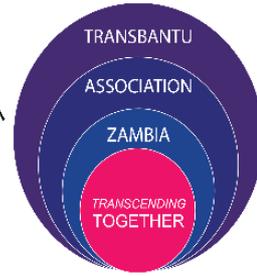


# Strengthening Capacity of Trans and LGBTI Community Advocates in Zambia to Effectively Participate in Global Fund and PEPFAR Country Processes

TRANSBANTU ASSOCIATION ZAMBIA  
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**DATES: 25th -28th November 2020**

**Location: Mika Lodge, Lusaka – Zambia**

**Activity: 4-day Workshop**

**Facilitators: Isaac Fwemba & GATE representative**

**Participants: 47**

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## EXECUTIVE SUMMARY

Lesbian, gay, bisexual, and transgender persons in Zambia face legal challenges not faced by non-LGBT citizens. Same-sex sexual activity is illegal for both males and females in Zambia. Zambia inherited the laws and legal system of its colonial occupiers upon independence in 1964. Laws concerning homosexuality have largely remained unchanged since then, and homosexuality is covered by sodomy laws that also proscribe bestiality. Social attitudes toward LGBT people are mostly negative and coloured by perceptions that homosexuality is immoral and a form of insanity.

Zambia's societal attitudes towards homosexuality heavily mirror these influences. A 2010 survey revealed that only 2% of Zambians find homosexuality to be morally acceptable; nine points below the figure recorded in Uganda (11% acceptance). In Zambia, Same-sex sexual activity is proscribed by Cap. 87, Sections 155 through 157 of Zambia's penal code.

Section 155 ("Unnatural Offences") classifies homosexual sex (in the vague description "carnal knowledge of any person against the order of nature") as a felony punishable by imprisonment for 14 years.

Any person who- (a) has carnal knowledge of any person against the order of nature; or ... (c) permits a male person to have carnal knowledge of him or her against the order of nature; is guilty of a felony and is liable to imprisonment for fourteen years.

Section 156 imposes imprisonment for seven years for any "attempt to commit unnatural offences". Finally, Section 157 applies to "any act of gross indecency" committed between males, "whether in public or in private", and classifies such acts as felonies punishable by imprisonment for five years. The provision also extends to "attempts to procure the commission of any such act [of gross indecency]".

Any male person who, whether in public or private, commits any act of gross indecency with another male person, or procures another male person to commit any act of gross indecency with him, or attempts to procure the commission of any such act by any male person with himself or with another male person, whether in public or private, is guilty of a felony and is liable to imprisonment for five years.

Although Zambia's penal code contains no explicit reference to consensual sex between females, Cap. 87, Section 155 legally covers lesbianism.

However, like all former British East and Southern African colonies, Zambia enacted its constitution in the 1990s, overriding much of the pre-1964 criminal code, and there are very broad protections against discrimination, with much of the language lifted from the UN Charter on Human Rights. It can be argued that homosexuality is constitutionally protected under Article 23 of the 1996 Constitution:

23. [Protection from discrimination on the ground of race, etc.]

(1) Subject to clauses (4), (5) and (7), no law shall make any provision that is discriminatory either of itself or in its effect.

(2) Subject to clauses (6), (7) and (8), no person shall be treated in a discriminatory manner by any person acting by virtue of any written law or in the performance of the functions of any public office or any public authority.

(3) In this Article the expression "discriminatory" mean, affording different treatment to different persons attributable, wholly or mainly to their respective descriptions by race, tribe, sex, place of origin, marital status, political opinions colour or creed whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject or are accorded privileges or advantages which are not accorded to persons of another such description.

Considering that any constitution overrides all other laws, it is relevant that few, if any, prosecutions for homosexuality have taken place, as this would allow the relevant Criminal Code sections to be tested, and deleted if they are found to contravene the Constitution.

## **PROJECT BACKGROUND**

Global Action for Trans Equality (GATE) is an international organization working on gender identity, gender expression and bodily diversity issues. It was founded and registered in 2009 in New York, USA. GATE's programmatic work is organized around four areas: Depathologization and legal reforms, transgender issues in the international HIV response, Movement building and Development and United Nations. Through the support of a Communities, Rights and Gender grant GATE is leading a global project on strengthen peer-based and community led networks of transgender 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.

### **Project Goal**

The goal of this project is to improve understanding and ensure meaningful engagement of transgender persons in Global Fund activities at the national level; strengthen capacity of national transgender organizations and build peer-to-peer knowledge sharing; encourage evidence-based programmatic interventions and policies based on needs of the transgender community; and inform funding transition preserving investments made in strengthening transgender communities.

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

## **OBJECTIVES**

Worldwide, HIV/AIDS disproportionately affects transgender people, and yet this KP is often excluded from policy, program and funding decisions at national, regional and global levels, including within Global Fund processes. This exclusion contributes to transgender people being severely underserved by the global HIV epidemic response. Where research has been conducted, epidemiological data indicates significant HIV burden among transgender women across world regions. Transgender people are likewise at elevated risk of facing stigma, discrimination, and repressive laws and policies that increase their vulnerability to HIV infection and reduce their access to care and treatment services.

Due to the community activism of key populations (KPs), including transgender people, the Global Fund has established processes for engaging local civil society and KP groups under its New Funding Model (NFM). This is done through engagement with processes such as country dialogues, including the work of Country Coordinating Mechanisms (CCMs), to ensure increased funding and programmatic focus on transgender needs related to HIV prevention and treatment.

However, extensive barriers remain to addressing transgender needs sufficiently in the HIV epidemic, and little work has been done to document good practices for engaging key donors such as the Global Fund to ensure there is meaningful engagement of trans people in Global Fund processes. These challenges range from limited data collection with and among trans people, tokenistic engagement of trans people in Global Fund processes (i.e. lack of strong representation at all levels), lack of capacity-building/mentorship opportunities to

understand and engage with the Global Fund, and lack of organizational development support and social support, among others.

This workshop was convened to interrogate the above challenges and find working solutions to better engage trans people in Uganda in Global Fund country processes.

### **Overall Objective**

To improve understanding and ensure meaningful engagement of transgender persons in Global Fund activities at the National, Regional and Global level.

### **Specific Objectives**

- To Build capacity of the Zambian transgender and key population organizations to actively participate in Global Fund process, Country Coordinating Mechanisms and PEPFAR.
- To build capacity in PEPFAR /COP guidance and processes
- To raise awareness on community led monitoring interventions for PEPFAR and Global Fund investments.

### **METHODOLOGY**

- Training facilitation which will be delivered in a participatory matter;
- Desk review of relevant materials;
- Consultations with CCM and Global Fund Funding experts;
- Constitute a task force for the COP21.



*Image 1: Workshop Participants*

## SYNOPSIS OF THE PROCESS & FINDINGS

### DAY ONE – INTRODUCTION, GROUND RULES AND PRE-ASSESSMENT



*Image 2: TBZ Director Sean Reggee delivering the opening remarks*

The workshop began by introduction of participants in an innovative and participatory manner. This was done to ensure that participants knew each other and freely interact.

After introductions, ground rules for the workshop were set among which there were the following; active participations, phones on silence, respect each other's views and agreed to speak through the chair. Participants went on to state their expectations of the workshop. These expectations were written on the flip chart for reference on the last day of the workshop.

In order to gauge participants knowledge on Global Fund, PEPFAR and other existing support mechanisms, the workshop began by conduct a pre-workshop assessment. The assessment showed that participants had minimal knowledge on Global Fund and PEPFAR COP processes. When asked what they knew about Global Fund, most of them said it was an institution which provides funds for HIV/AIDS without providing further details.

#### **Introduction to the Global Fund Funding Request Processes**

This presentation was made by the Global Fund Country Coordinating Mechanism (CCM) Administrator – Mr. Christopher Chikatula. He stated that the Global Fund is a 21st-century financing vehicle which brings together all stakeholders involved in the fight against AIDS, tuberculosis and malaria for effective investment. A new approach to public health financing, it is based on shared responsibility among all partners so that people on the ground can be empowered to take responsibility for solving their problems. The Global Fund strives to be highly transparent and fully accountable in everything it does.

Participants learnt that the Global Fund was the brainchild of former UN Secretary-General Kofi Annan, who sought to create what he called a “war chest” to fight AIDS. TB and malaria were added because together these three diseases are the greatest barrier to socioeconomic development. Leaders of the G8 acknowledged the need for resources in their 2000 meeting in Okinawa, Japan, and approved the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria at their 2001 meeting in Genoa. The Global Fund was established as a private Swiss foundation and the Secretariat opened its doors in January 2002. The Global Fund was conceived as a financing institution – in other words, it supports countries in their fight against the three diseases by providing funding, but the Global Fund neither implements nor manages programs on the ground.

Further, it was heard that the Global Fund supports country-driven programs of prevention, treatment and care; it does not provide funding for medical research. The work of the Global Fund is structured around three core principles. The first, country ownership, reflects the belief that countries can and should be responsible for meeting their challenges head on, given necessary support and appropriate tools. Thus, each country determines its own needs and priorities, and is also responsible for implementing its response to the three diseases. Performance-based funding is the second core principle underpinning the work of the Global Fund.

It was learnt that countries are awarded initial funding on the basis of well-thought-out proposals, but continuing funding is dependent upon demonstrated results against agreed-upon targets. The third core principle, partnership, is perhaps the most important. In the Global Fund context, partnership means that everyone involved in the fight against the three diseases must be involved in the decision-making process. This includes not only the government, but also the private sector, academics, bilateral and multilateral partners, faith-based organizations, nongovernmental organizations, and, in particular, the communities living with and affected by the diseases.

### **The Global Fund Funding Process/Cycle**

The CCM Administrator proceeded by stating that in 2014, the Global Fund fundamentally changed the way countries ask for – and receive – financing. This is known as the “new funding model”. The purpose of the new funding model was to ensure maximum impact through strategic investment, focusing efforts on countries with the greatest disease burden and least ability to pay.

He informed participants that the Global Fund Board approves the total amount of funding that can be allocated to countries for the period (known as the “allocation period”). Each country receives an allocation of funding which is comprised of a set amount for each disease component for which they are eligible. Countries are encouraged to submit requests for funding which are their allocation. The Board has set aside a special pool of “incentive” funding which can be used for high-quality funding requests which exceed the country allocation.

Funding requests which exceed their allocation and the amount of incentive funding available or which are not eligible for incentive funding are put on a register known as “unfunded quality demand” which is eligible for funding should additional resources become available either from the Global Fund or from other donors. One of the key features of the new funding model is that, rather than having to submit a funding request by a predetermined deadline, countries can choose to apply at any of the nine review “windows” timeframe.

Countries can also choose to submit proposals for each disease component and/or health systems strengthening at separate times. Another change under the new funding model was that countries now submit a simplified request known as a “concept note”.

The funding request is expected to be based on a robust national strategic plan or investment case, and after a fully inclusive consultative process referred to as the “country dialogue”. The concept note is submitted to the Global Fund by the Country Coordinating Mechanism, a national, multi-stakeholder body which brings together representatives of all sectors to set national priorities, request funding, and oversee the implementation of the grants.

However, in order to develop the concept note, the Country Coordinating Mechanism is required to carry out a national, inclusive dialogue particularly reaching out to those groups and networks who are not always part of Country Coordinating Mechanism functioning, in particular representatives of vulnerable populations and networks of key organizations. The Secretariat works closely with countries in the development of concept notes, ensuring that proposed interventions are aligned with best practice for effective investment. The concept note is then reviewed by the Technical Review Panel, an independent panel of experts, who will take into consideration such factors as country context and epidemiological situation when determining whether or not the concept note should be recommended for funding.

Next, the concept note is submitted to the Grant Approvals Committee to set the budget ceiling, including incentive funding. This is a committee comprised of senior Global Fund management and technical partners. If the Grant Approvals Committee agrees with the concept note, countries will move to the grant-making stage. Here, countries work closely with the Global Fund Secretariat to develop a detailed budget, agree on interventions and performance indicators, and implementation arrangements, ensuring that funds can be disbursed as soon as Board approval has been obtained. It is at this stage that the final amount of funding is determined. Local Fund Agents play a critical role in the grant-making stage. Once the grant-making has been completed, the grant agreement and associated documents are presented to the Grant Approvals Committee, who endorse the documents and submit them to the Board for approval. Grants presented to the Board are thus disbursement-ready.

### **Question and Answer Session**

The presentation was long, informative and interesting. After the presentation, participants were given an opportunity to ask questions or seek clarifications on some aspects which were not clear.

Particularly, participants wanted to know how the LGBTQ community/movement can actively participate in the Global Fund Funding request processes while others wanted to know how Principal Recipients (PRs), Sub-Recipients (SRs) and Sub-Sub Recipients (SSRs) are identified. The CCM Administrator took time to respond to all the questions asked and provided clarifications in cases where some points were not clear.

The first day ended with the facilitator's meeting to review how the process went and address some of the bottlenecks identified. The team first started by highlighting some of the strengths which needed to be maintained throughout the workshop period. Some of these included active participation and professional presentation by facilitators of various sessions.

## **DAY TWO – RECAP, GLOBAL FUND MODULAR FRAMEWORK, TECHNICAL REVIEW PROCESS AND GRANT MAKING**

### **Recap**

In order to assess participants understanding of previous day presentations, the day started with the recap. Participants were asked questions based on the previous day presentations which were largely on the introduction to the Global Fund Funding Request. It was gratifying to note that most of the participants were able to answer and clearly explain Global Fund Funding request processes and related questions.

Where necessary, facilitators were able to provide additional explanations to some of the aspects that were deemed not very clear to participants. For instance, participants wanted to know why countries like Malawi and Zimbabwe were receiving more funding from Global Fund than Zambia. Participants also wanted to know why Zambia didn't have a Principal Recipient (PR) for Civil Society like in other countries. Both the presenter and facilitators, responded to all these questions.

### **Modular Framework**

Participants learnt that the Modular Framework is used by the Global Fund to organize programmatic and financial information for each grant throughout its life cycle, from the initial funding request to grant-making and implementation. It was further heard that the framework is updated and aligned with the latest technical guidance and following partners' recommendations.

Accordingly, the facilitator stated that the Modular Framework is comprised of standardized categories called modules. These modules are broad program areas that are further divided into a comprehensive set of interventions essential to respond to the three diseases and build resilient and sustainable systems for health (RSSH). In addition to the list of modules, interventions and activities, the framework provides associated impact, outcome and coverage indicators.

Particularly for RSSH, it was stated that this includes a recommended set of workplan tracking measures (WPTM). These are input and process level measurements to track implementation of key activities included in the workplans.

Further, it was heard that the modular framework provides a clear structure using standardized categories that enable linking programmatic and financial data in the performance frameworks and budgets that applicants complete. It fosters consistency in documenting and tracking results, grant budgets and expenditures throughout the Global Fund's grant life cycle. Participants were informed that this document to select relevant disease or RSSH modules to include in the funding request to the Global Fund.

Participants were also taught to select related indicators to monitor progress of the activities proposed to be funded by the Global Fund. Modules and indicators should be based on program goals and objectives outlined in national strategic plans (NASF) and country priorities. It was learnt that the framework provides a structure for organizing the funding request and is not meant to guide countries in their planning or programming.

After the presentation, the facilitator demonstrated how the modular framework is filled. This was followed by a group exercise on the modular framework. Participants were grouped according to key population category. The following groups were formed; transgender, Men



## DAY THREE – RECAP, HIV PREVENTION SELF-ASSESSMENT TOOL

### Recap

This was done to check participants understanding of previous day's presentations. Clear, by day three participants had learnt a lot about these funding processes and demonstrated understanding.

### HIV Prevention Self-Assessment Tool (PSAT)

Based on the modular framework presentation made on the second day of the workshop, the facilitator demonstrated to participants how the PSAT is populated. Furthermore, the facilitator explained that the PSAT was a self-assessment tool meant to identify gaps in HIV prevention programming.

Following the facilitator's demonstration of the PSAT, participants were divided in group per key population category specifically to fill-in the PSAT. This was an exciting exercise for participants as they discovered gaps in their programming per KP group. They were later requested to make presentations of their priorities.

Each group identifies priorities that needed to be addressed. All the identified priorities were based on discussions within their groups. Participants thoroughly discussed their prioritisation before presentation in plenary. After each presentation, all the participants were given an opportunity to ask questions or seek clarification.



*Image 4: Transgender Group presentation*



*Image 5: Sex Worker Group presentation*

### **PEPFAR Country Operation Plan Process**

It was learnt that whereas the Global Fund process has the three-year cycle, the PEPFAR COP processes are conducted annually with the financial year beginning 1st October.

It was further heard that for the past three financial years, PEPFAR has been giving Zambia an annual grant of over US\$400m. It was learnt that over 60% of this particular grant goes towards HIV treatment.

The meeting resolved that in the coming COP2021, key population groups should actively participate during the process. The National HIV/AIDS/STI/TB Council (NAC) was implored to ensure that the KP consortium was invited to all the meetings.

### **Community Led Monitoring**

Due to time limit, CLM was briefly discussed and how KP organisations can participate but it was agreed that this needed further discussion and strategizing.

Accordingly, it was learnt that Zambia had been allocated US\$1.5m through the COP 2020 for Community Led Monitoring (CLM). However, it was not clear how KP organisations would be involved.

It was resolved that a separate meeting be organised specifically to discuss the CLM with PEPFAR on the table.

## DAY 4 – RECAP, PSAT GROUP PRESENTATIONS, COMPOSITION OF THE COMMITTEE

### Recap

This was done before any presentation of the day was done.

### PSAT Group Presentations

Participants spent the whole morning making presentations. All the participants were requested to say something. This was meant to start shaping their public speaking and advocacy skills.

### Composition of the Task Committee

Below were the task committee members proposed:

Community:

- Kim
- Gigi

Technical:

- John

Strategy:

- Lameck
- Lutrel

Other:

- Owen
- Chisela



*Image 6: KP Task Force selected participants*

It was agreed that the team will be responsible for various processes and tasks that will be agreed upon.

## **OUTCOMES**

### **Workshop Evaluation**

At the end of the workshop, participants were asked whether their expectations were met, partially met or not met. Over 90% of participants said their expectations were met but requested that such capacity building programmes should continue.

### **Closing of the Meeting**

At the close of the meeting, facilitators thanked participants for being active eager to learn. Participants were encouraged to continue reading through various presentations which were made during the workshop to ensure that they were aware of these two important funding processes.

Facilitators further thanked TBZ for organising the workshop which was well organised and attended by people from across the country. TBZ was encouraged to mobilise more resources to continue this capacity building process which proved to be helpful to the KP community.

## ANNEXES

### Annex 1: Workshop Timetable

Day	Time	Session	Chair
<b>DAY 1</b>	8:30-9:00	Welcoming Remarks Introductions	TBZ
	09:00 – tea	Ground Setting (introductions, submissions, process)	TBZ
	9:00-9:30	Pre-assessment	Muzu
	9:00-10:30	Introduction of Global fund process	Dr John /Muzu
	10:30-11:00	Health Break	
	11:00-12:30	Literature review on public health intervention and recommendations in Zambia.	Muzu
	12:30-13:00	Global fund cycle and CSO participation	Chris chikatula
	13:00-14:00	Lunch Break	
	14:30-15:00	Provincial consultative meeting	Muzu
	15:30	Concept Note /writing processes	Chris Chikatula and Mr Fwemba
	15:30-16:00	Questions and answers sessions	Muzu
	16:00-17:00	Facilitators review meeting	TBZ and Consultant
	17:00	End of Day One	
<b>DAY 2</b>	8:30-9:00	Review of Day one	Muzu
	9:00-10:30	Modular framework	Muzu
	10:00-11:00	Health Break	
	11:00-13:00	Technical Review Process	Dr John Mwale
	13:00-14:00	Lunch Break	
	14:00-15:00	Grant making processes/Funding split	Dr John Mwale
	15:00-15:30	PR/SR/SSR (Implementation arrangements)	Fwemba
	15:30-16:00	Programme Implementation, Monitoring and Evaluation	Dr. John Mwale
	16:00-16:30	Facilitators Meeting	TBZ and Consultants
<b>DAY 3</b>	8:30-8:45	Recap	Dr John Mwale
	8:45-10:30	BUDGETING	David Masengu
	10:30-10:45	Health Break	
	10:45: 11:45	PEPFAR & COP ENGAGEMENTS	Felix Mwanza
	11:45-13:00	Community Led monitoring	Muzu/Felix
	13:00-14:00	Lunch	
	14:00-15:30	Group Work - CLM	All
	15:30-15:45	Health Break	All
	15:45-16:30	Presentations	All
	16:30-17:00	Facilitators review meeting End of Day	TBZ and Consultants
<b>DAY 4</b>			
	9:00-10:30	Development of mentorship plans	Dr Mwale
	10:30-11:00	Health Break	
	11:00-13:00	Group Work	All
	13:00-14:00	Lunch Break	
	14:00-14:30	END OF THE TRAINING	ALL
	15:00	REVIEW MEETING	