



CSOS IN GHANA

SETTING THE AGENDA FOR CSS IMPLEMENTATION





BACKGROUND

Describe the reason for requesting CRG technical assistance. What were the challenges or problems related to inclusion of community, rights, gender or key populations that you needed support in addressing?

Ghana submitted its funding request for TB/HIV/ Malaria including RSSH during the second TRP review window. The Global fund grant in Ghana includes a number of key components that are earmarked for implementation by CSO and CBOs. These main activities includes Directly Observed Treatment (DOTS), adherence, support and finding missing TB cases, ART adherence, Stigma and discrimination reduction, community based monitoring for social accountability and advocacy across the three diseases.

While Ghana was recommended for grant making, the TRP highlighted the lack of information about the planned extent of community- based responses. Ghana was therefore asked to undertake strategic planning including mapping of CSO/CBOs in relation to the activities listed above , their interventions, and sources of funding, clarifying target population, coverage and service package; identifying, and analysing the gaps and areas of duplication; identifying linkages, coordination and collaboration between CBOs, PRs and government institutions; specifying the capacity building and other community systems strengthening needs of CBOs and how exactly and by whom they will be addressed.

As a result, Ghana's CCM requested Non State Actors Ghana to contact EANNASO for direction. Immediately, EANNASO linked NSA Ghana to CRG technical assistance of Global Fund who within one day responded to our request and asked NSA Ghana to fill the TA request form. The request was expected to address the following; Develop CSS strategy for Ghana to breach existing gaps related to strategic planning, linkages, collaboration and coordination amongst CSOs strengthen linkages of CSS proposal to the three diseases. Important to CSOs in Ghana also was Coordination, capacity building, Social Accountability and sustainability and stronger voice to Key population, young women and adolescent girls. It was also to enhance the significant role of key populations and persons affected by the three diseases

AIDS Strategy, Advocacy and Policy LTD (ASAP) was engaged by CRG so they signed a contract with NSA Ghana after one a month. The contract effective day was 6th November 2017- 30th January 2018 to Organise Logistics for the consultant, organise a two day conference with stakeholders, meeting with PRs and organise field visits to two regions of Ghana. CSO were identified from the various constituencies and regions including grassroots organisations, KP groups, Youth and persons with the diseases who were usually left out in most engagement but mostly needing support in addressing problems related to inclusion of community, rights, gender or key populations such as:

- Violence against key population
- Stigma & Discrimination reduction in communities and health facilities
- Creating an environment for protection the rights of KP's
- Access to health care, services and commodities
- Involvement of Adolescent

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PROCESS FOR ACCESSING TA

TALK OF THE COUNTRY PROCESS BEING UNDERTAKEN TO DEVELOP THE TA APPLICATION (IN-COUNTRY PROCESS AND DIALOGUE WITH THE CRG TEAM)

The Non State Actors (NSA) Ghana took the lead with support from Ghana's CCM to develop the TA application. NSA completed the necessary forms and had a series of meetings with the CCM, other CSO constituencies and skype calls with the CRG team to finalize the application.

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IMPLEMENTATION OF THE TA

HOW, FROM WHERE, WHEN TA WAS ACCESSED. WHAT WERE THE MAIN ACTIVITIES?

HOW Through consultative processes with 60 CSO's/CBO's, KP, youth groups, persons with the diseases and young women, Program Managers of Ghana Health Service.

WHERE In four (4) regions of Ghana (Volta, Greater Accra, Ashanti and BrongAhafo region)

WHEN TA WAS ACCESSED November to December 2017.

The main activates were:

- to undertake strategic development for CSS including mapping CSOs interventions across the three diseases and source of funding which was to provide the following information;;
 - to clarify target populations, coverage and service packages;
 - to identify and analyzing the gaps and areas of duplication;
 - to identify linkages, coordination and collaboration between the CSOs, principal recipients (PRs) and government institutions;
 - to specify the capacity-building and other communities systems strengthening needs including monitoring of grants through social accountability strategies by CSOs.
 - A Consultant was engaged to provide the TA to Ghana.
- field trips to selected Global Fund regions by consultant, CCM and NSA members
- 2 day consultative meeting to harness input for the CSS strategic framework

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RESULTS (OUTCOMES) OF THE PROCESS

"IN YOUR OPINION, WHAT HAS BEEN THE CONTRIBUTIVE VALUE OF THE TA IN INTEGRATING A MORE RESPONSIVE HUMAN RIGHTS AND GENDER AGENDA IN THE RELATED PROCESS"?

The girls and young women, reason for this is that very often CSOs report only the processes, e.g. that they were able to participate in the process, etc, and forget to reflect on the real value added of their participation in pushing for a more responsive human rights agenda.

- The participation of CSOs from various groups, regions and the grassroots normally excluded from GF support were allowed to also be a part of the country's processes and inputted their needs
- The participation of key groups including persons living with the disease, adolescent girls and key population allowed for their inputs to be directly taken into account
- Key groups, CSOs directly participating in the CSS strategic framework enabled for a key areas to be taken into account such as such as human rights issues, violence against women stigmatisation and discrimination against PLHIV and Key Population.
- Effective engagement with the programme was good enabled some of them making adequate allocation to CSS.

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EXPERIENCE IN ACCESSING TA

I. WHAT WENT WELL

- The process for applying for TA was a straight forward and easy.
- There was good and timely communication between all parties
- NSA and key actors were very involved in the recruitment of the consultant, however, the final decision on the consultant was taken by CRG
- The consultant had adequate knowledge of what was expected of her
- Strong backing from Ghana's CCM and the Secretariat
- CSOs came together to achieve results
- Effective Coordination by NSA Ghana
- TA provided effective focus for Ghana's CCS grant document

II. WHAT DIDN'T GO SO WELL

- Funding was limited which prevented other Key CSOs from participating
- Inadequate funding also limited the stay of the consultant in country
- Costing of the Strategy was not included in the TA

III. WHAT COULD HAVE BEEN DONE BETTER (LESSONS)

- The period for the TA could have been extended
- TA to monitor grant implementation is very key
- Costing of the TA to enable the buy in from other partners and government to support areas that GF is not supporting.
- Using TAs from the countries should be considered in the future support

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MONITORING OF TA

- i. Was there any monitoring activities to measure TA effectiveness in a long-term to a CS and
- ii. Was a mentoring program implemented especially for a long-term capacity building TA.
No, there was no monitoring program of TA

CONCLUSION

TA to CSOs is very useful. Ghana never had stand alone RSSH, however, TA from CRG enabled Ghana to have strong strategy from TA. Providing TA for grant implementation is very necessary to enable effective monitoring by CSOs and Key populations for positive health outcomes. Ghana has developed very strong CSS grant document coordinated solely by CSOs and CBOs under the leadership of the CSO PR which has been approved by Global Fund for implementation.

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