

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Ghana (0)

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

Dr. Angela El-Adas

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Ghana AIDS Commission, P.O. Box 5169 Cantoments, Accra Ghana

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(+233)-21-782262/ 782263

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**7) Date of submission:**

Please enter in DD/MM/YYYY format

30/03/2010

#### Page 3

**8) Describe the process used for NCPI data gathering and validation:**

For purpose of completion of the NCPI, the questionnaire was administered to government officials in relevant sectors (Ghana AIDS Commission, Ministry of Health, NACP, Ministry of Education, Ghana Education Service, Ministry of Justice, Ministry of Local Government and Ministry of Women and Children Affairs.) A stakeholder workshop was held on 28th January 2010 with participants from

the UN, and civil society who worked in groups. Each group worked on particular sections on the NCPI. The groups presented their sections in a plenary session and feedback was provided by all participants. Discussions were held until there was a consensus. The average of the government responses and the respondents at the stakeholder workshop were Government Officials were computed and used for the NCPI. A second validation workshop was held on 17th March 2010 with a wider stakeholder audience of the expanded Technical Working Groups of the Ghana AIDS Commission where the NCPI as well as the whole report was validated. Concerns were raised and addressed at that meeting.

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

Disagreements were resolved through discussion and consensus building. However where the disagreements remained an average score was computed for each question.

10)

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

The main concerns were that the results of the NCPI were subjective. Participants involved in the NCPI for previous years had changed. Many of the respondents were not at their post in 2007 and could not objectively compare 2007 with 2009. Other respondents would consider their work they had done and scored themselves high in 2009, where others scored low. In addition some respondents felt due the change in some of the questions some of the areas were not comparable. This came out in the validation meeting. On the whole respondents thought that NCPI was a very subjective exercise.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ghana AIDS Commission	Angela El Adas - Acting Director General	A.I, A.II

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ghana AIDS Commission	Richard Amenyah Director of Technical Services	A.III, A.IV
Respondent 3	Ghana AIDS Commission	Kyeremeh Atuahene, Acting Director, Research Monitoring and Evaluation	A.V
Respondent 4	National AIDS/STI Control Programme	Dr. Nii Akwei Addo, Programme Manager	A.I, A.II, A.III, A.IV
Respondent 5	National AIDS/STI Control Programme	Mr Kwadwo Asante M&E coordinator ,	A.V
Respondent 6	National Blood Transfusion Unit	Justina Ansah, Programme Manager	A.III

Respondent 7	National TB Programme	Dr. Hansen Nortey, Deputy Programme Manager,	A.IV
Respondent 8	Ministry of Education	Hilda Hagan, HIV Focal Person	A.III
Respondent 9	Ministry of Local Government and Rural Development	Margaret Blankson, HIV focal Person	A.I, A.II, A.III
Respondent 10	Ghana Education Service	Ellen Mensah, School Health Education Project (SHEP) Coordinator,	A.III
Respondent 11	Ministry of Women and Children Affairs	Ms. Faustina Acheampong Assistant Planning Officer, Secretary to HIV/AIDS Committee	A.III
Respondent 12	Social Welfare Department	Lawrence Ofori- Addo, Coordinator LEAP,	A.III
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 West African Project to Combat AIDS (WAPCAS)	Comfort Asamoah Adu, Deputy Director,	B.I

14)

Respondents to Part B

	Organization	Names/Positions	[Indicate which parts each respondent was queried on]
Respondent 2	ILO	Akua Ofori -Asumadu	B.I
Respondent 3	Public Health Consultant	Getrude Adzo Akpalu	B.I
Respondent 4	CEPEHRG	Mac-Darling Cobbinah, Programme Manager	B.I
Respondent 5	UNFPA	Esi Awotwi, National Professional Officer, HIV/AIDS	B.I
Respondent 6	CEPEHRG	Claire Ryan	B.I
Respondent 7	Ghana Network of NGOs in HIV, (GHANET)	Samulel Anyimadu-Amaning, Chairman	B.II
Respondent 8	GHANET	Mara Black, Intern	B.II
Respondent 9	UNAIDS	Jacob Larbi, Social Mobilisation Adviser	B.II
Respondent 10	SWAA	Cecilia Senoo, Executive Director	B.II
Respondent 11	ADRA	Dr. W. Y. Brown	B.II
Respondent 12	Private Sector	Dr. Mercy Bannermann	B.II
Respondent 13	PPAG	Albert Wuddah Martey	B.II
Respondent 14	Famil y Health Internation	Deborah Kwablah	B.III
Respondent 15	World Education	Tawiah Agyarko-Kwarteng	B.III
Respondent 16	World Vision International GH	Gladys Tetteh Yeboah	B.III
Respondent 17	CEPEHRG	Collins Sermah Smith	B.III
Respondent 18	Ghana Coalition of NGO's in Health	Dr.Cecilia Bentsi	B.III
Respondent 19		Emmanuel Adiku	B.III
Respondent 20	World Food Programme	Ama Nettey	B.IV
Respondent 21	NAP+ Ghana	Charity Owusu Danso	B.IV
Respondent 22	Ghana Bussiness Coalition	Dr.Derek Aryee	B.IV
Respondent 23	WAAF	Eddie Donton	B.IV
Respondent 24	Quality Health Partners	Major Regina Akai-Nettey (Rtd)	B.IV
Respondent 25	Public Health Consultant	Dr. Agnes Dzokoto	

15) **If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.**

Dr Leopold Zekeng, UNAIDS Country Coordinator  
Mr. Gurumurthy Rangaiyan, M&E Advisor  
UNAIDS Ghana

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16)

**Part A, Section 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 (0)

**Page 7**17) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

January 2008 to December 2009

18)

**1.1 How long has the country had a multisectoral strategy?****Number of Years**

10

19)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

**Page 8**20) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

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21)

**Part A, Section I: STRATEGIC PLAN**

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

23)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.4 (continued)**

**IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2007

**Page 11**

24)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

General Population Youth (in and out of school) Women Children Female Sex Workers Clients of sex workers Men who have sex with men Prison inmates PLHIV Orphans and Vulnerable children Employees (private and public sector) STI clients Uniformed service personnel Displaced persons and Refugees

25)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

26)

**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?	Yes
e. A monitoring and evaluation framework?	Yes

27)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

**Page 12**

28)

**Part A, Section I: STRATEGIC PLAN****Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

The civil society is part of the committees within the Ghana AIDS Commission involved in the joint programme review and involved in the development of the strategic framework. They form part of the review and development teams as well as being respondents during the review.

29)

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

Yes (0)

30)

**1.10 Have external development partners aligned and harmonized their HIV-related**

**programmes to the national multisectoral strategy?**

Yes, all partners (0)

**Page 14**

31)

**Part A, Section I: STRATEGIC PLAN**

**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 (0)

**Page 15**

32)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	

33)

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

<b>HIV-related area included in development plan(s)</b>	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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34)



**Part A, Section I: STRATEGIC PLAN**

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

No (0)

**Page 17**

35)

**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 (0)

**Page 18**

36)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	Yes

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37)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

HIV testing is generally voluntary for uniformed services. However, It is mandatory in the following circumstances; For recruitment into the forces/ service, for medical examination prior to peacekeeping and prior to taking up post-graduate education.

38)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

**Page 20**

39)

**Part A, Section I: STRATEGIC PLAN****5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Persons living with HIV	Yes

40)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

A number of institutions are in place to enable the laws be enforced. These include the Ghana Police Service, the Domestic Violence and Victims Support Unit, which apprehend perpetrators. The Judiciary, the Legal Aid which provide legal services and Commission of Human Rights and Administrative Justice which can provide avenues for addressing human rights violations.

41)

**Briefly comment on the degree to which these laws are currently implemented:**

These laws are being implemented to some extent but this is not at all levels and for all population groups.

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42)

**Part A, Section I: STRATEGIC PLAN****6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

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43)

**Part A, Section I: STRATEGIC PLAN**

**6.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

44)

**IF YES, briefly describe the content of these laws, regulations or policies:**

- Criminal Code 1960 (Act 29) section 276: this criminalises prostitution and soliciting for sex. 54
- Criminal Code 1960-97 Chapter 6, Sexual Offences Article 105: which criminalises homosexuality and lesbianism 54.

45)

**Briefly comment on how they pose barriers:**

Police arrest women because they carry condoms in their bags. This prevents condom promotion. Sex workers and MSM are driven underground and difficult to target with intervention

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46)

**Part A, Section I: STRATEGIC PLAN****7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

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47)

**Part A, Section I: STRATEGIC PLAN****7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

48)

**7.2 Have the estimates of the size of the main target populations been updated?**

Yes (0)

**Page 25**

49)

**Part A, Section I: STRATEGIC PLAN****7.3 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 (0)

50)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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51)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

52)

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

Yes (0)

**Page 27**

53)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)****IF YES, for which population groups?**

Children , Adults , MARPS, the General population and Youth

54)

**Briefly explain how this information is used:**

This informs program planning and allocation of resources

**Page 28**55) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

56)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?****Regional, District and site levels**

57)

**Briefly explain how this information is used:**

The information is used to plan for programmes, plan the scale-up of service and budget for resources

58)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

**Page 30**

59)

**Part A, Section I: STRATEGIC PLAN****Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?****8 (8)**

60)

**Since 2007, what have been key achievements in this area:**

- Planned activities have been on track, • NSF has guided the national response • Greater involvement of the development partners • Greater involvement of the decentralised agencies • Remaining challenges Resource mobilization (difficulty in obtaining total funding from partners and central government) • Improved information flow and quality of data used for evidence based planning • Stronger M&E systems in place • Improved planning using NSF II and Annual Programmes of Work as guidance • More results based planning due to implementation of more GFATM projects which are performance based • Improved quality of information provided by stakeholder • More results oriented planning to achieve measurable targets • Extensive stakeholder consultation and participation through the partnership forum Global Business Coalition and Technical Working Groups • Greater buy-in of development partners

61)

**What are remaining challenges in this area:**

- High human resource turn over
- Coordination within each sector as well as supra-ministerial coordination
- Weak health systems
- Weak community systems
- Inadequate Resource contribution by the central Government to enable the country move forward on its own agenda
- Inadequate M& E system in some sectors

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62)

**Part A, Section II: POLITICAL SUPPORT**

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

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

63)

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

Yes (0)

**Page 32**

64)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2000

65)

**2.2 IF YES, who is the Chair?**

Name	President John Evans Atta Mills
Position/title	President of the Republic of Ghana

66)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes

have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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67)

**Part A, Section II: POLITICAL SUPPORT****Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

47

68)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

14

69)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?**

Please enter an integer greater than or equal to 1

1

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70)

**Part A, Section II: POLITICAL SUPPORT**

**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 (0)**

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71)

**Part A, Section II: POLITICAL SUPPORT**

**Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

Representatives for various bodies in the three areas are represented on the GAC sub-committees and work together to develop and monitor the implementation of activities. They play an active role in the committees. These are: • Technical Working Groups: TWG on MARPs, ART, Research, Monitoring and Evaluation, Expanded TWG and Communication • A number of task teams such as Gender and HIV, Stigma Reduction, PMTCT, Task, Universal Access, Decentralised Response, APOW task teams and the NSF III steering committee, World AIDS Day Planning Committees. • Partnership Forum • Technical review meeting with implementing partners and stakeholders

72)

**Briefly describe the main challenges:**

Coordination of a large multi sectoral approach, with different organisations

73)

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

Please enter the rounded percentage (0-100)

30

74)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Policy direction, Resource Mobilization	

75)

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

Yes (0)

**Page 36**

76)

**Part A, Section II: POLITICAL SUPPORT**

**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**



No (0)

**Page 38**

77)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

8 (8)

78)

**Since 2007, what have been key achievements in this area:**

Vice-president launching World AIDS Day in 2009 Resource allocation for commission and redemption of pledges

79)

**What are remaining challenges in this area:**

Greater involvement of all political leaders Greater involvement of sector ministries Resource needs

**Page 39**

80)

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

Yes (0)

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81)

**Part A, Section III: PREVENTION****1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)

- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

82) In addition to the above mentioned, please specify other key messages explicitly promoted:

Blood safety - make sure blood is screened and safe

83)

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

Yes (0)

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84)

**Part A, Section III: PREVENTION**

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

85)

**2.1 Is HIV education part of the curriculum in:**

primary schools? Yes  
 secondary schools? Yes  
 teacher training? Yes

86)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

87)

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

Yes (0)

88)

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

Yes (0)

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89)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Sex workers, Other populations
Drug substitution therapy	
Needle & syringe exchange	

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**90) Part A, III. PREVENTION**

### **Question 3.1 (continued)**

**You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".**

Migrant populations, uniformed services Refugees

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91)

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

7 (7)

92)

**Since 2007, what have been key achievements in this area:**

Know your status improving prevention programmes, increasing coverage of PMTCT

93)

**What are remaining challenges in this area:**

Low in depth / comprehensive HIV knowledge Condom use is low

**Page 45**

94)

**Part A, III. PREVENTION**

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

Yes (0)

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95)

**Part A, III. PREVENTION**

**Question 4 (continued)**

**IF YES, how were these specific needs determined?**

From the Joint Programme reviews and programme evaluation and studies such as the GDH, BSS and HSS

96)

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

**The majority of people in need have access**

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree

Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: HIV prevention in the prisons	Agree

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97)

**Part A, III. PREVENTION**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

7 (7)

98)

**Since 2007, what have been key achievements in this area:**

- Expanded services for prison services • MSM services expanded • Cross border activities

99)

**What are remaining challenges in this area:**

- Scaling up services for MARPS • Resources • Inadequate human resources

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100)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

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101)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

102)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

103)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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104)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

Through review of programmatic data and results from HIV sentinel surveillance

105)

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

	The majority of people in need have access
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working	Agree

**Page 51**

106)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

107)

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

No (0)

**Page 53**

108)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

8 (8)

109)

**Since 2007, what have been key achievements in this area:**

- ARV available in each region
- 140 districts having ARV services

110)

**What are remaining challenges in this area:**

- Difficulty of implementing ART in new districts without appropriate health infrastructure and human resources

**Page 54**

111)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

**Page 55**

112)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

113)

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

Yes (0)

114)

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

Yes (0)

**Page 56**

115)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 5.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the rounded percentage (0-100)

7

116)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

5 (5)

117)

**Since 2007, what have been key achievements in this area:**

Increased coverage for OVC through the national LEAP programme

118)

**What are remaining challenges in this area:**

Scaling up services

**Page 57**



119)

**Part A, Section V: MONITORING AND EVALUATION****1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

**Page 58**

120)

**1.1 IF YES, years covered:****Please enter the start year in yyyy format below**

2006

121)

**1.1 IF YES, years covered:****Please enter the end year in yyyy format below**

2010

122)

**1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

123)

**1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

124)

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

Yes, all partners (0)

**Page 60**

125)

**Part A, Section V: MONITORING AND EVALUATION****2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy

Yes

a well-defined standardised set of indicators

Yes

guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

**Page 61**

126)

**Part A, Section V: MONITORING AND EVALUATION****Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

127)

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

Yes (0)

**Page 62**

128)

**Part A, Section V: MONITORING AND EVALUATION****3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

12

129)

**3.2 IF YES, has full funding been secured?**

Yes (0)

130)

**3.3 IF YES, are M&E expenditures being monitored?**

Yes (0)

**Page 64**

131)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

**Page 65**

132)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 4 (continued)**

**IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

One national M&E assessment is conducted once a year. The 12 component model is used to assess aspects of the M&E system including national, sub-national and implementing partners' M&E systems. This year GFATM M&E system strengthening tools will be used.

133)

**5. Is there a functional national M&E Unit?**

Yes (0)

**Page 66**

134)

**5.1 IF YES, is the national M&E Unit based**

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	Yes
Elsewhere? (please specify)	No

135)

**Number of permanent staff:**

Please enter an integer greater than or equal to 0

6

136)

**Number of temporary staff:**

Please enter an integer greater than or equal to 0

1

**Page 67**

137)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 5.2 (continued)**

**Please describe the details of all the permanent staff:**

	Full time/Part	Since when?
--	----------------	-------------

	Position	Full time or part time?	(please enter the year in yyyy format)
Permanent staff 1	Direction of Policy Planning Research Monitoring and Evaluation	Full time	2000
Permanent staff 2	Acting Director of Research, Monitoring and Evaluation	Full time	2008
Permanent staff 3	M&E Coordinator	Full time	2002
Permanent staff 4	MIS Officer	Full time	2008
Permanent staff 5	2 Data entry assistants	Full time	2008
Permanent staff 6	Secretary	Full time	2005
Permanent staff 7	Temporary staff	Part time	
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

**Page 68**

138)

**Part A, Section V: MONITORING AND EVALUATION**

**5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

Yes (0)

**Page 69**139) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

A national data base exists. Data is channelled through partners to GAC where data is entered in the data base. Currently CRIS is being used as the platform at the national and 21 districts in sub - national levels.

140)

**What are the major challenges?**

The mechanism does not work fully. There are challenges in obtaining reports from those not funded by GAC • Challenges with human resources at the national level • Not all implementing partners freely share their data • Timely reporting • Data gaps • Data quality

**Page 70**

141)

**Part A, Section V: MONITORING AND EVALUATION****6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

142)

**6.1 Does it include representation from civil society?**

Yes (0)

**Page 71**143) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

These include FHI, WAPCAS, QHP, SHARP, UN agencies, Academia and Research entities

144)

**7. Is there a central national database with HIV- related data?**

Yes (0)

**Page 72**

145)

**Part A, Section V: MONITORING AND EVALUATION****7.1 IF YES , briefly describe the national database and who manages it:**

A simple database using Microsoft Access with key indicators, managed by the MIS Officer

146)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, all of the above (0)

### Page 73

147)

#### 7.3 Is there a functional\* Health Information System?

At national level Yes

At subnational level Yes

### Page 74

148) **Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

**For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

District and Regional

149)

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

Yes (0)

150)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

151)

**Provide a specific example:**

Programmatic data and research data are used to prioritise areas for the annual programmes of work. The APOW and the upcoming NSF are now going to be more evidence based.

152)

**What are the main challenges, if any?**

Data quality at the lower levels is often a challenge

### Page 75

153) **Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

5 (5)

154)

**Provide a specific example:**

Targeted population identified and prioritised the following year

**Page 76**

155)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

5 (5)

156)

**Provide a specific example:**

PMTCT/ART/CT services. Upper West services were saturated, and no more money was sent to districts in the region for services. Funds were therefore sent to other regions like Volta and Brong Ahafo.

157)

**What are the main challenges, if any?**

Timely submission of data

**Page 77**158) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

159)

**10.1 In the last year, was training in M&E conducted**

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

**Page 79****160) Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

50

**161) Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

250

**162) Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

120

**Page 80**

163)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81****164) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

- Onsite support visits were provided
- Quarterly meetings
- International conference
- Mentoring exchange
- Technical Assistance form CDC

**Page 82****165) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

166)



**Since 2007, what have been key achievements in this area:**

National Data bases in process Standard tools for data collection National M&E road map launched Capacity Building Standard curriculum for M&E with SOP for ongoing M&E training

167)

**What are remaining challenges in this area:**

High human resource turnover rate Operational manuals have been developed, training for district and regional level staff has been conducted, planning processes have been strengthened

**Page 83**

168)

**Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

**Page 84**

169)

**Part B, Section I. HUMAN RIGHTS**

**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

The Constitution of Ghana and a number of laws highlight the human rights of individuals living in Ghana. However, these are general and have no specific mention on HIV

170)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 85**

171)

**Part B, Section I. HUMAN RIGHTS**

**2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

172)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

The Domestic Violence Unit for enforcement to prevent domestic violence The Commission on Human Rights and Administrative Justice, provides an avenue to seek redress for human rights violations Legal aid scheme: ensures that the poor have legal support Labour commission also seeks redress for work related injustices

173)

**Briefly describe the content of these laws:**

• Criminal Code 1960 (Act 29) section 276: this criminalises prostitution and soliciting for sex. • Criminal Code 1960-97 Chapter 6, Sexual Offences Article 105: which criminalises homosexuality and lesbianism. These laws criminalize commercial sex work and men who have sex with men and thus make organizing prevention programmes in these groups more challenging. They have often been the recipient of human rights abuses and discrimination from the law enforcing bodies and from their own peers. Not much progress has been made in addressing laws which are obstacles for HIV interventions for FSW, MSM and IDU.

174)

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

The laws are implemented to a large extent. however it is not universal at all levels

**Page 86**

175)

**Part B, Section I. HUMAN RIGHTS**

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 87**

176)

**Part B, Section I. HUMAN RIGHTS**

### 3.1 IF YES, for which subpopulations?

- |                                |     |
|--------------------------------|-----|
| a. Women                       |     |
| b. Young people                |     |
| c. Injecting drug users        | Yes |
| d. Men who have sex with men   | Yes |
| e. Sex Workers                 | Yes |
| f. prison inmates              |     |
| g. Migrants/mobile populations |     |
| Other: Please specify          |     |

177)

#### IF YES, briefly describe the content of these laws, regulations or policies:

- Criminal Code 1960 (Act 29) section 276: this criminalises prostitution and soliciting for sex.
- Criminal Code 1960-97 Chapter 6, Sexual Offences Article 105: which criminalises homosexuality and lesbianism

178)

#### Briefly comment on how they pose barriers:

These laws criminalize commercial sex work and men who have sex with men and thus make organizing prevention programmes in these groups more challenging. They have often been the recipient of human rights abuses and discrimination from the law enforcing bodies and from their own peers. Not much progress has been made in addressing laws which are obstacles for HIV interventions for FSW, MSM and IDU

#### Page 88

#### 179) Part B, Section I. HUMAN RIGHTS

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

Yes (0)

#### Page 89

180)

#### Part B, Section I. HUMAN RIGHTS

#### Question 4 (continued)

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

The National HIV/AIDS and STI Policy. This policy particularly mentions protection of human rights it is premised on Ghana 's constitution: • Ghana's Constitution 1992: This protects persons against discrimination and upholds basic 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, region, 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.

181)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

Yes (0)

Page 90

182)

**Part B, Section I. HUMAN RIGHTS**

**Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

4. CHRAJ 5. DOVVSU 6. FIDA 7. HRAC 8. CDD 9. NLC

183)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

Page 91

184)

**Part B, Section I. HUMAN RIGHTS**

**Question 6 (continued)**

**IF YES, describe some examples:**

PLHIV form part of the Ghana AIDS commission and are represented on all the committees National TWG task teams Programme Implementation M&E PLHIV have received a large amount of support for implementation of activities PLHIV are part of the CCM

185)

**7. Does the country have a policy of free services for the following:**

a. HIV prevention services	Yes
b. Antiretroviral treatment	No
c. HIV-related care and support interventions	No

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186)

**Part B, Section I. HUMAN RIGHTS****Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

Counselling and Testing, PMTCT are free condoms are at a cost ART is highly subsidised Care and support is mainly free , hospital care is not free

187)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

**Page 93**

188)

**Part B, Section I. HUMAN RIGHTS**

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

189)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

No (0)

**Page 95**

190)

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

Yes (0)

191)

**11. Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

**Page 96**

192)

**Part B, Section I. HUMAN RIGHTS**

**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

**Page 97**

193)

**– 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 (0)

194)

**– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

Yes (0)

195)

**– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

Yes (0)

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196)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

Yes (0)

197)

**– Legal aid systems for HIV casework**

Yes (0)

198)

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

Yes (0)

199)

**– Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

200)

**15. Are there programmes in place to reduce HIV-related stigma and discrimination?**

Yes (0)

**Page 100**

201)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: Workplace Programmes, Health care workers	Yes

**Page 101**

202)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

6 (6)

203)

**Since 2007, what have been key achievements in this area:**

Discussion on the media, stigma reduction trainings, for Police , prisons Judiciary, HCW, Informal sector, MARPS(FSW/MSM)

204)

**What are remaining challenges in this area:**

Stigma still exist

**Page 102**

205)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

5 (5)

206)

**Since 2007, what have been key achievements in this area:**

Relevant Polices and institutions in place: DOVVSU and legal aid systems are being used to enforce laws and regulation.

207)

**What are remaining challenges in this area:**

Large gap between enforcement and the polices

**Page 103**

208)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

3 (3)

209)

**Comments and examples:**

The CSO do not have a common front and thus do not have much influence. Currently umbrella organisations are being formed to address this.

**Page 104**

210)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent 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 (4)



**Page 105**

211)

**a. the national AIDS strategy?**

4 (4)

212)

**b. the national AIDS budget?**

3 (3)

213)

**c. national AIDS reports?**

3 (3)

**Page 106**

214)

**a. developing the national M&E plan?**

4 (4)

215)

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

4 (4)

216)

**c. M&E efforts at local level?**

4 (4)

**Page 107**217) **Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

**Page 108**

218)

**a. adequate financial support to implement its HIV activities?**

2 (2)

219)

**b. adequate technical support to implement its HIV activities?**

2 (2)

220)

**Comments and examples:**

- Global funds are inadequate for CSOs
- MSHAP funds are is low and irregular
- Source for technical support limited/procedure cumbersome/information on source and type of support are inadequate

**Page 109****221) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	51-75%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	25-50%

**Page 110**

222)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

7 (7)

223)

**Since 2007, what have been key achievements in this area:**

- Participation in MSHAP (Large CSOs) and the Global Fund
- Individual support by some key donors

224)

**What are remaining challenges in this area:**

- Resources not reaching CSOs adequately
- Lack of a united front with regards to CSOs
- Lack of Capacity to support the system

**Page 111**

225)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

**Page 112**

226)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

Several studies were conducted • BSS for FSWs by SHARP, in 2009 (drop in infection rates, increase in knowledge) • Progress report on universal access, in 2009 identifying needs for adolescents • GDHS 2008 and HSS 2009; low prevalence with pockets of high prevalence targeted for increased prevention programmes

227)

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

	The majority of people in need have access
<b>HIV prevention component</b>	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

**Page 113**

228)

**Part B, Section III: PREVENTION****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

7 (7)

229)

**Since 2007, what have been key achievements in this area:**

- PMTCT opt-out/ provider initiated policy has helped to increase numbers reached
- Global Fund Round 8 is focusing on prevention, this provides added funds and will ensure the inclusion of civil society groups
- CT seen as a key entry point to prevention. Shift in more CT to mobile and outreaches has increased access to counseling and testing
- Targeting both in school and out of school youth
- Increased focus on MARPs; Increasing condom use amongst MARPs
- Shift of GAC to fund few, larger CSOs and coalition groups with better capacity as compared to smaller CSOs; improves monitoring, reporting, building capacity of smaller CSOs

230)

**What are remaining challenges in this area:**

- Coordination and monitoring still a bit weak
- Scale up of ART
- Need to intensify scale up of CT
- Shortage of condoms & lubricants last year (stock out of various supplies)
- Though awareness is still very high, the content of the message is inadequate (misconceptions, etc)

**Page 114**

231)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

**Page 115**

232)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Through Needs assessments and review of programmatic data and past programmes a. CT, PMTCT, ART/OI, TB/HIV (needs analysis) b. Lessons learnt from Clinical statistics c. Lessons learnt from the START programme at Atua, Agormanya d. Lesson learnt from activities of traditional practioners e. Lessons learnt from Paediatric clinics and departments

233)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: Integrating FP/HIV	Don't agree

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234)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

235)

**Since 2007, what have been key achievements in this area:**

- Initiate Early Infant Diagnosis
- Scale up to more facilities esp in the regions
- Equipment supply to facilities
- TB/HIV

236)

**What are remaining challenges in this area:**

- Coverage of service to PLHIV
- Lack of Human resource and mal-distribution
- Drug and other

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**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

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238)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

239)

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

Yes (0)

240)

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

Yes (0)

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241)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2.3 (continued)**

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

Please enter the percentage (0-100)

2

242)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

7 (7)

**243)**

**Since 2007, what have been key achievements in this area:**

- Queen Mothers programmes – Improved regulation of Orphanages

**244)**

**What are remaining challenges in this area:**

- Not reaching sufficient coverage of OVCs