

THE VIIV HEALTHCARE POSITIVE ACTION FUND

Open Call for Proposals, Innovator 2024 - Stigma.

Countries: Open to countries in Africa, Asia, Latin America, the Middle East and the Caribbean.

Funding amount: £100,000 total for two years (£50,000 per year).

Guidance Notes

Please read this document carefully as it explains the application criteria for ViiV Healthcare's Positive Action Fund and what you should include in your application. Please check that your application clearly reflects this guidance.

Call for Proposals

This **Innovator** open call for proposals focuses on community-based and community-led innovative approaches to address the multiple layers of stigma that impact People Living with HIV (PLHIV).

Proposals for this Innovator grant should focus on **testing and piloting new approaches**. These approaches must be new to the funding applicant but can have been delivered by another organisation in a different location or aimed at a different target population. The project should be a two-year pilot that aims to build evidence before scale-up.

Applications are welcomed from countries in the following regions: Open to countries in countries in Africa, Asia, Latin America, the Middle East and the Caribbean. Grants of up to a maximum of £100,000 per applicant will be awarded for project implementation over a two-year period (£50, 000 per year).

Positive Action invites applications from 10th June 2024 (00:01 BST) to 30th June 2024 (23:59 BST) and will host two webinars to provide more information for applicants during the application window. Join the <u>first webinar</u> on 12th June 2024 at 9am BST and the <u>second webinar</u> on 20th June 2024 at 1pm BST. Applications will be reviewed by the ViiV Positive Action Technical Review Committee in July 2024.

As part of the application, grantees must clarify which activities will be supported by ViiV Positive Action.

Funding Round Information

Funding available and funding duration

Grants of up to £100,000 will be awarded for implementation over a $\underline{\text{two-year}}$ period (£50,000 a year).

ViiV funding cannot account for more than 50% of an organisation's annual income if that organisation is based in a Low-Income or Lower-Middle Income country or in Sub-Saharan Africa. For organisations in Upper-Middle Income and High-Income countries, ViiV funding cannot account for more than 25% of an organisation's annual income (or 10% over a 12-month period for US-based organisations). This will be calculated by ViiV Positive Action using the requested amount for the first year of the project and the organisations' 2023 income, based on secured funds from a donor and/or other income streams during the period of January to December 2023. The organisation's overall income should include any previous ViiV Healthcare grants. World Bank Country and Lending Groups – World Bank Data Help Desk.

You can apply for less than £100,000 if your annual income does not enable you to apply for the full amount available.

Funding Round Context

The HIV-related stigma context

Five decades into the HIV global epidemic, HIV-related stigma and discrimination remain stubbornly persistent. Although the global AIDS response has made important strides to mitigate the devastating impact of HIV and AIDS over the past decade, the 2020 global targets have been missed as a result of the inequalities that underpin stigma and perpetuate discrimination.¹

People living with HIV and communities most at risk still face HIV-related stigma and discrimination at all levels – in their homes, communities, workplaces, within health services, educational establishments and at a policy and legal level – impeding access to their basic human rights. These experiences are also internalised, creating mental health challenges and social isolation.²

What is HIV-related stigma?

HIV-related stigma is any stigma and/or discrimination that impacts on the HIV response. HIV-related stigma includes a range of stigmatising experiences, such as avoidance behaviours, gossip, verbal abuse and social rejection. Discrimination can include the above stigmatising behaviours where they affect the enjoyment of

¹ Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (unaids.org)

² Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (unaids.org)

rights, as well as physical abuse, denial of health or social services, denial or loss of employment or education opportunities or even arrest. It can also be enshrined in criminal laws, travel restrictions, mandatory testing and employment restrictions. People may experience intersectional discrimination or stigma on several grounds. including race, disability and socioeconomic status.3

Multiple layers of Stigma

HIV-related stigma and discrimination are often compounded by intersecting factors such as gender, age, sexual orientation or practice, race, sex work and drug use. These factors lead to further marginalisation, criminalisation and exclusion for PLHIV.4

Stigma, discrimination and violence facing Key Populations (KP) continue to act as barriers to HIV prevention, treatment, retention in care and quality of life for those living with or at risk of and most affected by HIV. 5

Focus on Key Populations

This funding round will focus on multiple-layers of stigma PLHIV may face. In particular, we want applicants to focus on the following populations that may experience stigma at different intersections:

1. People with Disabilities

People with disabilities experience negative attitudes that can result in violence, sexual abuse, stigma and discrimination, which can lead to low self-esteem and social isolation. Vulnerability, combined with a poor understanding and appreciation of their sexual and reproductive health needs, places people with disabilities at higher risk of acquiring HIV and/or have an unmet need for existing HIV services.6

2. Sex Workers

Evidence shows that HIV prevalence among sex workers is 12 times greater than among the general population. Even in very high prevalence countries, HIV prevalence among sex workers is much higher than among the general population. Stigma and discrimination, violence and punitive legal and social environments are key determinants of this increased HIV vulnerability. Punitive environments have been shown to limit the availability, access and uptake of HIV prevention, treatment, care and support for sex workers and their clients.⁷

https://www.unaids.org/sites/default/files/media_asset/07-hiv-human-rights-factsheet-stigma-discrmination_en.pdf
 Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (unaids.org)
 Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (unaids.org)

UNAIDS Gap report en.pdf

⁷ UNAIDS Gap report en.pdf

3. Migrants

The term migrants refers to people who choose to move to find work, for education, for family reunion or other reasons.8 Migrants face. stigma and obstacles, including language and cultural barriers, lack of resources and the wide reaching consequences of racist and xenophobic attitudes and behaviours.9

Migration can place people in situations of heightened vulnerability to HIV and has been identified in certain regions as an independent risk factor for HIV. In the majority of countries, undocumented migrants face complex obstacles, such as a lack of access to health-care services or social protection. Social exclusion also leaves migrants highly vulnerable to HIV.10

4. Displaced People

Displaced People are those who have been forced or obliged to flee or to leave their homes as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or humanmade disasters. This definition covers both internal and cross-border displacement.11

Displaced people can face discrimination and Stigma due to racism and xenophobia, alongside hostility from the local community for the often-mistaken belief that they take up a greater share of the available resources. This can lead to resentment and discrimination from the community around them.

Displaced people living with HIV, face the additional strain of dealing with disruption to their HIV care and treatment due to their displacement and the prolonged time it takes to access healthcare services in their new locations.

5. The LGBTQ+ community and men who have sex with men (MSM)

Globally, gay men and other men who have sex with men are 19 times more likely to be living with HIV than the general population. The incidence of HIV among gay men and other men who have sex with men is rising in several parts of the world. Structural factors, such as stigma, discrimination and violence based on sexual orientation and gender identity and the criminalization of same-sex sexual practices, contribute to hindering the availability, access and uptake of HIV prevention, testing and treatment services among gay men and other men who have sex with men.12

⁸ UNHCR viewpoint: 'Refugee' or 'Migrant' - Which is right? | UNHCR Hong Kong
9 https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/OHCHRGuidance_COVID19_Migrants.pdf
10 UNAIDS_Gap_report_en.pdf

¹¹ Migrants, refugees, or displaced persons? | UNESCO

In addition, Transgender women are among the populations most heavily affected by HIV. Transgender women are 49 times more likely to acquire HIV than all adults of reproductive age. An estimated 19% of transgender women are living with HIV. Transgender people face discrimination, violence and lack of access to appropriate health care. All of these factors contribute to increasing the vulnerability of transgender people to HIV.¹³

What we are looking for

Positive Action seeks to support community-based and community-led innovative approaches that address the multiple layers of stigma that impact People Living with HIV (PLHIV).

HIV-related stigma and discrimination are often compounded by marginalisation, criminalisation and exclusion on the basis of intersecting factors such as gender, age, sexual orientation or practice, race, sex work and drug use.¹⁴

We are seeking programmes, interventions and/or policies that reduce or stop the drivers of stigma and facilitate social and legal environments that prevent stigma and discrimination of people living with HIV and key populations. These interventions should tackle the HIV related stigma and the stigma associated with the identity of the key population.

We're looking for interventions that will address stigma through advocacy, engaging and collaborating with stakeholders and targeted communication. It is also important that the relevant key populations are involved in the design of the programme and are given the opportunity to advocate for themselves.

For this funding round we want applicants to focus on one or more of the following key populations:

- People living with Disabilities and HIV
- 2. Sex workers living with HIV
- 3. Migrants living with HIV
- 4. Displaced people living with HIV
- 5. The LGBTQ+ community and MSM living with HIV

We are looking for interventions that will tackle the stigma these groups face due to their identity <u>AND</u> due to living with HIV.

There are six key settings where stigma and discrimination manifest. For this funding round we are focusing on addressing stigma in **Healthcare settings**. In addition, we want to fund interventions that address **stigmatising laws and policies** and ensure the rights of people living with HIV and/or key populations' are protected and those affected know their rights.

¹³ UNAIDS Gap report en.pdf

¹⁴ Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (unaids.org)

Your application <u>must</u> address <u>work area 1</u> as detailed below. <u>Work area 2 is optional</u> and can be selected in addition to work area 1. Applications that do not consider work area 1 will not be eligible for funding.

For each work area please outline which key population you will be working with. You may select more than one population.

1. Tackling and addressing multiple layers of stigma PLHIV may experience in healthcare settings

Healthcare settings can be a source of stigma and discrimination, as well as care and treatment, for people living with HIV. Stigma can manifest as unnecessary delays in treatment, differential care, conditional care, or refusal of service—all of which directly obstruct access to appropriate health care. ¹⁵

Under this work area, we are seeking innovations focused on addressing stigma in healthcare settings, including interventions that focus on ensuring stigma free service delivery points, as well as interventions that address Stigma in preservice training settings, such as Medical, Nursing and Midwifery Education institutions.

Examples of interventions can include:

- Human rights. ethics and patient care training for health-care providers, and others (non-clinical staff) that may engage with service seekers, as well as training which enables them to understand and empathise with the particular key population
- Training, support and guidance for healthcare administrators to ensure they implement policies and practices that ensure stigma-free healthcare for key population members living with HIV
- Advocacy for non-discriminatory healthcare policies
- Integrating sensitisation, reduction of stigma and discrimination, and human rights approaches into the curricula of health provider training schools

2. Tackling and addressing laws and policies that reinforce stigma.

Harmful and discriminatory laws and policies can undermine effective HIV prevention, treatment, care and support due to the fear of prosecution potentially dissuading people from seeking testing and treatment services. Discriminatory laws can also deter people living with HIV, or those most at risk of HIV, from talking openly to their medical providers, disclosing their HIV status or using available treatment services. In 2020, 92 countries reported to UNAIDS that they criminalise HIV, with data from civil society claiming the number is more likely 130.17 Harmful laws also impact key populations. Recent

¹⁵ Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings (unaids.org)

HIV criminalization — Human rights fact sheet series 2021 (unaids.org)
 HIV criminalization — Human rights fact sheet series 2021 (unaids.org)

data shows that 67 countries have national laws criminalising same-sex relations.¹⁸ In countries that criminalise sex work, sex workers are more likely to avoid seeking healthcare for fear of legal consequences, harassment, judgement and stigma.¹⁹ In addition to impacting on an individual's ability to access HIV healthcare services, harmful and discriminatory laws can reinforce and in some case cause stigma at a community level.²⁰

Under this work area, we are seeking innovations focused on addressing stigmatising laws and policies that negatively impact the key populations prioritised for this funding round. This could be through lobbying for law and policy reform, working with law enforcement agencies to ensure correct interpretation of laws that protect key populations and people living with HIV, as well as educating key populations living with HIV of their legal rights.

Examples of interventions can include:

- Advocacy and lobbying for law reform including removal of discriminatory laws
- Education and awareness of legal rights, such as 'know your rights' campaigns
- Sensitisation and training of law enforcement agencies to create an enabling environment
- Providing legal guidance and supporting legal cases for key populations living with HIV

Key Principles for ViiV Grants

- This grant must not be used for the purchase or promotion of prescription only medicines (including medicines for treatment and/or prevention of HIV).
- This grant must not be used for the advertisement of prescription only medicines (including medicines for treatment and/or prevention of HIV) to the public, including patient organisations; if the grantee discusses ViiV Products and/or products of other companies in any forum, the Recipient shall ensure that such discussion is balanced and objective for all products and does not give undue prominence to any ViiV Products such that it would be considered promotion of those products (for example, if ViiV has the only approved product for prevention in a particular country, or is the only preventive medicine available in that country, then there needs to be careful consideration by the grantee as to whether any public-facing materials referring to the ViiV product might be considered promotional. Equally ViiV expects the grantee to also be

²⁰IDAHOBIT-PRIDE 2024 (adobe.com)

¹⁸ Maps of anti-LGBT Laws Country by Country | Human Rights Watch (hrw.org)

¹⁹ FINAL UN 2024 MARCH SEX WORK GUIDE: UN Report (ohchr.org)

- responsible for assessing whether any local laws or regulations do not permit the naming of specific products in any publicly facing materials).
- The grantee shall at all times undertake all activities under or in connection with this project with all due professional diligence, skill and care and in strict compliance with all applicable Laws and Regulations.

Key considerations for this open Innovator call for proposals

Funding criteria:

1. Who can apply?

Positive Action is targeted at supporting communities affected by HIV. Any not-for-profit non-governmental national or community-based organisation that represents, or is working with or for, affected communities is eligible to submit a proposal.

International non-governmental organisations that can deliver change at a community level through their links with or representation of the communities affected can also apply for this funding.

2. New/Pilot projects

The project proposed should be a two-year pilot that aims to build evidence before scale-up. It should focus on **testing and piloting new approaches** which must be new to the funding applicant but can have been delivered by another organisation in a different location or aimed at a different target population.

3. Community Focus

Positive Action believes that engaging affected and local communities is critical to addressing the drivers of health and life inequalities, it therefore seeks to promote community responses that work at the level of changing beliefs, attitudes, and behaviours to improve health and rights at the community level.

Community engagement and participation are mandatory requirements for all Positive Action grants. Your proposal must demonstrate how your target group/recipients of care are involved in your project.

Timelines

The Positive Action application, review and grant process can take up to four months to complete. The following table outlines the review process for this invitation.

Funding Round opens	10 th June 2024
Funding Round closes	30 th June 2024
Webinar 1	12 th June 2024
Webinar 2	20 th June 2024
Technical Review Committee meeting	July-August 2024
to review applications	
Recommended applications pass	September 2024
through validation	
Final decision and contracting	October 2024 onwards

^{**}Please note that these dates are a guide**

Application language

The application MUST be submitted in English. Any applications submitted not in English will not be considered.

Outline Budget

The budget template embedded in the online application form will require you to enter a detailed budget. This should show planned spend for each year of the project against lines including any assets, staffing, travel, training, monitoring and evaluation, and communications.

Please follow the instructions provided in the budget template, noting the following:

• ViiV funding cannot account for more than 50% of an organisation's annual income if that organisation is based in a Low-Income or Lower-Middle Income country or in Sub-Saharan Africa. For organisations in Upper-Middle Income and High-Income countries, ViiV funding cannot account for more than 25% of an organisation's annual income (or 10% over a 12-month period for US-based organisations).. This will be calculated by ViiV Positive Action using the requested amount for the first year of the project and the organisations' 2023 income, based on secured funds from a donor and/or other income streams during the period of January to December 2023. The organisation's overall income should include any previous ViiV Healthcare grants World Bank Country and Lending Groups – World Bank Data Help Desk.

You can apply for less than £100,000 if your annual income does not enable you to apply for the full amount available.

- **85%** of project budgets must be spent in country.
- Overheads (indirect costs) over 15% of the total project budget will not be accepted; and
- **Budget limits will be strictly adhered to** do not request more than the allowable amount for the Innovator Grant as you will not be able to submit your application.

We request that all budgets are submitted in Pound Sterling (at the prevailing rate of exchange). You must include an annual and total budget for your project in Pound Sterling to be considered for funding.

Workplan

You will be required to complete a workplan as part of your application. Please outline the activities that will be completed for each Work Area in the template provided via the online application system. Activities outlined in the workplan should be consistent with what is written in the narrative application and shown in the budget.

Monitoring and Evaluation

Please note that relevant indicators are pre-selected for this thematic area and will be agreed prior to contracting. However, you must provide a high-level description of how your organisation will measure effectiveness of your interventions. Please complete the relevant template included in the application portal if you are planning data collection and/or to carry out an evaluation.

References and Validation

Two references are required. References should have knowledge of your organisation's work and should include a named contact with phone number and email. References must use the template embedded on the application portal and tick the box in the template confirming that you have their permission to share their personal details with ViiV Healthcare Positive Action.

Please do not upload any additional documents to support your reference, we will only accept and review your completed "reference template".

If your funding is approved by the committee, validation of your organisation's charitable status is required before funding is made available. Validation will be undertaken by the Charities Aid Foundation (CAF). Please see the FAQs for more details on Validation.

Designating a Primary Contact

We require that all international organisations with a country office where the project will be located provide a contact in-country. A secondary contact out of country may also be included.

Amplify Impact

If your application is successful, you will have the opportunity to apply for additional funding (up to £10,000) from the Positive Action Amplify Impact fund to invest in interventions aimed at strengthening your organisation. Because of this, do not include organisational strengthening activities in your proposal.

Amplify Impact allows organisations to focus on strengthening areas such as governance, systems, processes, policies and procedures to achieve the desired strategy and goals of an organisation.

More information will be provided on the Amplify Impact fund once an application has been approved.

Applications through CyberGrants portal

All applications should be submitted through the CyberGrants online portal. The link to the application is available on the ViiV Positive Action website. A version of the application form to download will be made available. This version can be made to draft your application ahead of your submission into CyberGrants.