

# Ghana Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 03/07/2014

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**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

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

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**Describe the process used for NCPI data gathering and validation:** The data gathering and validation process for the NCPI was done through stakeholder meetings held for the government officials and representatives from civil society organizations, bilateral agencies and UN organizations. The questionnaires were filled with the assistance of a consultant who facilitated the compilation of responses from key officials of all invited organizations to participate in the process.

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

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

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

Organization	Names/Positions	Respondents to Part A
Police Service	Jones Blantari	A1,A2,A3,A4,A5,A6
Ministry of Trade	Martin Nortey	A1,A2,A3,A4,A5,A6
GES/SHEP	Nana Esi Inkom	A1,A2,A3,A4,A5,A6
Ministry of Transport	Mohamed Wahab	A1,A2,A3,A4,A5,A6
Ministry of Education	Steve Arko	A1,A2,A3,A4,A5,A6
Ministry of Food and Agriculture	John Lovelace Kpodoviah	A1,A2,A3,A4,A5,A6
Ghana Armed Forces AIDS Control Program	Lt. Edmund Kommogldomo	A1,A2,A3,A4,A5,A6
Ministry for Local Government and Rural Development	Fati Lily Soale	A1,A2,A3,A4,A5,A6
National AIDS Control Program	Kwadwo Asante	A1,A2,A3,A4,A5,A6
National Development Planning Commission	Christopher Conduah	A1,A2,A3,A4,A5,A6
Ghana AIDS Commission	Angela El-Adas	A1,A2,A3,A4,A5,A6
Ghana AIDS Commission	Joseph Amuzu	A1,A2,A3,A4,A5,A6
Ghana AIDS Commission	Emmanuel Larbi	A1,A2,A3,A4,A5,A6
Ghana AIDS Commission	Fred Nana Poku	A1,A2,A3,A4,A5,A6
Ghana AIDS Commission	Kenneth Yeboah	A1,A2,A3,A4,A5,A6
Ghana AIDS Commission	Dennis Annang	A1,A2,A3,A4,A5,A6
Ghana AIDS Commission	Kwasi Gyimah Okai	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
NAP+ Ghana	Kofi Amofah	B1,B2,B3,B4,B5
UNAIDS	Henry Nagai	B1,B2,B3,B4,B5
Opportunities Industrialization Centers International	Lucy Owusu-Darko	B1,B2,B3,B4,B5
Human Rights Advocacy Center	George Owoo	B1,B2,B3,B4,B5
GHANET	Edem Hini	B1,B2,B3,B4,B5
Family Health International 360	Yussif A. Abdul Rahman	B1,B2,B3,B4,B5
World Education	Stephen Konde	B1,B2,B3,B4,B5
Ghana Business Coalition for Employee Wellbeing	Modesta Agbenyedzi	B1,B2,B3,B4,B5
PRO-LINK	Bernice Mpere-Gyekye	B1,B2,B3,B4,B5
Ghana Coalition of NGOs in Health	James M. Boamah	B1,B2,B3,B4,B5
Ghana AIDS Commission	Emmanuel Larbi	B1,B2,B3,B4,B5
Ghana AIDS Commission	Fred Nana Poku	B1,B2,B3,B4,B5
Ghana AIDS Commission	Kenneth Yeboah	B1,B2,B3,B4,B5
Ghana AIDS Commission	Cynthia Asante	B1,B2,B3,B4,B5
Ghana AIDS Commission	Isaiah Doe Kwao	B1,B2,B3,B4,B5
Ghana AIDS Commission	Dennis Annang	B1,B2,B3,B4,B5
Ghana AIDS Commission	Kwasi Gyimah Okai	B1,B2,B3,B4,B5

### A.I Strategic plan

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

**IF YES, what is 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.:** Executive summary of National Strategic Plan gives clear picture of the plan; - More specific outcome and input indicators - Evidence-informed and developed through a decentralized consultative process and done in consultation with various stakeholders - Clearly outlined targets can be easily evaluated - Prioritizes key interventions in the country - Efforts in the response are geared towards newly developed plans/strategies: \* NSP for MARPs 2011-2015 \* Multi-year Operational Plan, \* National M&E Plan 2011 - 2015, - Updated national HIV and AIDS STI policy (costed); - National Strategic Plan (2011 -2015) aligned to Ghana Shared Growth and Development Agenda. - Thematic areas added: Health Systems Strengthening, Community Systems Strengthening, RM&E changed to Strategic Information - Plan costed with Resource Mobilization strategies.

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** Ghana AIDS Commission, National Development Planning Commission, Ministry of Health, Ministry of Local Government and Rural Development.

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

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Other:** Agriculture, Local Government, Finance, Tourism

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**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?:**

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

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** No

**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

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

**CROSS-CUTTING ISSUES:**

**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?**

**People living with HIV:** Yes

**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

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** Non Paying Partners

: Yes

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

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

**1.7. 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

**1.8. 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.:** Civil society organizations have been actively involved in the multisectoral strategies being implemented in the national response through: - Thematic working groups - Steering Committee meetings - Regional and District consultations - Validation meetings

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:**

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

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:** Yes, some partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:** Implementation in the field by Development Partners is not always brought to the notice of GAC (eg. coordination of Millenium Villages Project) due to DP's prioritization. Reporting of such implementation is not done through GAC's SI network, hence rendering GAC reporting incomplete.

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** No

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** No

**Other [write in]:**

:

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

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** No

**HIV impact alleviation (including palliative care for adults and children):** 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 protection or other schemes):** Yes

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

**Other [write in]:**

:

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

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:** 4

**4. Does the country have 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 and children:** Health Systems Strengthening: Refurbishments, equipments (CD4 machines, etc), Human Resource Capacity dev't, building infrastructure, logistics for prevention, treatment and care and support (condoms, test kits, reagents, vehicles, etc) Logistics Management Information Systems, Commodity Security and quantification, and Guidelines.

**5. Are health facilities providing HIV services integrated with other health services?**

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Many

**b) HIV Counselling & Testing and Tuberculosis:** Many

**c) HIV Counselling & Testing and general outpatient care:** Many

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Few

**e) ART and Tuberculosis:** Many

**f) ART and general outpatient care:** Few

**g) ART and chronic Non-Communicable Diseases:** Few

**h) PMTCT with Antenatal Care/Maternal & Child Health:** Many

**i) Other comments on HIV integration :**

**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 your country's HIV programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area:** - Reduction in HIV prevalence - Reduction in new infections, death - Increase in treatment coverage and treatment centers - Improved health service infrastructure - Well trained and skilled personnel - Improved PMTCT (Option B) and ART coverage - Improved quality of service (treatment options, strategies to improve compliance and reduce emergence of resistance Key populations are a priority focus in the national response.

**What challenges remain in this area:** Some of the challenges that still remain in this area are: - Services to some Key affected populations: This is still inadequate and efforts in scaling up access to services through drop-in-centres are ongoing. - Punitive laws that hinder access of Key populations to services - Stigma and Discrimination - Stock management - Financing

## **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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** - Commitment made at UNAIDS Lancet Commission in London by President of the Republic of Ghana - President advocated for local production of ARVs - Commitment of funds to local production of ARVs - Formation of consortium for local production of ARVs - Commitments made to Pharmaceutical Manufacturing Production Plan for Africa - Parliament in support for revision of GAC Act

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

**IF NO, briefly explain why not and how HIV programmes are being managed::**

#### **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. Mr. John Dramani Mahama, President of the Republic of Ghana

**Have a defined membership?:** Yes

**IF YES, how many members?:** 47

**Include civil society representatives?:** Yes

**IF YES, how many?:** 9

**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 coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::** The achievements have been through: - Formation of Technical Working Groups (Expanded, KP, ART, etc) - Partnership Forum and Business Meetings - Grants to Civil Society Organizations

**What challenges remain in this area::** The main challenge in the area of coordination is adequate funding for programmes.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:** 30

**5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

**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]:** Program implementation and Institutional Capacity Development

: Yes

**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?:** Yes

**IF YES, name and describe how the policies / laws were amended:** The following policies were revised through a consultative process: - National HIV / STI policy - National Workplace HIV Policy - GAC Amendment Bill - Health Promotion Policy - Public Health Act These laws and policies were amended through consultative meetings and in larger stakeholder fora. The Parliament of Ghana has also been deeply involved in the GAC Amendment Bill, Health Promotion Bill and the Public Health Act.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::** - Punitive Laws on soliciting for sex - Laws prohibiting 'unnatural carnal knowledge' - Prisons law - Inconsistent laws on minimum age of consensual sexual intercourse and marriage

**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 2013?:** 8

**Since 2011, what have been key achievements in this area::** - Political support has greatly improved in the area of funding and advocacy. - Attendance at high profile events by top government officials has highly improved - President's personal involvement in International HIV Forum (UNAIDS Lancet Meeting) - Support to Ministries Departments and Agencies and Civil Society groups for HIV activities

**What challenges remain in this area::** - Punitive laws still in the constitution of the Republic of Ghana - Commitment of high level officials to the national HIV response at all levels needs more improvement.

## A.III Human rights

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**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::** Under Ghanaian criminal law, same-sex sexual activity among males is illegal. It is uncertain whether same-sex sexual activity among females is illegal. Chapter 6 of the Criminal Code, 1960, as amended by The Criminal Code (Amendment) Act, 2003, provides: Section 104. Unnatural Carnal Knowledge. (1) Whoever has unnatural carnal knowledge — (a) of any person of the age of sixteen years or over without his consent shall be guilty of a first degree felony and shall be liable on conviction to imprisonment for a term of not less than five years and not more than twenty-five years; or (b) of any person of sixteen years or over with his consent is guilty of a misdemeanour.... (2) Unnatural carnal knowledge is sexual intercourse with a person in an unnatural manner.... Under Section 99, "unnatural carnal knowledge shall be deemed complete upon proof of the least degree of penetration" According to Section 296 of the Criminal Procedure Code, which applies because of Section 1 of the Criminal Code, a misdemeanour is punishable by imprisonment for not more than three years. Section 12(2) of Chapter 5 of the Constitution of Ghana provides that, "Every person in Ghana, whatever his race, place of origin, political opinion, colour, religion, creed or gender shall be entitled to the fundamental human rights and freedoms of the individual contained in this Chapter but subject to respect for the rights and freedoms of others and for the public interest." [3]

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** These laws or punitive measures are implemented through the Commission on Human Rights and Administrative Justice (CHRAJ) through the following mechanisms: - Legal Aid Scheme - Police Service and the Judicial System - Human Rights Organizations and CSOs

**Briefly comment on the degree to which they are currently implemented:** Through the security services, human rights enforcers and discriminatory rights reports submitted through Human Rights Organizations, available legal services and Civil Society Organizations to CHRAJ, which is expected to provide judiciously acceptable services to all cases presented.

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

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**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:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies::** - The Laws of Ghana does not promote the distribution of condoms in the prison environment. - Soliciting for sex and 'unnatural carnal knowledge': Section 12(2) of Chapter 5 of the Constitution of Ghana provides that, "Every person in Ghana, whatever his race, place of origin, political opinion, colour, religion, creed or gender shall be entitled to the fundamental human rights and freedoms of the individual contained in this Chapter but subject to respect for the rights and freedoms of others and for the public interest." - Same-sex relationships are generally not acceptable in the Ghanaian culture.

**Briefly comment on how they pose barriers::** - Ambiguities concerning interpretation of the law on unnatural carnal knowledge makes it difficult for key populations to come out to access services in the country. - The prison environment does not allow sexual relationships among prison inmates, hence increasing the likelihood of infections during possible acts of sexual intercourse. - 'Soliciting for sex' as an offence criminalizes activities of Commercial Sex Workers

## **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?:**

**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:** Yes

**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]::**

: No

**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**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) 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::** MARPS Strategy The focus is on the prevention of new infections to maintain a low HIV prevalence and aims to reduce new infections from an estimated 25,869 annually to below 13,000 new infections by 2015. To achieve a “halving” of new infections by 2015, in line with the UNAIDS “Getting to Zero” strategy, the specific targets for reaching FSWs, MSM, IDUs and prisoners that require specific and tailored strategies as outlined in the National MARPs Strategic Plan 2011-2015, will be determined based on on-going research studies, including size estimation, commissioned by GAC on the key populations.

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

**People who inject drugs:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Men who have sex with men:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Customers of sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Prison inmates:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Other populations [write in]:**

:

**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 2013?:** 8

**Since 2011, what have been key achievements in this area::** The following policies were revised during the years under review: - HIV and AIDS, STI Policy - Workplace HIV Policy - Community Home Based Care - Health Promotion Policy - Stigma Strategy - MARPs Strategy

**What challenges remain in this area::** The following challenges still remain in the implementation of policies: - Mandatory testing in security services - Condom use and promotion in schools and prisons - Absence of an HIV-specific law

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

**IF YES, how were these specific needs determined?:** The country's specific needs were determined through EpiAnalysis, analysis of service data, National AIDS Spending Assessment, commodity needs assessment.

**IF YES, what are these specific needs? :** Commodities (test kits, BCC materials, ARVs, condoms), other resources (human and financial), Technical Assistance, Capacity Building

**4.1. To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Agree

**Economic support e.g. cash transfers:** Agree

**Harm reduction for people who inject drugs:** Agree

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Disagree

**Risk reduction for men who have sex with men:** Agree

**Risk reduction for sex workers:** Agree

**Reduction of gender based violence:** Disagree

**School-based HIV education for young people:** Agree

**Treatment as prevention:** Disagree

**Universal precautions in health care settings:** 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 2013?: 6**

## **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:** PMTCT, ART, HIV/TB collaboration, counseling, adherence support, follow-ups, treatment monitoring Nutrition (prioritized but not nationally implemented)

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** Increase in ART and PMTCT sites  
Strengthening HIV stock management Task-Shifting and Training

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Disagree

**Economic support:** Disagree

**Family based care and support:** Disagree

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

**HIV testing and counselling for people with TB:** Agree

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

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Agree

**Palliative care for children and adults Palliative care for children and adults:** Agree

**Post-delivery ART provision to women:** Agree

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

**Post-exposure prophylaxis for occupational exposures to HIV:** Agree

**Psychosocial support for people living with HIV and their families:** Disagree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:** Agree

**Treatment of common HIV-related infections:** 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:** Income Generation Activities, Health Provision and Socioeconomic support to families affected (including OVCs) with HIV are given the necessary support through the following government initiated mechanisms or programs: - Livelihood Empowerment Against Poverty, Local Enterprises and Skills Development Program and the National Health Insurance Scheme registration. - The Models of Hope initiative was started by the WHO through CSOs and PLHIV support groups in the country to help PLHIVs in promoting Adherence and Psychosocial Support at the health facility level.

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** No

**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

**IF YES, for which commodities?:**

**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 2013?:** 6

**Since 2011, what have been key achievements in this area?:** - New improved treatment regimes for PLHIVs - Improved coverage throughout the country for treatment, care and support.

**What challenges remain in this area?:** - Problems have arisen with regards to stock-outs of drugs and test kits. - Lack of adequate funds - Continuous Erratic Distribution systems at all levels - WHO pre-qualification bars use of locally manufactured ARVs - Loss to follow-up

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** Yes

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

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

**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 2013?:** 4

**Since 2011, what have been key achievements in this area?:** Initiation of H.E. First Lady's program through funds from the Organization of African First Ladies in AIDS (OAFILA) targeting OVCs

**What challenges remain in this area?:** - The available National Database of children orphaned by AIDS is incomplete. - There is still lack of funding for programs concerning orphans.

## **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::** - Funding is a challenge for implementation of the M&E Plan - Capacity Building for M&E personnel at subnational levels is low and needs improvement - Lack of Harmonization of national databases for M&E (programmatic and clinical databases do not inter-operate)



**1.1. IF YES, years covered:** 5 years (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, some partners

**Briefly describe what the issues are::** - Non-reporting by some DPs on earmarked project activities - Earmarked projects often not aligned with the National Strategic Plan 2011 - 2015 - Different indicators being used in implementing various programs as compared to national indicators

## **2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address::**

**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?:** 12.5

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

**Briefly describe any obstacles::** Capacity of Staff Timeliness of reporting

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

**In the Ministry of Health?:** Yes

**In the National HIV Commission (or equivalent)?:** Yes

**Elsewhere?:** No

**If elsewhere, please specify:**

### **4.2. How many and what type of professional staff are working in the national M&E Unit?**

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Director	Full-time	2011
M&E Coordinator	Full-time	2003
Data Quality Assurance Manager	Full-time	2010
Research Coordinator	Full-time	2013
M&E Officer	Full-time	2010
Data Management Officer	Full-time	2011
Data Management Officer	Full-time	2013
Research Officer	Full-time	2011
Data Manager	Full-time	2014

POSITION [write in position titles]	Fulltime or 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::** - Reports submitted on quarterly basis. Timeline for reporting is the 15th day of the ensuing month of the calendar quarter. - Data is shared through Strategic Information Forum, Partnership Forum, National Strategic Annual Report

**What are the major challenges in this area::** - Non - compliance to reporting time-lines (late reporting) - Accuracy and completeness of reporting

**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 Country Response Information System, and is managed by the Data Manager and supervised by Director RM&E of the Ghana AIDS Commission. - The District Health Information Management System (DHIMS) is managed under the Director of PPM&E of the Ghana Health Service.

**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

**IF YES, but only some of the above, which aspects does it include?:**

**6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s)?:** National and Regional Levels

**7.1. 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

**7.2. Is HIV programme coverage being monitored?:** Yes

**(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?:** Female Sex Worker (FSW), Men who have Sex with Men (MSM), General Population, Persons Living with HIV (PLHIV), In-School and Out-of-School Youth

**Briefly explain how this information is used:** The information generated from the targeted population groups helps in providing information for: - Planning and forecasting - Estimating HIV Commodities and Funding. - Advocacy at high levels for improved implementation of the national response.

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:** District, Regional and National levels.

**Briefly explain how this information is used:** The information generated from the targeted population groups helps in providing information for: - Planning and forecasting - Estimating HIV Commodities and Funding. - Advocacy at high levels for improved implementation of the national response.

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

## **9. 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]:**

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:** M&E data provided are used for quantification and projection of HIV commodity needs of the country, budgeting and Operational Planning for the national strategic plan. The main challenges posed by data in implementation are: - Timeliness of data: Delays in submission of data brings about shortfalls in quantifying and adequately projecting the national needs. - Accuracy and completeness of data submitted; stringent efforts are currently being taken to ensure high quality data is being reported from all data sources in the country.

## **10. In the last year, was training in M&E conducted**

**At national level?:** Yes

**IF YES, what was the number trained::** 25

**At subnational level?:** Yes

**IF YES, what was the number trained:** 50

**At service delivery level including civil society?:** Yes

**IF YES, how many?:** 120

**10.1. Were other M&E capacity-building activities conducted other than training?:** Yes

**IF YES, describe what types of activities:** - Through information sharing at TWG meetings - Breakout on data collection tools, data management manuals and data quality assurance at NHARCON 2013 - Data Triangulation exercises - Peer review meetings

**11. 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 2013?: 7**

**Since 2011, what have been key achievements in this area?:** - Increased reporting Rate - MTE Conducted - Training of service providers - Integrated Bio-Behavioral Surveillance Survey conducted for FSWs and MSM - Development of SOPs through data management manuals that exist at all levels - Training for M&E personnel at Public health at the University of Ghana - Development of Data Quality Assurance system that assures all data generated is verified according to International Standards, - Online reporting system for reporting stigma and discrimination based at CHRAJ.

**What challenges remain in this area?:** - Attrition of staff at sub-national levels - Low capacity at sub-national levels

## **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?: 4**

**Comments and examples::** - Involvement in revision of national policies eg. MARPS strategy, HIV and AIDS STI policy, waiver of the 5% payment for ART drugs, non-payment of condom tax, Workplace HIV Policy - Participation in development of strategy for the national HIV response - Strengthening political commitment and coordination could be better pursued in the future.

**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)?: 3**

**Comments and examples::** - CSOs are very much involved in planning processes, however, need to improve involvement of CSOs in the budgeting process

**3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?: 5**

**b. The national HIV budget?: 5**

**c. The national HIV reports?: 4**

**Comments and examples::** The civil society organizations have provided services through periodic meetings and information sharing at national level to ensure transparency The services needs improvement at regional, district and much lower levels, coupled with the fact that some earmarked and direct funding from development partners may not be fully captured in the strategy, budgets and reports.

**4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**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?:**

**c. Participate in using data for decision-making?: 5**

**Comments and examples::** Civil Society Organizations have participated M&E Planning, monitoring activities, dissemination fora and decision making processes (e.g. NHARCON, Partnership Forum, TWG, Data Sources Meetings, etc)

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

**Comments and examples::** PLHIVs and Key Populations, HIV and AIDS Network Organizations are all fully represented in HIV efforts in the national response.

**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?:** 2

**b. Adequate technical support to implement its HIV activities?:** 3

**Comments and examples::** - Shortage of commodities, inadequate funding at all levels. - Capacity Building is insufficient due to lack of funds.

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

**Prevention for key-populations:**

**People living with HIV:** >75%

**Men who have sex with men:** >75%

**People who inject drugs:** <25%

**Sex workers:** >75%

**Transgender people:** <25%

**Palliative care :** 51-75%

**Testing and Counselling:** 25-50%

**Know your Rights/ Legal services:** 51-75%

**Reduction of Stigma and Discrimination:** >75%

**Clinical services (ART/OI):** <25%

**Home-based care:** 25-50%

**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 2013?:** 7

**Since 2011, what have been key achievements in this area::** - Improvements in legal framework and processes - Enhanced capacity and wider participation of CSOs in project management - Involvement in development of key policy documents and strategic plans - Improvement on strategic information for decision making (researches, studies, dissemination of data)

**What challenges remain in this area:** Lack of resources, funds, technical support (human and financial)

## **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:** Involvement in District and Regional AIDS Committees, Steering Committees, Country Coordinating Mechanism, Ghana AIDS Commission and all standing committees as well as special workshops

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**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:** - Disability Act (2006, Act 715) Exploitation of and discrimination against a person with disability 1. A person shall not discriminate against, exploit or subject a person with disability to abusive or degrading treatment. 2. An employer shall not discriminate against a prospective employee or an employee on grounds of disability unless the disability is in respect of the relevant employment. - Domestic Violence Act

(2007, Act 732) - Prohibition of domestic violence 1. A person in a domestic relationship shall not engage in domestic violence. 2. A person in a domestic relationship who engages in domestic violence commits an offense and is liable on summary conviction to a fine of not more than five hundred penalty units or to a term of imprisonment of not more than two years or to both. 3. The Court may in addition to imposing a fine or a prison term, order the offender in a case of domestic violence to pay compensation to the victim as the Court may determine. 4. When a cause for complaint has arisen between persons in a domestic relationship and the persons do not cohabit, none of those persons shall enter into the residence of the other person without that other person's permission. - 1992 Constitution of the Republic of Ghana, - National Youth Policy Rights of the Youth: 8.1 The Rights of the Ghanaian, including the youth as enshrined in the 1992 Constitution of Ghana, and any treaty/convention related to the youth to which Ghana is signatory, shall be respected and upheld by all stakeholders. In doing so, the youth must be oriented to internalize the fact that rights thrive best with responsibilities

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::** - Domestic Violence and Victim Support Unit of the Ghana Police Service: The Domestic Violence and Victim Support Unit (DOVVSU) seeks to protect the rights of the vulnerable against all forms of abuse. In its day-to-day activities, the unit provides advice on crime prevention to members of the public, and also handles offences involving juveniles. Additionally, DOVVSU creates an effective database for detection, prevention, and prosecution of cases of domestic/gender-based violence, as well as child abuse. The unit also collaborates with non-governmental organisations (NGO's) and civil societies such as Legal Aid, DSW, FIDA and WISE among others, in providing specialised needs for victims of domestic violence. - The Commission on Human Rights and Administrative Justice (Rapid Response System (m-Friends and m-Watchers)) - This involves a network of the Police, Lawyers and Key Population and help address discriminatory acts towards key populations. Judicial Services through the Legal Aid system allows for provision of legal services to key populations and PLHIVs as and when needed.

**Briefly comment on the degree to which they are currently implemented:** Interpretation and Implementation of these laws have challenges and shortfalls Judicial processes are very slow and have challenges of corruption Alternative Dispute Resolution Mechanism is meant to address some challenges, but still has problems.

**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?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**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

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies::** - Condoms not allowed in the prison environment - Soliciting sex and unnatural carnal knowledge: Chapter 6 of the Criminal Code, 1960, as amended by The Criminal Code (Amendment) Act, 2003, provides: Section 104. Unnatural Carnal Knowledge. 1. Whoever has unnatural carnal knowledge — (a) of any person of the age of sixteen years or over without his consent shall be guilty of a first degree felony and shall be liable on conviction to imprisonment for a term of not less than five years and not more than twenty-five years; or (b) of any person of sixteen years or over with his consent is guilty of a misdemeanor.... 2. Unnatural carnal knowledge is sexual intercourse with a person in an unnatural manner... - Same sex relationships are generally not accepted in majority of Ghanaian cultures.

**Briefly comment on how they pose barriers::** - Law on unnatural carnal knowledge makes it difficult for key populations to come out to access services - The prison law prevents access to HIV commodities like condoms

**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.:** Domestic Violence Act (2007, Act 732): The Domestic Violence and Victim Support Unit (DOVVSU) seeks to protect the rights of the vulnerable such as key populations, juveniles and PLHIVs against all forms of abuse. Additionally, DOVVSU creates an effective database for detection, prevention, and prosecution of cases of domestic/gender-based violence, as well as child abuse. The unit also collaborates with non-governmental organisations (NGO's) and civil societies such as Legal Aid, DSW, FIDA and WISE among others, in providing specialised needs for victims of domestic violence.

**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::** HIV Policy also takes account of International Human Rights Conventions, non-discrimination, equitable distribution of benefits of research, legal and ethical issues regarding confidentiality and disclosure, workplace non-discrimination.

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

**IF YES, briefly describe this mechanism::** - CHRAJ online reporting scheme: This allows CHRAJ offices in the regions to report cases promptly to enable the judicial system address cases in a timely and non-discriminatory manner. 'm-Friends' and 'm-Watchers' program: This involves a network of the Police, Lawyers and Key Populations and helps address discriminatory acts towards key populations. Helplines are available for victims to call for support or to access the nearest service point.

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** No

**Provided free-of-charge to some people in the country:** Yes

**Provided, but only at a cost:** Yes

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No



**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** No

**Provided free-of-charge to some people in the country:** Yes

**Provided, but only at a cost:** Yes

**If applicable, which populations have been identified as priority, and for which services?:** - Antiretroviral therapy: PLHIV, Positive pregnant women, HIV/TB co-infection, children - HIV prevention: Key populations (FSW, MSM, PWID, Prison inmates) - HIV-related care and support: PLHIV, OVC, Adherence Support

**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::** National MARPs strategy, HIV and AIDS STI Policy, Workplace Policy, all hinge on equal access to HIV services such as testing, treatment, care and support for all the target populations identified in the strategies. The strategies identify the following target populations: FSW, MSM, IDUs (PWID), Prisoners, Women and Children.

**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::**  
Promotion and protection of rights and responsibilities: The MARPs strategy adheres to standard human rights guidelines that protect the rights of people who remain uninfected as well as the rights of those living with HIV. It is internationally known that a critical aspect of the HIV response requires that the rights to equality before the law and freedom from discrimination are respected, protected and fulfilled. Likewise, MARPs have a responsibility to protect themselves and others from disease.  
Equity: No person should be denied access to prevention knowledge, skills and services or treatment, care and support services on the basis of their real or perceived HIV status, sexual orientation, gender, age, disability, religious or other beliefs, socio-economic status, geographic location or level of literacy

**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::** Below is the policy as stated in the National HIV Workplace Policy: --Prohibiting screening for purposes of exclusion from employment or work processes: HIV and AIDS screening should not be required of job applicants or persons in employment.

**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::** The Human Rights Advocacy Center (HRAC), Commission on Human Rights and Administrative Justice (CHRAJ), Catholic Relief Services (CRS), m-Watchers and m-Friends among others have mechanisms, networks and systems in place to address human rights issues in a collaborative and non-discriminatory manner.

**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<sup>46</sup> 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]::** Communities

: Yes

**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 2013?:** 4

**Since 2011, what have been key achievements in this area::** CHRAJ online reporting system for Human rights abuses against Key Populations, Legal Audit, Constitutional Review Commission proceedings addressed laws regarding Key Populations.

**What challenges remain in this area::** - Law prohibiting 'unnatural carnal knowledge', and non-use of condoms in prisons - Funding for institutions - No specific HIV Law - Lack of political will to address issues of LGBTI

**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 2013?:** 5

**Since 2011, what have been key achievements in this area::** - CHRAJ online reporting system - DOVVSU - Legal Audit - Revised training curriculum for law enforcers for improving skills in HR-related issues.

**What challenges remain in this area::** - Laws inimical to HIV prevention programs and create challenges for Human Rights - Institutional and structural barriers in law enforcement agencies.

## **B.IV Prevention**

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

**IF YES, how were these specific needs determined?:** - Consultative meetings with wide participation by CSOs. - Thematic groups used, with data from surveys - Special reports (HSS, BSS, etc)

**IF YES, what are these specific needs? :** HIV Commodities (test kits, condoms, lubricants, ARVs), capacity building, human resource, funds, logistics (human and financial), Drop-in-Centres

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Agree

**Condom promotion:** Disagree

**Harm reduction for people who inject drugs:** N/A

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Disagree

**HIV testing and counseling:** Disagree

**IEC on risk reduction:** N/A

**IEC on stigma and discrimination reduction:** Strongly agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** 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:** Agree

**Universal precautions in health care settings:** Disagree

**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 2013?:** 5

**Since 2011, what have been key achievements in this area?:** - Revision of HIV and AIDS STI Policy - Revision of Workplace HIV policy - Development of MARPs Strategy

**What challenges remain in this area?:** - Implementation challenges (mandatory testing in security services) - Absence of an HIV specific law

## **B.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::** ART, PMTCT, Treatment for MARPS, Treatment Monitoring, Resistance Monitoring.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** - Increased number of HTC, PMTCT and ART sites - Increase in trained service providers

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Disagree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Disagree

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

**HIV testing and counselling for people with TB:** Strongly agree

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

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Disagree

**Post-delivery ART provision to women:** Agree

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

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly 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:** Disagree

**TB preventive therapy for people living with HIV:** Strongly disagree

**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 2013?:** 7

**Since 2011, what have been key achievements in this area:** New regimens, new guidelines for ART, implementation of new thresholds for ART eligibility, adoption of option B for PMTCT, increase in sites for ART, PMTCT and HTC, nationwide abolition of user fees for ART.

**What challenges remain in this area:** Stockouts of ART drugs, lack of drugs, inadequate facilities for Early Infant Diagnosis (EID) in the country.

**2. Does the country have a policy or strategy to address the 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

**3. 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 2013?:** 7

**Since 2011, what have been key achievements in this area:** New regimens, new guidelines for ART, implementation of new thresholds for ART eligibility, adoption of option B for PMTCT, increase in sites for ART, PMTCT and HTC, nationwide abolition of user fees for ART.

**What challenges remain in this area:** Stockouts of ART drugs, lack of drugs, inadequate facilities for Early Infant Diagnosis (EID) in the country.