIV and AIDS demographics	<ul style="list-style-type: none"> Table of the population of PLHIVs in Sub-Saharan Africa, Ghana, and each region in Ghana
STI True or False Questionnaire	STI	<ul style="list-style-type: none"> 15 true or false questions and answers pertaining to STI signs, symptoms, prevention and treatment
List of Friendly STI Clinics	STI VCT ART	<ul style="list-style-type: none"> A table indicating the name of the clinic, its specific location, the region and town in which it is located and a checklist of the services it provides
List of Referral Organizations for AIDS Information	HIV and AIDS information	<ul style="list-style-type: none"> Table of organizations who will provide help, support, or information on HIV and AIDS Includes telephone

<p>Contraceptive Methods Reference Chart</p>	<p>Reproductive Health and Family Planning</p>	<p>numbers and addresses</p> <ul style="list-style-type: none"> • A chart providing names of different types of contraceptives, ways to improve the effectiveness of the method, if the contraceptive protects against STI or HIV, if you can have children in the future after use, and a description of the side effects
--	--	---

**ATTACHMENT J-4 (2): AED-SHARP
PRELIMINARY ANNOTATED BIBLIOGRAPHY OF KNOWLEDGE
MANAGEMENT MATERIALS (DRAFT)**

TOPIC	FORMAT AND DESCRIPTION
1. MOTIVATION FOR CONDOM AND LUBRICANT USE AMONG GHANAIAN MEN WHO HAVE SEX WITH MEN.	A Research Brief on 3 focus group discussions held with 23 men who self reported to be MSM in Koforidua, Tema and Accra to find out what motivates or prevents them to use condoms and Lubricating gels.
2. FEMALE SEX WORKERS HIV/AIDS RELATED BEHAVIORS AND SEROPREVALENCE RATES.	Topline Report, Research Brief and Questionnaire on a study carried out in 2006 to find out HIV/AIDS related behaviors and sero-prevalence rates among 1170 female sex workers (roamers and seaters) in Accra and Kumasi
3. DESK REVIEW ON STIGMA ASSOCIATED WITH MEN WHO HAVE SEX WITH MEN (MSM) AND FEMALE SEX WORKERS (FSWs) IN GHANA	Research Brief of a review carried out in March 2007 to take a look at the existing literature on the knowledge of stigmatization and discrimination against MSM and FSW.
4. BEHAVIORAL AND HIV BIOMARKERS STUDY INFORMAL MINERS IN THE WESTERN REGION OF GHANA.	Topline Report, Research Brief and Questionnaire of study carried out among 348 informal miners (Galamsey operators) in the Western Region in 2007, to compare them with other men in Ghana to determine whether informal miners have higher HIV prevalence or risk behavior than the general Ghanaian population.
5. BEHAVIORAL AND HIV BIOMARKERS STUDY LONG DISTANCE DRIVERS.	Topline Report, Research Brief and Questionnaire of study carried out to find out HIV/AIDS related behaviors and sero-prevalence rates among 430 male LDD from 6 LDD welfare associations in Accra and Tema to generate evidence that would either substantiate or rebut the wide-spread opinion that LDDs in Ghana are a most-at-risk population in which the HIV epidemic is concentrated.
6. RAPID REVIEWS OF HIV COUNSELING AND TESTING STRATEGIES IN SELECTED WAPCAS/STI CLINICS.	Research Brief of a rapid assessment of six selected GHS supported STI facilities in Greater Accra, Eastern, Western and Ashanti Regions to document existing CT and referral systems in August 2006
7. ASSESSMENT OF KNOWLEDGE AND UPTAKE OF STI AND HIV SERVICES BY REFUGEE SEX WORKERS LIVING IN THE BUDUBURAM CAMP STUDY BY SHARP AND UNHCR – OCTOBER 2007	A Research Brief on a rapid formative research study of 9 Liberian female sex workers from the Buduburam Settlement in Accra, September 2007 to find out the existence of CSW among refugees in Accra, whether they access STI and HIV services and if they do, where and what interventions would they like to be put in place for them in order for them to quit commercial sex work as well as to stay in good health
8. DESK TOP KNOWLEDGE AND ACTION CALENDAR FOR INNOVATIVE AND EFFECTIVE HIV/AIDS INTERVENTIONS TARGETING MOST-AT-RISK POPULATIONS	A Research Brief on a rapid assessment of the usefulness of SHARP's 2007 Desk Top Knowledge and Informative Calendar conducted in January and February 2008 using a simple tool as a guide for the questions.
9. USE OF TEXT MESSAGING FOR INFORMATION, ADVICE AND REFERRALS FOR MOST-	Abstract on a rapid assessment conducted in July 2008 to quickly assess the overall concept of the ICT initiative and to gauge its current and potential impact in order to make strategic

<p>AT-RISK POPULATIONS: QUICK ASSESSMENT OF THE TEXT ME! INITIATIVE AMONG MEN WHO HAVE SEX WITH MEN</p>	<p>management decisions regarding appropriate allocations of time and resources given the objectives and targets of the project's HIV/AIDS interventions.</p>
<p>10. SERVICE PROVIDERS PERSPECTIVE ON UPTAKE OF ANTI-RETROVIRAL THERAPY: LESSONS TO GUIDE PROGRAM EXPANSION A QUALITATIVE STUDY.</p>	<p>A Research Brief on a qualitative study carried out in September 2005 to find out service provider's perspective on uptake of ART, proposed strategies to strengthen adherence and follow ups and the scale up of ART to reduce the existing sites, and also enhance close monitoring of clients.</p>
<p>11. DISCLOSURE OF HIV STATUS TO PARTNERS: REPORTS FROM PEOPLE LIVING WITH HIV AND AIDS (PLWHA)</p>	<p>A Research Brief on a study carried out in June 2005 among 102 delegates from the 10 Regions of Ghana attending a national Conference of PLHIV who volunteered to share their reasons for disclosure and non-disclosure and the need to help PLHIV support groups develop knowledge, attitude and skills that help them to disclose and manage their relationships following disclosure.</p>
<p>12. GET HIP!- HIGH IMPACT PACKAGE TOOLS AND INTERVENTIONS FOR A CONTINUUM OF QUALITY HIV/AIDS PREVENTION, TREATMENT, CARE AND SUPPORT SERVICE.</p>	<p>A Program Brief that outlines the main aim of the GET HIP!, Program, the content of HIP and a detailed explanation of the GET HIP! Strategy.</p>
<p>13. MODELS OF HOPE</p>	<p>Program Brief on the 2005 success story of "Models of Hope" as HIV Positive Peer Adherence Counselors to support ART Service Delivery in the Komfo Anokye Teaching Hospital in Kumasi</p>
<p>14. DIRECT OBSERVATION OF A PLWHA SUPPORT GROUP MEETING IN EASTERN REGION- GHANA.</p>	<p>A Program Brief on an observation made at association X for both male and female PLWHA a facility-based support group attached to Y health facility in the Eastern Region, December 2006.</p>
<p>15. CONDOM POSSESSION AND POLICE ARREST/HARASSMENT OF FEMALE SEX WORKERS.</p>	<p>Report on Key findings of a cross-sectional survey in July, 2006, covering five WAPCAS-roamer SW working areas in Accra, Tema, Takoradi, Kumasi, and Koforidua among 346 FSW to find out the reasons for the arrests of roamer-FSW by police. The survey was also to gather some evidence on the use of condom possession as evidence for the prosecution of the FSW arrested.</p>

ATTACHMENT J-5: NAME AND CONTACT LIST OF GF RECIPIENTS AND OTHERS

NAME	TITLE	ORGANISATION	TEL. NO	EMAIL ADDRESS
Dr. William Brown	Country Director	Adventist Development & Relief Agency (ADRA)	021 220 779 021 220 243	wykbrown@yahoo.com
Francis Yankey	Executive Director	Planned Parenthood Association of Ghana (PPAG)	0244 573878	francisyankey@hotmail.com
Dr. George Sipa-Adjah Yankey	Hon. Minister of Health	Ministry of Health	021 665 323	
Dr. Nii. Addo	National Program Manager	National AIDS Control Program (NACP)	021 678 456 021 663 957	naddo@nacp.org.gh
Maxwell Addo	Ag. Director-General	Ghana AIDS Commission	021 782 262 021 782 263	info@ghanaaids.gov.gh
Mr. Alex Frimpong	Ag. Executive Director	Ghana Employers Association (GEA)	021 678 455 021 678 449	frimpongy@yahoo.com
Philipbert Kankye	Executive Director	Christian Health Association of Ghana (CHAG)	0244 274 168	phkankye@chagghana.org
Richard Burns	Country Manager, Social Programmes (Ghana)	EXP-Momentum	021 517 497	rburns@aed.org
Lucy Shillingi	Acting Chief of Party	AED/Strengthening HIV/AIDS Response Project (SHARP)	021 912 747 021 912 766 0244 330 199	lshillingi@aed.org
Egbert Bruce	Country Representative	DELIVER	021 780 732 0244 233 931	ekbruce@gmail.com
	URC (New Award)			TBD
Richard Burns	Country Manager	Exp Momentum	021 519 428/644	rburns@expghana.com

PROGRAM RESULT FRAMEWORK

Goal: Reduce number of new HIV/AIDS infection among MARP and their sexual partners.

Objective 1: Improve knowledge, attitudes and practices of key healthy behaviors among MARP and PLHIV.

Illustrative Benchmarks:

- 50,000 CSW (male and female); 45,000 MSM; 68,000 PLHIV and 15,000 NPP in 30 districts reached with key health behavior messages.
- 35 sub-contractors implement HIV/AIDS prevention for MARP and PLHIV program.
- 100% condoms use policies in brothels established and institutionalized
- A guideline for the development of linkage between HIV/AIDS prevention services and clinical services standardized and adopted by the GOG.

Objective 2: Increase utilization of quality HIV/AIDS related health services among MARP and PLHIV.

Illustrative Benchmarks:

- High-quality, user-friendly C&T/STI facilities for MARP developed and supported by the GOG.
- A standard referral guideline for MARP and PLHIV developed, disseminated and implemented in 30 districts and adopted by the GOG and other implementers.
- Number of MARP and PLHIV using C&T/STI services increased*
- Number of condom and lubricant outlets (including distribution by individuals...e.g. peer educators, NPP, MSM, FSW...etc) for MARP increased*

* Targets will be set by the contractor upon the development of the monitoring and evaluation plan, in consultation with the designated COTR.

Objective 3: Strengthen human and institutional capacity of MARP and PLHIV program implementers and coordination bodies.

Illustrative Benchmarks:

- Highly-functioning national TWG for HIV/AIDS Prevention for MARP and PLHIV meeting on a quarterly basis.
- Highly-functioning NGO coordination body for the implementation of HIV/AIDS Prevention for MARP meeting on a quarterly based (tentative, depending on coordination decisions by the GOG)
- HIV/AIDS prevention for MARP and PLHIV program models implemented and adopted by the GOG and non-USAID funded partners.
- Existing supervision guidelines and tools for monitoring HIV/AIDS prevention for MARP and PLHIV programs disseminated and adopted by the GOG and other implementers
- Existing BCC/IEC materials for implementing HIV/AIDS prevention for MARP and PLHIV adopted by GOG and other implementers.