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Peru CCM Submits Request for Phase 2 of HIV Grant

The Peru country coordinating mechanism (CCM) has submitted a request for continued funding for Phase 2 of its Round 10 HIV grant. The Global Fund Secretariat and the CCM have completed discussions on the request. Approval by the Board is expected later this month or in January.

This article describes the plans for Phase 2 and the process for developing the request.

Phase 2 plans

Phase 2 will focus primarily on scaling up services for the treatment of sexually transmitted diseases and HIV, and for monitoring the health of men who have sex with men (MSM), transgendered persons and sex workers. Specialised centres, linked to existing health facilities, will be established. They will provide gay, transgendered and bisexual (GTB) people with health services, counselling and information on human rights.

In addition, multidisciplinary teams, together with health providers, will visit GTB people in their own environments. Phase 2 will also see the establishment of working groups, made up of government and community representatives, to oversee the programme.

Phase 2 activities constitute a pilot of a model of health service that is oriented to the gay and transgender communities. The features of this model include: (a) multisectoriality – it involves the health, education and work sectors, and the office of the human rights ombudsman; (b) community participation – community representatives will be involved as counsellors and as volunteers in the specialised centres; and (c) cooperation between community and government – not only at district level but also at provincial and national levels. The model aims to produce impressive results that will encourage provinces to cover some of the services in their own budgets once the grant is finished.

Process

The proposal for Phase 2 was initially developed by a consultant. It was then reviewed by a committee established by the CCM. The final version of the proposal was shared with the beneficiaries: gay men, other MSM and transgendered persons.

Teresa Ayala, an NGO representative on the CCM, told GFO that community representatives participated in the process in various ways. For example, “community agents” – representatives from gay and transgender people – from eight provinces were consulted by the principal recipient, Inppares, an NGO specialising in sexual and reproductive health services. Also, the CCM committee held in-person and virtual meetings with leaders of the gay men and transgender communities; and solicited input via email. In addition, there were community representatives on the CCM committee.

According to Julio Gilvonio, representative of gay men on the CCM, despite the extensive involvement of community representatives, some things were omitted from the proposal that the community would have liked to see included – including the continued operation of a website and hotline for GBT people who are reluctant to approach a health facility or who simply need information; and activities addressing bullying. These initiatives had been part of Phase 1 of the grant. The reason they were not included was that resources were limited, and the CCM considered that establishing the specialised centres was a priority.

New PR

Phase 2 will also see a change in PR. Inppares will be replaced by Parsalud, a branch of the Ministry of Health, which has experience in managing Global Fund projects (it has been PR for a TB grant since 2009). The change was motivated by the lack of feedback the community had from the first PR; delays in implementation of the grant; and Inppares’ lack of knowledge of the GBT community.

According to representatives of civil society on the CCM, the change in PR will benefit the community because the community will be more involved in programme implementation. The new PR, and in particular, Ricardo Chuquimia, coordinator of Parsalud and the person who will be managing the programme, have a good understanding of the situation of gay men and transgendered people.

However, Mr Gilvonio said that the association of Parsalud with the Ministry of Health could reduce the independence of the PR, and reduce the involvement of GBT in the development of public policies related to human rights, stigma and discrimination.

Mr Chuquimia told GFO that Phase 2 has a “focus on rights and respect of diversity.” He said that the PR has planned different actions to assure the participation of gays and transgendered persons in the programme, including adding a well-known leader of one of these communities to the PR’s management team. Mr Chuquimia added that Parsalud will try to ensure that some of the sub-recipients are community-based organisations. Further, he said, the PR is planning some “positive discrimination” actions in order to ensure that transgendered people are involved in implementing programme activities.

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