GHANA AIDS COMMISSION

Under the Office of the President

REPORT ON GHANA AIDS COMMISSION REGIONAL TRAINING OF ADVOCACY AND DISSEMINATION TEAM

1.0 INTRODUCTION

During the National Dissemination meeting of the National HIV Anti-Stigma and Discrimination Strategy (2016-2020) held in September 2018, one of the main recommendations by stakeholders was that the Technical Support Units (TSU) should be capacitated to support/lead decentralized/ regional disseminations of policy documents.

It was in view of this that Ghana AIDS Commission (GAC) as the Coordinating body constituted a Regional Core team known as Regional Policy Advocacy and Dissemination Team which will lead Regional advocacy sessions and policy disseminations to ensure smooth implementation and monitoring.

After the formation of the Regional Advocacy Teams, there was the need for a training to orient the teams to ensure they are well equipped and capacitated with the requisite skills to effectively and efficiently undertake their roles to maximize impact at the Regional levels.

In view of this, training was held for members of the Regional Advocacy and Dissemination teams from five (5) regions namely: Greater Accra, Eastern, Volta, Ashanti and Central regions. The training was held on 7th June, 2019 at the Mensvic Hotel in Accra.

1.1 Participants

Members of the Regional Advocacy Team for each Region comprised of:

- Technical Coordinator (TSU) – Team Lead
- Ghana Health Service – HIV Coordinator or functional person
- CSO representative
- KP organization representative
- PLHIV community representative

1.2 Presenters

The main presenters for the training were Mr Cosmos Ohene-Adjei, Director for Policy and Planning, Mrs Elsie Ayeh, Consultant, Dr Fred Nana Poku, Director of Technical Services and Mr Emmanuel Larbi, Ag. Director for Research, Monitoring and Evaluation.

1.3 Methodology

The training was done through presentations, interactions and group discussions on Regional basis.

1.4 Expectations

It was expected that after the training the Regional Teams would be equipped with the capabilities to disseminate policy documents at the decentralised levels and also follow up on actions as well as recommendations that were agreed on during the training.

2.0 OPENING

Mrs Dinah Akukumah, Policy and Planning Manager opened the workshop at 9.25am. The opening prayer was said by Rev. Fr. Francis Acquah-Sagoe, Central Region. Self-introductions were done by participants.

2.1 Opening Remarks

In his opening remarks, Mr Kyeremeh Atuahene, the Ag Director General of the Ghana AIDS Commission, indicated that the Commission's work is largely based on collaboration with relevant stakeholders at both national and decentralised levels. Over the years, policy documents and study reports developed by GAC were disseminated at national level and the various levels with support from the Technical support Unit. Unfortunately, there had not been further down-stream dissemination to benefit the critical masses of our stakeholders and beneficiaries. He indicated that based on this, Management had decided to reach the District levels culminating the recent call by stakeholders for the active involvement of Regions in advocacy and dissemination of policy documents at the decentralised levels.

He also explained that the Regional Policy Advocacy and Dissemination Teams have been formed to oversee Regional and District level advocacy and dissemination of policy documents as well as other key national documents of the HIV and AIDS response. The workshop is to equip and provide the requisite skills to enable the Regional Team undertake their roles effectively and deliver on their mandate. In addition, the workshop will share provisions of the first National Anti-Stigma Strategy (2016-2020) which is an evidence-informed strategy by and for persons living with HIV, key and other vulnerable populations to uphold their human rights and reduce discrimination. The Ag DG further noted that, the Anti-Stigma Strategy intends to;

- prevent and reduce HIV related stigma and discrimination
- promote and protect the HR of KPs including PLHIV
- strengthen community systems and structures and capacity of stakeholders such as health workers, PLHIVs, KPs and the media to recognise stigma and embark on context specific stigma reduction interventions.

In conclusion, the Ag DG emphasised that, the training is expected to connect with members, provide a solid footing, fruitful engagement, and a shared learning experience in the various fields. He entreated all participants to remain committed to the work at hand enable the achievement of the 90-90-90 fast track targets.

He also used the opportunity to acknowledge the UNDP for providing funding support for both the development of the Anti-Stigma Strategy, the national dissemination held in September 2018 and the training of the regional Advocacy Team.

3.0 PRESENTATIONS

3.1 Role of the Regional Advocacy and Dissemination Team

The presentation was done by Mr. Cosmos Ohene-Adjei. The presentation focused on:

- GAC's mandate
- GAC's collaboration with relevant stakeholders at both the national and decentralized levels.
- Objective of the Regional Advocacy and Dissemination Team
- Role of the Regional A&D Team
- Scope of work is as follows of the Team
- Expected Outcome
- Duration
- Coordination
- Funding

3.1.1 Discussions, Comments and Questions

1. It was suggested that implementation and monitoring of activities should be included in the TOR of the Regional A & D teams.

2. Suggestion was that the role of the Regional A&D team should be integrated into members' mainstream work at their various organizations. It was said that the individuals should identify what they can do in their various sectors and see how to fuse it in the work of the Team.

3. There was a suggestion that the activities of Social Accountability and Monitoring Committee (SAMC) should be integrated in the TOR of the Regional A&D since most of the team members are already part of the SAMC. Participants were entreated to identify team members who are also members of the SAMC and ascertain where integration is feasible.

3.2 Presentation on Introduction to Advocacy and Advocacy Concepts by Mrs Elsie Ayeh, Consultant

The Consultant indicated that as Advocates, they should be open minded and be ready to be truthful in dealing with issues. She stressed that that to be part of the team is a privilege therefore, encouraged them to work wholeheartedly for God and country. Below is the presentation:

Participants were also taking through the fundamentals of advocacy and why the need for advocacy and expected results**.**

Advocacy and Related Concepts

Approach	Actors/ Organizers	Target Audience	Objective	Strategies	Measuring Success
Information, Education, Communication (IEC)	Service Provider	Individual segments of a community (e.g women, men, youth)	Raise awareness and change behaviour	Tailor messages to each Audience Mass media Campaigns Community outreach Traditional media	Increased knowledge Greater awareness New or improved skills Behavior change
Public Relations	Commercial Institutions	Consumers Voters/ Constituents	Improve the company's image and increase sales	Large-scale advertising (radio, TV, print) Public events Sponsoring a charity event	Improved public perception Increased sales Increased market share
Community Mobilisation	Community members and organisations	Community members and leaders	Build a community's capacity to rank its needs and take action	Door-to-door visits Village meetings Participatory rural appraisal (PRA) Community Conversation	A community problem is solved or a need is met Increased ownership of problem solving
Advocacy	NGOs/Networks Special interest groups Professional Associations	Public institutions Policy makers with the power to realize advocacy goal by changing policy	Change policies, programs and/or resource allocation	High-level meetings Public events (debates, protests, etc.)	Change in policy, law, regulations, programs, funding, etc.

3.2.1 Discussions, Comments and Questions on the presentation

1. A participant indicated that GAC should do well to ensure that HIV policies at the various institutions are updated as most of the policies are outmoded and PMTCT

workers should be targeted for regular training on new HIV policies. This should be extended to health workers at the ANCs as well.

2. It was observed that HIV education was not being prioritized at the training schools. Therefore the young school children do not understand sexual health issues. It was therefore proposed that Health Promoters should be empowered to take up such education platforms at the schools for proper tuition.

   In reaction to the issue on health promoters, it was said that dissemination of HIV information had been limited to specific HIV Officer either the Regional Focal Person or Coordinator leaving out other staff. Based on this in the absence of the officer in charge, there will be nobody to act on HIV issues when arose. All staff must change their attitudes in order to take up responsibilities when the substantive office was not available.

3. A participant recalled that during the era of SHARPER project, there were a lot of testing done in schools and communities. It was suggested that GAC should try and make test kits available for the CSOs to revamp the community HIV testing.

4. It was suggested that the Ghana AIDS Commission (GAC) and National AIDS Control Programme (NACP) should do well to synchronise HIV data to ensure there are proper coordination in the national data. This is because most often data from the two institutions are conflicting.

   In response, Ag DG indicated that during a recent discussion between GAC, Ghana Health Service and NACP, it was affirmed that all data on HIV should be handled by GAC; therefore all requests on HIV data should be forwarded to the Commission. He stated that GAC was working to ensure that all data in its possession conforms to international standard. He also added that the Commission would be announcing HIV data every quarter for use by the general public to ensure HIV data is well managed.

5. It was indicated that people should be empowered to take advantage of self-testing. And people who test positive should visit the health facility for diagnoses and treatment.

6. Concerning the health promoters, tt was suggested that GAC should officially write through the Ghana Health Promotion directorate requesting for partnership for HIV activities to make easy for Regions and CSOs to liaise with them regarding HIV.

7. In addition, GAC should engage the heads of the health institutions for them to consider the modalities of staff they nominate for HIV trainings. It was proposed that new health workers should be trained to replace the old health workers who had already undergone training.

Regarding training, DPP indicated that as a country and Advocates, we should change our thinking regarding training. He indicated that in the past it was funds from Global Fund and other donor partners that were used to organise regular training for individuals. Unfortunately, aside all the trainings there are still challenges related to capacity building. He explained that such opportunities were in the past. Currently, as a country, it will be very difficult to get funds for training as in the past; however, Management would do all it can to build the capacity of the individuals at any given opportunity.

3.3 Presentation on Skills for Effective Advocacy by Mrs Elsie Ayeh, Consultant

■ **Assertiveness**	■ **Organization**
■ **Presentation**	■ **Time management**
■ **Listening**	■ **Problem solving**
■ **Documenting/Note taking**	■ **Negotiation**
■ **Research**	■ **Relationship/Team Building**

Advocacy Model

1. Preparation:
   - Background information
   - Define the issues
   - Gather information
2. PLAN
   - Review the issue and identify preferred solution
   - Identify support and barriers
   - Choose the route
   - Develop action Plan
3. ACT
   - Implement the plan
4. Evaluate
   - Examine results
   - Review effectiveness of the action plan

Advocacy and Goal Objective

1. Goal: A statement of the general result you want to achieve
2. Objective: Incremental steps towards achieving your goal that are

Specific Measurable Area Specific Realistic Time-bound

Should have three additional elements, namely:

POLICY ACTOR	+	POLICY ACTION/DECISION	+	DEGREE OF CHANGE
Who has the power to make the final decision?		What is the specific policy action desired?		By how much?

Know Your Audience

1. Who are the potential supporters?
2. Who is affected by the issue?
3. Who are the decision makers?

If you are having trouble gaining support – stop and rethink. Is this the pertinent issue? Go back and examine the issues.

Delivering Advocacy Message

Advocacy messages are developed and tailored to specific target audiences in order to:

- frame the issue and
- persuade the message recipient to support the issue and objective.

Message should address the following.

- What do you want to achieve?

- What do you want your audience to do after they hear your message?

3 Key Elements of Advocacy Message

What is your sound bite (general statement)?

- Stigma hurts.
- Yes, we can!

b. What are your supporting facts?

c. What is the real-life example or anecdote to illustrate your message?

3.3.1 Discussions, Comments and Questions

1. It was recalled that, Civil Society Organisations (CSOs) were formed to compliment the national HIV response which is a multi-sectorial issue. The CSOs were playing very critical role during the early stages of the national response. Based on this, documents (policy) were developed in consultations with them and clinicians to ensure their work at the community levels were achieved. Unfortunately, the CSOs are being left behind in the national response.

2. Participant advised that as the Regional Advocates, they should do away with antagonising each other when negotiating at the Regions on an issue to ensure a better outcome.
   The Consultant added that the era of donor funding is over and CSOs are now encouraged to provide funds for their own activities. She also indicated that the Advocacy teams should work in unity and they should also identify each person's skill and make good use of such skills when the need arises.

3. A participant observed that invitations to Regional teams should be directed to the Regional Directors for them to be aware of what is going on. It will also make them committed to activities in the Regions. Also every activity that may be undertaken in Regions should be communicated to the Regional Directors.

GAC explained that usually, the TSU Coordinators are written to contact the Regional Directors to send out invitations to the relevant institutions for a particular event which has been the practice over the years. He advised the teams to respect the regional hierarchy to prevent unwarranted situations in future.

3.4 Presentation on Anti-Stigma Strategy

The presentation was done by Dr Fred Nana Poku, Director of Technical Services of the Ghana AIDS Commission. The presentation focused on the following areas:

- What is Stigma and Discrimination
- Differentiate between Stigma and Discrimination
- Three basic pillars of the GAC ACT 938

Genesis of Anti-Stigma Strategy

- Major recommendation from the Ghana PLHIV Stigma Index Study to guide implementation of HIV-related Anti-Stigma efforts.

- The NSP has identified stigma and discrimination as a critical social enabler which must be addressed if the country is to achieve its targets towards achieving 90-90-90 treatment targets and ultimately ending AIDS by 2030.
- national targets to increase uptake of HTS and treatment most likely will be achieved, once HIV- related stigma and discrimination is addressed.

Purpose of Anti-Stigma and Discrimination Strategy

- aims to guide and inform actions and programmes of policy makers, development partners, implementing partners and networks of people living with HIV and Key populations and other stakeholders towards the reduction of HIV stigma and discrimination
- It is an evidence-informed strategy by and for people living with HIV, key and other vulnerable populations.

Methodology

- All inclusive approach with the participation of all key HIV and AIDS stakeholders
- Inception report and timelines
- Literature review
- Identification of challenges
- Consensus on HIV-related Anti-Strategies and activities
- Development of the National HIV and AIDS Anti-Stigma Strategy

Challenges Identified

- Weak and non-Enforcement of Policies
- Ignorance of Policies
- Poor enforcement of Workplace policies
- Discrimination in household, community and health settings
- Discrimination by Omission

Basis of Consensus

- Expected interventions and results that can have the greatest possible impact on the overall national response (goals of NSP 2016-2020)
- The interventions can accelerate progress towards achievement of universal access to HIV prevention, treatment, care and support
- The interventions address the key challenges that promote HIV-related stigma and discrimination
- The interventions fit with the logical framework (flow) of the Anti-Stigma Strategy
- The interventions are feasible within cost and time parameters

Goals of Anti-Stigma Strategy

- To significantly reduce HIV related stigma and achieve zero discrimination by 2020.

Objectives of Anti-Stigma Strategy

- Prevent and reduce HIV related stigma and discrimination

- (Increase the adult accepting attitudes towards PLHIV from 14% and 11% respectively in 2014 for males and females to 35% and 30% by 2020).
- Promote and Protect the Human Rights of Key Populations including PLHIV
- Strengthen capacity of stakeholders including community systems and structures, health workers, PLHIV, KPs and the media to recognize stigma and embark on context specific stigma reduction interventions

Principles of the Strategy

- Meaningful involvement of PLHIV
- Gender Sensitive Response
- Human Rights Approach
- Evidence-informed Targeted Interventions
- Results-oriented and based on Contextual Realities

Main Strategies and Activities

- Combination of Interventions
  - Information-based
  - Skills building
  - Counseling and
  - Contact with stigmatized groups
- Stigma reduction strategies will be implemented at personal/interpersonal, community, organizational/institutional, as well as government and structural/policy levels.

3.4.1 Discussions, Comments and Questions

1. A participant wanted to know how can the issue of compulsory HIV testing as requirement for the security services be dealt with. It was observed that the Anti-Stigma Strategy is silent on discrimination in the security services towards their employees. DTech responded that on several engagements with the security services, they had indicated that the laws are clear for new entrants to declare their status for their own good. However, there is the need to continue with advocacy by all inclusive to deal with the issues.

2. A participant wanted to know what GAC is doing to engage media to air documentaries on ARVs which is the surest way of keeping the PLHIVs safe. This is because in recent times herbal medicines are being advertised on all TV and radio stations. The DTech indicated that during a recent meeting with the Chief Executive Officer of Centre of Awareness (COA) he claims that his herbal medicine is not a cure for HIV but an immune booster. He had been requested to submit documents regarding his claims. To educate the public about ARVs, a documentary had been developed on ARVs to be aired soon.

3. What can be done to slot HIV education in the curriculum of health workers (nurses) to ensure that before they come out of the school to their health facilities, they are abreast

with HIV issues. It was explained that pre-service training is being done in the training schools. He indicated that GHS/USAID had developed an HIV and AIDS App in a form of a game to aid school children to learn about HIV.

4. How can the protection of PLHIVs be included in human rights intervention. The Director Technical responded that research was on-going to learn from other countries on how they have handles human rights with protection of PLHIVs but yet to have any result. However, the GAC Act 2016 (Act 938) talks about non-discrimination of PLHIV and their rights.

5. It was suggested that to reduce stigma at workplace, the workplace policy should be revamped. DPP noted that 7 key line Ministries have been supported to develop the workplace policies for their institutions. They are yet to print and disseminate them at their constituents. Further, about another 7 Ministries and agencies have been invited for discussion to initiate the development of the policy for their institutions.

6. A participant observed that some PLHIVs are hiding behind the right to confidentiality and intentionally affect others with the virus, therefore, what can be done to such PLHIVs. It was said that such PLHIVs should be admonished to be responsible in their engagement with others. They should be encouraged to use condoms whenever they intend engaging with their sexual partners and also be made known that there is disclosure of confidentiality.

3.5 Presentation on Monitoring and Evaluation of National HIV and AIDS Anti-Stigma and Discrimination Strategy 2016-2020 by Mr Emmanuel Larbi, Ag Director of Research, Monitoring and Evaluation

The presentation covered the underlisted:

- What Monitoring and Evaluation (M&E) is
- RM&E Division's Objective
- Functions of the RM&E Division
- Types of Data
- Indicators

Mr Larbi also enumerated M&E Challenges as follows:

- Complex multi-sectoral M&E plans
- Wide range of information needed by variety of partners
- Different approaches needed in mixed epidemics
- Each HIV and AIDS program component has specific M&E needs and challenges
- Standardization of program/project strategies
- Territorial protection and weak cooperation from some partners
- Rapid scale-up of new and routine systems
- Denominators –Identifying size of populations most at risk
- Identifying size of populations most at risk

- Data quality eg. Double counting in service statistics

4.0 Group Assignment

At the end of the training participants were groups on Regional bases to undertake two assignments. Regions were given two questions to answer.

Question 1 - What have you learnt?

Responses:

1. Integration of HIV activities into exiting activities.
2. Advocacy at all levels on issues relating to HIV (policy implementation)
3. Special skills for advocacy
4. M&E is vital to track advocacy activities
5. Need for advocacy plan
6. Stakeholders engagements is key
7. Create media platform
8. Evaluate activities

Question 2 - How are we going to apply what have been learnt?

Responses

1. Develop road map for implementing roles
2. Dialogue with stakeholders
3. Debrief key stakeholders
4. Develop work plan
5. Engage community on policy issues
6. Organise policy review meetings
7. Integrate activities of team in existing activities in Region
8. Involve Health Promotion Unit in activities.
9. Build capacity on key issues.

5.0 NEXT STEPS

The next steps were presented by Mr Cosmos Ohene-Adjei, Director of Policy and Planning as follows:

- GAC to update TOR for Advocacy & Dissemination Teams by 10th June, 2019.
- Regional Teams engagement with Regional Health Promotion Units by 21st June, 2019.
- GAC engagement with National Health Promotion Division by 21st June, 2019.
- Meetings with Regional and National SAMC by 25th June, 2019.
- GAC to compile and disseminate training report and actions
- Half-year meeting (follow-up/feedback time) by GAC/ Regional Teams by 13/12/2019
- Continue engagement with relevant public and private institutions to address:
    - Advertisement of herbal medicines as cure
    - Integration of HR and other HIV concepts and pre-health training institution.

6.0 Closing

The DPP thanked participants on behalf of the Ag DG for making time to be part of the training. He entreated the Regional Advocacy Teams from the five Regions to ensure that all the issues agreed on should be put into action for positive outcome. He thanked UNDP for their continued financial support to the national response and requested that the UNDP try and provide support for the training of the Northern zone to ensure all Regions get their Advocacy Teams in place.
The training ended at 5:30pm.

7.0 Attendance

No	Name	Organization	Region
	GREATER ACCRA:		
1.	Rita Afriyie	TSU-GAC	Greater Accra
2.	Cecilia Senoo	HFFG	Greater Accra
3.	Wilfred Kudolo	NAP+GAR	Greater Accra
4.	Dr. Vira Opata	GHS	Greater Accra
5.	Naa Shily Vandepye	WAAF	Greater Accra
	CENTRAL REGION:		
6	William K. Yeboah	TSU-GAC	Central
7	Rev. Fr. Francis Acquah-Sagoe	CPCSP	Central
8	Mutawakilu Mohammed	CEPEHRG	Central
9	Joana Fynn	NAP+	Central
10	Daniel Ofori Asante	GHS	Central
	ASHANTI REGION:		
11	Olivia Graham	TSU-GAC	Ashanti
12	Stephen Twintoh	WAPCAS	Ashanti
13	Theresah Ampah	NAP+	Ashanti
14	Ninsau K. Darku-Alazar	AHEFS	Ashanti
15	Elsie Ayeh	NAP+	Ashanti
16	Dennis Bandon	GHS/RHD	Ashanti
	VOLTA REGION:		
17	Mary Na Anyoni	TSU-GAC	Volta
18	Agbekpor Felicia	MOH	Volta
19	Victor Atta Ntumi		Volta
20	Adjei Laurene Shirie Edem	KEY WATCH GHANA	Volta
21	Courage Botchwey	GHS	Volta
	EASTERN REGION:		
22	Sidua Hor	TSU -GAC	Eastern
23	Shadrack Majisi	CHRAJ	Eastern
24	Nana Adjoa Neltey	PRO-LINK	Eastern

25	Agnes Agbeko	NAP+	Eastern
26	Gifty Addo	GHS	Eastern
	UNDP:		
27	Yoko Reikan	UNDP	Greater Accra
28	Belynda Amankwa	UNDP	Greater Accra
	GAC-HQ :		
29	Kyeremeh Atuahene	GAC	Greater Accra
30	Cosmos Ohene-Adjei	GAC	Greater Accra
31	Fred Nana Poku	GAC	Greater Accra
32	Emmanuel Larbi	GAC	Greater Accra
33	Dinah Akukumah	GAC	Greater Accra
34	Margaret Yamoah	GAC	Greater Accra
35	Gladys Semefa Agbenyo	GAC	Greater Accra
36	Sam Aaron Aning Amoako	GAC	Greater Accra
37	Isaac Baah	GAC	Greater Accra
38	Richard Ofosuhene	GAC	Greater Accra