

APPLICANT REQUEST FOR MATCHING FUNDS

IMPORTANT: To complete this form, refer to the 'Instructions for Matching Funds Requests'.

SUMMARY INFORMATION			
Applicant	CCM, GHANA		
Funding request which this matching funds request relates to	HIV		
Strategic priority area*	Removing human rights barriers in access to HIV Services	Amount available*	\$2.3m
		Amount requested	\$2.3m
Strategic priority area*		Amount available*	
		Amount requested	

* As communicated in the allocation letter

1. Programming of allocation funding towards strategic priority areas

- a) Referring to relevant modules and interventions within your allocation funding request,
- Describe how programming of the allocation supports each strategic priority for which you are applying for matching funds;
 - Specify whether the allocation budget invested in each strategic priority area is higher than for the previous allocation cycle (2014-2016).

OR

- b) For program continuation applicants,
- Explain, as applicable, which modules and interventions within your existing program support each strategic priority for which you are applying for matching funds;
 - Describe, as applicable, any reprogramming that you plan to undertake to increase the investment of allocation resources in the strategic priority areas.

Ghana has successfully applied for the Global Fund 2018-2020 grant and will be implementing HIV, TB and Malaria programs in line with the National HIV and AIDS Response, for the next three years. However, Human Rights (HR) related barriers to accessing HIV services prevent current grants from fulfilling their full potential towards reaching 90-90-90 targets.

Ghana has invested in multiple studies to assess the barriers faced by key populations, including people living with HIV in accessing services, including the Global Fund Baseline Assessment to Support to country to scale-up programs to address human rights-related barriers.

According to the Ghana Country HR Report, key and vulnerable populations experience higher burdens and more intense forms of stigma and discrimination, including social exclusion. The community-level stigma and discrimination related to HIV is grounded in limited understandings as well as misconceptions about HIV. Key and vulnerable populations experience higher burdens and more intense forms of stigma and discrimination, including social exclusion (GAC, 2014). For those who identify as key populations, in and of themselves highly stigmatized, the specter or diagnosis of HIV can represent a “double burden”

The level of knowledge among the general population, as well as among key populations, particularly about ART and the possibilities for managing an HIV diagnosis are inadequate and outdated. As a result of limited understanding about the potential of ART and how HIV has become a treatable, chronic disease like numerous others, many in their communities continue to equate an HIV diagnosis with imminent death and stigmatize those living with HIV and/or are thus fearful or reticent to test. Because of the continued stigma attached to HIV, key populations and others may not use HIV-related health services because they fear it will “brand” them as someone living with HIV.

Another significant barrier to access as well as uptake and retention is the stigma and discrimination experienced within services. A recent study with health providers in Kumasi and Accra found notable levels of stigmatizing behavior: 37% of service providers reported always hearing their colleagues make derogatory remarks about key populations. (NACP 2017). The Ghana HR Report revealed that many Key Informants (KIs) and Focus Groups (FGs) spoke of humiliating and degrading treatment by providers.

Efforts have been made over the years to reduce HIV and KP related stigma and discrimination. The USAID SHARPER project (Strengthening HIV/ AIDS Response Partnership and Evidenced Based Results), implemented from 2010-2014, had a focus on reducing stigma and discrimination permeating many activities/components. Primary activities, carried out in 166 high prevalence districts, included peer-to-peer outreach and communication, drop-in-centers, a cellphone-based counseling and health messaging system, and daily SMS reminders for antiretroviral therapy adherence. SHARPER was followed briefly by Linkages and the current USAID Strengthening the Care Continuum (JSI principal), which commenced in March 2016 also works toward reducing stigma and discrimination in health settings for key populations and people living with HIV.

There have also been various initiatives to reduce stigma and discrimination in health facilities by sensitizing and training health care workers to be key population-friendly. Several of these trainings have incorporated or are now seeking to incorporate human rights perspectives and content. As part of its collaborative efforts with West African AIDS Foundation to protect and promote LGBT rights, the Human Rights Advocacy Centre (HRAC) has conducted human rights education workshops for 360 health care professionals in six regions (60 in each region). The workshop exercises entailed values clarification exercises, ‘Human Rights 101’, and advocacy training on stigma and discrimination.

Law enforcement agents are also not left out. There have been significant large-scale efforts to sensitize police agents in Ghana. In 2000, the Ghana Police Service started to incorporate a public health approach into their law enforcement practices. In 2013, with PEPFAR funding, they developed a curriculum for pre-service training for officers on stigma and discrimination reduction against key populations. There are also efforts to conduct in-service training for police officers with the goal of covering all 38,000 police officers nationwide.

Several programs have incorporated efforts to address stigma and discrimination but it is evident that, while these particular programs all play a crucial role in facilitating access to non-stigmatizing services and reducing stigma and discrimination, it has been insufficient in scope.

The growing body of evidence demonstrates the importance of addressing human rights and gender-related access barriers, including stigma and discrimination against key and vulnerable populations, harmful gender-norms, and gender-based violations and inequalities. In preparation of the new grant cycle, Ghana has planned for a more comprehensive approach to addressing human rights barriers. Ghana’s eligibility for the matching funding to address human rights-related barriers is an opportunity to scale-up and introduce evidence-based human rights programs. There are interventions in the ‘Within Allocation’ application that relate to Human Right abuses and stigma and discrimination. These include

efforts to train health care providers on Human Rights and medical ethics related to HIV/ TB. The HR application will cover the training of health personnel from health facilities in 53 districts covering 64 facilities. This represents the gap of 216 districts, out of which 163 is covered within allocation application.

The HR Application will also organize re-engagement and sensitization meetings with 200 middle and top management of the Ghana Police Service, 230 national, regional and district CHRAJ officers, 30 national and regional DOVVSU officers, 30 middle and top management of the Legal Aid Board, and 120 leaders and members of the Association of Judges and Magistrates on HIV and AIDS related human rights issues, including GAC Act, 2016 (Act 938), new Narcotic Bill as well as how to effectively address gender-based violence and sexual violence.

The Global Fund Baseline Assessment and USAID/PEPFAR supported assessment on stigma and discrimination at health care settings included concrete programmatic suggestions to address stigma and discrimination and increase access to justice. These suggestions are being piloted and will be scaled up in addition to complementing human rights related interventions found in the 'Within Allocation' grant applications.

Geographic Expansion: To Scale up HR related activities in the 5 Priority Regions (Greater Accra, Eastern, Western, Brong-Ahafo and Ashanti Regions) and expand into two other regions of high HIV disease burden (Volta, Central). However, some activities will be of a national scope. Examples include Legal Literacy and Gender related activities.

2. Additional investments proposed and outcomes expected

Using the table below,

- a) Describe, for each strategic priority, the additional investments that you propose to undertake if the matching funds request is approved.
- b) Explain how the proposed additional investments have the potential to contribute to maximizing the impact of the program. In your response, specify what program targets and/or improvements in program quality will be achieved.

[Duplicate the table as needed, if your application includes more than one strategic priority area]

Strategic Priority Area		Removing human rights barriers in access to HIV Services		
Module	Interventions	Brief description of activities to be undertaken	Outcomes expected (e.g. expected increase in targets and/or program quality)	Amount requested
Programs to reduce human right related barriers to HIV services	Stigma and Discrimination	Reduction of stigma through: 1. Conduct community outreach to mobilize and sensitize the public on HIV-related stigma and discrimination; 2. Scale-up peer-to-peer support, "Models of Hope" activities in three additional regions (Volta, Central and Brong-Ahafo Regions)	Models of Hope are PLHIVs on ART and have dedicated their life to set as models to support other PLHIVs to initiate and adhere to treatment (their activities support the attainment of second 90 and	\$1,240,762.65 (54%)

		<p>3. Advocacy and awareness raising sessions with religious and community leaders through quarterly public engagement of people living with HIV and/or TB on HIV and TB-related stigma and discrimination;</p> <p>4. Mass media campaign with anti-discrimination and raising awareness on basic facts on HIV and TB and existing policy and legal framework including the Patients' Charter and new GAC Act through community radio programs across 216 districts;</p> <p>5. Conduct HIV Stigma Index study for PLHIV and KPs to update HIV Stigma Index 2014;</p> <p>6. Form 10 regional Human Rights Advocacy Groups (HRAG) comprising PLHIV, persons affected by TB and KPs to promote health and non-discrimination;</p> <p>7. Incorporate information on anti-Stigma and Discrimination, available legal and social support services into existing IE&C materials on accessing HIV testing, treatment and care services and disseminate through mass media and community level channels.</p>	<p>third 90. The Models of hope also support community level follow up on defaulting clients and provide psychosocial support to client suffering from adverse effects of ARVs and promote anti-stigma and discrimination at the community level. The catalytic application will scale-up Models of Hope activities to cover three additional regions (Volta, Central and Brong Ahafo Regions) and other exiting ART sites without Models of Hope.</p> <p>NACP, in collaboration with NAP+ Ghana is currently conducting a rapid assessment to map out the current situation in terms of availability and acceptability of Models of Hope nationwide. This will complement the findings from the other facilities assessed by EQUIP.</p>	
	<p>Training of health care providers on HR and medical ethics related to HIV/ TB</p>	<p>1. Strengthen human rights and medical ethics training for pre-services training for all health professionals, including community-based health care professionals.</p> <p>2. Scale-up stigma and</p>	<p>Medical ethics is an integral part of training for all health care professionals. This activity will ensure stronger integration of medical ethics</p>	<p>\$140,407.57 (6%)</p>

		<p>discrimination reduction training in the 15 health facilities covered under the S&D in health facilities study. Currently, a package of activities recommended by the S&D study is being piloted in 5 out of the 20 highest HIV burden sites.</p>	<p>training in pre-service trainings in all medical institutes;</p> <p>The services of a local consultant would be procured to work with the Medical Institutes to update the medical ethics module, run a Training of Trainers and update the Medical Ethics Module, do a pilot training in two HIV high volume patient and two underserved medical training institutes (High Volume: Komfo Anokye and Korle Bu. Underserved Site: University of Health and Allied Sciences-UHAS and Tamale Teaching Hospital - TTH).</p> <p>This activity will complement the trainings in 163 districts, which are covered by the allocation.</p>	
	<p>“know-your rights’ and legal literacy programs</p>	<p>1. Train and support groups of peer paralegals and outreach workers for key and vulnerable populations on legal and human rights in the context of HIV, including GAC Act 938 and new Narcotic Bill which highlight rights of PLHIV and key and vulnerable groups;</p> <p>2. Build and strengthen community organizations human resources and institutional capacity to provide peer-to-peer training on human rights and legal literacy to other community</p>	<p>200 PLHIV leaders in NAP+ national and regional executives; 350 key populations peer educators from MSM, sex workers and people who inject drugs and additional 250 HIV and TB community outreach workers and educators trained on human rights and legal literacy;</p>	<p>\$225,133.96 (10%)</p>

		and peer-led organizations to form networks and strengthen ties with regional networkers for mutual support and capacity building.		
	HIV-related legal services	<ol style="list-style-type: none"> 1. Monitor, document and address human rights violations through promoting and strengthening the CHRAJ Anti-Stigma and Discrimination Online and Short Code Text Messaging System among KPs, Vulnerable Populations, including PLHIVs; 2. Expand and support CHRAJ National, Regional and District Offices nationwide for monitoring and reporting human rights violations and advocacy and awareness raising on human rights and available legal resources; 3. Regional AIDS Committee members from Legal AID, CHRAJ, and Ghana Bar Association are trained on health and human rights including the GAC Act 2016 and new Narcotic Bill to provide legal support to key and vulnerable populations. 	These activities builds on existing monitoring and reporting support provided by CHARJ to the key and vulnerable groups and existing legal support through Legal AID and Ghana Bar Association. This will strengthen existing partnerships between national human rights commission (CHRAJ), Legal AID, and key populations communities.	\$322,748.68 (14%)
	Sensitization of law makers and law enforcement agents	<ol style="list-style-type: none"> 1. Strengthening human rights module in pre- and in- service training of the police and the prison staff and roll-out the trainings with the participation of communities, and national human rights commission (CHRAJ); 2. Organize re-engagement and sensitization meetings with 200 middle and top management of the Ghana Police Service, 230 national, regional and district CHRAJ officers, 30 national and regional DOVVSU officers, 30 middle and top management of the Legal Aid Board, and 120 leaders and members of the Association of Judges and Magistrates on HIV and AIDS 	These activities build on existing community human rights trainings with law enforcement officers and partnerships between relevant stakeholders in law enforcement agencies, Legal AID board, national human rights commission and members of the judiciary to scale-up effective and responsible policing and legal aid and services for key and vulnerable populations.	\$80,349.52 (3%)

		related human rights issues, including GAC Act, 2016 (Act 938), new Narcotic Bill as well as how to effectively address gender-based violence and sexual violence.		
	Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<ol style="list-style-type: none"> 1. Develop and disseminate education and advocacy materials on gender-related barriers, including harmful gender norms and socio-cultural practices in the context of HIV; 2. Activities to raise awareness on gender-based violence involving men, women and girls, as well as community and religious leaders to prevent gender-based violence, including intimate partner violence and establish better linkage to appropriate legal and medical services; 3. Train selected Regional AIDS Committee members on alternative dispute resolution mechanism that already exists within the Ghana Judicial System for non-legal practitioners to complement the work of CHRAJ to address HIV –related human rights and gender based violence related issues nationwide. 		\$24,178.35 (1%)
	Coordination	Operating cost, monitoring and Human resource		266.149.27 (12%)
TOTAL AMOUNT				\$2,300,000 (100%)

3. Compliance with the minimum 1:1 funding match

For each strategic priority areas included in your application,

- a) Confirm whether the total allocation funding invested in the strategic priority area matches by at least a 1:1 ratio the total amount that you are requesting for matching funds.
- b) Provide a justification if this minimum matching ratio is not met. As applicable, specify any potential funding sources that will be mobilized to increase investments in the strategic priority area.

RSSH – HR allocation and matching HR budget						
Module	Intervention	Activity Description	Y1- 4 Total Cash Outflow	Amount allocated to HR (25-50%)	HR Intervention Category	HR Budget Allocation
RSSH: Community Response and systems	Community led Advocacy	Organize community Capacity Enhancement Program for CHMCs (Community Health Management Committee) at the CHPS zones.	\$797,400	\$199,350	Stigma and Discrimination (engagement of community leaders, support groups to promote health and non- discrimination).	\$113,254.76
RSSH: Community Response and systems	Social Mobilization building community linkages, collaboration and coordination	Conduct community and home-based outreach programs by Models of Hope (MoH)	\$840,000	\$210,000	Scale-up peer-to-peer support 'Models of Hope activities in three additional regions (Volta, Central and Brong Ahafo regions)	\$ 588,481.23
RSSH: Community Response and systems	Community-based monitoring	Strengthen community level monitoring and reporting	\$626,280	\$313,140	Advocacy and awareness raising sessions with religious and community leaders through quarterly public engagement of people living with HIV and/or TB on HIV and TB-related stigma and discrimination;	\$118,553.75
RSSH: Community Response and systems	Community-based monitoring	Conduct client satisfaction survey	\$60,000	\$30,000	6. Improving laws, regulations, and policies related to HIV, and HIV/TB (Assessing impact of policies/ practices on informed consent and confidentiality on	

					access to services).	
RSSH: Community Response and systems	Social Mobilization building community linkages, collaboration and coordination	SAMC (Social Accountability, Monitoring Committee) engage and provide orientation for CHMC at the Community Level	\$333,040	\$166,520	1. Stigma and Discrimination Sensitization of lawmakers and law enforcement (information and sensitization on legal, health, and human rights aspects of HIV and on violence prevention).	\$80,349.52
RSSH: Health management information systems and M&E	Other health information systems and M&E interventions	Development of Task Sharing Training Material in HIV, TB, Malaria	\$7,680.00	\$1,920	3. Training of health care providers on HR and medical ethics related to HIV/TB (Development of institutional policies and accountability mechanisms).	\$ 132,843.90
RSSH: Health management information systems and M&E	Other health information systems and M&E interventions	ToT on task sharing training material in HIV, TB, Malaria (regional program coordinators)	\$78,220	\$19,555	Scale-up stigma and discrimination reduction training in the 15 health facilities covered under the S&D in health facilities study. Currently, a package of activities recommended by the S&D study is being piloted in 5 out of the 20 highest HIV burden sites.	\$7,563.67
RSSH: Health management information systems and M&E	Other health information systems and M&E interventions	Train District Program Coordinators on task sharing training material in HIV, TB, Malaria	\$318,732	\$79,683	1. Train and support groups of peer paralegals and outreach workers for key and vulnerable populations on legal and human rights in the context of HIV, including GAC Act 938 and new Narcotic Bill which highlight rights of PLHIV and key and vulnerable groups; 2. Build and strengthen community organizations human resources and institutional capacity to	\$ 225,113.96

					provide peer-to-peer training on human rights and legal literacy to other community and peer-led organizations to form networks and strengthen ties with regional networkers for mutual support and capacity building.	
Module	Intervention	Activity Description	Y1- 4 Total Cash Outflow	Amount allocated to HR (100%)		
RSSH	Human Rights	Community orientation on policy/resource advocacy for vulnerable		\$32,500		
		Community led policy advocacy with high level officials		\$180,000		
		Right based advocacy related to media		\$60,000		
		Policy advocacy campaigns		\$180,000		
		Materials for social mobilization / community advocacy		\$256,000		
		Mainstream gender discrimination, inequality and violence into all CSS programs		\$ 410,000		

KP – HR allocation and matching HR budget

Module	Intervention	Activity Description	Y1- 4 Total Cash Outflow	Percentage of budget that could be allocated to HR	HR integration	Amount allocated to HR if integration suggestions made
Comprehensive prevention program MSM	Other intervention for MSM	Staff training on New Standard Operation Procedures (SOP)	\$9,026.05	25%	Training should include specific HR components such as non-discrimination, duty to treat, violence prevention, informed consent and confidentiality, etc.	\$2,256.51
Comprehensive prevention programs for sex workers and their clients	Other intervention for sex workers and their clients	Staff training on New Standard Operation Procedures (SOP)	\$9,486.98	25%	Training should include specific HR components such as non-discrimination, duty to treat, violence prevention, informed consent and confidentiality, etc.	\$2,371.75
Comprehensive prevention programs for people in prisons and other closed settings.	Other intervention for people in prisons and other closed settings.	Staff training on New Standard Operation Procedures (SOP)	\$5,582.79	25%	Training should include specific HR components such as non-discrimination, duty to treat, violence prevention, informed consent and confidentiality, etc.	\$1,395.70
Comprehensive prevention program MSM	Other intervention for MSM	Case Manager Training	\$6,504.65	25%	Training should include specific HR components, include the right to non-discrimination, informed consent and confidentiality, how to record and report the cases of human rights violations, understanding of available legal and other services in case such linkage should be made.	\$1,626.16
Comprehensive prevention programs for sex workers and their clients	Other intervention for sex workers and their clients	Case Manager Training	\$11,113.95	25%	Training should include specific HR components such as non-discrimination, duty to treat, violence prevention, informed consent and confidentiality, etc.	\$2,778.49

Comprehensive prevention programs for people in prisons and other closed settings.	Other intervention for people in prisons and other closed settings.	Case Manager Training	\$6,748.84	25%	Training should include specific HR components such as non-discrimination, duty to treat, violence prevention, informed consent and confidentiality, etc.	\$1,687.21
Comprehensive prevention programs for sex workers and their clients	Behavioral interventions for sex workers	Initial training for Peer navigators	\$65,060.47	25%	Training should include specific HR components such as non-discrimination, duty to treat, violence prevention, informed consent and confidentiality, etc.	\$16,265.12
Comprehensive prevention programs for sex workers and their clients	Behavioral interventions for sex workers	Refresher training for Peer navigators	\$43,096.74	25%	Training should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$10,774.19
Comprehensive prevention programs for sex workers and their clients	Other intervention for sex workers and their clients	IE&C Materials (printed materials, guidelines, etc).	\$44,504.65	25%	The IEC materials should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$11,126.16
Comprehensive prevention programs for sex workers and their clients	Other intervention for sex workers and their clients	Initial training for Peer navigators	\$28,902.33	25%	Training should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$7,225.58

Comprehensive prevention programs for sex workers and their clients	Other intervention for sex workers and their clients	Refresher training for Peer navigators	\$19,128.37	25%	Training should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$4,782.09
Comprehensive prevention programs for sex workers and their clients	Community empowerment for sex workers	Community Engagement sessions	\$8,769.77	25%	Community engagement should include stigma and discrimination information/ sensitization as well as legal literacy such as "Know your Rights"	\$2,192.44
Comprehensive prevention programs for sex workers and their clients	Community empowerment for sex workers	Establishment owners meeting	\$7,015.81	25%	More information needed- looks like it could potentially incorporate HR activities.	\$1,753.95
Comprehensive prevention programs for MSM	Other intervention for MSM	Initial training for Peer navigators	\$20,558.14	25%	Training should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$5,139.54
Comprehensive prevention programs for MSM	Other intervention for MSM	Refresher training for Peer navigators	\$13,597.21	25%	Training should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$3,399.30

Comprehensive prevention programs for MSM	Other intervention for MSM	Initial training for Peer navigators	\$13,604.65	25%	Training should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$3,401.16
Comprehensive prevention programs for MSM	Other intervention for MSM	Refresher training for Peer navigators	\$8,987.91	25%	Training should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$2,246.98
Comprehensive prevention programs for people in prisons and other closed settings.	Behavioral interventions for people in prisons and other closed settings.	Drama Session	\$35,100.00	50%	Include HR sensitization, stigma and discrimination, etc. (see HR intervention category" for description).	\$17,550.00
Comprehensive prevention programs for people in prisons and other closed settings.	Other interventions for people in prisons and other closed settings	IE&C Materials (printed materials, guidelines, etc).	\$14,127.91	50%	Training should include specific HR components, such as 'know-your rights', raising awareness on available services, referral to legal and appropriate medical services where violation occurs, how to document and report the cases of human rights violations.	\$7,063.96
	Human Rights	Community engagement sessions for sex workers	\$11,698.60	100%		
		Prison inmate sensitization sessions	\$13,128.37	100%		