

Ghana Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

Part A of the NCPI was completed by staff of relevant ministries and department on 12th March. Development partners include the UN agencies and civil society organisations including PLHIV and NGO networks, MARPs service organisations and human rights advocacy organisations completed the Part B on 16th March. Validation meeting was held on 30th March. Decisions at all the three meetings were by consensus. All the meetings were well attended and various representatives participated fully and actively.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Disagreements observed during the validation centred around the ratings for OVC, treatment and care services and human rights. The issues were resolved based on evidence.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

There are no concerns on the data submitted

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
NACP	Kwadwo Asante, M&E Coordinator	Yes	No	No	No	No	No
National TB Control Program	Dr Nii Nortey hansson Northey, Technical Advisor	No	Yes	No	No	No	No
National TB Control Program	Mr. Kwame Afutu	No	No	Yes	No	No	No
Ministry of Education	Mrs Hilda Eghan, Sector HIV Coordinator	No	No	No	Yes	No	No
Ghana AIDS Commission	Dr Angela El-Adas, Director General	No	No	No	No	Yes	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UNAIDS	Rangaiyan Gurumurthy, M&E Advisor	Yes	No	No	No	No
UNFPA	Ms A=Esi Awotwi	No	Yes	No	No	No
FHI36	Dr Henry Nagia, Country Director	No	No	Yes	No	No
NAP+ Ghana	Mr. Clement Azgwe, President	No	No	No	Yes	No
GHANET	Mr. Ntumi, Presidnt	No	No	No	No	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes
IF YES, what was the period covered:
 2011-2015
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.
IF NO or NOT APPLICABLE, briefly explain why.:

Current Strategic Plan prioritises MARPS, is results oriented

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]: Ghana AIDS Commission

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS	
Included in Strategy	Earmarked Budget
Yes	No
Yes	Yes
Yes	Yes
Yes	Yes
Yes	No
Yes	No
Yes	No

Other [write in]:

-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

HIV has been mainstreamed in planning and budgeting of sector operations. Funds are thus channeled from government budget support for HIV activities

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

- Men who have sex with men:**
Yes
- Migrants/mobile populations:**
Yes
- Orphans and other vulnerable children:**
Yes
- People with disabilities:**
Yes
- People who inject drugs:**
Yes
- Sex workers:**
Yes
- Transgendered people:**
No
- Women and girls:**
Yes
- Young women/young men:**
Yes
- Other specific vulnerable subpopulations:**
-
- Prisons:**
Yes
- Schools:**
Yes
- Workplace:**
Yes
- Addressing stigma and discrimination:**
Yes
- Gender empowerment and/or gender equality:**
Yes
- HIV and poverty:**

Yes
Human rights protection:

Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identified?:

-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
MSM, IDUs, Sex workers, prisoners, persons with disabilities, youth and women, OVC

1.5. Does the multisectoral strategy include an operational plan?: Yes

- 1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

- 1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Representatives of various civil society groups were members of strategic plan development thematic groups. They worked with team leaders to draft various chapters of the Plan

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

- 1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

- 2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

-

Sector-wide approach:

Yes

Other [write in]:

-

- 2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

MSM, FSW, IDUs, Prisoners

Briefly explain how this information is used:

-

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

Regional, districts, sub-districts, communities and wards

Briefly explain how this information is used:

Information is used to improve programmatic decisions including targeting of services.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

Task shifting and multi-tasking of health care workers, integration of HIV curriculum in preservice training for doctors, nurses, and pharmacists are some of the ways by which human resource issues are being addressed. Global Fund grants have been used to improve infrastructure at health facilities levels. PEPFAR through CDC is helping to improve health management information system and logistics management systems

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

Government pledge of \$100,000,000 in support of the implementation of the HIV Strategy, comprehensive costing of strategy and operational plan with broadbased consultative process, active participation MARPs, and CSOs

What challenges remain in this area:

The process of developing national is an elaborate and time consuming. This tend to affect stakeholder continuous availability especially if the process drags for too long.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

The Vice President of the Republic of Ghana led a government delegation to the UN Special Session on AIDS in June 2011 and announced government commitment to providing \$100 million in support of the implementation of the HIV and AIDS Strategy. He launched the National HIV and Strategic Plan 2011-2015 in December 2010 during the World AIDS celebrations. He also launched anti-stigma campaign known as 'Heart-to-Heart' Campaign during 2011 World AIDS.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

H.E. John Evans Atta Mills, the President of the Republic of Ghana

Have a defined membership?:

Yes

IF YES, how many members?:

23

Include civil society representatives?:

Yes

IF YES, how many?:

3

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

1. Representation in various national working groups. 2. Program management and M&E 3. Organizational development (capacity enhancement) 4. Standardization and harmonization of operations and procedures policies on HIV/AIDS 5. Increased in funding for CSO for HIV Interventions 6. Stronger partnership with government institutions 7. Research on MARPS and other vulnerable groups. 8. Enhanced participation of PLHIV in consultation meetings.

What challenges remain in this area:

1. Inadequate capacity for implementation and management of resources. 2. Inadequate resources 3. Insufficient Technical expertise 4. Logistical inadequacies like computers and other office equipment. 5. Lack of visibility of PLHIV in prevention activities due to stigma 6. Lack of standardization of procedures

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - III. HUMAN RIGHTS

1.1

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

Aged persons over 70 years

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Ghana's Constitution 1992: This protects persons against discrimination and upholds fundamental human rights. Specifically, • Article 17 "All persons shall be equal before the law, A person shall not be discriminated against on the grounds of gender, race, ethnic origin, religion, creed or social economic status" • Article 18 "no person shall be subjected to interference with the privacy of Correspondence or communication except in accordance with law as may be unnecessary in a free and democratic society". This deals with disclosure and confidentiality.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

The Commission on Human Rights and Administrative Justice established under the Commission on Human Rights and Administrative Justice Act, 1993 64. The Commission is an independent body set up to assist person to seek redress in issues of unfair treatment and human rights abuses The National Labour Commission: set up under the Labour Act, facilitates the settlement of industrial disputes, and investigating labour related complaints especially unfair labour practices and provides an avenue that PLHIV can use in unfair dismissal The Police Service established under the Police Act 1970, has the statutory duty to prevent and detect crime and apprehends offenders. Domestic Violence Victim Support Unit (DOVVSU) to cater for the increasing cases of abuse against women, men and children The Judiciary A legal aid system also exists in Ghana and was established and operates under the Legal Aid scheme Act (ACT 542) of 1997 Civil Society Organizations: International Federation of Women Lawyers (FIDA), Centre for Demographic Development (CDD), and Human Rights and Advocacy Centre (HRAC).

Briefly comment on the degree to which they are currently implemented:

These Laws are more likely to be implemented in urban settings. The legal system is overwhelmed and justice tends to be dispensed slowly.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

Five (5) Ghana cedis policy on accessing Treatment by PLHIV

Briefly describe the content of these laws, regulations or policies:

Cost of services not affordable to some PLHIV Laws criminalizing sodomy and solicitation To be completed by consultant

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No
Prevent mother-to-child transmission of HIV:
 Yes
Promote greater equality between men and women:
 Yes
Reduce the number of sexual partners:
 Yes
Use clean needles and syringes:
 Yes
Use condoms consistently:
 Yes
Other [write in below]:
 -

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

The National MARPS Strategy seeks to provide HIV prevention, treatment, care and support service to 80% of MARPs by the end of 2015

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

1. Enhanced Advocacy 2. Workplace policies 3. Domestic policies 4. Establishment of Domestic Violence and Victim Support Unit (DOVVSU) in Police service. 5. M-friends and M-watchers 6. PEP for rape victims

What challenges remain in this area:

1. There are still in place laws that pose obstacles to access to HIV/AIDS services. 2. Stigma and discrimination. 3. Homophobia. 4. Misconception and superstition. 5. Socio-cultural practices also pose obstacles to access HIV/AIDS services.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

1. Situational analysis. 2. Consultations 3. Based on evidence

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Strongly Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Strongly Agree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Strongly Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

1. 1. Anti-retroviral treatment, nutrition, 2. PEP 3. PMTCT 4. Home based care 5. Referral system

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1. Scale up in ART sites/services centres 2. Increasing in nutritional assistance 3. Expansion services to cover more individuals.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

1. The government provides ART at a highly subsidised cost 2. PLHIV are enrolled into National Health Insurance Scheme free of charge 3. Government provides direct cash transfer to eligible PLHIV and OVC

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

1. Nutritional support increased 2. Support groups formed

What challenges remain in this area:

1. Funding gap 2. Accessibility in terms proximity to centres 3. Stigma 4. Stock out of ART drugs. 5. Early infant diagnosis. 6. Cost of the ART drug

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

0.42%

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

6

Since 2009, what have been key achievements in this area:

1. Action plan 2. OVC assessment. 3. Training for OIC 4. Livelihood Empowerment Against Poverty Program (LEAP)- provides direct cash transfare to OVC households

What challenges remain in this area:

1. Funding gaps. 2. Inadequate resources to implement OVC action plan

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

1. Inadequate funding 2. Inadequate technical resources 3. Weak capacities at sub-national levels

1.1 IF YES, years covered:

2011-2015

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

6%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

Cooperation on the part of some development partners and NGOs

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

-

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Director	x	-	February, 2008
M&E Coordinator	x	-	2003
Data Manager	x	-	2007
Data Quality Assurance manager	x	-	2010
M&E Officer	x	-	2010
Data Officer	x	-	2011

Research Coordinator	x	-	2003
Research Officer	x	-	2011

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes
Briefly describe the data-sharing mechanisms:
 Data flows from downstream either through the government ministries or various organisations implementing projects and programs within the national to the central level at Ghana AIDS Commission. Ghana AIDS Commission uses the data to prepare half year and annual status report of the national response and disseminates to all stakeholders. Data is shared at various technical working groups, partnership forum at national level and at regional and district AIDS Committees at sub-national levels. The Internet, bulletins, conference and twice a year strategic information dissemination forums are used to share data.

What are the major challenges in this area:
 1. Weak documentation 2. Lack of knowledge management personnel 3. Weak analytical capacity at sub-national levels

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes
6. Is there a central national database with HIV- related data?:

Yes
IF YES, briefly describe the national database and who manages it.:
 The national HIV database driven by customised CRIS software and is located at the Ghana AIDS Commission. It is managed by a data manager who is a bio-statistician with specialisation in health informatics.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above
6.2. Is there a functional Health Information System?

At national level:
 Yes
At subnational level:
 Yes
IF YES, at what level(s)?:
 Regional, district and project or service delivery points

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes
8. How are M&E data used?

For programme improvement?:
 Yes
In developing / revising the national HIV response?:
 Yes
For resource allocation?:
 Yes
Other [write in]:
 -

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

1. Planning 2. Policy decisions 3. Resource allocation 4. Advocacy 5. Monitor trends of the epidemic and track results of response

9. In the last year, was training in M&E conducted

At national level?:
 Yes
IF YES, what was the number trained:
 50
At subnational level?:
 Yes
IF YES, what was the number trained:
 170
At service delivery level including civil society?:

Yes

IF YES, how many?:

60

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

-

Since 2009, what have been key achievements in this area:

1. Increase of GAC M&E staff from three to 12 2. Developed and implemented costed M&E roadmap to strengthen the M&E system 3. Established technically sustainable MARPs Surveillance system 4. Carried out the first FSW and MSM mapping, size estimation and IBBSS with nationally representative sample 5. Developed and used community level M&E data collection and reporting tools 6. Development and institutionalised HIV M&E curriculum covering core modules and delivered at School of Public Health University of Ghana 7. Developed partnerships and collaborative research and M&E system strengthening interventions with CDC, Measure Evaluation, Morehouse School of Medicine, Institute of Global Health of University of California, San Francisco, USA

What challenges remain in this area:

1. Inadequate funding 2. Weak capacity at the community level

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

5

Comments and examples:

1. CSOs participate in the formulation of policies and strategy development 2. Data provided by CSOs are used for programmatic decisions

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

1. Some partners like ADRA, PPAG, FHI360 as representatives of CSO community have been involved in NSP and operational Plans costing using GOALS model in

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

5

c. The national HIV reports?:

5

Comments and examples:

All activities are budget for except that there are insufficient funds to cover all planned activities

4.

a. Developing the national M&E plan?:

5

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

:

5

c. Participate in using data for decision-making?:

5

Comments and examples:

Data is used for decision making. For example, condom allocation and distribution process. The number of condoms distributed in a particular year could be used to make projections for subsequent years

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Comments and examples:

1. Various types of CSOs are actively involved in planning and coordination of the national response. For example, NAP+ represents PLHIV support groups while faith-based organisations like CHAG embark on HIV stigma campaigns, treatment, care and support services.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

4

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

1. Sufficient fund are not obtained for all planned HIV and AIDS activities due to donor fatigue 2. In-country resources are used to support CSOs HIV interventions 3. Technical assistance plan has been developed to support CSOs

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

>75%

Men who have sex with men:

>75%

People who inject drugs:

<25%

Sex workers:

>75%

Transgendered people:

-

Testing and Counselling:

51-75%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

>75%

Home-based care:

>75%

Programmes for OVC:**

>75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

9

Since 2009, what have been key achievements in this area:

1. Representation in various technical working groups 2. Programme management and M&E 3. Organisational development (capacity enhancement) 4. Standardisation and harmonisation of procedure and policies on HIV and AIDS 5. Increased funding for CSO for HIV interventions 6. Stronger partnerships with government institutions 7. Research on MARPS and other vulnerable groups 8. Enhanced participation of PLHIV in consultation meetings

What challenges remain in this area:

1. Inadequate capacity for implementation and management of resources 2. Inadequate resources 3. Insufficient technical expertise 4. Logistical inadequacies such as computers and other office equipment 5. Inadequate visibility of PLHIV in prevention activities due to stigma

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

1. Government has established Technical Working Group for MARPS with full and active participation of MARPs and NGOs. 2. National MARPS strategy and operational plans had been developed and implemented. 3. Resources had been made available to support MARP programs. 4. Drop in centres had been established for MARPS. 5. IEC materials produced and stigma reduction campaign relating to MARPS undertaken. 6. Mapping and size estimation and IBBS study undertaken. 7. Positive MARPS support group established 8. Heart to heart anti-stigma campaign launched. 9. Rapid response system and right protection mechanisms established e.g. M-watchers and M-friends

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

Aged persons over 70 years

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

Ghana's Constitution 1992: This protects persons against discrimination and upholds fundamental human rights. Specifically, • Article 17 "All persons shall be equal before the law, A person shall not be discriminated against on the grounds of gender, race, ethnic origin, religion, creed or social economic status" • Article 18 "no person shall be subjected to interference with the privacy of Correspondence or communication except in accordance with law as may be unnecessary in a free and democratic society". This deals with disclosure and confidentiality.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

The Commission on Human Rights and Administrative Justice established under the Commission on Human Rights and Administrative Justice Act, 1993 64. The Commission is an independent body set up to assist person to seek redress in issues of unfair treatment and human rights abuses The National Labour Commission: set up under the Labour Act, facilitates the settlement of industrial disputes, and investigating labour related complaints especially unfair labour practices and provides an avenue that PLHIV can use in unfair dismissal The Police Service established under the Police Act 1970, has the statutory duty to prevent and detect crime and apprehends offenders. Domestic Violence Victim Support Unit (DOVVSU) to cater for the increasing cases of abuse against women, men and children The Judiciary A legal aid system also exists in Ghana and was established and operates under the Legal Aid scheme Act (ACT 542) of 1997 Civil Society Organizations: International Federation of Women Lawyers (FIDA), Centre for Demographic Development (CDD), and Human Rights and Advocacy Centre (HRAC).

Briefly comment on the degree to which they are currently implemented:

These Laws are more likely to be implemented in urban settings. The legal system is overwhelmed and justice tends to be dispensed slowly

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?**People living with HIV:**

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No
Young women/young men:
 No
Other specific vulnerable subpopulations [write in]:
 Five (5) Ghana cedis policy on accessing Treatment by PLHIV

Briefly describe the content of these laws, regulations or policies:

Cost of services not affordable to some PLHIV Laws criminalizing sodomy and solicitation

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

-

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The NSP 2011-2015 uses rights based public health approach

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

1. DOVVSU records offenders 2. CHRAG also document and respond on human right abuse on PLHIV.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
-	-	Yes
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

PLHIV: ART, treatment for opportunistic infection, positive prevention and family planning, nutritional support, psychosocial support and PMTCT. MARPS: Prevention education, ART, anti-stigma campaigns, PMTCT, and STI management. YOUTH: Prevention programs, ART, PMTCT et. WOMEN CHILDREN AND ORPHANS: PEP

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

The NSP aims at reducing new infection by 50% by 2015, elimination of mother-to-child transmission, expanding access to prevention treatment and care services towards universal access. The strategy also prioritises MARP's group such as MSM, IDUs, prisoners and FSWs

8.1
8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
Yes
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
MARPS: Drop in centres, condom promotions, M-watchers and M-friends, support groups, text me flash me.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

Yes

IF YES, briefly describe the content of the policy or law:

The Policy seeks to implement the ILO recommendation 200 which discourages HIV screening for general employment purpose

10. Does the country have the following human rights monitoring and enforcement mechanisms?
a. Existence of independent national institutions for the promotion and protection of human rights, including

human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

1.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

9

Since 2009, what have been key achievements in this area:

1. Enhanced Advocacy 2. Workplace policies 3. Domestic Violence Law 4. Establishment of Domestic Violence and Victim Support Unit (DOVVSU) in Police service. 5. M-friends and M-watchers 6. PEP for rape survivors

What challenges remain in this area:

1. There are still in place laws that pose obstacles to access to HIV/AIDS services. 2. Stigma and discrimination. 3. Homophobia. 4. Misconception and superstition. 5. Socio-cultural practices also pose obstacles to access HIV/AIDS services.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

9

Since 2009, what have been key achievements in this area:

1. Human rights institutions' capacity has been strengthened to support HIV/AIDS activities. 2. Awareness on the various law that protect the rights of PLHIV and other groups. 3. MARPS programs had been scaled up.

What challenges remain in this area:

1. Weak Coordination between the human right group and the CSO's 2. Limited capacity of human rights institutions and over-centralization 3. Inadequate funding for human rights institutions.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

1. Situational analysis. 2. Consultations 3. Based on evidence

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Strongly Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Strongly Agree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Strongly Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

This shown in Table 11 of the main GARP Report

What challenges remain in this area:

1. Supply chain management. ie. Stock management and procurement of commodities. 2. Problem of behaviour change. 3. Limited capacity and resources. 4. Socio-cultural practices. 5. Stigma and Disclosure

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

1. Anti-retroviral treatment, nutrition, 2. PEP 3. PMTCT 4. Home based care 5. Referral system

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1. Scale up in ART sites/services centres 2. Increasing in nutritional assistance 3. Expansion services to cover more individuals.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

1. Nutritional support increased 2. Support groups formed

What challenges remain in this area:

1. Funding gap 2. Accessibility in terms proximity to centres 3. Stigma 4. Stock out of ART drugs. 5. Early infant diagnosis. 6. Cost of the ART drug.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

0.42%

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

6

Since 2009, what have been key achievements in this area:

1. Action plan 2. OVC assessment. 3. Training for OICI 4. Livelihood Empowerment Against Poverty Program (LEAP)- provides direct cash transfare to OVC households

What challenges remain in this area:

1. Funding gaps. 2. Inadequate resources to implement OVC action plan.

Source URL: <http://aidsreportingtool.unaids.org/79/ghana-report-ncpi>