

Building the capacity of trans communities to provide Monitoring and Oversight of Global Fund Processes in Peru



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Participants: 15 local trans activists

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ACRONYMS

AHF	AIDS Healthcare Foundation
AIDS	Acquired Immune Deficiency Syndrome.
CCM	Country Coordinating Mechanism
CDC	National Center for Epidemiology, Prevention and Control of Diseases
CERITSS	Specialized Reference Centers for STI / HIV / AIDS

CONAMUS	National Multisectoral Health Coordination
COREMUSA	Regional Multisector Health Coordination
CRG	Communities, Rights and Gender
DALY	Disability-adjusted life year
DPVIH	Directorate of Prevention and Control of STIs, HIV/AIDS and Hepatitis B
ENAH0	National Household Survey
ESNITSS	National Health Strategy for STI and HIV / AIDS control
GAC	Grant Approval Committee
GDP	Gross Domestic Product
GF	Global Fund
HAART	Highly active antiretroviral therapy
HIV	Human Immunodeficiency Virus
INEI	National Institute of Statistics
INS	National Institute of Health
IRGT	International Reference Group on Trans*
LGBT	Lesbian, Gay, Bisexual and Transgender
MCC	Community Coordination Mechanism
MDG	Millennium Development Goals
MEF	Ministry of Economy
MINSA	Ministry of Health
MSM	Men who have sex with men
NGO	Non-Governmental Organization
PEM	National Strategic Plan
PLWHIV	People Living with HIV
PPR	Project by Result
PR	Principal Recipient (GF)
SIS	Comprehensive health insurance
STI	Sexual Transmitted Infection
TB	Tuberculosis
TGW	Transgender Women
TRP	Technical Review Panel (GF)
UAMP	Periodic Medical Care Unit
UNGASS	United Nations General Assembly Special Session

EXECUTIVE SUMMARY

The HIV epidemic in Peru is confirmed as concentrated in two key populations: men who have sex with men (MSM) and transgender women (TGW). Regarding this finding, numerous studies have also identified these populations as the most affected by the epidemic, with an estimated prevalence for both populations between 10 and 24%.¹

The last Sentinel Surveillance in 2011 shows an incidence in MSM under 25 years old that confirms an increase since 2002 from 6.2 to 9.6.² For gay men and other MSM, the 2011 Sentinel Surveillance found 12.4% prevalence, and 20.8% (104/500) for TGW, with a general incidence in the trans population of 9.07/100 persons per year, which shows that this community continues to be the most affected by HIV.³

Institutional Responses of the Country

Three years after the appearance of the first case of AIDS in 1983, the Ministry of Health (MINSA in Spanish) assumed the challenge of tackling the epidemic by forming a multisectoral commission to fight HIV and AIDS. After UNGASS 2001, and the creation of the Global Fund (GF), which offered financing to low and middle-income countries to strengthen the response against HIV, TB, and malaria, Peru established a Country Coordinating Mechanism (CCM) called CONAMUSA (acronym in Spanish). The multisectoral membership of CONAMUSA was composed of government officials, civil society, affected and key populations and cooperating agencies. In 2004, the National Health Strategy for the Prevention and Control of Sexually Transmitted Infections and HIV-AIDS (ESNITSS in Spanish) was established. In 2017, the ESNITSS became the Directorate for the Prevention and Control of HIV, STIs, and Viral Hepatitis (DPVIH), although many of the policies implemented by the ESNITSS has continue, despite the change in name.

Community-based organizations play a crucial role in building democratic societies, as they have to be involved in monitoring social, legal and economic policy environments. Transgender organizations should play an active and significant role in the processes of decision-making. In this sense, it is necessary to strengthen trans organizations in all essential areas for GF activities at the national level; strengthening the capacity of national transgender organizations and building peer-to-peer knowledge sharing; encouraging evidence-based programmatic interventions and policies based on needs of the transgender community; and informing funding transition preserving investments to strengthen transgender communities. GATE launched a proposal to facilitate the training of a monitoring tool for transgender organizations to play a watchdog role in GF processes in Peru. This report summarizes the training and includes two case studies.

¹ Clark J.L., Konda K.A., Silva Santisteban A. et. al. *Sampling Methodologies for Epidemiologic Surveillance of Men Who have Sex with Men and Transgender Women in Latin America: An Empiric Comparison of Convenience Sampling, Time Space Sampling, and Respondent Driven Sampling*. AIDS and Behavior. DOI 10.1007/s10461-013-0680-0. Published on line 2013.

² Coordinadora Nacional Multisectorial en Salud, Fondo Mundial de Lucha Contra el Sida, la Tuberculosis y la Malaria, CARE – PERU. Informe final: Estudio de Vigilancia Epidemiológica de ITS y VIH en Hombres que Tienen Sexo con Hombres Comparando las Metodologías de Reclutamiento: Muestreo por Conveniencia, Muestreo por Tiempo y Espacio y el Muestreo Dirigido por Participantes. Lima, 28 de Noviembre de 2011

³ *ibid*

INTRODUCTION

The Situation of HIV and TB in Peru

According to the Spectrum model (UNAIDS 2017), in recent years the epidemic would have stabilized in the general population, estimating the number of people living with HIV (PLWHIV) at 72,000 (58,000-100,000) and 2,800 (1,700 - 5,200) new HIV infections per year. The annual number of new cases of AIDS decreased substantially after 2005 due to the universal incorporation of the Highly Active Anti-Retroviral Therapy (HAART) at national level. The mortality rate was estimated at 4.6 per 100,000 inhabitants in 2015. According to the estimate of people diagnosed at any stage of the disease, by the year 2017 there would be 56,074 PLWHIV diagnosed in the country. However, there is a tendency to increase the male/female ratio of HIV cases (from 2.4 to 3.7) and AIDS (from 3.1 to 4.0) reported in the last 12 years, explained by an increase since 2014 of new cases diagnosed through sexual transmission, especially among young men.⁴

About the social determinants of HIV in Peru, the following can be identified:

- a) The relative youth of the Peruvian population: Of the approximately 30 million people living in the country, 27.3% are young people;⁵
- b) Poverty: The National Household Survey (ENAH0 in Spanish) states that in 2012, 25.8% of the population is poor, which would significantly affect children and adolescents. Thus, it is estimated that 24.4% of the adolescent and young population live in some form of poverty and, therefore, have fewer opportunities for personal development;
- c) Education: Among the population aged 15 to 29 years, only 61% has reached secondary level education (INEI).⁶

Currently, the participation of relevant sectors in the delivery and improvement of the HIV response continues, such as the State sector, to be led by the Ministry of Health with the operational participation of the DPVIH, the National Institute of Health (INS), the National Center for Epidemiology, Prevention and Control of Diseases (CDC); and Civil Society organizations (CSOs), including organizations of key and affected populations,⁷ NGOs and international cooperation.

In Peru, CONAMUSA is the Country Coordination Mechanism (CCM) that, with the participation of state and non-state entities and organizations, leads the decision-making related to HIV/AIDS, Malaria and Tuberculosis, included the GF donation agreements, under the technical and functional rectorate of the Ministry of Health, who chairs it. Since 2013, the

⁴ Take into account that when talking about "young men" it could also be talking about trans women, since in Peruvian statistics only the binary characterization "man / woman" is considered from the sex assigned at birth.

⁵ INEI. Estado de la Población Peruana 2017. Disponible en:.

⁶ Encuesta Nacional de Hogares (ENAH0), 2012. Informe tecnico de la Evolucion de la pobreza, 2007-2012. Disponible en: http://www.inei.gob.pe/DocumentosPublicos/Pobreza_InformeTecnico2013.pdf (Citado en: Análisis de la Situación Epidemiológica del VIH/SIDA en el Perú. Ministerio de Salud-Dirección General de Epidemiología 2013).

⁷ Unfortunately, there has been no trans representation, throughout the period, which has meant a deficit in the participation and monitoring of this key population in the Global Fund projects

GF has been implementing a new funding model with the objective of improving the results of the actions that are carried out in each country of the region. In April 2015, a competition for the selection of the Principal Recipient (PR) of the national HIV proposal was held, to manage the funding during the 2016-2019 period.

Furthermore, in Peru there is a National Strategic Plan (PEM 2015-2019), which has been built from the active participation of sectors including civil society, affected population and key populations. Currently, the new PEM 2019-2022 is in the final stages of approval at the highest level of Peruvian governance. At the same time, the activities of the Concept Note *"Expansion of the national response to HIV in key and vulnerable populations in urban areas and the Amazon region of Peru"* are being finalized by Pathfinder International as the current PR, as from July 2019, Care-Peru will take over the role of PR of the funds, an indicator that we are in a period of transition from the activities of the GF in Peru.

The Funding Landscape in Peru

In 2001, the developed countries and the leading international financial foundations created the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GF), aimed at supporting developing countries in strengthening their national responses to such epidemics. In 2002, Peru applied to the second call, obtaining approval for the proposal entitled *Strengthening of the prevention and control of AIDS and Tuberculosis in Peru* for a total of US\$50 million, of which US\$23 million corresponded to the HIV component. In 2005, it applied to the fifth call, obtaining funding for HIV and tuberculosis, with the proposal: *Closing Gaps: Towards the Achievement of the Millennium Development Goals in TB and HIV/AIDS in Peru* – a proposal with a decentralized, participatory and multisectoral approach (2007-2011). In 2006, the country applied for the sixth call with a proposal on HIV/AIDS Multisectoral National Plans: *Integrating Resources for the Fight against HIV / AIDS in Peru*, which also received funding from the FMSTM (2008-2012). This proposal was based on the 2007-2014 PEM. In 2010, it applied for Round 10, with the proposal: *Building social capital to prevent HIV and improve access to comprehensive health care without transphobia or homophobia for trans and gay/MSM in Peru*. This proposal was funded, with two main recipients: INPPARES (NGO) and PARSALUD (Ministry of Health). Unfortunately, the work with the public sector was hampered by the incompatibility between the internal public standards and those of the GF. Due to the considerable delay in the execution, and based on the proposal of the GF, CONAMUSA and the GF agreed to suspend the program. The unspent funds were accumulated with the full amount potentially available for Peru based on the submission of a Concept Note, under the new GF funding model. Finally, in 2016, the country sent a Concept Note on HIV: *Expansion of the national response to HIV in key and vulnerable populations in urban areas and in the Amazonian region of Peru*, which was funded for the period 2016-2019, with Pathfinder International as the PR.

The primary source of HIV funding, as of 2009, the year in which the first period of contributions from the GF was closed, has been the public sector, mainly assigned to anti-retroviral treatment. Between 2005 and 2009, the primary source of funding was the

international sector through grants from the GF in three rounds of financing: 2nd Round (2004 - 2008); 5th Round (2005 - 2009); and 6th Round (2006 - 2010).

Unfortunately, we don't have any up-to-date information on funds spent on AIDS since the analysis carried out by UNAIDS in 2013. During this period, spending on HIV represented approximately 0.14% of the total health expenditure, and HIV generated 1.8% of DALYs (Disability Adjusted of Life Years) of the country. Likewise, HIV was ranked 13th among the leading causes of death in Peru. The investment of the GF that Peru received since 2004 has been replaced in recent years, in part, by public resources allocated to the TB/HIV budget. This budget is allocated to the regions with the most significant burdens of this disease.

In the Budget by Results (PPR), a methodology for deciding allocation of the public budget, which the State has used since the second decade of the millennium (≈ 2010), it sought to influence changes in the level of health results. Specific interventions with epidemiological impact on certain populations were identified to reduce the incidence of HIV/AIDS. The budget of each of the regions depends on the regional budget and the national budget assigned to MINSA by the Ministry of Economy (MEF). However, each regional government has the autonomy to decide how much of this budget is assigned to HIV. Since the approval of the TB/HIV PPR budget program, Peru is becoming less dependent on international funding. The contribution of NGOs such as AHF and other investments from the NGO sector does not constitute a significant figure in Health Spending. Currently, the amounts assigned to the Concept Note of the GF in this new funding model doesn't exceed US\$12,000,000 which constitutes a small amount of funding of the investment made, or which should be made, towards HIV/AIDS healthcare by the State.

For example, spending on prevention aimed at key populations has not had a significant increase; even in 2012, there was a gap in coverage and financing for key populations, compared to that assigned to mother-child transmission. Likewise, regarding the distribution of condoms for 2012, the highest percentage of condoms was destined to decrease mother-child transmission (19.1 million condoms), followed by the general population (10.3 million condoms). Conversely, the distribution of condoms for the MSM population was in 4th place (4.8 million condoms). It is impossible to know if this has changed four years later; since we don't have the necessary information.

The Situation of Trans Persons in Peru

Using the technique of measuring the population size called Network Scale-Up, Segura et al⁸ determined an estimate of 22,456 trans women in Peru. This information is essential for the development of future interventions with this population. However, this study, dating from 2010 needs to be updated to reflect current population levels.

⁸ Eddy R Segura, Carlos F Cáceres, Mary Mahy, Peter Ghyos, Rob Leyrla, Matthew Salganik. Estimating the size of populations of men who have sex with men, transgender people and people living with HIV/Aids in Lima, Peru: An study using the Network Scale-Up Method. USSDH – UPCH. Policy Brief distribuido en la Conferencia Internacional de SIDA en Viena, 2010 (Not published)

Studies in the last 10 years have shown the seriousness of the burden of HIV morbidity among TGW, who are in urgent need of prevention, treatment and care services.⁹ At present, despite having a specific technical norm (980-2016/MINSA) and having, for a few months a consulting room adapted to the needs of TGW in the Arzobispo Loayza Hospital in Lima supported by AHF, the urgent needs for comprehensive health and HIV for this population throughout Peru have not yet been achieved. It is also necessary to remember that, for a long time, TGW appeared in research as part of the MSM population without their specific needs concerning the HIV/AIDS epidemic being addressed.

The prevalence of HIV in the TGW population in the last Sentinel Surveillance reached 20.8% (104/500) and the incidence was 9.07 per 100 people/year, which reveals that the prevalence and incidence of HIV is higher among TGW compared to other populations.¹⁰ Another study, published in 2011, used RDS (Respondent Driven Sampling)¹¹ and recruited 420 TGW in Lima to determine the HIV prevalence, socio-demographic characteristics, the processes of body transformation and sexual behaviors of this population. Unfortunately, there is no updated data since then regarding the epidemiological situation of the trans population.

The table below presents the most relevant data:

Variable	N	Raw %	adjusted %	95% CI for adjusted %
Type of job				
Sex Worker	304	72.9	63.9	56.3-73.7
Hairdresser	72	17.3	27.9	18.2-34.9
Commercial and services	15	3.6	4.0	1.6-7.0
Salaried employee	16	3.8	3.2	1.5-5.8
Other	10	2.4	1.9	0.3-2.4
Is transitioning/has transitioned physically				
Yes	335	76.0	69.8	60.4-77.4
No	106	24.0	30.2	22.6-39.6
Condom used during last sexual intercourse				
Yes	340	77.5	75.1	68.4-81.9
No	94	21.4	24.5	17.7-31.2
Prevalence				
HIV	130	29.8	29.6	22.6-38.7
Herpes 2	354	81.2	79.4	74.2-86.7
Syphilis	97	22.5	22.9	16.5-26.9

This data confirms that TGW are the group most affected by HIV in Peru, where 3 out of 100, have contracted HIV. In this population, several structural factors explains their vulnerability (exclusion and transphobia among others), as well as individual factors such as self-stigma, gender models and the relationships they establish with their partners. Additionally, it is imperative to work with the younger populations of TGW.

⁹ Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infect Dis.* 2013 Mar;13(3):214-22. (Citado en: Análisis de la Situación Epidemiológica del VIH/SIDA en el Perú. Ministerio de Salud-Dirección General de Epidemiología 2013)

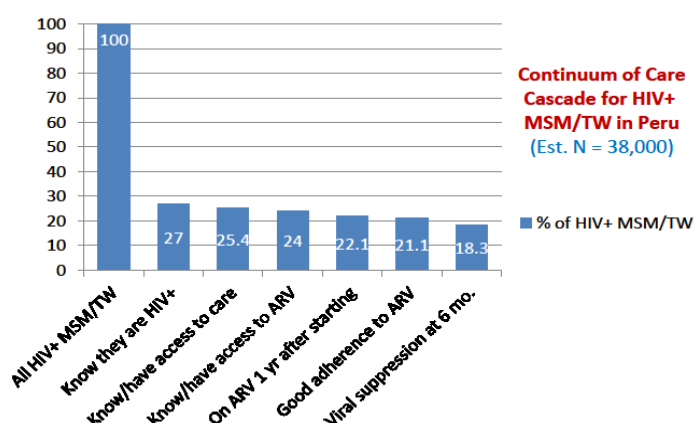
¹⁰ Coordinadora Nacional Multisectorial en Salud Fondo Mundial de Lucha Contra el Sida, la Tuberculosis y la Malaria, CARE–PERU. Estudio de Vigilancia Epidemiológica de ITS y VIH en Hombres que Tienen Sexo con Hombres Comparando las Metodologías de Reclutamiento: Muestreo por Conveniencia, Muestreo por Tiempo y Espacio y el Muestreo Dirigido por Participante. Noviembre 2011

¹¹ Understanding the HIV/AIDS Epidemic in Transgender Women of Lima, Peru: Results from a Sero-Epidemiologic Study Using Respondent Driven Sampling. Alfonso Silva-Santisteban, H. Fisher Raymond, Ximena Salazar, Jana Villayzan, Segundo Leon, Willi McFarland & Carlos F. Caceres. *AIDS Behav* DOI 10.1007/s100461-011-0053-5. 2011

It is entirely probable that this group has benefited the least from GF interventions. Structural barriers (discrimination, self-exclusion) have not allowed them to specify their needs for access in order to reduce their risk of infection. These limitations to structural access limitations for TGW (extreme social exclusion with low access to health and education, internalized transphobia, sex work as the main activity, associated with the use of substances), prevent interventions from reach them. The findings of a study on Sexual and Reproductive Health in PLWHIV¹² show that there is no direct referral for screening for STIs in the HAART services, nor examinations for collateral diseases such as prostate or anal cancer.

The gender and sexual diversity approach are absent in the health services, particularly the provision of differentiated services for TGW, such as being outed in spaces accessed by the general population, with stigma and discrimination contributing to the likelihood of their confidentiality being breached by healthcare professionals and support staff. These circumstances affect how these communities approach the services.

An analysis of the Continuum of Care among MSM and TGW in Peru¹³ found that the most significant barriers along this continuum are the low rates of access to HIV testing. It was estimated that only 27% of diagnosed persons knew their status and only 18% of MSM and TGW achieve viral suppression (see graph). These figures reveal the need for active promotion and facilitation of tests among MSM and TGW, to improve the knowledge of their serostatus; as well as mechanisms to ensure access to treatment and implementation of measures to prevent people from disappearing before or after starting treatment.



Stigma and discrimination are still significant issues in Peru. TGW often suffer human rights violations motivated by hatred and contempt. Efforts to generate enabling environments for the protection of their human rights in the context of HIV are essential in order to reach this population.

¹² Diagnóstico del Acceso a Servicios y Programas de prevención y de Salud Sexual y Reproductiva por parte de las Personas Viviendo con VIH. Ximena Salazar Jorge Luis Maguiña, Jana Villayzán, Pablo Anamaria. IESSDEH, RedTrans, Peruanos Positivos, ONUSIDA, UNFPA. 2012

¹³ Caceres CF, Konda K, Silva-Santisteban A, Salazar X, Leon S, Romero L, Klausner J. Continuum of Care Estimations in the Peruvian HIV Concentrated Epidemic. Abstract submitido a CROI 2014.

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.

La Red Nacional por los Derechos de las Personas Travestis, Transgéneros y Transexuales del Peru, in English The National Network for the Rights of Transvestite, Transgender and Transsexual People of Peru, also known as RED TRANS PERU, is an NGO for trans women.

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 more effectively engage in, and contribute to, the development, implementation and oversight of Global Fund supported programs.

OBJECTIVES

General Objectives of workshop/training

To implement the GATE Monitoring and Oversight Tool for Transgender communities in Peru to strengthen their capacity to play a more effective role in the Global Fund processes in country.

Specific Objectives of workshop/training

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

This process was conducting using a didactic, interactive and evidence-based approach. Key topics that were covered successfully included: 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 was highly interactive and participant-centered. The methodology included the opportunity to learn through the sharing of relevant and critical information, small group sharing, role-playing and discussions, as well as plenary sessions.

OVERVIEW OF THE MONITORING AND OVERSIGHT TOOL APPLIED

Purpose

This Monitoring Tool and accompanying Training Guide has been created to facilitate the process in which transgender communities and organizations 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 people are able to keep national, regional and global mechanisms accountable to ensure that the populations that need most are benefitting from this financial mechanism.

Audience

The primary targets for this tool are transgender people including organizations that work with and for transgender communities. Trained facilitators within the transgender community can also use it. 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.

Application of the Tool and Training Guide

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.

SYNOPSIS OF THE PROCESS & FINDINGS

DAY 1

Participants

The session started at 9:00 at the La Faraona Hotel in Lima-Peru. There were 15 participants: 13 TGW, 10 from Lima and 5 from other regions. Additionally 2 trans men from Lima were invited. The workshop was facilitated by Jana Villayzán, leading member of the Trans Peru Network and IRGT board member. Clara Sandoval, from the Universidad Peruana Cayetano Heredia, took notes. Erika Castellanos, GATE's Director of Programs, and Katia, a Puerto Rican TGW in charge of administrative and logistical matters, were also present.



Activities

Activity 1: Overview of the session

Welcome and Code of Conduct:

The facilitator introduced the rules of conduct for all participants and shared objectives of the GATE project and agenda for the two days of the workshop, explaining that it is based on the Monitoring and Oversight Tool for Trans Communities of GF processes.

Presentation: The Monitoring and Oversight Tool for Trans Communities

The facilitator explained the purpose of the Tool: to facilitate the process of participation of trans communities and organizations in such a way that TGW can play a fundamental role in the Monitoring and Oversight of Global Fund processes.

The facilitator explained that the problem regarding trans inclusion is very complex, as most TGW in Peru do not have access to education. She explained that during the workshop the intention is to analyze the national situation of the HIV response of Trans people and their participation in GF processes. An assessment of the critical issues regarding problems faced by trans people will be made, also incorporating trans men.

Agenda and Participants Expectations

The facilitator proceeded to explain what they are doing during the workshop and their primary objectives:

- To get more information about trans people, and their health conditions relating to HIV and Tuberculosis.
- To increase the knowledge of Peruvian trans communities about the critical elements of meaningful participation in the Country Coordinating Mechanism (CCM) and throughout the grant cycle to effectively perform the Monitoring and Oversight function.

Each participant was asked to introduce their name and give their reason for choosing it, to highlight the importance of being called by their feminine or masculine name and the different circumstances in which they chose it.

Activity 2: Presentation of GATE

Erika Castellanos, the representative for GATE, explained what GATE does and the main goals of the organization. She described key actions and contribution to trans and intersex movements at the global level. Additionally, she describes GATE's involvement in the international response to HIV, TB, and malaria; especially the expansion of the participation of TGW living with HIV

She stated that it is essential for GATE that the decisions of the GF projects actively involves the most vulnerable and affected organizations such as the trans community in decision-making processes. The GF offers funding and provides job opportunities. What GATE wants is for communities to participate in the decisions of the GF and to know how GF money is used; which requires providing them with the tools to perform monitoring and oversight of how money is allocated and spent.

She concluded that, at the end of the workshop, a Technical Request would be created, written by the participants to the GF for funding specific to the trans community in Peru.

Activity 3: Regional and National Global Fund projects, which include transgender communities

The facilitator explained what the Global Fund represents and its four basic principles:

1. Association
2. Country Ownership
3. Performance-based funding
4. Transparency

She stated that the Workshop is focused on two principles: Country Ownership and Transparency, explaining each principle in depth.

Activity 4: The CRG (GF Secretariat for Community, Rights, and Gender)

The facilitator explained what the CRG is and its primary goal: to support actions that place affected communities in the center of the AIDS, TB and Malaria responses. She specified that trans leadership is very important for inclusion in the global HIV response, and continued by describing GATE's CRG Strategic Initiative Project, which focuses on developing the skills and capacities of trans communities to effectively engage in GF projects and activities to address HIV, Malaria, and Tuberculosis.

Activity 5: Participation of Indira Huilca, Peruvian Congresswoman

The congresswoman explains her presence in the workshop and her commitment to the struggles of transgender communities and the Gender Identity Law. Participants intervene actively in discussion with her.

Activity 6: Module 1 – Global Fund

The facilitator explained what the GF is, with use of PowerPoint slides showing important information from the Monitoring and Oversight Tool, then described the process for countries to apply to the Fund.

During this session, the facilitator asked participants work in a group to discuss the participation of the TG community in the processes of the GF at the country level with the following question:

1. What do we know about GF?
2. How significant has this participation been?

This exercise allowed participants to look at the erroneous or correct information that is based on what was explained in the morning session.

Activity 7: Module 2 – Meaningful Involvement of transgender persons throughout the Grant Cycle

The facilitator highlighted the conditions for receiving funding, stating the importance of the country dialogues, in which transgender persons must participate, where the priorities of the three diseases - HIV, Tuberculosis, and Malaria - are decided, the Strategic Plan is developed, and the next steps are decided upon.

The facilitator explained that meaningful participation is much more than inviting or including community groups to a meeting, with a checklist of good practices for community sector participation to be adhered to.

The following information was highlighted and explained:

- Representation includes monitoring that the needs of the community are present in the proposal and in the implementation of the Projects.

- Representatives of the Community must have the skills and capacities to carry out their work. It is vital to select representatives who have the necessary skills, commitment, and support for active participation.
- The new GF funding model encourages all stakeholders, especially civil society organizations and those representing key populations, to have meaningful involvement in CCMs.
- The GF encourages investment in unmet needs for prevention, treatment, care, and support of key populations. Organizations can use existing innovative consultation processes to ensure that the needs of the groups are identified and communicated to the representatives in an appropriate and timely manner. Based on this communication, priorities can be developed.

During this session, participants engaged in role play on the question “How to convince the CCM that your Trans Proposal is good?”, developing a proposal to the GF Board.

All the groups raise essential points about this issue:

- To develop a Technical Standard for attention to TG People including TG Men
- To train doctors and health providers on TG community priority issues for both trans men and trans women
- To promote the Gender Identity Law by taking advantage of the relationship between the GF and the State.
- Training and sensitization for Health Providers on the topic of hormones. It is critical that the entire health system is sensitized and trained in the TG population health needs.
- Give impetus to the Gender Identity Law, to be able to promote this Law because it is necessary for the trans community to be able to live with dignity.

After the role play, the facilitator explained issues around ensuring that the members of the community are well represented, highlighting that the representatives have a responsibility to keep their constituents (members of the community) informed about their actions, to consult with them before decision-making processes, and to receive comments on their proposals before the CCM meetings. Representatives must be prepared for CCM meetings and ensure that assigned tasks are accomplished, be heard at the CCM, clearly formulate requests focused on the impact of the disease, rely on evidence, and realistically align GF funding.

The facilitator explained that, in the new financing phase, greater participation of key populations, especially TG populations, is expected, as well as implementing the Monitoring of the country grant. She explained that the role of the CCM and its members is to represent their population as well as their organizations. The members of the CCM represent the needs of their population and therefore must ensure that the needs of their community are reflected in the Request for Funding. Once the funds are allocated, it is vital to ensure that it is implemented as proposed. Therefore, it is crucial to supervise the grant awarded by the GF and to monitor the conflicts of interest that CCM members could have.

DAY 2

Review of Day 1

Each participant was asked to summarize, in one sentence, what they worked on the previous day, then explain one thing they remembered from the Day 1 workshop.

Activity 1: Module 3 - Monitoring and Oversight

The facilitator explained the GF strategy and funding system, highlighting the necessity of the monitoring and evaluation systems to ensure that financing decision are based on transparent evaluation of the results based on the goals set, which always have specific deadlines.

The necessity of a good data system was highlighted for guiding strategic investment, to achieve better results in coverage and impact, for deciding on the routine disbursements and allocation of funds in each subsidized country, as well as in each project financed by the GF.

Participants worked in small groups to discuss questions related to the different steps in Monitoring and Oversight.

Group 1:

Services and interventions for trans women and their quality:

- Monitoring of input

Group 2:

Definition of the combination prevention program:

- Goals for the products, the coverage, the results, and the impact
- The proportion of MSM, TS and Trans people who receive services

Group 3:

Biological determinants and critical enablers of HIV transmission:

- Baseline estimates of the direct biological determinants and critical enablers of HIV transmission
- Quality monitoring

Each group presented their answers linked to the Peruvian reality:

- Resources and supplies
- Rapid tests
- Information materials
- Mobile brigades
- Community staff
- Links to care
- Sexual partner's care
- HIV services
- Community organizations involvement

Activity 2: Work Group on GF Projects in Latin America

The participants were asked to answer, in small groups, the following question:

“Do you know of any HIV project in which Peru has participated that benefits the trans population in the Latin American and Caribbean Region?”

The lack of knowledge about projects for the trans population in Latin America and the Caribbean was prevalent among the participants.

Activity 3: Group Work on the GF Technical Assistance Request

The participants were asked to list their main technical assistance requirements, with the following results:

Group 1

- TGW training in areas of financing, administration and project accounting
- Shelter for trans migrant women living with HIV
- Funding for medical transition, including surgeries

Group 2

- Technical assistance for transgender populations and organization members to guarantee the representation of TGW in the CCM

Group 3

- To help trans people to have the capacity and legitimacy to make decisions in the CCM

The facilitator highlighted that the GF would not cover all the recommendations, such as the surgery fund and the shelter, while noting that the professional training to promote TG populations in decision-making positions within CONAMUSA is possible.

Participants responded that it would be important for TG people to study accounting, administration, and economics. This could be achieved by incorporating various objectives to prepare persons who know how to represent their community and can give the necessary information to their constituents. The deficit of professional training within the trans community in Peru was acknowledged.

CONCLUSIONS AND RECOMMENDATIONS

1. Incorporate trans men into health projects, services and proposals to the GF. A strategy is necessary to address their lack of priority. It was suggested to make a protocol for trans women and men; that is, to include the entire trans community. Additionally, advocacy is needed for trans men.
2. It is necessary to take into account the different health needs, for example: prostate exams for trans women; pap smears for trans men.
3. Information campaigns are needed for other health needs of trans people, taking into account comprehensive health beyond STIs, hormonal treatment and HIV, including the effects of prosthesis and emotional and mental health.
4. In the case of young trans women, the services are not reaching them which represents an important oversight on the part of the Peruvian government: only when the Global Fund projects appear does the State remember trans youth.
5. It is essential to encourage health faculties to deliver a course on sexuality and gender as part of the curriculum in medical studies.
6. It is necessary to monitor and evaluate the work, take into account the results to strengthen the program institutionally and use this information to advocate for additional resources.
7. There is centralism in Peru that focuses resources and information in Lima, while forgetting the other regions.
8. There is a generational difference in the needs expressed by the trans community: young women expressed the desire to specialize in the administrative and financial management. However, despite the differences, we have been able to articulate in the proposal all the interests that were expressed.

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ANNEXES

Workshop Timetable/Agenda

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, the response to HIV, tuberculosis, transgender people and their participation in the processes of the Global Fund	Group activity
9:30 – 10:15	National and Regional Global Fund projects that include trans 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 Coordination Mechanism? What are CCM eligibility requirements and minimum standards? What is the role of the CCM representatives? Who are CCM civil society 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 participation of trans people throughout the grant cycle. Understand the grant cycle and being an important part of the country dialogues. Transparency and accountability - Effectively representing the trans community and your key populations constituency Active participation - Making sure you are listened to. Dealing with difficult situations and challenges.	Presentations 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 people	Presentation
9:00 – 10:15	Module 3: Key steps in monitoring programs for transgender people and other key populations	Presentation Small Group Work
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	Plenary - Presentation and discussion
11:15 – 12:15	How to use M & E results for advocacy and change for transgender communities inside and outside 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	Plenary - Presentation and discussion
2:30 - 4:00	Using the thematic guidelines for monitoring and advocacy	Small Group Presentations
4:00 – 4:30	Review and summary	
	SUMMARY AND CLOSING	