The Global Fund

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/TB**		
Strategic priority area*	**Scale-up of evidence-Informed HIV programs For key populations**	**Amount available***	**$ 3.6 million**
		Amount requested	**$ 3.6 million**
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.*

Strategic Priority Area: Scale-up of evidence-informed HIV programs for key populations

The focus for this catalytic fund application is to scale-up and strengthen evidence-informed HIV programs for key populations along the continuum of prevention and care with much attention on the 2nd and third 90 of the fast track target (90-90-90). There will however be expansion of

the FSW intervention to 5 districts outside the within allocation districts. This will bring the FSW intervention districts to 16 (11 within allocation; 5 for catalytic) and 11 districts for MSM within allocation, no geographic expansion in catalytic application). These expansion districts were chosen based on the recommendations from the KP assessment commissioned by the Ghana AIDS Commission and the GF, programmatic mapping and size estimates (2016) and national program data (2016) based on population and HIV yield. The expansion approach within allocation and catalytic application is guided by the complementarity and coordination between PEPFAR and Global Fund supported sites to prevent duplication and achieve impact. Furthermore, the catalytic fund will support implementation of models of care to improve retention and viral load suppression among MSM and FSWs in selected sites in the 11 districts. It is estimated that at least 90% of all HIV positive KP identified within allocation districts and the catalytic districts will be enrolled in treatment and 90% of the enrolled, retained in treatment through the catalytic activities.
Below is a table of the within allocation and catalytic districts, the criteria for selecting the catalytic districts with coverage targets, and service package under each funding arrangement.

Table 1: Districts and services for within allocation and catalytic applications

Item	**NFM II ('Prevention reach' Targets; FSW-15,080; MSM-6,992)**	**Catalytic ('Prevention reach' Targets – 2,535 FSW)**	**Criteria for selection**
# of FSW districts	• AMA (3,662) • La Dadekotopon (321) • KMA (3,316) • Jaman North (239) • Techiman (131) • Sunyani Municipal (1,371) • New Juaben (2,683) • Sunyani West (502) • Ga East (1,003) • Ga South (1,053) • Ga Central (799)	• CCMA (1,041) • KEEA (329) • Agona West (395) • Birim Central (170) • Tamale (600)	KP assessment recommendation Program yield of 3.57% (2016), closeness to CCMA 3rd group of districts under the KP assessment Program yield of 4.23% (2016) 2nd group of districts under the KP assessment
# of MSM districts	• AMA (2,780) • Ashaiman (450) • La Dadekotopon (171) • LEKMA (350) • Ningo (332) • KMA (1,318) • New Juaben (619) • CCMA (481) • KEEA (117) • Agona West (150) • Effutu (224)	No geographic expansion districts (*see below additional activities for within allocation districts to improve targeting, yield, retention and viral load suppression)*	KP Assessment recommendation
FSW service package	• Regular risk assessment and	In addition to service package;	Based on multi-stakeholder review

(based on revised KP SOP)	referrals • HTS • STI screening and treatment • HIV care • Screen for SGBV • Condom and lubricant distribution	• Pilot innovative testing approaches such as ring leader and partner testing • Link KPs to Ghana Health Service Differentiated Model of Care (GHS DMOC) testing sites Focus on linkage to and retention in treatment • Case Manager to follow up HIV positive FSWs • Link HIV positive FSWs to GHS DMOC treatment sites • Case Managers periodic meetings to improve identification, linkage and retention in treatment of HIV positive FSWs	and recommendations
MSM service package (based on revised KP SOP)	• regular risk assessment and referrals • HTS • STI screening and treatment • HIV care • Screen for SGBV • Condom and lubricant distribution	In addition to service package; • Use internet-based IEC to reach non-venue based MSM • Pilot innovative testing approaches such as ring leader and partner testing • Link KPs to GHS DMOC testing sites Focus on linkage to and retention in treatment • Case Manager to follow up HIV positive MSM • Link HIV positive MSM to GHS Differentiated Models of Care treatment sites to improve retention and viral load suppression • Case Managers periodic meetings to improve identification, linkage and retention in treatment of HIV positive FSWs	Based on multi-stakeholder review and recommendations
# FSWs DIC	N/A	• Accra – 1 • Kumasi -2 • Sunyani – 1 • Techiman - 1	Based on existing NFM I sites
# MSM DIC	N/A	• Accra – 1 • New Juaben – 1 • Ho – 1	Based on existing NFM I sites

RSSH	N/A	• Use Ghana Key Population Unique Identifier System (GKPUIS) and AIDS E-tracker for tracking KPs • Conduct rapid formative assessment KP-specific Models of Hope (KP led support group) recommended by the KP assessment. • A follow-up study to the KP assessment • Conduct a desk review of existing PWID study reports to inform PWID programming. • Establish KP program monitoring Team (KP PMT) at the regional levels (5 focus and 2 catalytic regions). Each team will comprise 5 members (3 MSM, 2 FSW) • Establish linkages between KP PMT and other community monitoring groups such as social accountability monitoring committee (SAMC) to learn and share experiences.	Based on current revised National M & E Plan (multi-stake-holder review and recommendations

The within allocation application for KP intervention already provides the minimum required services according to the National KP SOP. This service package will be strengthened by (piloting and) scaling up innovative strategies such as the 'ring leader' and the partner testing approaches to reach closeted populations and also improve yield.

The national FSW population is estimated at 69,998 with 15080 (22%) covered by the NFM II within allocation budget and 19,191 (27%) covered under the PEPFAR COP 2017. The expansion for FSW will cover an additional 2,535 (4%). This brings to 17,615 the total FSWs to be covered by the GF (within allocation and catalytic). The estimated number of MSM in Ghana is 36,349 (including both venue based and non-venue based communities). The within allocation budget covers 6,992 (19% of total) and the PEPFAR COP 2017 covers 7,689 (21% of total). As part of the scaling up of interventions under the catalytic fund application strategies such as internet-based information, education and communication activities will be piloted to reach non-venue based and hard-to-reach MSM in the within allocation districts.

The cost effectiveness of drop-in-centers (DIC) was examined in the recent KP assessment. The report recognized the importance of DIC as a KP-friendly facility offering the full package of services including HIV testing and STI management especially in a setting where stigma and discrimination continue to deter KP from seeking services. The DIC facility also provides space for broader engagement of KP in programme management and service delivery which can boost service coverage. However, unless the size of the KPs in the catchment area is high, the

service coverage benefit of the DIC may not be cost effective. Based on these recommendations, the catalytic application will be used to support 5 DICs (Kumasi 2, Techiman 1, Sunyani 1, Accra 1) in districts receiving GF support for FSW and 3 (Accra 1, New Juaben 1, Ho 1) in districts receiving GF support for MSM.

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		**Scale-up of evidence-Informed HIV programs for key populations**		
Module	**Interventions**	**Brief description of activities to be undertaken**	**Outcomes expected** (e.g. expected increase in targets and/or program quality)	**Amount requested**
Comprehensive prevention programs for sex workers and their clients	**Community Empowerment for sex workers**	1. Organize 2 community dialogue sessions quarterly within the KP communities to share information on available services and research findings, received feedback from programming from community members. 2. Establish a safe space through an interactive webpage to serve as a forum for the dissemination of messages on sexuality, SGBV information, experience sharing on topical issues. 3. Mentor and coach 2 KP advocates per region to strengthen FSWs to support constituency and stakeholder engagements.	*Percentage of sex workers reporting the use of a condom with their most recent client* **(Increase the number of FSWs to be reached under the GF from 15,080 to 17,615).**	**$283,702**
	Addressing stigma, discrimination and violence against sex worker	Interventions to reduce stigma and discrimination; 1. Document violence and other human rights abuse against FSWs 2. Develop info graphic on the patient charter to be distributed and displayed in health facilities within six (6) regions (5 within allocation; 1 catalytic) 3. Reinvigorate M-watchers (all PEs from within allocation and catalytic regions), M-friends (5	*Increased number of FSWs knowledgeable in the facility level patient charter to assure improved quality of HIV and AIDS service* *Traumatized FSW as a result of SGVB receive*	**$351,679**

		per district) module to facilitate effective identification and redress of SGBV within KP communities. 4. Link traumatized KPs to psychosocial support services. Identify 16 clinical psychologist and counselors in each FSW implementing district (in focus regions and catalytic regions) to provide support services. 5. Develop code of ethics to guide operations of KP, PEs and Case Managers	*improved support form M-Friends and M-watchers* *Well sensitized and FSW friendly clinical psychologists support KPs as a means to increase uptake of KP friendly health services*	
	Behavioural interventions for sex workers	1. Expand FSW activities to 5 districts a. Establish and operate project offices to enhance KP access to HIV services b. Train project staff and volunteers in expansion districts, c. Train additional Case Managers (18) on the revised KP SOP, data management, KP service package (including TB) for the provision of KP friendly services. 2. Organize one-on-one and group risk-reduction sessions 3. Organize hotspot-based outreach HIV prevention information, education and communication education. 4. Peer Navigators annual review meeting 5. Pear Counsellors (Existing) support to reach the hard to reach FSW 6. Produce and distribute the revised BCC materials	*Increased number of FSW access KP friendly HIV services from well sensitized facility and non-venue-based health service providers*	**$888,053**
	Condoms and lubricant programming for sex workers	1 Condom promotion and distribution through other condom outlets and PEs in catalytic districts 2 Referrals for further HIV/TB services and presumed STI infection•	*Increased condom service uptake by FSW to contribute to reduction of new HIV and other sexually transmitted infections*	**$1,448**
	Diagnosis and treatment of sexually transmitted infections and other sexual and reproductive health services for sex workers	1. Maintain and operate 5 DICs GF FSW districts 2. Screening and management of sexually transmitted infections 3. Routine sexually transmitted infection check-ups for FSWs 4. Syndromic case management for patients with symptoms 5. Linkages and integration with other sexual and reproductive health services for FSW	*Improved management of STI among KP thereby contributing to reduction possible new HIV infections.*	**$90,382**
	HIV testing services for sex workers	1. Use innovative approaches such as; • Partner testing (pilot and expand) • Ring leader approach • Social network	*Increased number of FSWs accessing HTS due to expansion in the numbers of lay counsellors who provide HTS at the community level.*	**$367,975**

		• Snow-ball approach to identify higher-risk FSW and to increase HTS yield. 2. Train additional lay counselors(testers) to support the provision of HTS and also improve the identification of HIV positive cases (yield). 40 in within allocation districts and 15 in catalytic districts. 3. Refer FSWs to HIV prevention, treatment and care services and clinical support services 4. Improve community facility linkages from testing to treatment through the Case Managers as prescribed by the revised KP SOP. 5. Link HIV positive KPs to the DMOC ART services to be offered by the Ghana Health Service 6. Link KPs to HIV testing DMOC Organize quarterly meeting for Case Managers from within allocation and catalytic districts for discussions on improving HIV care indicators. 7 Organize quarterly case managers and ART nurses review meeting	*KP PLHIV access and retained in care and eventually result in viral suppression.*	
Comprehensive prevention programs for Men who have sex with Men (MSM)	**Community Empowerment for men who have sex with men (MSM)**	1 Establish a safe space through an interactive webpage to serve as a forum for the dissemination of messages on sexuality, SGBV information, and experience sharing on topical issues. 2 .Mentor and coach 2 MSM advocates per region to strengthen and support constituency and stakeholder engagements 3 Organize quarterly community dialogue sessions within the KP communities to share information on available services and research findings, received feedback from programming from community members. 4 Experienced zonal peer navigators support (Reach hard to rea MSM and sex workers) 5 Organize annual Peer Navigators review meeting .	*Percentage of men reporting the use of a condom the last time they had anal sex with a male partner* **(Number of MSMs to be reached by the GF supported districts 6,992).**	**$ 115, 553**
	Addressing stigma, discrimination and violence against MSM	Interventions to reduce stigma and discrimination; 1. Document violence and other human rights abuse against MSM 2. Develop a KP-specific treatment support model, similar to Models of Hope, based on outcome of	*Increased number of MSM knowledgeable in the facility level patient charter to assure improved quality of HIV and AIDS service*	**$97,079**

		assessment to be carried out. 3. Develop info graphic on the patient charter to be distributed and displayed in health facilities within six (6) regions (5 within allocation; 1 catalytic) 4. Reinvigorate M-watchers (all PEs from within allocation and catalytic regions), M-friends (5 per district) module to facilitate effective identification and redress of SGBV within KP communities. 5. Link traumatized KPs to psychosocial support services. Identify 11 clinical psychologist and counselors in each MSM implementing district (in within allocation and catalytic districts) to provide support services. 6. Develop code of ethics to guide operations of KP PEs and Case Managers. .	*Traumatized MSM as a result of SGVB receive improved support form M-Friends and M-watchers*	
	Behavioural interventions for men who have sex with men	1. Pilot non-venue based intervention for MSM in AMA, KMA in year 1 and expand to other GF districts in year 2 & 3 after assessing pilot 2. Pilot intervention for MSM sex workers in AMA and KMA in year 1, expand to other GF districts in year 2 & 3 3. Use internet-based approach to provide HIV prevention information, education and communication to reach the hard-to-reach MSM	*Increased number of MSM access KP friendly HIV services from well sensitized facility and non-venue-based health service providers*	**$ 124, 979**
	HIV testing and treatment services for MSM	1. Use innovative approaches such as; • Partner testing (pilot and expand) • Ring leader approach • Social network • Snow-ball approach to identify higher-risk MSM and FSW and to increase HTS yield. 2. Develop a KP-specific treatment support model, similar to Models of Hope, based on outcome of assessment to be carried out. 3. Train additional lay counselors to support the provision of HTS and also improve the identification of HIV positive cases (yield). 40 in within allocation districts and 15 in catalytic districts. 4. Refer MSM to HIV prevention, treatment and care services and clinical support services 5. Improve community facility linkages from testing to treatment through the Case Managers as prescribed by the	*MSM PLHIV access and retained in care and eventually result in viral suppression.* *Increased number of MSM accessing HTS due to expansion in the numbers of lay counsellors who provide HTS at the community level.*	**$54,102**

		revised KP SOP. 6. Link HIV positive MSM to the DMOC ART services to be offered by the Ghana Health Service 7. Link KPs to HIV testing DMOC 8. Organize quarterly meeting for Case Managers from within allocation and catalytic districts for discussions on improving HIV retention and viral load suppression.		
	Diagnosis and treatment of sexually transmitted infections and other sexual and reproductive health services for MSM	1. Maintain and operate 3 DICs GF MSM districts. 2. Screening and management of sexually transmitted infections 3. Routine sexually transmitted infection check-ups for MSM 4. Syndromic case management for patients with symptoms 5. Linkages and integration with other sexual and reproductive health services for MSM		**$68,051**
RSSH	**RSSH (Research, data and strategic information)**	1. Use Ghana Key Population Unique Identifier System (GKPUIS) and HIV E-tracker to track services provided MSM and FSW along the HIV continuum of prevent and care 2. Procure PDAs for the implementation of GKPUIS in the GF MSM and FSW districts (within allocation and catalytic) 3. Conduct a rapid formative assessment to identify issues around acceptability, confidentiality, feasibility and sustainability of KP-specific models of hope as recommended by the KP assessment. This assessment will include 4 districts in within allocation and 1 district in the catalytic application. A follow-up study to the KP assessment 5. Conduct a desk review of existing PWID study reports to have a composite report to inform future PWID programming. 6. Establish KP program monitoring Team (KP PMT) at the regional levels (5 regions in within allocation and 1 catalytic region). Each team will comprise 5 members (3 MSM, 2 FSW) to prompt PR and SRs on program issues from the view point of the beneficiary community.	*Quality of KP data generated, collected, analyzed and reported improved.*	**$940,932**
Program Management		Equipment, Furniture, Office rental, operation costs for the expansion districts, communication and audit		**$214,934**
TOTAL AMOUNT				**$3,598,871**

3. Compliance with the minimum 1:1 funding match

The Global Fund

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.

The total catalytic application amount requested is **US$3,598,871** which is a 1:1 ration with the KP component of the within allocation application **of US$4, 274,789.03**

Module	Amount allocated within allocation $	KP Catalytic Budget Allocation $
Comprehensive prevention programs for sex workers and their clients	**1,557,156.32**	**1, 983,239**
Comprehensive prevention programs for Men who have sex with Men (MSM)	**722,195.78**	**459,765**
RSSH: Health management information systems and M&E	**285,806.35**	**940,932**
Program Management	**1,709,630.57**	**214,934**