

GLOBAL FUND MONITORING AND OVERSIGHT TOOL FOR TRANSGENDER COMMUNITIES - TRAINING GUIDE

Building the capacity of trans communities
to provide monitoring and oversight of
Global Fund processes at all levels



This Monitoring and Oversight training guide for transgender communities has been developed in partnership with local, regional, global trans organizations and MC Consultancy with the leadership of GATE as part of its CRG Strategic Initiative grant.

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Through the support of the Global Fund for AIDS, Tuberculosis and Malaria and its Community, Rights and Gender Strategic Initiative, Global Action for Trans Equality (GATE) has successfully produced this Monitoring and Oversight Training Guide for Transgender people and its accompanying Tool.

This training guide, which is a compilation and adaptation of various resources available to civil society and developed by key agencies providing support to communities and civil society organizations aims to aid consultants in delivering training to -build the monitoring and oversight capacity of the transgender communities engaged in Global Fund processes.

Thus, special mention is made of key entities such as the International Council of AIDS Service Organizations (ICASO), International HIV/AIDS Alliance, Communities Rights and Strategic Initiative (CRG-SI), Asia Pacific Council of AIDS Service Organizations (APCASO), Aidsplan and the Global Fund Secretariat for use of their resources that have served to bring together important information to guide transgender communities in providing monitoring and oversight of Global Fund processes that impact their needs and their lives.

The task of adapting and revising this Tool and Teaching Guide was led by Consultant, Martha Carrillo, Lead Consultant of MC Consultancy: Sexual Health and Development in close consultation with GATE, with valuable input received from civil society partner organizations including: Asia-Pacific Transgender Network (APTN); Confederacion Trans de Latino America y el Caribe (COTRANSLAC); IRGT: A Global Network of Trans Women and HIV; Southern Africa Trans Forum (SATF); Trans* Research, Education, Advocacy & Training (TREAT); Transgender Europe (TGEU); and the United Caribbean Trans Network (UCTRANS).



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ACRONYMS

- CCM - Country Coordinating Mechanism
- CRG SI - Community, Rights, and Gender – Strategic Initiative
- CSO - Civil Society Organization
- EPA - Eligibility and Performance Assessment
- ER - Eligibility Requirement
- FBO - Faith-based Organization
- FPM - Fund Portfolio Manager
- GATE - Global Action for Trans Equality
- GFATM - Global Fund to fight AIDS, Tuberculosis and Malaria
- HSS - Health Systems Strengthening
- ICT - Information and Communication Technology
- KP - Key Populations
- LFA - Local Fund Agent
- LGBTI - Lesbian, Gay, Bisexual, Transgender and Intersex
- M&E - Monitoring and Evaluation
- MSM - Men who have Sex with Men
- NFM - New Funding Model
- NSP - National Strategic Plan
- OIG - The Office of the Inspector General
- PF - Performance Framework
- PLHIV - Persons Living with HIV
- PLWD - People Living with the Diseases
- PR - Principal Recipient
- PWUD - People Who Use Drugs
- SR - Sub Recipient
- TA - Technical assistance
- TRP - Technical Review Panel

INTRODUCTION

Globally, there are major concerns that the response to HIV, TB and Malaria are still not reaching the populations that need it the most. In July 2018 UNAIDS launched its report “Miles to Go – Closing the gaps, Breaking Barriers and Righting Justices.”¹ The report indicates that global new HIV infections have declined by 18% in the past seven years; the decline is not quick enough to reach the target of fewer than 500,000 new infections by 2020. The report warns that the pace of progress is not matching global ambition.² The report also shows that key populations including transgender people and their partners are the most affected by HIV but are still being left out of HIV programs. Human rights violations, stigma and discrimination and laws that criminalize key populations continue to pose barriers to access to essential services. Thus, there is a call for more investments in reaching these key populations (KP) but there is also call for more efficacy and accountability in the management of grants and programs to ensure that funds allocated for these populations are having the impact needed. This means more meaningful involvement and engagement of key populations in Global Fund processes throughout the grant cycle. Due in part to the community activism of key affected populations, including transgender women, the Global Fund established processes for engaging local civil society and KP groups under its New Funding Model (NFM). However, the Global Network of Transgender Women also raised numerous concerns about policies that impede consistent, effective engagement across countries and world regions in its “Most Impacted, Least Served – Ensuring meaningful engagement of transgender people in Global Fund Processes” report.

Over the past years, there are also concerns regarding the decrease of Global Fund support for middle-income countries and the sustainability of those programs especially key populations such as the transgender community. As expectation is placed on countries to sustain gains made over the past years, there is also concern that programs for key populations such as sex workers, transgender people, men who have sex with men among others will not be prioritized if appropriate measures are not put into place during the transition process. For this reason, KPs such as the transgender community should play an integral role in the transition and sustainability planning process.

The development of this tool is based on a compilation and adaptation of important tools and information made available to communities and KPs by entities such as ICASO, International HIV/AIDS Alliance, the CRG Regional Platforms and the Global Fund among other organizations that work closely with the transgender community. This tool was also completed in close consultation with transgender organizations and advocates globally.

¹ www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

² www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/july/miles-to-go

TRANSGENDER PEOPLE AND HIV

Transgender people have low rates of access to health and HIV services due to a range of issues including violence, legal barriers and stigma and discrimination. According to the World Health Organization (WHO) Transgender women are around 49 times more likely to be living with HIV than other adults of reproductive age with an estimated worldwide HIV prevalence of 19%; in some countries the HIV prevalence rate in transgender women is 80 times that of the general adult population.³ Transgender men also have unmet social health care needs. Many transgender men receiving HIV medical care in the United States, for example, face socioeconomic challenges and suboptimal outcomes.⁴ Unfortunately, little data is available for transgender men or other transgender populations.

Transgender people have fewer educational and social opportunities, often resorting to sex work for an income. Data collected between 2011 and 2015 shows high HIV prevalence

among transgender women.

For example, HIV prevalence among transgender women who participate in sex work is 32% in Ecuador and Panama and between 20-30% in Argentina, Bolivia and other countries in Latin America.⁵ Violence against transgender people is common (including police abuse, abuse perpetrated by clients of sex workers and intimate partner violence). Many transgender people experience family rejection, violation of their rights to education, employment and social protections and as such experience higher rates of unemployment, poverty, housing insecurity and marginalization, which contributes to their further exclusion. These social and legal barriers contribute to the alienation of these populations, which in turn do not feel safe accessing much needed health services including HIV prevention, care and treatment. For this reason, WHO recommends a comprehensive package of services to address HIV in transgender people health and structural interventions.

³ www.who.int/hiv/topics/transgender/en/

⁴ www.aidsmap.com/HIV-positive-transgender-men-in-US-have-significant-unmet-medical-and-social-needs/page/3196115/

⁵ [UNAIDS GAP Report 2014](#)

ABOUT GATE

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. GATE's mission is to work internationally on gender identity, gender expression, and bodily issues by defending human rights, making available critical knowledge, and supporting political organizing worldwide.

In accordance with its aim of building capacity and supporting regional and country-based constituencies to more effectively engage in and contribute to the development, implementation and oversight of Global Fund grants, GATE has embarked on a project to improve the meaningful involvement of transgender people in Global Fund processes.

ABOUT THIS PROJECT

In the global response to HIV, TB and Malaria, communities must play a pivotal role in the response. Communities have the unique capacity and opportunity to reach those that are most neglected, vulnerable, marginalized and criminalized with essential services. However, for communities to be able to carry out their important role, they must be supported. Support for community systems and responses are a key component of the Global Fund's mission to accelerate the end of HIV, tuberculosis and malaria as epidemics. The Global Fund is investing in efforts to align community systems and responses with formal health systems to maximize impact and to build resilient and sustainable systems for health.

However, too often the populations most vulnerable to disease are the same populations that don't have access to health care. For this reason, it is important to ensure provision of optimum essential services for key populations. The best way to do this is to involve key populations in the design, delivery and monitoring of those health services. For communities to undertake the role of monitoring processes that should be catering to their needs, it is essential that they have the knowledge, the skills and the opportunities to do so. GATE through this project is seeking to equip transgender communities with the knowledge and skills necessary to play a pivotal role in ensuring that communities are benefitting from all HIV, TB and Malaria programs that encompass them. As a part of this project, this tool and accompanying training guide has been developed.

ABOUT THIS TRAINING GUIDE

What is the purpose of this Training Guide?

This Training Guide has been created to guide the process of training transgender communities and organizations in the use of the Monitoring and Oversight Tool. The purpose of the tool is to facilitate the process for the transgender community to play a pivotal role in the monitoring and oversight of Global Fund processes throughout the grant cycle. By equipping the community with the necessary knowledge and skills, transgender persons are able to keep national, regional and global mechanisms accountable to ensure that the populations that need most are benefitting from this financial mechanism.

For whom is it intended?

The primary targets for this training guide are transgender persons including organizations that work with and for transgender communities. It will also serve to train facilitators within the transgender community. This tool and the lessons learnt through this process will serve to inform regional and national coordinating mechanisms, stakeholders and other key decision-makers on how to engage transgender communities and other key populations in all Global Fund processes throughout the grant cycle to ensure that their unique challenges and needs are being addressed.

How to use this Training Guide and accompanying Tool

The Monitoring and Oversight Tool seeks to increase awareness and knowledge on the Global Fund including the important role that communities should play throughout all its processes. The tool comprises of 4 modules: 1.) Global Fund 101; 2.) Meaningful Involvement; 3.) Monitoring and Evaluation and 4.) Global Fund Thematic Guidance. Each module complements the other to ensure that persons learning about the tool and applying it have the knowledge and the skills necessary to carry out the important role.

The objective of the training guide is to prepare participants for the application of the tool. Guided by the activities outlined in the agenda, the facilitator makes presentations, describes the objectives of each small group discussion and guides the participants in the application of the lessons learnt. The methodology will include important information via power point, small and large group discussions based on experiences providing an opportunity for participants to practice through role-play and mock sessions.

KEY COMPONENTS OF THE PROCESS

Objectives

By the end of the 2-day training session the following objectives will be met:

1. Increased awareness of transgender persons and HIV/TB, the Global Fund and in-country and regional processes which should include transgender persons;
2. Increased knowledge of the transgender persons on the key elements of meaningful involvement in the CCM and other Global Fund processes throughout the grant cycle so to effectively carry out the role of monitoring and oversight;
3. Greater understanding of the concept of monitoring and evaluation including the Global Fund's approach to monitoring and evaluation and steps in monitoring meaningful involvement of trans communities;
4. Increased knowledge of key thematic guidelines to address gender, community and human rights in the planning and implementation of Global Fund grants according to the principles of the New Funding Model to ensure greater and more meaningful involvement of transgender persons and other key populations;
5. Identification of key interventions to develop a technical assistance request to support effective implementation of plan of action.

Methodology

Key topics to be covered are:

- ◇ Global Fund 101;
- ◇ Meaningful Involvement throughout the Grant Process;
- ◇ Monitoring and Evaluation; and
- ◇ Communities, Rights and Gender Thematic Guidelines of the Global Fund.

The process is designed to be highly interactive and participant-centered; it will include opportunities for learning through sharing of relevant important information, small group sharing, role-playing and discussions as well as plenary sessions.

At the end of this process the following will be completed:

1. Knowledge verification on the topic of the Global Fund and meaningful involvement of transgender persons
2. List of challenges and lessons learnt in efforts to meaningfully representing the transgender community in GF processes
3. An action plan with specific strategies to address the barriers and challenges to effective monitoring and oversight based on knowledge gained from this session.

STEPS TO GUIDE THE PROCESS

ACTIVITY 1 - OVERVIEW OF SESSION: OBJECTIVES OF THE GATE PROJECT, THE MONITORING AND OVERSIGHT TOOL, AGENDA AND PARTICIPANTS EXPECTATION

- i. The facilitator will start the session by introducing themselves to the group and inviting each participant to share a bit him/herself to the group. Participants can be asked to share: name, organization, interests and expectations. (Facilitators are encouraged to use creative icebreakers to guide this process – See suggested icebreakers in Appendix).
- ii. A GATE representative or the facilitator will share the objectives of the GATE project, agenda and review participants' expectations to ensure that they are in synergy with the overall objectives and agenda for the session.
- iii. The Facilitator will provide an overview of the objectives and the process of developing the Global Fund Monitoring and Evaluation Tool for Transgender communities.

ACTIVITY 2 - THE NATIONAL SITUATION AND RESPONSE TO HIV AND TB AND TRANSGENDER PERSONS AND INVOLVEMENT IN GLOBAL FUND PROCESSES

- i. For this presentation to the members of civil society, the Facilitator should obtain and systematize the following information for the country, where available:
 - a. Updated statistics on the situation of HIV and TB
 - b. Situation of HIV and TB and Transgender persons
 - c. Global Fund projects highlighting interventions addressing the needs of Transgender persons
- ii. Before sharing the information, the facilitator will divide the large group into smaller groups assigned each group a. b. or c. Each group will discuss and share whatever information they may have regarding each of these. Then they will present their information to the larger group.
- iii. Once this has been completed the facilitator shares additional information and guides a discussion on the topics.

ACTIVITY 3 - REGIONAL AND NATIONAL GLOBAL FUND PROJECTS, WHICH INCLUDE TRANSGENDER COMMUNITIES

- i. For this presentation, the facilitator should obtain and systematize the following information for the country, where available:
 - a. History of the Global Fund and the country,
 - b. Present Global Fund processes in country,
 - c. Global Fund projects highlighting interventions addressing the needs of transgender persons.
- ii. Once this has been completed the facilitator shares information and guides a discussion on the topics discussed. Once this has been completed the facilitator shares information and guides a discussion on the topics discussed.
- iii. The participants will then be divided into small groups and provided with a checklist where they will discuss the involvement of the transgender community with Global Fund processes at country level and assessment how meaningful this involvement has been (see appendix).

ACTIVITY 4 - MODULE 1: GLOBAL FUND 101

- i. The facilitator will prepare power point slides (from templates provided by GATE) with key information from the Monitoring and Oversight Tool and present to the participants encouraging discussion and addressing issues. The facilitator may approach each question by asking participants to share at least one idea they may already have.
 - ◇ What is the Global Fund?
 - ◇ Understanding Important Acronyms? (hand-out 3 pg. 16)
 - ◇ What is a Country Coordinating Mechanism?
 - ◇ What are CCM eligibility requirements and minimum standards?
 - ◇ What is the role of CCM representatives? (hand-out 2 pg. 14)
 - ◇ Who are civil society CCM representatives?
- ii. In particular, the facilitator will ask participants to discuss these topics based on their own experiences or the experiences of their peers that have been involved in Global Fund processes representing the transgender community.

ACTIVITY 5 - MODULE 2: MEANINGFUL INVOLVEMENT OF TRANSGENDER PERSONS THROUGHOUT THE GRANT CYCLE

- i. The facilitator will prepare power point slides (from templates provided by GATE) with key information from the Monitoring and Oversight Tool and present to the participants encouraging discussion and addressing issues.
 - ◇ Understanding the Grant Cycle and being an important part of the Country Dialogues.
 - ◇ Transparency and Accountability – Effectively Representing your transgender community and key populations constituency.
 - ◇ Active participation – Making sure that you are heard (handout 4 and 5 pg. 19).
 - ◇ Dealing with difficult situations and challenges.
- i. In particular, the facilitator will ask participants to discuss these topics based on their own experiences or the experiences of their peers that have been involved in Global Fund processes representing the transgender community.
- ii. **Mock Session:** Based on the knowledge gained participants will be assigned specific scenario and will be asked to role play these showing knowing and understanding of global fund processes, the CCM and how it operates and the important role of transgender persons representing their community and constituency.

Scenario: *CCM meeting in which the country's Funding Request has been reviewed by the Technical Review Panel and they country has been asked to provide evidence that transgender persons are a key population so as to justify request for funds for this population. There are no studies or data only anecdotal information. It is being proposed by some members to remove transgender persons from the list of key populations since there is no official evidence. How do civil society organizations provide the necessary oversight of this process to ensure that the trans population is not unfairly removed from the list of key populations that will benefit from the grant?*

Instructions: Have several participants play the different roles. Include representatives for MSM, Sex Workers and Transgender persons on the CCM as well. Provide 10 minutes for preparation and 20 minutes for the “mock CCM session”.

ACTIVITY 6 - MODULE 3: MONITORING AND OVERSIGHT

- i. The facilitator will prepare power point slides (from templates provided by GATE) with key information from the Monitoring and Oversight Tool and present to the participants encouraging discussion and addressing issues:
 - ◇ The Global Fund' approach to monitoring and evaluation.
 - ◇ Monitoring meaningful involvement of transgender persons.
 - ◇ Key Steps in Monitoring Programs for transgender persons and other key populations (hand-outs 8 and 7).
- ◇ The Global Fund's approach to monitoring and evaluation
- ◇ How to monitor meaningful involvement
- ii. In particular, the facilitator will ask participants to discuss these topics based on their own experiences or the experiences of their peers that have been involved in Global Fund processes representing the transgender community.

ACTIVITY 7 - MODULE 4: GLOBAL FUND THEMATIC GUIDELINES: COMMUNITIES, RIGHTS AND GENDER

- i. The facilitator will prepare power point slides with key information from the Monitoring and Oversight Tool and present to the participants encouraging discussion and addressing issues.
- ii. In particular, the facilitator will ask participants to discuss these topics based on their own experiences or the experiences of their peers that have been involved in Global Fund processes representing the transgender community.
- iii. Participants will then be divided into groups and asked to identify areas for strengthening their monitoring and oversight capacity as transgender communities and organizations. Based on these needs they will identify specific technical assistance that is needed and prepare Communities, Rights and Gender Technical assistance request.

Using the thematic guidelines for monitoring and advocacy

SUMMARIZING AND CLOSING

Conclude the session by summarizing the two days' session focusing on the accomplishments and discuss with the participants the way forward. Facilitators must inform participants that the reports will be shared with them.

ANNEX 1: AGENDA

Building the capacity of trans communities to provide monitoring and oversight of Global Fund processes at all levels

Country: _____

Date: _____

TIME	DAY 1	ACTIVITY
8:00 – 8:15	ARRIVAL AND SIGN-IN	
8:15 - 8:30	Overview of session: Agenda, Goals and Objectives of the GATE Project and the M&E Tool	Presentation
8:30 – 9:30	The National Situation and Response to HIV and TB and Transgender persons and involvement in Global Fund Processes	Group Activity
9:30 – 10:15	Regional and National Global Fund projects which include transgender communities	Large Group Discussions
10:15 – 10:30	BREAK	
10:30 – 11:30	Module 1: Global Fund 101: What is the Global Fund? Understanding Important Acronyms.	Presentation and plenary discussions.
11:30 – 12:15	Module 1: Global Fund 101: What is a Country Coordinating Mechanism? What are CCM eligibility requirements and minimum standards? What is the role of CCM representatives? Who are civil society CCM representatives?	Presentation and plenary discussions
12:15 – 1:15	LUNCH	
1:15 – 1:30	TEAM-BUILDING ACTIVITY	Energizer
1:30 - 3:30	Module 2: Meaningful Involvement of transgender persons throughout the Grant Cycle. Understanding the Grant Cycle and being an important part of the Country Dialogues. Transparency and Accountability – Effectively Representing your transgender community and key populations constituency. Active participation – Making sure that you are heard. Dealing with difficult situations and challenges	Presentations and small group discussions
3:30 – 4:30	Acting out specific scenarios – MOCK CCM session	Small group discussions and role play
4:30	SUMMARY AND CLOSING	

TIME	DAY 2	ACTIVITY
8:00 – 8:15	ARRIVAL AND SIGN-IN	
8:15 - 8:30	Review of Day 1 – Participants	Icebreaker Activity
8:30 – 9:00	Module 3: Monitoring and Oversight. The Global Fund’s approach to monitoring and evaluation. Monitoring meaningful involvement of transgender persons	Presentation
9:00 – 10:15	Module 3: Key Steps in Monitoring Programs for transgender persons and other key populations	Presentation
10:15 – 10:30	BREAK	
10:30 – 11:15	Module 3: Monitoring and Evaluation. The Global Fund’s approach to monitoring and evaluation. How to monitor meaningful involvement	Presentation and plenary discussions
11:15 – 12:15	How to use M&E results for advocacy and changer for transgender communities in and out of Global Fund processes. The Office of the Inspector General – You can speak out!	Presentation and Small Group Discussion
12:15 – 1:15	LUNCH	
1:15 – 2:30	Global Fund Thematic Guidelines: Community, Rights and Gender	Presentation and plenary discussions
2:30 - 4:00	Using the thematic guidelines for monitoring and advocacy	Small Groups Presentations
4:00 – 4:30	Review and Summary	
4:30	SUMMARY AND CLOSING	

ANNEX 2: HANDOUTS

HAND-OUT 1 - MODULE 1 ACTIVITY 4: WHAT IS THE ROLE OF CCM REPRESENTATIVES?

Checklist of specific tasks to undertake before each CCM meeting:

- ◇ Review the Agenda. Ensure that your constituency issues are on the agenda
- ◇ Read the minutes of the last meeting. Check that they accurately reflect the issues raised and decisions made in the last meeting.
- ◇ Read any documentation circulated for discussion during the meeting.
- ◇ Get help to understand this documentation if necessary, e.g. dashboards, budgets.
- ◇ Circulate the agenda, minutes and documentation to get input from your constituency including issues and points to raise, and real-life examples to share.
- ◇ Access any additional information or data that you need to support your arguments. This may include working with technical partners and regional networks etc.
- ◇ Write a summary of issues or points to raise both in response to other agenda items, as well as those you plan to raise specifically on behalf of your constituencies.

HAND-OUT 2 - HIV PREVENTION CHALLENGES FOR TRANSGENDER PERSONS

- 1** Multiple factors have put transgender people at risk for HIV infection and transmission, including multiple sexual partners, anal or vaginal sex without condoms or medicines to prevent HIV, injecting hormones or drugs with shared syringes and other drug paraphernalia, commercial sex work, mental health issues, incarceration, homelessness, unemployment, and high levels of substance abuse compared to the general population, as well as violence and lack of family support.
- 2** HIV interventions developed for other KPs have been adapted for use with transgender people. However, the effectiveness of these interventions is understudied.
- 3** Many transgender people face stigma, discrimination, social rejection, and exclusion that prevent them from fully participating in society, including accessing health care, education, employment, and housing.
- 4** Transgender women and men might not be sufficiently reached by current HIV testing measures. Tailoring HIV testing activities to overcome the unique barriers faced by transgender women and men might increase rates of testing among these populations.
- 5** Transgender men's sexual health has not been well studied. Transgender men, particularly those who have sex with cisgender (persons whose sex assigned at birth is the same as their gender identity or expression) men, are at high risk for infection.
- 6** Insensitivity to transgender issues by health care providers can be a barrier for transgender people diagnosed with HIV and seeking quality treatment and care services.
- 7** Transgender-specific data is limited. Many countries do not collect or have incomplete data on transgender individuals. Accurate data on transgender status can lead to more effective public health actions.

HAND-OUT 3 - MODULE 1 ACTIVITY 4: UNDERSTANDING IMPORTANT ACRONYMS

PR – Principal Recipient

Country-based agencies or organizations that are financially and legally responsible for program results. They are selected by the CCM to manage the implementation of one or more Global Fund Grant(s). The PR signs the grant contract with the Global Fund. They are usually Government bodies or civil society organizations but are sometimes multi-sectoral agencies such as the UN.

SR – Sub-Recipient

These are agencies that are contracted to implement programs by PRs to deliver services under their leadership.

LFA – Local Fund Agents

These are entities that work closely with the Global Fund country teams at the Secretariat to evaluate and monitor activities before, during and after the implementation of a grant. They are independent organizations that ‘win’ an LFA contract for a 4-year period for a country. They are usually accountancy and management firms often linked to international companies. They check the financial management of grant recipients and also verify what activities have taken place as described in the grant to provide an independent view of how the program is performing. To avoid a conflict of interest, LFAs cannot provide capacity building or technical assistance to PRs or CCMs.

FPM – Fund Portfolio Managers

Global Fund staff assigned for each grant. The FPM leads and manages the grant negotiation processes at various stages of the grant cycle and manages input from other Global Fund Secretariat staff. FPMs also work with the LFAs, reviews and analyses requests for disbursement, and decide on grant amounts to be disbursed.

CT – Country Teams

Global Fund staff members that include operations-focused staff (fund portfolio managers and program officers) and monitoring and compliance staff (legal, procurement, finance and M&E), who take shared responsibility for grants throughout the entire grant cycle.

OIG – The Office of the Inspector General

The Office of the Inspector General is an independent yet integral part of the Global Fund that undertakes audits, investigations and oversight to make objective and transparent recommendations to promote good practice, reduce risk and condemn abuse of Global Fund finances. It is accountable to the Board through its Audit and Ethics Committee.

NFM – New Funding Model

The Global Fund Board adopted a new strategy for the period 2012-2016 in November 2011. As part of this strategy, the Global Fund developed a New Funding Model (NFM) to replace the rounds-based funding system. The NFM aims to provide implementers of grants with more flexible timing, better alignment with national strategies and greater predictability. It also promotes more active engagement with implementers and partners throughout the application process and grant implementation.

KP – Key Populations

Key populations experience both increased impact from one of the diseases and decreased access to services. Widespread stigma and discrimination, violence and harassment and restrictive laws and policies put key populations at heightened risks and undermine their access to services.

In the context of HIV, key populations include:

- ◇ Men who have sex with men
- ◇ Transgender people, especially transgender women
- ◇ Sex workers
- ◇ People who inject drugs
- ◇ People living with HIV
- ◇ People in prison and detention

HANDOUT 4 - MODULE 2 ACTIVITY 5: MEANINGFUL INVOLVEMENT OF TRANSGENDER PERSONS THROUGHOUT THE GRANT CYCLE

Meaningful involvement is about much more than community groups being invited to or included in a meeting. It has very specific characteristics. Examples of these for a national forum or process related to HIV, such as a CCM, are outlined in the checklist below.

The CCM process offers assurance for the first and third point, and hopefully the second. What about the others? What good practices are in place for your CCM?

Checklist for Good Practice for Meaningful involvement of the community sector

1. Can the community sector participate legally in the forum/process?
2. Can the community sector participate safely in the forum/process (for example, without fear of arrest or violence)?
3. Can the community sector select its own representatives for the forum/process?
4. Does the community sector have enough representatives?
5. Is the community sector respected and listened to within the forum/process?
6. Can the community sector influence decision-making in the forum/process?
7. Can the community sector play a leadership role in the forum/process?
8. Can the community sector access necessary support, such as induction, information, funding and training to participate fully in the forum/process?
9. Can the community sector maintain its independence and perform a watchdog role in the forum/process?
10. Are there structures or mechanisms in place within civil society to coordinate and monitor?

HAND-OUT 5 - MODULE 2 ACTIVITY 5: MEANINGFUL INVOLVEMENT OF TRANSGENDER PERSONS THROUGHOUT THE GRANT CYCLE

Active participation – Making sure that you are heard

- ◇ Clearly articulated. Word them with your CCM “audience” in mind. To the best of your ability try to link your points to values and messages that are well received and supported.
- ◇ Focused on disease impact. This is the purpose of the Global Fund finances. If your messages are focused on disease impact, including barriers to services and right to access to health for all, you are more likely to be heard than a more emotional plea.
- ◇ Focused on disease impact. This is the purpose of the Global Fund finances. If your messages are focused on disease impact, including barriers to services and right to access to health for all, you are more likely to be heard than a more emotional plea.
- ◇ Evidence-based. Make sure that your points are backed up by data or linked to existing agreed priorities/strategies, or supported with real-life examples to give the issue more weight (See Questions Answered #7)
- ◇ Realistically aligned for Global Fund financing. Check with trust allies that what you are asking for is in line with Global Fund financing.
- ◇ Tested for support. Ask other CCM members for feedback and get allies and champions on board before the meeting.
- ◇ Multi-layered. Anticipate counter-arguments and be ready with further arguments and justifications.

Make sure that your seat counts!

CCM members should ensure that if they cannot attend a CCM meeting, their alternates would attend in their place. On some CCMs, when neither the member nor the alternate can attend a meeting, some organizations (including some government departments) send other representatives to sit in at the meeting. Often, these people are quite junior and uninformed. They cannot vote and cannot even be counted in the quorum. This practice should be discouraged.

HAND-OUT 6 - MODULE 3 ACTIVITY 6: MONITORING AND OVERSIGHT

KEY STEPS IN MONITORING PROGRAMS FOR TRANS PEOPLE

Overview of 8 Important Steps

1 Know The Epidemic: What is the magnitude and geographic distribution of the HIV epidemic over time among men who have sex with men, sex workers, and transgender people?

Rationale – Why is this step important?

Knowing the HIV epidemic is important so that M&E systems focus on monitoring the adequacy and effectiveness of the prevention program response in the areas where the epidemics among transgender people are concentrated. Transgender people just like sex workers; men who have sex with men and other key populations are often hidden populations. A common failure of monitoring and evaluation is to limit its scope to areas where programs are in operation rather than where they are most needed. In this step, a national investigation of the size, scope and geographic distribution of the HIV epidemics among transgender people is undertaken as the first step in understanding the scope for monitoring and evaluation.

Key Questions, Methods and Data use: Overview of Step 1

	Key Questions	Methods	Data Use
1.1	How many transgender people are in the country and each subnational area? How is each population distributed across sub-national areas?	1. Mapping 2. Size estimates	Use maps to show where programs should be focused Use size estimates to inform target setting
1.2	What information is available about the extent of HIV infection among transgender people?	1. Synthesis of existing HIV prevalence data 2. Incidence estimation methods	Use synthesis of surveillance data and size estimates from step 1.1 to identify sub-national areas with greatest need for prevention services Use HIV prevalence/incidence data as baseline measures for evaluating the impact of HIV prevention programs

2 Measure Determinants: What are the baseline estimates of the direct biologic determinants and critical enablers of HIV Transmission?

Rationale – Why is this step important?

Step 2 describes how to monitor the direct biologic determinants and critical enablers of HIV transmission. Direct biologic determinants are the biological factors that directly increase exposure to HIV, infectiousness, or susceptibility to infection. Direct biologic determinants include the number of sexual partners, co-infection with other STI and lack of condom use. Critical enablers (social enablers and program enablers) are the underlying individual, structural and community factors such as punitive laws, policies and practices, stigma and discrimination, gender inequality, etc. that indirectly cause HIV transmission by affecting direct determinants such as condom use and untreated STIs.

Key Questions, Methods and Data use: Overview of Step 2

	Key Questions	Methods	Data Use
2.1	Direct biologic determinants: What are baseline measures of key indicators of biologic exposure, susceptibility and infectiousness?	<ol style="list-style-type: none"> 1. Selection of measures 2. Repeated bio-behavioral surveys 3. Analysis of service delivery 	Use measures as baselines for setting targets (Step 3) and for monitoring trends in HIV transmission risk
2.2	Critical enablers: What are other individual community and structural factors contributing to the epidemic?	<ol style="list-style-type: none"> 1. Selection of measures of individual, community and structural factors that contribute to the epidemic 2. Qualitative methods, surveys and law & policy reviews 	Use measures of strengths and barriers as a baseline for setting targets (Step 3), prioritizing actions, and monitoring progress in addressing barriers and leveraging strengths

3 Know The Response And Set Targets: How is the combination prevention program defined and what are the targets for outputs, coverage, outcomes and impact?

Rationale – Why is this step important?

In Step 3 targets are set for coverage, outcome and impact indicators, thus monitoring performance. These targets are based on current response including the availability of services and baseline indicator values. The response should be based on the data from Step 1: Know Your epidemic and Section E: The combination prevention program for key populations.

Key Questions, Methods and Data use: Overview of Step 3

	Key Questions	Methods	Data Use
3.1	Based on the epidemic, what combination of prevention program of health services and critical enabler interventions are needed?	<ol style="list-style-type: none"> 1. Review of international guidelines and available information to specify combination prevention program 2. Review of NCPI Checklist for social enablers 	To define the program that will be monitored
3.2	<p>What are the operational definitions of “a person being reached” with each service?</p> <p>What is the operational definition of a critical enabler intervention being implemented?</p>	A meeting to agree on operational definitions	Use measures of strengths and barriers as a baseline for setting targets prioritizing actions, and monitoring progress in addressing barriers and leveraging strengths
3.3	What sub-populations, sub- areas or setting-specific populations should be monitored? What are the operational definitions of each sub-group?	Review of surveillance and assessments from Step 2	To specify sub-groups that will be used by all sub- national areas for monitoring coverage and tracking prevalence
3.4	<p>What services are currently available in each sub-national area?</p> <p>Which critical enabler interventions are being implemented?</p>	Mapping	<p>Use service availability maps and assessments to identify gaps</p> <p>Sub-national and national aggregations</p>
3.5	What are the 2-year targets for impact, outcome and coverage indicators in each sub-national area?	Target-setting methods	Use targets to assess program performance
3.6	Based on the 3.5, what is the national Program Impact Pathway?	Meeting to specify Program Impact Pathway	To describe the logic of the program and identify indicators to monitor

Steps 4-6: Overview of input, quality and output monitoring and process evaluation

By the end of Step 3, targets have been set to monitor the national and sub-national response and results. In Steps 4-6, monitoring determines whether the services and interventions developed as part of the planned project are being implemented on time, with sufficient quality and at the scale required to achieve the set targets. Steps 4-6 collect data to answer the questions: What programming/interventions/services are we implementing? Are we doing it right?

Input, quality and output monitoring are closely linked to process evaluation. Typically, process evaluation collects more detailed information about the way the program is implemented and received by the target population than can be collected through routine monitoring. Process evaluation can build upon the monitoring data and collect additional information on: access to services, whether the services reach the intended population, how the services are delivered, user satisfaction and perceptions about their needs, and management practices. This detailed information is collected at the service delivery sites for making timely corrections in service provision. Hence, sub-national and national levels of service provision will focus on the routine monitoring data to assess implementation progress. Often, the sub-national and national levels will conduct spot-checks and supportive supervision visits to a sample of the service delivery sites. Given this division of labor, Steps 4-6 focus on routine monitoring data relevant to national and sub-national levels.

4 Input Monitoring: What resources are needed to reach the sub-national and national targets?

Rationale – Why is this step important?

Step 4 identifies whether there are sufficient funds and other resources available to implement the national/sub-national response to the epidemic. Programs for transgender people are among the most cost-effective interventions that have been identified. In this step, the approach is to determine “what is appropriate programmatic response?” before assessing whether the resources are adequate. Information from this step can be used to apply for additional funding and other resources. If additional resources are not provided, information collected in this step can be used to decide how to scale-back program implementation and re-adjust targets.

Key Questions, Methods and Data use: Overview of Step 4

	Key Questions	Methods	Data Use
4.1	What resources are needed to meet targets? What resources are available? What is the gap in resources?	1. Spread sheet program to monitor targets, inputs and gaps 2. Other resource needs analysis	Use identified resource gaps to justify additional resources

5 **Quality Monitoring:** What services and critical enabler interventions are currently implemented? With what quality?

Rationale – Why is this step important?

Quality has different meanings for different stakeholders. Some are more concerned about the performance of the system, some about the quality of the care delivered and some about the quality of care received. In reality, all three perspectives are for ensuring quality:

- ◇ Performance of the system
- ◇ Professional standards
- ◇ User satisfaction

The concepts of quality improvement (QI) apply equally to all levels of the health system. At the national level, the vision for improving quality starts with planning and defining national standards. The sub-national level takes on the national vision, using routine monitoring data to support facility efforts in monitoring, improving and evaluating quality (WHO, 2011).

It is a challenge to implement high quality services according to plan. Stigma among providers has a marked effect on the quality of services and should be monitored and addressed periodically. Program effectiveness suffers if people do not feel welcome in the service, if the service is not provided in an accessible setting or at a convenient time, if supplies run out or if providers are not well trained. There may be high staff turnover among service delivery providers, requiring frequent training and re-training. This step provides methods for quality improvement.

Key Questions, Methods and Data use: Overview of Step 5

	Key Questions	Methods	Data Use
5.1	Are national quality standards available? Are they regularly updated?	Review standards and if necessary hold a consensus meeting to establish quality standards	Use measures as baselines for setting targets (Step 3) and for monitoring trends in HIV transmission risk
5.2	What is the quality of each service being provided? Are critical program enablers addressed?	1. Quality assessments including community consultations 2. Assessment of critical enabler interventions 3. Plan-do-check-act problem solving	Use quality indicators to identify where programs need to be improved

6 Monitoring Outputs and Program Coverage: Are output targets achieved? What proportion of men who have sex with men, sex workers and transgender people receive services?

Rationale – Why is this step important?

High quality services that only reach a few people in the target population cannot be expected to change the direction of the HIV epidemic in that population. High coverage of the population (i.e., a high proportion of the population has been reached with high quality services) is needed. Monitoring coverage is one of the most important components of monitoring performance.

Key Questions, Methods and Data use: Overview of Step 6

	Key Questions	Methods	Data Use
6.1	<p>What outputs will be monitored and aggregated?</p> <p>How will double-counting of users be avoided?</p>	<p>Consultation meetings to:</p> <ol style="list-style-type: none"> 1. Define output indicators using requirements for specifying indicators 2. Use unique identifier or other method to avoid double-counting 3. Develop system for data collection and aggregation 4. HIV Testing and treatment cascade 	<p>Use data to assess whether output targets were met</p> <p>Provide feedback to improve programs</p>
6.2	<p>How is service coverage (geographic, population) calculated and interpreted?</p> <p>What is the coverage for critical enabler interventions?</p>	<ol style="list-style-type: none"> 1. Analysis of service delivery data and results of quality assessments to map geographic coverage 2. Population coverage calculation using service delivery data or/and surveys 	<p>Use coverage indicators to identify gaps in coverage that need to be addressed to ensure targets are achieved and needs are met</p>
6.3	<p>What are the trends over time for outputs, service availability, the enabling environment, coverage and the testing and treatment cascade?</p>	<p>Tabulate and graph indicators from Steps 6.1 and 6.2 for each period collected.</p>	<p>Output and coverage indicator data from surveys and service delivery data as collected over time.</p>

HANDOUT 7 - MODULE 2 ACTIVITY 5: MEANINGFUL INVOLVEMENT OF TRANSGENDER PERSONS THROUGHOUT THE GRANT CYCLE

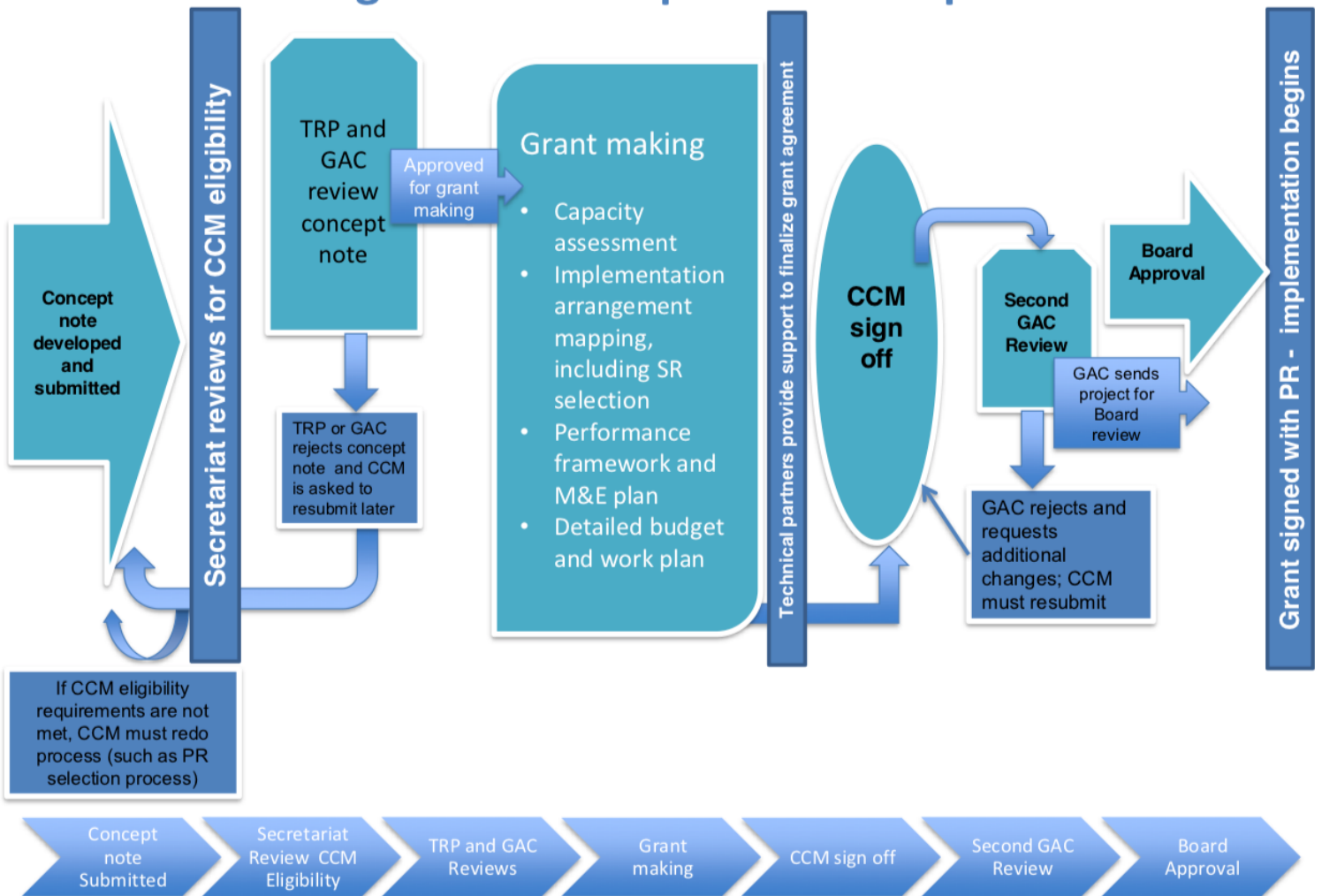
The key steps in the grant making process and civil society role at each step

<u>Grant making activities</u>	<u>Community and Civil Society Role</u>
Map implementation arrangements wherein all of the participants in the grant are identified (PRs, SRs, and SSRs) and their roles, responsibilities, and funding levels are specified.	It is important that community and civil society review the implementation arrangements in detail to ensure that the programming arrangements match the plans articulated in the Funding Request. Monitor any changes in the choice of PR and the SR selection process.
Carry out capacity assessment to determine if the nominated PR meets the minimum standards to manage the proposed grant including: monitoring and evaluation, procurement and supply chain management, financial management, and program management including SR management.	The results of the capacity assessment tool (CAT) can be reviewed to ensure that the assessment is accurate and reflects the intention of the Funding Request. Note: when a PR is found lacking in a specific area, the Global Fund can request technical support or recommend subcontracting grant implementation such as procurement activities to a third party.
Finalize the detailed budget and work plan and associated list of health products. The work plan containing grants implementation milestones and specific actions to address capacity gaps and to tackle any risks identified. The budget provides a costing for all project inputs and activities.	The most urgent documents to be reviewed are the detailed work plan and budget. The PR develops the work plan, often with input from technical partners. Review the work plan to ensure activities planned in the Funding Request are included and review the budget to confirm whether sufficient money is allocated to these activities.
Agree on a Performance Framework that includes the M&E plan, baseline, performance targets, indicators, and measurement methodologies.	The performance framework will follow the work plan and budget; however, if, on review, the targets specified in the Funding Request are not included in the performance template there will be reason to raise this concern with the CCM.
Finalize the Applicant Response Form, in which the applicant describes how they have addressed any comments or issues raised by the TRP/GAC in the Funding Request Review and Recommendation Form.	The Applicant Response Form reports on how all the comments from the TRP and GAC have been addressed in the grant-making process. The form should be reviewed to make sure all concerns relevant to community; rights and gender have been addressed.

HAND-OUT 8 - MODULE 2 ACTIVITY 5: MEANINGFUL INVOLVEMENT OF TRANSGENDER PERSONS THROUGHOUT THE GRANT CYCLE

Understanding how the elaborate process of Grant Making works for you

Grant Making: From concept note to implementation



HANDOUT 9 - KEY POPULATIONS: A DEFINITION

Key populations in the context of HIV, TB and malaria are those that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized. Definitions of key populations for the three diseases are provided in the breakout box.

Key populations in the HIV response: Gay, bisexual and other men who have sex with men; women, men and transgender people who inject drugs, and/or who are sex workers; as well as all transgender people are socially marginalized, often criminalized and face a range of human rights abuses that increase their vulnerability to HIV.

Key Populations in the Tuberculosis Response: Prisoners and incarcerated populations, people living with HIV, migrants, refugees and indigenous populations are all groups that are highly vulnerable to TB, as well as experiencing significant marginalization, decreased access to quality services, and human rights violations.

Key Populations in the Malaria Response: The concept of “key populations” in the context of malaria is relatively new and not yet as well defined as for HIV and TB. However, there are populations that meet the criteria outlined above. Refugees, migrants, internally displaced people and indigenous populations in malaria-endemic areas are often at greater risk of transmission, usually have decreased access to care and services, and are also often marginalized.

People living with the three diseases: All people living with HIV, and who currently have, or have survived, TB, fall within this definition of “key populations”. Given that in some countries, a substantial proportion of the population has malaria, and the impact is not linked to systematic marginalization or criminalization, people who have had malaria are not included in this definition. Stigma and discrimination toward people living with HIV is a major impediment to improving health outcomes. Such stigma particularly affects sex workers, drug users, transgender people and men who have sex with men who are living with HIV and/or TB.

The Global Fund also recognizes vulnerable populations - those who have increased vulnerabilities in a particular context, i.e. adolescent/women and girls, miners and people with disabilities.