

2015

Strengthening PLHIV & KP Specific Outreach to Increase Uptake of Discrimination Reporting system.



Ghana

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Background:

In Ghana, discrimination and stigma against People Living with HIV (PLHIV) and Key Populations (KPs) prevent them to access critical health services. These affect their health outcomes and undermine their fundamental human rights. To address these issues, the Commission on Human Rights and Administrative Justice's (CHRAJ), in collaboration with GAC, officially launched the Discrimination Reporting System (DRSystem) in 2013 with funding support from USAID Health Policy Project. Through this system, PLHIVs, KPs and Civil Society Organisations (CSOs) can directly report cases of human rights violations and track case progress. The data on stigma and discrimination can also be used to guide advocacy on HIV- and related policies in Ghana.

However, a year after the introduction of the DRSystem, the number of cases reported by PLHIV and Key Population continued to come in at a very slow rate. A series of interactive follow up meetings conducted with PLHIVs, MSMs and Female Sex Workers (FSWs) highlighted a general lack of knowledge on stigma and discrimination and, more broadly, the lack of understanding of the concept of stigma and human rights.

Equipped with this information from the target group themselves, it was clear that PLHIV groups and members of the Key Population, required targeted trainings that would address the identified gaps.

Objectives

To understand Stigma and Discrimination in relation to Human Rights as it applies to PLHIV and KPs, a specific training module/guide was developed by WAAF in consultation with CHRAJ with inputs from the Ghana AIDS Commission and other key partners. This training guide was used to train PLHIVs and KPs including health care providers with the following specific objectives:

1. Help them understand stigma and discrimination faced by PLHIV and KP in the context of fundamental Human Rights
2. Build the capacity of KPs and PLHIVs to enable them identify specific human rights violations.
3. Help them understand the impact of reporting Human Rights Violations faced by PLHIVs and Key Populations to CHRAJ.

Training Details

Trainings took place between April 8th and May 8th 2015, with a total of 20 trainings conducted for the different groups in Five (5) regions namely Greater Accra, Eastern, Ashanti, Central and Western Regions. Four (4) days a week were dedicated to the trainings in each region with a day reserved for a specific target group of 20 participants maximum.

Having a dedicated training session with members from the same target group fostered free and open discussions that contributed to a better general understanding of their specific issues. The same pattern was adapted in almost all the regions where the first day was set aside for the PLHIV group, followed by the MSM, FSW and Service Providers. Having the service providers on the last day of the training allowed for issues identified from the target groups to be fully discussed with them. Each training was led by 4 facilitators, mostly CHRAJ trained facilitators, who were present in all trainings but assisted by trained facilitators from other CSOs such as Kharis Foundation, ProLink and 4H. A representative from the Ghana AIDS Commission national office observed the PLHIV training in the Western Region.



The training were mainly interactive and were activity-based. It was designed with participatory exercises in mind, focusing on practical activities that allowed participants to get a better understanding of key elements of fundamental human rights, stigma and discrimination, with ease. Each session involved a short introduction and/or discussions on topics, followed by activities on each identified key topic. For example, in the “Human Needs” activity, under the “Key elements of Fundamental Human Rights” topic, participants were asked to study a specifically designed set of Fundamental Human Rights cards. They were then asked to rearrange the cards in a pyramid shape with the rights they thought were most important to humanity at the very top and the ones which they judged less essential at the bottom. The objective of this activity was to introduce the participants to their individual rights and freedoms.

Another example of an activity involved participants being asked to read to the group **Articles 12 (1) and (2) of the Ghana Constitution**, followed by a discussion on the interpretation of this Article. The aim of this exercise was to determine the sort of rights violations participants had experienced. The general observation was that different people had at some point in time, experienced one form or the other of violation, whilst some, a few, claimed they had never experienced any.



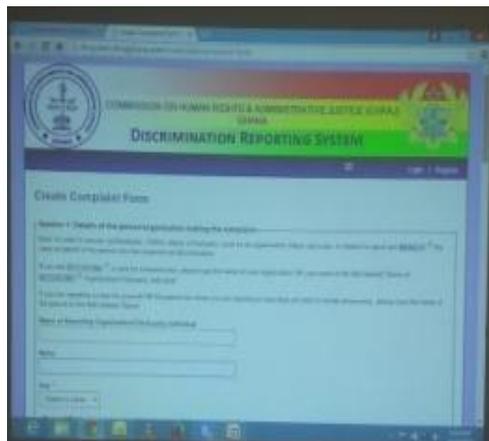
There was also an activity-based exercise which helped the participants with a better understanding of what constitute Stigma and the effect thereof. This exercise, called the Stigma Tree was conducted, where a figurative tree was drawn on flip charts. The trunk of the tree, was the word STIGMA, written out boldly. (this represented the centre of the things that caused stigma as a result of discrimination). Participants were

then asked to write on a piece of paper, examples of discrimination they might have experienced, observed or heard about. Some examples given were: suicide, ejection, isolation etc. These papers were then taken to the "trunk" of the tree and pasted at the top of the "trunk" (STIGMA) as the branches of the tree. With enough branches (enough examples of discrimination), they were asked to write on other papers, one cause of stigma for the discrimination examples they had come up with. Some examples given for these were: lack of knowledge, cultural and religious influences, myths, misconceptions and prejudices towards certain groups. These were placed under the "trunk" (STIGMA) as the roots of the tree. The participants then studied the completed tree, which allowed participants to grasp how every part of the process was connected.



Such and similar practical activities were used throughout the entire trainings with emphasis on participants' reflection, discussion and action. Other topics handled were: (1) Key elements of fundamental human rights; (2) Stigma and Discrimination; (3) Rights and Responsibilities; (4) Reporting Stigma and Discrimination to CHRAJ; (5) Case Scenarios and finally a session on Redress and Accountability for human rights abuse, which summarized the previous topics.

As the overall goal of the training was for participants to gain a better understanding of the impact and functioning of the DRSystem, one session was dedicated to that. This specific session on the use of the **Stigma and Discrimination** participants with hands on complaints using the online the activity was to create a and comfort with the system, participants to report and reporting quickly and easily, system overall. During the were walked through the system to report cases and in some instances real cases were recorded by participants into the system.



DRSystem, **Reporting to CHRAJ**, provided experience in lodging system. The goal of level of familiarity that would allow assist others in increasing use of the activity, participants process of using the

Training Coverage

Overall, trainings were delivered to a total of 382 individuals in 5 regions of Ghana. The breakdown of the trainings are as follows:

	Greater Accra Region	Ashanti Region	Eastern Region	Central Region	Western Region	Total
PLHIV	21	20	22	23	18	104
MSM	17	20	22	22	23	104
FSW	17	20	20	20	21	98
Service Providers	19	16	10	16	15	76
Total	74	76	74	81	77	382

Emerging issues:

The training sessions provided a good platform for participants to share general issues of concern as well as experiences about various forms of human rights violations and stigma & discrimination they had previously encountered.

Issue 1: Lack of help in reporting abuses

FSWs in the Eastern Region brought up the issue of some CSOs not assisting them in logging stigma and human rights violations they had experienced and reported onto the reporting system. This issue was also brought up by FSW groups in the other regions. It was reported that, many sex workers regularly faced harassment from the police. According to them, some police officers have continuously taken advantage of the illegality of commercial sex work practices in Ghana to abuse their position by harassing ladies seen to be wearing sexy outfits at night. It was reported that the police regularly blackmailed FSWs into having sex with the police officers under the threat of getting arrested.

According to the FSW participants, such cases had been reported on many occasions to some advocacy groups and civil society organizations but they had persistently failed to report those cases to CHRAJ creating the misguided impression that victims of human rights violations and most specifically Female Sex Workers were reluctant to report cases to CHRAJ.

Suggested recommendations:

1. Advocacy groups and civil society organizations including service providers should be encouraged and engaged through focus group discussions to stand for the rights of key affected populations.
2. There should be an established monitoring system that allows for regular visits to service providers to take records of human rights violation and stigma & discrimination cases that have been reported to their facilities within a given period.
3. Scope of work of CSO's working with KP's should include helping individuals log onto the system when an incident has occurred and has been reported to them.

Issue 2: Access to HIV testing for Young FSWs

The FSWs also raised another important issue related to the refusal of service providers to conduct HIV tests for some of their members. They specifically stated that young FSW's (less than 16 years) were continually turned away when they voluntarily sought testing to know their HIV status. Young FSWs were regularly told that they needed the consent of a parent or guardian to receive the HIV test, stating that parental/guardian consent for an HIV test for persons under the age of 16 years is the law in Ghana.

Young indeed but also already involved in risky sexual behaviours and life styles, the question raised was whether or not requesting for parental/guardian consent for this particular target group should be maintained as per the law of Ghana.

Suggested Recommendations:

1. This is a policy issue that certainly needs national review regarding testing for HIV and then specifically in relation to FSW with focus on FSWs below the age of 18 years, where parental/guardian consent should not be a requirement.
2. Program Planners and KP Service Providers must advocate for change in procedures regarding HIV testing of young FSWs.

Issue 3: Mandatory Treatment Supporters before ART.

It was reported by various PLHIVs that, the practice of forcing PLs to have a treatment supporter before starting their anti retroviral treatment was a case of forced disclosure of their personal information. This was considered by all the participants to be against their basic fundamental right to privacy.

According to them, in order to receive the treatment, many had to go through this process and suffered from having to disclose their status to someone, either a friend, a family member or even in some cases people they did not know very well. Some PLHIV shared stories of how this had led to rejection by families and friends, termination of work contracts and even in some cases death.

One particular female PLHIV participant stated that *“as a result of being asked to bring a treatment supporter before I could start treatment, I waited for almost a year until I started deteriorating”*. This according her, affected her badly as she had lots of side effects from her medications when she finally started.

Another man who said, *“to enable me start treatment he was forced to disclose to a friend who immediately went and spread the news to all including my wife before I could gather the courage to disclose to her personally”*...my wife divorced me immediately, leaving me at

a time when I was in a bad state of health". He added, *"I have to struggle to stay alive and it is a miracle that I am still alive today"*.

One participant also shared a story about how he could not disclose to anyone as he was not ready to do so. He was himself still coming to terms with his diagnosis and needed time to share this with others. However at the same time he knew his health was deteriorating and it was only by chance, through an advert on the radio that he got in touch with someone who directed him to a clinic where he was able to access treatment as there he was not required to bring a treatment supporter.

There was an experiential-sharing of a case where one of the participants knew of a PLHIV who had refused to go for treatment because of the fact of having to bring a treatment supporter. This person according to the participant stayed at home and became very sick to the extent that the entire neighbourhood suspected him to be having AIDS. Eventually no one saw him for a long time until they heard that he had died.

Suggested Recommendations

1. CHRAJ must open up public discussions on the issue of providing a treatment supporter before being enrolled onto Anti retro viral treatment, so that a standard and fair practice can be taken and adopted by health care providers
2. Policy makers / National AIDS Control Programmes to review national guidelines in relation to ART with focus on criteria for adherence counselling.
3. Nap+ should advocate for a review of this policy to be more of discretionary one as opposed to a mandatory one.
4. Nap+ should appeal to the Ghana Health Services to advice health workers not to deny clients access to treatment if they are unable to bring treatment supporters.
5. Nap + to sensitize their members on the need to adhere to treatment.
6. Nap+ to encourage their members to act as treatment supporters through the model of hopes for newly diagnosed patients.

Issue 4: Distinct Medical Folder from General Patients

PLHIVs felt more stigmatised and discriminated against at facilities when they are given distinct medical folders at health institutions compared to the general clients and/or population.

Suggested Recommendations

1. CSO's and Service Providers to advocate for increased use of electronic patient data management system in health service delivery institutions.
2. Ghana Health Services to enforce use of facility folders in addition to PLHIV specific booklets where the booklets will always be placed in the folders.

Incidents experienced by some participants were logged onto the system during the trainings. A total of 6 cases were eventually logged on: 5 during the Eastern Region trainings and 1 during the Central Region trainings.

Evaluation and General Recommendations

Overall, the trainings provided an excellent platform for participants to get a better understanding of the concept of human rights and of Article 12 of the Ghanaian Constitution. By the end of the training KPs and PLHIVs were aware of what constitutes stigma and discrimination and were clear on the type of cases and how to report such cases into the system.

Additionally the trainings provided a platform for participants to share their experiences which had a beneficial impact for all. Shared stories included being harassed in public places, insulted or refused to be served in restaurants and clubs. Some had also been beaten up. Everyone had a story to share and personal experiences were used as examples to explain the various components of the trainings.

At the end of each session, participants felt empowered, observed from their own wordings such as: *"We have learnt how to make a complaint"; "It is our responsibility to report abuses even if it doesn't happen to us personally"; We have learnt to impart knowledge on stigma and discrimination"; We have learnt the shortest and most efficient way of reporting abuses to CHRAJ"*.

All participants were very vocal and willingly continued to share experiences as the trainings went on. They were able to say why and which cases could and could not be logged onto the

system. They expressed great satisfaction of the trainings and at the end, described it as *“insightful, educative, thought provoking and informative”*.

They commended CHRAJ and WAAF, as well as the USAID-HPP for a successful workshop and pledged to use this new system to report cases of right abuse to CHRAJ.

Overall, while the trainings have been judged successful and have ensured that participants are aware of stigma and discrimination issues, to ensure they are reminded of the existence of this reliable and confidential DRsystem, targeted marketing materials to help create continuous demand for and promote trust and communication between target groups and CHRAJ have been developed.

Simple posters designed with general messages made of few words and using cartoon character (as suggested by the target audience) have been developed and once approved by the GAC National Communication Technical Working Group, they will be displayed at strategic points in the 5 regions, as a reminder of the existence of the Discrimination Reporting System and of the necessity of reporting any human rights violation.

Conclusions

The objective of addressing the knowledge gap amongst PLHIVs and KPs with regards to human rights as well as the process of reporting onto the DRsystem has, to a large extent been achieved. However, partner CSOs Key focal points (Peer Educators), Service Providers will still need to continue to not only send the word around but to encourage and help individuals facing any form of human rights violation to log this onto the system.

Additionally, the discrimination poster, when ready and disseminated, will also ensure constant reminder of the existence of the reporting system. It will also discourage tolerance of any form of Stigma and discrimination by PLHIVs and KPs. .

Participants left the training workshops well equipped with the necessary information on the various topics. They also have had the chance to practice how to report a case onto the DRsystem and have been able to give examples and log actual cases onto the system themselves. Information from CHRAJ shows that, since the trainings, additional cases continue to be reported onto the system with a total of 37 cases reported as of May 2015, compared to 22 at the start of the project.

The workshops have also highlighted some emerging issues (see previous sections) which may need reviewing by various stakeholders such as policy makers, program planners, disease control programs officers among others.

Participants have shared very personal stories during the entire trainings that have helped facilitators and CSO's to get a better understanding of the issues faced by these groups. This data collection will assist CHRAJ, CSO's, Service Providers and PE's in constantly adapting their trainings to the needs of the target groups.

As targeted beneficiaries are now empowered and better equipped, we hope that they will continue to report all human rights violations, stigma and discrimination they encounter onto the system. However, CSOs working directly with the target beneficiaries should also continue to ensure they provide the necessary help and support to individuals who report cases to them.

Finally, it can be concluded that the demand generation trainings, made the significant impact in increasing case uptake onto the system. In all 7 (seven) complaints were logged in April and 4 (four) in May. On this basis it can be said confidently that the trainings achieved the desired outcome.

Acknowledgement of collaborations and sponsors

Fighting Human Rights violations and other forms of Stigma and Discrimination is a crucial component to achieve a better quality of life for all. Stigma and Discrimination should be eradicated if we want to ensure the diminution of the spread of STIs and HIV. This calls for guaranteed access to health care for all, prevention of vulnerability to physical violence, ability to let people make a living and to, ultimately, ensure equality for all.

This project has helped in developing a set of best practices. As a result, CHRAJ and WAAF would like to thank the various entities who have made this possible.

First of all, CHRAJ and WAAF's sincerest thanks goes out to the donors of this project, RTI/HPP-USAID for providing the resources and technical expertise in developing such a unique system that has facilitated access to the judicial system for PLHIVs and KPs. Following up with outreach activities to enhance demand and use of the platform has led to many more beneficiaries knowing about the system and being able to report their cases which has provided the platform for a more global access to justice.

We also want to thank the CHRAJ Commissioners, Mr. Richard Quayson, Mr. Joseph Withttal Dr. Isaac Annan , Mr. Kwame Bosompem and the entire CHRAJ Health Rights Team and PEU for being very proactive with regards to ensuring PLHIVs and KPs have a better understanding of their rights and responsibilities and most importantly also enjoy equal access to the judiciary system. We thank them for continuously being part of major events of this project and for their immense contribution to letting it get this far.

CHRAJ and WAAF also want to acknowledge and thank the HPP in- country consultant Vivian Fiscian for her immense support to the project. Full of energy, passion and enthusiasm for equality for all, Vivian has used her years of experience in the field of Human Rights to

ensure a successful project. Juggling between CHRAJ, WAAF, GAC and trainings in the GAR, ER, CR and WR as well as numerous meetings in person, via Skype or over the phone, she provided her technical expertise and excellent project coordination skills ensuring a smooth running of the project.

The main aspect of this project which involves overcoming the gaps beneficiaries were facing with the DRsystem could not have been achieved without the expert facilitation of the workshop by the 14 CHRAJ facilitators (see name and position at the end of the document). Ensuring control over the trainings, working within strict time frames, jumping from one specific area to the other, the facilitators demonstrated their expertise which led to very successful training outcomes.

CHRAJ and WAAF also extend their gratitude to the following CSO's for the support they provided to the project:

WAPCAS - Working with Female Sex Workers can be very difficult as they tend to only collaborate with individuals and entities they trust and with whom they have a long time engagement. WAPCAS was very instrumental in assisting this project by recruiting many if not all the FSW's for the trainings. With their assistance, the project has been able to reach out to this very important target group and this has surely empowered them with a new fighting tool.

CEPHERG / KHARIS Foundation/ 4-H - Representatives from these 3 organizations honoured the invite to assist the CHRAJ Facilitators deliver the trainings. Full of commitment and enthusiasm, these reps played a very important role in delivering the trainings to the target group.

PRO-LIN K- A special thanks to Nana Adjoa Nettey who not only participated actively in various FSW trainings but also assisted with the trainings in time of crisis. Her dedication and hard work towards ensuring empowering the vulnerable to stand up for their rights is very much appreciated and she surely contributed to the success of this project.

We cannot also forget to say thank you to the Ghana AIDS Commission for being a main partner on this project which has contributed to national recognition.

Finally many thanks to the WAAF team and particularly to Gideon Adjaka who coordinated very successfully, in spite of many difficulties, major project activities. Our thanks also go to the other members of the WAAF team who assisted in the preparations and implementation of all activities of the trainings.

Annexes attached to this report:

- Annex 1: A list of participants (sign in sheets) who participated in the trainings
- Annex 2: A copy of the Training manual/guide used to deliver the trainings
- Annex 3: A copy of the Program agenda used for trainings.
- Annex 4: A copy of the newly developed marketing materials (posters)

CHRAJ FACILITATORS & THEIR POSITION

1. Samuel K. Bosompem – Deputy Director (PEU)
2. Efua Ewur- Asst. Legal Officer (HQ)
3. Rosemary Asante-Legal Officer (HQ)
4. Joyce Boahen-Legal Officer (HQ)
5. Cephass Essiful-Ansah- senior investigator & member of the complaint unit (health right desk-HQ)
6. Nana Amua-Sekyi-Regional Director (WR)
7. Mary Nartey-Regional Director (CR)
8. Charles Alex Quainoo- District Director (WR)
9. Emmanuel Essuman Dennison- District Director-Daboase (Wassa-East district WR)
10. Shadrack Majisi-Senior Investigator (Regional Office ER)
11. Clement Tahiru-Public Education Officer (HQ)
12. Joy Anima Debrah- Public Education Officer (HQ)
13. Christiana Quashigah-Public Education officer (HQ)
14. Mawuli Avutor-Public Education officer (HQ)

CSO FACILITATORS & THEIR POSITION

1. Nana Adjoa Nettey, Pro-Link Organization
2. Gabriella Ampem-Darko, KHARIS Foundation
3. Kofi Afari, 4H