



The USAID Strengthening the Care Continuum Project

YEAR IN REVIEW: 2018



2018 At a Glance

In order to demonstrate the Care Continuum's impact over the last program year, we have selected key areas showing impact directly resulting from project activities. For a full narrative of Project activities during PY3, consult the full Project annual report.

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Acronyms

AIDS	acquired immune deficiency syndrome	HLC	Helpline Councilor	PLHIV	people living with HIV
ART	antiretroviral therapy/treatment	HTS	HIV testing services	SBCC	social and behavior change communication
CM	case manager	KP	key population	SGBV	sexual- and gender-based violence
CSO	civil society organization	M&E	monitoring and evaluation	SI	strategic information
FSW	female sex worker	MIS	management information system	SOP	standard operating procedure
GAC	Ghana AIDS Commission	MOH	Ministry of Health	STI	sexually transmitted infection
GHS	Ghana Health Service	MSM	men who have sex with men	USAID	United States Agency for International Development
GOG	Government of Ghana	NACP	National AIDS Control Program	USG	United States Government
HCW	health care worker	PE	peer educator		
HIV	human immunodeficiency virus	PEPFAR	President's Emergency Plan for AIDS Relief		

USAID Strengthening the Care Continuum Project: Background

Implementation Years:
2016-2021

Cooperative Agreement #
AID-641-A-16-00007

Implemented by:
JSI Research & Training Institute,
Inc. in partnership with the
Population Council

The USAID Strengthening the Care Continuum Project (the Care Continuum) is designed to improve the capacity of the Government of Ghana, and its partners, to provide quality, comprehensive HIV services for key populations, including drug users, men who have sex with men, female sex workers, and their partners, and people living with HIV.

Implemented by JSI Research and Training Institute in partnership with the Population Council and funded by USAID for five years, the Care Continuum team works alongside civil society organizations to strengthen their abilities to develop, manage, and execute innovative HIV projects that are targeted to serve key populations.

Using a country-owned and led approach, the Project utilizes these partnerships to improve key populations' access to and use of HIV services, while working toward reducing stigma and discrimination in health settings.

The Project's 10 civil society partners are located in the Ashanti, Brong-Ahafo, Greater Accra, and Western regions.

Project core strategies include:

- 1) promoting Ghanaian leadership;
- 2) strengthening capacity of local stakeholders and promoting and developing partnerships;
- 3) emphasizing quality improvement(QI);
- 4) effective use of data;
- 5) addressing structural factors related to key population (KP) service access and use;
- 6) reducing gender inequity;
- 7) integrating services and focusing on referrals to maintain the treatment cascade to achieve 90/90/90;
- 8) promoting and developing partnerships to maximize local ownership and sustainability.

The flexible application of these strategies will enhance the technical capacity of Ghanaian stakeholders to implement evidence-informed HIV care and treatment activities at all levels.

Building Capacity & Replicating Success: Year Three

During year three of the USAID Strengthening the Care Continuum Project (the Care Continuum) (Oct 2017-September 2018), activities centered on strengthening partner's capacity to coordinate, plan, and monitor key population (KP) interventions in Ghana. In order to make meaningful progress towards the global 90-90-90 targets, the Care Continuum successfully identified, adopted, and implemented successful strategies for HIV testing, linkage to treatment, adherence, and viral suppression. In addition, the Project strengthened Ghana's health system to replicate and sustain gains from these strategies.

At the national level, the Project continued working closely with Government of Ghana (GoG) counterparts to revise key policies, guidelines, and materials and to help expand access to comprehensive KP competent HIV services across the continuum of care.

At the community level, the Project's strategies showed their effectiveness in identifying and testing the most at risk/hidden key populations, as well as reaching them with differentiated models of KP appropriate services. These innovative strategies for HIV testing are broadly grouped into three categories: network/technology-based, outreach-based, and health facility-based.

While ensuring that KP HIV services in Project-supported communities continued throughout PY3, the Project worked closely with 10 partner civil society organizations (CSOs) to improve their capacity to implement and lead HIV prevention, care, and support services with a focus on treatment.

In all, during PY3, the Project was able to reach a total of 26,588 KPs (9,819 men who have sex with men or MSM and 16,769 female sex workers or FSW) through its peer educators (PEs), case managers (CMs) and HelpLine Counselors (HLCs) and provide them with specific HIV prevention services, including HTS.

Through the scale up of successful strategies for offering HTS and linking newly identified KPs to health facilities, the Project has seen improvement in the HIV cascade.

First 90: A cumulative total of 9,819 MSM and 16,769 FSWs accepted HIV testing, with a positive yield of 15% for MSM and 10% for FSW

Second 90: All the FSWs and 80% of the MSM who tested positive were initiated on ART during PY3.

Third 90: A cumulative total of KP who went through viral load testing and achieved viral load suppression MSM 79% and FSW 62%

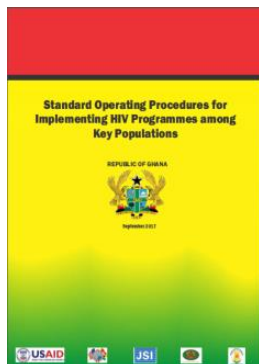
Building a Stronger, More Inclusive Health System

IMPACT: National Policy Documents Support Comprehensive HIV Services for KPs.

During program year three, the Care Continuum finalized and supported multiple policy documents that, when implemented, will directly affect program partners and beneficiaries.



National KP SOPs



The Project completed the revision of the National KP SOP through a multi-stakeholder review process (led by the Ghana AIDs Commission), and the document was disseminated nationally in April 2018. In PY4, the Project will support its partner CSOs to develop organization specific implementation guidelines in line with the KP SOPs and to apply them in service delivery.

National KP BCC Materials



Additionally, national level stakeholders officially finalized and validated the revised KP BCC materials and training manuals in October 2017. The Project held a master training workshop for the Project technical team and the master trainers were then assigned to CSOs in order to orient their PEs on how to use the new tools.

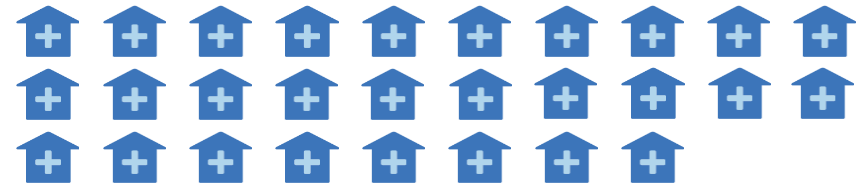
450 TOTAL HEALTHCARE WORKERS FROM 119 TOTAL FACILITIES TRAINED IN KP-COMPETENCY SERVICES

IMPACT: Reduced Barriers to Care from Gender Norms and Inequities, Stigma, and Discrimination

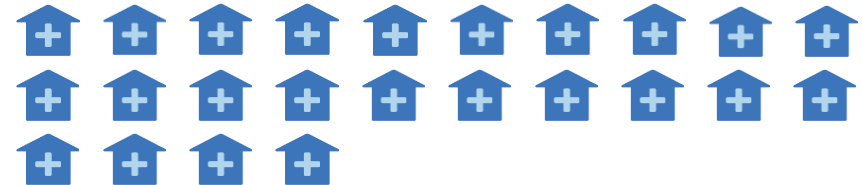
450 health workers trained in collaboration with NACP in 119 health facilities from five (Ashanti, Central, Greater Accra, Western and Volta) regions to be KP competent. KP competent health care providers have a better appreciation of the health service needs of KPs; are empathetic and provide health service in a non discriminatory manner.

The trained providers now mentor other staff members in their facilities and units to reduce stigma and discriminatory behaviors towards KPs who visit these facilities for HIV-related services

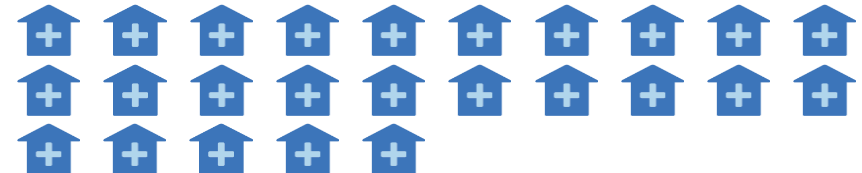
Ashanti



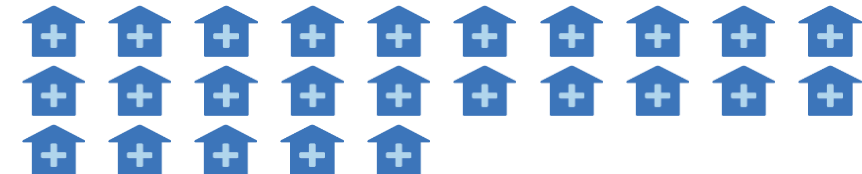
Central



Greater Accra



Western



Volta



 = 1 Facility Trained

 = Healthcare Workers

IMPACT: A Community-Driven Rapid Response for GBV Reporting

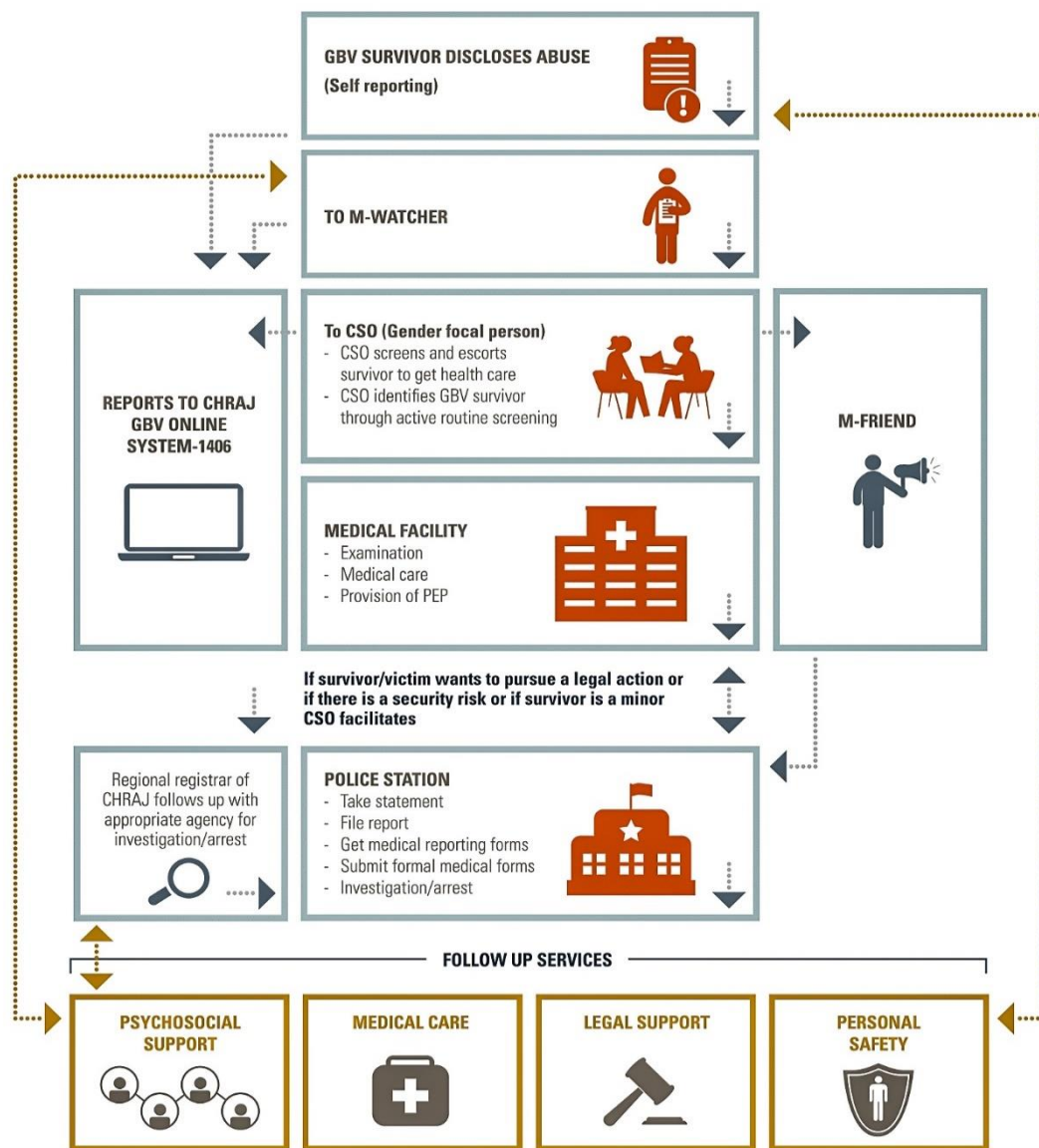
Community Action

In light of recent violence and abuse towards KPs, the Project has been working to strengthen a community-based networking system for the protection of the human rights of KPs, PLHIV, and their partners. This network of MFriends and M-Watchers facilitates the reporting of abuses and threats towards KPs to authorities (including the police, CHRAJ and health facilities).

Reporting Tool

To support the utilization of the existing reporting system and to get more survivors to report abuses, the Project developed a GBV reporting flow diagram to make it easy for both survivors of GBV and service providers to report and seek redress. Survivors can either report directly to the Commission on Human Rights and Administrative Justice (CHRAJ) or inform the M-Watcher (a KP peer) and/or the appropriate CSO in their community to report online on their behalf. CHRAJ will then refer the complaint or case to the appropriate government agency for a response if it is not within their mandate.

Gender-Based Violence Reporting Flow Chart



IMPACT: Data for Decision Making on PrEP and HIV Self-Testing

During PY3, the Care Continuum conducted two important policy research activities: a formative assessment regarding Pre-exposure prophylaxis (PrEP) introduction for key populations in Ghana as well as an assessment of feasibility and acceptability of HIV self-testing among key populations in Ghana.

The Project carried out the two research activities in two regions involving participants including KPs, health care workers, policy makers. Focus group discussion, in-depth interviews and observation methods were employed.

Results of the two exploratory studies were successfully validated with the GAC Research Monitoring and Evaluation Committee. This is the highest statutory body with the mandate of coordination and oversight of all HIV-related research studies in the country. The Project also disseminated study results at NHARCON 2018.

PrEP Recommendation:

PrEP introduction is recommended as there is acceptance and support from potential users, healthcare providers, policy makers and other key stakeholders, as summarized in the table below.

Support for PrEP			
Participant	Reason for Support		
	Risk Perception	Empowerment & Control	Stress Reduction
FSWs	X	X	X
MSM	X	X	X
Healthcare Providers	X		
Policymakers	X		

HIV Self-testing Recommendation:

Female sex workers and men who have sex with men can perform the HIV self-testing correctly

- Majority (19/20 MSM and 17/20 FSWs) were able to complete the test
- Out of those who completed the test, the majority of MSM (17/19) and FSWs (16/17) read their test results correctly.

Supporting our Partners

IMPACT: Local CSOs Have Stronger Capacity to Implement KP HIV Programs

During PY3, each CSO developed an improvement plan with priority technical assistance needs. The Project then recruited seven HIV technical advisors and embedded them for three months with the CSOs based on need. The advisors worked with CSO staff to refine interventions across the treatment cascade to ensure the organizations consistently meet their Project-level HIV service targets and improve their performance.

PY3 CSOs	Area of Operation
4-H Ghana	KMA
HFFG	Ga West, AMA
HOFA	Prestea-Huni Valley, STMA, Shama
LRF	STMA
MLPF	STMA, Shama, Tema
MICDAK	Bekwai, KMA
MIHOSO	Sunyani, Techiman, KMA
PROLINK	Bekwai, Ga West, Obuasi
WAAF	AMA
WIYO	Tema



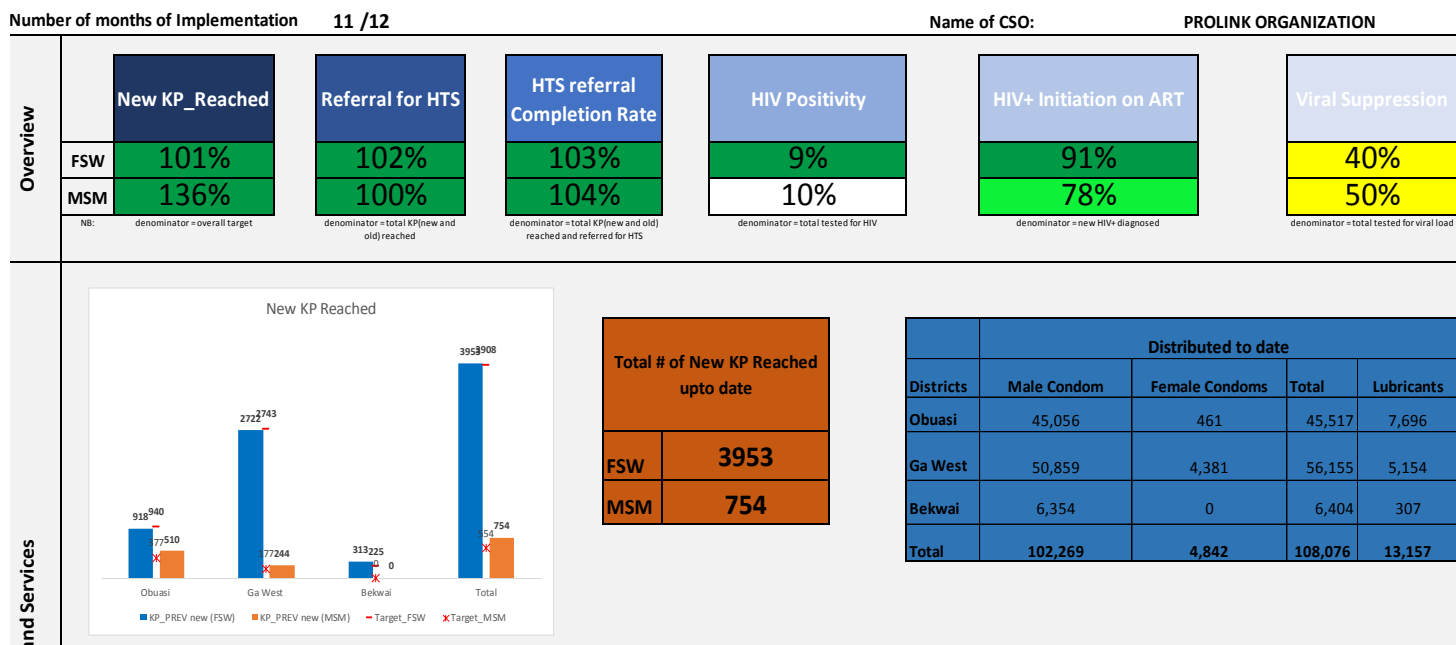
IMPACT:

District-level Health Service Programming is Informed by Data Dashboards

By utilizing a results dashboard for each implementing partner, the Care Continuum is able to ensure continuous quality improvement to all HTC sites as well as adherence to the National HTS guidelines and algorithms for case management, peer education, ARV refusal, and PLHIV defaulter tracking, among others. This process has helped the Care Continuum to support CSOs in standardizing service delivery and continuously improving at the district level.

The Project also uses this data to provide supportive supervision to optimize performance of field staff, integrate QI/QA approaches, and ensure adherence to national KP HIV SOPs.

USAID Strengthening the Care Continuum Project IP Result Dashboard (FY2018)



Our Innovative Approach:

Using cashless applications (mobile money) to compensate KP's beneficiaries



To eliminate intermediaries, risk of carrying cash, and time needed to make payments, the Project successfully utilized an electronic payment system including mobile money platform to pay project beneficiaries (KP PEs, sub-recipients, CMs, and HLCs) for participating in Project-related meetings, workshops, and conferences.

The mobile money has so far made payments to over **2,000** recipients with success rate of **99.5%**.

Factors contributing to the success include:

- Development and adherence to a payment protocol
- Education on electronic payment to our beneficiaries
- Assurance to our recipients
- Quick follow up on wrong payments and prompt resolution

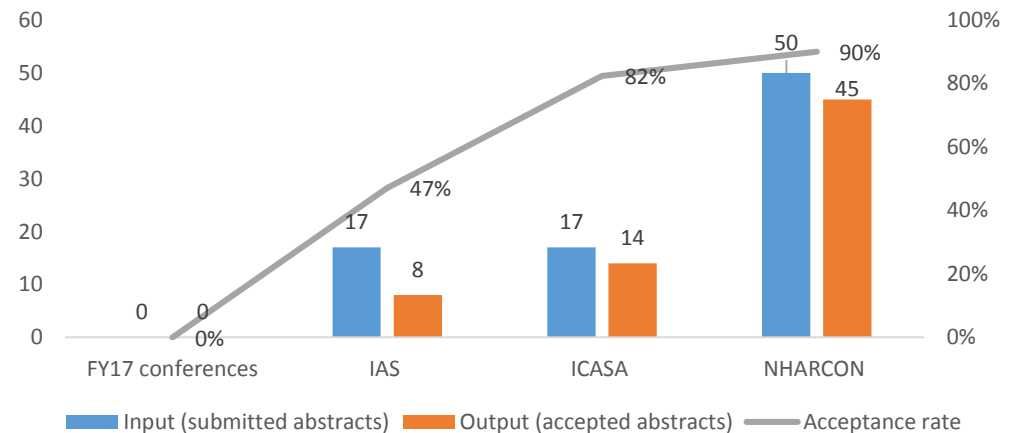
The caseless payment system has built confidence with our beneficiaries and has supported the GoG's vision of moving towards a cashless society.

IMPACT: CSO Results Shared at National and International Conferences

The Project worked closely with CSO grantees to provide technical support on data analysis and abstract writing skills



FY 2018 Participation in Targeted Conferences



To strengthen in-country partner's capacity for data analysis, use, and dissemination, the Care Continuum led a training for CSO grantees and GoG partners on writing abstracts for local, regional, and international scientific conferences to inform and drive policy and program implementation. A total of 29 participants made up of CSO staff members (25), 3 representatives from the Ghana AIDS Commission (GAC), and 1 representative from the National AIDS Control Programme (NACP) were trained.

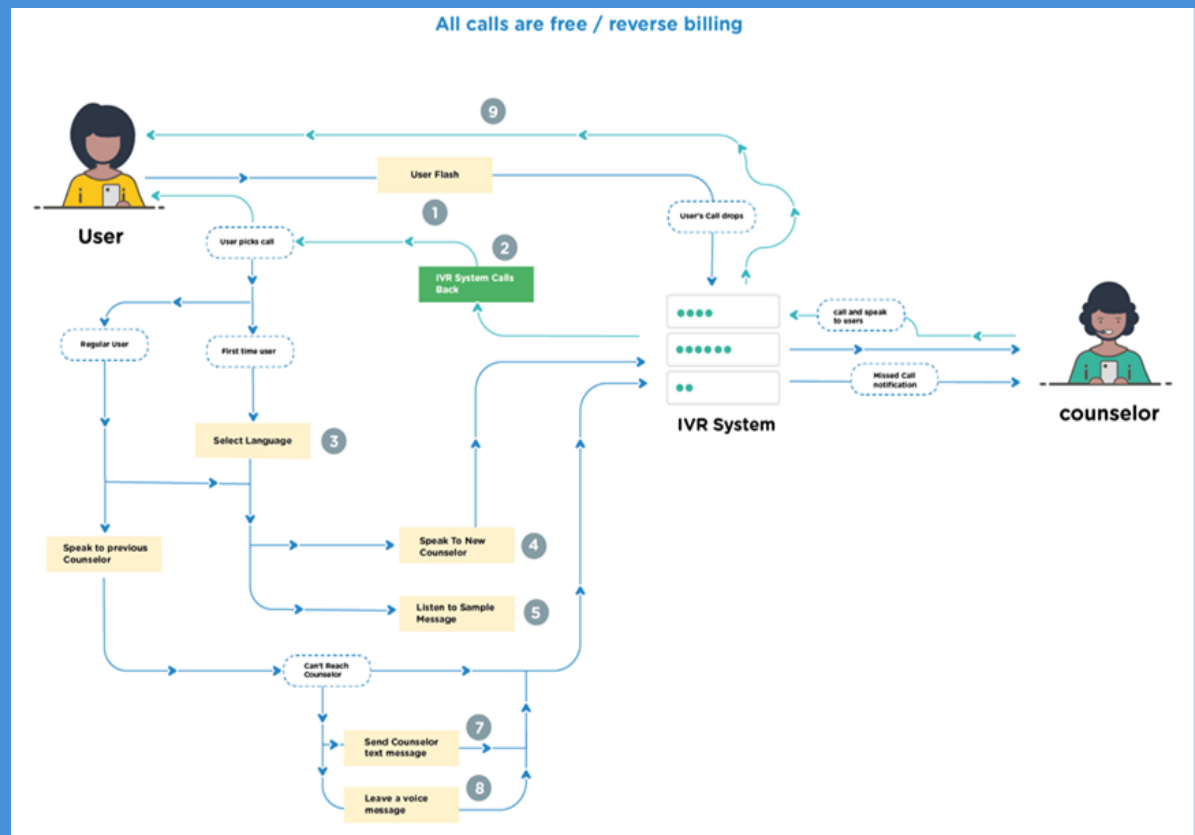
As a direct result of the training and mentoring, Care Continuum grantees submitted 50 abstracts for NHARCON 2018, out of which 45 were accepted; 17 abstract for ICASA 2017 with 14 accepted, and 17 to IAS 2018 with 8 acceptances. Presenting at these events allowed CSOs to contribute to and learn from the broader public health community and increase their reputations as HIV experts within the field.

Implementing Effective Community- level Strategies

Our Innovative Approach:

- Two way interactive communication platform via multi-language voice messages with an integrated live call.
- Has a dedicated short code (*212# - USSD) and a long number - 0555 212 212 for IVR.
- Built-in data analytics dashboard to measure the success.
- Transmits daily and weekly message to users.
- Promotes confidentiality and trust for users.

Leveraging technology for effective KP programming (Healthy Living Platform (HLP), social media, and other online channels



IMPACT: Evaluating and scaling high yield testing and treatment strategies

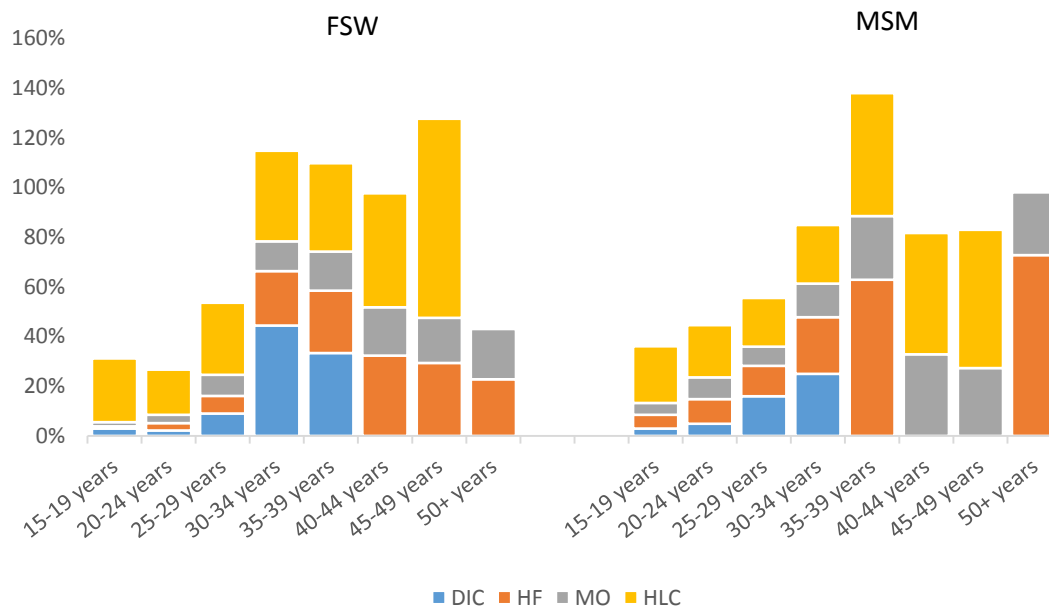
Through implementation research, the Project evaluated current testing models, including Helpline counselors (HLCs), health facility (HF) referrals, drop in centers (DICs), and mobile outreach (MO), to determine which strategies had higher yield.

Throughout PY3, the HLC strategy continued to show the strongest results in reaching high risk KPs and produced higher yield than any of the other approaches. Thus far, it is the most effective strategy in providing targeted testing to reach hidden KPs. A total of 2,354 KPs (946 FSW and 1,408 MSM) accessed HTC through the HLC strategy during PY3, with an overall yield of 27% for FSW and 25% for MSM.

Data from PY3 shows that drop in centers (DIC) are the preferred strategy for reaching middle-aged FSW (30-39 years) while HLCs are generally useful across all age bands of KPs (except >49 years, who mostly prefer mobile outreach (MO) and Health Facility (HF)). Furthermore, there is overwhelming preference for a combination of HLCs and HF referrals.

Understanding the nuance of each groups' reaction to the strategies at different sites is necessary to select the right combination of approaches to achieve results.

HTS_TST by Age by Strategy for PY3 (FSW = 12,086 and MSM = 7,304)



IMPACT: Peer-to-peer Learning Fosters Communities of Practice

As part of the process to integrate and scale-up successful models, the Project used peer learning exchanges between CSOs for practical learning and adaptation. Two thematic areas of focus for learning exchanges over the period were: Viral Load testing and the use of online resources, including social media, to link KPs to services.

Aside from the Project-led learning exchanges, some CSOs initiated their own learning exchanges to get acquainted with successful KP models and build stronger relationships with similar organizations.

The networks created by these peer learning sessions contribute to an established community of practice for KP HIV practitioners in Ghana, where successful strategies can be standardized and replicated long after the Project's end.

“The learning exchange approach to capacity building by the Care Continuum is laudable. It has created a platform for continued learning among colleague program officers.”

- Maame Serwaa-Gyamfi, Project Officer, HFFG (Care Continuum CSO partner)



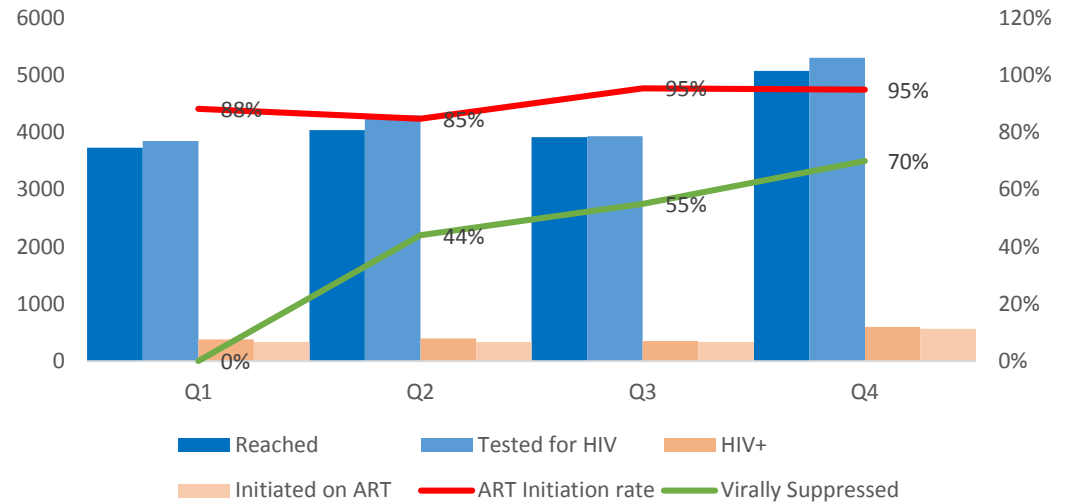
2018 Achievements

**# of Male Condoms
Distributed:
1,268,692**

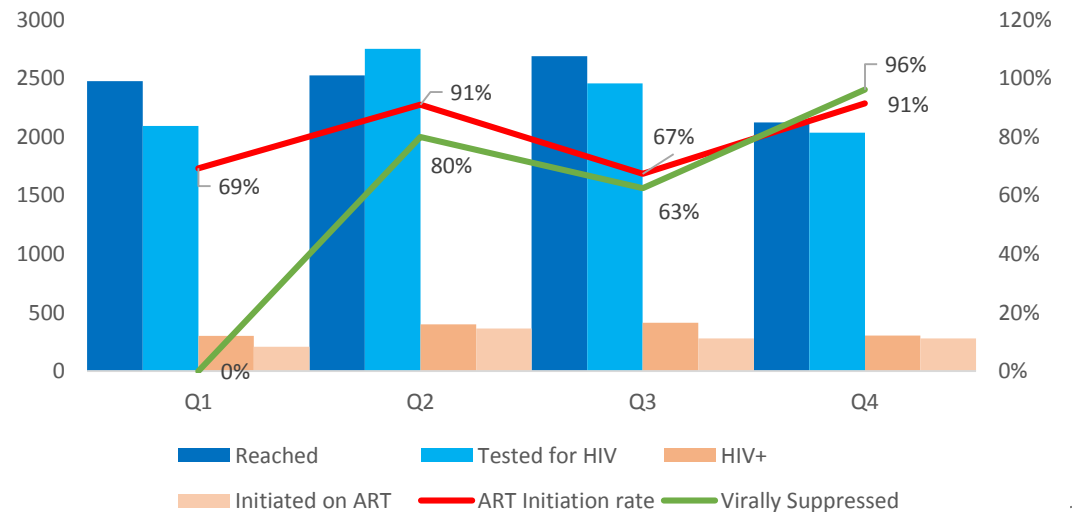
**# of Lubricants
Distributed:
285,679**

**# of KPs involved in
implementation:
69 PE and 47 CMs**

FY18 Cascade for FSW



FY18 Cascade for MSM



Project Activities



Top Left: Training of CSOs and GoG partners in abstract writing and data sharing

Top Right: A Community outreach activity at a hotspot, (Credit: HFFG)

Bottom Left: Outreach with Non PP of FSW (Credit: HFFG)

Bottom Right: CSO partners sharing Project achievement at a Peer Review meeting

Looking Ahead: 2019

The Care Continuum's year four (PY4) priorities build on year three's achievements, which hinged on the application and expansion of successful innovative strategies as tested by partners. In order to reach a greater number of KP individuals, the Project will intensify its efforts to identify HIV positive KPs through the use of the effective testing approaches (first "90"), solidifying links to support immediate initiation on treatment (second "90"), and ensuring ongoing support to encourage adherence to treatment for viral suppression (third "90").

KEY ACTIVITIES INCLUDE:

- Work in three additional districts (Ashaiman, Ho Municipal, and Ketu South) in response to the increasing HIV prevalence observed in the recent Ghana Men's Study II.
- Closely and regularly monitor and evaluate the geographic focus, targets, budgets, implementation strategies, activities and partner management for all CSOs.
- Ensure timely progress towards achieving targets.
- Enhance regional and district coordination for KP programming.
- Further strengthen collaboration among key stakeholders to improve KP HIV policies, program design, and program implementation.
- Continue strengthening CSO technical capacity to provide HTS and other related HIV services based on quality standards.
- Refine strategies to achieve the 90-90-90 targets.
- Collaborate with GHS in building the capacity of HCWs to provide comprehensive HIV-related services to KPs.
- Strengthen links to KP supportive services through active and expanded engagement and referral systems for enrollment and retention on treatment.
- Improve availability of key service information for increased enrollment in and retention on treatment.
- Support continuous education in testing and treatment literacy, empowerment, and information via the Healthy Living Platform, as well as the dissemination of KP SBCC materials, training toolkit, and guidelines.
- Continue documenting, disseminating, and promoting cost-effective evidence-based Ghanaian and international best-practices for KP programming.

For more information about the
USAID Strengthening the Care Continuum
Project, visit
www.JSI.com/GhanaCareContinuum



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