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# USAID/GHANA PEPFAR HIV STIGMA AND DISCRIMINATION ACTIVITY ASSESSMENT

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This publication was produced for review by the United States Agency for International Development. It was prepared by Carolyn Barnes, Mohamad Sy-Ar, Fred Nana Poku, and Jacob Larbi through the Global Health Technical Assistance Project.



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## **DISCLAIMER**

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## ACRONYMS

ART	Anti-retroviral treatment
ARV	Anti-retroviral
BCC	Behavior change communication
BCS	Behavior Change Support Project
CBO	Community-based organization
CDC	(U.S.) Centers for Disease Control and Prevention
CCP	Johns Hopkins University Center for Communication Programs
CDD/Ghana	Center for Democratic Development/Ghana
CEPEHRG	Center for Popular Education and Human Rights, Ghana
DOD	(U.S.) Department of Defense
DOS	(U.S.) Department of State
DOVVSU	Domestic Violence and Victim Support United of Ghana Police Services
EMPower	Empowering and Mobilizing People Living with HIV/AIDS Project
FGD	Focus group discussion
FIDA	Federation of International Women Lawyers
FSW	Female sex worker
FRHP	Focus Region Health Project
GAC	Ghana AIDS Commission
GHS	Ghana Health Service
GH Tech	Global Health Technical Assistance Project
GOG	Government of Ghana
GSCP	Ghana Sustainable Change Project
HOFA	Hope for All Foundation
JSI	John Snow, Inc.
LRF	Life Relief Foundation
MARPs	Most-at-risk-populations
MCHIP	Maternal and Child Health Integrated Program
MSM	Men who have sex with men
NACP	National AIDS Control Program
NAP+	National Association of People Living with HIV/AIDS
NGO	Non-governmental organization
NSF	Ghana National Strategic Framework
OICI	Opportunities Industrialization Centers International, Ghana
PCV	Peace Corps volunteer
PCVT	Peace Corps volunteer trainer
PEP	Post-exposure prophylaxis
PEPFAR	(U.S.) President's Emergency Plan for AIDS Relief
PFIP	Partnership Framework Implementation Plan
PLHIV	People living with HIV

PMTCT	Prevention of mother-to-child transmission
PWP	Prevention with Positives
QHP	Quality Health Partners
SHARP	Strengthening HIV and AIDS Response Partnership
SHARPER	Strengthening HIV and AIDS Response Partnership with Evidence Based Results
S&D	Stigma and discrimination
STI	Sexually transmitted infection
TOT	Training of trainers
U.S.	United States of America
USAID	United States Agency for International Development
USPC	United States Peace Corps

# EXECUTIVE SUMMARY

## ASSESSMENT OBJECTIVES

This assessment is intended to assist the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Inter-Agency Team in Ghana, its implementing partners, and the Ghana AIDS Commission (GAC) in documenting and assessing PEPFAR Ghana's HIV stigma reduction efforts. The work in Ghana was carried out from May 18 to June 3, 2011.

The assessment objectives are to:

- Document the status of current stigma reduction efforts in PEPFAR Ghana's portfolio
- Determine the existing strengths and weaknesses of PEPFAR Ghana program approach to stigma reduction
- Develop a tool to monitor HIV stigma reduction activities in PEPFAR Ghana's portfolio
- Make recommendations for the continued strengthening of PEPFAR Ghana's stigma reduction efforts and identify opportunities for PEPFAR to promote opportunities for coordination and integration of innovative approaches
- Offer suggestions on ways to integrate HIV stigma reduction activities into other HIV and non-HIV specific programs

## METHODOLOGY

Meetings were held with key PEPFAR program and project managers, the Ghana AIDS Commission, and selected implementing partners. Approximately half of these meetings took place in greater Accra and half occurred in field visits in Central and Western Regions. Nine focus group discussions were held with people living with HIV (PLHIV), men that have sex with men (MSM) and female sex worker (FSW) peer educators and participants, and PLHIV Models of Hope.<sup>1</sup> In addition, a number of project-related documents and behavior change materials were reviewed.

### Findings Related to Current Status

The findings on stigma and discrimination (S&D) reduction activities of the nine projects and programs assessed are grouped into three categories, primarily by their common characteristics. The first group consists of activities at the community level, whereas the second group covers activities centered on health system facilities. The third group covers S&D reduction activities focused on other key institutional structures.

#### Community Level

The Strengthening HIV & AIDS Response Partnership with Evidence Based Results (SHARPER) project, led by FHI, focuses on services to PLHIV, MSM and FSWs and their non-paying partners and has recently initiated activities to protect their human rights. SHARPER is currently implemented in 24 districts and is slated to expand in 2012 to 30 districts in nine regions.

The Empowering and Mobilizing People Living with HIV/AIDS (EMPower) project, implemented by World Education, works in two regions with PLHIV, including organizations focused on MSM

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<sup>1</sup> Trained by their respective organizations, Models of Hope are PLHIV who assist their local hospital on anti-retroviral therapy (ART) clinic days, offering help and encouragement to the very sick and those who are HIV positive. They use their own life experiences as an example to convince new PLHIV to cope in a positive manner with their status.

and FSWs and their non-paying partners. EMPower has trained support group leaders to enable them to organize step-down training for their members and their outreach activities. In addition, the Ambassador's Special Self-Help PEPFAR Program also provides support to organizations that work with PLHIV. To date, it has supported 15 PLHIV support organizations. The program has no regional limitations.

In contrast to other PEPFAR-supported community-level activities, the Peace Corps' S&D activities center primarily on outreach to non-PLHIV.

### **Health System Facilities**

The Focus Region Health Partners (FRHP) project, with John Snow Inc. as the implementing partner, centers on improving the quality of health services delivered in 27 facilities in five regions with high HIV prevalence. As of mid-May 2011, training of trainers sessions had been held for persons from 21 facilities in three regions; FRHP has also begun collecting baseline data at the facilities. In addition, FRHP supports orientation training in post-exposure prophylaxis (PEP) for health workers and rape survivors in five regions for up to 150 heads of non-ART providing facilities. By the end of July 2011, all orientation seminars will be completed.

The Maternal and Child Health Integration Project (MCHIP), implemented by Jhpiego, has not yet rolled out its HIV and S&D reduction training sessions to teachers and tutors in pre-service educational institutions that train mid-wives and community health nurses. As a step toward development of the training, a study was carried out in 27 schools covering three broad areas, including HIV and perceptions related to stigma and discrimination.

### **Other Key Institutional Structures**

The Ghana Armed Forces has an institutionalized HIV program that covers the Army, Air Force, and Navy. Health workers in its health facilities have been trained in HIV S&D reduction. The program includes peer educators who reach out to uniformed members and civilian employees, as well their spouses, in addition to communities surrounding the garrisons. To date some 500 peer educators have been trained, with a focus on S&D discrimination against PLHIV. In May 2011 peer education training was given jointly to members of the Army, Navy, and Air Force. As a result of the latter, a HIV Coordinating Council was formed with representatives from each branch.

Commencing in 2008 and ending in February 2011, the HIV & AIDS Anti-stigma and Human Rights Initiative project was carried out by the Ghana Center for Democratic Development (CDD). National in scale and reaching select persons in all 10 regions, the project centered on reduction of stigma among police, judiciary, and prisons and associated positive steps for appropriate actions. The project led to workplace HIV policies in the Judicial Service and Ghana Prison Service, as well as NACP's instituting guidelines on PEP for defilement and rape survivors.

The PEPFAR Media Specialist in the Department of State's Public Relations Office works with select media outlets to develop the media's positive influence on stigma and discrimination issues. The specialist encourages and facilitates positive coverage related to PLHIV as a strategy to counter stigmatizing messages in the media.

## **KEY CONCLUSIONS**

### **Strengths**

- The best practice of having PLHIV speak to groups demystifies HIV and is used in USAID health-related facilities projects. The Peace Corps will include this practice in its forthcoming in-country training of volunteers.

- The practice of having PLHIV, MSM, and FSWs serve as peer educators in SHARPER and EMPOWER projects helps empower them.
- The synergy between HIV S&D reduction training in health service facilities and use of Models of Hope has made the facilities more PLHIV client friendly.
- The attention given by the HIV & AIDS Anti-Stigma and Human Rights Initiative Project to treatment of victims of defilement and rape with PEP helped influence National AIDS Control Program to institute guidelines on PEP for defilement and rape survivors. Implementation of these guidelines is being supported by FRHP through its training of heads of non-ART facilities in five regions.
- SHARPER involves use of a number of evidence-based innovative approaches that should be considered for adoption by other projects and programs, such as its helpline counseling services provided by trained counselors to anonymous callers, and work associated with protection of the rights of MSM, FSWs, and PLHIV.

## **Weaknesses**

- With some exceptions, a common weakness is that the projects and programs have not taken the necessary steps to enable them to assess the performance results of their S&D activities or to systematically monitor performance changes that are directly linked to the S&D activities.
- The team found enough evidence to challenge the prevalent, general assumption that all staff and Peace Corps volunteers (PCVs) sensitized in HIV and AIDS are automatically MSM and FSW friendly.
- Across the PEPFAR Agencies, some implementing partners do not have a clear understanding of exiting behavior change communication (BCC) materials approved by the Ghana AIDS Commission, and the GAC approval process for BCC materials to ensure standardization and quality of BCC materials used.
- The description of eligibility for funds from the Ambassador's Special Self-Help PEPFAR Program does not convey the message that HIV-related stigma and discrimination reduction activities would be eligible for support.
- There is no structured training curriculum for training Peace Corps volunteers on HIV and S&D reduction.
- Gaps and deficiencies exist in the current S&D module in the Positive Living Toolkit intended for use with PLHIV support groups. For example, it does not address the double stigma experienced by MSM and FSWs.

## **KEY RECOMMENDATIONS**

The recommendations cover some weaknesses identified and continued strengthening of the S&D reduction efforts. The recommendations also address opportunities to promote integration and coordination of innovative approaches and offer suggestions on ways to integrate HIV stigma reduction into other HIV and non-HIV specific programs. A more detailed description of each is contained in the full report, which includes additional recommendations.

### **Cross-cutting**

- To facilitate coordination and track its S&D activities, the PEPFAR Inter-Agency Team should have easy access to key information about each agency's S&D-reduction activities, such as type of S&D activity, type of participants, and implementation districts. We suggest that the Agency Team consider supporting the development of an easy-to-use spreadsheet tool with drop-down lists, such as the one in the appendix in the full report.

- Action needs to be taken by SHARPER to enable enhanced assessment of the performance outcomes of S&D reduction activities. The Peace Corps and Armed Forces should take the steps needed to systematically monitor and assess performance changes that are directly linked to their S&D reduction activities.
- PEPFAR agencies should seek to mainstream participatory sessions to increase knowledge about HIV and awareness of the effects of S&D on PLHIV, MSM, and FSWs among individuals in the workplace of agencies and their implementing partners. To enable this to occur, the PEPFAR Inter-Agency Team should support development of a facilitator's guide.
- The PEPFAR Inter-Agency Team might consider the usefulness of supporting a short additional module on S&D toward MSM and FSWs in the next Demographic and Health Survey (DHS) to complement existing DHS questions related to stigma and discrimination against PLHIV.

### **Agency Specific**

- The Peace Corps should develop a curriculum on HIV and S&D reduction that would be used in its training of volunteers. Peace Corps volunteers form a unique cadre that should be used more systematically to reach remote communities with BCC on HIV and S&D.
- USAID should support the development and production of BCC modules and materials that address self-stigma among MSM and FSWs, which can be used in interpersonal and small group discussions. In addition, it should support the development of modules and materials centered on self-stigma and techniques for increasing self-esteem to address gaps in the existing S&D module in Positive Living Toolkit for use with PLHIV support groups.
- USAID should include statements related to inclusion of HIV S&D reduction activities in key documents for planned and future projects. At a minimum, statements should highlight that facilitated sessions need to occur with staff and officers. For projects at the community level, USAID should signal that BCC on HIV S&D is to be integrated into the work. In both cases, the statement should highlight the need to use existing resources.
- The HIV program in the Ghana Armed Forces should consider strengthening its anti-stigma work by adopting innovative approaches, such as a helpline service manned by trained counselors to respond to calls from those who want to remain anonymous, and adopt or adapt other innovative approaches it deems appropriate for its work. Examples of help lines can be drawn from USAID/Ghana or other PEPFAR programs
- The Ghana Armed Forces should consider integration of BCC into its HIV program to reduce S&D against MSM and FSWs, with the aim of helping its members respect the rights of most-at-risk populations (MARPs) and thus serve as role models in Ghanaian society.
- The description of eligibility for support from the Ambassador's Special Self-Help PEPFAR Program should be modified to include a statement that would signal the willingness to fund activities aimed at reduction of HIV stigma and discrimination. Concurrently, the application form should be modified to include key information required on such activities.
- The PEPFAR Media Specialist should facilitate greater media coverage that links human rights, PLHIV, MSM, and FSWs to stigma reduction. In addition, the Media Specialist, Centers for Disease Control and Prevention (CDC), and USAID should work together to devise a strategy for follow-on action once the results of the Men's Health Study are available.

# I. INTRODUCTION

## PURPOSE AND OBJECTIVES

This assessment is intended to assist the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Inter-Agency Team in Ghana, its implementing partners, and the Ghana AIDS Commission (GAC) in documenting and assessing PEPFAR Ghana's HIV stigma reduction efforts. The information will be utilized to determine strengths and weaknesses of the PEPFAR Ghana program with respect to stigma reduction approaches, and help inform future program activities. The team's scope of work is presented in Appendix A.

The assessment objectives are:

- Document the status of current stigma reduction efforts in the PEPFAR Ghana portfolio
- Determine the existing strengths and weaknesses of the PEPFAR Ghana program approach to stigma reduction
- Develop a tool to monitor HIV stigma-reduction activities in PEPFAR Ghana's portfolio
- Make recommendations for the continued strengthening of PEPFAR Ghana's stigma-reduction efforts and identify opportunities for PEPFAR to promote opportunities for coordination and integration of innovative approaches
- Offer suggestions on ways to integrate HIV stigma-reduction activities into other HIV and non-HIV specific programs

## BACKGROUND

### HIV/AIDS in Ghana

Currently, the HIV/AIDS epidemic is a low-level generalized epidemic with pockets of high infection among certain populations (matured mixed epidemic). The national prevalence rate is 1.5%, with a regional variation of 0.7% to 3.2%. Since 2000, the peak national median prevalence has shown a downward trend: initially estimated at 3.6% in 2003, prevalence subsided to 2.9% by 2009. It is estimated that a total of 221,941 people are living with the HIV virus, with 12,870 new infections recorded in 2010 (National AIDS Control Program [NACP] March 2011). The drivers of the epidemic has been the continuous bridging from core high-prevalence sub-populations, such as female sex workers (FSWs) and their clients, men having sex with men (MSM), and people with multiple partners. Another driver has been stigma and discrimination, which serves as a significant obstacle to reach those already infected as well as most-at-risk populations (MARPs).

Stigma and discrimination (S&D) is relatively high in Ghana, as indicated in the Demographic and Health Survey undertaken in 2008. Generally, only 11% of adult females and 19% of adult males have accepting attitudes toward people living with the HIV virus (GSS, GHS, and IFC Macro 2009). S&D exists at all levels: among individuals, in homes and communities, and within institutions. It takes various forms and accounts significantly for the low levels of patronage of clinical and non-clinical HIV services. According to estimates of HIV prevalence, there is low national HIV testing and counseling in the general population (17% in 2008), and low anti-retroviral therapy (ART) coverage for those needing ART (32% in 2009) despite efforts aimed at making these services available. This situation is in part due to stigma and discrimination. As in other countries, stigma is driven by lack of knowledge, fear of acquisition of the virus and consequent fear of association, and a weak enabling environment fostered by cultural norms and practices as well as by the lack of specific laws protecting rights of MARPs and people living with

HIV (PLHIV). In addition, Ghana's Criminal Code has been interpreted to make commercial sex work and homosexuality illegal (Jeffers et al. 2010).

The national response has been driven by the National Strategic Framework (NSF) I (2000-2005), NSF II (2006-2010), and the National HIV/AIDS and STI Policy, all of which outlined stigma and discrimination activities in a multisectoral and multidisciplinary approach. However, interventions addressing stigma and discrimination have not been adequate and well-coordinated. The current National Strategic Plan, which is being implemented from 2011 to 2015, identifies reduction of stigma and discrimination as an important HIV/AIDS prevention-control activity and seeks to enhance previous interventions. These interventions are being implemented through collaboration between stakeholders, such as the GAC and the National AIDS Control Program, and civil society organizations, with financial support mainly from the Global Fund, U.S. Government, Danida, and UNAIDS.

In November 2009, the Government of Ghana (GOG) and the U.S. Government signed a five-year Partnership Framework in support of Ghana's HIV/AIDS National Response. Subsequently in 2010, a Partnership Framework Implementation Plan was agreed upon. The partnership seeks to reduce the number of new infections, expand and improve the care and treatment of PLHIV, strengthen the policy environment, and strengthen health systems at both the national and community levels. Two of the five implementation plan goals have objectives specifically linked to stigma and discrimination: Goal 1: Reduce the number of new infections by 30% (6,000) in 2013 and Goal 5: Strengthen community based organizations' capacity to provide information and services to MARPs and PLHIV.

### **Anti-stigma and Discrimination Activities**

The GOG, with support from USAID, has used national campaigns as a means to reduce HIV S&D. This started in 2001 during the *Stop AIDS, Love Life* campaign produced by the Johns Hopkins University Center for Communication Programs (CCP). The following year the *Reach Out and Show Compassion* campaign focused on the need for compassion. The latter had three basic components: an advocacy component, which pulled together senior religious leaders from different religious backgrounds, work with mainstream as well as fringe elements in the media, and PLHIV. A series of video spots called *Compassion* were produced involving PLHIV's providing testimonies and religious leaders' expressing support. All were aired on local and national television. The media campaigns were accompanied by inter-personal communication, with the specific goal of motivating religious leaders, law enforcement, members of the judiciary system, and chiefs to involve their peers during and after the *Compassion* campaign. The evidence, however, suggests that this effort led to no concrete results.

When the Ghana Sustainable Change Project (GSCP) took over from CCP in 2004, the campaign continued and new approaches were added. Specifically, a *Positive Living Toolkit* for HIV/AIDS was developed for work with PLHIV support groups, which contained a specific module on S&D. Supporting CDs and cassette tapes were produced to accompany the toolkit for training facilitators and some were to be broadcast on national radio. The toolkit was used by the Strengthening HIV and AIDS Response Partnership (SHARP), implemented by the Academy of Educational Development and local non-governmental organizations (NGOs), as well as non-SHARP organizations working with PLHIV. Other communication materials such as posters were produced to train and sensitize local religious leaders. Another national HIV stigma reduction campaign called *Who Are You to Judge* was launched in 2007. Materials developed for this campaign are still widely used by many organizations.

Also, since 2006, USAID has integrated HIV S&D reduction into its project to improve the quality of health services by addressing S&D as a primary barrier to universal access to HIV treatment, care, and prevention. To reduce S&D in health care settings, the Quality Health

Partners (QHP) project (2006-2010) developed a participatory curriculum for health workers, which raises awareness among health workers about stigma and their own attitudes and behaviors, as well as clarifies the modes of HIV transmission to alleviate fears about HIV infection. The approach involved developing a set of master trainers who provided a training-of-trainers (TOT) session to two individuals from each selected facility that provided ART, with these individuals then providing step-down training for individuals in their own facility. In addition, the QHP project collaborated with the SHARP project and the National AIDS/STI Control Program (NACP) in implementing a package of tools and interventions dubbed the High Impact Package (Get HIP!).

Overall, Ghana's current anti-stigma and discrimination activities, which are part of a broader behavior change communications (BCC) strategy, target the general population, community leaders, health care workers, policy makers, and PLHIV. The stigma-reduction interventions are being implemented through the use of community-based activities, health institutions, mass media, and other key institutions to create an enabling environment. A comprehensive communication and advocacy strategy is being developed by GAC to guide the implementation of this program. The National Strategic Plan projects that by 2015 at least 50% of adult males and females (15-49 years) should have adopted accepting attitudes toward PLHIV. Achievement of this target is critical, alongside other outcomes, if the objective of reducing new HIV infections by 50% and significantly improving the survival of men, women, and children is to be achieved by 2015.

Interventions on stigma reduction prioritized in the National Strategic Plan for 2011-2015 include the following:

- Incorporate appropriate HIV and AIDS messages in national events such as Independence Day, Farmers Day, Republic Day, awards ceremonies, and general meetings of ministries, departments, and agencies to provide education on HIV and campaign against HIV-related stigma
- Sensitize traditional, opinion, and religious leaders and policy makers on HIV-related stigma to enable these leaders to lead stigma-reduction education efforts
- Sensitize health and community based workers on HIV-related stigma to minimize stigmatization of PLHIV and MARPs as well as reduce stigma against health workers providing HIV services
- Integrate stigma reduction in work place HIV programs to enable public and private sector institutions, including the large informal sector, to develop policies that protect the rights of PLHIV
- Strengthen the capacity of all implementers addressing stigma (PLHIV networks, Federation of International Women Lawyers, Human Rights Advocacy Center, NACP, religious leaders and organizations, and the Christian Health Association of Ghana)

With support from the Strengthening HIV and AIDS Response Partnership with Evidence Based Results (SHARPER) Project, the GAC will soon release a strategic plan for MARP, which identifies four categories of MARPs: MSM, FSWs, injecting drug users, and prisoners. The strategy is expected to include mention of promotion and protection of human rights for MARPs.

## **ASSESSMENT METHODOLOGY**

The Assessment Team used a multipronged approach. The team held meetings with key PEPFAR program and project managers and the GAC; it also interviewed implementing partners and held focus groups discussions. Appendix B contains a list of persons contacted by the team. In

addition, the team reviewed project-related documents and behavior change materials (Appendix C).

USAID established the interview schedule and meeting places for focus group discussions, working in cooperation with SHARPER and the PEPFAR Inter-Agency Team. Approximately half of the interviews took place in the greater Accra area and half occurred in field visits to the Central and Western Regions. The team also reviewed project documents and relevant publications. The data collection phase took place from May 19 to June 1, 2011.

The team held substantive meetings with 13 people who served as part of the PEPFAR team and with over 35 people in partner organizations. Nine focus group discussions, with a total of 73 participants, were held: two with MSM peer educators, two with MSM participants, one with FSW peer educators, one with FSW project participants, one with PLHIV, and two with Models of Hope. In addition, five persons were interviewed who trained as trainers, under the Focus Region Health Project.

The team consisted of Carolyn Barnes, a Global Health Technical Assistance Project (GH Tech) consultant who served as team leader, Mohamad Sy-Ar of CCP, Fred Nana Poku of the GAC, and Jacob Agudze Larbi with Ghana/SHARPER.

## II. FINDINGS

### INTRODUCTION

The assessment covered S&D activities supported by PEPFAR in five USAID projects and four programs. Since the context and rationale for these vary, the description and analysis of the S&D activities are grouped under three headings: community level, health-associated facilities, and other key institutional structures. Table I presents the three categories and the activities under each, which are discussed in the following sections.

<b>Table I: Categories and Activities</b>		
<b>U.S. Agency</b>	<b>Means</b>	<b>S&amp;D Reduction Activities</b>
<b>Community Level</b>		
USAID	Strengthening HIV & AIDS Response Partnership with Evidence Based Results (SHARPER)	BCC related to S&D and HIV prevention among PLHIV, MSM, and FSWs and their non-paying partners; Models of Hope; counseling in person and through helpline services; links to lawyers and local supporters to defend rights.
USAID	Empowering and Mobilizing People Living with HIV/AIDS Project (EMPower)	BCC related to S&D and HIV prevention among PLHIV, PLHIV/MSM, and PLHIV/FSWs and non-paying partners of FSWs in 2 regions; also income-generating activities.
Peace Corps	Peace Corps volunteers	S&D reduction toward PLHIV with youth and adolescents and targeted community members. Has supported some income-generating activities of PLHIV support groups.
Dept. of State	Ambassador's Special Self-Help PEPFAR Program	Small grants to community-based organizations working with PLHIV; has supported nutrition, income-generating activities, skills training, and BCC materials for positive living.
<b>Health System Facilities</b>		
USAID	Focus Region Health Project	Training of trainers and step-down training for 21 health facilities, primarily those with ART services, in 5 regions.
USAID	Maternal and Child Health Integration Project	Training in HIV and S&D in 27 pre-service health training schools.
<b>Other Key Institutional Structures</b>		
Dept. of Defense	Ghana Armed Forces	Peer education on HIV and S&D for Armed Forces and civilian employees and their spouses and communities surrounding 7 Army garrisons; anti-stigma DVD.
USAID	HIV&AIDS Anti-stigma and Human Rights Project	Education of police, judiciary, and prisons on rights of PLHIV; and police on post-exposure prophylaxis for rape victims; development of policies.
Dept. of State	PEPFAR Media Specialist	Work with people in media, provision of positive news about PLHIV, and U.S. Government-supported HIV activities.

## COMMUNITY LEVEL

### Rationale and Overview

Stigma and discrimination hinder individuals from seeking to know their HIV status and from seeking care and treatment if found to be HIV positive. As noted earlier, HIV-related stigma is high in Ghana. With FSWs and MSM encountering additional stigma due to their behaviors, they are less likely to be tested and seek the medical attention they need.

Working in partnership with local implementing partners, the S&D activities of the SHARPER project, led by FHI and the EMPower project, led by World Education, cover a multipronged approach to S&D toward PLHIV, MSM, FSWs, and the non-paying partners of FSWs. These activities address the need to reduce stigma and discrimination against these groups and providing members of the groups with needed services.

The Ambassador's Special Self-Help PEPFAR Program also supports services delivered at the community level by organizations working with PLHIV. The focus of PEPFAR-funded Peace Corps activities centers mainly on providing BCC messages to adolescents, youth, and targeted adult community groups on HIV and stigma reduction toward PLHIV.

The USAID activities currently cover 24 districts in five regions and is slated to expand in 2012 to 31 districts in nine regions. The Peace Corps and Ambassador's Special Self-Help PEPFAR Program activities have no district parameters.

### Approaches and Activities: Human Resource Development

#### SHARPER and EMPower

SHARPER implementing partner organizations<sup>2</sup> have received specific training to enable them to train their peer educators or their equivalent called support group leaders (for PLHIV groups). The EMPower project has directly trained peer educators (called lead trainers) from the organizations with which it works. This assessment employs the term *peer educator* to refer to all groups, except in those cases in which the support group leader is also a Model of Hope, who assists people coming to their local health facility on ART clinic days.

Nearly all of the current SHARPER partner staff, officers, and peer educators were involved in SHARP, under which they were trained and mentored to carry out their responsibilities. Evidence from some partners suggests that when new peer educators were recently trained, the previously trained peer educators also attended to refresh their skills. In the case of EMPower, it works mainly with PLHIV organizations not previously involved in SHARP or a similar partnership, so training is a key element.

SHARPER peer education training covers a range of topics, including the importance of HIV counseling and testing, use of condoms and lubricants, and the importance of good communication skills and familiarity with the BCC materials, especially the Positive Living Toolkit. The initial training is one week. The EMPower training of peer educators covers the same topics. This training is done in a series of sessions.

When asked about criteria for selection of peer educators, most SHARPER partners and EMPower stated peer educators should: a) be from the target group (i.e., PLHIV, MSM, FSWs) or a PLHIV family member, b) be able to read and write, as well as speak in public, and c) be willing to serve. When asked why they wanted to become a peer educator, the most frequent response of MSM was that they wanted to help their own people. In response to a question on

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<sup>2</sup> SHARPER provides sub-grants to a number of non-governmental organizations, who, in turn provide services to MSM, PLHIV, FSWs, and their non-paying partners.

the biggest change in their lives, the MSM peer educator replies included: “Greater respect for my life and I have built up my self-esteem.”

In addition to training peer educators, a primary objective of EMPower is to build capacity and leadership skills among existing and emerging PLHIV groups. Similarly, SHARPER is charged with improving the capacity of the organizations with which it works

### **Peace Corps and Ambassador's Special Self-help PEPFAR Program**

The Peace Corps volunteers (PCVs) are trained in stigma- and discrimination-reduction activities, as part of the general HIV training covered during their in-country orientation. HIV S&D reduction is also a topic included in the annual All Volunteer Conference. However, there is no structured training curriculum on S&D reduction. As discussed in more detail below, PCVs have access to BCC materials they can use in their S&D work.

In the case of the Special Self-Help PEPFAR Program, the program’s process for selecting activity proposals submitted by community-based organizations (CBOs) helps ensure that the necessary capacity exists to implement and account for grants received. The Selection Committee reviews each proposal, which includes a description of the qualifications of the person responsible for the activity to be supported, and a pre-grant assessment is conducted. While training activities may be funded, the majority of the grants have focused on other types of support.

### **Approaches and Activities: Behavior Change Communication**

#### **SHARPER and EMPower**

The SHARPER project primarily uses BCC materials developed under SHARP and GSCP. These GAC-approved materials are the following: a) the Facilitator's Booklet (Module 9) from the Positive Living Toolkit, and b) Stigma Reduction Training Facilitators Guide for NGOs *Who Are You to Judge*. SHARPER plans to make slight modification to some of the modules in the toolkit and will add a module on nutrition.

The EMPower Project draws on the above materials as well as others to tailor its BCC. Two of the six PLHIV groups with which it works also receive services from a SHARPER implementing partner. In these cases, the two organizations agreed that the SHARPER partner would be responsible for the Positive Living BCC activities.

The widely used Positive Living Toolkit's S&D materials, designed to be used with PLHIV, were not intended to address issues such as double stigma, self-stigma, and other issues specific to MSM and FSWs. From the focus group discussions held with MSM and FSWs, it was apparent that self-stigma has not been addressed in an adequate manner. FSW peer educators noted that new FSWs' self-esteem is very low, making them vulnerable to verbal and physical abuse from their peers and the general population. One group of MSM peer educators stressed the need for psycho-social materials to be used with peers, since they often experience stigma and, at times, discrimination.

In addition, the existing PLHIV stigma and discrimination module assumes that revealing one's status, such as to family members and friends, is the best way to cope with the situation. In reality, revealing one's status is not necessary the best option for everyone, yet people can and do seek treatment. For example, disclosure may put a woman at risk of being barred from her home by the husband or members of his family, presenting an economic as well as emotional hardship. However, when condoms are not used, the lack of disclosure to sexual partners presents the risk of spreading HIV.

Furthermore, the existing module is centered on group discussion about S&D against PLHIV and ways to cope and respond. It does not involve methods of self-exploration by participants to

delve into their own emotions about how they feel about themselves and the choices they have made, and techniques for decreasing self-stigma.

MSM and FSWs with whom the team met talked candidly about the S&D they have experienced. The FSWs told of police using condoms in their purses or their health or professional cards as evidence of their FSW status and as a pretext to harass them, ask for sexual favors, or extort money. The MSM in Takoradi classify S&D as highest among the general population, noting they are often subject to verbal and physical abuse. They ranked the media as second highest in S&D, since often the newspapers and FM radio stations incite S&D against MSM. Some MSM regard stigma against them as normal, stating their belief that "there is nothing we can do about it."

BCC is also used in SHARPER and EMPower to influence positive behaviors: communications on the proper way to put on a condom, safe sex, prevention with PLHIV, HIV counseling and testing, HIV+ status disclosure, and STI screening and treatment. Disclosure of HIV status is an issue, as previously noted. The evidence suggests that several program participants have not disclosed their HIV status to their partners. For instance, among the PLHIV interviewed during the EMPower 2011 baseline study, 40% had not revealed their status to partners and the same percent did not know their partners' status. At the same time, 70% of respondents reported correct and consistent use of condoms as the best means to protect partners.

When asked about the most important thing learned from the BCC sessions, one MSM said that it was the proper application of a condom and he follows this practice now. Others mentioned that PLHIV can now live well as a result of ART; others noted that HIV can be transferred from mother to child but that medications exist to prevent this transfer.

Unlike SHARPER, the EMPower project is involved in HIV prevention outreach in communities. For example, an outreach activity was held to celebrate World AIDS Day, with community members provided basic education on HIV and AIDS, as well as sexually transmitted infections (STIs) and modes of transmission. A key component was the provision of counseling and testing services at the outreach site: of the 117 persons tested, 1 was found to be positive and 8 were referred to health facilities for STI testing.

### **Peace Corps and Ambassador's Special Self-help PEPFAR Program**

The PCVs draw on a range of BCC materials to select those most appropriate to their HIV work context and target group. Sets of materials, including the Positive Living Toolkit for use in PLHIV support groups, are available for check out from the two regional Peace Corps offices. Approximately half of the PCVs are assigned to primary and secondary schools and have the opportunity to introduce HIV messages linked with messages on S&D into their activities with adolescents and youth. They and other PCVs may identify targets of opportunity to work with community groups related to HIV S&D reduction. PC volunteer trainers (PCVTs) with more than two years of experience in Ghana provide guidance and support to newer volunteers during pre-service and in-service training programs. The PCV HIV Committee supports the field planning and implementation of projects of other volunteers.

The Peace Corps' requirement that a PCV host organization provide housing and basic furniture constrains its ability to assign volunteers to work with rural PLHIV organizations. Nevertheless, with the support of churches and other organizations, it has been able to assign seven volunteers to work full-time with such groups in the past.

In the past couple of years, PCVs have engaged young artists from ages 11 - 20 to submit drawings and captions around a central message for a PEPFAR Ghana annual calendar. Over 400 drawings were submitted for the 2011 calendar. The process of thinking over and selecting a sub-theme caption engages the artists to think about the central message. The central message for the 2011 calendar is *My Friend with HIV Is Still My Friend*. Examples of picture captions are:

a) *People living with HIV also feel the need for affection like any other human being. Let's show them some love; don't discriminate,* and b) *My friend with HIV is still my friend because we do everything together. Just like these two birds: we fly together, we eat together.*

In contrast, applications for support from the Special Self-Help PEPFAR Program have seldom requested grants for S&D BCC activities. This may be related to the way the requirements for eligibility are stated and the types of information required on the application form.

## **Approaches and Activities: Beyond BCC**

### **SHARPER and EMPOWER**

SHARPER encompasses a number of evidence-based interventions beyond BCC that address S&D. Some of the practices were carried over from SHARP and new ones have been launched.

The activities of selected PLHIV known as Models of Hope continue under SHARPER. Models of Hope are PLHIV – often PLHIV support group leaders – who are trained by the organizations with which they are affiliated. Once a week they go to their local hospitals for ART clinic days, where they offer help to the very sick and assist those who have tested HIV positive in going through the hospital process. Each Model of Hope uses his or her own life experience as an example to convince new PLHIV to cope with their status and address S&D issues. Their affiliated organization reimburses the Model of Hope a set amount of less than \$15 for time and transport on the days he or she provides services at the health facility.

As persons outside the hospital structure, long-serving Models of Hope with whom the team met were positive about their work and the good relationship between the hospital and organization with which the Models of Hope are affiliated. At the same time, the Models of Hope met by the team also pointed out certain weaknesses:

- Some non-clinical staff are not sensitized on S&D issues.
- In some hospital facilities they do not have access to a deck and TV to enable them to play the DVD that comes with the BCC toolkit.
- They feel unappreciated by the hospital higher-level administrators and many staff at their facilities. (Our conversations with such people, however, indicated that work done by the Models of Hope is appreciated.)

Another continuing evidence-based innovative practice is Text Me! Flash Me! Call Me! This approach involves helpline counseling services provided by trained health center counselors to anonymous callers, and bulk messaging to FSWs, MSM, and PLHIV to offer information, encouragement, and support. Feedback from MSM as well as FSWs indicates that the helpline counseling service is popular. When MSM peer educators are unable to respond to questions or issues raised by their peers, they refer them to the helpline. They also provide the helpline number to MSM who do not want to be associated with MSM project activities.

Drop-in centers are particularly popular. Participants regard them as a safe place to receive HIV testing and counseling and individual counseling on problems by trained health care workers, who provide services on a specific day each week. The centers, modest in size and furnishing, also double as meeting spaces for participants, since the centers tend to be located in the same general facilities as implementing organizations.

In addition to the direct provision of health services and counseling, SHARPER includes the distribution of condoms and lubricants (primarily male condoms) by peer educators. The team obtained varied responses on female condoms. Among some they appear to be the choice of last resort for safe sex, while some PLHIV like to use the female condoms and some MSM would like to try them.

Among its new evidence-based practices, SHARPER is establishing linkages with entities to provide supportive services to FSWs, MSM, and PLHIV. To create an enabling environment for key service uptake, they are training local health service providers to deliver empathetic and quality services for FSWs and MSM, and establishing a feedback mechanism to obtain the perspective of MARPs on services received at the health facilities. The linkages with health facilities is extremely important in meeting the needs of the broader FSW, MSM, and PLHIV community beyond those served by peer educators.

SHARPER is also seeking to develop a MARPs and PLHIV constituency through support from a Ghanaian lawyer association and linkages to legal aid services. It has recently launched an initiative in selected sites in association with a legal organization. This new practice involves training peers in human rights, who then will serve as key point persons, known as M-Watchers, for MARPs to contact if they are in crisis or have been discriminated against, threatened, abused, or raped; the M-Watchers will, in turn, contact trusted authorities in the community such as police, lawyers, and government officers. The latter are known as M-Friends, and are individuals previously identified by the M-Watchers as MARP-friendly and willing to assist. Ghana/SHARPER wants to expand this approach to additional sub-partner sites.

Smaller in scale than SHARPER, the EMPower project's main non-BCC activities generally fall into the category of engagement in group income-generating activities, which are determined by the PLHIV participants themselves. Funds for launching the activity may come from the participants or from a development partner. The EMPower staff and director point out that most of its participants are poor, making income-generating activities extremely important. In some cases, activity participants have lost their jobs due to discrimination.

### **Peace Corps and Ambassador's Special Self-help PEPFAR Program**

PCVs have access to Peace Corps Project Assistance Grants for special activities. Examples of activities learned about by the team centered on BCC and a few instances of support for income-generating activities for PLHIV.

Launched in 2008, the Ambassador's Special Self-Help PEPFAR Program has primarily funded PLHIV non-BCC activities. With an annual amount of less than \$110,000, this program provides grants of up to the local currency equivalent of \$12,000; projects are to be completed in one year. The program supports community-based organizations working with PLHIV as well as community organization activities for orphans and vulnerable children.

To date the program has provided grants to 15 CBOs that work with PLHIV. In some case, grantees have been subpartners of USAID projects. Some of the grants have supported PLHIV organization income-generating activities, such as a group-based soap making activity in Takoradi. Other grants have supported nutrition education and small amounts of food as an incentive for PLHIV to attend BCC sessions. There have also been grants for skills training, peer education, and BCC materials on positive living.

## **Monitoring and Evaluation**

### **SHARPER and EMPower**

The USAID projects submit reports on a regular basis. SHARPER and EMPower reports, submitted by FHI and World Education, respectively, aggregate information from the reports of their implementing partners that track progress according to partner work plans and targets, including those for PEPFAR-specific indicators. The implementing partners of both FHI and World Education have sets of tools to track activities delivered and avoid double counting of persons trained. For example, they use registers with participants' names to avoid double counting of persons who are reached more than once with HIV prevention messages provided on an individual and/or small group basis (a PEPFAR-reported indicator).

While the team found an instance of misunderstanding about the register related to drop-outs who later re-enter the program that same year, the Ghana/SHARPER M&E Officer visits all partners to make sure there is a clear understanding of how to maintain each tool as well as the registry. The team noted that EMPower's recent semi-annual PEPFAR report correctly did not include step-down training for support groups when presenting data on the PEPFAR indicator *health workers who successfully completed an in-service training program*.

To date SHARPER has no plans for a baseline and endline study to allow them to assess the outcomes of its S&D activities. In comparison, the EMPower project undertook a baseline study during the initial phase of project implementation.

### **Peace Corps and Ambassador's Special Self-help PEPFAR Program**

The PCVs submit narrative reports on their HIV activities, together with data on the PEPFAR HIV prevention indicator on the number of people reached. Even so, the team found there was a lack of clarity on what should be counted under this indicator according to PEPFAR guidelines.

Organizations supported by the Ambassador's Special Self-Help PEPFAR Program submit reports on a regular basis detailing use of funds received. In addition, the DOS program coordinator makes regular visits to each recipient organization to obtain first-hand information on the activities supported.

The Peace Corps has no plans to assess the performance results of its HIV S&D activities. Given the size of its grants and the few S&D activities supported, the Special Self-Help PEPFAR Program also has no plans to assess the performance results of its S&D activities.

## **HEALTH SYSTEM FACILITIES**

### **Rationale and Scope**

Stigma and discrimination within Ghana's health system arise from the physical layout of services, lack of in-depth knowledge about HIV and issues relating to HIV in clinical and non-clinical staff, fear of contracting the disease, and low levels of respect and dignity based on cultural and moral grounds. As a result, USAID has adopted a two-pronged approach to stigma and discrimination reduction in health system facilities: a) integration of S&D-reduction training in a quality improvement project's set of training activities, and b) integration of S&D-reduction training at pre-service health institutions. These are carried out by two implementing organizations in partnership with the Ghana Health Services and the National AIDS Control Program.

The Focus Region Health Project (FRHP), led by John Snow, Inc. (JSI) in partnership with the Ghana Health Services, expands the work of the previous QHP project and centers on improving the quality of health services delivered. FRHP covers five regions in southern section of Ghana where the HIV prevalence is high and above the national average. All except the facilities in Ashanti Region are health facilities that provide ART. FRHP works with seven facilities in each region. In comparison, S&D-reduction training under the Maternal and Child Health Integration Program (MCHIP), implemented by Jhpiego, addresses 27 pre-service midwifery and community health nurse educational facilities in various regions of Ghana.

While the Centers for Disease Control and Prevention (CDC) does not directly address stigma and discrimination in its program, it has funded a men's health study, in collaboration with GAC and other local partners. The study centers on a bio-behavioral survey among MSM in six regions. The results are expected to provide sound evidence on why this group should be a focus for improved health services related to HIV and STIs.

## Approaches and Activities

The FRHP's HIV stigma- and discrimination-reduction activities are integrated into a series of quality improvement training courses. Its approach involves the selection by health facilities of two people to attend a TOT four-to-five-day short-course. Master trainers, many from the QHP, lead the course, using the participant trainers manuals for health care providers developed under QHP. The training includes information on how and when to protect oneself from infection and post-exposure prophylaxis, since fear of infection is a factor hindering client-friendly services. The S&D reduction segment is focused primarily on PLHIV.

PLHIV normally speak and respond to questions at the TOT sessions, a strategy that has been found to be effective in opening the minds and hearts of participants. The course ends with the development by participants of an action plan for their facilities. The two people from each facility who are trained are responsible for organizing step-down training for 25 clinical staff and 25 non-clinical staff, with the step-down training sessions taking place over a two-day period. The Assessment Team learned that the scheduling of the step-down training was sometimes delayed due to other trainings for staff.

In its meetings and focus group discussions, the Assessment Team learned of advances and challenges to reducing S&D in health facilities. Sometimes it is difficult to get key persons to attend the step-down training. The length of the training sessions is too short to issue a training certificate, which means there is no professional advantage to attending. Interviewees explained that it takes a cadre of committed persons to reinforce the training messages during routine hospital meetings and in instances when S&D does occur. These interviewees found that changes in behaviors were more likely to occur in sections of the facility that routinely test for HIV and serve PLHIV than in other sections of the hospital.

In the team's meetings with JSI and others, discussions were held on the issue of the relationship between training a critical mass of persons and achieving S&D reduction in individual facilities. In large facilities, the number of people trained related to S&D reduction appears to be insufficient to make a significant difference in these facilities

In addition to the HIV S&D activities discussed above, the FRHP is providing orientation in post-exposure prophylaxis for health care workers and rape survivors. The orientation program is for heads of non-ART-providing facilities in the five regions. The orientation is aimed at 150 heads, who are charged with sensitizing their staff on these issues in addition to setting up special teams to ensure PEP readiness. The purpose is both to address fear among health workers who may have PLHIV patients as well as reduce the potential of HIV among rape survivors.

In contrast to FRHP, the MCHIP S&D reduction training sessions have not yet been rolled out. As a step toward development of the training, an assessment of teachers carried out in 27 schools, which covered three broad areas; the tools used were specifically designed for each focus area, one of which was skills and knowledge. In midwifery schools the results presented for 17 schools indicates that HIV knowledge and skills varied according to standards, but in all but 2 schools were below 30%, with 6 schools at 0%. In 10 public and community health nursing teaching schools, HIV knowledge and skills according to standards varied from 0% in 4 schools, to 2 schools with 57%.

A set of "personal perspective" questions related to stigma and discrimination were included in the assessment. The results indicate that perspectives on stigmatizing behaviors are common. For example, the study found that many respondents agreed with the statement: *Health care workers need to use extra precautions on clients who are suspected to be HIV positive, e.g., double gloves.*

MCHIP plans to establish linkages with community-based organizations so that PLHIV will come to speak to students and teachers about the reality of living with HIV and the important role that services providers play. The intent is for each school to have a permanent relationship with a PLHIV organization or group.

### **Monitoring and Evaluation**

The FRHP is undertaking a baseline study of its target health facilities, interviewing health facility staff as well as clients and will follow up with an endline study to determine S&D training activity outcomes. FRHP staff also monitor the institutions and either attend or assign one of the lead TOT trainers to attend the step-down training given for facility clinical and non-clinical workers.

The MCHIP project has developed a pre- and post-course questionnaire to measure changes in the educators trained. The results will enable them to know and report on increased knowledge and awareness due to the course. There are no plans to do a follow up later to determine if those trained are effectively transferring their increased knowledge and improved attitudes to their students.

## **OTHER KEY INSTITUTIONAL STRUCTURES**

### **Rationale and Scope**

Focusing on key institutional structures has the potential to lead to positive changes within an institution, which in turn may affect those outside the institution. The on-going and recently completed HIV S&D activities covered in this section focus on the Ghana Armed Forces, the media, and the police, judiciary, and prisons.

The rationale for focusing on each group varies. The main rationale for supporting the HIV program of the Armed Forces rests on HIV prevention, testing and counseling, care for those infected, and stigma reduction. HIV screening forms part of the comprehensive medical screening to join U. N. Peacekeeping missions and the potential participant must be HIV negative. Ghana troops are normally involved in a number of peace-keeping missions each year and have an outstanding reputation for their work and discipline. For example, currently the Army is engaged in four missions involving some 7,000 soldiers and officers. Since assignment on peace-keeping missions is highly sought, people who fail to qualify are often presumed to be HIV positive and are stigmatized, especially initially, despite other potential explanations for disqualification. This underscores the need for anti-stigma activities.

The HIV and S&D activities of the Armed Forces began more than 10 years ago with support from USAID through FHI, as well as from the U.S. Department of Defense. Authorities at the highest level of the Armed Forces initiated the program and hence it has been institutionalized.

The police and judiciary are key authorities who interact with a range of sub-groups within society and have the power to discriminate. In addition, within certain contexts they also have the power to prevent the spread of HIV. Within the prison system, the potential to spread HIV among inmates makes prisoners a subgroup of MARPs. Began in 2008 and ended in Feb. 2011, the HIV & AIDS Anti-Stigma and Human Rights Initiative Project, carried out by Center for Democratic Development/Ghana (CDD), attempted to address issues of HIV-related stigma and discrimination through a focus on three groups: the police, the judiciary, and the prison system. The project was national in scale and reached selected people in all 10 regions.

A different set of issues is involved in reaching out to the media, which is influential in creating awareness and sensitizing the general population. To gain listeners and sell papers, significant elements within the national and local media contribute to stigma and discrimination against MSM, FSWs, and PLHIV through inflammatory and negative coverage. Because of the high level

of stigma identified in the 2008 DHS and the negative media reports on PLHIV, MSM, and FSWs, the DOS has recently hired a PEPFAR Media Specialist to encourage positive media coverage through work with select media outlets at the national and local levels.

## **Approaches and Activities**

### **Ghana Armed Forces**

The HIV program of the Armed Forces covers almost all thematic HIV areas, including treatment, care and support, prevention, social impact mitigation, stigma reduction, and advocacy. Currently the program includes hospitals at the seven Army garrisons as well as #37 Military Hospital in Accra, which is a referral facility; the program also includes eight counseling and testing centers and nine facilities that provide prevention of mother-to-child transmission (PMTCT). Health workers in the various Armed Forces health facilities were trained in HIV S&D reduction and provision of quality care. The training has been provided to doctors, pharmacists, and other paramedical staff that provide anti-retrovirals (ARVs) and was based on materials developed by Quality Health Partners.

The HIV program includes peer educators who work on a one-to-one and small-group basis to reduce S&D. Its outreach includes uniformed services and civilian employees, as well spouses and communities surrounding the garrisons. The peer educators were selected by their units, based on the general criterion that the person be respected, interested, and willing to give time and serve the community. While the majority of peer educators are non-commissioned officers, the cadre also includes other uniformed members, the wives of uniformed members, chaplains, and civilian staff of the Ministry of Defense. A small percent are PLHIV.

To date, approximately 500 people have been trained using the UNAIDS peer educator guide for the military, supplemented more recently with information on alcohol, counseling and testing, PMTCT and ART; the three-day training already covered STIs, BCC, stigma and discrimination, and the global HIV and AIDS situation, with peer educators using posters, leaflets and brochures to communicate key messages. The program also makes referrals for counseling and testing, and counsels stigmatized PLHIV and their family members. The focus of the peer education activities has been on prevention of new HIV infections, reduction of S&D, and improved quality of life for PLHIV and their families. While the program would like to hold refresher training every two years for peer educators as well as doctors, it will depend on the availability of funds.

In 2009, the Armed Forces produced a DVD entitled *It Could Be You*. The DVD, a mini-drama specifically aimed at HIV stigma reduction within the Armed Forces, won high praise at a regional network of West African military services and has been introduced in other African countries. It continues to be shown in garrisons and occasionally on local television stations.

With the support of the U.S. Department of Defense (DOD), refresher peer education was provided in May 2011 to select members of the Army and first-time joint training was given to representatives of each branch of the armed forces. As a result of the training provided jointly to members of the Army, Navy, and Air Force, a HIV Coordinating Council was formed with representatives from each branch to assess needs, approaches, and resource allocation.

### **Police, Judiciary, and Prisons**

The HIV & AIDS Anti-Stigma and Human Rights Initiative Project's Advisory Team consisted of high-level officials who advised and supported the work carried out by CDD. The project's basic approach centered on HIV and AIDS S&D from a human rights perspective, drawing on the laws and policies governing HIV and MARPs in Ghana and best practices from other jurisdictions. Workshop presentations centered on the fundamental rights of MARPs and PLHIV, as enshrined

in the 1992 Constitution and other international and regional human rights protocols and conventions to which Ghana is a signatory.

The activities included workshops for the Domestic Violence and Victim Support United of Ghana Police Services (DOVVSU). Participants were educated about the link between rape and HIV infection and the importance of PEP and of timely referral of rape victims to ART centers for PEP administration. Following the workshops, residential workshops were held in 4 regions for clinicians, medical assistants, and HIV coordinators from ART centers in the 10 regions stressing the importance of treating rape victims. The workshops also raised important implementation issues, such as a) the absence of privacy in DOVVSU interrogation rooms, b) the need for provision of free medical examination and PEP to defilement and rape survivors, and c) regular flow of PEP to health facilities.

In addition, for one month CDD monitored selected magistrates, circuit courts, and police stations in the Eastern and Greater Accra Regions to assess the effect of the rights-based sensitization workshops. The monitoring was carried out by trained secret observers, referred to as *secret shoppers*. While they did not directly observe cases involving MARPs and PLHIV during the monitoring period, the information gathered pointed to the need for greater sensitization on PEP and rights of MARPs and PLHIV.

The project led to the institution of workplace HIV policies by the Judicial Service and Ghana Prison Service. In addition, the NACP instituted guidelines on PEP for defilement and rape survivors.

### **The Media**

While prior USAID projects worked with the media on national campaigns, the PEPFAR Media Specialist based in the Department of State's Public Relations Office works fulltime with the national as well as select local media.

The media is a major source of stigma and preaching of hatred against MSM. Glaring headlines about "sodomy" are common on the front pages of several newspapers and certain radio stations also widely denounce homosexuality.<sup>3</sup> To counter the negative media on PLHIV, MSM, and FSWs, the PEPFAR Media Specialist's approach has been to stimulate counter messages. Success stories on stigma reduction among PLHIV have appeared in newspapers and friendly supporters have participated in radio and TV talk programs.

A few select members of the media attended a peer education session in May 2011 facilitated by a DOD- and DOS- supported peer education specialist. Among the topics covered at this session through use of a highly participatory approach, homosexuality was discussed and the medical findings on homosexuality presented.

### **Monitoring and Evaluation**

Monitoring carried out by the Armed Forces HIV program is centered on tracking HIV infection rates. While the absolute numbers are confidential, the results indicate that about 70% of clients receiving counseling and testing, PMTCT, and ART services are members of the general population who use the military health services. No performance evaluation has been conducted of the S&D activities.

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<sup>3</sup> For example, in a focus group discussion (FGD) with MSM peer educators in Takoradi, the team learned of a local newspaper printing the name of a person whom they accused of being a MSM and stating that his house should be burned down.

In comparison, the HIV & AIDS Anti-Stigma and Human Rights Initiative Project submitted periodic reports to USAID that provided in a narrative form activities carried out during the reporting period. As mentioned previously, USAID has planned for an evaluation of the project.

The work with the media is tracked by the U.S. Department of State (DOS). No evaluation is planned.

### **III. CONCLUSIONS AND LESSONS LEARNED**

#### **CONCLUSIONS**

##### **Strengths**

##### **Cross-cutting Agencies**

- Stigma and discrimination reduction and work with MARPs and PLHIV to reduce the spread of HIV are included in the U.S. Government and GOG Partnership Implementation Plan, which covers the period from 2010 through 2013.
- The upcoming Ghana AIDS Commission's issuance of a strategic plan for MARPs, which mentions human rights, should provide social space to more directly link human rights with stigma and discrimination messages, training, and media coverage.
- The evidence-based best practice of having PLHIV speak to groups is an effective way to demystify HIV. Both FRHP and MCHIP already incorporate this practice and the Peace Corps will include this practice in its upcoming in-country training of volunteers.
- The DOD, Peace Corps, and USAID partners apply the evidence-based best practice of interpersonal communication and small group sessions in their programs to reduce S&D.
- The results of the Men's Health Study should have significant implications for policy dialogue and S&D reduction activities related to MSM.

##### **DOD**

- The highest-level authorities within Ghana's Armed Forces initiated the HIV program and have continued to oversee it, resulting in institutionalization of HIV S&D efforts as well as other HIV program components.
- The recently initiated HIV Coordinating Council for branches of the Ghanaian Armed Forces holds promise for further attention to stigma and discrimination reduction activities.

##### **DOS**

- The Ambassador's Special Self-Help PEPFAR Program enables community-based organizations to undertake activities that do not receive support through their other funding channels.
- PEPFAR inter-agency cooperation is evident in the recent DOS and DOD co-funding of a highly competent and experienced U.S. peer educator. The educator's approach represented a model for a fully participatory approach in discussing issues related to MSM, FSWs, and PLHIV.
- The work of the PEPFAR Media Specialist in the Department of State is extremely important, given the high level of S&D against MSM, FSWs, and PLHIV in Ghana.

##### **Peace Corps**

- The Peace Corps Project Assistance Grants enable volunteers to carry out HIV BCC activities linked to stigma reduction that otherwise would not be undertaken.
- The mobilization of young Ghanaian artists by PCVs to create drawings with captions has led to the production of visually attractive annual PEPFAR calendars with an important anti-stigma and discrimination message.

## **USAID**

- The evidence suggests that the approach used by the QHP and FRHP programs to reduce stigma and discrimination at health facilities can lead to behavior change, particularly in sections of hospitals that routinely test for HIV and serve PLHIV. The Models of Hope have been successful as a complementary approach to making hospitals with ART more client-friendly.
- USAID is to be commended for tackling HIV prevention and provision of related services to MSM and FSWs, who are the two groups of MARPs that are most highly stigmatized. In addition, the low level of knowledge and indicators of stigma found in the MCHIP baseline study underscores that USAID's targeting of HIV and stigma reduction in pre-service health training institutions was well-founded and needed.
- The SHARPER and EMPower approach to involving members of target groups as peer educators helps empower these MARPs.
- EMPower works with the most marginalized subgroups of PLHIV, who suffer the most from S&D: HIV+ MSM and FSWs.
- The SHARPER Text Me, Flash Me, and helpline activities are popular interventions that are potentially transferrable to the DOD HIV program and EMPower.
- The work by CDD that pulls together the laws and policies governing HIV and MARPs in Ghana and the human rights protocols and conventions to which Ghana is a signatory is a valuable resource.

## **Weaknesses**

### **Cross-cutting**

- With some exceptions, a common weakness is that projects and programs have not taken the necessary steps to enable them to assess the performance results of their S&D activities or to systematically monitor performance changes that are directly linked to their S&D activities.<sup>4</sup> This may be related to a lack of “model examples” or lack of expertise to carry out such assessments and monitoring of activities.
- With the exception of the FRHP, there does not appear to be a clear plan in other USAID projects, the Armed Forces, and the Peace Corps for monitoring the quality of S&D activities carried out.
- There is a low level of information-sharing on experience-based innovative practices across PEPFAR agencies and their programs.
- There is a general assumption that all staff and PCVs sensitized in HIV and AIDS are automatically MSM- and FSW-friendly. From its interviews and observations, the team found enough evidence to challenge this assumption.
- Across the PEPFAR agencies, some implementing partners lack a clear understanding of existing BCC materials approved by the Ghana AIDS Commission, and are not fully aware that all materials should be referred to the National HIV Communication Technical

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<sup>4</sup> As defined in the USAID Evaluation Policy of Jan. 2011, “performance monitoring of changes in performance indicators reveals whether desired results are occurring and whether implementation is on track. In general, the results measured are the direct and near-term consequences of project activities.”

Committee for review and subsequent approval before dissemination. The purpose of approval process is to ensure standardization and quality of BCC materials used.<sup>5</sup>

## **DOS**

- The description of eligibility for funds from the Ambassador's Special Self-Help PEPFAR Program does not convey the message that HIV-related stigma and discrimination reduction activities and reproduction of S&D-reduction BCC materials is eligible for support.

## **Peace Corps**

- The in-country training for PCVs on HIV S&D is not based on a structured curriculum.
- The effort expended by PCVs and local artists in making pictures to submit for the annual PEPFAR calendar has not been complemented by attention to other uses for the pictures.

## **USAID**

- In the Assessment Team's review of BCC materials for peer educators and discussions with them, several weaknesses and gaps were identified. First, while relevant in terms of content, some the BCC tools are content-dense and lengthy and require a high level of literacy to comprehend. Second, BCC tools and materials do not exist that specifically to address self-stigma among FSWs and MSM. Third, the existing S&D module in the Positive Living Toolkit for use with PLHIV support groups is deficient, as it includes little on self-stigma.
- As a result of the high degree of S&D against them, very few MSM are willing to appear in a gathering to give testimonials, such as at FRHP training sessions and public gatherings.

## **LESSONS LEARNED**

- Providing services to MSM is more difficult than to FSWs and PLWHIV, because of key factors related to their status. First, those who are married, middle class, or want to protect their employment status often do not want to meet with other MSM. Instead, they have to be reached on a one-on-one basis, normally in a public place. Second, because of high degree of stigma and discrimination toward MSM, even group meetings present a challenge when there is no safe and appropriate place to meet. These factors have programmatic implications such as transport allowance and size and type of the BCC materials suitable for use in public places.

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<sup>5</sup> The GAC-approved materials include Protect Your Dream (package with S&D component but no training materials), Who Are You to Judge (package with S&D component and training manuals), the Christian Council of Ghana's Facilitator's Guide (with focus on HIV and S&D Reduction BCC with small groups of the general population), and the Positive Living Toolkit (with S&D component for BCC with PLHIV support groups). There are also a few materials for media use.



## IV. RECOMMENDATIONS

### CROSS-CUTTING

- The PEPFAR Inter-Agency Team should consider reviewing the GOG and U.S. Government HIV Partnership Implementation Plan to identify which PEPFAR agency or agencies are addressing each of the expected U.S. Government contributions under Goal 1: Reduce the number of new infections, and Goal 5: Strengthen CBO capacity to provide information and services to MARPs and PLHIV. This process could lead to a discussion on filling gaps and clarification on meaning when the stated expectation is unclear. The review should lead to consideration of a common vision for PEPFAR S&D-reduction activities that takes into account the feasibility of mounting a concerted effort to achieve S&D reduction.

- To facilitate linkages and coordination at the district and regional level, as well as to provide an easy way to track key information on stigma and discrimination activities across agencies, the PEPFAR Inter-Agency Team should have easy access to information about each agency's S&D reduction activities. Key information should be: a) the target group(s) for stigma reduction (e.g., health service facilities), b) the districts in which activities are being carried out, c) the sub-population(s) (PLHIV, MSM, and FSWs) the stigma-reduction activities address, and d) complementary services provided.

To provide access to such information, the Assessment Team suggests that the U.S. Government PEPFAR Inter-Agency Team consider funding the development of a spreadsheet tool, based on drop-down lists for ease of data entry and sorting. (An example of such a tool is given in Appendix D.) It is envisioned that each agency team and its lead partners would have a copy of the database, which would be updated semi-annually when projects and programs expand. It has been suggested that a focal person be assigned to manage the database and send reminders to the Inter-Agency Team.

- To strengthen existing S&D reduction activities, greater coordination and integration of experience-based innovative approaches should occur across the lead partners of the PEPFAR Inter-Agency Team. In particular, the helpline service, approaches to protection of the human rights of PLHIV, MSM, and FSWs, and outreach to MSM and FSWs are approaches that should be seriously considered by other partners for inclusion into S&D activities.

Arrangements should be made for visits by the Armed Services HIV program and EMPower to SHARPER project sites to learn about the helpline service and other aspects that might be adopted or adapted. In particular, EMPower should learn about the M-Watchers and M-Friends approach to protection of human rights of MARPs.

To assist PCVs interested in working with MSM and FSWs, arrangements should be made for SHARPER partners, through their peer educators, to identify MSM and FSWs who would be willing to meet with these PCVs to discuss ways of identifying and working with these sub-communities outside the SHARPER districts and near where these PCVs are based. Also, partners should explore the feasibility of these PCVs, and later the MSM and FSWs with which they work, serving as M-Watchers tied into the nearest SHARPER network. In addition, USAID should consider the potential of assigning a few PCVs to work on future USAID projects related to S&D reduction.

- USAID, CDC, and the PEPFAR Media Specialist should work together to devise a strategy for follow-on action once the results of the Men's Health Study are available.

- The Ghanaian Armed Forces and the Peace Corps should take the necessary steps to enable them to assess the performance results of their S&D activities and systematically monitor performance changes that are directly linked to their S&D activities.

To acquire experience, skills, and fine-tuned instruments, the initial efforts in the Ghanaian Armed Forces and Peace Corps may be small in scale. Services might be secured to assist the Armed Forces and Peace Corps with development of the plan and tools; these would be tailored to specific program activities and drawing to the extent applicable on select questions in the PLHIV Stigma Index<sup>6</sup> for use with all methods. An option would be to acquire services for hosting a workshop for selected individuals on basic topics, such as guiding principles for assessing performance results and monitoring performance changes, and planning and implementing such activities.

- PEPFAR agencies should seek to mainstream participatory sessions to increase knowledge about HIV and awareness of the effects of stigma and discrimination of PLHIV, MSM, and FSWs among individuals in the workplaces of the agencies and their implementing partners. The purpose would be to raise awareness and knowledge about HIV and the negative health and other effects of S&D toward PLHIV, MSM, and FSWs. The objective would be to reduce stigmatization and discrimination among employees at the personal level and, as appropriate, in the workplace. Such an approach has the potential to achieve a spill-over effect from those reached into their social networks.

PEPFAR should support the development of a facilitator's guide for highly participatory sessions in the workplace to increase knowledge about HIV and awareness of the effects of stigma and discrimination affecting PLHIV, MSM, and FSWs.<sup>7</sup>

- The PEPFAR Inter-Agency Team might consider the usefulness of a short additional module on S&D toward MSM and FSWs in the next Demographic Health Survey (DHS) to complement the existing questions related to PLHIV, and whether PEPFAR funds might be available for this addition. The results from the expanded stigma portion of the DHS should inform the honing and targeting of future work in Ghana.

## **DOD**

- The DOD should discuss with the Armed Forces the potential for integrating BCC to reduce S&D against MSM and FSWs into its HIV work. The objective would be to engage them so that members of the Armed Forces can play an important social role in changing behaviors and social norms. Since the Ghanaian armed forces provides U. N. Peacekeepers who are often engaged in protecting the rights of specific populations, members of the Armed Forces should be engaged as individuals in increasing respect for the rights of MSM and FSWs and decreasing S&D against these MARPs. Such an activity could draw on the work done by CDD centered on the fundamental rights of MARPs, as well as other PLHIV, as enshrined in the 1992 Constitution and other international and regional human rights protocols and conventions to which Ghana is a signatory.
- The DOD should help ensure that funds are available every two to three years for follow-up training of peer educators and health facility staff on stigma and discrimination.

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<sup>6</sup> Index materials are accessible on [www.stigmaindex.org](http://www.stigmaindex.org). Also see Demchenko 2011 and Schay 2008.

<sup>7</sup> To illustrate how this proposal might be implemented, a concept paper is presented in Appendix E.

## DOS

- The description for eligibility for support from the Ambassador's Special Self-Help PEPFAR Program should be modified to include a statement to signal a willingness to fund activities and reproduction of GAC-approved materials aimed at S&D reduction. Concurrently, the application form should be modified so applications for support for BCC S&D activities are required to: a) list the BCC tools and materials they will use and state whether these are GAC-approved materials, b) specify the target audience, and c) specify the BCC approach (i.e., large groups or small groups of 25 or less).
- The PEPFAR Media Specialist should facilitate positive media coverage about the forthcoming GAC MARPs strategy. In addition, he should hold discussions with former members of the Project Advisory Committee of the HIV & AIDS Anti-Stigma and Human Rights Initiative Project and the legal group engaged in SHARPER to determine their views on couching human rights messages for the media and their willingness to make public statements to the media related to the human rights of MARPs.

## PEACE CORPS

- The Peace Corps should develop a curriculum on stigma and discrimination reduction for use in its training of PCVs. Volunteers form a unique cadre that should be used more systematically to reach remote communities with BCC on HIV and MARPs S&D reduction messages. Effective and detailed anti-stigma and HIV issues should be incorporated in the Peace Corp's orientation programs, using guest speakers, so the PCVs carry out activities regardless of the program areas in which they work. To enable BCC on S&D reduction, PVCs should be introduced to GAC-approved BCC materials, such as the Christian Council of Ghana's Facilitators Guide for work with small groups from the general population. In addition, PCVs could be trained as trainers of trainers to train leaders of existing groups (e.g., youth groups) within their communities to carry out BCC on S&D reduction.
- Since a great deal of effort goes into the PEPFAR calendar drawing contest, which generates over 400 entries, the Assessment Team recommends that consideration be given by the Peace Corps to additional uses of the drawings. One option would be to fund proposals through Peace Corps Project Assistance Grants for reproduction of the drawings for specified uses. The PEPFAR Inter-Agency members on the calendar selection team could be asked to provide quality control by noting those entries that are unsuitable for use, e.g., pictures that do not adequately portray messages or captions.

## USAID

- USAID should support the development of new BCC modules and materials specifically for MSM and FSWs that address self-stigma, which can be used in interpersonal and small group discussions. The objective would be to enhanced self-esteem and self-confidence so that positive choices are made by the MSM and FSWs related to their sexual behaviors as well as other important decisions.<sup>8</sup>

Steps should be taken to strengthen the existing stigma BCC module focused on PLHIV. USAID should support complementary new modules and materials aimed at improving the way PLHIV feel about themselves so they seek appropriate medical serves and reduce the spread of HIV.

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<sup>8</sup> To further illustrate how this recommendation and the one following it might be implemented, project concepts are presented in Appendix E.

- Ghana/SHARPER should take action in the next few months to develop a plan for collection of baseline and endline information related to its S&D-reduction activities. Along with a work schedule, the plan should cover the sampling process and sample, training for collection of the information, an administration guide for use of the tools, tools to be used to gather the information, and data analysis.
- To strengthen commitment among Models of Hope, the SHARPER implementing partners who have established relations with health facilities that use Models of Hope should discuss with their focal person in the facilities ways in which facility administrators could acknowledge their appreciation of the contributions of Models of Hope. Two suggested ways are a) inviting them to the annual staff party, and b) during a staff meeting, honoring and providing letters of recognition to those who have served, based on the number of years of service.

In addition, SHARPER implementing partners should encourage health facilities with Models of Hope to provide functioning DVD players and televisions in the sections where the Models of Hope work so they can show DVDs related to S&D.

- The FRHP, in particular JSI in collaboration with the GHS, should issue some form of documentation, such as a letter of acknowledgement, to clinical and non-clinical staff who complete a) the training of trainers S&D course, and b) the staff that complete the step-down training sessions.
- To strengthen its project, FRHP should review the list of health facilities to identify large facilities that are likely to need many people reached by step-down training in order to achieve a critical mass of staff trained in S&D reduction. They should then consider if this can be done through budgetary reallocation or whether additional funds are required.
- A mixed method approach to documenting FRHP impact should be undertaken to yield more reliable data for determining the effects of S&D-reduction activities focused on health service facilities. It is recommended that the final surveys be complemented by a set of qualitative open-ended interviews or focus group discussions in facilities. Findings from the qualitative method would be used to provide a cross-check and assist in interpretation of survey data from the facility's staff and clients. The results should be used to inform future activities with health facilities.
- The upcoming evaluation of the completed HIV & AIDS Anti-stigma and Human Rights Initiative should include attention to the dissemination of the valuable information CDD collected on laws and policies governing HIV and MARPs in Ghana and the human rights protocols and conventions to which Ghana is a signatory.
- USAID should include statements related to inclusion of HIV-related S&D-reduction activities in the key documents of planned and future projects. This includes the recommendation noted above under Cross-cutting Recommendations on inclusion in the workplace. In addition USAID should include the statement in non-HIV health projects that work with local communities. For the latter, the existing GAC-approved Facilitator's Guide developed for the Christian Council of Ghana could be drawn upon to guide such an activity.

# **APPENDIX A. SCOPE OF WORK**

## **Scope of Work**

**Carolyn Barnes, Team Leader**

**GH/OHA: Assessment of PEPFAR Ghana HIV Stigma and Discrimination Activities**

### **I. PERFORMANCE PERIOD**

A consultant is needed for a three-week in country assessment visit, and for approximately three days pre-assessment preparations and approximately one week post-assessment report finalization starting approximately May 10th to August 15, 2011, with in-country work from o/a May 15 to o/a June 10. The actual dates of the project are subject to change based upon actual consultant availability.

### **II. PURPOSE**

This assessment is intended to assist PEPFAR Ghana, its implementing partners and the Ghana AIDS Commission (GAC) in documenting and evaluating PEPFAR Ghana's current HIV stigma reduction efforts. As a monitoring tool, this assessment should provide information that that will be utilized to determine strengths and weaknesses of the PEPFAR Ghana program with respect to stigma reduction approaches, and help inform future program activities. As some programs are still in the beginning phases of implementation, this assessment will also help to incorporate stigma reduction components into nascent programming.

This assessment is intended to:

- Document the status of current stigma reduction efforts in PEPFAR Ghana's portfolio;
- Determine the existing strengths and weaknesses of PEPFAR Ghana program approach to stigma reduction;
- Develop a tool to monitor HIV stigma reduction activities in PEPFAR Ghana's portfolio; and
- Develop recommendations for the continued strengthening of PEPFAR Ghana's stigma reduction efforts.
- Offer suggestions of ways to integrate HIV stigma reduction activities into other HIV and non-HIV specific programs

### **III. BACKGROUND**

The HIV/AIDS epidemic in Ghana is a mature, mixed epidemic (low-level generalized epidemic with pockets of high infection levels among certain populations), which has as its defining characteristic that infection in the general population depends to a great extent on continuous bridging from core high prevalence sub-populations, such as female sex workers (FSWs), their clients and non-paying partners (NPP), and men who have sex with men (MSM). HIV prevalence was estimated to be 1.7% in the general adult population in 2008 (UNAIDS, 2009), and appears to be declining as seen among pregnant women, with a peak of 3.6% in 2003 to 2.2% in 2008 (while not consistent across each year, the linear trend across the period is declining), reported by Ghana's ante-natal care (ANC) sentinel surveillance system in the 2008 Report.

According to a Behavioral Sentinel Surveillance (BSS) study conducted by AED/SHARP in 2006, estimates of HIV prevalence among FSW range from 30-45%. While 93% of FSW report using condoms with their clients at last sex, only 27% of FSW report using condoms with their non-paying partners (NPP). Although national figures are not available, a USAID-funded study in two

regions of Ghana reported an HIV prevalence of approximately 26% among MSM. Around half of MSM surveyed reported having sex with both male and female partners. Women who identify themselves as sex workers are estimated at around 34,000, but it is unknown how many FSW are involved in informal and transactional sex. Additionally, size estimations for other sub-populations, including MSM, NPP and clients of FSW are currently lacking. Contrary to other countries in sub-Saharan Africa, research suggests that long distance truck drivers and informal miners in Ghana do not have HIV rates or risk behaviors that are significantly different from men in the general population. In addition, military personnel have lower infection levels compared to the general population, in part due to mandatory HIV testing for personnel assigned to peace keeping missions.

There are approximately 236,000 people living with HIV/AIDS (PLHIV) nationwide in 2009. While approximately 70% of adult PLHIV are in discordant relationships with regular partners, very few PLHIV have disclosed their status to these partners, suggesting that PLHIV and their regular partners are another group requiring targeted prevention interventions; in approximately half of the discordant couples the female partner is sero-positive.

Stigma related to HIV infection is high in Ghana, and serves as a significant obstacle to reaching those already infected, as well as populations that are most-at-risk. The 2008 DHS found that only 11% of women and 19% of men expressed accepting attitudes toward those living with HIV/AIDS. Additionally, sexual solicitation and sodomy are illegal in Ghana and homophobia is prevalent and extremely hostile. A double-layer of stigma is an important barrier to ensuring that services available to and accessed by the two main high-risk populations, FSW and MSM.

The National HIV/ AIDS and STI Policy, the NSF I, and the NSF II highlight the importance of addressing stigma and discrimination. Anti-stigma and discrimination campaigns have been implemented successfully, but were not sustained. In recognition of the important role stigma and discrimination play in undermining and frustrating the national response, PEPFAR Ghana supports the GOG in the development and refinement of policies and guidelines on stigma and discrimination.

While the overall legal and policy framework to prevent stigma and discrimination exists in Ghana, the application of these policies is often lacking. PEPFAR Ghana focuses its attention on aspects of stigma and discrimination that affect most-at-risk populations and PLHIV, particularly with respect to interactions between PLHIV and health service providers, judiciary representatives and law enforcement agents. Additionally, PEPFAR Ghana focuses technical support (TA) to GOG and GFATM principal recipients and sub-recipients on reducing stigma and discrimination against PLHIV among the general population. All PEPFAR community and facility-based activities include an anti-stigma component.

USAID/Ghana funded the Quality Health Partners (QHP) to undertake A Rapid Appraisal of HIV related Stigma and Discrimination Reduction Interventions in selected health facilities in Ghana in 2009. The QHP project collaborated with the Strengthening HIV/AIDS Response Partnership (SHARP) project and the National AIDS/STI Control Programme (NACP) to implement a package of tools and interventions dubbed the High Impact Package (Get HIP!). Because AIDS stigma has been identified as one of the principal obstacles to HIV prevention and to the scaling up of testing and treatment worldwide, QHP included stigma reduction training of health workers as part of its program to improve quality of care and uptake of prevention, care, and treatment services with a focus on populations with high risk behavior, such as men who have sex with men (MSM) and female sex workers (FSW), and people living with HIV (PLHIV). This rapid appraisal was based on a sample of 6 HIP hospitals and clients using their services for evidence of prevalence of stigma and discriminatory attitudes and practices among staff and of the effectiveness of the HIP training in reducing stigma and discrimination.

#### **IV. SCOPE OF WORK**

The consultant is expected to lead a team – including PEPFAR implementing partners and GAC representatives – to carry out an assessment of PEPFAR Ghana’s stigma and reduction efforts.

The objectives of the assessment are to:

- Assess and document the progress made by PEPFAR Ghana’s implementing partners and its sub-partners in addressing stigma and discrimination at the community and facility level;
- Determine the strengths and weaknesses of current stigma and discrimination efforts;
- Develop a tool to monitor HIV stigma reduction activities in PEPFAR Ghana’s portfolio.
- Make recommendations on strengthening successful stigma and discrimination efforts and identify opportunities for PEPFAR Ghana to promote continuous improvement of its stigma and reduction efforts through increased opportunities for coordination and integration of state-of-the-art, innovative approaches.
- Offer suggestions of ways to integrate HIV stigma reduction activities into other HIV and non-HIV specific programs

#### **V. METHODOLOGY**

##### **Evaluation Organization**

The consultant shall work under the supervision and guidance of PEPFAR/Ghana’s appointed staff. This staff will organize all internal and external meetings and site visits.

The methods to be used in completing this evaluation will include, but not be limited to: reviewing documentation, interviews, site visits, stakeholder meetings, etc.

##### **Document Review (3 Days LOE)**

Prior to arriving in country and conducting field work, the consultant will review various project documents and reports. Annex I provides a list of reports, studies and other documents that the consultant should review. The USAID/Ghana team will provide the relevant documents for review as soon as the consultant is identified. Consultant will prepare a draft assessment tool which will be reviewed with the team at the Team Planning Meeting.

##### **Team Planning Meeting (TPM) and Introductory Meeting (2 Days LOE)**

The consultant will lead a Team which will include staff member each from SHARPER and BCS projects, and may also include participation by the Ghana AIDS Commission (GAC). Where possible, a member of staff from the Ghana PEPFAR team will participate in the field site visits to facilitate and provide additional perspective,

Upon arrival in Ghana, there will be a meeting with the identified assessment team members and key representatives of PEPFAR Ghana. This time will be used to clarify team roles and responsibilities, deliverables, development of tools and approach to the evaluation, and refinement of agenda. In the team planning meeting the team will:

- Share background, experience, and expectations for the assignment with special reference to existing activities
- Formulate a common understanding of the assignment, clarifying team members’ roles and responsibilities
- Agree on the objectives and desired outcomes of the assignment
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion

- Develop data collection methods, instruments, tools and guidelines, and methodology and develop an assessment timeline and strategy for achieving deliverables

Prior to arrival, the consultant will have formulated drafts of assessment tools, which will be reviewed and refined in partnership with the assessment team and PEPFAR Ghana team. The consultant should be prepared to lead an initial meeting to present and discuss tools to be used.

Introductory meetings will also be conducted with the PEPFAR team and some agencies as needed, as well as some meetings within the assessment team. The team will also meet with the Ghana AIDS Commission and the NACP as key government contacts.

### **Field Site Visits (6 days LOE)**

USG's PEPFAR prevention activities are focused in 30 target districts and the Evaluation Team shall arrange to visit 8 districts through a representative sampling covering the urban and rural areas. Where possible, a member of staff from USAID/Ghana will participate in the field site visits. Prior to site visits, the team will meet with individual agencies, PEPFAR implementing partners and key Government of Ghana stakeholders. Field site visits should include visits to a least the following sites; Department of Defense site, Focus Region Health Project site, FHI sites (MSM, FSW, PLHIV), Orphan and Vulnerable children (OVC) site and a Peace Corps site. Also, the team should visit regional/district hospitals and outreach sites in the target districts as appropriate. Meetings should be held with relevant officers at the HIV/Reproductive Health Unit, health center staff, Peer Educators/Models of Hope and community members. Team members may split up these site visits at their discretion. Sites will be selected by PEPFAR staff and key partners.

### **De-briefings (2 Days LOE)**

PEPFAR Ghana meetings will include, at a minimum:

- Initial organizational/introductory meeting at which the consultant will present an outline and explanation of the design of the stigma assessment, including a draft assessment tool.
- Mid-assessment review with the PEPFAR Team to outline progress and implementation problems; and
- Final Assessment debrief/summary of the data and draft recommendations, to be held with the PEPFAR Ghana team and other key stakeholders after field work is completed. The objective of the debrief will be to share the draft findings and recommendations, solicit comments and inputs, and clarify any remaining questions or issues before the consultant departs.

### **Arrangement of Meetings**

An appointed PEPFAR team member will arrange for an initial introductory meeting with appropriate GOG staff at the outset of the process. Where necessary a PEPFAR team member may participate in meetings with the GOG representatives and partners. A general list of relevant stakeholders and key partners will be provided to the assessment team at the time of arrival, but the assessment team will be responsible for expanding this list as appropriate so as to develop a comprehensive understanding of the stigma and discrimination program and services offered through PEPFAR Ghana's portfolio.

## **VI. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT**

The assessment team will be composed of representatives of PEPFAR Ghana implementing partners with expertise in the following areas: Community Health/Behavior Change with a focus on HIV/AIDS. A representative from GAC may also be part of the assessment team. The

team will have four core members: the consultant team leader, one member from BCS, one from SHARPER, and one from GAC. Various PEPFAR staff will contribute as they are available.

The consultant will serve as the assessment team leader, as described below.

**Role of the Team Leader:**

The Team Leader (TL) will be responsible for overseeing the team and ultimately responsible for the submission of the final draft report to PEPFAR Ghana. S/he will provide team leadership, finalize the assessment methodology and process, coordinate activities, contribute to the planning and coordination of meetings and site visits, and be responsible for payments of local logistical needs. Logistics for site visits will be handled through SHARPER/ BCS: consultant will not be responsible for scheduling local travel or interviews. S/he will lead the preparation and presentation of the key assessment findings and recommendations to the PEPFAR/Ghana team and other major stakeholders and will consolidate reports from other evaluation team members and ensure that the draft and final report are completed and submitted in a timely manner.

The team leader should have experience in leading teams of international health experts and working with host country personnel. S/he should have extensive experience in conducting qualitative evaluations/assessments. Excellent oral and written skills are required and experience in preparing high quality documents. The TL should have an advanced degree in public health or a related field with a minimum of five years of experience in management and evaluation of community based and district level health programs, experience in leading teams of experts in health activities, experience in international health specifically dealing with HIV stigma and discrimination efforts at district and community levels and should have worked extensively with USAID-supported programs.

**Level of Effort (LOE)**

Task	Team Leader
Background reading and preparation of draft interview tool	3 days
International travel- RT	4 days
Team planning, initial briefings and stakeholder meetings	2 days
Creation of interview tool	1 day
Field site visits/key informant interviews, meetings	6 days
Information Synthesis and Prep for Debrief	1 day
Mid-term and final debriefings	1 day
Draft report preparation and revision, discussion and analysis in-country; submission prior to team departure	4-5 days
USAID/Ghana reviews draft report (10 working days)	-
Report revisions, based on Mission comments (out of country)	4-5 days
GH Tech edits and formats final report (3-4 weeks)	-
<b>Total est. LOE</b>	<b>27 days</b>

**VII. LOGISTICS**

A six day workweek is authorized when the team is working in country. The team will work local holidays. The assessment team will be responsible for liaising with USAID/Ghana staff to coordinate all off shore and in-country logistical support. This includes arranging and scheduling

meetings, international and in-country travel (including vehicle rentals), hotel bookings, working/office space, computers, printing, photocopying. BCS/ SHARPER staff will be responsible for logistics.

GH Tech will be responsible for the following:

- Arranging travel in the U.S. and from the U.S. to overseas assignment location (country clearance, visa, plane tickets, hotel reservations, processing travel advance and expenses). Consultants are responsible for arranging in-country travel while overseas and ground transportation in the U.S.
- Facilitating contact with USAID staff.
- Instruction and/or assistance with formatting charts, graphs, and tables and PowerPoint slides
- Arranging for editing/layout of final report.

## **VIII. DELIVERABLES AND PRODUCTS—DEADLINES TBD DEPENDING ON EXACT ASSIGNMENT START DATE.**

### **The Contractor Deliverables Shall Include:**

- A written methodology plan (assessment design/process) to be discussed during the Team Planning Meeting.
- A mission and partner debrief meeting that will be held before the team's departure and prior to the submission of the draft report.
- A draft report, submitted before Team Leader's departure will incorporate comments and suggestions from the debriefings. The mission will have 10 days following the submission of the draft report to respond and provide written comments and feedback.
- A final report (5 hard copies and a CD-ROM) will be submitted as follows:

### **The Final Report Format Shall Include:**

- Executive summary, concisely summarizing critical elements of the main report
- Table of contents
- Introduction, describing the purpose and objectives of the assessment
- Background of the project
- Findings
- Conclusions and lessons learned
- Recommendations for improving future stigma and discrimination efforts
- Other information relevant to the evaluation but not necessarily central to it may be included in annex.

The report shall not exceed 30 pages, excluding the annexes.

## **IX. MISSION AND/OR WASHINGTON CONTACT PEOPLE/PERSON**

Peter Wondergem, USAID/Ghana

Anna Hoffman, USAID/Ghana

Emily Harris, USAID/Washington

## **X. REFERENCES (PROJECT DOCUMENTS)**

### **Annex I: Selected List of Documents for Review**

1. Ghana Partnership Framework
2. Ghana Partnership Framework Implementation Plan
3. National Strategic Plan III
4. Workplan/performance reports of programs to be assessed
5. Other technical documents on Ghana epidemic
6. Positive living tool kits for use in PLHIV support groups (AED/SHARP)
7. Watch me Video clips and discussion guides ( AED/SHARP)
8. Get HIP! (High Impact Package) AED/SHARP
9. My life; Positive Living Tool Kit
10. I am Somebody's Hope (FSW tool kit); It's My Turn (MSM tool kit)
11. Peace Corps training materials



## **APPENDIX B. PERSONS CONTACTED**

### **UNITED STATES GOVERNMENT**

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#### **U. S. Department of State/Ghana**

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Martha Fleming, Ambassador's Special Self-Help PEPFAR Program Coordinator (back-up)

#### **U. S. Department of Defense/Ghana**

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#### **U. S. Peace Corps/Ghana**

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#### **U.S. Centers for Disease Control and Prevention/Ghana**

Dr. Fazle Khan, Country Director

#### **Ghana AIDS Commission**

Dr. Angela El-Adas, Director General

Dr. Richard Amenyah, Director Technical

Mr. Emmanuel T. Larbi, M&E Coordinator

### **PEPFAR- FUNDED ORGANIZATIONS WITH HIV STIGMA AND DISCRIMINATION ACTIVITIES**

#### **Jhpiego, Maternal and Child Health Integration Project, Accra**

Chantelle Allen, Country Director

Martha Serwah Appiageye, Senior Technical Adviser

Joyce Ablordeppey, Maternal and Newborn Specialist

## **U.S. DEPARTMENT OF DEFENSE PARTNERS**

### **37 Military Hospital, Accra**

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### **Regional Institute for Population Studies, University of Ghana, Legon: Men's Health Study**

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Dr. Edward Bonku, Management and Health System Advisor  
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Dorvas Adwoa Aidoo Boahene, Program Officer—EMPower

## **Implementing Partners and Participants**

### **CEPEHRG, Accra**

Joshua Alabi, Monitoring and Evaluation Officer

6 Peer Educators (MSM, FGD)

8 MSM Participants (FGD)

### **Hope for All, Tarkwa**

Mary Addison Fynn, Executive Director

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15 FSW (FGD)

### **Life Relief Foundation, Takoradi**

Frank Twum-Barimah, Project Coordinator

Isaac Henry Aikins, Project Officer

Cecilia Oduro, Executive Director

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7 People Living with HIV/AIDS

### **Quality Health Program—Central Regional Hospital (Facility with TOT and Step-down Training)**

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Sophia BLankson, Head of Training Unit

Joyce Afua Asante, Public Health Unit Head

3 Models of Hope (PLHIV, FGD)

### **FRHP, Western Region**

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### **National Association of People Living with HIV/AIDS (NAP+)**

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Charity Ouensu Danso, Vice President

Charles Kwahmo Appong, Program Manager

Kofi Ampom, Monitoring and Evaluation Officer

**Opportunities Industrialization Centers International, Accra Office**

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**OTHERS**

**Johns Hopkins University, Center for Communication Programs**

Ian Tweedie, Chief of Party—Behavior Change Support Project

Peer Education Program of Los Angeles

Wendey Arnold, President (DOD/DOS Consultant)

## **APPENDIX C. SOURCES CONSULTED AND BEHAVIOR CHANGE MATERIALS REVIEWED**

### **REFERENCES AND SOURCES CONSULTED**

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## **PROGRAM/PROJECT DOCUMENTS**

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SHARPER Performance Monitoring Plan, March 2010-September 2013. (n.d.)

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## **BEHAVIOR CHANGE MATERIALS**

### **Training Manuals:**

MY LIFE, MODULE 9 Stigma and Discrimination. Facilitator's Booklet. (From Positive Living Toolkit)

Quality Health Partners. Reducing Stigma and Discrimination Related to HIV and AIDS and Improved Infection Prevention (Part of "Get HIP!) High Impact Package of Services to Improve the Quality of Anti-retroviral Therapy in Ghana. Quality Health Partners. (September 2006, QHP)

Reducing Stigma and Discrimination Related to HIV and AIDS and Improved Infection Prevention. Trainers Manual. (2006 QHP)

Reducing Stigma and Discrimination Related to HIV and AIDS and Improved Infection Prevention. Participant Manual. (2007 QHP)

Reducing Stigma and Discrimination Related to HIV and AIDS and Improved Infection Prevention. Trainers' Manual. (2007 QHP)

Who Are You to Judge? People Living with HIV Are Just Like You. Stigma Reduction Training Facilitators Guide for NGOs. (2007 GSCP)

Text Me! Flash Me! Training Manual for Helpline Counselors. (2009 AED)

I Am Someone's Hope. HIV and AIDS Prevention. Manual for Peer Educators of Female Sex Workers. (AED)

It's My Turn. Training Manual and Job Aides for Peer Educators Most at-Risk Men. (AED)

STI/HIV Training Manual for Peer Educators and Counselors. (HOFA, Tarkwa, 2010)

Journey of Hope, Ghana Users' Guide (Stop AIDS Love Life) 2001 JHU/CCP.

Understanding and Challenging HIV Stigma Toolkit for Action. Module H: MSMS and Stigma (International HIV/AIDS Alliance). 2009.

Curriculum for the Registered Midwifery (RM Program. Based on the Semester Course Unit System. QHP. 2007.

## **BROCHURES AND BOOKLETS**

HIV/AIDS Orphans and Vulnerable Children and PLWHAS Care, Support and Economic Opportunities Enhancement Program (HOPE) OICI.

Question and Answers. Rights of Persons Living with HIV (PLHIV) in Ghana (Twi) CDD Ghana.

### **Posters:**

Who Are You to Judge posters. GSCP. (2007)

Don't Shun Someone Living with HIV. Show Compassion.

Know Your HIV Status. Prevent Your Baby from Getting the Virus.

**K7 and Compact Disc:**

It Could Be You (DVD HIV and AIDS Documentary-Drama). (Ghana Armed Forces AIDS Control Program and Department of Defense HIV/AIDS Prevention) 2008.

My life Module 9, Stigma and Discrimination (CD version of the radio program, from positive living toolkit) AED.

Watch Me! Video Clips. Make a Point! An HIV Discussion Job-aid for Peer Educators and Counselors of Most-at-risk Men. AED 2007.

**Others:**

My Friend with HIV Is Still My Friend. 2011 PEPFAR Calendar. (Peace Corps 2011)

MSM Visual Job Aides Module 5. (AED)





## **APPENDIX E. PROPOSAL CONCEPTS RELATED TO SELECT RECOMMENDATIONS**

### **FACILITATOR'S GUIDE AND MATERIALS ON STIGMA AND DISCRIMINATION FOR USE IN THE WORKPLACE**

This concept proposal centers on development and production of a Facilitator's Guide and associated materials to be used in highly participatory sessions in the workplace of PEPFAR agencies and their partners. The higher level objective would be to reduce stigmatization and discrimination among employees on a personal level and, as appropriate, at the workplace. Such an approach has the potential for a spill over-effects from participants into their social networks.

The outcome of the sessions should be:

- Increased knowledge about HIV in Ghana
- Greater understanding of and empathy for PLHIV, MSM, and FSW

The guide would be based on a small set of two to three core modules for training sessions lasting no more than 90 minutes, and include two to three optional modules. It is anticipated the participatory aspects would include the following: a) short one-on-one discussions on particular topics that last no more than five minutes, and b) small group discussions on a particular topic, which might include case studies of individual MSM and FSWs and select poems written by MSM.<sup>9</sup> In addition, it is envisioned that one module would include either a) time to reflect on personal behaviors and development of a personal plan related to S&D reduction, and b) if appropriate, small group discussions on next steps that can be taken by those in the workplace.

The steps in development of the guide and materials would be the following:

- Provide initial draft outline of the guide and hold discussions with GAC
- Assemble relevant materials within and outside of Ghana and identify those that appear to be the most relevant
- Determine the main topics and methods to use for each core and optional module, and the associated materials needed, including as appropriate reference documents for the facilitator
- Obtain case study information and appropriate poems from MSM and FSW peer educators
- Draft and then test the guide and materials
- Submit to GAC for approval

Illustrative key topics are:

- The HIV situation in Ghana, modes of transmission, and MARPs
- Personal perspectives of participants related to interaction with those who might be PLHIV and MARPs
- Reactions to negative media coverage on MSM
- The effects of stigma and discrimination on PLHIV, MSM, and FSWs
- Human rights of PLHIV and MARP

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<sup>9</sup> During the focus group discussion with peer educators of Martime Life Precious, some shared with team members the poems they had written, which evoked their deeper emotions about their status and the stigma against them.

The development of the guide and associated materials should be led by one or two experienced facilitators and module developers. They would work in cooperation with key individuals identified by the PEPFAR Inter-Agency Team and with select SHARPER sub-partners that have experienced peer educators working with MSM and FSWs and support group leaders of PLHIV groups. GAC should also be involved. The deliverable shall be in the form of a CD with the final Facilitator's Guide and associated materials.

## **JOHNS HOPKINS UNIVERSITY CENTER FOR COMMUNICATION PROGRAMS (JHU/CCP) BCS PROJECT**

JHU/CCP is present in Ghana and played a key role in the early HIV/AIDS campaign, including addressing stigma toward people living with HIV (PLHIV). Given the current status of stigma and discrimination toward MARPs in the country, the Assessment Team recommends that PEPFAR re-engage JHU/CCP to reinforce the ongoing activities that are being carried out in the country. Specifically, JHU/CCP would be a major asset to the PEPFAR team in designing new or refining current strategies and tools that address stigma and discrimination toward MSM, FSWs, or health workers and implementing partners (project staff) working with them. Communication tools developed, refined, or updated to address current forms of stigma and discrimination should be inspired by the ideas and experiences of many organizations in the country working to reduce S&D. The final products should draw on materials and ideas from existing manuals, tools, printed media, mid-media, and literature on this subject identified during the assessment. The final communication tools are intended for use by the PEPFAR team and other implementing partners including government counterparts, civil society, and communities involved in HIV/AIDS and S&D activities.

Activities JHU/CCP could provide through its BCS project in Ghana include the following:

- Conduct formative, in-depth assessment of existing BCC tools and additional literature review to help in designing or refining existing social or behavior change communication tools (SBCC) targeting MSM, FSWs, and health providers working with MARPs.
- Establish focused and dedicated working teams made up of only those individuals that will be active and instrumental in developing the messages and tools. These teams could be a mixed of representative of the target audiences working with project staff, community members, health providers, government representative, law enforcement agents, and other gatekeepers identified by the group. Ideally health providers, including project staff, should have the appropriate tools to assist them in addressing issues facing their target audiences. These tools should help them reflect on their own S&D issues before addressing those of their target audiences to ensure appropriate action. This could be in form of a guidebook, leaflet, short film, and TV stops. Similar tools will also be needed for the target audiences (MSM, FSWs) to help them cope with self-stigma/discrimination and stigma and discrimination by family and society and learn how to address these issues appropriately.
- Conduct a workshop with stakeholders to develop messages and tools.
- Pre-test messages and tools with a sub-set of the target audiences to assess effectiveness.
- For each target group, create appropriate training tools and guidelines for communicators that will use the tools.
- Conduct training for communicators involved, targeting each of the target audiences.
- Improve existing tools, create new tools, and identify additional indicators for monitoring the implementation of communication activities (to track effectiveness and ensure quality).
- Help implement monitoring and evaluation.

To implement these activities, JHU/CCP should consider work at the institutional and community levels under PEPFAR Team and Government to provide guidance to ensure coordination, organization, and flow of information regarding new tools that will be created. Given the resources that JHU/CCP has at its disposal, the assistance of international short-term technical assistance and in-country consultants is highly recommended.

## **PROPOSAL FOR ADDRESSING SELF-STIGMA (AND TO SOME EXTENT, DISCRIMINATION) AMONG PLHIV**

### **Ghana/SHARPER**

#### **Introduction**

Self-stigma associated with HIV incorporates feelings of shame, dejection, self-doubt, guilt, self-blame, and inferiority. It leads to high levels of stress and anxiety, and to denial. Some people withdraw from society and stop participating in normal social activities because of their lowered self-esteem and sense of self-worth. Some give up work and wait to die. There is often a reluctance to disclose one's status to others because of the fear of how they will respond. In extreme cases, self-stigma leads PLHIV to self-harm. It impacts on people's psycho-emotional and physical health. It prevents individuals from seeking health treatment and care.

#### **Steps to Address Self-stigma among PLHIV**

1. Formative assessment with PLHIV, health care workers, family care givers, and selected general population members to prioritize the factors that drive self-stigma. The focus of the formative assessment must be slightly different with each target group:
  - a. PLHIV/ PLHIV support group leaders:
    - Focus on reasons they self-stigmatize; what situation or conditions makes them want to stigmatize themselves most; who or which category of people causes them to self-stigmatize.
    - The formative assessment must also try to identify simple but practical steps that will lead to a reduction of self-stigma; e.g., counseling, meeting with friendly health workers for discussion, etc.
  - b. Health workers/ family care givers:
    - What in their view promotes self-stigma among PLHIV; how can they identify symptoms or signs of self-stigma; practical steps to help PLHIV showing signs of self-stigma
2. Use information from the formative assessment to develop a practical two-to-three module interactive based on stories captured from the assessment:
  - a. Module 1: Understanding Self-stigma
    - Two to three topics dealing with understanding self-stigma, knowing the signs and symptoms of self-stigma, and understanding factors that promote self-stigma
  - b. Module 2: Steps to Reducing Self-stigma
    - Practical activities to be followed by the PLHIV to counteract self-stigmatizing thoughts
    - Guide to Health Worker / Family Care Giver for Signs of Self-stigma
  - c. Module 3: Sustaining a Positive Outlook
3. Train PLHIV Support Group and implementing partners in the use of the modules.

## **PROPOSAL CONCEPT: BCC TOOLS TO ADDRESS SELF-STIGMA AMONG MSM AND FSWs**

Because of the high level of stigma and discrimination toward men who have sex with men (MSM) in Ghana, the internal level of self-esteem and self-confidence is relatively low. This affects their willingness to take risks as they seek love and affection, and their inability to cope with stigma and discrimination directed against them personally, such as by family members and friends who discover their status, and as a member of that sub-community. Similarly self-stigma exists among FSWs, due to negative social views against commercial sex. Among both groups, low self-confidence hinders them from accessing client-friendly services, sometimes as a result of misconstruing words and actions as stigma and discrimination. Self-stigma also influences other important decisions.

BCC tools for MSM and FSWs should be developed that facilitates their exploration of their feelings about themselves and others, leading to techniques for individually reducing self-stigma and developing greater self-esteem and self-confidence. The tools and materials (e.g., participatory exercises) should be developed by a core team including a psychologist or socio-psychologist with the following skills and knowledge: knowledge of BCC tools and materials development, and an understanding of the Ghanaian context of MSM and FSWs. Preferably one member of the team would be a MSM, and if feasible a FSW should be engaged in the work centered on FSWs. The core team would work in cooperation with key partners of SHARPER and EMPOWER that provide services to MSM, and the GAC.

The objective of the tools and materials would be to increase self-esteem and self-confidence among MSM and FSWs to reduce the spread of HIV.

The process would entail:

- Use of a two-stream approach, which follows the same process. The resulting tools and materials would not necessarily have the same content for MSM and FSWs, although the approaches would be similar.
- Review of existing documents related to self-stigma among Ghanaian MSM, and BCC tools for self-stigma reduction among MSM, along with a similar review centered on FSWs.
- Meetings with those who currently provide counseling services to MSM and FSWs as well as with MSM and FSW peer educators, and individual MSM and FSWs to determine major issues to cover and messages to include in the tools.
- Discussion at a workshop involving key people from the previous step, drafting of tools and associated materials for MSM, and similar work on FSW-centered tools and materials.
- Refinement of the tools and associated materials.
- Pre-testing and modification of the refined tools and associated materials.
- Submission of the final product to the GAC review process for approval of the FSW and MSM materials and incorporation of the tools in GAC's collection of approved BCC materials.

A guiding principle should be that the resulting tools and materials should be relatively low cost to facilitate their reproduction by non-PEPFAR organizations working in Ghana.

For more information, please visit:  
<http://resources.ghtechproject.net>

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