

Building the capacity of trans communities to provide
monitoring and oversight of Global Fund processes in India



DATE: 21-22 February 2019

Location: New Delhi, India

Activity: 2-day training/workshop

Facilitators: Maria Cristina Ignacio & Raine Cortes

Participants: 21 local trans participants

ACRONYMS

AI – Alliance India

ANPUD – Asia Pacific Network of People Who Use Drugs

APNSW – Asia Pacific Network of Sex Workers

APN+ - Asia Pacific Network of People Living with HIV

APTN – Asia Pacific Transgender Network

ART – Anti Retroviral Therapy

CBO – Community-Based Organizations

CCM – Country Coordinating Meeting

CRG – Community, Rights, and Gender

CSO – Civil Society Organization

CT – Country Teams

FSW- Female in Sex Work

GATE – Global Action on Trans Equality

GF – The Global Fund

IBBS – National Integrated Biological and Behavioral Surveillance

KP – Key Population

LFA – Local Fund Agents

LFU – Loss to Follow Up

LGBT- Lesbian Gay Bisexual and Transgender

MSM – Men who have sex with men

NACO – National AIDS Control Organization

NACP – National AIDS Control Program

NFM – New Funding Model

OIG – Office of the Inspector General

PR – Principal Recipient

SR – Sub-Recipient

SW- Sex Worker

TGH – Transgender and Hijra

TGM – Transgender Men

TGW – Transgender Women

Background

The Asia Pacific Transgender Network (APTN) based in Bangkok, Thailand, is a leading trans-led network advocating for the health, legal and social rights of transgender people in the Asia and the Pacific region. Over the years, APTN has worked to build relationships with trans communities, organizations, governments, healthcare providers and other key stakeholders throughout the region.



Through the support of the Global Fund and its Community, Rights, and Gender (CRG) Strategic Initiative (SI), APTN is working with the Global Action for Trans Equality (GATE) in leading a global project on strengthening peer-based and community-led networks of trans populations. The aim is to build capacity and support regional and country-based constituencies to more effectively engage in, and contribute to the development, implementation and oversight of Global Fund grants and programs. The specific objectives include:

- Strengthening HIV key population networks with global reach, to support their country level constituencies to effectively engage in Global Fund-related processes during the whole grant cycle;
- Developing the capacity of marginalized and criminalized networks and communities to effectively and safely engage in all Global Fund-related processes; and
- Strengthening of key and vulnerable populations for HIV capacity to advocate for increased investment in rights-based and community-responsive programs, as well as effective community-led human rights and gender-related programming within Global Fund grants.

Under these areas, the project is also intended to focus on strengthening local capacity; especially in support of trans people in their regional and country-based constituencies to more effectively engage in, and contribute to, the development, implementation and oversight of Global Fund supported programs.

GATE (Global Action for Trans Equality) together with partners, produced a “Global Fund Monitoring and Oversight Tool and Training Guide for Transgender Communities”. This tool,

which aims to build the capacity of trans communities to provide monitoring and oversight of Global Fund processes at all levels, will be rolled-out by APTN in the Philippines, Thailand and India. The workshop is targeted for trans people and organizations that work with and for trans communities; those who are currently involved in the implementation and delivery of HIV-related services and programs; and those who are advocating for improved access to trans-competent health care services and inclusion of trans people in various decision-making platforms.

APTN in partnership with India HIV/AIDS Alliance ('Country Partner'), a non-governmental organization operating in partnership with civil society, government and communities to support sustained responses to HIV in India that protect rights and improve health, are co-organizing and will roll-out the "Building the capacity of trans communities: Workshop to provide monitoring and oversight at all levels of Global Fund processes" on February 21 to 22, 2019 in New Delhi, India.

More than 15 trans activist from Delhi participated in training who were on ground working on HIV/AIDS issues closely and was connected with the Global Fund processes. The training was initiated with the round of introduction and also setting objectives for the workshop where participants expressed their expectations from the training and also briefly talked about what is there understanding on the Global Fund processes. Ms. Sonal Mehta, Chief Executive India HIV/AIDS Alliance along with Mr. Raine Cores, Project Manager APTN provided opening remark to initiate the two days trainings in India HIV/AIDS Alliance community hall.

India HIV response

India has the third largest HIV epidemic in the world. In 2017, HIV prevalence among adults (aged 15-49) was an estimated 0.2%. This figure is small compared to most other middle-income countries but because of India's huge population (1.3 billion people) this equates to 2.1 million people living with HIV.^{1 2} Overall, India's HIV epidemic is slowing down. Between 2010 and 2017

new infections declined by 27% and AIDS-related deaths more than halved, falling by 56%. However, in 2017, new infections increased to 88,000 from 80,000 and AIDS-related deaths increased to 69,000 from 62,000.³ UNAIDS (2017) '[UNAIDS data 2017](#)' [pdf]. In 2017, 79% of



India (2017)

2.1m people living with HIV
0.2% adult HIV prevalence (ages 15-49)
88,000 new HIV infections
69,000 AIDS-related deaths
56% adults on antiretroviral treatment*
n/a children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2018

people living with HIV were aware of their status, of whom 56% were on antiretroviral treatment (ART). The proportion of people on ART who are virally suppressed is not reported.⁴ The HIV epidemic in India is driven by sexual transmission, which accounted for 86% of new infections in 2017/2018.⁵

The epidemic is concentrated among key affected populations, however the vulnerabilities that drive the epidemic vary in different parts of the country. A key driver is unprotected sex among key populations and their clients, partners and spouses. However, injecting drug use in the north and northeast of the country is also pushing HIV prevalence up.⁶ Key population groups have been prioritized in the national AIDS response since its inception in 1992. Both the sex worker and [men who have sex with men](#) population groups have experienced a recent decline in HIV prevalence.⁷

When we talk about civil society's roll in India, India is often described as the world's largest democracy. It boasts an active and vibrant civil society, with over three million civil society organizations (CSOs) and social movements. This is typified by the involvement of CSOs in India's HIV response, including a strong presence of networks and organizations led by at-risk communities. The decriminalization of homosexuality in 2018, following a prolonged campaign from LGBTI, HIV and human rights activists and CSOs, shows the collective strength of these groups.

Today we no longer have Section 377, instead we have the freedom of the queer movement and a new pathway for LGBTI people to seek their rights, protect their dignity and access healthcare. We are thankful to India's Supreme Court but we must not forget the sacrifices of millions of LGBTI leaders who fought shoulder-to-shoulder over the years and made this dream come true. We are queer and we are free.

By Abhina Aher

India with a population of 1.32 billion, India has the highest burden of tuberculosis {TB} and drug resistant TB {DR-TB} in the world. The global TB report 2017 published by the world health organization {WHO} estimates that India that India contributes 27% of global burden of TB and Multi drug resistant. {Global TB report 2016, WHO Geneva www.who.int/tb/publications/global_report,accessed_19_December_2017.}

India initiated the programmatic management of Drug resistant TB {PMDT} in 2007 to address the emerging problem of DRTB, and the national PMDT scale up was only achieved by March 2013. India has sub national data from states level anti TB drug resistant surveys conducted in the past however the epidemiology of DRTB in India has never been studied nationally. Knowing the epidemiology of DRTB is essential to guide development of evidence-based strategies to combat DRTB in India.

There have been number of reports for Man and Women to show case of new detection of TB, however till date there are no data or survey been conducted for Transgender in India. There are 4.9 Lakhs Transgender in India as per the 2011 censuses. Access to health care among Transgenders is (35% coverage out of 70,000 mapped- as per National AIDS Control Organization report 2016-17) is low and prevalence of HIV is high (7.5%). The reasons include structural barriers such as attitude of state, lack of political will, sex work, social taboo and lack of family support, couple with hierarchical community structures, internal stigma, lack of strategic approach in healthcare settings enhance high morbidity among TGH for STIs, HIV, TB & other lifestyle diseases. There is a lack of the requisite enabling environment at the health delivery system for the TGH to access service. (IBBS report 2014-15). The standard HIV service package across fail to address the community specific needs and results in low health care coverage and access.

The Global Fund is the largest grant giving body in the world that provides funding for projects on HIV, Tuberculosis, and Malaria. Under The Global Fund's Communities, Rights and Gender (CRG) Technical Assistance Program, the Asia Pacific Transgender Network (APTN) and the Global Action for Trans Equality (GATE) jointly submitted a proposal to implement monitoring and

evaluation capacity building workshops around the world. Through the APTN-GATE Communities, Rights and Gender (CRG) Strategic Initiative (SI) Project, APTN and GATE focuses on the overall goal of developing skills and capacities of transgender communities to meaningfully engage in Global Fund processes on HIV. In addition, the networks will strengthen the involvement of transgender communities in the area of tuberculosis and malaria in addition to HIV. Under this project, APTN leads workshop implementation across three Asia-Pacific countries namely India, Philippines, and Thailand.

In order to build the capacity of trans-specific and trans-led organizations in India to implement Global Fund programs for the Indian trans community, APTN collaborated with Alliance India, and 15 trans-led organizations of New Delhi organized *“Capacity Building workshop of Trans Communities on Global Fund initiatives: Workshop to provide monitoring and oversight at all levels of Global Fund process”*. This workshop aimed to enhance the monitoring and evaluation capacity of trans-specific and trans-led organizations in New Delhi to empower them to engage with international grant processes, particularly with The Global Fund.

The tools used for this training workshop was developed by GATE in collaboration with several trans-led organizations and networks around the world, including the Asia Pacific Transgender Network. These tools include a monitoring and evaluation guideline for The Global Fund grant processes, and training guideline on how to roll out and implement trans programs in the national level.

DAY 1

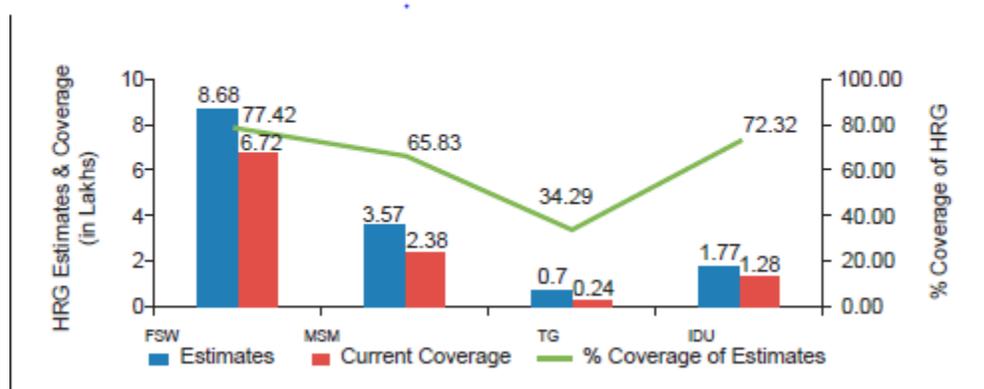
The National Situation and Response to HIV and AIDS and Trans Persons and Involvement in Global Fund Processes

Overview: This session aims to provide participants a background into the national situation on HIV and AIDS in the India, as well as the ongoing responses that include and involve trans persons in Global Fund Processes.

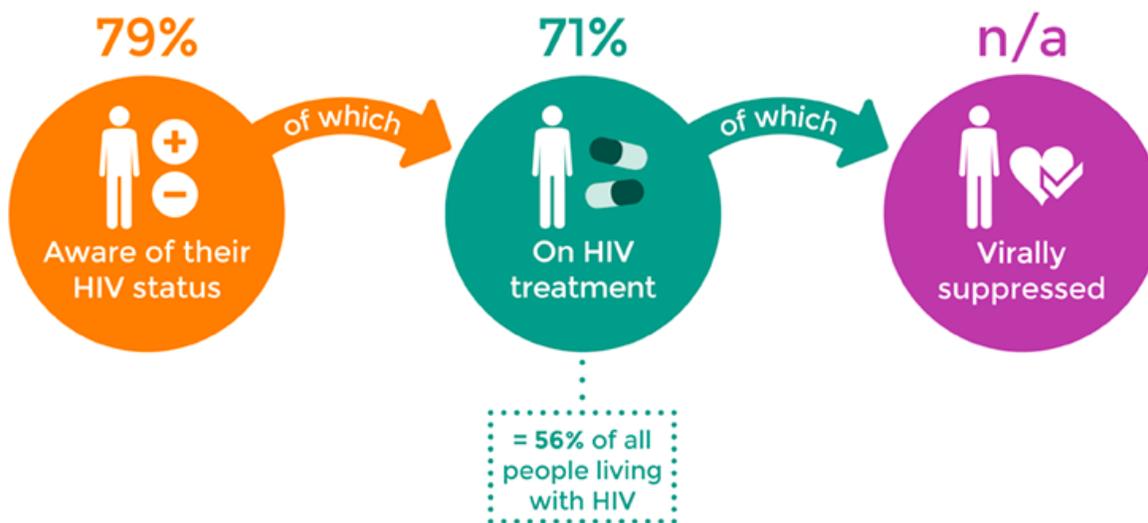
1.1 The HIV Situation

Presenter: Ms. Abhina Aher- Associate Director -India HIV AIDS Alliance

As mentioned in the summary statement, India is a home to 1.32 Billion people. The recent study In 2017, 88,000 people in India were newly infected with HIV. The majority were men, who accounted for 50,000 new infections. There were 34,000 new infections among women and around 3,700 among children (aged 0-14 years).⁴² NACO is the body responsible for formulating policy and implementing programs for the prevention and control of the HIV epidemic in India. The most recent program, NACP-IV (2012-2017, extended to 2020), aims to reduce annual new HIV infections by 50% through the provision of comprehensive HIV treatment, education, care and support for the general population and build on targeted interventions for key affected groups and those at high risk of HIV transmission.⁴³ A key component of the NACP-IV is the prevention of new HIV infections by reaching 80% of key affected populations with targeted interventions.⁴⁴ Targeted interventions are implemented on the premise that prevention of HIV transmission among key affected populations will also lower HIV transmission among the general population.



In recent study conducted by UNAIDS in 2018 towards the universal goal of eliminating HIV AIDS India stands very strong towards its commitment.



Source: UNAIDS Data 2018

1.2 India HIV AIDS Alliance and its work towards Trans gender capacity building

Presenter: Sonal Mehta – CE – India HIV AIDS Alliance , Ex - UNAIDS PCB ASIA PACEFIC

India HIV/AIDS Alliance is been working with transgender community since 2000, however the first trans employee was hired in 2010, for the largest single country grant project called Pehchan (meaning acknowledgement, identity or recognition) the project was focused around reaching to 0.4 million MSM and transgender population in collaboration with 200 community based organizations and six regional SR partners who have experience working with the sexual minority



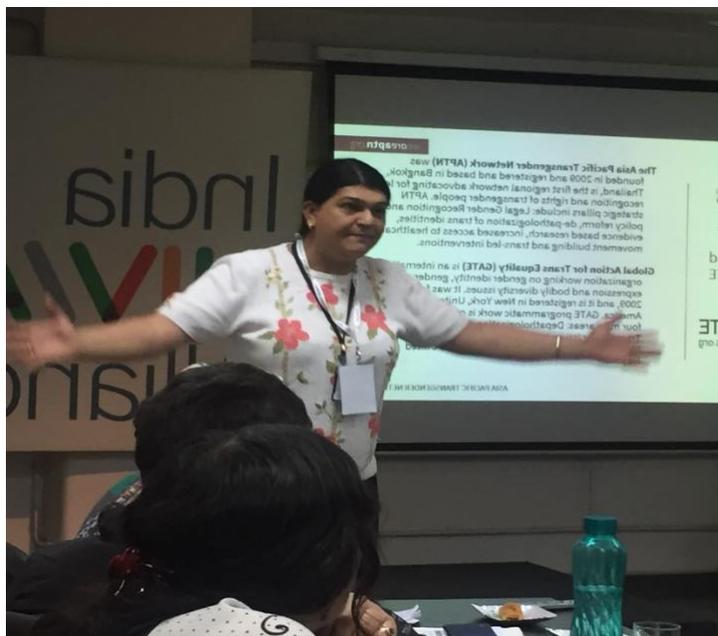
population. These were biggest program ever been launched in India to reach to un-reach trans and MSM population and link them to the services. The project was focused around community system strengthening and also health system strengthening in collaboration with National AIDS Control Program (NACP). This was the first time, Alliance India hired two trans employee on board to implement the project. Since the vision of Alliance India to 'strengthen the communities for

the HIV response and putting them in the driver seat rather than considering them as beneficiary'. Alliance also had huge experience under Avahan program over nine years implementing community mobilization program in Andhra Pradesh with MSM TG and FSWs. Pehchan was first attempt to bifurcate TG data from MSM umbrella and considering specific issues on gender. Pehchan focused around gender base violence, employment and capacity building of trans people, registering more than 50,000 un-reached transgender population not been served under NACP and also creating specific research on feminization needs, violence and also socio economical barriers for health access. More than 50 transgender women across India from 18 priority districts were trained on various modules which address issues around health access, organizational development, healthcare, stigma discrimination and other core aspects concerning to the transgender community. Pehchan initiated annual trans mobilization event called 'Hijra Habba' (meaning amalgamation of the transgender community) and been successfully implementing the event for more than seven years now. Hijra Habba mobilizes more than 500 trans people across India in the national capital New Delhi to create policy dialogue with government. More than 12 trans-led CBOs were supported under the Pehchan program and now implementing specific program with trans people in India.

Q and A

Are there any opportunities for transgender men in India to advocate for funding?

It is very important for all of us to have data and evidences for any key communities for funding and resources. None of the funders actually have any reservations towards any vulnerable groups however, by saying this it also needs significate data to prove vulnerable. Hence, we all can come together and create a research proposal to have significate data. The Global Fund's Community, Rights, and Gender Program is a big opportunity for everyone including transgender men.



Module 1: Global Fund 101

Presenter: Ms. Abhina Aher and Raine – APTN

Overview: In this session, participants are given a brief overview of The Global Fund, with emphasis on the grant cycle, the importance of performance-based funding to the GF model, and the country coordinating mechanisms.

The Global Fund to fight AIDS, Tuberculosis and Malaria, or the Global Fund (GF), was created in 2002 to combat the top three diseases in the world: Tuberculosis, Malaria, and AIDS. It was launched at the UN General Assembly Special Sessions by then UN Secretary General, Kofi Annan, as a financial mechanism to fund initiatives that reduce the impacts of HIV/AIDS, Tuberculosis, and Malaria in low and middle-income countries. Every year it raises and invests approximately US\$4 billion from G8 and G20 countries.

GF is a partnership between governments, civil society, the private sector, and people affected by the diseases. It currently channels funding to 129 countries across all continents.



The Global Fund's Three Core Principles

- Partnership
- Stakeholder Involvement
- Country Ownership

The Global Fund Grant Cycle

The Global Fund follows a 3-year cycle. Currently, there is an ongoing replenishment process where the GF secretariat meets with donor countries to raise money and ensure that there is funding available for the next funding cycle in 2021-2023. The Global Fund will meet with these donor countries later this 2019, which will be when countries will make pledges to donating money to GF.

Regional and National Global Fund projects

Raine Cortes – Manager APTN along with Simran Shaikh – Sr Program Officer – India HIV AIDS Alliance

Overview: To facilitate a better understanding of The Global Fund, participants were introduced to different Global Fund projects in the Asia Pacific. These Global Fund projects were not only focusing on Trans but all Key Pops

ISEAN-HIVOS

With HIVOS as principal recipient, this project covered four countries in Southeast Asia namely, the Philippines, Indonesia, Timor-Leste, and Malaysia. This project was the first trans-specific community systems strengthening in the Philippines. This project ended in 2017.

MSA – DIVA Multi South Asia Grant

This project focused on capacity building, developing training modules, and sensitizing health providers on SOGIE issues which included trans-specific activities. This project ended in 2017 and was implemented by UNDP Asia and the Pacific and Save the Children Nepal.

SHIFT

The SHIFT program is facilitated by the Australian Federation of AIDS Organizations (AFAO) and focuses on building capacity for CBOs to develop sustainable funding strategies, particularly domestically sourced funding, for HIV services after The Global Fund moves its funding out of certain transition countries. The program strategizes general HIV financing for key populations including trans people.

KPRA Key Population Research and Advocacy

The principal recipient for the KPRA project is Save the Children Nepal, whose sub-recipients include Asia Pacific Network of People Who Use Drugs (ANPUD), Asia Pacific Network of Sex Workers (APNSW), Asia Pacific Network of People Living with HIV (APN+), and APTN. This project seeks to address research and advocacy gaps for KPs. For APTN, focus on IN, NP, TH, and VN; more data on access and barriers to health services for TG (ongoing until mid 2019) trans led

SKPA Scaling Up KP Programs in Asia

With AFAO as the principal recipient, this project works on eight countries in the Asia Pacific region. It is built based on five pillars: complimenting service delivery, strategic information (generating relevant data through research), enabling legal environment, capacity building and community systems strengthening. Of the SKPA's eight target countries, three countries expressed desire to expand trans-specific support groups for people living with HIV (PLHIV); other countries only expressed desire to develop trans-specific messaging given varying socio-political environments. This project will begin in February 2018 and APTN will serve as a technical service provider.

PEHCHAN : supported by The Global Fund

India HIV/AIDS Alliance is been working with transgender community since 2000, however the first trans employee was hired in 2010, for the largest single country grant project called Pehchan (meaning acknowledgement, identity or recognition) the project was focused around reaching to 0.4 million MSM and transgender population in collaboration with 200 community based organizations and six regional SR partners who have experience working with the sexual minority population.

3.1 The Global Fund Grant Cycle and Performance-Based Funding

The Global Fund emphasizes a **performance-based** funding approach. This means that ongoing disbursements are linked to a recipient's achievement of clear and measurable results. It is crucial for CBOs to understand and remember this since it will be the basis for how GF will review and approve funding requests from all organizations. Should a PR be unable to perform, deliver results, and meet targets indicated in the funding agreement, GF reserves the right to cut funding in the middle of the grant-giving period.

Emphasis on performance-based funding, particularly on monitoring and evaluation, is not only key to ensuring funding requests are approved but also to understanding how GF functions. Data gathered from monitoring and evaluation activities are used by GF to develop investment plans to advocate for how much money will need to be allocated among AIDS, TB, and Malaria.¹ Once funding allocations have been set among AIDS, TB, and Malaria, funding will then be divided among countries.

Steps before a country can receive funding:

*In this process, Trans Led CBOs in India can get involved in steps 2 to 8.

1. Decide country fund allocation (made at the GF Secretariat level)
2. Country Dialogue
3. Develop/review National Strategic Plan
4. Develop funding request
5. Incorporate feedback from the Technical Review Panel
6. Decision from Grant Approval Committee
7. Undertake process of grant-making
8. Gain board approval

3.2 Country Coordinating Mechanisms

The India Country Coordinating Mechanism (India-CCM) was established by the Ministry of Health and Family Welfare and other relevant and interested stakeholders, in order to access Global Fund grant monies, ensure those funds were well-coordinated within the national response, and provide national oversight and ownership of grant implementation.

The India-CCM represents a multi-stakeholder partnership of governmental, non-governmental, and development partner entities and operates on a voluntary basis.

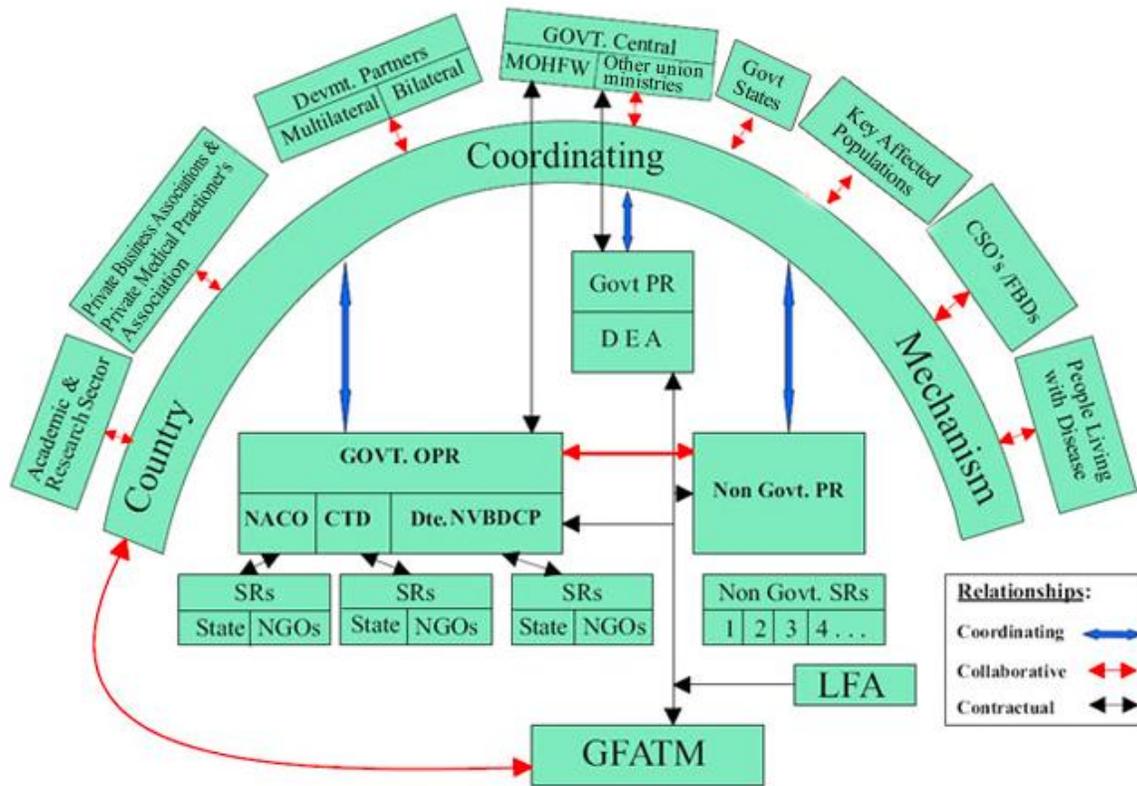
The goal of the India-CCM is to strengthen measures to fight HIV/AIDS, TB and malaria in India through multi-sectoral coordination and effective and inclusive dialogue among appropriate stakeholders, including key affected populations and persons living with the diseases.

One of the core responsibilities of the India-CCM is to ensure compliance with the Global Fund Eligibility Requirements and Minimum Standards. It shall also strive to implement the Global Fund guidelines and directives for CCMs

The mandate of the India-CCM is to:

- Coordinate development of concept notes and their endorsement for submission under the New Funding Model of the Global Fund.
- Nominate Principal Recipients (PRs) for implementation of the Global Fund grants;
- Provide oversight to all Global Fund supported programs; and,
- Manage and mitigate all conflict of interest issues, especially in relation to concept note submission, PR nomination, and grant oversight.

Its structure and relationship

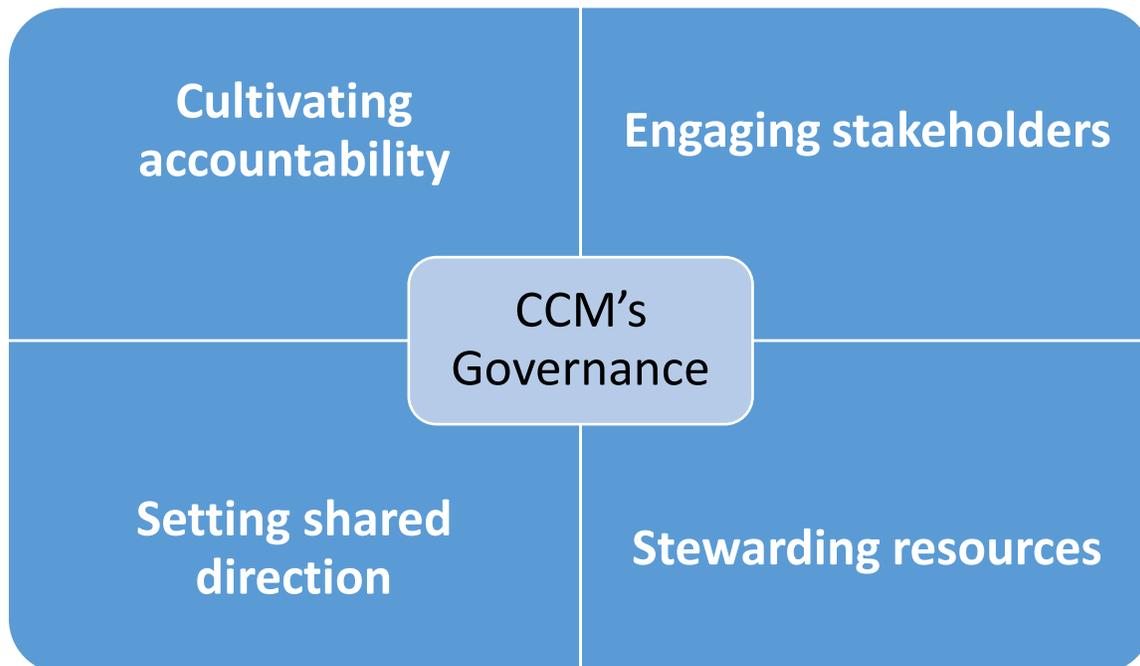


The main roles for CCM representatives include

Providing oversight to proposal development, grant negotiation grant implementation and grant closure is considered an essential function of the CCM . CCMs are, in fact, required to have an oversight plan in place and without an oversight plan, the CCM may be ineligible for funding. In general, oversight is a key function of governance. Oversight ensures that activities are implemented as planned by providing strategic direction to principal recipients, ensuring policies and procedures are met, instituting financial controls (including independent audits), and following through on key recommendations. Good governance means that CCMs should operate in a transparent and accountable manner. They should have clear public communications of their recommendations and decisions; their leadership should ensure that all stakeholders' views are heard. Non CCM members' viewpoints need to be solicited and considered in providing grant oversight.

- ❖ engaging in country dialogue
- ❖ supporting the development and review of a National Strategic Plan
- ❖ organizing CCM meetings
- ❖ Global Fund Funding Request development, negotiation and grant-making
- ❖ Global Fund grant oversight

CCM Governance



Also to engage in Global Fund grant processes must know how to employ these practices to ensure broader and more effective participation.

Independent Bodies for Monitoring and Evaluation

Aside from the CCM, an independent group of experts, called the **Technical Review Panel (TRP)**, also reviews and recommends funding requests to the GF.

In addition, **Local Funding Agents (LFA)** are independent organizations that work closely with Global Fund country teams to monitor and evaluate activities of CCMs and PRs, before, during, and after the implementation of a GF-funded program. They review the financial management of grant recipients to provide an independent perspective on how a program is performing. In case risk situations or concerns arise, LFAs recommend risk management actions to resolve issues.

3.3 CCM Evolution

In May 2018, the Global Fund approved a phased roll-out of the CCM Evolution project beginning with a piloting phase in 18 countries that were selected to represent different types of CCMs at

different maturity levels. The CCM Evolution consists of proposed activities in four areas of improvement:

CCM Functioning – Systematizing activities which demonstrated to improve CCM functioning (Code of Ethics, Code of Conduct, etc.)

Linkages – Maximizing collaboration and coordination between CCM and other forums; evaluating opportunities to integrate CCMs into national structures

Oversight – Professionalizing oversight function to maximize impact on grant performance; and ensuring oversight function is better integrated with portfolio management

Engagement – Stimulating a strong and committed CCM leadership; ensuring better communication between CCM members and constituencies.

Results from the piloting phase will inform an investment case, to be presented to the Global Fund Board, with the aim of evolving the CCM model for 2020 and beyond. In this background, CBOs can benefit from understanding CCM Evolution so they can better prepare themselves to engage with The Global Fund and CCM models in the future.

3.4 Questions and Concerns

Where are the grievance cell for us?

If in case you face any ground level issues you can always contact with your CCM representative, there is an alternate representative also that can be contacted to raise issues to the CCM. Other than that there, sub-recipient, or the principal recipient to whom you can bring those issues. Just to High light this time we have Rudrani Chettri as our Trans Representative for Indian CCM.

What is the top funding priority of The Global Fund currently?

HIV AIDS, Tuberculosis and Malaria is the main priority of Global Fund however for each country funding varies. Moreover, The Global Fund bases their funding allocation on funding proposals coming from countries. This means that there is a potential for the Philippines to gain more HIV funding from The Global Fund if civil society organizations, including CBOs, submit more project proposals or funding requests.

Module 2: Meaningful Involvement of Transgender Persons throughout the Grant Cycle

Presenter: Abhina Aher, India HIV AIDS Alliance and Raine , APTN

Overview: This session aims to inform trans initiatives key opportunities where they can engage the Global Fund grant process, as well as provide ways to improve their chances of funding request approval.

In order to capacitate the Trans community to engage in the Global Fund grant process, it is important for the Trans community to understand the Global Fund's New Funding Model process.

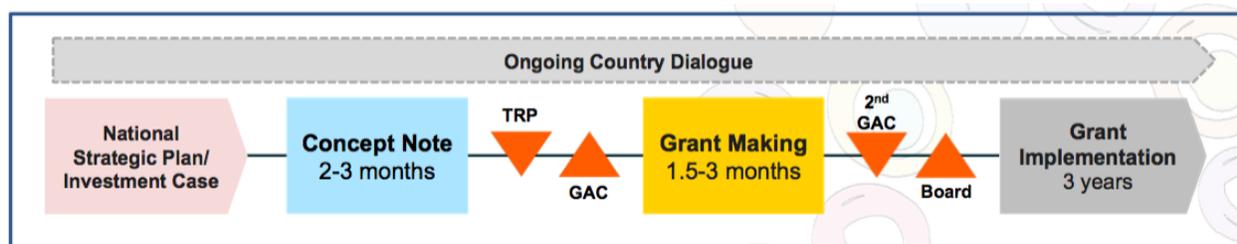


Figure 1. Global Fund New Funding Model Process

As shown in Figure 1, the Global Fund reviews concept notes based on a country's National Strategic Plan (NSP). Thus, trans initiatives in India **must develop their concept notes based on the National Strategic Plan - HIV and AIDS** in order to have a better chance of moving on to the next stages of the grant process. It is also crucial that concept note development must involve consultations with an organization's constituencies and follows the Global Fund's concept note format.

Once a funding request has been approved by a grant approvals committee (GAC), a grant-making negotiation process will commence. It is important to note that **during this period, it is easier for organizations to add supplementary activities into their request once it has been approved**. For example, a request for a project providing hormone replacement therapy (HRT) was approved. During the grant-making negotiation process, organizations can negotiate with GF to include auxiliary activities, such as counselling and sensitization, into the grant.

To become more meaningfully involved in the Global Fund grant cycle, trans initiatives need to monitor and **actively engage with country dialogues and National Strategic Plan development processes to add trans rights issues and narratives into the National Strategic Plan**. Once trans issues are reflected in the NSP, trans initiatives are better positioned to advocate for funding allocations. One opportunity to add trans issues into the NSP is to advocate alongside youth groups for trans inclusivity. Since national data on HIV shows that HIV prevalence rates are high among the Trans key Population { 7.5% as per the National AIDS Control report}/ organizations can engage various Trans groups to ensure that trans issues are represented in national advocacy towards the NSP.

Trans initiatives should also request updated data on HIV to inform their concept notes and funding requests. Trans groups can request data from the IBBS, HSS, as well as other major Trans projects of Country like Pehchan, and DIVA projects which has a data set specifically for trans women.

In addition, trans initiatives can also become meaningfully engaged with the Global Fund grant cycle by:

- Providing their own data, evidence, experiences and narratives on HIV-related issues
- Support monitoring HIV issues and “watchdogging” program implementers and other relevant stakeholders
- Support consultation and feedback mechanisms by providing input and guidance
- Mentor and share knowledge and expertise on grant processes to others in the trans community
- Implement relevant resolutions from meetings and dialogues attended, including developing advocacy campaigns and lobbying action plans

4.1 Preparing for the Concept Note

There are five action points which trans initiatives will need to do in order to effectively develop a concept note.

1. **Plan ahead** – As previously mentioned, it is essential that trans organizations monitor developments in country dialogues and NSP processes in order to better plan what programs need to be in place.
2. **Strengthen national strategies** – It is crucial for organizations to develop a concept note based on the NSP and to prioritize programmatic gaps to complement existing program responses.
3. **Involve key groups** – Organizations must develop and execute a stakeholder engagement plan to involve various stakeholders in concept note development. Stakeholders can be involved in conducting program reviews, NSP development, concept note writing, grant making, or country dialogues.
4. **Consolidate information and use updated data** – Using and reconciling updated epidemiological data is vital to increase the chances of getting a concept note considered and approved. Data should include sub-national data and data for key affected populations. Organizations can explain discrepancies and highlight gaps in data where necessary.
5. **Ensure CCM and PR can do the work** – Lastly, as a potential principal recipient of a grant it is important for organizations to meet 12 minimum standards for PRs in order to get approved for grant-making.

Key questions you will need to answer in developing a concept note

1. What are the key goals and priority program areas of the national disease strategic plans?
2. Who are the key affected populations with low access to prevention and treatment?
3. What is the health and community systems context, and are there any constraints?
4. What are the main outcomes and impact achieved from the current/existing program implementation?
5. What are the limitations to implementation and lessons learned?
6. What are the linking areas between the NSPs and the national health sector plan and process for reviewing the plan?
7. What is the overall funding landscape – which areas are adequately resourced?

Group Activity 1: Grant Cycle Role-Playing – Requesting Indian -CCM for their grant proposal

Facilitator: Simran Shaikh, India HIV AIDS Alliance and Raine , APTN

Overview: In this activity, participants were divided into two groups to role-play scenarios wherein a how can Trans organization request for funding through their proposal to Country CCM. The situation was that the request has been rejected due to a lack of supporting quantitative data. Participants must provide ways in which trans organizations can appeal for reconsideration, as well as solutions to improve their funding request. This activity encourages participants to reflect on how to they can develop and strengthen a concept note/funding request.

Group 1

Group 1 emphasized that while numbers were important, the narratives of transgender people need to be reflected throughout the grant cycle. It is crucial that trans people are not simplified into mere statistical data since they have stories to tell and each one is unique. However, since GF requests data to support trans-specific project, they will propose a project to conduct a research mapping on transgender people in the Northern India to establish baseline data, ensuring that the experiences of transgender women are included to back up data and anecdotal information.

Group 2

Group 2 also emphasized the need to include and consider trans narratives, especially because trans rights are human rights and the issues that transgender people experience are real and happening. They propose to seek funding for trans people to conduct a research on trans issues to establish trans specific data and highlighted that the reason why there is no comprehensive data on trans people is because of a lack of research. It is crucial to illustrate existing discrimination and legal barriers for trans people, especially since there are risks unique to the trans community that need targeted initiatives.

Conclusion

It is important for trans initiatives have this sort of exercise because the lack of strategic information is a reality in the India. From an M&E perspective, trans organizations can get the available figures they can use to help in their advocacy, no matter how small the data may seem. Ensuring that funding requests are evidence-based is vital to get funding approval, so organizations must show some evidence to support a funding request.

Moreover, it is also possible to re-strategize the approach to seeking funding to access small budgets for smaller activities or initiatives and start building an organization's profile from there.

Lastly, there is power in numbers. It is important to mobilize the trans community for a unified advocacy for funding support to show big organizations and the Global Fund the priority areas they need to invest on for the trans community.

Day 2: February 22, 2019

Module 3: Monitoring and Oversight

Presenter: Simran Shaikh, India HIV AIDS Alliance

Overview: This session aims to get participants acquainted with monitoring and evaluation, particularly to orient them on the value of M&E to the Global Fund grant cycle. Since many participants had limited experience in doing M&E work, this session has been simplified to ensure participants understand core M&E concepts and practices.

Monitoring and evaluation can sometimes be perceived as too technical or boring. However, we do M&E in our daily lives. When buying fruit or managing monthly incomes, we ‘monitor and evaluate’ our activities and available resources in order to come up with a preferred outcome. Once we understand the basic concepts of M&E, it is much easier to understand more complex concepts.

First, it is important to understand that monitoring and evaluation is about collecting and analyzing and transforming data into strategic information used to make informed decisions on program implementation. Monitoring is the routine tracking of elements of program performance, and evaluation is the periodic assessment of the change in targeted results that can be attributed to program intervention. More simply, **monitoring looks at what a project is doing**, while **evaluation looks at a project’s achievement and impact**. Going back to the difference between passive and active surveillance, passive surveillance is monitoring (monthly tracking of performance of HIV testing and treatment activities, etc.) whereas active surveillance is evaluation (conducted every 3 years to track the changes in epidemic’s impact to the population).

Systematic data collection is crucial for informed decision-making and evidence-based programming. In this regard, all organizations have their own M&E activities and generate their own data to inform program implementation; e.g. India HIV AIDS Alliance, or NACO TG TI’s generates their own data sets using a functional information system that tracks clients throughout the HIV cascade.

6.1 What is a Monitoring and Evaluation System?

A monitoring and evaluation system is made up of trained people to do a number of M&E processes. At the core of these processes is data collection, which is used to develop and improve program activities, and in the context of performance-based funding, to mobilize more resources.

Monitoring and evaluation begins with problem identification and understanding potential responses through **inputs**. This is followed by monitoring and evaluating national programs through reviewing their **activities, outcomes, and outputs**. Finally, M&E work involves determining collective effectiveness through **outcome and impact monitoring**.

What do we do?	Questions we need to ask	How do we do it?
Problem Identification	What is the problem?	Situation analysis and surveillance
Understanding potential responses	What are the contributing factors?	Determinant research
	What interventions can work?	Operations research, formative research and research synthesis
	What interventions and resources are needed?	Needs, resource, and response analysis and input monitoring
Monitoring and evaluating national programs	What are we doing?	Process monitoring and evaluation, quality assessment
	Are we implementing the program as planned?	Output monitoring
	Are interventions making a difference?	Outcome evaluation
Determining collective effectiveness	Are collective efforts implemented on a large enough scale to impact the epidemic?	Surveys and surveillance

Progress is measured using **indicators** defined in a conceptual monitoring and evaluation framework, which organizations will determine with advice from the Global Fund. These indicators must have **baselines** which serve as the starting point from which performance is measured. Usually, baselines are the country’s achievement prior to the start of a program. Each indicator must also have **targets**, which are objectives expected to be achieved over a certain period (time-bound) and usually expressed in numbers or percentages (measurable). Measuring progress for each given indicator will depend on **results**, or the achievements for a particular activity, which will be compared to targets to determine a project’s performance.

Trans Community-based organizations must remember that the Global Fund emphasizes a performance-based funding model. Thus, it is crucial to **maintain quality performance in order to develop a good M&E portfolio**. Without quality performance, a project and an implementing organization risks losing ongoing funding.

6.2 Strategic Oversight for the Grant Cycle

Throughout the grant cycle, it will be useful for CBOs aiming to be PRs or SRs to keep in mind reminders and reflect on certain questions related to monitoring and evaluation that will help them improve activities from concept note writing to program implementation and closure.

Proposal development

At this stage of the grant cycle, it is important to identify and propose cost-efficient and sustainable strategies. Usually, when a program is just beginning, funds are used to invest in different strategies to see what works. When a program is older, it is necessary to identify which strategies/approaches are cost-efficient and sustainable.

- Are we addressing key aspects of the epidemic?
- Are we adopting up-to-date and cost-efficient strategies?

Grant-making

One of the aspects in which PRs and SRs are assessed are on their proposed risk assessment and management plans. Grant makers like the Global Fund would usually suggest improvements to the proposed risk management strategies and/or provide conditional funding where certain conditions must be met by a PR or SR to gain funding.

- What are the main risks for the grant and what are the risk management strategies in place?

Grant start up

PRs and SRs should ensure that they have the necessary staff and resources needed to begin program implementation.

- Do we have the staff needed?
- Is implementation starting on time?

Grant implementation

During grant implementation, PRs and SRs should monitor program implementation and ensure that performance is at optimum levels. This can be done by assessing what aspects of implementation work, what needs to be changed, and how funds are being used to meet targets and maintain quality performance.

- How much of the used funds can be attributed to technical performance?
- Do we need to reprogram implementation?
- Do we need to change PRs/SRs?
- Is the grant coordinated with other programmatic inputs?

Closure

At this stage, PRs, and SRs should be looking into using the success of their programs and strategies to develop newer and stronger program proposals.

- What have we learned about the actual effectiveness and impact of the approach?
- How do we ensure coverage and results are maintained in the future?

In addition, there are also key areas for strategic oversight grant makers are looking for that CBOs can use to develop and strengthen their own grant proposals and implementation. Some tips include:

Know the strategic relevance of the grant and position it strategically

- Link the grant to national strategic plans, to programs funded by other funding sources, and to overall health sector developments; like national strategies for universal healthcare and health and community systems.
- Understand how each funding source and grant project can complement each other to achieve national objectives
- Identify opportunities for collaboration, joint planning and implementation, as well as leveraging other funding sources.

Track grant performance

- Improve grant performance by knowing key grant indicators and other programs contributing to these indicators
- Know key targets for the grant and underlying challenges in achieving them
- Know how to identify bottlenecks in grant performance

Grant financial tracking

- Track fund disbursement and expenditure
- Link and assess financial management and program performance
- Identify opportunities for reprogramming

Assess efficiency of grant implementation

- Determine the efficiency of funds flowing to activities and sub-recipients
- Ensure there is coherence in implementing all program components
- Identify complementarity and coordination with other programs

Know grant risks and risk mitigation measures

- Adopt a risk-based oversight approach
- Identify risks through risk assessment and management planning
- Identify risk mitigation strategies and assurance actions at all action levels
- Monitor changing grant environment to identify emerging risks

Know the oversight on co-financing

- Know interventions funded through co-financing
- Know what the government is committed to fund and its contribution to overall grant results and impact
- Remain updated of opportunities where organizations can strategically apply for grants, collaboration or additional support

Know grant contribution to impact

- Publish grant performance reports
- Make a case for joint reviews and dialogues with other programs and funding sources to maximize impact
- Advocate for adjustments to national strategic plans based on the impact of the program

6.3 Monitoring Meaningful Involvement in the Grant Cycle

Apart from monitoring and evaluating the progress of a program, it is also useful for organizations to capture gains that are not easily put into numbers and statistics. It is important for communities to also document meaningful involvement to capture the changed opinions, the new allies including from the government, and the amplified voices of constituents.

Community organizations can monitor meaningful involvement in the grant cycle by recording simple facts, including but not limited to the following:

- Issues raised
- Issues in funding request
- Issued budgeted for
- Issues implemented successfully

Monitoring Programs for Transgender People in Six Steps!

1. **Know your epidemic:** understand the magnitude and geographic distribution of the HIV epidemic's impact on transgender people.
2. **Measure determinants:** establish baseline estimates on determinants and critical enablers of HIV transmission for transgender people.
3. **Know the response and set targets:** establish targets for outcomes and impact indicators based on existing program responses and baseline data.
4. **Input monitoring:** identify necessary funds and other resources available to implement interventions.
5. **Quality monitoring:** identify critical enabler interventions currently being implemented and the quality of these interventions; i.e. quality of performance, quality of care delivered and received.
6. **Monitoring outputs and program coverage:** determine if output targets are achieved and identify the proportion of transgender clients who receive services.

Why is M&E important?

Having a good M&E portfolio increases the credibility and reliability of an initiative or organization. M&E shows funders and other stakeholders if a project is well managed. – Raine, Asia Pacific Transgender Network

8. Module 4: Global Fund Thematic Guidelines: Communities, Rights and Gender

Presenter: Raine , APTN

Overview: Aside from building capacity on monitoring and evaluation and the Global Fund grant cycle, the workshop also aims to inform participants of the different opportunities to engage with the Global Fund. This session aims to inform participants on the short-term technical assistance that the Global Fund provides.

The Global Fund recognizes that gender inequalities are a major driver of the HIV and Tuberculosis epidemics, and that they hinder effective responses to malaria. One of the strategic objectives under The Global Fund's 2017-2022 Strategy seeks to promote and protect human rights and gender equality.

In this background, the Global Fund's Community, Rights and Gender (CRG) Strategic Initiative 2017-2019 aims to provide **short-term technical assistance** (TA) to national civil society organizations in a range of areas including situational analysis and planning, participation in country dialogue and program design. The TA also covers grant implementation phases to enhance the capacity of community organizations to engage in community-based monitoring and feedback initiatives to monitor grant implementation. Covering grant implementation phases means that community organizations aiming to engage Global Fund processes can apply for technical assistance any time.

Technical assistance is provided by other civil society organizations on a peer-to-peer basis. The Global Fund has prequalified 26 civil society and key population networks worldwide to provide technical assistance.

Technical assistance can be requested in the following areas:

- Situational analysis and planning
- Participation in country dialogue
- Program design
- Oversight and monitoring of grant implementation
- Engagement in sustainability and transition strategy development

More information on the CRG-TA Program can be found in:

<https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>

Should community organizations seek to engage The Global Fund through the CRG-TA Program, a few considerations must be noted:

- The program only provides short-term technical assistance which usually lasts within 20 days.
- The CRG-TA does not provide technical assistance for developing concept notes, only funding requests. Concept notes should initially come as an initiative from organizations.
- Technical assistance can be provided for situational analysis, which could be used to establish baseline data for further advocacy and can be used to support funding requests.
- It is crucial that the TA request is clear on how organizations will roll out a proposed program.
- Community organizations should grab opportunities to have discussions with the Fund Profile Manager, who oversees country implementation of grants, to remain updated on other funding opportunities with the Global Fund.

Activity 3: Drafting a Technical Assistance Request Form

Facilitator: Raine, APTN and Simran Shaikh India HIV AIDS Alliance

Overview: This activity aims to engage participants in drafting a TA request form and provide them with tips and strategies to develop a strong TA request and funding request.

During the activity, the participants expressed difficulty in deciding what issues they need to address first, how they will frame their request, as well as what sort of technical assistance they can potentially request. To guide participants in developing a TA request, a few points were raised:

- Community organizations need to **ensure that proposals still have a health aspect**, especially since the Global Fund focuses on health. This means that although participants would want to propose a program tackling gender-based violence against trans people, it is still crucial for the program to have a health aspect. The proposal also needs to have a strong M&E component.
- One potential issue that trans initiatives can develop a proposal around on is the lack of comprehensive and trans-specific data. Thus, they can **propose a gap/situational analysis/mapping on trans health issues on a national or sub-national level**. This must include existing programs that have trans-inclusive components, but will also need to identify gaps in available data; e.g. the lack of sufficient trans narratives regarding discrimination, etc.
- It is also important to have one organization to apply to the CRG platform, rather than many small CBOs. In addition, the said organization must also be somewhat established and recognized by other stakeholders. India HIV AIDS Alliance, as a principle recipient for current two grants of Global Fund and also implemented the country's largest MTH intervention as PR, is well positioned to provide Technical assistance however the lead organization to write this CRG grant would be Basera Samajik Santhan with consultation of all the 15 Trans led organization present.
- It is crucial that trans organizations **draft program proposals that complement existing projects funded by The Global Fund or other funding sources**. To effectively complement these projects, it will be useful to identify and fill gaps in their implementation.

To further guide participants, few immediate concerns were discussed

- **Currently a lack of data on TB HIV co infection among transgenders in India.**
- **Understanding of Legal and Human Rights – providing SOGIE and trans sensitivity trainings to Govt Health Care settings.**
- **Request assistance in conducting a situational analysis and mapping of issues faced by transgender men in the North India**
- **lack of a complete one-stop shop of health services for trans**

In conclusion, there are many opportunities for trans community organizations to engage the Global Fund. It is important for trans CBOs like Basera Samajik Santhan to keep in mind the strategies mentioned throughout the workshop. In case they have further questions or need assistance in developing concept notes and funding requests, India HIV AIDS Alliance and the Asia Pacific Transgender Network are always ready to help. They can also request updated HIV data from the Epidemiology Bureau as and when needed.

Closing the Workshop

Facilitator: Raine Cortes, Asia Pacific Transgender Network

Overview: To conclude the training workshop, participants were asked to recap lessons learned and share their reflections throughout the two-day workshop.

During the two-day training, there were discussions around the current national HIV situation as well as existing Global Fund-funded projects in the India. Participants learned about The Global Fund, its grant cycle, and opportunities to request for funding support and technical assistance. The importance of monitoring and evaluation was also emphasized, along with strategies to strengthen concept notes and project proposals were shared. Some of the recurring tips shared throughout the workshop include:

- Ensure advocacy and funding requests are supported by data
- Practice evidence-based decision-making to improve project performance
- Maintain quality performance given the performance-based funding model of The Global Fund
- Develop a robust monitoring and evaluation system that enhances program implementation
- Capture strategic information and use this for advocacy and program implementation
- Ensure complementarity of project proposals with existing Global Fund projects
- Keep updated on different funding opportunities
- Remain meaningfully engaged with the Global Fund grant cycle and Country Coordinating Mechanisms
- Start small: try to seek smaller budgets for small activities – like situational analysis, mapping, capacity building, and funding request development – and build an organization’s portfolio from there
- Seek to partner with government agencies with sustained HIV funding to execute sustainable trans programs

Participant reflections

I understood what the Global Fund is all about.

Today I came to know what actual Global Fund does for Transgenders. Really very enriching and eye-opening session

For me its dream come true “ I never thought anywhere in globe there would be such a funder who promotes trans capacity building”.

As an M&E guy I had a passion to play around with numbers However today I under my passion completely ... Thank you APTN for conducting this workshop so beautifully.

As an incoming CCM trans rep I wasn’t aware of CCM processes – Thank you all for helping me understand the CCM much better.