

Narrative Progress Report

Report Period July - Dec, 2010

Contract Ref. No. 03/core/12/GSHRDC

Organisation GSHRDC

Contact Tel. No. 233 21 760 688

Report Date

Report Prepared by Margaret Brew-Ward

Report Approved by Dorcas Coker-Appiah

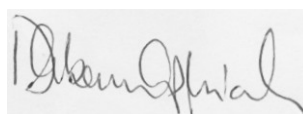
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Date: 29th June, 2010



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Please do not write in green coloured sections; refer to notes at last page for explanations

1. Organisation: evidence of significant progress / change

What are major changes in the organisation's circumstances that are likely to have impacted your outputs over the period?

- Organisational structure / board / management team
- Strategy / planning / decision making / knowledge management
- Human resource issues
- Marketing / communication / public relations

Indicators	Baseline	Prior Period	Current Period	Cumulative
	June, 2008	July – Dec, 2009	Jan – June, 2010	Jan – June, 2010
1. HR Management <i>I. Leadership</i> <i>II. Core staff</i> <i>III. Support staff</i>	Leadership positions: 1 Executive Director 1 Programme Manager Core staff: 1 Programme Manager 2 Project officers 1 Accountant Support staff: 1 Programme support/documentation officer, 1 Driver 1 Office support/cleaner	Leadership positions: 1 Executive Director 1 Programme Manager Core staff: 1 Programme Manager 2 Project Officers 1 Accountant Support staff: 1 Programme support/documentation officer, 1 Driver 1 Office support/cleaner	Leadership positions: 1 Executive Director 1 Programme Manager Core staff: 1 Programme Manager 2 Project Officers 1 Accountant Support staff: 1 Programme support/documentation officer, 1 Driver 1 Office support/cleaner 1 intern	Leadership positions: 1 Executive Director 1 Programme Manager Core staff: 1 Programme Manager 2 Project Officers 1 Accountant Support staff: 1 Programme support/documentation officer, 1 Driver 1 Office support/cleaner 1 intern
2. Governance <i>I. Board</i> <i>II. Committees</i> <i>III. Documented board meetings and Management meetings</i> <i>IV. Staff meetings</i>	i. A board of Five members ii. No committee iii. 2 board meetings in a year iv. Monthly staff	i. The board was expanded to 7 members to ensure that there are enough members available for regular board meetings ii. No committee iii. one board meeting	i. A board of 7 members. ii. No committee iii. two board meetings	i. A board of 7 members. ii. No committee iii. two board meetings

	meetings.	iv. 21 staff meetings were held. 2 Annual Staff Retreat	iv. 12 staff/programme meetings. 1 Annual Staff Retreat	iv. 12 staff/programme meetings. 1 Annual Staff Retreat
3. Systems and Procedures Financial management systems I. Budgeting II. Accounting III. Internal control IV. Financial reporting V. External audit Operational Policies VI. HR policy VII. Gender Policy VIII. Conflict of interest policy IX. Programme development policy X. Procurement Policy	i. Individual Project Budgets where used ii. Accounting and Financial Manual and Excel Spread Sheets iii. Controls as per Accounting and Financial Manual are Adhered to. iv. Monthly financial reports prepared by accountant to the executive director. v. External audit is done annually HR and condition of service policy exist. No written gender policy No conflict of interest policy existed. Strategic Plan exist Procurement Policy Exist	i. Organizational budget is being used ii. Used MYOB accounting package. iii. Controls as per Accounting and Financial Manual are Adhered to. iv. Monthly financial reports prepared by accountant to the executive director. v. External audit is done annually HR and condition of service policy exist. A scheme of service has been finalized. Working on gender Policy Document. Envisage it will be completed by end of June, 2010 Will start working on conflict of interest policy at beginning of April, 2010 Strategic plan has been revised and completed. Procurement Policy Exist	i. Organizational budget is being used ii. Currently using MYOB accounting package. iii. Controls as per Accounting and Financial Manual are Adhered to. iv. Monthly financial reports prepared by accountant to the executive director. v. External audit is done annually HR and condition of service policy exist. Scheme of service exist. Had discussions with some consultants and expecting support to develop one. Will start working on conflict of interest policy and hope complete by Dec, 2010 New Strategic plan in place. Procurement Policy Exist	Organizational budget is being used ii. Currently using MYOB accounting package. iii. Controls as per Accounting and Financial Manual are Adhered to. iv. Monthly financial reports prepared by accountant to the executive director. v. External audit is done annually HR and condition of service policy exist. Had discussions with some consultants and expecting support to develop one. Will start working on conflict of interest policy and hope complete by Dec, 2010 New Strategic plan in place. Procurement Policy Exist

4. Funding base development <i>List long-term programmes (3yrs+)</i>	Dutch MGD III Fund (7Partners, GC was the lead Orgn.)	WOMANKIND- DFID UN Trust Fund OSIWA	Womankind Worldwide (WK)	Dutch MGD III Fund UN Trust Fund, OSIWA WOMANKIND- DFID WKP II – DFID/EC Womankind
<i>List short-term programmes (1year)</i>	Global Fund for Women (GFW), Stars Foundation	AWDF WOMANKIND Worldwide (WK) GAC	Ghana AIDS Commission (GAC)	GFW, Stars Foundation G-RAP AWDF WOMANKIND Worldwide, Prolink GAC
<i>Total dollar volume of programmes</i>	MDG III \$7,000,000, Global Fund for Women \$42,000, Stars Foundation \$110,000	WK/DFID \$727,677 Prolink GAC - \$214,286 GAC - \$250,000 UN Trust Fund \$1,205,000 WOMANKIND Worldwide \$90,000 OSIWA - \$517,295 AWDF- \$50,000	GAC \$267,000	MDG III \$7,000,000 GFW - \$42,000, Stars- \$110,000 WK/DFID \$727,677 Prolink GAC - \$214,286 WK \$90,000 AWDF- \$50,000 GRAP, \$175,280 WKP II-DFID \$819,670 WKP II – EC \$893,651 GAC 267,000
<i>Approved dollar volumes</i>	None	WK/DFID \$727,677 GAC - \$214,286 AWDF, \$50,000	Womankind -\$140,625 G-RAP, \$75,000	WK/DFID \$727,677 Prolink GAC - \$214,286 AWDF, \$50,000 GRAP, \$75,000 Womankind \$140,625
<i>Percentage overhead recovery</i>	None	WK/DFID 40% p.a (aver) AWDF- 14% GAC- 4% Global Fund for Women-11%	Womankind 10% GAC 12% GRAP – 35%	WK/DFID 40% p.a (aver) AWDF- 14% GAC- 4% Global Fund for Women-11% WKP II – DFID/EC 10% GRAP – 35% Womankind 10% GAC 12%

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2. Collaboration, coalitions and networking
 Using the format below, list the most important organisations you collaborated with over the period, under each of the sectors listed below. For each organisation, give an indication of the issues or themes you worked on, its status and the outcomes.

	Organisation or coalition	Policy issue / theme / nature Starting / ongoing / ending	Outcome
Government - executive - judiciary - legislature	Ghana Aids Commission	<u>Review of National Strategic (NSF) Framework II to develop Gender Sensitive National Aids Policy and NSF III by 2011.</u> Gender Centre started to engage GAC with findings of our completed desk review of gender gaps in NSF II and gender sensitive HIV and AIDS programming in Ghana. The desk top gender analysis of the NSF II is the only document being used by GAC (NSF II Review Secretariat) to mainstream gender into the NSF III. GC is the only women's groups/civil society organisation to have produced a gender critique of the NSF II to influence the NSF III. It is early to assess the extent to which the recommendations have been adopted as the project is still ongoing.	Through our lobbying and engagement activities, the Gender Centre was allocated 4 slots on 4 working groups put together by the GAC to review the NSF II and NAP. The desk top gender analysis of the NSF II is the only gender focused document available and the review team took on board the recommendations which will form basis of drafting of NSF III (2011 - 2015). Current NSF II lacks gender specific goals, outcomes & indicators.
	Ministry of Women and Children's Affairs (MOWAC)	<u>Constitutional Review</u> The Executive Director is a member of MOWAC's team working to submit proposals to the constitutional review committee on behalf of women of Ghana.	The team is still meeting to complete recommendations for submission in July.
	Ghana Aids Commission	<u>Reducing HIV and AIDs Risk</u> Developed a proposal for funding to reduce behaviours that expose people to HIV infection in 5 districts in the Brong Ahafo Region.	Proposal is being assessed for funding and GC is waiting for response.
Coalition, network	b) Gender Violence Support Services Network (GVSSN) & Coalition on DV Legislation,	<u>Implementation of Domestic Violence Act:</u> Working as members of these coalitions to engage the Attorney General's office to draft a Legislative Instrument (LI) for the implementation of DV Act. This is an on-going process which started in 2009.	GVSSN and DV Coalition are umbrella networks that Gender Centre belongs to. The engagement process has resulted in a Committee set up to itemize issues to be considered in drafting the LI.
	b) Netright	<u>Constitutional Review</u> GC facilitated meetings by women's rights organizations to review the constitution from a gender perspective in order to make submissions to the Constitutional Review Committee.	Recommendations completed but yet to be discussed at a forum of organizations before submission to the Constitutional Review Committee.

		This is an ongoing process which started during the reporting period. The Executive Director chairs the committee.	
Peers /CBOs	a). Amasachina, Pro-Link and Rural Watch – Ghana.	<p><u>Reducing Women’s Susceptibility to HIV infection due to Gender Inequality in Ghana.</u></p> <p>Partnered with the 3 organizations to address the gender norms that make women more vulnerable to HIV infection in 3 communities Manwe, Papase and Nsokwao in Wa East, Kadjebi and Koforidua districts. This is a 3-year project which started in June, 2009.</p> <p>This is an ongoing project.</p>	<p>During the period there has been increased knowledge in women’s rights and gender inequalities between men and women especially with regard to those that make women and girls vulnerable to HIV/STIs. A total of 9,815 people (3,515 women, 2,114 men, 1,875 youth female, 2,198 youth male and 112 children) were reached. The teams have intervened in 40 cases reported to them through providing counselling and referrals. 21 of the cases were referred to CHRAJ, 17 cases of non-maintenance referred to social welfare and 2 defilement cases referred to DOVVSU. This has been achieved through the establishment of 3 community-based prevention teams and provision of information on forms and consequence of VAW, where/how abused persons can seek redress, laws in Ghana that protect women and children, HIV modes of transmission and prevention and gender norms/ patriarchal attitudes and practices that make women susceptible to HIV infection. Community members continue to seek support and information from team members and implementing partners on how to address cases of abuse in their lives/homes.</p> <p>As part of this project 6 different posters have been produced and distributed, 5 radio dramas produced and aired in Twi and English on Unique FM and Adom FM and sister stations across the country.</p>
	c). Pro- Link Organization	<p><u>Addressing the gender related aspect of HIV and AIDS.</u></p> <p>Sensitizing communities on women’s rights, gender norms that make women vulnerable to HIV as well as ST infections, modes of transmission and prevention in 2 districts (Dangme West and East) in the Greater Accra region.</p> <p>Though this project is for a year, there are indications that it will be extended for another year.</p>	<p>As a result of the project, the District Health Directorate now provides the Post –Exposure Prophylaxis (PEP) services to victims of sexual abuse especially rape and defilement. in 2 districts (Dangme West and East) in the Greater Accra region.</p> <p>Collaboration between the District Assembly, DOVVSU, District Health Teams and District School Health Programme Coordinators improved in the 2 districts namely Dangme West and East Districts. As a result of this project, service providers in the 2 districts provide coordinated response to victims of violence. The project has</p>

		<p>representatives at the hospital and DOVVSU offices in the districts. These representatives provide support to rape victims or survivors of sexual violence by helping them get immediate screening and treatment without going through the normal procedures.</p> <p>The nurses serve as resource persons during counselling and testing outreach programmes. The health centres also provide free medical treatment for in-school youth in our project communities found to have sexually transmitted infections.</p> <p>DOVVSU officers now accompany survivors of sexual/domestic violence to hospitals and ensure prosecution of perpetrators.</p> <p>The HIV focal persons in the 2 districts continue to represent their respective District Assemblies on the project. They serve as advisors and also monitor the activities of project staff in the communities.</p> <p>As a result of funds provided the following category of persons have been reached with different information.</p> <ul style="list-style-type: none"> ➤ 2108 people reached through BCC and outreach activities with information on HIV/AIDS, STIs and PEP. ➤ 3679 reached with information on women's rights; ➤ 3811 in-school youth reached through educational sessions on sexual reproductive health right and HIV/AIDS ➤ 3602 out of school Youth were reached with information on sexual reproductive Health Right (Male 223 Female 383) ➤ 2 persons received STI screening and treatment. ➤ 1205 persons reached through mobile CT Outreaches ➤ 639 people reached with information on Stigma
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	<p>e) WILDAF, FIDA and Hunger Project</p>	<p><u>Women's Participation in Governance and Politics:</u> GC & partners of "We Know Politics" continued to engage donors to fund the project.</p>	<p>So far 2 donors (EU and DFID) have agreed to fund the project. This project is a collaborative effort among 4 organizations being co-ordinated by WILDAF.</p> <p>The project is for 3 years and due to commence on 1st July, 2010</p>
	<p>f) Centre for the Development of People (CEDEP), BEWDA and AMASACHINA</p>	<p><u>Reducing Violence against Women</u> This is a 12 month consolidation phase of a project that started in 2005 in 15 communities. The aim is to build implementing partners' skills in monitoring and learning, in strengthening gender mainstreaming, and in organisational development. Also to improve sustainability of the project in the 15 communities and work with government agencies to monitor whether the Domestic Violence Act (DVA) is being implemented in the project areas.</p> <p>In this project community volunteers have been trained and are conducting educational programmes in these communities on the impact of violence, the content of DV Act, gender norms fuelling the spread of HIV and provide direct support to abused women and children in their communities and surrounding ones. We are also advocating for the abolishment of cultural practices fuelling the spread of HIV and AIDs.</p> <p>This project came to an end on March 31, 2010.</p>	<p>This project has ensured that violence against women and children is no longer tolerated within the communities. Through working with Community Based Action Teams (COMBAT) this project fostered discussions regarding domestic violence, provided resources to survivors of violence and dismantled harmful myths surrounding gender and women's roles. In the project areas these have been the outcome of our work:</p> <p>More women are able to play a more active role in their households and communities as a result of a reduction in violence against women (particularly wife beating) from 70% - 0% and improved gender relations with their partners/husbands, for example selling livestock and sending girl children to school. 90% of community members acknowledged a reduction in VAW.</p> <ol style="list-style-type: none"> 1. More women are reporting their cases of violence to informal service providers (COMBATs) and both COMBATs and service providers (state agencies) are more aware of their obligations to survivors under the Domestic Violence Act. 100% of women who benefitted from services of COMBATs and state agencies expressed satisfaction with support received. 2. 85% Community members, particularly traditional rulers and

			<p>religious leaders, are more aware of women's rights in relation to VAW so are more supportive of women experiencing violence seeking their counsel.</p> <ol style="list-style-type: none"> 3. Bye-laws sanctioning VAW has been developed by traditional rulers and select members of District Assembly ready for approval by paramount chief of BAWKU traditional area. 4. Partner organisations have increased their effectiveness to identify improvements in the lives of women survivors through improved monitoring and evaluation skills. Partners are now monitoring the project and documenting impact of project better as they use participatory learning and action tools like ranking and scoring to measure project impact during focus group discussions. 5. Partner organization's knowledge in fundraising and resource mobilization increased as partners developed checklist for resource mobilization/fundraising strategies for their organizations. At least 2 partners GC submitted proposals to donors. <p>So far 9,821 (4,725 women, 3,439 men, 827 girls, and 830 boys) have been reached with information on forms/impact of violence, the content of DV Act, gender norms fuelling the spread of HIV and support services available for abused women and children.</p>
	Window of Hope Foundation	<u>Reducing Violence against Women</u> <u>Developed a proposal together and got funding for a three-year project in Atwima Kwanwoma District in the Ashanti Region.</u>	Project activities just started with community entry.
Donor agencies	G-RAP	National Gender Forum The Gender Centre participated in a 2 day national gender forum in Accra on March 16-17, 2010 organized by G-RAP to discuss achievements, strategies and gaps in national gender advocacy programme.	The conference discussed best practices of advocacy approaches, gains made over the period identified gaps in existing national advocacy approaches. The programme helped Gender Centre network with other organizations and gender advocates around the country and have reached them with information (posters) on gender norms and women's vulnerability to HIV and AIDS thus

			helping us reach out to a wider audience with campaign messages. We also learned about some best sustainability strategies at the district level and are incorporating them into our work.
DA (please indicate district)	Kadjebi District, Koforidua Municipality and the Wa East District.	<u>Monitoring the use of Common Fund to ensure mandatory 0.5% is allocated to HIV and AIDs by District Assemblies.</u> Gender Centre is working with partners in 3 districts to monitor the use of mandatory 0.5% of District Assembly Common Fund for HIV/AIDs activities in Kadjebi District, Koforidua Municipality and Manwe in the Wa East District. This is an ongoing process.	The project has started creating mutual trust and transparency among stakeholders at the district level concerning the use of the Common Fund. In Kadjebi for instance the project has created a space for DAs, NGOs and representatives of associations of PLWHAs to discuss disbursement of the 0.5% of Common Fund for HIV and AIDS activities in the district and made a strong case for investment to be made in programmes that will reduce women's vulnerability to HIV infection. DAs (WA East and Kadjebi) who previously were not investing all the funds appropriately have developed work plans for disbursement when funds are received. In Koforidua Municipal Assembly this was not an issue. (An overall challenge is that the release of the Common Fund by the Central Government is not regular and timely and this affects the ability to monitor its implementation.
	Dangme West & East,	<u>Addressing the gender related aspects of HIV and AIDS.</u> Working with District Assembly to monitor project and collaborating for effective response.	There is collaboration between the District HIV Focal Person, DOVVSU and District Health Directorate to help victims of sexual abuse access the PEP services and also prosecute offenders of rape.
Private Sector	Traditional rulers and religious leaders in 3 communities Manwe, Papase and Nsokwao in Wa East, Kadjebi and Koforidua districts.	<u>Reducing women's vulnerability to HIV and AIDs as a result of gender norms.</u> Working with Chiefs and Community leaders to reduce gender inequality and pass a Bye-Law on Widow Inheritance. This is also an ongoing process.	One paramount chief and other opinion leaders agreed in principle to abolish widow inheritance which is widely practised in Manwe and supported condom distribution as part of HIV prevention measures. The process to abolish widowhood inheritance has just begun and it will take some time for this to be realized. In Papase key opinion leaders commended the project for reducing physical spousal abuse in the community. So far 80 (46 males and 34 females) traditional and religious leaders have been sensitized. Through our engagement with leaders and chiefs 22 of them are now making positive messages in churches and other public platforms. We will continue to engage with them to strengthen and increase the messages they are now disseminating.

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3. National pro-poor policies

Identified Policy Issue	Research/advocacy activities in relation to the identified policy area	What are the policy gaps identified from the research conducted	What is your organizations position on these issues supported by your research	What policy alternatives do you propose and how do you hope to achieve this policy change
1. Mainstreaming gender into key national HIV and AIDs policies and National Strategic Framework III (2011 – 2015) of the Ghana Aids Commission (GAC) to reduce women’s vulnerability to HIV and AIDS	<p>Under the last reporting period, GC undertook a desk review to identify gaps in NSF II (2006 -2010) and gender sensitive interventions funded by GAC. During the current reporting period, GC submitted a copy of the desk review with recommendations to the GAC and the NSF II Review Secretariat To enable them develop a gender responsive NSF III (2011-2015).</p> <p>The GC engaged The GAC and the NSF II review Secretariat through one to one meetings and submission of findings and recommendations.</p> <p>The GC also engaged the consultants for the review process with summaries of the desk review to be taken on board in their recommendation for NSF III.</p>	<p>The review revealed the following:</p> <p>1) though the NSF II makes a fairly good analysis of the link between HIV/AIDS and gender, the NSF II lacks gender specific goals, objectives, outcomes and indicators which casts doubt over its commitment to addressing the gender dimensions of HIV/AIDS, and make it difficult for implementers to work towards a specific target and measure progress in gender equality.</p> <p>2) There are no specific and comprehensive gender responsive strategies to tackle gender related factors that influence the spread and impact of the epidemic.</p> <p>3) The NSF II and its programmes of work do not specifically require implementing ministries, agencies and other partners to mainstream gender into their HIV/AIDS programmes.</p> <p>4) There are no initiatives that employ multiple strategies to address combined factors of gender norms, violence and low socio-economic status which predispose</p>	<p>Our position is that gender must be properly mainstreamed into the National HIV/AIDS Policy and the National Strategic Framework NFS III being developed for 2011 -2015.</p> <p>Such a policy change will lead to GAC setting targets for gender responsive HIV projects and making gender a criteria for grant applications.</p>	<p>We are proposing that the 1). GAC develops monitoring and evaluation system that includes gender disaggregated indicators.</p> <p>2). GAC strengthens the capacity of institutions tasked with mainstreaming gender equality to effectively discharge their duties.</p> <p>The NSF II is being reviewed by the GAC. The Centre, working with like-minded organizations have submitted copies of the desk review with recommendations for NSF III to the GAC and the NSF II Secretariat.</p> <p>The Centre is currently engaged in the review process of NSF II and represented on all the 4 thematic groups put together by the GAC for the purpose. The Centre also summarized findings and recommendations of the desk review for the consultants working on the documents to ensure that gender issues are taken on board in their recommendations for NSF III.</p> <p>The Centre also held one on one meetings with the Director –General of the GAC to discuss the issues raised in our desk review. The review process is on-going and the Centre will keep engaging the process and make inputs into the</p>

		women to HIV/AIDS. 5) Allocation of funds is based on the 7 thematic areas making it difficult to trace funds allocated to tackle the link between gender and HIV/AIDS.		documents to ensure issues raised in our research findings and recommendations have been addressed in the NSF III. In order to improve the capacity of coalition members to advocate for a gender responsive HIV and AIDs programming in the country, GC trained 33 NGO's/CSOs on Violence against women – forms and Impact, Domestic Violence Law, HIV modes of transmission and Prevention as well as gender norms that make women vulnerable to HIV infection in March, 2010.
2. Reducing Women's Susceptibility to HIV infection due to patriarchal attitudes and gender norms in Ghana	A. Educating the public on gender norms and socio-cultural factors fuelling the spread of HIV through airing of radio dramas in Twi and English on 4 radio stations across the country i.e Adom FM-Tema, Goodnews FM – Takoradi, Adepa FM -Techiman and Unique FM-Accra in May – June 2010. The airing will continue on other radio stations through out the country. b. Distributed 6 different types of posters on gender norms fuelling the spread of HIV to NGO's CSO's, individuals c. Trained 38 NGO's/CSO's on gender, on gender, domestic violence and HIV and AIDS and Women's Vulnerability to infection as well as gaps in the national response policies. d. Education is also on-going in the 3 communities on the modes of HIV transmission and	National HIV response does not address women's vulnerabilities to HIV infection due to gender norms (socio-cultural) factors such as acceptance of male promiscuity within marriage, widow inheritance, forced marriage, sex as woman's marital obligation and infertility as a woman's problem. No participant at the training had knowledge of gender gaps in NAP and NSF II	Our position that the gender dimension of HIV and AIDs in Ghana can not be addressed only by adopting the Abstinence, Be Faithful and Condom Use (ABC) framework which assumes that women and men have equal power in intimate relationships. Without addressing women's limited decision-making powers in relationships, more women will be vulnerable to infection and HIV prevalence among women will rise. Gender norms are preventing women from learning more about the virus and also seeking treatment. Women should be empowered to negotiate for condom usage even within marriage to protect themselves from promiscuous partners. These gender norms are not being addressed nor are policy makers and the general population aware that they are factors that increase	National HIV response strategies should move away from the ABC framework and address the factors that affect the status of women in the country. and eradicate underlining causes of the spread of the disease among women . Prevention work on HIV and Aids should address the socio-cultural factors identified as fuelling the spread of HIV. Custodians of such socio-cultural practices must be engaged in order to stop/reduce such practices.

	<p>prevention in Manwe (Wa East), Papase (Kadjebi) and Nsokwao (Koforidua) and 20 communities in Dangme East and West Districts. The education is also tackling cultural practices/gender norms fuelling HIV infection to encourage people change their attitudes and empower women through promoting and protection of rights.</p> <p>e. Working with Chiefs and Community leaders to reduce gender inequality and pass a Bye-Law on Widow Inheritance.</p>	<p>No formal or informal regulations on socio-cultural practices fuelling the spread of HIV and AIDs.</p>	<p>women’s vulnerability to HIV. Public awareness raising campaigns should continue to empower women to protect themselves.</p> <p>All socio-cultural practices fuelling the spread of the disease (like widow inheritance) must be regulated or discouraged.</p>	
3. Protecting victims of rape and other sexual abuse from HIV infection through PEP services.	<p>Advocating for access to PEP services for victims of sexual abuse in 2 districts (Dangme West and East) in the Greater Accra region.</p>	<p>There is no national policy for use of PEP services to protect victims of sexual abuse though this facility is being used by medical staff to prevent HIV infection in the course of discharging their duties in case of accident.</p>	<p>Our position is that the Ghana Health Service should come out with a policy to protect non medical staff from HIV infection through the use of PEP nation-wide.</p>	<p>The Ghana Health Service should implement PEP services nation-wide through a policy direction.</p>
4. Reducing Violence against Women in Ghana	<p>a) The Centre launched its book titled “The architecture of violence against women in Ghana” as part of its work to deepen knowledge and understanding of the factors that underpin and sustain violence against women.</p> <p>b) Advocated for end of violence against women and children especially domestic violence in 15 communities in Wa, Bawku West, Kwaebibirem and Atwima Mponua Districts in the Upper</p>	<p>The findings point out to the impact of violence against women and some of the critical areas to be addressed in responding to violence against women.</p> <p>Even though the Domestic Violence Act was passed 3 years ago, knowledge of the content of the Act is still minimal even among duty bearers (formal and informal). The other gap is the non-existence of legislative instrument is</p>	<p>The book has been welcomed by researchers as providing the theoretical framework for violence in Ghana.</p> <p>Education programmes undertaken on the content of the Act for duty bearers (formal and informal) and the general public. The process of implementation of the Domestic Violence Act</p>	<p>We are advocating for the implementation of the DV Act and other laws protecting women’s rights.</p> <p>In order to complement the work of state institutions, Community-based approach could be adopted to reduce domestic violence in Ghana. This module has been developed and tested</p>

	<p>West, Upper East, Eastern and Ashanti Regions through our community based anti-violence project. Community volunteers have been trained and are conducting educational programmes in these communities on the impact of violence, the content of DV Act, gender norms fuelling the spread of HIV and providing direct support to abused women and children in their communities and surrounding ones.</p>	<p>stalling the implementation of provisions in the DV Act by duty bearers.</p>	<p>must be speeded up by passing the legislative instrument.</p>	<p>by the Gender Centre in 18 communities for over 5 years. As a result of this, we continuously share our lessons learnt from this project with policy/decision makers, NGO's etc. Already the GC has published and distributed a book on how to establish such a community-based system.</p>
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4. Success Story

Briefly describe your organization's landmark achievement this period.

Gender Centre and national coalition increased advocacy and lobbying to mainstream gender into the National HIV/AIDS Policy and the National Strategic Framework III (2011 – 2015) by the Ghana AIDS Commission. As part this, a desk top review was conducted to identify gender gaps in NSF II (2006 -2010) and gender sensitive interventions funded by GAC. Through our lobbying and advocacy activities, the Gender Centre and national coalition was allocated 4 slots on working groups put together by the GAC to review the NSF II and NAP. The desk top gender analysis of the NSF II is the only document being used by GAC (NSF II Review Secretariat) to mainstream gender into the NSF III. The recommendations submitted to GAC and the review team have been taken on board to form basis of drafting of NSF III (2011 - 2015). GC is the only women's group/civil society organisation to have produced a gender critique of the NSF II to influence the NSF III. It is early to assess the extent to which the recommendations have been adopted as the project is still engaged in the on-going process. The capacity of coalition members and key regional stakeholders improved through training on a module focused on women's rights with in the context of HIV and AIDs in Ghana. It is still early to assess the impact of the training programme on coalition members' work. In the longer term GC will collect evidence about whether this has had a practical impact in their work. However, pre and post training questionnaires completed by participants indicated their knowledge on forms, causes and impact of VAW as well as gender inequality fuelling the spread of HIV and AIDS has increased from 40% - 90%.

During the period there has been increased knowledge in women's rights and gender inequalities between men and women especially with regard to those that make women and girls vulnerable to HIV/STIs in 3 project communities and surrounding areas. This has been achieved through the establishment of 3 community-based prevention teams and provision of information on forms and consequence of VAW, where/how abused persons can seek redress, laws in Ghana that protect women and children, HIV modes of transmission and prevention and gender norms/ patriarchal attitudes and practices that make women susceptible to HIV infection. A total of 9,815 people (3,515 women, 2,114 men, 1,875 youth female, 2,198 youth male and 112 children) were reached. The teams have increasingly advocated for women's rights by tackling and resolving practical cases where women's rights are being denied; the committees have intervened in 40 cases reported to them through providing counselling and referrals. 21 of the cases were referred to CHRAJ, 17 cases of non-maintenance referred to social welfare and 2 defilement cases referred to DOVVSU. The community has collaborated with the teams by handing over perpetrators to the police. This is a significant step in the lives of women who did not get this level of community support before. Community members continue to seek support and information from team members and implementing

partners on how to address cases of abuse in their lives/homes. The project is also increasing women's sexual knowledge and empowering them to discuss sexual matters with their partners. Though the baseline indicates that only 10% women have been able negotiate for condom usage with their partners, 50% of women interviewed said the project has given them the confidence to discuss HIV and AIDS related issues with their partners and are confident to demand condom usage,

GC has increased awareness on the effects of gender inequality on HIV transmission through the development of 6 and distribution of 2400 copies (400 copies of each type) of 6 different types of posters to NGOs working on gender and HIV and AIDS. The project also raised the awareness of the general public through airing of radio dramas in English and one Ghanaian language (Twi) on Unique FM and Adom FM and sister stations across the country in May – June 2010. Gender analysis of callers during the radio programme showed 15% females and 85% males. Questions asked during the phone-in indicated that listeners were following the discussions with interest as it bordered on gender norms. The usage of condoms within marriage as a preventive measure for HIV was debated and some callers felt the best alternative is mutual faithfulness. Though men callers accepted promiscuity on the part of men they blamed women for driving men out of their homes. The questions asked by women bordered on women accepting domestic violence as the norm. The learning from this activity is the need for continuous education on the role of gender norms in HIV and AIDS infection among women and especially the use of condoms within marriages. The airing of the dramas is still going on and will continue for the rest of the year.

In order to improve the effectiveness of project implementation of GC and implementing partners, staff have benefitted from several training programmes (VAW, women's rights and HIV and AIDS, Gender Mainstreaming, resource mobilization and fundraising, laws protecting women and children, laws on domestic violence) that have enhanced their capacity to provide similar trainings to community teams and district level stakeholders. The changes are already being felt as partners are gradually being recognized and consulted by their Districts Assemblies on issues related to gender and VAW having made presentations and facilitated a number of workshops involving community team members and officials of the DA.

The Centre also launched its book titled "The architecture of violence against women in Ghana" as part of our work to deepen knowledge and understanding of the factors that underpin violence against women in order to address it. Attached, please find copy for your office.

Re-launch of GC's website made the organization more visible and has led to requests from people who have visited the website to join as interns, staff or partner with GC on a project.

5. Stakeholder Perception

How has the credibility and legitimacy of RAOs changed in the eyes of GoG and the Ghana public? What is your interpretation? Is there a reference to this evidence of change?

Generally, RAOs maintain some credibility and legitimacy in the eyes of government and the public but there are times there appears to be some mistrust on both sides. Even some members of parliament believe that RAO's are there to use their beneficiaries to make money. As a result of this perception it has become difficult for RAO's to mobilize MPs for programmes.

5. What is your perception on the general policy making environment in Ghana

Policy making in the country is still top-down. Sometimes the consultation is done just to enable CSO's approve what has already been done and satisfy requirements.

7. Grant and report related issues

7.1 What issues you wish to raise relating to the Grant or to G-RAP management?

Nothing to raise at the moment

7.2 What parts of the report are confidential or cannot be shared without prior consent?

None.

Contact information:

Location: Hse No. 8, Gbatsonaa Street,
Nyaneba Estate, Osu,
P. O. Box AN6192,
Accra North
Ghana.

Tel: (233 21) 760688

Tel/Fax: (233 21) 760687

Email: info@gendercentreghana.org, gendcent@yahoo.com

Website: www.gendercentreghana.org