GHANA

HIV and AIDS
Sectoral and Other Resources Thematic Report

January – December 2016

An infant and mother at Tamale West Hospital in the Northern Region of Ghana ©UNICEF/Ghana 2016/Takyo

Prepared By:

UNICEF Ghana

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Abbreviations and Acronyms

ANC	Antenatal Care
EID	Early Infant Diagnosis
EMEN	Every Mother Every Newborn
EPI	Expanded Programme of Immunization
GHS	Ghana Health Service
JUNTA	Joint United Nations Team on AIDS
MBFHI	Mother Baby Friendly Health Facility Initiative
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal Newborn and Child Health
NHIA	National Health Insurance Authority
MOH	Ministry of Health
PMTCT	Prevention of Mother to Child Transmission
PNC	Postnatal Care
SDG	Sustainable Development Goals
SOPs	Standard Operating Procedures
UNICEF	United Nations Children's Fund
US	United States
WHO	World Health Organization

1.0 Executive Summary

Ghana's health sector has chalked significant achievements in the last few years as illustrated by trends in key sector indicators notably maternal, newborn and child health indicators. The 2014 Ghana Demographic and Health Survey (GDHS) 2014 reported antenatal care coverage (at least four antenatal visits) of 87 per cent, skilled birth attendance of 74 per cent and full immunization coverage of 77per cent, with an Under-5 Mortality rate of 60 deaths per 1000 live births and a neonatal mortality of 29 per thousand live births.

With regard to HIV, the GDHS reported that overall, the total estimate of HIV prevalence among adults (women and men age 15-49) had remained essentially unchanged from 2.2 per cent in 2003 to 2.0 per cent in 2014. HIV prevalence appeared to have slightly increased among women (statistically insignificant), from 2.7 per cent in 2003 to 2.8 per cent in 2014. National AIDS Control Programme data show that paediatric ART coverage is as low as 26 per cent despite high immunization coverage of 90 per cent; the number of pregnant women given anti-retroviral drugs is less than 70 per cent; and coverage of early infant diagnosis services is less than 20 per cent.

In 2016, UNICEF Ghana Country Office received an HIV Thematic Funding allocation to support part of the cost of the position of Health Specialist at the L4 level whose incumbent provided the bulk of the technical support to the Ministry of Health and the Ghana Health Service in the planning, implementation, monitoring and evaluation of high-impact maternal, newborn, child health and HIV interventions.

In 2016, UNICEF pursued with its support to the Ministry of Health and the Ghana Health Service in the areas of newborn and child health, and the prevention of mother-to-child transmission of HIV and paediatric HIV care. Service providers in the Eastern Region had their capacity strengthened for PMTCT delivery towards Elimination of Mother-to-Child Transmission of HIV and increased access to HIV services for children and adolescents as a means to improve coverage of anti-retroviral therapy for children that remained at only 26per cent in 2015. A Paediatric HIV Services Acceleration Plan 2016-2020 and Standard Operating Procedures for the integration of PMTCT into Maternal, Neonatal and Child Health (MNCH) and EPI services were developed and implementation will be initiated in 2017. Three hundred service providers from three HIV high-burden regions were trained on the latest WHO guidelines for PMTCT. The Ghana AIDS Commission also received support to develop the country's new HIV/STI strategic plan 2016-2020.

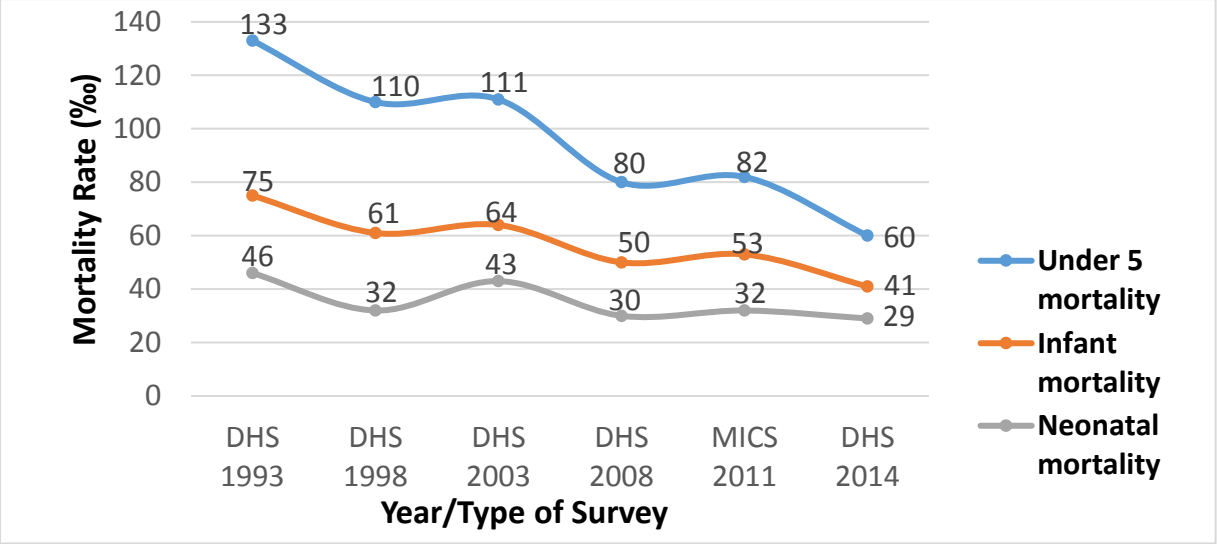
In 2017, UNICEF will continue to support the rollout of the Paediatric HIV Services Acceleration Plan in four selected districts of two HIV high-burden regions, demonstrate the application of innovative mobile technology to address loss to follow-up of HIV-exposed or infected children along the PMTCT continuum and implement the Standard Operating Procedures for integration of PMTCT/EID and paediatric ART into MNCH and EPI services in high-burden districts, while engaging government in the development of the new country programme and the new Health Sector Medium Term Development Plan, both in line with the health-related Sustainable Development Goals.

UNICEF Ghana would like to express its thanks and appreciation to the Regional Office for the timely funding support which enabled the maintenance of the Health Specialist thanks to whom all that is reported here could be achieved.

2.0 Strategic Context of 2016

The Ghana health sector made significant progress towards maternal and child health related MDGs, yet did not achieve the MDG4&5 targets of reducing Under-5 mortality to below 40 deaths per 1000 live births and Maternal Mortality Ratio of below 185 maternal deaths per 100,000 live births. Maternal Mortality Ratio at the beginning of 2016 was estimated at 319 maternal deaths per 100,000 live births and Under-5 mortality stood at 60 deaths per 1000 live births. In 2015, of the estimated 12,803 people newly infected, 2,197 (17 per cent) were children, with an estimated annual AIDS-related deaths of 12,646, of which 1,423 (11 per cent) were children[1]. Further analysis of the trends of Under-5 mortality showed significant reduction in infant mortality as compared to neonatal mortality that had seen very little decline since 1993 and virtually stagnated since 2008[2,3]. Figure 1 below shows the trends of Under-5 mortality in Ghana over the last two and a half decades.

Figure 1: Child Mortality Indicator Trends in Ghana (1993-2014)



Ghana completed the implementation of the Ghana National HIV and AIDS Strategic Plan (NSP) 2011-2015 and was therefore scheduled to develop a new strategic plan for 2016-2020.

The 2014 Ghana Demographic and Health Survey (DHS) reported that overall, 2.0 per cent of Ghanaians age 15-49 are HIV-positive, with HIV prevalence slightly higher among women (2.8 per cent) than among men (1.1 per cent), slightly higher in urban areas than in rural areas for both women and men. Among women, HIV prevalence is highest at age 40-44 (5.4 per cent) and lowest at age 15-19 (0.3 per cent). Among men, HIV prevalence is highest at age 35-39 (2.7 per cent) and lowest at age 15-19 (0.2 per cent). Regionally, HIV prevalence is highest in Eastern (2.7 per cent) and less than 1 per cent in Northern, Upper East, and Upper West regions.

[1] Source 2015 HIV Sentinel Survey and HIV Prevalence and AIDS Estimates & Projections Reports, NACP/GHS
[2] Ghana Demographic and Health Survey 2014
[3] Ghana Multiple Indicator Cluster Survey 2011

The 2016 HIV Sentinel Survey (HSS) report showed that HIV prevalence among pregnant women attending ANC had gone up marginally from 1.6 per cent in 2015 to 1.8 per cent[4] in 2016. Challenges and barriers affecting the implementation of Prevention of Mother-to-Child Transmission (PMTCT) of HIV and Paediatric HIV services were clearly identified in the end-term evaluation of the NSP 2011-2015 and a bottleneck analysis that was done on paediatric HIV services[5,6]. The analysis showed among other things a very low coverage of ART for HIV-infected children (26 per cent). The coverage of key outcome results from the end-term evaluation of the NSP 2011-2015 is summarized in the table 1 below.

Table 1: Key Outcome Results - End-Term Evaluation of NSP June 2015

Indicator	% Service Uptake (Program Data)	% Estimated National Need
% Pregnant women attending ANC	82.3%	78.2%
% Pregnant women receiving HIV testing services (HTS)	89.8%	70.2%
% Pregnant women who are HIV positive	1.65%	1.15%
% HIV+ pregnant women who received ARV prophylaxis to prevent MTCT of HIV	63.7%	46.3%
% HEI***** who received ARV prophylaxis	28.2%	20.5%
% HEI who received CTX prophylaxis	23.4%	17%

*Table taken from the ETE report of NSP 2011-2015); ***** HIV-exposed Infants*

The challenges that were identified as conspiring against improved coverage were:

- Frequent shortage of HIV test kits and Anti-retroviral (ARV) drugs;
- Option B+ not implemented at scale in accordance with the revised WHO PMTCT guidelines;
- Lack of a task-shifting policy and its implementation thereof;
- Lack of integration of PMTCT/ Early Infant Diagnosis (EID) services into other Maternal, Newborn, Child Health (MNCH) and the Expanded Programme on Immunization (EPI) services; and
- High loss to follow-up of HIV exposed infants along the continuum of care.

With the above situation in mind, the country programme focused on supporting the Ghana AIDS Commission through the Joint UN Team on AIDS (JUNTA) to develop a new NSP 2016-2020, capacity building to scale up option B+, development and implementation of a national acceleration plan for Paediatric HIV services and a task shifting policy, and demonstrate the application of innovative mobile technology for PMTCT/EID.

[4] Ghana HIV Sentinel Survey report 2016
[5] End-term Evaluation report of Ghana NSP for HIV and STI 2011-2015
[6] National Acceleration Plan for Paediatric HIV Services-Ghana 2016-2020

3.0 Results in the Outcome Area

Outcome 4. Maternal, neonatal and child health: Women and children have improved and equitable access to and utilization of quality, high-impact maternal, neonatal and child health interventions with a special focus on the 5 most deprived regions.

The health and HIV/AIDS programme of the Ghana Country Office is reflected in Outcome four of the country programme. The results for this outcome are achieved through the implementation of activities in four Outputs, of which one Output - 13, is on HIV and AIDS.

3.1 Bridging the HIV Services Gap between Children/Adolescents and Adults

In 2016, UNICEF focused on strengthening PMTCT and improving anti-retroviral therapy coverage for children which remained at only 26 per cent in 2015. To address this, and using evidence from Pediatric HIV situation analysis, a Pediatric HIV Services Acceleration Plan 2016-2020 and Standard Operating Procedures (SOPs) for the integration of PMTCT into MNCH and EPI services were developed with UNICEF's technical assistance. The acceleration plan and SOP will enable the GHS to fast-track HIV response targeting vulnerable children, their mothers and adolescents in line with 90-90-90 targets and contribute towards an HIV-free generation.

In adolescent health and HIV, UNICEF together with other partners supported GHS to develop Adolescent Health Service Policy and Strategy. It outlines strategies to provide comprehensive Adolescent Sexual and Reproductive Health services including HIV.

UNICEF also supported the Ghana AIDS Commission technically to develop the country's new HIV/STI strategic plan 2016-2020.

A nationwide joint monitoring of PMTCT/EID was undertaken by GHS, National AIDS Control Programme (NACP) and Joint United Nations Task Team on HIV/AIDS (JUTA) to assess the situation at the lower levels and sort all stakeholders input to finding solutions.

3.2 Integrating PMTCT/EID into Maternal, Newborn, Child Health and EPI Services

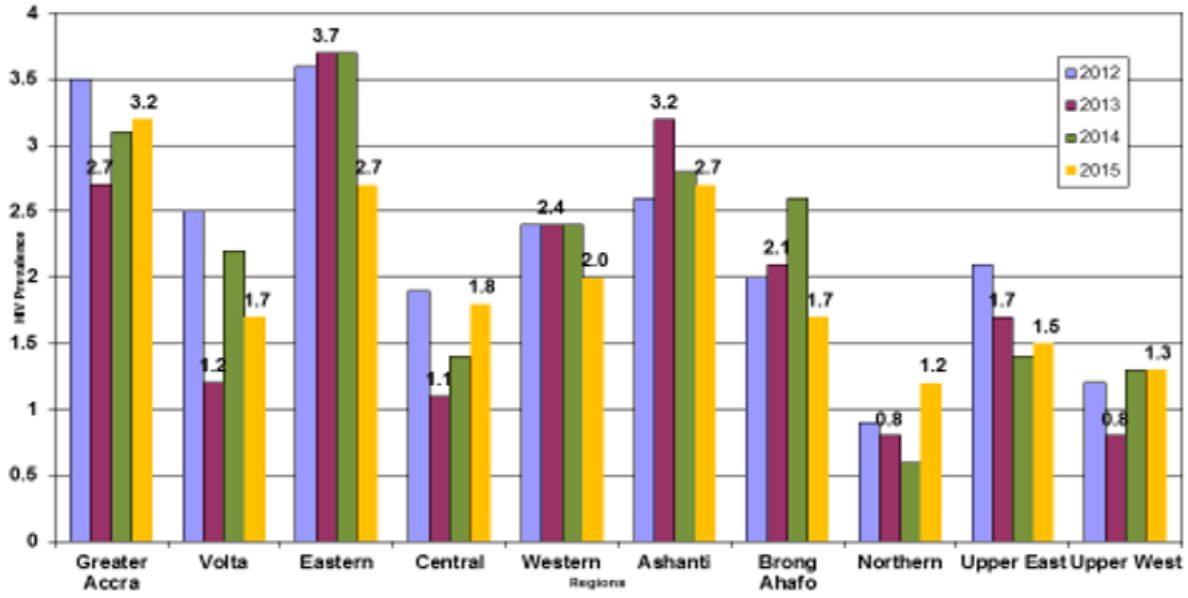
Following up on a UNICEF funded learning visit to Zambia by a nine-man Ghana Health Service (GHS) and Ministry of Health team where they were adequately exposed to that country's approach to and experience on the integration of PMTCT and Paediatric HIV care into all maternal and child health programmes, UNICEF provided in 2016 technical and financial support to GHS for the development of SOPs for integration of Prevention of Mother-to-Child Transmission of HIV into MNCH and Immunization services. The implementation of the Acceleration Plan for Paediatric HIV Services and the SOPs for integration are expected to increase access and coverage for paediatric ART and EID services. Through the Thematic fund, UNICEF will support the implementation of the SOPs and demonstration of the application of innovative mobile technology to address loss to follow-up of HIV-exposed or infected children along the PMTCT continuum.

3.3 Targeted support to high burden region

The Eastern Region, a focal region for UNICEF's HIV programme, continued to receive technical assistance to consolidate the gains achieved through implementation of their elimination of Mother-to-Child Transmission (eMTCT) Plan (2013-2015). This has contributed

to decrease HIV prevalence rate from 3.7 per cent in 2014 to 2.7 per cent in 2015 as reported in 2016 HIV Sentinel Survey, as shown in the figure below.

Figure 4: Mean HIV prevalence by Region and Year 2012-2015



As per GHS/Eastern Region data up to June 2016, HIV testing coverage for pregnant women reached 87 per cent (36,916 out of 42,574 ANC registrants tested for HIV). 56 per cent of identified HIV-positive pregnant women (734 out of 1319 positive) received ARV either as treatment or prophylaxis. This is 18 per cent lower than the 2015 coverage for the same period. Out of 1,319 HIV-exposed babies identified in the ER, only 542 (41 per cent) were screened for HIV using Polymerase Chain Reaction (PCR) at six weeks or at 18 months. This is 11 per cent points higher than the 2015 coverage of 30 per cent.

The knowledge and skills of 300 service providers from three HIV high-burden regions (Eastern, Ashanti and Greater Accra) were enhanced on the updated WHO guidelines on PMTCT.

3. 4 Major Constraints

Health Financing: The main challenge facing the entire programme is that of inadequate financing for the health sector which is a serious threat to the provision of essential life-saving commodities including vaccine security and access to quality health care. Limited government resource allocation to the health sector has led to Ghana defaulting on its financial obligation to GAVI for vaccine co-financing for 2016, with even a higher amount to be paid for 2017. The National Health Insurance Authority (NHIA) is in arrears with service providers for several months.

Specific to HIV and AIDS, major constraints include shortage of test kits and ARVs to satisfy the needs engendered by the country's transition from PMTCT Option B to Option B plus. Another constrain is inadequate tracking mechanisms for HIV-exposed babies, delays in sample collection, transport, testing and return of results. There are no data available specifically on pediatric HIV and young adolescent below 15 years of age. Sentinel surveillance (2016) has reported that HIV prevalence amongst adolescents (15-19) years is

0.7 per cent which has decreased by 0.2 per cent than that of 2014 (0.9 per cent). There is also a challenge of data for young adolescents 10-14 years of age.

UNICEF is supporting GHS address these constraints through implementation of the pediatric HIV acceleration plan, SOP for integration and development of an innovative model for EID tracking using E-tracker System.

3. 5 Importance of these Flexible Funds

The importance and timeliness of this funding would never be over-emphasized considering that they were received at a time when the programme was highly challenged by funding for the Health Specialist position that provides the bulk of technical support to the GHS/MoH for the implementation of the key components of the health and HIV/AIDS programme reported on in this document. Reassured by the receipt of the thematic funds, the Office mobilized smaller contributions from other sources thereby securing this important position that enables it augment UNICEF's technical assistance to the MoH and GHS in health sector programming in Ghana. The flexibility of these funds therefore enabled the programme to leverage other resources and support some other key areas of the Health Programme which unfortunately do not have any earmarked resources.

4.0 Results Assessment Framework

Table 2: Progress in Key Performance Indicators for the Outcome

Outcome 4: Maternal, neonatal and child health: Women and children have improved and equitable access to and utilization of quality, high-impact maternal, neonatal and child health interventions with a special focus on the 5 most deprived regions.					
Number	Indicator	Data Source	Baseline	Target for December 2017	Status as at December 2016
4.1	Proportion of births attended by skilled health personnel increased	DHS 2008	National:59% CR: 54% NR 27% UER: 47% UWR: 46%	National: 80% CR: 80% NR: 65% UER: 75% UWR: 75%	National: 74% CR: 70% NR: 35% UER: 84% UWR: 65%
4.2	Proportion of HIV-infected pregnant women who receive ARVs for reducing MTCT increased	5th Stock Taking report, 2010	National:27% Regional figures were not available	National:95% CR: 80% ER: 80% NR: 70% UER: 80% UWR: 75%	National:53% CR: 33% ER: 100% NR: 17% UER: 132% UWR: 96%
4.3	Proportion of infants fully immunized increased	DHS 2008	National:79% CR: 73% NR: 59% UER: 88% UWR: 89%	National:90% CR: 90% NR: 75% UER: 90% UWR: 90%	National:77% CR: 71% NR: 69% UER: 85% UWR: 91%

4.4	Reduction in full immunization coverage deficit between the best and worst performing regions	DHS	35.4%	17.7%	22%
Regions - CR: Central; NR: Northern; UER: Upper East; UWR: Upper West					

There has been significant progress in the proportion of births attended by skilled personnel and the country is moving closer to attaining the 80 per cent target by 2017. The Upper East Region, which is one of the UNICEF focused regions has exceeded the 2017 target already. However, the Northern Region is lagging behind and is unlikely to meet the regional target. The region covers a large territory and sparsely populated with high levels of poverty affecting coverage and access to key social services which is reflected in low performances in key indicators such as skilled birth attendance, immunization and PMTCT interventions as seen in Table 2 above. UNICEF will continue to support the region to narrow the equity gap.

The 23 per cent of children who are not fully immunized is an indication that the EPI has challenges to maintained and improve the immunization coverage attained over the past years. It is important for UNICEF to continue the support and work with key stakeholders to address the challenges identified in the bottleneck analysis with focus on low performing areas especially the Northern region. Upper East Rregion and Eastern Region have high coverage for antiretroviral therapy for pregnant women in PMTCT programme.

5.0 Financial Analysis

Table 1: Planned Budget by Outcome Area

Outcome Area 2: HIV & AIDS
Ghana
Planned and Funded for the Country Programme 2016 (in US Dollar)

Intermediate Results	Funding Type[1]	Planned Budget[2]
02-01 PMTCT and infant male circumcision	RR	337,133
	ORR	35,391
	ORE	3,300
02-02 Care and Treatment of Children affected by HIV and AIDS	RR	16,910
	ORR	2,533
	ORE	175
02-05 HIV # General	RR	379,529
	ORR	7,275
	ORE	3,288
Total Budget		**785,534**

[1] RR: Regular Resources, ORR: Other Resources, ORE: Emergency
[2] Planned budget for ORR (and ORE, if applicable)

Table 2: Country level thematic contributions to outcome area received in 2016

Outcome Area 2: HIV & AIDS

Ghana

Country-level thematic Contributions to Outcome Area received in 2016

Donor	Grant Number	Contribution Amount	Programmable Amount
Thematic HIV-AIDS	SC149902	150,000.00	140,767.03
Total for 2016	SC149902	150,000.00	140,767.03

Table 3: Expenditures in the Outcome Area

Outcome Area 2: HIV & AIDS

Ghana

2016 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	**Other Resources - Regular**	**Regular Resources**	**All Programme Accounts**
02-01 PMTCT and infant male circumcision	3,300	35,391	337,133	375,824
02-02 Care and Treatment of Children affected by HIV and AIDS	175	2,533	16,910	19,618
02-05 HIV # General	3,288	7,275	379,529	390,092
Total	**6,763**	**45,199**	**733,572**	**785,534**

Table 4: Thematic Expenses by Programme Area

Outcome Area 2: HIV & AIDS

Ghana

2016 Thematic Expenses by Programme Area (in US Dollars)

Fund Category	All Programme Accounts
Year	2016
Business Area	Ghana - 1620
Prorated Outcome Area	02 HIV & AIDS
Donor Class Level2	Thematic

Row Labels	Expense
Other Resources - Regular	2,145
02-02 Care and Treatment of Children affected by HIV and AIDS	2,145
Grand Total	2,145

Table 5: Expenses by Specific Intervention Codes

Outcome Area 2: HIV & AIDS

Ghana

Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2016
Business Area	Ghana - 1620
Prorated Outcome Area	02 HIV & AIDS
Row Labels	Expense
Other Resources - Emergency	6,764
02-01 PMTCT and infant male circumcision	3,300
08-03-01 Cross-sectoral Communication for Development	3,045
08-03-03 C4D # training and curriculum development	91
08-09-06 Other # non-classifiable cross-sectoral activities	160
08-09-11 Emergency preparedness and response (General)	4
02-02 Care and Treatment of Children affected by HIV and AIDS	175
08-03-01 Cross-sectoral Communication for Development	162
08-03-03 C4D # training and curriculum development	5
08-09-06 Other # non-classifiable cross-sectoral activities	9
08-09-11 Emergency preparedness and response (General)	
02-05 HIV # General	3,288
08-03-01 Cross-sectoral Communication for Development	3,034

08-03-03 C4D # training and curriculum development	90
08-09-06 Other # non-classifiable cross-sectoral activities	159
08-09-11 Emergency preparedness and response (General)	4
Other Resources - Regular	45,199
02-01 PMTCT and infant male circumcision	35,391
02-01-02 ART for PMTCT (including life-long ART)	28,090
08-03-01 Cross-sectoral Communication for Development	6,985
08-03-03 C4D # training and curriculum development	445
08-09-06 Other # non-classifiable cross-sectoral activities	-136
5903 Support to C4D interventions for multiple OTs within FA5	7
02-02 Care and Treatment of Children affected by HIV and AIDS	2,533
02-02-01 Infant and child HIV diagnosis (PITC)	529
02-02-03 Paediatric ART	1,615
08-03-01 Cross-sectoral Communication for Development	371
08-03-03 C4D # training and curriculum development	24
08-09-06 Other # non-classifiable cross-sectoral activities	-7
5903 Support to C4D interventions for multiple OTs within FA5	
02-05 HIV # General	7,275
08-03-01 Cross-sectoral Communication for Development	6,961
08-03-03 C4D # training and curriculum development	443
08-09-06 Other # non-classifiable cross-sectoral activities	-136
5903 Support to C4D interventions for multiple OTs within FA5	7
Regular Resources	733,572
02-01 PMTCT and infant male circumcision	337,133
02-01-01 Maternal HIV testing and counselling (PITC)	2,095
02-01-02 ART for PMTCT (including life-long ART)	214,581
08-01-05 Joint UN programme review	523
08-01-06 Planning # General	15,443
08-03-01 Cross-sectoral Communication for Development	14,399
08-03-02 Communication for Development at sub-national level	391
08-03-03 C4D # training and curriculum development	378
08-06-01 Building evaluation capacity in UNICEF and the UN system	69
08-06-02 Building global/regional/national stakeholder evaluation capacity	9,207
08-09-06 Other # non-classifiable cross-sectoral activities	77,788
08-09-11 Emergency preparedness and response (General)	67
10-07-12 Management and Operations support at CO	2,158
Unknown	34
02-02 Care and Treatment of Children affected by HIV and AIDS	16,910
02-02-01 Infant and child HIV diagnosis (PITC)	10,868
08-01-05 Joint UN programme review	26
08-01-06 Planning # General	775
08-03-01 Cross-sectoral Communication for Development	722
08-03-02 Communication for Development at sub-national level	20

08-03-03 C4D # training and curriculum development	19
08-06-01 Building evaluation capacity in UNICEF and the UN system	3
08-06-02 Building global/regional/national stakeholder evaluation capacity	462
08-09-06 Other # non-classifiable cross-sectoral activities	3,902
08-09-11 Emergency preparedness and response (General)	3
10-07-12 Management and Operations support at CO	108
Unknown	2
Row Labels	Expense
02-05 HIV # General	379,529
02-05-01 HIV # General systems	243,924
08-01-05 Joint UN programme review	589
08-01-06 Planning # General	17,385
08-03-01 Cross-sectoral Communication for Development	16,210
08-03-02 Communication for Development at sub-national level	440
08-03-03 C4D # training and curriculum development	425
08-06-01 Building evaluation capacity in UNICEF and the UN system	78
08-06-02 Building global/regional/national stakeholder evaluation capacity	10,365
08-09-06 Other # non-classifiable cross-sectoral activities	87,570
08-09-11 Emergency preparedness and response (General)	76
10-07-12 Management and Operations support at CO	2,429
Unknown	38
Grand Total	**785,534**

Table 6: Planned Budget and Available Resources for 2016

Outcome Area 2: HIV & AIDS
Ghana
Planned Budget and Available Resources for 2016

Intermediate Result	Funding Type	Planned Budget [1]	Funded Budget [1]	Shortfall [2]
Output 13: Scale-up of PMTCT and EID services	RR	140,000	60,000	80,000
	ORR	160,000	115,000	45,000
Total for 2017		**300,000**	**175,000**	**125,000**

[1] Planned and Funded budget for ORR *(and ORE, if applicable)* excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

[2] Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

6.0 Future Work Plan

The outlook for financial inflows for the health sector in Ghana looks challenging with dwindling donor funds partly due to the lower middle income status of the country. The country office is developing the new country programme for 2018-2022 and the health programme will have a gradual shift from downstream to upstream activities with particular focus to systems strengthening in line with the SDGs commitments. Key activities for the 2017 annual workplan on HIV and AIDS are in the table below:

Key Activities for 2017 Annual Workplan.

Country Programme Outcome	Country Programme Output	Proposed Activity
Outcome 004: Maternal, neonatal and child health: Women and children have improved and equitable access to and utilization of quality, high-impact maternal, neonatal and child health interventions with a special focus on the 5 most deprived regions	**Output 13:** Scale-up of PMTCT and EID services: GHS has capacity and resources to plan, coordinate, implement and monitor scale-up of PMTCT and EID services for women and children in at least one high HIV prevalence region (Eastern Region).	• Roll out the Paediatric HIV Services Acceleration Plan in 4 selected districts of two HIV high-burden regions (Ashanti and Eastern Region) • Implement innovative mobile technology in two high-burden districts of Eastern Region to fast-track PMTCT/ EID Services • Finalize and implement the Standard Operating Procedures (SOPs) for integration of PMTCT/EID and paediatric ART into MNCH and EPI services in high-burden districts of Ashanti and Eastern Regions • Conduct joint monitoring visit to PMTCT/EID/ Paediatric ART Services in each of the ten Regions

7.0 Expression of Thanks

We would like to thank all the donors for their generous contribution to the UNICEF thematic fund to support women and children of Ghana. Thematic funds have contributed greatly to achieving the results of the Country Programme 2012 - 2017 and to bridge the equity gap by providing opportunities for the most marginalized Ghanaian women and children to access quality HIV and healthcare services in a protective and safe environment. The flexibility of the thematic funds has enabled the Ghana Country Office to achieve these results for the most disadvantaged women and children.

Annex 1: Donor Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to the UNICEF Ghana Country Office focal point below. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Rushnan Murtaza, Deputy Representative, UNICEF Ghana

Email: rmurtaza@unicef.org

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1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

SCORING: 5 indicates "highest level of satisfaction" while

0 indicates "complete dissatisfaction"

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____

_____

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

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4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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_____

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

_____

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6. Are there any other comments that you would like to share with us?

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