Strengthening Capacity of Trans Community Advocates in Uganda to Effectively Participate in Global Fund Country Processes

DATES: 17th -18th September 2020

Location: Sir Jose Hotel, Kampala – Uganda

Activity: 2-day Workshop

Facilitators: Niwagaba Nicholas & GATE representative

Participants: 17

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ACRONYMS

AMREF	African Medical and Research Foundation in Uganda
APCOM	Asia Pacific Coalition on Male Sexual Health
ART	Anti-Retroviral Therapy
CCM	Country Coordinating Mechanisms
CRG	Community, Rights and Gender
GF	The Global Fund to fight AIDS, Tuberculosis and Malaria
KP	Key Population
LFA	Local Fund Agents
LLIN	Long-lasting Insecticidal Nets
MoFPED	Ministry of Finance, Planning and Economic Development Uganda
MoH	Ministry of Health Uganda
MSM	Men who have Sex with Men
NCC	National Coordinating Coalition
NFM	Global Fund New Funding Model
NSP	National Strategic Plans
OIG	Office of the Inspector General
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PP	Priority Population
PWUD	People Who Use Drugs
PWID	People Who Inject Drugs
TB	Tuberculosis
TRP	Technical Review Panel
UAC	Uganda AIDS Commission
UNDP	United Nations Development Program
WSW	Women who have Sex with Women

EXECUTIVE SUMMARY

Uganda is a high disease burden country, ranked 5th and 6th globally for its malaria and HIV burden respectively. In 2017, nearly 14 million malaria cases were reported, while the number of people living with HIV was estimated at 1.3 million. Since 2015, Uganda is no longer one of the top 30 tuberculosis high burden countries, but it remains in the top 30 HIV/TB burden countries. Between 2015 and 2018, the country significantly improved its outcomes in fighting malaria and HIV in terms of prevention, diagnosis and treatment coverage.

As a result, a focus on delivering integrated TB/HIV services began in 2010. Between 2011 and 2017, the USAID-funded program Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) has resulted in a 13% increase (from 85% to 98%) in HIV testing and counselling for TB patients, and a 41% increase (50% to 91%) in initiation to ART for people with TB who test positive for HIV.

The incidence rate of HIV remains higher among all key populations, averaging about 4,300 new infections per 100,000. This excludes people who inject drugs (PWID), who have the highest incidence rate: about 18,000 new infections per 100,000. The incidence rate is considerably lower among general population groups, averaging about 940–1,400 new infections per 100,000 adults. Key populations—who constitute 5% of the population—contribute 21% of new infections annually (UAC/MoH Analysis of HIV Prevention Response and Modes of Transmission in Uganda 2014). A recent study conducted by UAC together with the MoH has come up with the following national size estimates for some Key and Priority populations: Sex workers – 130,000; MSM – 22,000; PWID – 7,500; and Fisherfolk – 730,000.

The Ministry of Health coordinates the HIV response in the sex work, transgender, MSM and PWID settings with several partners[1] supporting implementation of programs. Through a public health approach that ensures that all Ugandans exercise their rights to access health services, including Key Populations (KPs) and Priority Populations (PPs), progress has been achieved, including the development of the Health Sector Action Plan for Prevention of STI/HIV in Sex Work Settings (2012-2015), draft national guidelines for medically assisted therapy for people who use drugs (PWUD). Notable achievements also include training of health workers in KP-friendly services; training of peer educators and facilitating them to mobilize peers to access services and participate in program delivery processes; establishment of the Most at Risk Populations' Clinic at the STD Clinic at Mulago as a learning site; provision of Pre-Exposure Prophylaxis (PrEP); among others. Special Regional Hubs that provide dedicated HIV Services have been established and facilitated to support sex workers and other KPs.

While progress has been achieved in this area, several programmatic challenges currently exist including sub-optimal coverage of HIV prevention services with poor data capture mechanisms and reporting, especially for those who test positive for HIV and are enrolled into care. Scale up of comprehensive HIV prevention services is further constrained by national laws that criminalize sex work, homosexuality, and injecting drug use.

The sector wide implementation of KP- and PP-response at national level is faced with several national level programming challenges. A Programmatic Baseline Assessment for the intensified Implementation of HIV Combination Prevention in Six Districts of Uganda (2013)

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[1] Partners in Sex Work setting include: MOH and other government departments like MoLG, MoGLSD etc.; Bilaterals; Multilaterals and CSOs, CBOs, FBOs etc.

and a study Review Report on KP Profiles, Sizes and Program Coverage (2014) as well as the UAC size estimation report (2019) indicate several common gaps including:

1. Limited coverage of behavioral, biomedical and social-structural services with uneven distribution;
2. Lack of a comprehensive package and common program delivery tools to ensure standards in service delivery;
3. Constrained access to services by most KP and PP groups due to poorly linked care systems;
4. Inadequate coordination of services leading to duplication of services;
5. Absence of a commonly agreed harmonized KP and PP specific indicators and reporting tools leading to lack of program data to inform appropriate planning;
6. Lack of a commonly agreed framework that guides on central planning, resource mobilization, allocation and to establish who is accountable for what in the response;
7. Uncoordinated funding that leads to duplication of efforts and gaps from uneven distribution;
8. Limited focus on KPs and PPs by urban authorities despite the majority of hotspots being located urban and sub-urban areas;
9. Some KP subgroups, including PWID and transgender people are not included in key national strategic documents and there is limited data about their numbers.

The above common challenges present national programmatic gaps that need to be addressed at national, sector and decentralized levels through a commonly agreed programmatic accountability framework. A national partnership framework currently exists and needs to be fully utilized to address these common gaps.

KPs and PPs in Uganda bear a disproportionate burden of HIV and are more susceptible to the risk factors of HIV infection compared to other populations. Consequently, the National HIV and AIDS Strategic Plan (NSP) 2020/21 – 2024/25 and the National HIV Prevention Roadmap (2018-2030) give priority to these Key and Priority Populations. HIV prevention among these groups is also one of the priorities of the National Development Plan III. Uganda AIDS Commission (UAC) acknowledges all the effort that goes in to operationalizing these national level policy interventions by relevant government Ministries, Departments and Agencies, Local Governments, Development Partners and Implementing Partners. It is important to observe that while these efforts have contributed to the reduction of new infections and mitigation of impacts of the epidemic, Uganda still grapples with high numbers of new HIV infections and high HIV prevalence among Key and Priority Populations. HIV prevalence among fishing communities' averages between 23-35%, sex workers at 35%, and MSM at 13.7%. The current KP and PP programs are limited in geographical coverage, fragmented and duplication of efforts remains prevalent. Furthermore, there is lack of commonly agreed KP and PP targets at output, outcome and impact levels. Consequently, over the years Uganda has not satisfied the national and global reporting requirements on some Key Population indicators.

The Global Fund has assigned various grants totaling US $1,507 million in Uganda since 2003, covering HIV/AIDS, TB, malaria and health systems strengthening. 23 Overall disbursements have amounted to US $1,168 million. The majority of funds have been directed towards HIV (48%) and Malaria (44%). For the 2018-2020 funding cycle, US $478 million has been allocated to five grants of which US $131 million has been disbursed. Two Principal Recipients (PRs)

manage the implementation of the active grants. The Civil Society Organization The AIDS Support Organization (TASO) Uganda Limited manages the implementation of two active grants while the MoH acts as the implementing entity on behalf of the MoFPED for three other grants. The active grants in Uganda runs from 2018 to 2020 (NFM2).

INTRODUCTION

a) HIV, Tuberculosis and Malaria in Uganda

The Republic of Uganda is a landlocked country in East-Central Africa with a population of 40.8 million. With Gross Domestic Product (GDP) per capita of US $2,400 in 2017, Uganda is a low-income country, where almost a quarter of the population live below the national poverty line. The country is ranked 162 out of 189 countries in the UNDP 2018 Human Development Index, and 149 out of 180 countries in the Transparency International 2018 Corruption Perceptions Index. Administratively, Uganda is structured around a central government, with 128 districts responsible for planning, budgeting, hiring and managing personnel at district level. The national health system comprises 6,404 health facilities, 48% being government-owned facilities. Health facilities are categorized into 7 groups ranging from National or Regional referral hospitals to Health Center levels IV, III, II and I at parish and village levels.

The HIV program has matured, with various good practices including the implementation of a differentiated service delivery model and the use of an electronic management record system to monitor patients under Anti-Retroviral Therapy (ART). Uganda is close to reaching the first two of the UNAIDS 90-90-90 targets regarding people living with HIV (PLHIV) who know their status and HIV patients under ART. HIV/AIDS prevalence among the general population (adults 15-49 years old) is 5.9%. The HIV epidemic is concentrated among Key Populations, with 13% prevalence among MSM, 27% among PWID and 34% among sex workers (2017, UNAIDS). 95% of HIV-positive pregnant women receive ART for Prevention of Mother-to-Child Transmission (PMTCT). 78% of people living with HIV on treatment have viral load suppressed (2017, UNAIDS). AIDS-related deaths fell from 47,000 in 2010 to 26,000 in 2017 (UNAIDS) with 1.3 million people living with HIV, of whom 81% know their status. Among those identified as PLHIV, 89% were on treatment in 2017 (UNAIDS). Annual infections have decreased by 50% since 2010, with 50,000 new infections in 2017 (UNAIDS).

Malaria is endemic in Uganda. Its incidence rate declined to 201/1,000 people at risk in 2017 from 218/1,000 in 2015. Since 2012, the number of reported malaria cases has ranged between 13 to 16 million per year, Long-lasting Insecticidal Nets (LLIN) mass campaign distribution increased from 22 million in 2013/2014 to 26.5 million in 2017/2018, reaching 97.6% of the population in 2018, equal to 100% of the population at high risk of malaria. 88% of suspected cases were tested in fiscal years 2016/2017 compared to 76% in fiscal years 2015/2016, with 85% of confirmed cases being treated. Estimated deaths have remained stable since 2013 (14,000 per year). However, the quality of malaria case management at community level varies across the country.

There has been a decline in TB case notification, from 60% in 2013 to 53% in 2017 (WDI). Mortality rate increased from 20/100,000 in 1990 to 26/100,000 in 2017. 45,794 TB cases were notified in 2017 against an estimated 86,000 TB cases, with treatment coverage at 53%. The treatment success rate is 77% (new and relapse cases), remaining stable since 2012. Contributing factors include insufficient implementation of contact tracing, ineffective community case management, uneven and insufficient supervision and training, and the unavailability of tools and guidelines at health facilities.

b) The Funding Landscape in Uganda

Uganda's experience has shown that donor funding is not guaranteed, is unpredictable and is becoming less available. Additionally, funding often comes with conditions that may not be in accordance with Uganda's national goals.

Funding for Uganda's current National Strategic Plan (NSP) (2015/2016 to 2019/2020) is projected to require US $3,647 million. Care and treatment accounts for 55% of this, prevention interventions accounts for 23%, while social support and system strengthening account for 4% and 18% respectively. The cost of the NSP for the next five years is set against projected resources of US $2,868 million from domestic and international spending, which leaves a financing gap of US $918 million by the year 2019/2020. However, even this gap assumes that domestic funding will rise to at least 40% of the NSP requirements from the current 11%.

More effort needs to be made by Ugandan government to increase their domestic resource mobilization. In July 2014, the government passed a law establishing the AIDS Trust Fund to mobilize domestic resources for the national HIV and AIDS response. It is estimated that the government will contribute around USD $2 million each year towards the AIDS Trust Fund through money raised by taxing alcohol and bottled water. However, as of 2016, regulations for the Trust were still awaiting approval by parliament.

The concentration of donor funding for HIV among a very small number of international donors in Uganda suggests potential vulnerability should the magnitude of their change in funding commitments in the future.

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.

FEM Alliance is a lesbian, bisexual, transgender and queer organization which was established in 2011 by a group of trans people and lesbians who felt that the needs of the growing LBT/Q community were not adequately represented by the few minority groups organizations in Uganda. FEM Alliance exists to promote human rights and to restore human dignity of LBT/women who have sex with women (WSW) through education, personal development, advocacy and strategic partnerships, and hopes that the work they do contributes to a stigma-free Uganda where LBT/WSW enjoy equal rights, human dignity, respect and social justice.

Project Goal

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

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

OBJECTIVES

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

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

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

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

Specific objectives of the workshop included:

- Documenting the specific programming activities that the transgender community in Uganda would like to be covered under Global Fund grants and identifying the opportunities of engagement.
- Increasing the knowledge of the Global Fund process at the country level
- Opening communication channels to increase transparency and advocacy of trans community in CCM of Uganda.
- Identifying areas of continuous mentorship & support to strengthen participation for the Transgender people in the Global Fund in country processes.

METHODOLOGY

This workshop was a well facilitated discussion, enabling open dialogue to explore each Global Fund structure in-depth, and identify opportunities and strategies for engagement. It included 17 participants. The two-day workshop involved sharing, learning, strategizing and discussion. It also included presentations in plenary, facilitated breakout groups, and discussions in plenary.

A facilitator and rapporteur were hired to support the facilitation of this workshop by GATE. The facilitator used both projection, group discussion, individual participant led discussions for the workshop.

The workshop was hosted by Fem Alliance Uganda, directed by Jay Mulucha. It was facilitated by Nicholas Niwagaba, Executive Director of Uganda Network of Young People Living with HIV/AIDS (UNYPA) and is part of the Communities Delegation to the Board of the Global Fund to Fight TB, AIDS & Malaria and rapporteured by Elizabeth Kemigisha, who works with The Uganda Association of Women Lawyers (FIDA –Uganda) and also acts as a board chair of FEM Alliance Uganda.

SYNOPSIS OF THE PROCESS & FINDINGS

Participants

The activity was implemented on an invitation basis, where FEM Alliance identified leaders of trans organizations to invite. The institution ensured that there was a representation from both trans men and trans women organizations.

The workshop included 17 participants; 6 trans women, 1 cis woman, 1 bisexual woman, 8 trans men and 1 cis man. While there was a representation of trans leaders from the rural areas, there is a need to include more because they are more vulnerable due to being excluded from many spaces. This nature of engagement would greatly improve the lives of trans leaders in semi-urban and rural areas because, more often than not, they are totally cut off from the ongoing conversations and lack the capacity, both human and financial, to source this information on their own.

Activities

Presentation on the overview of the Global Fund by Niwagaba Nicholas

Nicholas began the workshop with an assessment of participants' understanding of Global Fund and it was clear from the discussion that not so many participants were aware of the different structures of the GFATM

He then started by sharing that GFATM was founded in 2002 and is 21st-century partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. He added that it is also an international financing organization that mobilizes and disburses additional resources to prevent and treat HIV and AIDS, tuberculosis and malaria and is, a

partnership between governments, civil society, the private sector and people affected by the diseases.

Nicholas also clarified that GFATM a financing institution, providing support to countries but does not implement programs. He added that they raise funds and invest in implementing countries and US$4 billion a year to support programs had been raised and of this, Uganda contributed US$ 2 million in the last replenishment cycle.

He added that GFATM supports programs based on national health strategies i.e. country priorities as defined in National Strategic Plans (NSPs).

Global Fund key principles

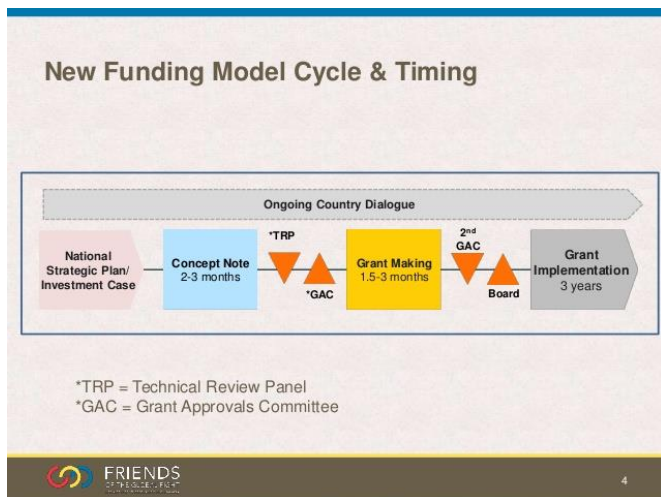Nicholas then took participants through the core principles of the Global Fund, which are:

- Partnerships: Between Governments, CSOs, communities affected, technical partners, private sector, faith-based organizations, and other funders to end the epidemics;
- Country Ownership: Taking into account political, cultural and epidemiological context to determine strategies defined in NSPs to fight the three diseases;
- Performance Based Funding: Based on verifiable results by the Local Fund Agent (LFA); and
- Transparency: in all its work from funding, funding decisions; grant performance, governance, oversight and audits by the Office of the Inspector General are openly published.

4.1 Global Fund and its evolution

The following was presented:

- Rounds Based Model – Rounds 1 to 10 - 2002-2010
  - Single track Financing
  - Dual Track Financing
  - Rolling Continuation Channel
  - Grant consolidation
  - National Strategy Application
- Transitional Funding Mechanism and Cancellation of Round 11 (2011)
- New Funding Model (NFM) 2012/4 to date

4.2 Participants then had a discussion on the new funding model

Facilitator explained that the Global Fund Strategy 2012-2016 sets out ambitious targets and focuses on the highest-impact interventions targeted at the key drivers of the epidemics and at the most vulnerable populations; bases funding on high-quality, country-owned national strategies; and strives to maximize the impact of Global Fund investments by working with all partners to strengthen health systems and improving the health of mothers and children.

The new funding model is critically important to the implementation of the Global Fund strategy. It has been designed to help the Global Fund invest resources more strategically, draw on partnerships to increase the quality of the programs it supports and incorporate lessons learned from the previous rounds-based system of funding. The new funding model enables the Global Fund, among other things, to:

- Establish a more cooperative and iterative process in terms of the interactions between the Secretariat and implementers, partners and other donors;
- Leverage more effectively the funding and expertise of other organizations;
- Create processes that are more flexible, and more aligned with the priorities and strategic direction of those who implement grants;
- Allow the Board to re-balance and give strategic direction to the organization's portfolio of investments;
- Focus funding on those countries with the highest needs and least ability to pay, while remaining global, and supporting the highest-impact interventions;
- Increase the Global Fund's ability to support national programs and continue to accommodate specific circumstances where project support is most appropriate; 2 The Global Fund Strategy 2012-2016: Investing for Impact, The Global Fund, 2011, Geneva.
- Provide incentives for both the creation of robust national disease and/or health sector strategies (national strategies) and investment cases, as well as the full expression of an applicant's quality demand.

The new model represents a shift in the way the Global Fund works and changes the way implementers access funding, turn funding requests into implementation-ready grants and then manage these grants. Nicholas explained that through the changes described above, the Global Fund strives to ensure that its financing is targeted to the most critical interventions, thus achieving the highest sustainable impact.
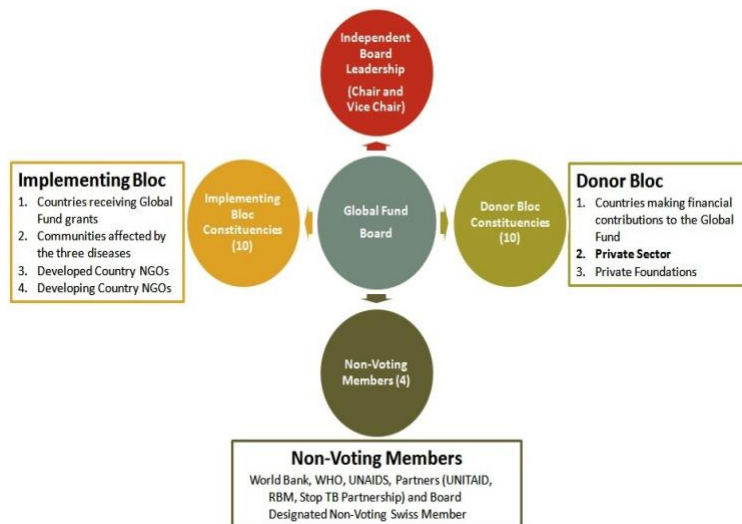
4.3   Global Funds Architecture by Niwagaba Nicholas

Nicholas explained that the Global Fund architecture is basically the design/style through which Global Fund does its work and the different bodies implements their roles .

He shared that the different bodies have key functions as shown below:

- Resource mobilization (Board);
- Funds disbursements (TRP & Secretariat);
- Monitoring (LFA);
- Accountability (LFA); and
- Audit (OIG).

Below is an illustration the facilitator used to explain the different roles

Nicholas explained the following

The board

- Mandated to set strategy governs the institution & approves funding decisions.
- Assesses performance; undertakes risk management, partner engagement, resource mobilization and advocacy.
- Membership is drawn from donor and implementer governments, CSOs, private sector and foundations and affected communities.

The Secretariat

- Hosts the staff of the Global Fund responsible for the day-to-day operations i.e. primarily managing grants.

Technical Review Panel (TRP)

- Independent health, development and finance experts that evaluates the technical merit of all funding requests.

Local Fund Agents (LFAs)

- Are independent consultants contracted by GF Secretariat to assess implementation capacities and verify results reported by Principle Recipients and Sub Recipients (SRs). They report directly to the Global Fund; and serve as their eyes and ears on the ground.

Office of the Inspector General (OIG)

- An independent body reporting directly to the Board; ensures the Global Fund invests effectively and the risk of misused funds.

4.4 Global Fund at country level

Key Functions

- Development of country proposals for HIV AIDS, TB and Malaria (CCM)
- Signing of grant agreement (Non-state and Government PRs)
- Oversight (CCM)
- Grant Implementation (PR in partnership with SR and SSRs)
- Programmatic and financial monitoring and reporting (PR in partnership with SR and SSRs)
- Country Coordinating Mechanisms (CCMs) facilitate GFATMs commitment to local ownership & participatory decision making.
- Members are drawn public and private sector namely governments, multi-lateral and bilateral agencies, NGOs, academic institutions, private business, and people either living or affected by the diseases
- Under the New Funding Model (NFM), CCMs have expanded roles and functions which they must comply to.
- Compliance is measured annually through Eligibility & Performance Assessments; a prerequisite to submission of a funding application

CCM functions

- Transparent and inclusive concept note development process; and approve any reprogramming requests;
- Open and transparent PR selection process;
- Development of an oversight plan and oversee grant implementation;
- Document the representation and participation of affected communities, Women, NGOs and Key Populations (KPs) on the CCM;
- Ensure representation of affected communities, women, NGO and KP members through transparent and documented processes;
- Develop, publish and follow a policy to manage conflict of interest that applies to all CCM members, across all CCM functions.
- Ensure linkages and consistency between Global Fund grants and other national health programs
- Meaningfully participate in NSP for each disease discussions at country level
- Convene stakeholders to engage in country dialogue and agree on funding split.

PRs = Principal Recipients

- PRs sign grant agreements and are responsible for implementation of grants.
- Under dual tracking of grants, each disease has two PRs, one representing the public sector (PR 1) and another the non-state actors (PR2)
- PRs implement grants in partnership with smaller & sometimes technical implementing organizations, known as sub-recipients SRs).
- Principal Recipients take on the financial as well as the programmatic responsibilities of the grant

Day 2 deliberations

Opportunities for Transgender persons to engage in Global Fund processes

The facilitator took the participants through the different opportunities at different levels for them to engage.

a) Country Dialogues

He shared that transgender persons can engage in country dialogues – which are critical opportunities for Trans involvement. He added that the CD's discussions form the basis of a country's concept note for a Global Fund grant, and trans people should be invited to participate, following the key considerations outlined below.

b) National Strategic Plan and/or investment case creation

He made reference to the new funding model noting that, the Global Fund is looking for NSPs or investment cases that are robust, prioritized and costed. NSPs should be created through inclusive multi-stakeholder engagement, and trans people representing different constituencies should be invited to participate in their development and updating. He added that Transgender community can advise on current gaps in prevention, treatment and care programs, and they can offer suggestions for long-term goals and indicators related to them. He also shared that they can also advocate for data disaggregation by age, sex, geographic location and key population. In addition to participating in the consultative NSP process, trans people can join drafting committees and the teams in charge of overseeing NSP implementation.

Another opportunity highlighted here is integrating transgender community into CCM because as the in-country convening Global Fund body, the CCM is an important space for Trans participation.

The facilitator shared tips as shown below on steps that can be undertaken to ensure effective Transgender participation on the CCM, depending on whether you already have a trans representative

He advised that, if you do not have a space reserved for a Trans representative, to:

- Create a space. Consider allocating at least one seat for a representative of the trans constituency. This will help ensure Global Fund grants address the needs of trans people affected by the three diseases.
- Ensure legitimacy and diversity. Set up a transparent process to identify an appropriate trans organization, including confirming that the organization is led by (and for) trans people affected by the three diseases.
- Ensure key information is easily available on an ongoing basis. Civil society representatives need access to epidemiological data, budgets, meetings minutes and other resources if they are to participate effectively.
- Identify mentorship and training opportunities. A Transgender representative need to understand how Global Fund processes work in order to participate effectively.
- Ask the Transgender representative what would best assist the knowledge-building process, and provide links to civil society CCM members, outside organizations and other opportunities for capacity building as requested.
- Be sure to share all necessary background reading, terms of reference, expected participation standards and other materials immediately upon selecting a representative, and consider holding an in-person training session for new CCM members that includes the trans representative.

If you already have a space reserved for a Trans representative, the facilitator advised:

- Assess if the Trans representative represents a constituency of trans people affected by one of the three diseases. Often, representatives of the trans community are other people representing KP-serving organizations or the governmental institution. However, their views may not adequately represent the ideas of trans constituencies. If this is the case, an additional seat should be created for a representative who will be selected through a transparent process led by a trans organizations.

c) Concept development

The facilitator shared with the participants that it is vital to include in the Global Fund concept note development programs that address the needs of Transgender people affected by the three diseases. For example, in countries with both generalized and concentrated HIV epidemics, objectives and programs focused on the general population—or on certain populations—can include specific strategies, activities and indicators for trans people.

He added that involving trans people in the concept note development can ensure the trans communities are taken into account in the final grant-making stages; Having specific research about transgender people and data disaggregated by age, sex and key population helps to create more effective, evidence-based proposals. If your country lacks age-disaggregated data and/or research on trans people, consider including activities for data collection and

analysis in the concept note, as well as operational research to facilitate data disaggregation for improved program planning in the future and, an overall strategic investment approach applies to trans people too. To ensure programs have desired the impact, only evidence.

d) Grant making

''Within the context of the Global Fund, grant-making is the step of transforming an approved concept note into a grant agreement that can be used for funding disbursements''. The facilitator opened this discussion with noting the above.

Furthermore, The Global Fund Secretariat works with the Principal Recipient to develop a performance framework, budget and work plan. He added that it is therefore the ongoing country dialogue continues to be relevant during the grant-making process, ensuring that input from affected communities and other stakeholders is taken into account during the program design.

The facilitator guided that once the grant-making stage is complete, the GAC reviews the grant and requests approval from the Global Fund Board. Once the board has approved the funding, the first instalment is released.

e) Grant implementation

The facilitator shared with the participants that funders like Global Fund ought to be aware of the fact that for implementation of programs targeting transgender people, there should be a consideration of inviting trans-led and serving organizations to apply to become sub-recipients or sub-sub-recipients.

In addition to benefiting from these programs, these organizations will contribute expertise in working with and for trans community at all levels, and they also can deliver a range of peer-based services, such as treatment literacy for Trans people living with HIV, condom outreach and distribution, sexuality education, support for trans people dealing with HIV and TB coinfection, and more.

He reminded participants of the fact that Global Fund's community systems approach stipulates that communities have an important role to play in delivering health interventions, and trans people are a key part of all communities. He also reminded them that the CCM remains responsible for grant oversight at the country level, including understanding how the grants are working, documenting the progress and challenges making any necessary recommendations to improve performance, and managing and addressing potential risks to the grant.

f) The Community, Rights and Gender Technical Assistance (CRG TA) Program

He also shared that the CRG is another space for transgender people to engage.

The Community, Rights and Gender (CRG) Technical Assistance Program provides support to civil society and community organizations to meaningfully engage in the Global Fund model, including during:

1. Country dialogue
2. Funding request development
3. Grant-making
4. Grant implementation

g) The TA

Under this program, national civil society and community organizations, such as transgender NGOs, can apply for technical assistance in a range of areas, such as:

1. Situational analysis and planning
2. Participation in country dialogue
3. Program design
4. Oversight and monitoring of grant implementation
5. Engagement in sustainability and transition strategy development

He added that examples of Technical assistance requests may include:

1. Support to design, plan and implement a consultation process to identify key population priorities for HIV funding request development
2. Designing and budgeting for community systems strengthening programs as part of the grant-making process
3. Facilitating a funding request review among youth organizations to identify gaps and propose appropriate interventions for inclusion
4. Proactive, peer-led community engagement support to civil society and community in sustainability and transition planning.

He shared a list of entities that offer TA and noted that they could be non-governmental organizations – including key population networks, universities and civil society organizations – that were selected through an open tender process for their demonstrated skills and capacities on community, rights and gender competencies. He also shared that Civil society networks and organizations and Key Population networks and organizations, including youth-led networks are all eligible for this nature of support: African Men for Sexual Health and Rights (AMSHeR), AIDS & Rights Alliance for Southern Africa (ARASA), AIDS Strategy, Advocacy and Policy (ASAP), Alliance India, Alliance Technical Assistance Centre – International Charitable Foundation (ATAC-ICF), International HIV/AIDS Alliance etc.

OUTCOMES

To a greater extent the activity unfolded as expected. Everything that was planned, was carried out.

The key factors for the success were:

- The methods used by the facilitators that ensured constant engagement
- The frustration and anxiety among the leaders. Many leaders have been frustrated by the Global Fund processes so the opportunity to simplify these processes was received positively
- Facilitation of the participants by host organization that eased the movement of the leaders to and from the venue

We increased in understanding and interest of the trans-activists in the Global Fund process. At the end of the workshop, participants were ready to select one trans women and a trans man to rally as a CCM representative. This was also illustrated by the eagerness with which participants selected members to the working group for Trans people for Global Fund processes to strengthen their negotiation and coordination. Participants were able to identify platforms and strategy for engagement at the end of workshop. Participants under their different groups were able to discuss and share a list of priority area for continuous capacity strengthening & mentorship to ensure that trans communities are more ready for advocacy on the issues that affect them.

The strategic direction of the facilitator and rapporteur ensured that the participants did not lose track of the discussions of the day. The fact that we also had an older trans leader that have engaged with the processes before and has been involved in a lot of advocacy work also enabled us to overcome the challenge on disagreements that sparked heated discussions.

The diversity of everyone in the room was one of the factors that enabled the activity's success. The fact that the activity was facilitated by a consultant who is both knowledgeable about and aware of the background from which this activity stems also contributed to its success.

Some factors which influenced the implementation and outcomes of the activity included:

- Lack of sufficient documentation of good practices for engaging key donors such as the Global Fund to ensure there is meaningful engagement of trans people in Global Fund processes;
- Limited data collection with and among trans people on their needs and responses available to solve those needs;
- Tokenistic engagement of trans people in Global Fund processes (Lack of strong representatives at the different levels);
- Lack of Capacity-building/ mentorship opportunities to understand the Global Fund, which this activity addressed in some measure; and
- Lack of organizational development and social support, among other factors.

The participants of the workshop were extremely interested in the discussion, and it was evident from the passion with which they expressed themselves especially on how tokenism has been experienced by many of these leaders in donor spaces. While the discussion on which opportunities are available and how transgender people can influence was scheduled

for Day 2, the participants were enthusiastic and started this discussion as the facilitator took them through the different processes on Day 1.

An appreciation was also made on the lengthy donor processes that discourages especially many of the budding transgender organizations in Uganda from participation. The participants also had a great understanding of the dynamics of power even in the LGBTI spectrum and the sex workers' movement when it came to their participation in different processes. Many of them shared the fact that even in spaces where LGBTI and sex workers are 'allowed' to participate, transgender persons are usually discriminated again. Participants acknowledged the methods used to facilitate the discussions that kept them engaged, interested and made every participant part of the workshop. At end of the workshop, the participants were already eager to draft a statement to Global Fund to make asks; to reorganize; re-energize and fill the gaps.

> "I had lost interest in the Global Fund work and their processes".

One of the participants shared their frustration with Global Fund processes and how this workshop has opened his eyes to watching out for opportunities to take up space and engage. They also appreciated the fact that the facilitators were not technical and used easy to understand language and illustrations.

> "The facilitators of the day used the most appropriate teaching methods, they made it easy for us to comprehend the processes".

The participants recognized the timeliness of the discussion that was being had and extended their appreciation to FEM Alliance under the leadership of Jay and GATE.

Overall, this workshop highlighted the following learnings:

- Engagement of a wide range of participants brings different perspectives to the discussion. The fact that the room has younger, and older/senior trans leaders; leaders from rural and urban areas provided this diversity;
- Open and safe spaces that allow for participants to vent is another practice that can be replicated. From the workshop, because of the different perspectives, participants were open to discussion in line of criticisms and areas of improvement.

Suggested changes for future workshops include:

- Having the workshop over more days to enable time for reflection; and
- Inclusion of more trans leaders from outside the urban areas.

This activity reopened the eyes of many trans leaders; it re-energized many to ask the important questions of meaningful inclusion; on accountability by those who represent them and many more. This activity generally created a platform for participants to reimagine participation and inclusion.

CONCLUSIONS AND RECOMMENDATIONS

Moving forward, the agreed Action Plan for the trans community in Uganda on related country processes for the new Global Fund 2020-2022 cycle resulting from this workshop include:

- Selection of working group to lead efforts from the workshop;
- Drafting of a statement to Global Fund detailing the work they have done and making different asks in regard to inclusion of trans communities;
- Selection of leaders to vouch for representation at CCM; and
- Identification of areas of engagements like concept drafting, The TA etc.

As a result of the workshops, participants have gained the ability and skills to negotiate better due to being equipped with adequate information on Global Fund country processes. The implementation of ongoing mentorship, overseen by GATE, will enable evaluation of how participants are using their new knowledge and skills to implement changes when engaging with Global Fund processes. The capacity building delivered in this workshop has equipped trans leaders with information on how, when and where to exert influence, while the simplification of complex information about the Global Fund processes has given participants understanding about where the available opportunities and areas for inclusion exist, and how to engage with them.

Overall, participants were satisfied with the workshop, with excitement, eagerness and energy to reengage with Global Fund processes being a marked positive outcome. To enable ongoing engagement, one-to-one mentorship will be provided by the consultant to participants. This will ensure and gaps in learning are filled, and all opportunities for sharing learning and taking action are utilized.

Some initial reluctance around engagement stemmed from the following:

- Lack of information about the different advocacy processes;
- Anxieties around acceptance into different spaces to demand for inclusion;
- Lack of systems that support growth of trans institutions to participate; and
- Tokenism that derails many.

Strategies that could be implemented to overcome these challenges across all Global Fund processes include:

- Building capacities of leaders;
- Supporting institutional development and growth for sustainability; and
- Supporting engagements between trans leaders and donor entities.

The following tables summarize the next steps from the two breakout groups during the workshop.

Opportunities for engagement	Areas of mentorship	Strategy: For continuous communication & advocacy for the trans community	Asks: Key programmatic activities would we like the Global Fund to Cover
CCM Engagement	Funding – to finance the different processes that trans community would like to participation	The national consortium of transgender people	Research and documentation
CRG Advocacy committee	Statement development –The leaders agreed that there is need for a statement highlighting nature of work that Global Fund has done in reference to KPIs , but also to make asks in regard to transgender people	WhatsApp group - to coordinate leaders of transgender community	Advocacy on issues of transgender people
Grant making-Being looped in on the different processes	More training - To involve more leaders especially those in upcountry areas	Facebook page - to garner support for the movement and show case the processes trans people are involved in	Comprehensive health care – aside from HIV especially in regard to transgender people . There is need for Global Fund to interest themselves and fund other health care issues re: transgender people

Representation at the GF board - Group recognized the ongoing call and the need to select a representative	TA application for size estimates for trans people	Set up committee – to coordinate efforts towards involvement in Global Fund processes	Mentorship program – A program that interrogates other facets of life like different feminisms in the trans community
Concept note development- While the current concept opportunity for this phase has already passed, the group needs to look out for more	Guidance to get vital opportunities – To have a focal point that shares these opportunities	Review meetings – to follow up on commitments made in this workshop and the next to come	
Engagement in regional platforms that involve Global Fund	Support to come up with consortium for trans movement- to coordinate voices from this workshop		

GROUP TWO

Opportunities for engagement	Areas of mentorship	Strategy: For continuous communication & advocacy for the trans community	Asks: Key programmatic activities would we like the Global Fund to Cover
CRG Advocacy Committee	Capacity building for transgender activities and leaders	Leveraging on exiting transgender network to coordinate the transgender organizations in building a strong unified movement	Capacity building in regard to organizational strengthening , technical support

Development of concept for Uganda transgender persons	Support for a nation–wide survey to collect data capturing the needs of transgender people	Developing a clear advocacy and communication strategy to guide advocacy and communication efforts in the transgender movement	Research and data collection
Grant making-Being looped in on the different processes	Funding from donors like Gates foundations	Build a collective social media platform for all transgender people in both urban and rural areas.	Support work on advocacy on policies that don't recognize transgender people
Country dialogues	Existence of global and national platforms for engagements i.e. CRG Advisory board	Movement building	Engagements with Uganda AIDs Commission, CCM and MOH for transgender national HIV/TB response
	Guidance to get vital opportunities – To have a focal point that shares these opportunities		Develop position paper on the needs of transgender people in Uganda
	Support to come up with consortium for trans movement-to coordinate voices from this workshop		Regular consultants on GF processes