

PROPOSAL FORM – ROUND 10

MULTI COUNTRY APPLICANT

SECTIONS 1-2

Applicant name	Latin American and Spanish-speaking Caribbean Network of Female Sex Workers (RedTraSex)
Countries	Income level → Refer to Annex 1 in the Round 10 Guidelines
Argentina	Upper-middle income
Bolivia	Lower-middle income
Colombia	Lower-middle income
Costa Rica	Upper-middle income
Chile	Upper-middle income
Ecuador	Lower-middle income
El Salvador	Lower-middle income
Guatemala	Lower-middle income
Honduras	Lower-middle income
Nicaragua	Lower-middle income
Panama	Upper-middle income
Paraguay	Lower-middle income
Perú	Lower-middle income
Dominican Republic	Lower-middle income
Uruguay	Upper-middle income

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Applicant type	<input type="checkbox"/> Regional Coordinating Mechanism (RCM)	X Regional Organization
Currency	X USD	<input type="checkbox"/> Euro

Disease		Title	Does the proposal include cross-cutting health systems strengthening interventions? → Indicate yes or no and Include sections 4B and 5B in one proposal only	Is this being submitted as a consolidated disease proposal? X No
HIV → Choose either Regular or MARPs reserve	<input type="checkbox"/> Regular	Sex workers of Latin America and the Caribbean working to create alternatives that reduce vulnerability to HIV: a regional strategy with genuine impact.	→ <u>Cannot</u> submit request for cross-cutting health systems strengthening with a MARPs reserve proposal	
	X MARPs Reserve			
Tuberculosis				
Malaria				

MANDATORY SECTIONS OF THE PROPOSAL FORM:

A) Complete sections 1-2 only once per applicant¹

Section 1 Funding Summary and Contact Details

Section 2 Applicant Summary and Eligibility

¹ The applicant only needs to submit a single section 1-2 as part of the application, even when applying for multiple diseases.

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- Membership Details (RCM)
- Eligibility Form (if applicable)

B) Complete sections 3-5 once for each disease proposal²

- Section 3 Proposal Summary
- Section 4 Program Description
 - Performance Framework or Consolidated Performance Framework
 - Pharmaceutical and Health Products List (if applicable)
 - Work Plan
- Section 5 Funding Request
 - Detailed Budget

OPTIONAL SECTIONS OF THE PROPOSAL FORM:

If relevant, complete sections 4B and 5B only once per applicant and include with only one disease proposal

- Section 4B Cross-cutting health systems strengthening interventions
- Section 5B Cross-cutting health systems strengthening funding

SECTION 1: FUNDING SUMMARY AND CONTACT DETAILS

1.1 Funding summary						
Disease	Round 10 Funding Request					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV	1.300.008	3.028.966	2.741.288	2.778.788	2.647.229	12.496.278
Tuberculosis						
Malaria						
Cross-cutting HSS interventions → Insert disease name						

² The applicant needs to submit a section 3-5 for each disease proposal submitted.

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Total Round 10 Funding Request	
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1.2 Contact details		
	Primary contact	Secondary contact
Name	Elena Eva Reynaga	Albis Cruz
Title	RedTraSex Executive Secretary	Round 10 Coordinator
Organization	RedTraSex	RedTraSex
Mailing address	Independencia 766 C1099AAU Ciudad Autónoma de Buenos Aires, Argentina	Independencia 766 C1099AAU Ciudad Autónoma de Buenos Aires, Argentina
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1.3 List of Abbreviations and Acronyms used by the Applicant	
Acronym/ Abbreviation	Definition
RedTraSex	Latin American and Spanish-speaking Caribbean Network of Female Sex Workers
SW	Sex Work
N/A	Not Applicable
N/D	No data available
ILO	International Labour Organization
FSW	Female Sex Workers
NOFSW	National Organization of Female Sex Workers
GCTH	Technical Horizontal Coordination Group
CBC	Communication for Behaviour Change
CONCASIDA	Central American Congress on HIV
ILPES	Latin American Institute for Prevention and Education on Health
HIVOS	Humanist Institute for Cooperation in Developing Countries – Dutch Government
REDLA+	Latin American Network of People Living with HIV
RedLacTrans	Latin American and Caribbean Network of Transgenders
ICW Latina	International Community of Women Living with HIV/AIDS
ASICAL	Association for Integral Health and Citizenship in Latin America and the Caribbean for gay men, bisexuals, transgenders and other men who have sex with Men
Relard	Latin American Network for Harm Reduction
LACCASO	Latin American and Caribbean Council of AIDS Service Organisations
CICT	International Centre for Technical Cooperation
UNDP	United Nations Development Programme
AMMAR	Argentinian Association of Female Sex Workers
FM	Global Fund against AIDS, Tuberculosis and Malaria
PR	Principal Recipient
HIV	Human Immunodeficiency Virus
PAHO	Pan-American Health Organisation
APROASE	Association of Sex Worker Support
FASIC	Foundation of Social Help of Christian Churches
UNGASS	United Nations General Assembly Special Session
STI	Sexually-Transmitted Infection

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RedTrabsex	Network of Sex Workers of Ecuador
AIDS	Acquired Immunodeficiency Syndrome
CCM	Country Co-ordinating Mechanism
FP	Focal Point
NFP	National Focal Point
AFP	Alternative Focal Point
OMES	Women self improvement organization
DFID	UK Department for International Development
UNPFA	United Nations Population Fund
FEIM	Foundation for Women's Studies and Research
AWID	Association for Women's Rights in Development
LAC	Latin America and the Caribbean
IA	International Alliance
CONICET	National Council of Scientific and Technical Research of Argentina

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SECTION 2: APPLICANT SUMMARY AND ELIGIBILITY

RCM applicants

- Complete sections 2.1 & 2.2
- Delete sections 2.3

RO applicants

- Complete section 2.3
- Delete sections 2.1 & 2.2

2.3 Regional Organizations

2.3.1 Sector of work	
(a) Identify an option from list below by ticking one box only	
<input type="checkbox"/>	Academic/educational sector
<input type="checkbox"/>	Government
<input type="checkbox"/>	Non-government organizations (NGOs)/community-based organizations
<input type="checkbox"/>	People living with the diseases
<input checked="" type="checkbox"/>	People representing key populations ³ Female Sex Workers
<input type="checkbox"/>	Private sector
<input type="checkbox"/>	Faith-based organizations
<input type="checkbox"/>	Multilateral and bilateral development partners in country
<input type="checkbox"/>	Other (please specify)
(b) Attach documents that describe the organization's status, such as statutes, by-laws (official registration papers) and a summary of the main sources and amounts of funding.	Annex 1 Annex 2 Annex 3 Annex 4 Annex 5 Annex 6 Annex 7 Annex 8 Annex 9 Annex 10 Annex 11a

³ Please see the definition of key populations found on page 3 of the [Round 10 Guidelines](#).

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2.3.2 Regional Organization knowledge and experience in cross-cutting issues

(a) Health Systems Strengthening: Describe the capacity and experience of the RO on health systems strengthening issues

The Latin American and Spanish-speaking Caribbean Network of Female Sex Workers (RedTraSex) has the capacity and experience in interdisciplinary work to identify constraints in health systems and their consequences for sex worker healthcare. Some specific experiences of its contributions to health system strengthening at regional level include:

-Organization of Regional Consultation on Sex Work and HIV/AIDS, undertaken in 2007 in Peru under a RedTraSex initiative in the context of the Technical Horizontal Cooperation Group (GCTH), an inter-sectorial regional space with the participation of HIV program heads from all countries of the region, regional organizations of vulnerable groups and all United Nations cooperation agencies (greater detail on this space in point 2.3.4). This Consultation was an opportunity to review the region's health policies, commit Ministries of Health from all countries to the organization of national consultations on sex work and HIV, and to reach local labour agreements that improve access to health systems for female and transgender sex workers.

These consultations have been undertaken to date in 5 countries of the region (Argentina, Uruguay, Brazil, El Salvador and Peru) and for the first time allowed a significant number of female and transgender sex workers to be listened to by officials from different areas of government. In the case of El Salvador a joint project was completed (see this point below). The results and recommendations from the Consultations can be consulted in Annex 16.

In addition, as members of the GCTH, the RedTraSex has experience in dealing with questions aside from the specificity of sex work, connecting health policies with other areas and disciplines, such as the area of education. For example, in August 2008, in the context of the World AIDS Conference in Mexico, the meeting of Health and Education Ministers of the Latin American and Caribbean region was held, resulting in a ministerial agreement on health and education. The RedTraSex formed part of this agreement signed by eight regional networks and the Ministers of Health and Education of all the countries of Latin America and the Caribbean to develop HIV prevention programs in schools.

-Joint production with the Ministry of Health of El Salvador of a Healthcare Guide for Sex Workers of El Salvador. After the National Consultation of Sex Work and HIV in El Salvador, The Ministry of Health agreed to work with the RedTraSex to jointly write this guide for health services throughout the country (Annex 22). At present the NOFSW Orquídeas del Mar is responsible for undertaking awareness-raising with sex workers to demand that the protocols set out in the guide are followed in all departments of El Salvador, to ensure effective implementation by the health system.

-Specific observations and proposals for the modification of the "Guide for working with Sex Workers and their three pillars" written by UNAIDS. RedTraSex participated actively with other global organizations in 2007 and 2008 to generate documentation and proposals to modify this guide, which established stigmatising actions, scarcely evidence-based, for developing proposals. The new version of the guide was distributed during the writing process of the present proposal, and will be used to establish guidelines for health systems globally (Annex 33).

In addition, the RedTraSex has significant experience in speaking at regional forums, conferences and symposiums on HIV/AIDS and sexuality and gender. The RedTraSex has presented papers and participated in themed round tables to influence government officials' perspectives and issue recommendations on how health systems should incorporate modifications to reduce stigma and provide friendly healthcare services to FSWs. Regional-level interventions are undertaken through the Forums by participating actively in theme groups on round tables where FSWs and health system experts take part.

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These regional activities facilitate and give synergy to national actions. In Argentina, the RedTraSex member organization AMMAR has an integral public health centre run by sex workers, free and open to the population in general but with special attention for sex workers (Annex 24). In Ecuador, another member organization, RedTrabSex Ecuador, succeeded in abolishing the health card for sex workers and having it replaced with a healthcare card which does not distinguish between FSWs and other women (Annex 25).

(b) Gender : Describe the capacity and experience of the RO in gender and also issues concerning sexual orientation and gender identities.

- Expertise and skills in methodologies to assess gender differentials in disease burdens and their consequences (including differences between men and women, boys and girls), and in access to and the utilization of prevention, treatment, care and support programs; and
- Comprehensive knowledge of the factors that make women and girls and sexual minorities vulnerable such as harmful gender norms, behavior, attitudes and practices that underlie the differentials in the spread of HIV (e.g. gender based violence, discrimination and stigma, sexual female mutilation, early marriage, masculinity, etc).

The approach to questions of gender differences is an ability highly developed by RedTraSex, which can be seen in the organization's concepts. The organization's documents show the three-way oppression that sex workers suffer: "as women, as poor people, and as sex workers" (*A Movement in High Heels*, page 31, Annex 12). The RedTraSex works to stop this three-way oppression through empowerment and the promotion of self-organization of sex workers, and through strengthening their self-esteem and knowledges of their rights as women. The following are some specific activities show the capacity and experience of the regional organization in gender matters:

-Strengthening female sex worker activists in the promotion of their rights. This project was carried out with the UNFPA and UNAIDS from 2006 to 2008 to educate sex workers in issues of gender, violence, identity as workers and self-organization. Three factors that increase SW vulnerability is their condition as women, the extreme poverty of most sex workers and their working conditions, where pimping and male dominance combined with social inequality reduce FSWs' possibilities of employing HIV care strategies. For this the *A Movement in High Heels* manual was written, encouraging peer-to-peer education and allowing academic sectors to become aware of this women's movement as agents of health and education, putting across the FSW perspective.

- Campaign "Ponte en mis zapatos" ("Put yourself in my shoes"). UNAIDS, UNFPA, RedLacTrans and RedTraSex created this advertising campaign against violence towards populations of women and trans sex workers, made up of television and radio spots and posters to raise awareness in decision-makers about the stigmatisation and violence under which sex workers live.

- Civil society reports: *Monitoring commitments made to AIDS in Sexual and Reproductive Health (Monitoreo de los compromisos asumidos frente al Sida en Salud Sexual y Reproductiva) and Strategies from the South: Building synergies in HIV/AIDS and sexual and reproductive rights (Estrategias desde el Sur: construyendo sinergias en VIH/SIDA y los derechos sexuales y reproductivos)*. Presented to the 2008 UNGASS-AIDS, the RedTraSex participated in writing these reports, coordinated by Gestos and the Foundation for Women's Studies and Research (FEIM) with the support of the Ford Foundation in 16 countries, nine in Latin America and the Caribbean.

- *Diagnosis of Institutional and Social Violence against Sex Workers of Latin America and the Caribbean (Diagnóstico de Violencia Institucional y Social contra las Trabajadoras Sexuales de Latinoamérica y el Caribe)*. This document by RedTraSex shows the vulnerabilities affecting sex workers, with an emphasis on those that are the result of gender inequalities. The document is an important tool for RedTraSex in providing evidence at meetings with UNAIDS, UNFPA and regional governments (Annex 34).

- Participation in the 2008 Associations Forum in Dakar. The RedTraSex was the speaker for sex workers, one of 500 representative delegates from all the groups of Global Fund stakeholders, to identify

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ways of improving partnerships between different members, with focus on Associations and Gender (Women and girls) and Associations and Gender (Sexual minorities).

Other actions that show RedTraSex’s experience in gender issues include its participation in meetings and writing specific documents, such as “Declaration for the Women’s Movement” (“Declaración para el Movimiento de Mujeres”) which was presented at the international conference “Women Deliver” in London, and participation in feminist meetings such as the International Forum on Women’s Rights (AWID, Cape Town, 2008) and the 11th Feminist Meeting of Latin America and the Caribbean (Mexico 2009). The RedTraSex has also made gender demands in “Universal Access without Stigma or Discrimination” (“Acceso universal sin estigma ni discriminación”) and “Declaration of the International Movement of Sex Workers at the International AIDS Conference” (“Declaración del Movimiento Internacional de Trabajadoras Sexuales a la Conferencia Mundial de Sida”) (Annex 35).

As can be seen, the RedTraSex has had extensive experience of regional interdisciplinary work, identifying and modifying gender factors that increase women’s vulnerability to HIV, particularly of female sex workers. For this it was invited to speak at the scientific meeting organized by the PAHO, UNAIDS and the Andean Health Organization on “Advances and challenges in the production of strategic information about HIV in Latin America” (“Avances y desafíos en la producción de información estratégica sobre VIH en Latinoamérica”) in Lima, Peru. This sought to facilitate the comparison of information produced about HIV and improve the generation of strategic information in the region, highlighting the leadership and credibility the data produced by RedTraSex enjoys at international organizations which are pillars in health and HIV internationally (see data on prevalence in FSWs and the general population in point 3.2 of this form).

(c) How many members of the RO have considerable expertise in one or both of the areas described in section 2.3.1?	10 National Organizations of Sex Workers
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(d) Multi-sectoral planning: Describe the capacity and experience of the RO in multi-sectoral program design.

The RedTraSex has participated in the multi-sectorial planning processes of the GCTH and in the consultation processes of strategic planning of the UNFPA (Meeting for Annual Review of the Regional Program and Planning for 2009, held in Panama) and the International AIDS Alliance (meetings to discuss lines of action of the Regional Program in Buenos Aires in 2008).

One experience of multi-sector work at regional level was the initiative to raise awareness in the media on sex work issues, the 5th Latin American Health related Journalism Contest, with the involvement of Red-Salud, PAHO, UNFPA, RedLacTrans and RedTraSex.

Another experience is the network’s participation in and support for the “Ibero-American Community Declaration on HIV/AIDS Mexico 2008: Call from the Community Sector for greater Ibero-American cooperation in HIV/AIDS”, led by the coalition and social movement against AIDS, Tenemos SIDA (We Have AIDS), which to date has been signed by 73 organizations and 10 networks in Spain and Latin America. However, this declaration did not translate into a specific program. The RedTraSex’s greatest experience in work related to the creation of programs with diverse sectors has been at country level. A RedTraSex study of systemization “1997-2007. Ten Years of Action” (Annex 8) indicates the work associated with different sectors, which does not imply the design of programs in all cases, but shows the capacity of work in response to HIV. Work by sector shows that local-level articulations are:

Civil Society: 39 per cent (15% with NGOs; 12% social movements; 10% networks and 2% trade unions)
Governments: 23 per cent (16% various governmental instances and 7% national AIDS programs).

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2.3.3 Partnerships with regional stakeholders

(a) Describe the Regional Organization's experience working in the region on the issues targeted in this proposal and how the countries included in this proposal are based on a natural region for programming.

The Latin American and Spanish-speaking Caribbean Network of Female Sex Workers (RedTraSex) celebrated its 12th anniversary in October 2009. At present, RedTraSex is made up of organizations of female sex workers from fifteen countries in Latin America and the Spanish-speaking Caribbean. The RedTraSex was formed to defend the human and labour rights of female sex workers (FSWs), eliminate stigma and discrimination towards sex work and get FSWs to participate and play a leading role in the definition and implementation of public policies and programs for the sector, with important emphasis on HIV-related issues. Stigma, discrimination and criminalisation of sex work (SW) in all countries of Latin America and the Caribbean are a strong barrier for sex workers to access the health system, prevention programs, healthcare and treatment, all of which then becomes a factor of vulnerability for the transmission of HIV in the FSW population.

For practical purposes, information on the work experience of the RedTraSex regional organization can be divided into three areas: 1. Development of capacities and abilities, 2. Monitoring of human rights violations and 3. Building a sustainable response.

1. Development of capacities and abilities:

Female sex workers' leading role is related to the RedTraSex initiative to seek and receive support to address one of the problems identified in this proposal, namely the lack of organizational capacities and abilities in the community-based organizations (CBOs) of female sex workers (FSWs) in the Latin American and Caribbean region. The first workshop on leadership strengthening was held in 2002, and starting in 2006 sub-regional training workshops were held. In 2006, 2007 and 2008 workshops were held in Central America and in the Andean sub-region, which led to an increase in capacities in local organizations and in over 100 FSW leaders from these two sub-regions, in addition to the formation and incorporation into RedTraSex of CBOs of FSWs from Costa Rica, Bolivia and Nicaragua. The existing national organizations strengthened their leadership, such as the case of the Ecuadorian organization, which was formed in 2005 and at present has 15 organizations within the country, in 14 provinces.

RedTraSex also has considerable experience in developing its own accessible training and communication tools for FSWs. It created the manual "A movement in high heels: Women, sex workers and activists" (Annex 12), which systemises and permits the replication of workshops held in 2006 in aspects of gender, sexuality, human rights and recognition of sex work, organization; and the manual "Among us. HIV advice and voluntary testing, tools for sex workers" (Annex 13), a guide written in 2007 from a regional workshop held in Buenos Aires, Argentina, in which 24 female sex workers participated, some of them FSW-PLWA leaders from 15 countries in the region, with the goal of strengthening capacities in FSWs to support peers living with HIV.

The CBOs of FSWs that make up RedTraSex have considerable experience of their own in peer reach-out programs, which in 2008 reached 2,000 FSWs in El Salvador, 20,000 FSWs in Ecuador and 10,000 FSWs in Argentina, according to reports from these organizations for the prevention projects they undertake. RedTraSex's work consists of strengthening the capacities of organizations to prevent HIV among peers, promote human rights and getting the laws that keep FSWs underground repealed.

2. Monitoring human rights violations in FSWs

The work experience of the Network in visibilizing violations of human rights in FSWs, which occur because of the existence of laws that criminalize SW, compulsory HIV testing and police violence, includes the writing of political documents and letters to denounce these violations to UN organizations such as UNAIDS, UNFPA and the PAHO. The document "Institutional and Social Violence Against Sex Workers in Latin America and the Caribbean. A diagnosis" presented by the RedTraSex details: 34 murders of FSWs in the region between September 2007 and June 2008, all unpunished; 575 FSW detained in just one province of Argentina between 2004 and 2007; the expulsion of FSWs from the parks of El Salvador; persecution by the "Black Panthers" police group of FSWs in Lima, even when they were not working; 15 FSWs underwent vaginal and anal cavity searches by a female police officer without once

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changing latex gloves, during an anti-narcotics operation in a house of tolerance?? in Ecuador; police asking FSWs for bribes in Honduras in return for not asking them for their health cards; and many other cases.

These denunciations and monitoring of violations of FSW human rights at regional level have a counterpoint at local level. In Argentina, the NOFSW AMMAR, in collaboration with human rights organizations, was able to abolish in two provinces legislation pursuant to which FSWs were arrested. In Peru, Brazil and Ecuador FSW organizations participated in writing proposals to amend laws which criminalized them. In Mexico, FSWs in the RedTraSex member organization APROASE made denunciations of compulsory testing (Annex 14), and even had a meeting with Peter Piot, former UNAIDS Executive Director, to report this situation and request that he intercede with the Mexican government. In Chile the investigation “The unknown dead: violence against Sex Workers, from silence to denunciation” was systemized in partnership with the Foundation for Social Health of Christian Churches (FASIC, Fundación de Ayuda Social de Iglesias Cristianas) and Amnesty International Chile (Annex 15).

3. Building a sustainable response

RedTraSex has held five sub-regional meetings and various press conferences with the participation of FSWs from various countries, and although stigma and discrimination persist, FSWs’ presence and voice are slowly growing in the different spaces. RedTraSex work has allowed important advances in the problems identified in this proposal. For example, when in 1997 it held the first regional meeting of sex workers in Costa Rica, no hotel would agree to rent a space for the meeting, conservative sectors connected with the church held protests against the meeting, and to protect the safety of participants it was decided that the location of the meeting would not be disclosed. In 2008, when another activity was undertaken in Costa Rica, despite some resistance it was even possible to call an open meeting where FSW leaders from the whole Central American sub-region presented decision-makers and society in general with the document “Sex workers of Central America united behind a single voice and the same ideal”. This was possible because of a decade’s work to build a sustainable response in terms of strengthening community systems.

Of the factors identified in this proposal, the criminalisation of sex workers is a factor that increases FSWs’ vulnerability to HIV, an issue which the organization has addressed since the very start. In 1998, one of RedTraSex’s first actions was to undertake advocacy in the International Labour Organization (ILO) to get an official announcement on recommendations given in Geneva to developing countries in August 1998 on the recognition of sex work as work, as when sex work is not driven underground it is possible to undertake actions for negotiating condom use, HIV prevention and care in better conditions. Another problem identified in this proposal is the need to improve and increase FSW participation in decision-making spaces. On this point, the RedTraSex’s experience started in 2001, when it officially joined the political platform of eight regional HIV/AIDS networks, in which the heads of national programs from each country also participated, to strengthen the response of civil society and governments to HIV/AIDS. In 2001, RedTraSex also participated in preparatory meetings for the UNGASS and in the 1st Ibero-American Community HIV Meeting in Spain. RedTraSex has undertaken advocacy at the Central American AIDS Congresses (CONCASIDA 2001, 2003, 2005 and 2007) and at Latin American HIV/AIDS and STI forums (2003, 2005, 2007 and 2009) to ensure that the voice of sex workers is taken into consideration at these spaces for policies debate and definition.

In terms of participation, the RedTraSex has scored some major achievements. At the 1st Latin American HIV Forum in Brazil, one sex worker was able to participate; in Cuba seven FSWs participated and by the 4th Latin American Forum in 2007, 40 FSWs from twelve countries in the region participated, with leading participation on round tables in the community area of the Forum and in some of the round tables at the main event. In 2008, for the first time a sex worker, the executive secretary of RedTraSex, was a speaker at a plenary session of the 17th International AIDS Conference in Mexico. The leading participation of organized sex workers both at Latin American forums and CONCASIDA means that the RedTraSex is now part of the local organizing committees for these events.

Another two problems identified in this proposal are the need to produce evidence for informing public policies (i.e., increase knowledge of the reality of sex work and HIV) and improve participation in decision-

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making spaces. At regional level, in 2007 the RedTraSex presented to UNAIDS its proposals for the modification of the “Guide for working with Sex Workers and their three pillars”. The contents of the draft to this guide by UNAIDS about sex work and HIV generated a great deal of debate, positioning the RedTraSex as a key actor for the modification of this global guide. Elsewhere, in 2006 after the Global Consultation into sex work, human rights and HIV/AIDS, the RedTraSex highlighted the enormous differences between the reality of FSWs in every continent, which led to call a Regional Consultation into sex work, human rights and HIV/AIDS (Annex 16), undertaken in Peru in 2007 and organized by the GCTH. From this emerged the commitment that in every country the Ministry of Health must undertake national consultations on SW and HIV. To date, national consultations have been held in five countries in the region: Argentina (Annex 17), Brazil (Annex 18), El Salvador (Annex 19), Peru (Annex 20) and Uruguay (Annex 21). Among other results, these generated a series of recommendations at multi-sectorial level in each country, and in some cases, such as Argentina and Uruguay, they opened up the possibility of improving articulation with Ministries of Health and anti-discrimination organizations in these countries. In some cases it was also the first time that government officials had had contact with a large number of NOFSW leaders, and this permitted an exchange of situations and perspectives, although it did not lead in most cases to the advancement of joint plans (the conclusions by country can be seen in the annexes listed).

This work at regional level made it possible to advance in each country on increasing knowledge and improving care in HIV/AIDS issues. After the national consultations in El Salvador, a sex workers’ healthcare guide was written with the participation of RedTraSex and the local Salvadorian organization, Orquídeas del Mar, and other local organizations and agencies (Annex 22). With the initiative of promoting friendly services, the Mexican sex workers organization was also able to write a guide for HIV/AIDS and STI prevention and healthcare in female sex workers (Annex 23). In Argentina, through articulation with the government of the province of Buenos Aires, a health centre was opened with friendly healthcare services and SWs participating in running the centre (Annex 24). In Ecuador the local organization succeeded in eliminating the health card for sex workers, which they were required to carry to undertake sex work and which exposed FSWs to compulsory examinations. As a result of RedTraSex Ecuador advocacy there is now an integral healthcare card for all women, and this is no longer a requisite for undertaking sex work. This was achieved in the context of the *National Guidelines of standards and procedures for integral healthcare for sex workers* (Annex 25). RedTraSex also did research into “Use of the female condom in female sex workers”, the results of which were divulged nationwide (Annex 26). One could also highlight research undertaken in Argentina in 2008 into “Knowledges and strategies of female sex workers viz a viz HIV/AIDS and other STIs” by an interdisciplinary CONICET gender studies team, in collaboration with the CBO AMMAR and financed by the Global Fund as part of the project “Support activities for the prevention and control of HIV/AIDS in Argentina” (Annex 27). In addition, there have been external communication actions at regional level to support FSW participation and increase understanding and visibility of issues in the sector, through the creation of specific documents to be distributed at different events (UNGASS, international HIV/AIDS conferences and forums, etc.) These documents and a bimonthly bulletin are sent by e-mail to over 1500 key contacts in the region and uploaded to the RedTraSex web page (www.redtrasex.org.ar). Some documents written by the network include: “Sex workers in the Andean region and Paraguay. In the past we would hide to die, now we show our face to live” (2008); “Institutional and social violence against sex workers in Latin America and the Caribbean” (2008); “Declaration of the global movement of sex workers” (2008); “Human rights and HIV/AIDS, our rights” (UNGASS, 2008); “Universal healthcare without stigma or discrimination” (Latin American Forum 2007); “Sex workers in the women’s movement” (2007); “Sex workers of Central America and Mexico. United under one voice and one ideal” (2006); “Sex work and human rights” (2006) and “Many voices: the voice of sex workers of Latin America and the Caribbean” (UNGASS 2006). RedTraSex also produced a book and a video for both sex workers and decision-makers: “10 years of action. 1997-2007. The experience of the organization of the Latin American and Spanish-speaking Caribbean Network of Female Sex Workers” and the video “A single voice. Report of the First Latin American Meeting of Sex Workers” (Annex 28a).

The RedTraSex has created strategic planning and an advocacy plan, has articles of associations drafted by sex workers themselves and has developed a governance process that guarantees equal participation of all member organizations of the network. Since 2007 the RedTraSex has had a motto at regional level

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to support all actions of advocacy, and which synthesises the goals of the organization and of each country: *“We, female sex workers are female holders of fundamental rights: we demand a life free of violence, with integral healthcare, without stigma or discrimination”* (see Annexes section 3.1).

Other RedTraSex achievements include: Chile’s independent, national union of sex workers, Ángela Lina, which has participated in processes to define public policies; the La Sala association in Costa Rica, which focuses on improving FSWs’ quality of life; Orquídeas del Mar in El Salvador, working on issues such as human rights, health and HIV/AIDS, stigma and discrimination, among others. The list goes on of organizations in each of the countries selected, all with experience in the issues to be addressed.

Furthermore, the proposal to implement a regional program is tied to the recognition of a common situation related to structural problems that lead to the systematic violation of FSWs’ human rights, stigma and discrimination as driving factors of the epidemic, making FSWs more vulnerable to HIV/AIDS.

(b) Describe how the Regional Organization ensures coordination with other regional bodies on the issues targeted in this proposal.

Coordination with other bodies regarding the issues involved in the proposal is ensured in two ways: firstly, because the RedTraSex as the only regional FSW-based organization enjoys sustained, formal participation in diverse spaces of articulation with regional bodies, and secondly because there exist institutional spaces in which the RedTraSex participates formally as part of civil society.

The regional bodies in which the RedTraSex participates actively are:

- **8 regional networks:** Latin American network of people living with HIV/AIDS (REDLA+); Latin American and Caribbean Network of Transgenders (RedLacTrans); International Community of Women Living with HIV/AIDS (ICW Latina); Association for Integral Health and Citizenship in Latin America and the Caribbean for gay men, bisexuals, transgenders and other men who have sex with men (ASICAL); Latin American Network for Harm Reduction (Relard); Latin American and Caribbean Council of AIDS Service Organisations (LACCASO); Latin American and Caribbean Movement of Positive Women (MLCM+); Central American Network of people living with HIV/AIDS (RedCa+) and RedTraSex.

- **GCTH.** Technical Horizontal Cooperation Group, made up of governments (21 countries in Latin America and the Caribbean with voice and vote), observers (UNAIDS; UNFPA, PAHO with a voice but no voting rights) and civil society (8 regional community network members in certain areas, but that do not participate in decision-making). This space is for decision-making, driving consensus and undertaking regional actions in prevention, healthcare and support in HIV/AIDS issues.

- **CICT.** International Centre for Technical Cooperation in HIV/AIDS, initiative of the Brazilian government and UNAIDS which aims to strengthen and broaden national responses to the epidemic through technical cooperation for countries. The agencies DFIF, GTZ and UNAIDS and two civil society representatives for the eight regional networks participate on the Consultative Council. RedTraSex is at present occupying one of these posts.

It is important to highlight the RedTraSex’s coordinated action in writing a letter to all Country Coordinator Mechanisms (CCMs) in the region, setting out the agreements with RedTraSex to participate in the CCMs, sustaining their principles of transparency and decision-making (Annex 28b).

The organizations that form part of the CCMs are: The FP of the RedTraSex and representative of RedTraSex Ecuador is a member of the 2008/2010 board of directors of the Ecuador CCM, HIV/AIDS member; OMES of Guatemala is a member of the General Assembly; Bolivia is a member but does not hold a specific position, and Argentina and the Dominican Republic participate on the CCMs of their respective countries. In the context of this proposal, a sustained relationship is expected to harmonize these interventions with those of every country proposal and to implement a campaign to increase membership of the NOFSWs in the CCMs. There is close coordination between regional networks of female sex workers and transgenders. The RedTraSex has been collaborating in strengthening

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RedLacTrans, participating in meetings and passing on experience of RedTraSex good practices. This collaboration not only helps strengthen the RedLacTrans but also to strengthen coordination for participation in regional spaces. In addition, actions are strongly articulated with the Latin American and Caribbean Movement of Positive Women (MLCM+) to advance gender equality in the context of HIV.

In 2005 RedTraSex formed part of the initiative HIV/AIDS Community Consultants Pool of the International AIDS Alliance, with the backing of the UK Department for International Development (DFID), which aimed to evaluate the experiences of leaders of key HIV/AIDS populations, positioning them as consultants of organizations and agencies. RedTraSex coordinated this initiative and demonstrated its capacities for implementing programs that go beyond its own interests in terms of sex work.

At present the RedTraSex is also undertaking a series of articulations in specific situations. Since 2007 it has coordinated with the UNFPA at regional level and with local UNFPA offices, as a result of which it received technical and financial support in Guatemala, Costa Rica, Nicaragua and El Salvador to undertake peer-to-peer prevention actions. Another specific articulation was with RedLacTrans, regional and local UNAIDS offices and regional PAHO offices prior to the International AIDS Conference in Mexico to launch the campaign "Put Yourself in our Shoes", against violence in transsexual and FSW populations in the context of HIV.

Coordination with other regional bodies is also ensured through the commitment taken on in a key space, namely the 2007 Regional Consultation on Sex Work and HIV in Peru, to set up a multi-sector council to follow up agreements made and initiatives proposed by sex workers, in the context of the Technical Horizontal Cooperation Group (GCTH). In addition, another element that ensures coordination with other bodies is that RedTraSex is a member of the permanent Consultant Council of the International Centre for Technical Cooperation (CICT), headquartered in Brazil, in representation of eight regional networks, along with the Latin American Movement of Positive Women. This role implies advising the CICT in the area of training it undertakes with health officials throughout the region and providing guidance on how to address training in issues related to sex work.

(c) Describe how people living with and/or affected by the disease(s) were involved in proposal development.

Female sex workers with HIV participate in all the organizations that make up the RedTraSex, even taking on positions of leadership and management in the national and provincial NOFSWs of each country. By way of example, in AMMAR, the Argentinian NOFSW member of RedTraSex, a sex worker living with HIV makes presentations on the reality of being an HIV+ FSW at national events. The experience and contribution of sex workers living with HIV/AIDS has been an important input in defining with FSWs the strategies, activities and approaches of this proposal.

FSWs have participated in the process of writing this proposal through consultations undertaken in CBOs of FSWs in their respective countries. The construction of this proposal is the result of a collective process, including two regional meetings in which FSWs participated as representatives of all member countries of the RedTraSex. In these regional workshops there was a high level of involvement and participation of every local organization in the search and systemization of evidence to support every item in the proposal and, especially, in the identification of priority problems and needs that this proposal responds to (Annex 29.)

In addition, the regional proposal incorporates real experiences and situations where FSWs human rights were violated, situations and experiences which are more common in FSWs living with HIV and which were described in the different sessions for the present proposal: difficulties in getting friendly care; detained FSWs being denied access to medication by healthcare staff; being punished with longer prison terms when FSWs are "found out" as having HIV; their surnames and names on lists on the doors of premises where they work, under the legend "Prostitutes with AIDS"; and other violations of basic rights such as universal access to integral healthcare, in turn one of the grounds for the writing of this proposal.

When the proposal was completed, a regional meeting was held with the participation of RedTraSex focus points, in order to revise, adjust, validate and approve the proposal. During this technical process, FSWs' contributions were vital in the technical consolidation of the proposal.

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2.3.4 Non-implementation of dual track financing

Dual track financing means that at least one government sector and one non-government sector Principal Recipient have been nominated for each disease in this proposal. If relevant, provide an explanation below as to why dual track financing has not been applied in this proposal.

As this is a multi-country proposal presented by a regional network of sex worker organizations, dual-track financing does not apply, because the RedTraSex is not a Country Coordination Mechanism (CCM).

For the presentation of a Round 10 proposal for Global Fund subsidies, the RedTraSex has decided to confirm the UNDP (previously designated for the proposal presented in Round 9) as Principal Recipient, and this request has been accepted by the UNDP.

2.3.5 CCM endorsement of Regional Organization's proposal

(a) Attach a signed letter from the CCM Chair or Vice-Chair, for each country included in the RO proposal, confirming their endorsement of the RO proposal.	Annex 31
(b) Attach the signed and dated minutes of the CCM meetings, for each country included in the RO proposal, at which the CCM agreed to endorse the RO proposal.	Annex 32

PROPOSAL CHECKLIST: SECTIONS 1 AND 2

Section 2: Eligibility		List annex name <u>and</u> number
RO Applicants only		
2.3.1(b)	Documentation describing the organization (articles of association and by-laws) and other incorporation documents.	<p>Annex 1: RedTraSex articles of association Spanish</p> <p>Annex 2: RedTraSex articles of association</p> <p>Annex 3: 1st assembly minutes</p> <p>Annex 4: Spanish & Portuguese Brochure</p> <p>Annex 5: PE and advocacy RedTraSex 2007-2012 Spanish</p> <p>Annex 6: PE and advocacy RedTraSex 2007-2012 English</p> <p>Annex 7: PE 2004-2005 and achievements 2006.</p> <p>Annex 8: Book 10 years of action.1997-2007. The experience of the RedTraSex organization.</p> <p>Annex 9: RED financing 2006-2009</p> <p>Annex 10:Redtrasex PF election minutes</p> <p>Annex 11a: Minutes of Renewal Authorities RedTraSex.</p>
2.3.2.(a)		<p>Annex 16: Regional Consultation HIV and SW English and Spanish</p> <p>Annex 17: National Consultation Argentina</p> <p>Annex 18: National Consultation Brazil</p> <p>Annex 19: National Consultation El Salvador</p> <p>Annex 20: National Consultation Peru</p> <p>Annex 21: National Consultation Uruguay</p> <p>Annex 22: SW healthcare guide El Salvador</p>
2.3.2.(b)		<p>Annex 12: Manual "A movement in high heels. Women, sex workers and activists".</p> <p>Annex 34: 'Institutional and social violence against female sex workers in Latin America and the Caribbean'.</p> <p>Annex 35: Statement of the global movement of female sex workers 2008.</p> <p>Annex 8: 10 Years of Action, 1997-2007. The experience of organising RedTraSex.</p>
2.3.2 (c)		<p>Annex 8: Book 10 years of action.1997-2007. The experience of the RedTraSex organization process</p> <p>Annex 30: Support letters from international Organisations</p> <p>Anexe 30 a: Support letters from the networks</p> <p>Annex 33: List of RedTraSex recommendations for UNAIDS SW guide</p> <p>Annex 25: National guide of standards and procedures of integral healthcare for SWs Ecuador.</p>

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2.3.3 (a)		<p>Annex 12: Manual “A movement in high heels. Women, sex workers and activists”.</p> <p>Annex 13: Manual: “Among us. HIV advice and voluntary testing, tools for sex workers”</p> <p>Annex 14: Letter about obligatory HIV testing of SWs. Mexico.</p> <p>Annex 15: “The unknown dead: violence against Sex Workers, from silence to denunciation”</p> <p>Annex 16: Regional Consultation HIV and SW English and Spanish</p> <p>Annex 17: National Consultation Argentina</p> <p>Annex 18: National Consultation Brazil</p> <p>Annex 19: National Consultation El Salvador</p> <p>Annex 20: National Consultation Peru</p> <p>Annex 21: National Consultation Uruguay</p> <p>Annex 22: SW healthcare guide El Salvador</p> <p>Annex 23: FSW HIV & STI prevention and care guide Mexico</p> <p>Annex 24: Sandra Cabrera Health Centre</p> <p>Annex 25: National guide of standards and procedures of integral healthcare for SWs Ecuador</p> <p>Annex 26: Study of acceptance of female condom in women of childbearing age, users of public and private services and sex workers in Ecuador</p> <p>Annex 27: SW HIV knowledges and strategies</p> <p>Annex 28a: Documents written by the RedTraSex:</p> <p>“Sex workers in the Andean region and Paraguay. Before we hid to die, now we show our faces to live” (2008);</p> <p>“Institutional and social violence against sex workers in Latin America and the Caribbean” (2008);</p> <p>“Declaration of the global movement of sex workers” (2008);</p> <p>“Human rights and HIV/AIDS, our rights” (UNGASS, 2008);</p> <p>“Universal healthcare without stigma or discrimination” (Latin American Forum 2007);</p> <p>“Sex workers in the women’s movement” (2007);</p> <p>“Sex workers of Central America and Mexico. United under one voice and one ideal” (2006);</p> <p>“Sex work and human rights” (2006) and “Many voices: the voice of sex workers of Latin America and the Caribbean” (UNGASS 2006).</p> <p>Annex 28b: Document REDTRASEX, NOFSW and PFN participation in CCM.</p> <p>Annex 33: List of RedTraSex recommendations for UNAIDS SW guide.</p>
2.3.3 (b)		<p>Anexe 30 a: Support letters from the networks</p> <p>Annex 28b: Document REDTRASEX, NOFSW and PFN participation in CCM</p>




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2.3.3 (c)		Annex 29: Minutes of RedTraSex meetings for writing proposal 29a: Minutes of Review and Validation Proposal R10.
2.3.4		Annex 11b: Call and selection of principal recipient documentation Annex 11c: Letter of Ratification PR R10
2.3.5 (a)	Letter from the CCM Chair and Vice Chair of each country included in the regional proposal confirming the CCM endorsement of the proposal.	Annex 31: Letters of endorsement from CCM Chairs and Vice Chairs
2.3.5 (b)	Signed and dated minutes of the CCM meeting for each country included in the regional proposal at which the CCM agreed to endorse the proposal.	Annex 32: Signed and dated minutes of the CCM meeting for each country included in the regional proposal at which the CCM agreed to endorse the proposal.

PROPOSAL FORM – ROUND 10 MULTI-COUNTRY APPLICANT

SECTIONS 3-5: HIV

3. PROPOSAL SUMMARY

3.1 Transition to a single stream of funding (a) Select only one of the three options:	<input type="radio"/> Option 1: Transition to a single stream of funding by submitting a consolidated disease proposal → go to section 3.1 (b)  Relevant sections are marked in RED throughout the proposal form
	<input type="radio"/> Option 2: Transition to a single stream of funding during grant negotiation → go to section 3.1 (b)  Relevant sections are marked in RED throughout the proposal form
	<input checked="" type="radio"/> Option 3: No transition to a single stream of funding in Round 10  Relevant sections are marked in RED throughout the proposal form
(b) For options 1 or 2, list the grant numbers.	→ insert relevant grant numbers

3.2 Duration of Proposal	Planned Start Date	To
Month and year:	June 2011	June 2016

3.3 Alignment to existing cycles

Describe:

(a) how the proposal duration was selected in section 3.2 and how it contributes to alignment with relevant fiscal cycle(s), programmatic reporting, or existing program reviews; and
 (b) the systems in place for regular program reviews and evaluations (including Operations and Implementation research).

The start and end dates of the proposal were selected by firstly taking into account the approval dates of the Global Fund and prior administrative processes for the start of implementation. The proposal duration was calculated by considering the planned actions with organizations belonging to the RedTraSex (Latin American and Spanish-speaking Caribbean Network of Female Sex Workers) and the achievement of the goals set out in the proposal. Furthermore, the actions of RedTraSex organizations do not necessarily

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coincide with national fiscal cycles, hence planned activities will not be affected by this. In general in Latin America and the Caribbean the planning of national operational programs starts in June and July, with the programs implemented from the first month of the following year, hence the dates selected for implementing the proposal coincide with national fiscal cycles.

will therefore contribute inputs for the reports and evaluations of national programs. This allows for greater consistency in the planning, implementation and notification of projects, facilitating monitoring and evaluation actions, and measurements of joint baselines which provide an overview of indicators and efforts made by each country in the fight against HIV/AIDS.

3.4 Summary and rationale for multi-country approach

Provide:

- (a) a summary of the proposal; and
- (b) a brief overview of the rationale for a multi-country approach to the issue(s) targeted in the proposal.

(a) Female Sex Workers (FSWs) are defined as a priority population due to diverse epidemiological, social and economic factors which make them more vulnerable to HIV, including **being women, stigmatisation and discrimination, poverty, lack of access to education, health and other services**. One strategy that has been found to be effective in the fight against HIV in the world is the prevention of HIV by the very groups considered vulnerable populations, for whom peer work can be extremely valuable in achieving this aim. This is genuinely feasible when these organizations are strong enough to advocate actively in policies and programs which involve actions of which they are the main beneficiaries. FSWs in some countries in Latin America and the Caribbean have succeeded in consolidating organizations which have allowed them to participate actively in the design and implementation of preventive actions that diminish HIV risk in their population group. Unfortunately, this does not occur equally in all countries in the region due to the weakness of their organizations or strong elements of stigmatisation and discrimination existent at all levels, especially in the health area. The proposal aims to bridge these constraints by harnessing the lessons learned in the stronger National Organizations of Female Sex Workers (NOFSWs), to achieve a balance in the organization and capacities of all the NOFSWs in the region so that they can become a real ally in the efforts of national and international HIV prevention programs in Latin America and the Caribbean. In this respect, technical assistance and technicians' work with FSWs will allow the latter to not only to become stronger but also to ensure the sustainability of their actions to prevent HIV in themselves and their clients. As these actions grow they will have a positive effect on reducing the prevalence of HIV in this population.

The central objectives of the present proposal can be listed as:

Improving participation and advocacy: In many countries where the proposal is to be implemented there are legal frameworks that criminalize FSWs. This is used as justification for police repression, institutional violence and a lack of access to basic healthcare services, including HIV and AIDS care and treatment, all of which forces sex workers underground and increases their stigmatisation and vulnerability to HIV/AIDS. This proposal seeks to improve and increase FSWs' participation in decision-making spaces at local, national and regional level. This will contribute to improve the design and implementation of public policies, creating synergies between the local and regional spheres. With these actions, FSWs with equal rights will know that they have the legal backing and labour protection necessary for their work to cease to be underground and put them in a position to demand the availability of measures for preventing HIV in themselves and their clients.

Strengthening organizational capacities: broadening the development of capacities, increasing knowledges in FSWs belonging to NOFSWs and attaining greater direct access to resources to consolidate autonomous, efficient and sustainable organizations, with models that can be replicated in national, regional and international spheres. The lack of financial resources for the sustained development of capacities in FSWs has led to a knowledge and capacities gap and the unequal development of NOFSWs. The International AIDS Alliance study cited sustains that "there is proven evidence of the efficiency and effectiveness of community work of key population groups. Unfortunately, this has not been reflected in the levels of financial investment in these groups by the international community and the States. To a great extent, this is due to the fact that those who decide where the funds are allocated and are at the forefront of the response to HIV, think that the grassroots groups do not have the capacity to handle subsidies and programs directly, and so financial resources are frequently channelled via different intermediation models (...) To achieve real sustainability and defeat the epidemic in the long term, it is imperative to build community capacity to support prevention, care and support work

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beyond the life of a program” (Annex 41). Lastly, NOFSWs’ deficient capacities and lack of income mean that the reach of these groups is limited. From the regional sphere it is possible to make a contribution by increasing capacity and resources, so that NOFSWs can increase the quality of their interventions and the number of beneficiaries.

Increasing knowledge about the situation of sex work and HIV, and the fight against the stigmatisation and discrimination of FSWs: There is very little knowledge in the regional sphere about this issue. Few countries have performed quality studies that characterise the development of the epidemic in the sector. The proposal contributes to increasing knowledge of the reality of sex work and HIV, which makes it possible to generate actions, programs and interventions by governments and civil society to diminish the incidence of HIV in this population. To do so, the proposal includes undertaking operational research into factors that place FSWs at risk, and a good practices guide which will contribute to implement friendly health services, prevention and advocacy actions to diminish HIV risk, and decrease stigmatisation and discrimination against FSWs in health services, among other aspects.

The Latin American and Spanish-speaking Caribbean Network of Female Sex Workers (RedTraSex) has identified that 50% of countries included in the proposal have no FSW representation in the Country Coordination Mechanisms (CCMs) of the GF (see point 4.3.1). Given that active participation in the CCMs leads to the inclusion of known effective components and interventions related to SW in the country proposals, and in the direct allocation of resources to key populations, one expected intervention is to train FSWs so they can participate effectively in these spaces, and undertake advocacy for their incorporation into CCMs. The participation of the FSW is also sought in UNAIDS Theme Groups, National AIDS Councils, and in raising the awareness of government civil servants and legislators in each country. This way, by strengthening organizations to implement and manage resources and programs, increasing knowledge and information available in the region for informing policy decision-makers and improving participation in national and regional decision-making spheres, responses to the HIV epidemic can be improved, while increasing the efficiency of resources invested in SWs and HIV. Coordination and articulation with different stakeholders at regional and national level can harmonise and coordinate strategies and approaches. A multi-country approach encourages synergy and “cross fertilisation”, meaning that in the regional sphere leaders know and learn about experiences from other countries and go back to their organization to adapt these experiences and apply them nationally. Furthermore, at regional level this makes it possible to reflect on good practices which then generates a cascade effect in the local sphere.

b) Why is a multi-country approach necessary?

At regional level, regional community networks have proven to be an efficient tool for increasing capacities of national organizations, changing legislation and discriminatory policies, increasing participation in decision-making spaces and creating visibility about these populations’ issues. In Latin America and the Caribbean (LAC) there have been regional community networks since the early 1990s with clear examples of positive synergy between the regional and national sphere. In the case of FSWs, the Latin American and Spanish-speaking Caribbean Network of Female Sex Workers (RedTraSex), formed in 1997, has made considerable progress in the response to the epidemic (see points 2.3.4 and 2.3.6). One example of this was seen in the Global Consultation on SW and HIV/AIDS in July 2006, when the Network attained a resolution to perform a Regional Consultation on SW and HIV in Lima in February 2007, which highlighted the specificity of the region. The Lima Consultation became an opportunity to garner a commitment from the National AIDS Program Heads of the region to proceed with intersectorial national consultations on SW, Human Rights and HIV. To date, these have been carried out in Argentina, Brazil, Uruguay, El Salvador and Peru. The institutional strengthening of NOFSWs means progress can be made in actions to reduce social and structural issues which make this population more vulnerable to HIV and guarantee that actions are sustained.

The capacities of community systems that this regional approach seeks to strengthen have not been addressed to date by the National Programs of the region. Not all of them develop specific strategies for FSWs, and when they do, they only allocate resources for distributing condoms, work among peers and testing, which do not strengthen community systems to guarantee that the actions are sustained (see constraints of national programs in 4.3.1). One recent study by the International AIDS Alliance indicates that of total HIV subsidies granted by the Global Fund to civil society organizations, only 4.5% reaches key populations, and of that percentage only 6.1% is allocated to NOFSWs in the region. Of the 15 subsidies analysed, only 2 NOFSWs had obtained financing directly (Annex 41). This analysis of access to resources is detailed in point 4.1. Another weakness of most national programs in the region is the fact

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that they fail to generate reliable knowledge on the reality of SW and HIV, both in terms of epidemiological data and risk factors. This is an obstacle in designing and implementing suitable actions, programs and policies (see 4.1).

Faced with these shortcomings, this regional proposal aims to improve the capacities of NOFSWs, the implementation of programs (including those financed by the Global Fund), the design of policies and review of legal frameworks involving female sex workers, to reduce their vulnerability to HIV in national and regional spheres.

The initiatives laid out in the present proposal aim to generate improvements in access to services, defining policies and programs and reducing discrimination and stigmatisation of Female Sex Workers (FSWs) in 15 countries in Latin America and the Caribbean. FSWs are one of the populations where the epidemic is concentrated in the region. These 15 organizations provide peer intervention to over 20,000 FSWs, with the capacity to increase this number as they become consolidated. These interventions are more successful when they are approached from an integral, multi-country perspective. Regional interventions have greater scope, consolidate collective and collaborative work, strengthen alliances between different sectors, allow greater synergy, provide spaces where experiences, lessons learned and knowledges can be exchanged, and guarantee that interventions at national and regional level are complemented. They also facilitate and ensure spaces for debate and decision-making, in this case by the FSW, which is then reflected in positive changes in plans, public policies and legislation for this population. And this improve the quality of performance, efficiency and effectiveness of Global Fund programs.

The RedTraSex proposal and its main interventions are aimed at National Organizations of Female Sex Workers (NOFSWs) in 15 countries in Latin America and Spanish-speaking Caribbean, as the base-organization work has an impact on the general FSW population in the region. By improving public policies and programs, the HIV epidemic and the stigmatisation and discrimination of this key population can be reduced.

Epidemiological information shows that FSWs are a priority population in the region. While the established prevalence of HIV in adults (aged 15-49) in 2008-2009 for the general population in Mexico¹ is 0.3%, for FSWs it is 5.5%²; in Guatemala it is 0.6% compared with 4.3%³ and in Honduras 0.7% of the general population compared with 9.6%⁴ of FSWs, to give only some examples. Many internationally valid documents, such as those provided by the Global Fund and UNAIDS, support this definition taking into account these factors and others, such as that in many countries Sex Work (SW) is not recognised as a profession. There are laws that criminalize FSWs and prevent them from carrying out prevention strategies. Faced with this situation, responses to HIV must address underlying social and structural questions which place FSWs at greater risk, and encourage programs and services in the most affected communities (Annexes 36, 37, 38 and 39).

UNAIDS recognises that "A great deal can be done to control the spread of HIV and to ease personal suffering if countries acknowledge the existence of sex work and respond to the need for HIV prevention, treatment and care of all those involved. In many places, however, sex work is heavily stigmatised or its existence even denied, and sex workers are by-passed by such services."

(<http://www.unaids.org/es/PolicyAndPractice/KeyPopulations/SexWorkers/default.asp>). Faced with this reality, this proposal's priority interventions aim to strengthen NOFSWs, as it is they who have the most proven experience both in peer work and in evidence-based advocacy, which is usually done with scarce resources.

One example of this is the program "Sem vergonha, garota. Você tem profissão", which the Brazilian Prostitutes Network has been running sustainably for over a decade, with support from the National AIDS Program of Brazil. The Network's combined strategy of modifying legislation that criminalizes sex work, strengthening grassroots organizations and promoting prevention among peers has succeeded in lowering the prevalence of HIV in FSWs.

¹ All data on the prevalence of HIV in the general population of 15-49 year-olds cited in this section correspond to: UNAIDS. 2008 Report on the global AIDS epidemic, 2008. Available:

http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

² All data on the prevalence in the FSW population cited in this section were provided by the PAHO database, and come from different studies, Mexico : UNAIDS. 2008 Report on the global AIDS epidemic, 2008. Available:

http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

³ Brasil: Godoi AM, Merchan-Hamann E, Guimaraes KM, Andrade JM, Serafim D, Ribeiro L; International Conference on AIDS. Effectiveness of STI/HIV sexual risk reduction interventions addressed to female commercial sex workers (CSW) in Brazil. Int Conf AIDS. 2002 Jul 7-12; 14: abstract no. MoPeC3503.

⁴ The data reported on female sex workers are cited in: UNAIDS 2009 Report on the global AIDS epidemic, 2009. Available : http://data.unaids.org/pub/Report/2009/jc1700_epi_update_2009_es.pdf.

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4. PROGRAM DESCRIPTION

4.1 Current context for countries included in the proposal

Describe:

- (a) the priority needs in the national plans of the countries included in the proposal;
- (b) how the multi-country proposal will address needs/gaps in the national plans; and
- (c) the critical cross-border and/or regional needs addressed in the proposal.

The strategies of the countries in responding to the disease in the region maintain the constant reflected in the Health of the Americas 2007-2008 report (<http://www.paho.org/spanish/AD/DPC/NC/cronic.htm>). The region has been characterised by a quick response to the challenges of the infection: most countries have set up National AIDS programs, there are different mechanisms or National AIDS Councils for inter-sectorial collaboration, and in most countries there is recognition of efforts to give equal importance to prevention and treatment.

In analysing in detail the strategy by country, based on 8 national strategic plans, 5 national programs, 5 pieces of legislation and 8 Global Fund programs (Annex 46), it can be seen that although FSWs are considered within key populations in all cases, the strategies developed show serious shortcomings in providing genuine responses to the epidemic. The constraints found are as follows:

Argentina: FSWs are named in national plans and participate in Global Fund proposals, where the objectives are aimed at increasing access to prevention in the sector, the distribution of condoms and work among peers. There remains legislation in Argentina that criminalizes SW. Initiatives to reverse the stigma and discrimination of SW are undertaken by the community based FSW organization. FSWs have been represented in the CCM since late 2008.

Bolivia: Although programs exist for education among peers, there are no strategies for strengthening OFSWs. At the same time the existence of the mandatory license increases vulnerability as its implementation has meant greater exposure to stigmatising practices. NOFSWs have not implemented GF proposals. There is some representation of FSWs in the CCM.

Chile: Actions for the population are framed in the national prevention strategy, but do not contain specific indicators for FSWs. Although the national strategy includes diagnoses and statistical registers for creating defined strategies for each population, there are still no studies into the prevalence in SWs. FSWs have no representation in the CCM.

Colombia: The National HIV/AIDS Response Plan of Colombia (2008-2011) proposes in its aims and activities aimed at SWs, in addition to prevention for vulnerable groups, 2nd generation epidemiological surveillance studies to mitigate the prevalence in this vulnerable population and education about sexual and reproductive rights. In Colombia FSWs do not have their own direct representation in the CCM.

Costa Rica: At present there is no GF proposal under implementation and no indicators of prevention work by the State in the sector. FSWs do not have representation in the CCM. The completed GF project did not include specific interventions in the FSW population.

Dominican Republic: The strategic plan proposes virus prevention and detention actions for FSWs and their clients, but does not formulate any coverage indicators. As for GF proposals, these have not been applied since the second round, which did propose coverage indicators for prevention and considered the inclusion of OFSWs. FSWs have representation in the CCM.

Ecuador: No indicators of specific scope and coverage for the sector were found in the National Plan. FSWs implement a GF subsidy and have representation in the CCM.

El Salvador: In the National AIDS Plan there are aims and indicators of actions to reduce prevalence in populations considered vulnerable, by strengthening organizations and emphasising rights, but there are no specific indicators for SW. FSWs do not have representation in the CCM.

Guatemala: The strategic national plan proposes preventative actions, indicators for institutional strengthening and the defence of human rights. However, it recognises the lack of specific programs for FSWs. The GF country proposal implemented in 2004 incorporates specific indicators for FSWs. In Guatemala FSWs have their own representation in the CCM, thanks to RedTraSex advocacy in this and other CCMs in the region.

Honduras: Although prevalence in FSWs is one of the highest in the country and in the Central American region (around 10%), the National AIDS Plan PENSIDA III only has three indicators related to prevention, there are no coverage indicators, nor are specific activities included in the plan for this population, considered highly vulnerable to HIV. Main activities include: distribution of condoms, HIV testing as part of

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epidemiological control, distribution of IEC materials and very limited peer-to-peer education among FSWs.

Nicaragua: There are no specific indicators or strategies for the sector. FSW do not have representation in the CCM.

Panama: In the strategic plan FSWs are considered within the most vulnerable populations but the only indicator registered is the consistent use of condoms. FSWs do not have representation in the CCM.

Paraguay: In the National Plan there are no specific initiatives or indicators that show specific actions with the SW population. FSWs implement GF funds but do not have representation in the CCM.

Peru: In the National Plan there are no specific strategies or indicators for the sector. The GF's proposal emphasises the percentage of SWs receiving medical care. FSWs have no representation in the CCM.

Uruguay: the National Plan's aims include research into STIs and HIV in at-risk populations, including FSWs, but does not include indicators or other specific actions for this population. Uruguay is not implementing GF proposals. FSWs have representation in the CCM.

The analysis by country shows that 50% of the countries included in this proposal include FSWs in the CCMs and 50% do not. Furthermore, although FSWs are named in most GF national plans and programs, in most cases there are invisibilities in the broadest category of vulnerable populations. Where they are identified specifically, there are not always associated indicators. Even fewer are the countries that develop strategies aimed at FSWs. In the cases where GF programs aimed at this population are being implemented, these are centred on prevention and peer work, without covering the strengthening of Community-based Organizations (CBOs) of FSWs, in which they are not invited to take part in designing strategies or plans which are implemented. Faced with this situation, this proposal identifies the need to strengthen the capacities of FSWs and their NOFSWs to participate actively in these spaces.

In addition to the analysis of the situation in each country, there is the evidence of the International AIDS Alliance's study into access to GF resources by the populations most vulnerable to HIV/AIDS in LAC, which sustains that "the scarce capacity of key populations to administer programs and their frequent lack of legal status are some of the main barriers hindering access to resources as full sub-recipients. However, the strategy of using an intermediary organization to channel funds to these groups does not always contribute in the long term to wholly strengthening civil society groups. Therefore, it may not be useful or sustainable in the context of an effective response to HIV/AIDS" (Annex 41).

The study also points out that the lack of epidemiological data of HIV prevalence disaggregated by population groups (especially in FSWs and transgender persons) "means that existent prevalence is no guideline for the distribution of GF resources, as this requires evidence-based proposals and the lack of FSW and transgender population data invisibilizes their realities and needs, resulting in fewer funds available for these vulnerable groups."

The strategies through which the present regional proposal intends to respond to the needs and constraints identified are matched with **critical trans-border/regional needs**, given that in the analysis of constraints described above and in point 4.3.2, it is clear that there are common situations in the region that hinder an effective response to HIV/AIDS within and from the sex worker population.

The critical needs which are not covered by national programs (which are developed in detail in point 4.3.1) and the related response strategies of this regional proposal are:

1. Lack of integral State policies. To respond to this need the following areas of intervention are proposed:

a. **Development of advocacy capacities.** The Network proposes increasing the advocacy capacities of network leaders in the 15 countries, in order to achieve progress in the regional and national sphere. Leaders trained by the Network will replicate what they learn to a greater number of FSWs in their countries.

b. **Producing evidence to inform policies.** Many national policies that affect FSWs can be the result of ignorance of the complex issue of HIV/AIDS and SW. In the regional sphere, it is possible to increase the evidence-based knowledges that feed improved policies for this population.

c. **Visibilizing the situation of HIV and sex work.** In the international and regional sphere, there is a series of opportunities, such as national, regional and sub-regional congresses, as well as High-Level United Nations Meetings, where the Network can manifest and visibilize the issue of HIV/AIDS and SW.

d. **Advocacy in international and regional spaces to improve policies, programs and legal frameworks affecting sex workers.** This includes, in some cases, documenting and reporting human rights violations involving FSWs. There is a broad consensus about the role of key populations in the response to HIV, which goes beyond being simple beneficiaries of programs, to become decision-makers and implementers of strategies and funds aimed at their communities.

2. Barriers to health access. To respond to this constraint the following areas of intervention are proposed.

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a. **Generating and administering knowledge about friendly healthcare services for FSWs.** There are few national studies (Annex 47), and no systemization has been undertaken in the regional sphere regarding the different approaches in friendly services for FSWs, including an analysis of different aspects of vulnerability of this population. In addition, the proposal will bring together the lessons learned in programs and initiatives which have contributed to improving access to health services for FSWs. The program will produce regional guidelines for good health care practices for FSWs.

b. **Developing FSWs' capacities in relation to health access.** The step following knowledge development mentioned above is to increase the capacities of a group of OFSW leaders, so that they apply and replicate the good practices guidelines with their peers, with health operators and public health specialists.

3. Partial approaches to the issue. To respond to this constraint we propose the following intervention areas:

a. **Operational research into factors of sex workers' vulnerability to HIV.** Early in the implementation of this project we propose carrying out operational research, to include a review of programs that have been developed in the countries of the region and legislation.

b. **Sharing the findings of operational research.** The results and recommendations of the operational research will be used as a basis for the development of the proposal, and will be shared through the publication of the results, presentations at national, regional and international conferences, by members of the Network and in a series of informative meetings with the CCMs in the region.

4. Organizations needing strengthening. To respond to this need the following intervention areas are proposed:

a. **Channelling technical and financial resources to NOFSWs.** As mentioned above, the few resources that have been channelled to OFSWs have been oriented at prevention and very little has been invested in strengthening the organizations. In many countries, this means helping NOFSWs to obtain legal status. In addition, the resources included in the present proposal will be implemented by the NOFSWs taking into account the requirements stated and with goal-based approach.

b. **Development of leaderships.** The administration of sustainable CBOs is based on the practice of good leadership and this requires training. Community leadership is the basis, rather than personal leadership, the leader being a member of the community and spokesperson for FSWs in her country and region.

c. **Strengthening and sustainability of NOFSWs and of the Network:** the creation of resource mobilisation plans by country and the development of capacities, among other strategies, allow NOFSWs to be in better conditions to access resources (including those of the GF). A key element for the success of this proposal and long-term sustainability is supporting the growth of the Regional Network. On occasions, the implementation of GF programs has resulted in the weakening of the organization, technical teams are not from the community and do not focus on strengthening the organizations, but only provide coverage without installing capacities which permit the sustainability of NOFSWs over time. In this respect, it is sought that by the end of the project the Network and its member NOFSWs will be strengthened and will guarantee sustainability in the response to HIV.

4.2 Regional epidemiological profile of target populations

(a) Describe the current regional epidemiological profile of the target populations, and how this profile is changing with respect to HIV.

In 2008, the estimated number of new HIV infections in the region was 170,000 (150,000-210,000) and consequently the number of persons living with HIV rose to an estimated 2 million (1.8 million-2.2 million). Situation of the AIDS epidemic December 2009. UNAIDS 2009.

According to the 2009 UNAIDS report, the epidemiological data suggest that the epidemic is stable in Latin America. The regional prevalence of HIV is 0.6% (0.5-0.6%), hence the region is characterised mainly by a low level, **concentrated** epidemic.

The percentage of the **female population working in the sex trade** varies from 0.2% to 1.5% (Vandepitte et al., 2006). In a study by Cáceres and Mendoza in Peru in 2009, 44% of men said they had had sex with a female sex worker in the past. In serological surveillance studies in Central America, a 4.3% prevalence of HIV is detected in female sex workers in Guatemala and 3.2%, in El Salvador (Soto et al., 2007). Soto and collaborators also found that a significant percentage of Central American sex workers are carriers of a sexually transmitted infection, with particularly high rates reported of HSV-2 (85% of seroprevalence of HSV-2 among female sex workers in the five countries studied).

80% of female sex workers in the Latin American region are below the poverty line, have restricted access

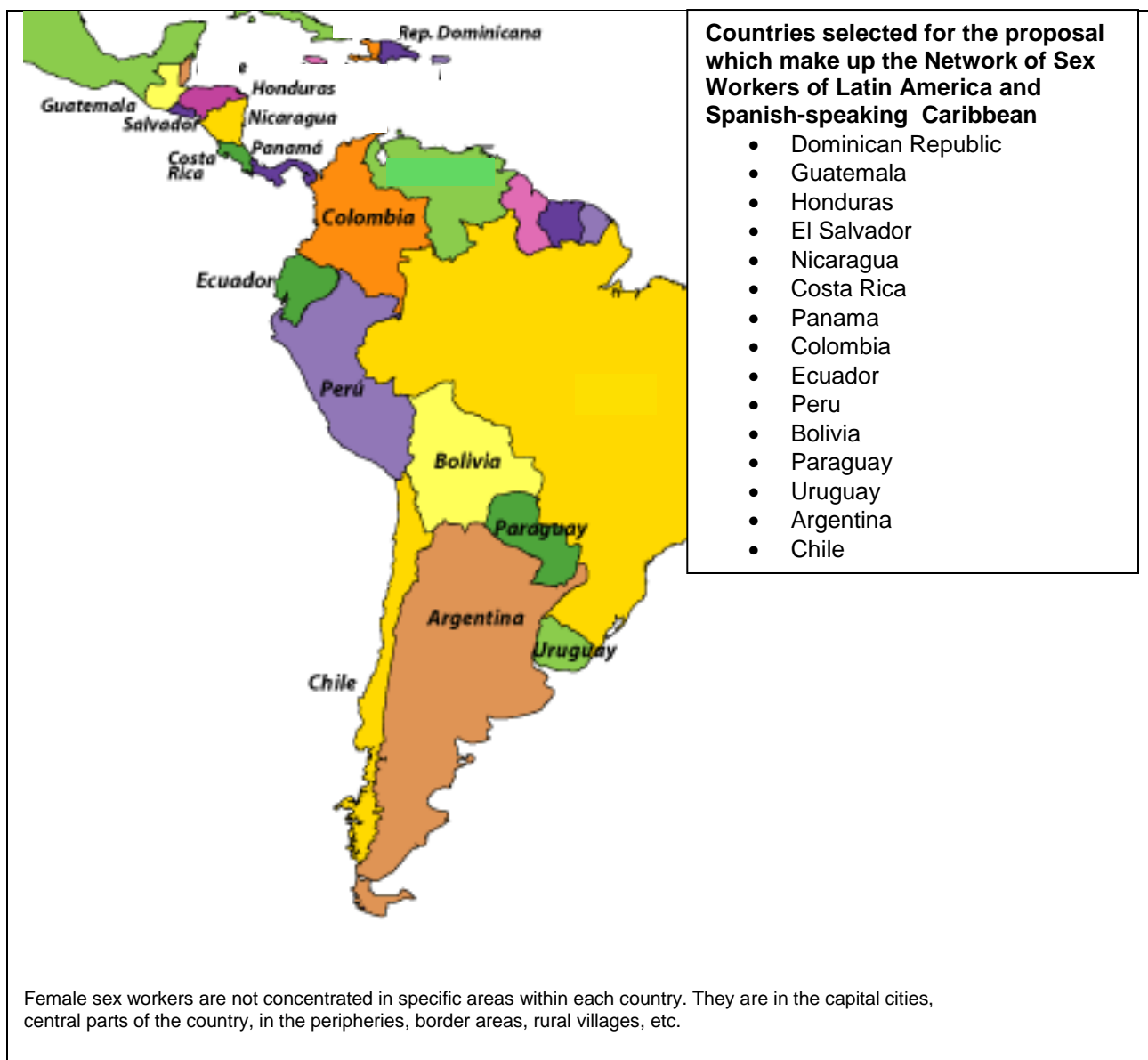
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to education and are the focus of violence in society and in the law courts, as well as cultural practices such as sexism. These factors, together with the work they do, mean that sex workers are exposed to infection with HIV and other sexually transmitted infections. There tends to be an overlap in the region between the sex trade and drug use (Strathdee & Magis-Rodríguez, 2008). New studies suggest it is possible that HIV prevention measures influence sex workers in Latin America. A survey of female sex workers in Santiago, Chile, carried out in five clinics, detected no HIV infections; the sex workers reported that they always used condoms with their clients (93.4%), although systematic use of condoms with stable partners was less frequent (9.9%); while in Guatemala it was found that a multi-level intervention targeting female sex workers led to an over four-times decrease in the incidence of HIV in the population, as well as a significant increase in systematic condom use (Barrientos et al., 2007, Sabidó et al., 2009). As in other regions, surveys carried out in Latin America suggest it is more probable that sex workers use condoms with clients than with occasional or stable partners. In over 460 sex workers in Honduras it was found that although 96.7% reported systematic condom use with clients, frequency of condom use fell to 40.7% with occasional partners and 10.6% with stable partners (Honduras Department of Health, 2008). It is proven that the exercise of violence and the violation of human rights has negative effects on the health of target groups, particularly sex workers, increasing their vulnerability. Violence leads to isolation, which prevents the victims from seeking help, support and security. Low self-esteem leads to self-blame. In many cases, persons may consider not protecting themselves (e.g. from HIV) and/or may turn to self-destructive behaviours, such as drug and alcohol use. Additionally, it is important to bear in mind that the violation of human rights of sex workers may force them to escape, migrate and work in more dangerous conditions. These phenomena are evident in border regions in Latin America. These facts need to be better researched to get a real overview of the HIV problem in the female sex worker population and propose more effective intervention strategies.

(b) Do the activities in the proposal target:

<input type="radio"/> Specific geographic region(s)	<input checked="" type="checkbox"/> Specific population group(s) Female sex workers

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(c) Size of target population(s)

→ Copy, paste, and complete the table for each country included in the multi country proposal if relevant

→ If data is disaggregated differently then type over the categories proposed and enter your own population groups

Population Groups	Population Size	Source of Data	Year of Estimate
Total population (all ages)	471,217,262	CELADE/ECLAC	2009
Females > 25 years	111,860,123*	CELADE/ECLAC	2009
Females 20-24	25,879,115	CELADE/ECLAC	2009
Females 19-45	113,864,500	CELADE/ECLAC	2009
Females Sex Workers 19-45	227.729 - 2.049.561	RedTraSex estimate according to HIV prevalence in FSWs data PAHO databases/2009 (Annexes 48b- 48c- 48d)	2009

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(d) HIV epidemiology of target population(s)

→ Copy, paste, and complete the table for each country included in the multi country proposal if relevant

→ If data is disaggregated differently then type other the categories suggested and enter your own population group

Population Groups	Estimated Number	Source of Data	Year of Estimate
Number of people living with HIV (all ages)	1,415,500	UNAIDS / National AIDS programs of countries addressed	2007
Females living with HIV > 15 years	478,600	UNAIDS	2007
Other population groups Female sex workers with HIV (19-49 years)	12,525 – 111,464	RedTraSex estimate according to HIV prevalence in FSWs data PAHO databases/2009 (Annexes 48b- 48c- 48d)	2009

4.3 Major constraints and gaps in disease, health, and community systems

4.3.1 HIV programs for countries included in the proposal

Describe:

- (a) the main weaknesses in the implementation of current HIV strategies relevant to the countries or region(s) targeted by the proposal;
- (b) existing gaps and inequities in the delivery of services to target populations; and
- (c) how these weaknesses affect achievement of improved HIV outcomes for the countries or region(s) included in the proposal.

Based on the experience of the RedTraSex, the diagnosis from the Overall Consultation, the Regional Consultation, the 5 National Consultations of SW and HIV (Annexes 16 to 21) and from the consultation of documents and the 2008 report on the world AIDS epidemic, the UNAIDS HIV and SW guidelines (Annex 49) and UNGASS reports, a number of **shortcomings** have been identified **at government level in national program and policy strategies, provision of services and the way they affect the attainment of better results in the response to HIV/AIDS in the sex worker population**, which can be detailed as follows:

- **Partial approaches to the issues.** In existing programs that target FSWs, partial approaches and strategies are used. Many programs reduce strategies to interventions centred on providing prevention information and distributing condoms. These interventions are necessary, but are not enough by themselves to bring about behavioural changes and remove structural questions that lead to vulnerability. In addition, much of the information available for FSWs is not produced in a way they can understand it and is not distributed by peers, which reduces its effectiveness. It has been seen that in most countries included in this proposal there are no multi-sectorial policies that include the intervention of Public Health, Education, Safety and Human Rights. This is evident in the lack of references to sex work and HIV in National Strategic Health Plans and specifically in National HIV/AIDS Plans, as well as in many proposals currently being implemented with GF resources.
- **Inadequate balance between health sector programs, programs for the strengthening of communities and programs that pursue social change**, with the strongest constraint found in the latter two.
- **The driving factors of the epidemic are not addressed.** National strategies do not allocate a sufficient percentage of financing and HIV programming to trying to **transform structural factors and causes of FSWs' vulnerability**. Socio-cultural factors that determine stigmatisation and discrimination include sexism and gender inequalities, which have multiple consequences, from the risk of physical violence or even death, to low self-esteem for negotiating condom use with their clients and partners. A notable limitation in government strategies is the strong incidence of religious fundamentalisms, which condemn sexuality in all its forms and, due to the strong influence on the governments in the region, reinforce in them a double standard, hindering the creation of

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laws and/or programs which guarantee access to human rights for this population, which becomes a **barrier to access** for the inclusion of FSWs in HIV strategies, especially taking into account that the vast majority of FSWs come from the population of lowest resources, meaning that they have been marginalized in their access to formal education, justice and health, among other things.

- **Legislation that criminalizes FSWs and discriminatory policies** which prevent access to HIV-related services for vulnerable groups. Faced with this, there is a **lack of review and reform of legislation with a view to improving FSWs' legal status**. Despite international consensus, in the case of FSWs, a major obstacle to **universal access** can be found in penalisation or the implementation of laws that prevent access to services. Stigmatisation and discrimination by health services, by the application of the law and by the community in general reinforce the social and institutional marginalization of FSWs and increase HIV vulnerability and risk. In turn, there have been proven experiences that indicate that in countries that have passed anti-discrimination legislation for the populations exposed to infection risk, HIV prevention coverage is greater.
- **Lack of legal assistance services for FSWs**. There are serious difficulties for this population in accessing the legal system over human rights violations in the context of HIV. Crimes against FSWs, police abuses and obligatory, non-confidential testing of FSWs are not reported or go unpunished. This is due to a lack of leadership and commitment from many governments, and this will not change in the short term unless there is advocacy in the regional and national sphere to visibilize and understand this absence of legal assistance services as a barrier to accessing services.
- **Coverage of prevention activities is still limited**. The distribution of condoms is the most frequent approach by national programs. However their scope is still insufficient. In most countries involved in this proposal, there are periods of the year when there are shortages and areas have been identified where there is no stable coverage of condom distribution. For example, in August 2007 the shortage of condoms for FSWs was such in Costa Rica, Chile, Paraguay and Peru that RedTraSex wrote to the Group for Technical Horizontal Cooperation, urging the governments to take urgent measures (Annex 50).
- **Lack of coordination, harmonization and articulation** in public policy programs. In the countries included in the proposal there are different approaches and interventions, many of them evidence-based, which have not proven effective and which could be improved if there was suitable coordination, harmonization and articulation among the different sectors and stakeholders involved.
- **FSWs are not involved in the design, implementation, surveillance and evaluation of programs**. There is an international consensus that any response to the epidemic must take into account the opinion and participation of vulnerable populations in the design of the response for their communities.
- **Lack of strategies that include the social mobilization of the FSW population** so that they can fight to remove the causes of stigmatisation and political and legal obstacles which prevent them from being adequately protected from violations of human rights in the context of HIV and prevent access to services.
- **Lack of support for strengthening community systems**. The individual vulnerability of sex workers has an institutional correlation. In the response to HIV, insufficient technical and financial resources have been invested to develop sustainable organizations of key populations. This includes aspects related to the development of individual and organizational capacities. Historically, a limited number of FSWs have been trained in specific aspects and methodologies of primary prevention, neglecting the development and construction of leadership and strong, sustainable community organizations. In any given community, the presence and contribution of an OFSW offers a direct service to the community while projecting a positive image which contributes to diminishing stigmatisation and discrimination. Traditionally, resources have been channelled to AIDS NGOs working "**for** sex workers". There is clear evidence about the importance of working with organizations "**of** sex workers".

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4.3.2 Constraints and gaps

Describe the constraints and gaps that are most relevant to the proposal. These could be HIV-specific and/or include health systems or community systems.

All the constraints described above **affect the attainment of best results**. On the one hand, prejudices and double standards police persecution and lack of access to the legal system, and on the other hand the lack of empowerment of FSWs and weaknesses of their organizations all constitute **barriers to access** to services and to participation in defining strategies for the population itself. Programs do not reach SW populations in large numbers, but rather as partial or limited programs, with the obstacle that when they do reach these populations, in most cases there are then no friendly services to cater for their needs. (see 4.3.1.)

There is evidence that in countries where community-based organizations of sex workers are stronger and legislation protects sex workers, the prevalence of HIV is lower than in areas where there are no such organizations and sex work is criminalized. UNAIDS indicates that legal measures such as making testing and rehabilitation of sex workers mandatory “have a negative impact on the provision of HIV prevention programs and access to treatment” and increase stigmatisation.

(http://www.unaids.org/es/KnowledgeCentre/Resources/PressCentre/PressReleases/2008/200811_Criminalization_of_sexual_behavior.asp). The document asserts that countries that have anti-discrimination laws for key populations “have managed to have higher coverage indices in HIV prevention efforts”.

One example of a suitable anti-discrimination legislative response is the abolition of the health card for FSWs in Ecuador and its replacement with an integral healthcare card identical to those used by all women in the country, which allows FSWs increased access to health services. This achievement which was made possible by the extensive advocacy work of the CBO RedTrabSex Ecuador (Network of Female Sex Workers in Ecuador), a member of the RedTraSex (Annex 25).

In short, the constraints indicated and the non-application in the countries of basic programs that aim to eliminate obstacles for FSWs to exercise HIV-related human rights lead to FSWs having less access to HIV prevention, treatment and support services, which also prevents an effective and sustainable response to the epidemic.

Research carried out in the context of the GF Argentina country project shows that in places where there are greater indices of stigmatisation and institutional violence, there are fewer chances of the population accessing information about their human rights and being able to demand these. At the same time, repressive policies against sex work drive the work underground, increasing women’s vulnerability and impacting directly on their capacity for empowerment and capacity to drive and sustain actions that benefit the community. The report’s conclusions cast some light on the constraints, sustaining that: “*One condition for the success of future campaigns, projects and policies directed at sex workers is that behind these there should not be a view that relates unsafe practices exclusively with a lack of knowledge, but also takes into account the diverse difficulties that female sex workers have in putting these acquired knowledges and know-how into practice (related to, among other factors, their gender and class)*”(Annex 27). It should be noted that the results of this research carried out in Argentina are no different to the situation in the rest of the countries in the region.

In terms of **constraints and gaps at community level**, in the case of NOFSWs the following factors have been identified:

- **Lack of organizational capacities and skills.** The lack of financial resources for the sustained development of technical and organizational capacities of OFSWs has led to a gap in knowledge and capacity for managing autonomous, efficient organizations and increasing coverage of effective services and programs with a community focus.
- **Insufficient coverage:** constraints on capacity and lack of resources in NOFSWs limit the scope of these groups.
- **Reduced participation in decision-making spaces.** FSWs have representation in 50% of CCMs of countries involved in the proposal, but effective participation is much lower due to lack of knowledge about mechanisms that are taken into account in decision-making. Active participation in different HIV-related decision-making spaces, such as UNAIDS theme groups, National AIDS Councils and other spaces leads to the inclusion of components and interventions which have proven effective in relation to SW and HIV and to deciding on necessary adjustments during the implementation stage.
- **Scarce direct access to resources.** As indicated in the cited International AIDS Alliance report, organizations’ lack of capacity, the low participation of key populations in decision-making spaces, and the lack of relevant, up-to-date epidemiological information mean that financing rarely reaches community-based organizations of sex workers directly, limiting their actions (Annex 41).

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4.4 Proposal strategy



Complete this version of section 4.4.1 if the applicant selected option 2 or 3 in section 3.1 of the Proposal Form

Option 2 = Transition to a single stream of funding during grant negotiation

Option 3 = No transition to a single stream of funding in Round 10

4.4.1 Interventions

→ This section should be completed in parallel with the Performance Framework and detailed budget and work plan

Describe the objectives, service delivery areas (SDA), and activities of the proposal. The description must be organized in that exact order and the numbering system must match the Performance Framework, detailed budget and work plan.

The description must identify:

- (a) who will implement each area of activity (e.g. Principal Recipient, Sub-recipient or other implementer); and
- (b) the targeted population(s).

The lack of empowerment of female sex workers (FSWs) and lack of consolidation of their organizations, in addition to the stigmatisation, discrimination and lack of capacity of health systems are the main barriers to accessing health services and to FSWS' active participation in the definition of preventive HIV strategies for the population itself, as has been sustained in the description of existing constraints and gaps in the care of the target population. Therefore the present proposal aims to close these gaps from a regional point of view, taking into account the lessons learned, which confirm that regional community networks have proven to be an efficient tool for increasing capacities of national organizations, changing discriminatory legislation and policies, increasing participation in decision-making spaces and visibilizing the issues of these populations. In short, collaborating actively and efficiently with national programs to decrease the number of FSWS affected by AIDS.

The **main aim** of the proposal is to contribute to the reduction of the prevalence of HIV in the population of female sex workers in Latin America and Spanish-speaking Caribbean by strengthening their base organizations.

The achievement of the main aim should be translated into a decrease in the **impact indicator**: the percentage of higher-risk population (female sex workers) infected with HIV in the region, in 10% of its baseline value in each country involved in the project, by the project's end. In order to get this indicator, the OFSWs will undertake the advocacy necessary with national programs so that this information becomes available in the course of the project.

To get the impact indicator, three objectives have been designed which from a regional integration perspective will allow organizations of female sex workers to collaborate more efficiently in the strategies of Latin American and Caribbean countries with national HIV programs. The implementation of activities proposed in these objectives will allow the weaker OFSWs in the region to develop, harnessing the lessons learned by stronger OFSWs, and they will jointly acquire greater capacities which will allow them as well-organized base communities to confront the factors that increase their vulnerabilities to the HIV epidemic:

Objective.1 Improve FSWS' participation in national and regional spheres by undertaking advocacy in programs, policies, laws and regulations and their application.

Aims to strengthen the region's OFSW leaders so that they can participate actively in levels of decision-making in the fight against HIV, stigmatisation, discrimination and violence against vulnerable populations.

Objective 2: Build capacities for the

Aims to strengthen the region's OFSWs so that they have human resources with capacities for managing

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institutional strengthening of national organizations of sex workers in Latin America and the Caribbean	and delivering services, financial and material resources and integrated sustainability plans.
Objective 3: Increase knowledge about the situation of sex work and HIV and the fight against stigmatisation and discrimination against FSWs.	Aims to propose activities that improve the relationship between FSWs and care services through actions focusing on the search for allies in the fight against stigmatisation and discrimination.

The description of activities and areas of service provision by objective is as follows:

OBJECTIVE 1. IMPROVE FSWs' PARTICIPATION IN NATIONAL AND REGIONAL SPHERES TO UNDERTAKE ADVOCACY IN PROGRAMS, POLICIES, LAWS AND REGULATIONS AND THEIR APPLICATION.

As a **result** of the first objective, a 20% increase is expected in the number of OFSWs that have representatives in at least 3 technical and political organizations of HIV programs at national or provincial level (3 OFSWs of the region) per year.

It is expected that with the participation of FSWs at these levels the percentage of countries at local level which eliminate or reform punitive laws against FSWs will increase.

SDA Monitoring and evaluation, production of evidence

1.1 Research into factors that prevent FSWs from exercising their rights as citizens to participate actively in decision-making in national programs, policies, coordination mechanisms and other regional and national instances.

As mentioned above, in the countries where the proposal is to be implemented there are legal frameworks that criminalize FSWs. This is used as justification for police repression, institutional violence and lack of access to basic health services, including HIV and AIDS care and treatment, driving SW underground and increasing stigmatisation and FSWs' vulnerability to HIV/AIDS. This proposal seeks to improve and increase FSWs' participation in decision-making spaces at local, national and regional level. This will contribute to improving the design and implementation of public policies, creating synergies between the local and regional spheres.

But not all countries in the region present the same factors that hinder FSWs' active participation, hence it is necessary to identify these and their impact in each country. This evidence search can be used as an input for establishing strategies to overcome barriers to FSW participation from a regional perspective. For this the following sub-activities should take place during the first year of project implementation.

- 1.1.1 The creation of a work plan to look into factors that hinder FSWs' citizen rights in Latin America: a research team will be formed who will propose a work plan so that the study can be applied in the 15 countries selected for intervention. This work plan will include the tools that will be used to implement the study and the analysis methodology.
- 1.1.2 Study of factors that hinder FSWs' citizen rights in Latin America: National training meetings will be held for field researchers and FSWs participating in the study. The research will be carried out in the 15 selected countries, local FSWs will participate in each research group and will be trained for this purpose. Researchers will systemize their results.
- 1.1.3 Diffusion of results of study of factors that hinder FSWs' citizen rights in Latin America: a regional workshop will be held in Argentina to analyse the results found in the study. This will be used as an input for the leaders of each country to identify the advocacy issues in each country. Two leaders from each country (30 in total) will participate and then share the results with their national organizations and issue documents describing findings for the national authorities in their countries.

The product of the activity is: Completed study of factors that prevent FSWs from enjoying citizen rights.

Person responsible: selected sub-receiver

SDA: Human resources: strengthening of capacities for the provision of services, advocacy and leadership

1.2 Training in regional and national advocacy with methodology adapted to OFSWs

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Advocacy is an invaluable tool for achieving the goals set out by the OFSWs in the region, as it allows them to access decision-making organizations and influence the modification of legal regulations and strategies that will facilitate FSWs' access to health services and the prevention of STIs and HIV. OFSW leaders need to improve their advocacy capacities but with methodologies adapted to their education background which allow them to participate in different decision-making scenarios at local, national and regional level. Regional and national leaders will be trained every two years, looking to train new leaders in each country and to the rotation of organizational representativity. The sub-activities are:

- 1.2.1 Design of training plan and teaching materials for training: a team of experts will be available to draw up with RedTraSex leaders a training plan and design teaching materials for training. A thousand copies of the teaching material will be printed and distributed to the 15 selected countries. The training course will consist of two parts, one in person and one online. A meeting will be held in Buenos Aires to complete the training plan and validate teaching materials.
- 1.2.2 Advocacy training: a 3-day workshop will be held in Panama City for a total 30 OFSW leaders from the 15 selected countries. The final product of this will be a draft advocacy plan for each country to be shared at national round table discussions. This activity will take place annually until there are eventually 150 leaders with advocacy training.

The product of the activity is: 15 OFSWs in the region with staff trained in advocacy and 150 OFSW leaders trained in advocacy over five years.

Person responsible: selected Sub-Recipient

SDA: Creating community ties, collaboration and coordination

1.3 Round tables to draw up intervention strategies for the visualization and positioning of FSWs in decision-making spaces

Once OFSW leaders in the region have been trained and have proposed advocacy plans, they will undertake to form national round tables with the participation of allies and decision-makers or their representatives, where they will set out the findings of the diagnostic study, the plan worked out by the FSWs and the possibility of establishing strategies for greater OFSW participation in decision-making spaces. The main advocacy and legal actions will target change to legislation that criminalizes SW and which therefore increases the vulnerability of FSW. Planned sub-activities are:

- 1.3.1 Work plan for the organization of national round tables. Once the first groups have been trained a work plan will be completed for each selected country. Key stakeholders will be identified and selected to support the visualization of FSWs in decision-making spaces in each country.
- 1.3.2 Round tables: The round tables will have a duration of two 8-hour days the first time, the product of which is to approve an advocacy plan for viewing FSW issues. They will then be repeated every three months at round tables lasting one day, with 4 hours of work to analyse the plan's progress. Forty people will participate, including allied stakeholders, OFSW technicians and FSW from each country (total 600).
- 1.3.3 Follow up on intervention strategies: actions planned in the advocacy plan of each NOFSW will be followed up in order to make any necessary changes to achieve the goals set. RedTraSex will receive quarterly reports from the NOFSWs of the region and will make corresponding contact to rethink solutions and the possibility of seeking international support where necessary.
- 1.3.4 Mass activities at key dates for the visualization and positioning of FSW issues: mass-participation activities will be held for the visualization of FSWs and to gain allies. These will be planned in each country to be held on symbolic days: Sex Worker Day, Fight Against HIV and AIDS Day, Defence of Women's Human Rights Day, among others.

The product of the activity is: 15 NOFSWs implementing a visualization and positioning plan.

Person responsible: selected sub-receiver

SDA: Monitoring and documenting community and government interventions

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1.4 Mid-term evaluation of strategies implemented for the visualization and positioning of FSWs in decision-making scenarios.

Mid-term evaluation aims to assess whether planned strategies for the visualization of FSWs in decision-making scenarios have been successful and evaluate the degree of progress of the expected products of their participation, such as change or elimination of laws that violate SWs' human rights, strategies, in HIV programs in the country, which include HIV prevention and SW care drawn up in collaboration with the OFSWs, presence in the creation and planning of national plans to fight HIV for co-operators (e.g. Global Fund), among others. The results of the evaluation will make it possible to propose necessary changes and specific interventions in the countries where the proposed objectives have not been attained.

- 1.4.1 Creation of work plan for mid-term study: there will be a research team responsible for the study, who will present a work plan including the tools for gathering information, analysis of results found and recommendations.
- 1.4.2 Implementation of mid-term study: the study will be carried out in the second year of implementation of the project in each of the fifteen countries selected where OFSW staff will intervene.
- 1.4.3 Communication of mid-term study results: the communication of study results and the reprogramming of the advocacy plan will be done at sub-regional, 2-day workshops in Panama, Ecuador and Argentina with the participation of 60 persons each, including technicians and representatives of OFSWs.

The product of the activity is: Mid-term evaluation study completed and communicated.

Person responsible: selected sub-recipient

OBJECTIVE 2: BUILD CAPACITIES FOR THE INSTITUTIONAL STRENGTHENING OF NATIONAL ORGANIZATIONS OF FEMALE SEX WORKERS IN LATIN AMERICA AND THE CARIBBEAN

As a **result** of the second objective we expect to see a 20% annual increase in the percentage of OFSWs of Latin America and the Caribbean that are strengthened institutionally and therefore are implementing a costed annual work plan which includes monitoring and evaluation activities.

An OFSW will be considered strengthened when it has a platform made up of a legal advisor, a monitoring and evaluation technician, a project manager, a finance manager, and at least 2 members who have received training in the provision of services, leadership and advocacy.

SDA Monitoring and evaluation, production of evidence

2.1 Develop a baseline diagnosis of the technical, financial and advocacy organizational capacities of OFSWs belonging to the Latin American and Caribbean network.

The approach of strengthening community systems seeks to promote the development of organized and informed community-based support structures, which allows them to contribute in the long term to the sustainability of health and other community-level interventions, and the development of a better environment promoting healthier communities. Under this perspective, the NOFSWs are community-based organizations whose members need to have the financial organizational capacities to allow them to have a more active and technical intervention in proposing and developing HIV prevention strategies in their communities. For this reason it is necessary to know the degree of organization, strengths and weaknesses of each of the organizations that make up the RedTraSex in order to promote their consolidation.

- 2.1.1 Creation of work plan to study organizational capacities of OFSWs: a research team will propose a work plan including tools for implementing the study and the methodology for the analysis of the results found. This plan will be carried out jointly with RedTraSex's technical representatives.
- 2.1.2 Implementation of a study of organizational capacities of OFSW: National training meetings will be held for field researchers and FSWs participating in the study. Research will be carried out in the 15 selected countries, and specially trained local FSWs will participate in each research group. Researchers will systemize results found.
- 2.1.3 Communication of organizational strengths and weaknesses of OFSWs: The communication of study results will take place at a 3-day workshop in Peru, targeting two OFSW representatives and one technical staff member from the countries selected for

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the project. The product of this will be a regional plan for strengthening NOFSWs.

The product of this activity is: Baseline diagnostic study of OFSW capacities completed and communicated.

responsible: selected sub-recipient

SDA: Human resources: strengthening capacities for the provision of services, advocacy and leadership

2.2 Improving capacities of OFSWs in the region for institutional strengthening

FOWs are community stakeholders who must have good knowledge of their rights, community health, social environments and barriers, in order to access, develop and provide. They must also know how to ensure organizational financing, and mobilise and manage sustainable financial resources. To this end, the project will include workshops for acquiring technical financial skills, primarily at sub-regional level and then through national workshops in seven countries in which the previous study identified the greatest institutional weaknesses.

- 2.2.1 Holding sub-regional workshops for OFSWs on leadership and advocacy: three workshops will be held, one for each sub-region. Sub-region Andes- Ecuador (4 leaders x 4); Sub-region Southern Cone- Argentina (4 leaders x 4); Sub-region Central America and the Caribbean -Panama (4 x 7). Training in leadership and advocacy will be given over 3 days to 4 representatives of each NOFSW including leaders and administrative technical staff of the organization. The product of the workshops will be operational sub-regional plans for strengthening the organizations.
- 2.2.2 Holding national workshops in strengthening technical financial capacities and creation of operational plans in 7 countries: National workshops will be organized in 7 selected countries after the organizational capacities study, for countries identified as having greatest weaknesses. The 3-day workshops will be for 30 persons per country including FOWs, OFSW technical team and sub-regional support team (total 210). The workshops will be held annually. The product of the workshops will be the operational plan financed by the organizations. The 7 countries will be selected according to the results of the completed study.
- 2.2.3 Follow up on the implementation of operational plans: the follow-up of the implementation of operational plans will be done by the Executive Secretariat of the RedTraSex in collaboration with sub-regional networks, so that each country involved will produce a follow-up report of the quarterly operational plan for the sub-regions and these for the regional secretariat. These reports will be analysed and given feedback on by the Executive Secretariat.

The product of the activity is: 15 OFSWs from the region that have operational technical financial plans in progress.

Person responsible: selected sub-recipient

SDA: Management transparency and leadership

2.3 Support governance and transparency of NOFSWs in the network

Success in managing community organizations means maintaining the leadership of the population represented by showing ability in organizational governance, in the development, handling, and management of programs, and above all transparency in one's actions. For this reason it is necessary to support these fundamental aspects for good organizational development, from the legal, technical financial and monitoring, and surveillance perspectives. Support will be provided to 15 OFSWs in the countries selected for the proposal for a period of 4 years, with the expectation that in the fifth year they will rely on their own resources.

- 2.3.1 Legal assistance in obtaining legal status and legal support for OFSW: the criminalisation of SW in some countries which leads to FOWs' human rights being violated, legal-administrative problems and lack of legal status are the drivers for the limited technical financial governance in OFSWs and their visualization as such. Thus, a legal advisor (lawyer) will be hired for each selected OFSW, who will be responsible for

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solving the problems of the organization and its representees.

- 2.3.2 Technical assistance for the creation and implementation of administrative financial procedures and policies: a technical assistance team will be formed for administrative financial procedures. The team will present a technical assistance plan for all the countries selected. Their participation will be in 3 of the 5 years of the project, leaving established and operating systems in each of the selected OFSWs.
- 2.3.3 Supervision of program and financial management of OFSWs and technical assistance in good administrative practices and accountability: the consultancy team responsible for technical assistance will be responsible for supervising the progress of technical and administrative financial programs, setting alarm systems to identify and solve problems during the implementation of the programs.

The product of the activities is: 15 OFSWs from the RedTraSex region who present on time, specific and precise financial reports starting the second year of the project.

Person responsible: selected sub-recipient

SDA: Financial resources

2.4 Strengthen the capacity of NOFSWs in the network for obtaining financial resources to ensure the implementation and sustainability of their actions

The lack of financial resources for the sustained development of capacities of FSWs has led to a gap in knowledge and capacities and an unequal development of OFSWs in the region. Furthermore, the sustaining of physical infrastructure, of a local technical team for each sub-recipient OFSW and the development of organizational systems depend on whatever financial resources the organization has. This is a key point in the institutional strengthening of OFSWs, given that many have never previously had a technical team, office equipment, their own space and communication resources (telephone or internet), as many organizations operate in borrowed premises or in their own homes. The basis for designing and implementing a program of small subsidies is the National Local Plans for Development of Capacities. To guarantee the transparency of resources used and the possibility of developing strategies for the mobilisation of resources, technical assistance is necessary for the creation and follow-up of a resources mobilisation plan by region and by country to ensure sustainability.

- 2.4.1 Technical assistance to selected OFSWs in the region for the implementation of programs oriented at achieving their operational plans and financial sustainability of their actions: this technical assistance will be through the support of a consultant who will work with the technical team of the Executive Secretariat of the RedTraSex and each of the OFSWs selected for the creation of a resource mobilisation plan based on operational program plans. The use of a small subsidy will be planned to guarantee minimal functioning of the organization, which will be maintained during the first 3 years, after which time it will run using its own resources.
- 2.4.2 Follow-up and ongoing support of subsidy program: once the subsidy program is established in the context of the operational plan, follow-up and ongoing support will be done by a regional and national technical team, which can correct any errors arising in the implementation, guaranteeing transparency and the sustainability of the strategy.

The product of the activity is 15 of the OFSWs of Latin America and the Caribbean having an organizational financing plan for at least 2 years.

Person responsible: selected sub-recipient

SDA Human resources: strengthening capacities for the provision of services, advocacy and leadership

2.5. Establish a continuous training system of the FSW network from the Executive Secretariat of the Network

To strengthen human resources of OFSWs in the RedTraSex, it is necessary to establish a permanent training methodology. Considering that the most widely used means of communication by FSWs in the last three years is computers and internet, establishing online courses designed for different cultural levels and different FSW groups will make it possible to maintain a continuous training system to target leaders, OFSW technicians, peer counsellors and FSWs in general who wish to broaden their knowledge

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about HIV and ways of preventing it in the FSW population. This type of training, especially that of updates on methods for preventing HIV, can then be replicated by the NOFSWs and their members and will maintain a compact group in knowledges necessary for delivering services and the sustainability of their organizations.

There are plans to have four annual online courses, organized in timetables to suit those to be trained, and will be run by the RedTraSex executive secretariat, for which it is necessary to strengthen the online education platform of the Executive Secretariat and the nodes for receiving training.

- 2.5.1 Establish nodes for online training: the RedTraSex executive secretariat online teaching platform will be strengthened by the acquisition of a new computer with the necessary technical specifications for online training. Fifteen computers (one per selected OFSW) will be acquired with internet connection and basic programs.
- 2.5.2 Four online training modules implemented: four training modules will be designed, one in **Leadership and Advocacy**, which will complement in-person courses taught in the implementation of the first objective targeting leaders and technicians of the organization; **Project management** targeting the technical team of the organization; **FSW and HIV Peer Counselling**, targeting FSW peer counsellors; and **HIV prevention update** designed for FSWs in general; the modules will be programmed annually and will be ratified by national organizations, the RedTraSex and where possible those responsible for the National HIV Program.

The expected product of this activity is 180 people trained online annually (total 900 in 5 years.)

Person responsible: selected sub-recipient

SDA Monitoring and evaluation, producing evidence

2.6 Strengthening the monitoring and evaluation system of the executive secretariat and council of the Latin American network

The RedTraSex, as the leading network in Latin America and the Caribbean, needs to collect, analyse, use and share quantitative and qualitative data relevant to national programs involving interventions in FSWs and OFSW-generated interventions in the region. For this it also needs suitable mechanisms to ensure quality, feedback and supervision, using the strategic information generated by the M&E system for evidence-based planning, management, advocacy and formulation of the Network's policies. This activity seeks to strengthen the monitoring and evaluation system of the Executive Secretariat of the RedTraSex and the Sub-regional Council, to ensure the quality of the information used and to evaluate the impact of the epidemic in the FSW population of the region.

- 2.6.1 Monitoring and evaluation plan of the executive secretariat of the Latin American network: a technical team will design the monitoring and evaluation plan of the RedTraSex and the Sub-regional Council, prioritise necessary information, taking into account the suggestions of the Global Fund Toolkits for program monitoring and evaluation, establish indicators including project follow-up indicators and verification sources.
- 2.6.2 Quality control system of established information: A Regional Guidelines document will be created to ensure information quality, which will be used at all levels of information generation. Quality control will be carried out at sub-regional and regional points, and the information will be returned to the place of origin if any inconsistencies are found.
- 2.6.3 Monitoring and evaluation of the Latin American network: a balanced scorecard of regional indicators will be established with alarm systems that will inform sub-recipients and the main recipient on the progress of programmed activities in the project. This will also be used for monitoring Network activities that are not included in the project, thus becoming a reliable management and sustainability tool.
- 2.6.4 Communication of monitoring and supervision results: a Regional Result Analysis and Communication Workshop will be held annually, attended by leaders and technical staff from each of the 15 selected OFSWs (total 30 persons). The first meeting will be held in Ecuador, where the next venue will be selected for each year. The expected product is the issuing of a document to communicate monitoring and evaluation results, lessons learned and recommendations, which will be shared locally with NOFSWs. This

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workshop will not be budgeted separately as it will use the regional workshop for the diagnostic vulnerability study.

The expected product of this activity is 15 NOFSWs that use data collection tools and standard report forms, which allows them to report to the RedTraSex report system.

Person responsible: selected sub-recipient

OBJECTIVE 3: INCREASE KNOWLEDGE ON THE SITUATION OF SEX WORK AND HIV, AND FSWs' FIGHT AGAINST STIGMATISATION AND DISCRIMINATION

As a **result** of the third objective it is expected that interventions in at least 3 health establishments in each selected country in the proposal will be able to improve the attitude of health staff towards FSWs and therefore improve their access to health services. A 10% annual increase is expected in the number of health centres involved that care for FSWs which have staff with positive attitudes when attending to FSWs in countries covered by the proposal.

SDA Monitoring and evaluation, production of evidence

3.1 Carry out a diagnostic study and systemization of factors affecting vulnerability of FSWs to HIV in different OFSW which make up the Latin American network.

The factors that affect the vulnerability of FSWs are described in general terms in the literature, but these factors do not have the same impact on the FSW population of each country. Identifying these factors by country and using this information to search for allies who can reduce them at all levels (legal, political and welfare) is important as it will allow better-designed strategies to diminish the vulnerability of FSWs to HIV and improve their fight against stigmatisation and discrimination.

- 3.1.1 Work plan for diagnostic study of factors that influence vulnerability: a research team will propose a work plan that includes tools for implementing the study and methodology for analysis of results found. This plan will be carried out jointly with RedTraSex representatives.
- 3.1.2 Implementation of diagnostic study of factors that influence vulnerability: training meetings will be held for field researchers participating in the study. The research will be carried out in the 15 selected countries, and specially trained local FSWs will participate in each research group. Researchers will systemise results found.
- 3.1.3 Communication of study results and creation of regional action plan: study results will be communicated at a 3-day workshop in Peru for OFSW representatives from the countries selected for the project (total 10 per sub-region). The product of this will be an Action Plan to reduce FSW vulnerability in Latin America and the Caribbean.

Person responsible: selected sub-recipient

SDA Create community ties, collaboration and coordination

3.2 Implement awareness-raising actions of the reality of FSWs with regional and national allies and decision-makers.

To implement awareness-raising actions of the reality of FSWs, which then translate into changes that encourage access to health for this vulnerable group, advocacy work is necessary to seek specific changes in policies, laws and financing to advance FSW health and human rights. These actions share with local and national authorities, international co-operators and the media the results of findings from the study into factors that affect FSW vulnerability and proposed solutions, and will be carried out in the 15 selected countries from the second year of the project, followed by an annual forum to follow up on these factors.

- 3.2.1 Work plan for implementation of awareness-raising forums: Each country will have a team which will create the work plan to be implemented by the forums. This team will coordinate closely with the RedTraSex Executive Secretariat to unify agenda criteria.
- 3.2.2 Training of facilitators for national forums: training 20 FSWs from the selected countries to act as facilitators of national forums and help in the identification of key stakeholders who will participate in the meetings.

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- 3.2.3 National forums to raise awareness of the reality of FSWs: 15 8-hour forums (one for each country) will be attended by 150 people including national and local political authorities, cooperative agencies, health and legal system authorities, police, among others. The media will also be invited. These forums will be started in the second year of the project and will continue with an annual follow-up forum.
- 3.2.4 Creation and communication of regional and national documents of strategy recommendations to diminish FSW vulnerability. After each forum, one regional and 15 national documents will be created to divulge recommendations from the meetings, which will serve as a tool for advocacy for NOFSWs. 10,000 documents will be printed per year.
- 3.2.5 Follow-up of forum recommendations: once the national forum's recommendations have been made, a plan will be written to check that these recommendations are observed, with quarterly reports to sub-regional offices and to the RedTraSex Executive Secretariat.

The product of this activity is 70% of selected countries that implement local or national actions to diminish FSWs' vulnerability to HIV.

Person responsible: selected sub-recipient

SDA Reduction of stigmatisation in all circumstances

3.3 Awareness programs against stigmatisation and discrimination in health services

Stigmatisation and discrimination of FSWs has been identified as one of the main barriers to FSWs accessing health services throughout Latin America and the Caribbean. This means that despite work done by Peer Counsellors or other strategies designed by NOFSWs for FSWs to go to health centres for STI checks, FSWs are not able to do this. FSWs' work with health workers responsible for their care reduces dramatically stigmatisation and discrimination in these scenarios, facilitating care and preventing HIV infection.

- 3.3.1 Work plan to implement workshops against stigmatisation and discrimination: a work plan will be created for workshops against the stigmatisation and discrimination of FSWs by health services. The RedTraSex Secretariat technical team will design the regional model, to be adapted to the reality of each country.
- 3.3.2 Implementation of national workshops against stigmatisation and discrimination against FSWs: A national 2-day workshop will be held twice a year for 50 persons from at least 3 health centres caring for FSWs (total of 750 health staff), reaching a total of 6,750 health centre workers over the 5 years of the project.
- 3.3.3 Creation and divulgence of good practices guidelines for health services caring for FSWs: a guide will be designed and distributed in the 15 selected countries to diminish stigmatisation and discrimination attitudes against FSWs by health workers. The Good Practices Guide for FSW Care will allow health professionals to also remember integral FSW care protocols under national regulations and standards.
- 3.3.4 Evaluation of attitudes against stigmatisation and discrimination in health centres: from the second year of the project an evaluation study will be undertaken of attitudes against FSW stigmatisation and discrimination at health centres participating in the awareness-raising workshops. The results will be shared in reports to the RedTraSex Executive Secretariat. Trained FSWs will participate in the study, to be carried out annually. The product of the study will be to provide feedback for the result indicator of the objective.

The product of the activity by the end of the project is 6,750 health centre workers trained against the stigmatisation and discrimination of FSWs.

Person responsible: selected sub-recipient

SDA Reduction of stigmatisation under all circumstances

Creation of material for health centres against stigmatisation and discrimination against FSWs adapted to each country in the network

In the fight to reduce stigmatisation and discrimination in all circumstances, mass campaigns have positive effects because their scope not only includes medical scenarios but also the general population.

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Mass campaigns are costly and the diversity of information provided means that key messages are blurred and do not achieve their objective. This activity seeks to unify the criteria for print and audiovisual communication in Latin America and the Caribbean on the issue of stigmatisation and discrimination against FSWs and their vulnerability to HIV, based on a prior communication study, which could be adapted to each country and implemented when the necessary resources become available.

- 3.4.1 Communication study to create materials against the stigmatisation and discrimination of FSWs in Latin America: a research team will propose a work plan including tools to implement the study and the methodology for the analysis of results found. This plan will be created jointly with RedTraSex technical representatives.
- 3.4.2 Creation and validation of audiovisual and print material against stigmatisation and discrimination in Latin America and the Caribbean. Based on the communication study, the team will propose print and audiovisual material designs, which will then go through a validation process before production. Communication kits will be put together, including master video, radio spots, printed material (posters, two- and three-fold leaflets, etc) to be delivered to each selected NOFSW for cultural adaptation.
- 3.4.3 Adaptation and reproduction by OFSWs of audiovisual and printed material: each OFSW in the region will be responsible for the cultural adaptation of communication materials based on the study, and will create masters for reproduction.

The product of this activity is the number of OFSWs in the region that have master copies of the communication kit against the stigmatisation and discrimination of FSWs, culturally adapted and validated.

Person responsible: selected sub-recipient



Complete this version of section 4.4.1(a) (b) and (c) if the applicant selected option 1 in section 3.1 of the Proposal Form

Option 1 = Transition to a single stream of funding by submitting a consolidated disease proposal

4.4.1 Interventions

→ This section should be completed in parallel with the Consolidated Performance Framework and detailed budget and work plan

(a) Overview of programmatic activities

Describe the objectives, service delivery areas (SDA), and activities of the consolidated disease application. **The description must be organized in that exact order and the numbering system must match the Consolidated Performance Framework, detailed budget and work plan.**

The narrative description of the Round 10 interventions should reflect all objectives, service delivery areas (SDAs), and activities in the Round 10 consolidated disease proposal, but distinguish between what programming is being continued from existing grants versus new programming for Round 10.

The description must identify:

- (1) who will implement each area of activity (e.g. Principal Recipient, Sub-recipient or other implementer);
- (2) the targeted population(s);
- (3) what changes in implementation and/or the targeted population(s) have occurred, if any, for those elements which are from existing grants and continuing in this consolidated disease proposal;
- (4) any links between the existing grant activities to be continued in the consolidated disease proposal, as these activities previously existed in separate grants;
- (5) any links between the proposed activities and existing Global Fund grants for other diseases or HSS; and
- (6) how duplication will be avoided if there are linkages identified in points (4) and (5) above.

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N/A

(b) Changes to existing SDAs, programmatic activities, indicators and targets

In the table below, list the SDAs and activities of existing grants consolidated within the Round 10 consolidated disease proposal. Explain whether each SDA and activity from an existing grant will be included in the Round 10 consolidated disease proposal by indicating an increase in scale, decrease in scale, continuation without change, or discontinuation. Provide justification for any proposed changes or discontinuation.

→ The proposed changes should be clearly and systematically reflected in the Consolidated Performance Framework

Round #	Service Delivery Area (SDA)	Activity	Proposed change	Justification for change
→ use "Tab" key to add extra rows				

(c) Changes to existing impact or outcome indicators and targets

Describe any major changes in indicators and targets that may have occurred due to the programming described above in sections (a) and (b) and that is supported by the Consolidated Performance Framework. In particular, if there has been discontinuation or change in indicators or if targets have been changed between previous grants and the Round 10 proposal, describe why this has occurred.

N/A

4.4.2 Addressing weaknesses from a previous category 3 proposal

If relevant, describe how the weaknesses identified in the TRP Review Form of a previous category 3 proposal have been addressed.

N/A

4.4.3 Lessons learned from implementation experience

How do the implementation plans and activities described in 4.4.1 above draw on lessons learned from program implementation (from either Global Fund or non-Global Fund programs)?

In order to outline its objectives and activities, the RedTraSex proposal has taken into consideration lessons learned in the implementation of projects in various countries as described below:

- In most countries, the interventions undertaken for FSWs are aimed at prevention and therefore SWs are not recognised as co-participants in the decision-making of the prevention policies and programs. The FSWs' work was limited to educating peers in condom use. The proposal expects activities to go beyond the utilitarianism of proposal implementers so that FSWs can take up leadership roles in the definition and implementation of the programs. This is achieved by strengthening technical capacities, leading to more effective and sustainable actions.
- In the countries where the projects financed by the Global Fund and other co-operators undertake advocacy to bring about change in FSW welfare laws, whether in labour or health areas, these are implemented by non-governmental organizations which do not involve FSWs, as they consider that they do not have the capacities in this field. The RedTraSex proposal seeks to train leaders so that they can undertake advocacy actions in their countries and thus lobby with the authorities and forge strategic partnerships to achieve their aims.

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- Very few countries recognise FSW organizations as implementers of large projects, due to a false perception of their lack of capacities for administering programs and handling funds. The proposal understands that genuine involvement of FSWs in the HIV issue should begin with the strengthening necessary to close the gaps in human resources to undertake this action.
- In the projects that have involved spaces for Regional Consultations of FSWs, greater inter-sectorial articulation has been attained for a better response to HIV (Regional consultation into SW, HIV and human rights Peru 2007), which allows greater advocacy with national governments. The proposal includes forums and regional meetings to strengthen advocacy actions with national governments, taking as an example the achievements of NOFSWs with greater experience in this area.
- The projects implemented by countries have not been able to clearly produce the necessary information to show the impact of the epidemic on this population. The project seeks to get this result through a process of advocacy with the authorities responsible for undertaking epidemiological surveillance in each country and through the design of operational studies that can respond to the reality of FSWs in relation to HIV.

4.4.4 Enhancing TB/HIV collaborative activities

Describe:

- (a) how the proposal will contribute to strengthening TB/HIV collaborative activities; and
- (b) the collaboration between the National TB program and the HIV services of each country included in the proposal.

N/A

4.4.5 Enhancing social and gender equality

Using specific references to objectives, SDAs, and activities included in section 4.4.1, explain how the Round 10 interventions address issues related to social and gender equality and confirm that these items have been properly costed in the budget.

The 2008 report on the world AIDS epidemic attributed the expansion of the epidemic to a large extent to the fact that social conditions that increase risk and vulnerability to HIV have not been resolved, identifying two sets of social factors: 1) Gender inequality and the absence of empowerment of women and girls and 2) Stigmatisation and discrimination. Both factors come together in FSWs, making them a population where the epidemic is concentrated, due to driving factors associated with structural and socio-cultural causes such as working underground and the stigma associated with SW, social inequality tied to poverty, and gender inequality in negotiating condom use by clients and partners.

This proposal considers the gender differences from the UNAIDS "Know your epidemic" approach (it is FSWs who are most familiar with vulnerability factors in this sector, and it is they who designed and will implement this proposal). FSWs have built this proposal through a participatory process of two regional-level meetings, consultations with their members in each country and feedback over the internet (see 3.3). In terms of financing, the 15 NOFSWs are established as SRs, which is a change of approach as in the region NOFSWs receive direct resources on very few occasions (see International AIDS Alliance study, Annex 41).

Specific epidemiological data on FSWs are scarce in the region and are mostly five or more years old. There are notable differences in HIV prevalence from one country to another, and within the same country from one city to another. Studies taken from the PAHO database show that the highest rates of prevalence in FSWs are found in Honduras (5.5%)⁹, Mexico (5.5%)¹⁰, Guatemala (4%)¹¹ and Brazil (6.2%)¹². As for condom use with the last client, data gathered by the RedTraSex in the Country Progress Reports for the UNGASS (2008) should be read with care, as this variable is difficult to measure because of the social implications, prejudices and judgements which FSWs fear in responding to the question. There are some studies that also highlight the close relation between education and HIV prevalence in FSWs: one study of over 600 FSWs in the city of Santos (Brazil) indicates that most women who work in the street have low education levels and 6.5% are illiterate, with a prevalence of precisely 7% (the highest in the study) found in illiterate women (Szwarcwald et al, 1996)¹³.

FSWs are victims of violence both in public and private, stigmatised by their image as "HIV transmitters", in a society with double morals which condemns the sex worker while at the same time using her services. As a consequence of this, a large number of FSWs do not consider themselves as persons, which leads to a lack of self-esteem which has a negative influence on their capacity to defend their rights in the context of HIV. The twin status of woman and sex worker frequently prevents them from being able to negotiate protected sex, and on many opportunities prevents them from avoiding sexual violence and coercive sex with their sexual partners and clients.

Translated to the institutional reality, this means that many FSWs are used as the object of research in projects in which they do not make the decisions and do not participate in the results. OFSWs are often discriminated against and subject to institutional "paternalism", which combined with the strong stigma associated with sex work (a factor which also weighs on the women who lead these organizations) leads to NOFSWs sometimes excluding themselves from spaces of participation in civil society, which are fundamental spaces for participating more strongly in the response to HIV/AIDS. UNAIDS indicates that *"Reducing gender inequality requires changing social norms, attitudes and behaviours through a comprehensive set of policies and strategies (...) changing the structural and socio-cultural underpinnings of stigma and discrimination, an essential aspect in addressing gender inequality"*.

(<http://www.unaids.org/es/PolicyAndPractice/Gender/default.asp>).

The present proposal meets these objectives of equality and equity because it proposes:

-Strengthening Female Sex Workers:

The HIV infection can be associated directly with gender violence through sexual violence, and indirectly due to factors of vulnerability such as women's difficulties in negotiating condom use or conditions under which sexual relations occur (Gender violence and HIV/AIDS, PAHO, Annex 57b). Many policies for FSWs intervene under the premise that they are exposed to HIV almost exclusively by their clients, underestimating exposure with their own sexual partners. Taking into account statistical information about the growth of the HIV/AIDS epidemic in women and FSWs' condition of being women helps to overcome stereotypes when considering approaches for this population. This proposal, in strengthening FSWs' capacities and those of their organizations, generates conditions so that FSWs will intervene more effectively in advocacy actions to modify policies and programs.

-Increasing participation in public life:

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The proposal aims to increase the participation of NOFSWs in decision-making spaces through training in participation, leadership, governance, advocacy. The proposal also seeks to strengthen the capacity of leaders to participate in CCMs and other spaces. This contributes to generating equal opportunities in access to decision-making spaces, strengthening in turn their capacities in the public sphere. Work is also done so that FSWs participate in forums where they can connect with women's movements, contributing to generating alliances to strengthen the focus on rights in the context of HIV with a gender perspective. This contributes to reducing stigmatisation and discrimination by projecting an image of the FSW associated with HIV response actions. These interventions of the proposal target one of the key factors for attaining the Millennium Development Goal of reducing the spread of HIV/AIDS in the *promotion of gender equality and women's autonomy*.

- Modifying laws that affect FSWs:

In countries where the proposal is to be carried out there are legal frameworks that criminalize SW and constitute barriers to universal access. This proposal works on learning about the legislation in order to work to remove political and legal obstacles which lead to FSWs being inadequately protected from human rights violations and no having access to services.

-Greater and better possibilities of health access:

On sexual and reproductive health UNAIDS warns that *"The overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Underlying social and economic factors such as poverty and gender inequality contribute to both HIV transmission and poor sexual and reproductive health. Key concerns of reproductive health include the treatment and control of sexually transmitted infections that increase the vulnerability to HIV infection."*

(<http://www.unaids.org/es/PolicyAndPractice/SexualAndReproductiveHealth/default.asp>).

This proposal aims to facilitate FSWs' access to health services by raising awareness of staff working in these systems on the implication of sex work by creating and distributing a Guide to Good Practices in Friendly Health Services for FSWs. There is evidence that when FSWs can speak freely with their doctor about their work, when there is no discrimination and adequate inputs and services are available, there is a substantial increase in FSWs voluntarily undergoing health checks.

These actions are framed in the principles of the United Nations 4th World Conference on Women (Beijing 1995) which state: "The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."

4.4.6 Partnerships with the private sector

Describe how contributions related to: (a) co-investment from the private sector, and (b) donated goods or services, will add value to the planned outcomes of the proposal. Make specific reference to the associated objectives, SDAs, or activities to which they are linked.

This proposal does not include a direct contributions from the private sector. However, it is expected that it will manage the regional support of the Ford Foundation to broaden decision-makers' participation in the Regional Consultation on Sex Work described in activity 2.2, supporting the organization of National Consultations and a Regional Consultation on Sex Work and HIV.

This activity which the private sector can contribute to is framed in the second program objective, which is to increase understanding about the reality of Female Sex Workers, their vulnerability and barriers to accessing health services, generating knowledge and tools to strengthen NOFSWs' advocacy for the improvement of policies, programs and services affecting the sector.

Having a greater number of decision-makers participate in the Regional Consultation may contribute to increasing sex workers' advocacy and to more public employees having a more understanding perspective of the issues affecting sex workers.

Although it is expected that this contribution will be available, at present this is not being negotiated or administered, so it is very difficult to make a projection of income to complete the table below.

It should be mentioned that the RedTraSex did receive the support of the Ford Foundation in 2008, in hosting an extended board meeting in Mexico in the context of the World AIDS Conference,.

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DO NOT complete section 4.4.7 if the applicant selected Option 2 or 3 in section 3.1 of the Proposal Form
DO NOT COMPLETE section 4.4.7 if the applicant selected Option 1 in section 3.1 of the Proposal Form

Option 1 = Transition to a single stream of funding by submitting a consolidated disease proposal

Option 2 = Transition to a single stream of funding during grant negotiation

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4.4.7 Links to other Global Fund resources

Describe in the table below the linkages between this Round 10 proposal and existing Global Fund resources. It is important to list the SDAs and activities as outlined in the current proposal in the left hand column, add a description as to how they relate to previous grants in the middle two columns, and then outline how the Round 10 proposal specifically addresses this in the right-hand column.

It is the first time that the RedTraSex has formulated a proposal for the Global Fund, hence it has not received any other subsidies from the Fund. However, RedTraSex recognises the fact that this regional proposal involves 15 countries from the region, some of which have projects that have been or are being implemented with subsidies from the Global Fund. Some of these proposals include activities targeting Female Sex Workers, which focused or continue to focus on training female sex workers in adequate and consistent condom use, developing skills for negotiating condom use with their clients, whether occasional or permanent, and the (limited) supply of condoms to female sex workers. However, as can be seen in the description by country, these do not include the objectives that the present proposal has, hence the regional proposal presented by RedTraSex seeks to bridge these gaps.

The current situation by country is as follows:

Argentina: Does not currently have a Global Fund project in implementation.

Bolivia: The round 3 project establishes complementary activities for the promotion of health, surveillance, treatment and prevention in order to stop HIV/AIDS. The indicator related to the present proposal is “negotiating condom use with last sexual contact”. The same subject is mentioned in the proposal for round 9.

Chile: Does not currently have a Global Fund project in implementation.

Costa Rica: Does not currently have a Global Fund project in implementation.

Colombia: The round 9 project “Strengthening institutional capacity to offer quality services, reduction of mortality and vulnerability to HIV in priority key groups” objective 1 addresses the issue of strengthening knowledge of preventive measures, negotiating condom use among FSWs and other vulnerable groups.

Dominican Republic: Does not currently have a Global Fund project in implementation.

Ecuador: The round 9 project includes female sex workers in its objective 1 with activities related to strengthening knowledge on HIV prevention. It does not include activities incorporated in this proposal, such as the overall strengthening of OFSWs.

El Salvador: The round 2 project “Strategy for fighting HIV/AIDS in vulnerable populations to help the reduction of poverty in El Salvador” and the round 7 project “Broadening the response to HIV in vulnerable groups, establishing a social protection system for people living with HIV (PLWH) and the application of a single monitoring, evaluation and epidemiological surveillance system in El Salvador” includes female sex workers as the target population. Indicators related to the present proposal focus on “Number of condoms distributed” and “Number of female sex workers trained for negotiating client condom use”.

Guatemala: The round 3 project “Intensification of prevention activities and integral care for vulnerable groups and in priority areas in Guatemala” establishes female sex workers as one of the target populations for intervention, which is one of the projects with the largest number of indicators related to the RedTraSex proposal, including the indicators: “female sex workers with access to integrated prevention services”; “number of FSWs who are regular users of IEC programs”; “Number of condoms distributed to FSWs cared for by prevention programs”; “Number of FSWs who receive access to voluntary testing and counselling” and “cases of STIs treated in FSWs who attend IEC programs”, as well as the “number of FSWs with basic diagnosis of HIV/AIDS in relation to total expected cases in the FSW population in priority project areas”. It also includes the objective of encouraging the participation of civil society in the defence and promotion of human and civil rights, citizen promotion in the defence and promotion of citizenship and the prevention of STIs-HIV-AIDS in discriminated and stigmatised populations.

Honduras: Does not currently have a Global Fund project in implementation.

Nicaragua: The round 8 project “Guaranteeing universal access for the priority population to HIV prevention, treatment, care and support, based on human rights and a national response to the epidemic” does not have specific activities for strengthening sex workers organizations, it only introduces the issue of self-protection and condom use.

Paraguay: The round 6 project “HIV-AIDS-STIs Project” in six health regions in Paraguay includes female sex workers within the target population, with the indicator “number of civil society and/or community-based organizations of PLWH, female sex workers and MSM that have been strengthened”. The round 9 project focuses on young people and not on strengthening community based organizations.

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Option 3 = No transition to a single stream of funding in Round 10

Peru: The round 5 project “Bridging gaps to reach HIV/AIDS Millennium Development Goals in Peru” includes female sex workers in its target population, including the indicator “percentage of female sex workers receiving periodic medical care” and in the approved round 6 project “National Multi-sectorial Plan for the integration of resources for the fight against HIV/AIDS in Peru”. Although this includes female sex workers as one of the target populations, the indicator established is “number of sex workers reached by BCC activities”.

Although it is true that in the countries involved in the RedTraSex proposal there are projects approved by the Global Fund in previous rounds where most include Female Sex Workers in the target population, it should be noted that almost all the indicators focus on educating FSWs about condom use and negotiation and/or condom coverage for this population. From this perspective, the present proposal does not duplicate the activities of projects currently subsidised by the Global Fund in these countries, as the proposal focuses on three fundamental areas: strengthening national organizations of female sex workers which make up RedTraSex; increasing understanding about the reality of female sex workers, their vulnerability and barriers to accessing health services, for the generation of knowledges and tools that improve programs, policies and services for this population; and improving the participation of female sex workers in national and regional spheres for effective advocacy in programs, policies, laws and regulations, and their application. In this respect it is known that only with persons who are empowered with policies that benefit them and diminish their vulnerability, without stigmatising factors, can a change in behaviour be achieved, no matter how much access to condoms one has.

Therefore a close relation should be maintained with Country Coordination Mechanisms, so that actions proposed in the RedTraSex proposal strengthen and reinforce actions initiated and/or undertaken in the national sphere with country projects approved by the Global Fund. This relation can be achieved by female sex workers who are already part of their CCM, along with the involvement and representativity of FSWs in the mechanisms that do not yet include them.

In addition, using the UNDP as PR (with the administrative-financial part of the proposal) guarantees effective coordination of actions at beneficiary country level, so that these can be strengthened and duplicated in the beneficiary countries themselves, as the UNDP and/or other agencies in the United Nations system at national level are part of all the coordination mechanisms. Furthermore, the RedTraSex at regional and country level maintains close coordination with most civil society organizations that are part of the coordination mechanisms of the countries of the region, bearing in mind that it is part of the Technical Horizontal Cooperation Group (GCTH), where the heads of national AIDS programs interact, and are also part of the mechanisms in their respective countries.

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4.4.8 Links to non-Global Fund resources

Describe whether the Round 10 interventions (e.g. goals, objectives, SDAs, and activities) listed in section 4.4.1 have linkages to programs financed through non-Global Fund resources. If such linkages exist, list the non-Global Fund financed programs and their activities, and explain how the proposal complements those programs and activities. In addition, explain how the Round 10 interventions do not duplicate existing programs and activities supported by non-Global Fund resources.

At present no financing is expected from any source outside the Global Fund for RedTraSex's future activities, except the support of International AIDS Alliance, which targets the "Strengthening of RedTraSex for training sex worker leaders in their human rights and the generation of a better response to the epidemic" with a sum of approximately US\$85,000. An analysis of RedTraSex financing for the last three years (2007-2009) reports US\$856,492.00.

Financing for RedTraSex for 2007 reached a total of US\$175,165.00; of which UNAIDS provided US\$10,000 for educating activist female sex workers in Central America in the promotion of their rights; UNFPA provided US\$22,165.00 for educating activist female sex workers in Central America in the promotion of their rights and the prevention of HIV/AIDS. In the replication of the manual "Un Movimiento de Tacones Altos" and the participation of representatives from Nicaragua in the second workshop of RedTraSex sex workers from the Central American region; International AIDS Alliance provided US\$130,000 for the third year of strengthening RedTraSex, Community Forum 2007 and RedTraSex's participation in CONCASIDA 2007; and HIVOS provided US\$13,000 for participation in the Community Forum 2007. For 2008, RedTraSex financing reached US\$148,000.00, of which UNFPA provided US\$20,000 for strengthening RedTraSex to train sex worker leaders in their human rights and in the quest to attain access to prevention, treatment and support for this population; and International AIDS Alliance provided US\$120,000 for the same component, which resulted in two workshops, one in Ecuador and another in Paraguay, with training in advocacy, mobilising income, workshop planning, etc. A document was also produced in collaboration "Antes nos escondíamos para vivir, ahora damos la cara para vivir" ("In the past we would hide to live, now we show our face to live") and presented in public. The Bolivian organization ONAEM finally joined RedTraSex. Furthermore, the Ford Foundation provided RedTraSex with US\$8,000 to participate in the 17th International AIDS Conference in Mexico in 2008, which allowed three sex workers to participate.

For 2009, RedTraSex has a total of US\$305,197.00 to finance its activities. UNAIDS will provide US\$15,000 ; UNFPA will provide US\$189,397 to strengthen RedTraSex for training sex worker leaders in their human rights and in the generation of a better response to the epidemic; Camino al Primer Congreso de Mujeres Trabajadoras Sexuales Organizadas de Latinoamérica y Caribe, and International AIDS Alliance provided US\$85,000; strengthening RedTraSex while CSAT provided US\$1,700 and PAHO US\$14,000.

4.4.9 Strategy to mitigate unintended consequences of additional program support on health systems

Describe:

- (a) the potential risks and unintended consequences on health systems that may result from the implementation of the proposal; and
- (b) the proposed strategy for mitigating these potentially disruptive consequences.

The proposal itself does not include activities for strengthening health systems as such, as it is a regional proposal for strengthening a community based network (Latin American and Spanish-speaking Caribbean Network of Female Sex Workers) and member NOFSWs. However, it is considered that the strengthening of the network will lead to positive demand for services and contribute to improving the quality of health care and services. For example, an important contribution in this respect would be achieving objective 2 of the present proposal, which focuses on increasing understanding of the situation of FSWs, their vulnerability and barriers to access to health services, generating knowledges and tools to improve health services and programs aimed at FSWs. This contributes to not limiting the supply of health services to "the obtaining of health cards" or offering STI and HIV tests and/or condoms, but also adopting integral health services with equity and from a bio-psycho-social perspective. Therefore there are many challenges and barriers that should be considered, such as recognising FSWs'

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rights, allowing changes of perspective in the provision of health services to them, so that among other considerations the provision of services addresses “more than their genital areas” and FSWs can cease to be observed as a risk factor or wholly epidemiological factor.

A possible barrier will be tackled by raising awareness in health service staff, for which cascade actions are proposed, where health care becomes a health policy rather than a wish of the service provider. Furthermore, in the NOFSWs there is an intention that surpasses the framework of this program, which is to perform face-to-face awareness-raising with these service providers, showing them the realities of this sector.

There are also weaknesses in the health services themselves, due to lack of income, lack of political agenda regarding the HIV epidemic and sex workers, lack of care spaces and staff. Consequently, the project proposes placing at the centre of discussions of health decision-makers the importance of integral care for this sector.

4.5 Program Sustainability

4.5.1 Strengthening capacity and processes in HIV service delivery to achieve improved health and social outcomes

Describe how the proposal contributes to overall strengthening and/or further development of public, private and community institutions and systems to ensure improved HIV service delivery and outcomes.

→ *If available, refer to country evaluation reviews*

→ *Support explanation with excerpts from documents that the country has adopted, identifying the source, such as a National Disease Strategy*

As described in different sections, this proposal focuses on strengthening national organizations of female sex workers that are members of RedTraSex. FSWs are considered one of the populations most vulnerable to HIV, not only due to the biological condition of women’s bodies, but also because of the context in which they do sex work, impregnated among other things by stigmatisation and discrimination against this population, which limits their access to health services.

At the same time, it is important to remember that since its creation in 1997, the RedTraSex has succeeded in installing and maintaining the issue of Health, HIV and SW at regional level, not only at community level but also at government level. This positioning has been achieved since 2001, when the network officially joined the political platform of the eight regional HIV/AIDS networks in which the heads of the national AIDS programs of countries from the Latin American region participated.

Therefore, the strengthening of female sex workers and their organizations in the different beneficiary countries of the present proposal will allow FSWs to address their peers directly with up-to-date information and in a language they understand, allowing them to make real changes in behaviours, which will contribute to demanding more and better health services and advocating changes in public health policies, including interventions in this population. In this respect we can mention the writing and application of a guide to good practices in friendly health services for FSWs with health professionals, presented in the implementation proposal. These actions will help to reduce the prevalence of HIV in female sex workers, by making it possible to reduce barriers to access integral quality health care.

4.5.2 Alignment with broader developmental frameworks

Describe:

(a) how the proposal’s strategy aligns with broader developmental frameworks, such as:

- Poverty Reduction Strategies;
- The Highly-Indebted Poor Country (HIPC) initiative;
- The Millennium Development Goals;
- An existing national health sector development plan;
- Any other important initiatives.

(b) how the proposal complements other regional initiatives for the target population(s).

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In performing an extensive analysis of the present proposal, including the reasons and factors that lead female sex workers in the Latin American and Spanish-speaking Caribbean region to design a proposal for the Global Fund, which arises from their own experiences in sex work, from the work done by the RedTraSex in recent years and from processes for recognising FSWs' rights as women and as human beings, it can be seen how the RedTraSex proposal connects, integrates and contributes directly and indirectly to the regional and national achievement of some of the indicators included in the Millennium Development Goals.

Goal 1. Eradicate extreme poverty and hunger, Goal 1B, Achieve full and productive employment and decent work for all, including women and young people. Having evidence-based information on the reality of female sex workers in the countries in the region will allow RedTraSex, through the results obtained from the program to be implemented, to identify those factors it can influence at country level to strengthen actions aimed at getting sex work recognized as a job, which would lead to providing minimal necessary conditions such as the establishment of social protection and the non-exploitation of these by third parties or the government.

Goal 3. Promote gender quality and empower women. The RedTraSex proposal contributes directly to achieving this goal as the proposal in general focuses on strengthening organizations of women, who are also sex workers. The proposal aims to increase understanding about the reality of female sex workers, their vulnerability and barriers to access to health services; generate knowledges and tools that improve programs, policies and services related to this population, and improve the participation of female sex workers in national and regional spheres for effective advocacy in programs, policies, laws and regulations, as well as in their application. This will make it possible to contribute to diminishing the gender gap in primary, secondary and all levels of education in the region .

Goal 6. Combat HIV/AIDS, malaria and other diseases: the completion of each and every one of the activities will make it possible to achieve the goals included in the proposal, which in turn will make it possible to improve program implementation, policy design and the review of legal frameworks that involve female sex workers, to reduce their vulnerability to HIV in national and regional spheres, thus contributing to a reduction in the prevalence of HIV in the female sex worker population of Latin America and the Spanish-speaking Caribbean.

Therefore, if organizations of female sex workers are strengthened, it will strengthen the female workers themselves, contributing directly to participating in the involvement of national and regional actions to be taken into account in poverty-reduction initiatives, which must be:

- **Driven by the countries themselves**, promoting national identification with strategies through a broad participation of civil society.
- **Results-oriented**, concentrating on results that benefit the poor.
- **Integral**, recognising the multi-dimensional nature of poverty.
- **Participation-based**, based on the coordinated participation of members in development (government, national stakeholders and external donors).
- **Based on long-term perspectives** of poverty reduction.

Furthermore, the present proposal presented by RedTraSex contributes to responses proposed in the 2003 UNAIDS guide to sex work and HIV/AIDS (Annex 59), which recognises that it is not possible to create a robust and long-lasting response to HIV in the context of sex work only with an approach limited to STI and HIV aspects, so a broader approach must be proposed, based on the concept of promoting health, allowing vulnerable groups to have more control over their health. Hence RedTraSex has proposed that it is necessary to perform operational research into: factors that affect the vulnerability of female sex workers to HIV; scope and constraints of interventions and approaches; barriers to access to services, etc. The results of this research will increase understanding of FSW issues, their vulnerability and barriers to access to health services, generating knowledge and tools for improving programs, policies and services related to this population.

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4.5.3 Improving value for money

Explain how the proposal represents good value for money. Specifically, given the context of the regional epidemic and the definition of value for money provided in the Guidelines, describe how the key interventions in the proposal represent the best balance of costs and effectiveness, with consideration to the desired achievement of both the short and long term to achieve desired impacts.

The proposal targets fundamental aspects of strengthening a community system, in this case organizations of female sex workers (OFSWs). In this context it will not be possible to measure value for money in the first two years, as the activities involved will complement the actions of national programs in the broadening of their preventive coverage of this vulnerable group and will influence the quality of care and the decrease in FSWs' vulnerability to HIV. The contribution of this type of social-community based interventions complementary to national programs could be observed in the improvement of epidemic impact indicators. An improvement in value for money will depend on the resources allocated by each country to broaden health care coverage to FSWs, whose limitations arise from being left out of health services due to stigmatisation and discrimination. If these are overcome by the work of the strengthened NOFSWs, this will improve coverage and therefore the country's spending to reach this population could be invested in other actions to prevent HIV. It is therefore necessary to have tools that can measure the value for money of these strategies in each country, as these do not exist at present.

4.5.4 Coordination with in-country partners

Describe whether the Round 10 interventions (e.g. goals, objectives, SDAs, and activities) listed in section 4.4.1 have been discussed and coordinated with the current or planned work of the CCMs for each country included in the proposal and/or other relevant regional bodies to avoid duplication in work, and improve HIV outcomes.

In order to reduce the risk of duplicating current or planned in-country work, in planning the proposal RedTraSex has involved various stakeholders from each country and regional spheres: FSWs themselves and the NOFSWs from the countries included in the proposal, CCM members from the countries where the proposal will be implemented, regional networks that work with HIV/AIDS, United Nations agencies (UNAIDS, UNFPA, UNDP, PAHO) and other cooperative organizations of national and regional offices, among others.

All the countries included in the present proposal have active CCMs in relation to proposals under implementation (whether in Phase I, Phase II or a few in RCC or in the process of finalising their proposals), which made it possible to ask them to review the RedTraSex proposal in order to get feedback from their members, who have established their own review mechanisms.

For this, RedTraSex leaders in the countries in the region requested that their CCMs incorporate the review of this proposal into one of their meetings, where they were requested to permit the participation of leading FSWs from the country, so that they themselves could give the presentation and respond to questions and comments about the proposal, passing on observations to the technical team responsible for writing the proposal so that the team could review the relevance of these observations and incorporate those it considered relevant. Some CCMs formed small subcommittees that analysed the RedTraSex proposal.

The countries that do not have proposals under implementation and/or are not eligible for the Global Fund approved the RedTraSex proposal, as they saw in this an opportunity to strengthen the role of FSWs in their countries and strengthen and broaden NOFSW peer actions.

Consultations with the CCMs of the region were positive, demonstrating that the NOFSWs have a work record that is recognised by civil society and the governments that made support for the proposal possible by acclamation in most cases.

The most recurrent questions were related to how the proposal would complement local initiatives and the target population of the proposal.

It should be noted that requests for meetings with the CCMs in many cases were done in coordination with partners and allies, with some meetings being held as extraordinary meetings. Prior to the meetings the FSWs sent information about the proposal (presentation and summary) via e-mail and in some cases had special meetings with some notable stakeholders. The Executive Secretariat (ES) of RedTraSex gave important support for these meetings with CCMs in each country.

The support of UNAIDS was gained both in the proposal-writing process and in support for future implementation, recognising RedTraSex's track-record and the importance of the initiative for strengthening the regional response to the epidemic. See in Annexe 30. .

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4.6 Monitoring and Evaluation System

4.6.1 Impact and outcome measurement systems

Describe the impact and outcome measurement systems, including strengths and weaknesses, used to measure achievements of the program at impact and outcome level.

For the follow-up and monitoring of the results of the RedTraSex proposal, use will be made of software provided by the Regional HIV/AIDS Project of the SGSICA/SISCA/WB, developed and implemented in Central America and currently used by the REDCA+ for the regional project approved by the Global Fund in round 7. The system is named SIREME (Regional Monitoring and Evaluation System), which is currently in the SG-SICA/SISCA server (the current owner of SIREME) which is run online, accessing the internet with a specific password which permits different levels of control; the specific description of SIREME can be found in section 4.8.2 (see manual Annex 60). Due to the present proposal involving 15 countries in the region, SIREME has been selected because of the ease of accessing the software and the offer from the Regional HIV/AIDS Project of the SGSICA/SISCA/WB to be implemented by the RedTraSex, and it is already being used in Central America by the REDCA+, making it possible to carry out the general monitoring and evaluation of the proposal and at the same time monitor on line the different projects run by sub-recipients.

Strengths

1. Has the capacity to store and show the full portfolio of national and regional initiatives through Programs and Projects.
2. Strengthens and supports the implementation of new national and regional initiatives.
3. Complements and supports National M&E Subsystems, which seek to show National Responses.
4. Suitable for integrated analysis of information and corresponding decision-making among stakeholders.
5. Offers different users online up-to-date information about the progress of the program and the budget implementation of projects entered.
6. The system is based on the promotion of transparency and shared access to information among project stakeholders.
7. Includes access passwords that must be regulated in information handling levels.
8. An easy-access tool with no cost for the region.
9. Remote access and capacity for simultaneous reporting, and online update.
10. Organizes and facilitates monitoring and evaluation for teams at all levels.
11. Has the capacity to systemise quantitative and qualitative aspects in the execution of programs and projects.
12. Has the capacity to store technical and financial support documentation in the implementation of programs and projects in digital format.
13. Includes public access to sections such as studies done and reports on results of completed interventions, among others.
14. As well as allowing technical monitoring of progress, allows financial monitoring via a spending register classified by category and by source of financing, facilitating analysis and updating of costs necessary for each type of intervention.
15. Simplifies the generation and sending of quarterly progress reports and general information on each program or project.

Weaknesses

1. The IT assistance, support and performance system is currently located only at SG-SICA (Central America).
2. It must be guaranteed that the software will be stored in another server different to SG-SIGA, as the proposal applies to Latin America.
3. Like any computer system, without continuous technical and IT support it may not be operational.
4. Requires users to have IT equipment and a good internet connection to use all its features.
5. If internet access fails, it is not possible to access the system.

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4.6.2 Impact and outcome measurement							
(a) Has impact and/or outcome data been collected in the last 2 years?	<input type="radio"/> Yes → answer section 4.6.2 (b)	<input checked="" type="radio"/> No → go to section 4.6.2 (c)	(b) What was the source(s) of the measurement?	→ insert source (large scale surveys, demographic surveillance, vital registration systems, other)			
(c) It is important to guarantee that there are systems in place to measure all impact and outcome indicators in the performance framework. In order to do this, fill in the table below, fully describing all planned surveys, surveillance activities and routine data collection used to measure impact and outcome indicators relevant to the proposal. Add rows as needed.							
Data Source	Funding	Years of Implementation					Impact/Outcome Indicators relevant to the proposal to be measured by data source
		2011	2012	2013	2014	2015	
Source 1 Mid-term evaluation of strategies implemented for FSW visualization and positioning.	Total cost						% of OFSWs that have representatives in at least 3 technical and political organizations of HIV programs at national or provincial level.
	Secured funding amount and funding source						
	Funding gap						
	Round 10 funding request for Source 1		44.876				
Source 2 Baseline diagnosis of advocacy, financial and technical organizational capacities of RedTraSex OFSWs	Total cost						Number and % of Latin American OFSWs implementing a costed annual work plan that includes monitoring and evaluation.
	Secured funding amount and funding source						
	Funding gap						
	Round 10 funding request for Source 2	119.477					
Source 3 Diagnostic study and systemization of factors influencing the FSWs' vulnerability to HIV in different RedTraSex OFSWs	Total cost						% health centres that provide care for FSWs in the countries covered by the proposal that have positive attitudes to care
	Secured funding amount and funding source						
	Funding gap						
	Round 10 funding request for Source 3	448.070					

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4.6.3 Links with national M&E systems

(a) Describe how the monitoring and evaluation (M&E) arrangements in the proposal (at the Principal Recipient, Sub-recipient, and other levels) use existing national indicators, data collection tools and reporting systems including reporting channels and cycles.

The project is related to the strengthening of a network of community-based organizations whose use of national information systems is used as a reference for surveillance of impact indicators. For monitoring and evaluating the proposal the SIREME will be used, its data proceeding from the activities of OFSWs belonging to RedTraSex. A more extensive explanation can be seen in Annex 60.

(b) Are all of the M&E arrangements planned for the proposal using the included countries' respective national M&E systems?

Yes

→ go to section 4.6.4

No

→ continue to section 4.6.3 (c)

(c) If no, explain why not and list any service delivery areas (SDAs) and/or activities that will not be monitored through a country's national M&E system.

4.6.4 Strengthening monitoring and evaluation systems

(a) Has a multi-stakeholder national or multi-country M&E assessment been recently conducted (in last 2 years) for any of the countries included in the proposal?

Yes

→ continue to section 4.6.4 (b)

No

→ go to section 4.7

(b) If yes, have any of those countries, or the region, developed or updated a costed M&E action plan which includes identified M&E strengthening measures?

Yes

→ continue to section 4.6.4 (c)

No

→ go to section 4.7

(c) Describe whether the proposal is requesting funding for any M&E strengthening measures. These strengthening measures may have been identified through national M&E assessments or any other relevant evaluation or review process within the countries included in the proposal.

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4.7 Implementation Capacity

4.7.1 Principal Recipient(s)

Describe the technical, managerial and financial capacities of each Principal Recipient (PR) to manage and oversee implementation. Include any anticipated limitations to strong performance and refer to any existing assessments of the PR, other than Global Fund reporting mechanisms.

→ Copy and paste tables below if there more than three Principal Recipients

PR 1 Name	UNDP	Sector	Agencia Multilateral
Street Address	Casa de Naciones Unidas, Edificio del Saber, Clayton, Panamá, Republica de Panamá.		

The United Nations Development Program (UNDP) was set up by the General Assembly of the United Nations under the Economic and Social Council. The UNDP is a multilateral United Nations agency financed by voluntary contributions from member states and dedicated to providing development assistance. The UNDP is a United Nations network that advocates for change, and connects countries to knowledge, experience and resources to help people to build a better life. It is present in 166 countries at world level and is represented in 24 countries in Latin America.

In 2002, the UNDP started an alliance with the Global Fund, with the goal of cooperating on a corporate level in two principal areas: To act as the Principal Recipients under certain circumstances, supporting the development of local capacities for improving proposals; and providing technical assistance in the implementation of proposals to Principal Recipients and Sub-recipients. To date, this alliance has made it possible to establish strategic and operational UNDP support guidelines in the implementation of Global Fund proposals. Global Fund matters have been delegated to Regional Bureau directors.

The UNDP has fulfilled its role as Principal Recipient, managing the implementation of Global Fund subsidies. On the occasions when the UNDP has been a Principal Recipient, the organization has been required to support the empowerment and strengthening of capacities of national entities to eventually take on the role of PR. The UNDP has at times been requested to act as PR in countries with weakened governance, lack of transparency and accountability, inadequate capacity, political restrictions or humanitarian emergencies. Except in countries with a donation limit (countries that have been sanctioned by donors), the UNDP's role as PR has been limited in time. The 26 countries in which the UNDP acts as PR are Angola, Belarus, Bolivia, Bosnia, Central African Republic, Chad, Cuba, Democratic Republic of Congo, El Salvador, Equatorial Guinea, Gabon, Iran, Iraq, Liberia, Maldives, Mauritania, Montenegro, Nepal, Niger, West Bank and Gaza, São Tomé and Príncipe, Sudan, Syria, Tajikistan, Togo, and Yemen. Countries in which the UNDP was originally a PR and then transferred one or more subsidies to national PRs include Argentina, Benin, Burkina Faso, Côte d'Ivoire, Guinea Bissau, Haiti, Honduras, Panama and Zimbabwe. The UNDP currently manages 63 subsidies for a total of US\$1.18 billion over five years. The UNDP Regional Centre meets the requisites for being a PR according to the fiduciary provisions of the Global Fund. In this respect, the Regional Centre has the necessary capacities and systems in the area of acquisition of goods and services, administrative and financial management required to ensure transparency, accountability and efficiency in the use of project resources.

These systems and capacities include:

- Provision of logistical and financial support to ensure satisfactory implementation of activities
- Provision of administration, payments and disbursements of funds where required by the executive unit
- Follow-up of the implementation of activities and delivery of products
- Handling support documentation of administrative transactions
- Implementation of procedures of acquisition of goods and services, including the preparation of required documentation
- Preparation of financial documentation and accountability regarding the implementation of funds under the responsibility of the Regional Centre when required by the Committee

In addition, the UNDP Regional Centre provides the following:

- i) Service support for project management, including scheduling, administration and monitoring

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of all project and budget activities, as well as monitoring financial implementation. All these aspects aim to facilitate management of decision-making by the Executive Committee Unit for greater transparency and accountability. In the provision of services, the UNDP offers its experience in project development management from the Regional Centre. In addition, the UNDP will provide periodic reports according to service description.

- ii) Service acquisition, which will facilitate the acquisition of goods and services necessary for the projects' objectives to be met efficiently and in time. This includes services such as: preparation of annual purchase plan, contracting technical experts, writing or review of reference terms or technical specifications, evaluation of proposals.
- iii) Service administration or contract management: this includes monitoring the implementation of contracts to ensure that the result obtained is in harmony with indicators described in the project proposal. The IT system is used to monitor aspects of contract management such as bank guarantees, delivery of goods and products, disbursements, payments, contract amendments, etc.

In the implementation of the RedTraSex proposal, the UNDP will act as Principal Receiver, responsible for the administrative and financial implementation of the proposal for the Global Fund, according to the guidelines established in the proposal for meeting goals. In this respect, the Regional Centre in Panama will undertake the tender processes for the acquisition of goods and hiring of services as well as hiring sub-recipients at country or sub-region level. The Regional Centre in Panama will coordinate with country offices in necessary administrative aspects to speed up payment and disbursement processes to Sub-recipients and any other aspect considered relevant.

The UNDP has its own organizational structure, policies and procedures that drive the institution's daily business. Its financial systems are corporative and are the basis for sending information to head office and to donors. The field operations manual is regularly updated according to changes at world level and contains the program regulations of project management, financial, human resources, acquisition of goods and hiring of services to be applied to activities in the present proposal. Under the alliance with the Global Fund the UNDP has developed and adapted a series of provisions found in the Operations Manual for Principal Receivers of the Global Fund, which will be applied in the implementation of the RedTraSex proposal.

The operations manual is divided by sections, with two main sections: scheduling and operations. Each section establishes the policy and procedure to be followed at corporative level, but does not rule out procedures at local level that support operational transparency.

The UNDP has its own body of auditors who support and verify that activities are performed within the institution's policies and procedures. Every two years, or when auditors require, the functions segregation matrices are updated to ensure that conflicts or irregularities are not generated internally. The UNDP has an ample enough catalogue of accounts to codify all areas of scheduling and operations.

The UNDP has a department of national assessors in the programs department who vouch that their activities are within the strategic plan approved by head office, and who undertake appropriate evaluations of projects within their area of expertise.

As the UNDP is the principal recipient in various countries in Latin America, it has been evaluated by the Fund's local agent in each of the countries with the corresponding approval. According to the Global Fund guidelines, every time a new subsidy is initiated, a new analysis of capacities is carried out.

In terms of proposal implementation, the main challenges lie in:

- Different levels of development/formalization of organizations of sub-recipients by country/sub-region and their capacities for implementing funds

Effective coordination among various different country offices for the implementation of the proposal

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4.7.2 Sub-recipients				
(a) Will Sub-recipients be involved in implementation?	<input checked="" type="checkbox"/> Yes → go to section 4.7.2 (c)			
	<input type="checkbox"/> No → go to section 4.7.2 (b)			
(b) If no, why not?				
HALF PAGE MAXIMUM				
(c) If yes, how many Sub-recipients will be involved?	<input type="checkbox"/> 1-6	<input checked="" type="checkbox"/> 7-20	<input type="checkbox"/> 21-50	<input type="checkbox"/> 50+
(d) Are all Sub-recipients already identified?	<input checked="" type="checkbox"/> Yes Annexe 4.7.2		<input type="checkbox"/> No → go to section 4.7.3	
(e) List the identified Sub-recipients and describe: <ul style="list-style-type: none"> • The work to be undertaken by each Sub-recipient; • Past implementation experience of each Sub-recipient; and • Any challenges that could affect performance of each Sub-recipient as well as a mitigation strategy to address this. 				
<p>(e) The key sub-recipients are the CBOs, namely the organizations of female sex workers that make up RedTraSex. All the organizations of the countries included in this proposal benefit from and participate in all the activities included in the proposal. However, only the following twelve OFSWs will be SRs:</p> <p>Argentina: Association of Female Sex Workers of Argentina / Asociación de Mujeres Meretrices de la Argentina (AMMAR)</p> <p>Bolivia: National Organization of Activists for the Emancipation of Woman / Organización Nacional de Activistas por la Emancipación de la Mujer (ONAEM).</p> <p>Chile: Angela Lina National Union of Independent Sex Workers / Sindicato Nacional Independientes de Trabajadoras Angela Lina.</p> <p>Colombia: Association of Women Seeking Freedom / Asociación de Mujeres Buscando Libertad (ASMUBULI)</p> <p>Costa Rica: Association The Room / Asociación La Sala.</p> <p>Dominican Republic: United Women's Movement / Movimiento de Mujeres Unidas (MODEMU).</p> <p>Ecuador: Network of Female Sex Workers of Ecuador / Red de Trabajadoras Sexuales del Ecuador (REDTRABSEX).</p> <p>El Salvador: Sea Orchids / Orquídeas del Mar.</p> <p>Guatemala: Women self-improvement organization / Organización Mujeres en Superación (OMES).</p> <p>Nicaragua: Sunflowers Association of Sex Workers / Asociación de Trabajadoras Sexuales Girasoles.</p> <p>Paraguay: United in Hope / Unidas en la Esperanza (UNES).</p> <p>Uruguay: Association of Sex Workers of Uruguay / Asociación de Meretrices Profesionales del Uruguay (AMEPU).</p> <p>The SRs selected for implementing activities have had the following implementation experience:</p> <p>Argentina: Association of Female Sex Workers of Argentina / Asociación de Mujeres Meretrices de la Argentina (AMMAR)</p> <p>AMMAR was formed in 1994 to respond to constant police repression and harassment. In 1995 it joined the CTA labour federation (Central de Trabajadores de la Argentina) and in 2006 it obtained legal status. The AMMAR project is founded on the importance of self-organization of FSWs so that through the defence of freedom of work they can become stronger, understand and exercise their human rights, and generate health strategies, with special emphasis on sexual and reproductive health and HIV/AIDS and STIs.</p> <p>The association has national scope, bringing together FSWs from twelve provinces, with fifteen branches and 1,700 members. The main governing body is a national board on which representatives from all over</p>				

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the country participate.

Ammar, has implemented training and strengthening projects, including the following initiatives: the program “Integral promotion of health and prevention of STIs and HIV/AIDS among sex workers”, with the support of the UNDP Agr. 96/011; HIV/AIDS and STI Control Project, LUSIDA; “International Sex Workers Strengthening and Exchange Workshop”, with the support of GTZ; “Determination of seroincidence and resistance to HIV in populations of men who have sex with men, sex workers, drug users and pregnant women”, implemented in coordination with the National Reference Centre for AIDS for the School of Medicine of the University of Buenos Aires, in the framework of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Its major achievements include: the creation of a public primary school in Córdoba, run by sex workers and open to all the population of the province; the opening in 2006 of the Sandra Cabrera Integral Care Centre in La Plata (Province of Buenos Aires), co-managed with the provincial government of Buenos Aires, raising awareness in care for sex workers and run by female sex workers of AMMAR; the repealing of edicts and codes that criminalized sex work in Paraná (Province of Entre Ríos) and the City of Buenos Aires; undertaking a National Consultation on Sex Work, HIV/AIDS and human rights in collaboration with ATTA (Association of Transvestites and Transsexuals of Argentina) and the Ministry of Health. One key instance of production of knowledges about sex work has been the organization’s participation in congresses and forums, with presentations of papers written by FSWs about their experience in the organization, including: *17th International AIDS Conference Mexico 2008 “Sex Work, Human Rights and HIV”*, Mexico City, 2008. *11th AWID International Forum on Women’s Rights and Development, The Power of The Movements*, conference debate presenting “We Sex Workers get on Public Transport”, South Africa, Cape Town, 2008.

The association is currently running the projects: “Strengthening the Defence of Human and Labour Rights of Sex Workers, promoting a vision that places them as subjects of human, labour and union rights, based on communication. “The Strength is at the bases”, with the support of the Dutch Labour Federation FNV, and “Strengthening the Organization of Female Sex Workers in Argentina: The Strength is at the bases” with the support of the Spanish labour confederation Comisiones Obreras. The FSWs also articulate with the Ministries of Employment, Health and Development, with the national HIV/AIDS program ; and with several NGOs. They part in the CCM. The association has a technical team, professionals of different disciplines who collaborate with the organization.

The web page is www.ammar.org.ar

Bolivia: National Organization of Activists for the Emancipation of Woman / Organización Nacional de Activistas por la Emancipación de la Mujer (ONAEM).

This organization was formed in 2005 to fight against discrimination, police violence and arbitrary arrests. The organization has a national scope and is made up of eighty sex workers with representation in eight departments of Bolivia.

The organization is currently fighting for the abolition of a register which regulates sex work in Bolivia. Sex workers are obliged to go to a health centre twice a week and have an HIV test every three months. The organization also denounces police abuses and promotes integral health care for sex workers.

The ONAEM does not have legal status and so is at the mercy of other organizations that handle financing in the sector, especially in health issues related to HIV/AIDS.

In late 2008 the FP of the Network in Bolivia, Yesica Flores, presented for the first time a paper for the UNAIDS seminar “A look at universal access to prevention, treatment, care and support in Bolivia”. ONAEM directors presented their paper: *Sex work and universal access. Strengthening social organizations to improve the response to HIV.*

FSWs articulate with the Ministry of Justice and Health, the National Ombudsman, and various NGOs. They form part of social movements in Bolivia and receive support from the Water Coordination Agency of Cochabamba and are part of the CCM. They have no technical team.

Chile: Angela Lina National Union of Independent Sex Workers / Sindicato Nacional Independientes de Trabajadoras Angela Lina.

The association first appeared in 1993 with the name Asociación por la Defensa de los Derechos Humanos de las Consideradas Trabajadoras (Association for the Defense of Female Sex Workers’ Human Rights), to fight violence and murders of sex workers by the police. The organization was given the name of a murdered sex worker, Ángela Lina. The organization has national scope. The union is made up of organizations from the following regions: I, II, IV, V, VI, VIII, IX and the metropolitan region. At present it has six hundred members throughout the country. It has legal status. The organization

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undertook the first systemization of cases of violence against female sex workers: “From silence to denunciation: the unknown deaths” (Annex 4.5.3.b). They also undertook a study of characterisation of risk factors and vulnerability to HIV/AIDS in women working in the sex trade in Region IV. The organization participates in processes to define public policies: Modification of STI regulations and non-application of codes that are used to detain SWs that work in the street; joint creation with the Ministry of Health of a single national sexual health card; Abolition of article 41 of the Health Code that prohibits houses of tolerance. The organization is part of a round table on the sex trade, in which the following organizations participate: Ministry of Employment, Ministry of Health, Ministry of National Assets, Training and Employment Service (SENCE), local governments, investigative and uniformed police, SW and transgender organizations.

The organization also participates on the national technical board for the female condom along with the Ministry of Health, CONASIDA, the Gender Program and other social organizations such as Vivo Positivo. The organization articulates with the National STI Program; Human Rights Commission; the Sexual and Reproductive Rights Forum; ASOSIDA; the Catholic Church; Assembly of social organizations working with HIV/AIDS, Fundación Ayuda Iglesia Social (FAIS) and is affiliated with the Central de Trabajadores labour federation. The organization does not have a technical team.

Web page: www.angelalina.cl

Colombia: Association of Women Seeking Freedom / Asociación de Mujeres Buscando Libertad (ASMUBULI)

This association was founded in 2008 by a group of sex workers in the city of Ipiales, Nariño, near the border with Ecuador. The workers organized to improve their health and living conditions, fighting for their rights and recognition of the dignity of sex work. In 2009 they gained legal status.

The association organises workshops and educates on health and prevention, especially STIs and HIV/AIDS, gender violence, public policies for women, labour training. It also provides training in institutional organization, project formulation, and other strengthening activities.

The association undertakes face-to-face approaches in the street, support for reporting abuses and for integral healthcare. The association provides assistance for disabled sex workers to get support.

As a result of partnerships with municipal health authorities, the association reached agreements for undertaking studies in the public health system and for the distribution of condoms and medicines. The association also has a group of psychologists who provide care for FSWs to improve their self-esteem and undertake recreational activities with sex workers and their families.

The association participates in community networks, governmental spaces, women’s forums, HIV/AIDS forums, and health fairs. Its members undertake advocacy for the inclusion of ASMUBULI in the Country Coordinator Mechanism of the Global Fund for AIDS, Tuberculosis and Malaria.

The association articulates with various bodies of the municipal administration which helps them to broaden their radius of action to other municipalities in the area and the rest of the country, gives them support for health access and diverse benefits for SWs and their families. The association also articulates with NGOs like Fundación María Fortaleza; Fundación PROCREAR, Fundación Arca de Noé; human rights organizations; trade unions; United Nations agencies (UNDP, UNPFA, UNAIDS). The association participates in the sub-regional Women’s Round Table of Ipiales, Nariño.

Costa Rica: Association The Room / Asociación La Sala.

This association was founded in 1994 in the context of the GTZ project to strengthen health spaces for sex workers. When financing ended the members decided to maintain La Sala as a self-financed group. The group is organized around four areas: Self-esteem, human rights, alternatives and opportunities, and health and enjoyment. The group has legal status and has 380 members. The association implements projects with the Global Fund, including a project in the SISCA, Global Fund. The project consists of educating sex workers and clients about HIV/AIDS in the provinces of Puerto Limón and Puerto Puntarenas. The organization also receives direct financing from the Costa Rican government.

The association undertakes awareness-raising with university students through the university community work program in an agreement with the University of Costa Rica.

The association coordinates with different institutions to generate references with professionals who care for sex workers (Clínica Clorito Picado, Proyecto sonrisas and IMAS (Mixed Institute for government social assistance)). The association is part of the network of non-governmental organizations of Costa Rica, where they are part of a reflection group on emergency contraceptives and are involved in the

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issues of women and HIV and persons living in poverty. The association articulates with the Committee for Integral Health Care of the Cantón of San José (COMAIC) to attain state social insurance from the Costa Rican social welfare bank (CCSS, Caja costarricense de seguro social) for low income SWs. The association also articulates with the NGO Sefemina, Visión Mundial, HIVOS, CIPAC, the national civil rights organization and INAMU (National Women's Institute).

The association is not part of the CCM but belongs to a network of NGOs that work with HIV/AIDS issues and this network belongs to the CCM. The association does not have a technical team, and works with occasional volunteers.

Dominican Republic: United Women's Movement / Movimiento de Mujeres Unidas (MODEMU)

Founded in November 1997 to work for the defence of human rights for female sex workers. Some members worked for an NGO as health promoters. This NGO organised a congress and held workshops about what an organization is. The SWs decided to break away and MODEMU was formed. MODEMU has a work commission for sex workers living with HIV/AIDS and their families where with the help of peers they support each other for integral health care, prevention of reinfections and group and psychological support.

The movement organized a group of health promoters living with HIV/AIDS in a collective called Colectivo VIH (COVIH). MODEMU holds congresses every year on sex workers' human rights. The movement has published the books "Ríen mis labios y llora mi alma", a collection of sex workers' stories, and "Mis primeros pasos" which deals with the beginnings of MODEMU. Selections of stories are also being written about the groups COVIH (Collective of people living with AIDS), COTRAVET (Committee of Transvestites) and las Tres Anas (Women who have been victims of slavery). The project intends to put these experiences into a book as part of the history of the growth of the movement. The organization has undertaken projects with the Global Fund and is receiving financing for sex worker projects from Christian AID (UK) and Cordaid (Netherlands), which work on preventing HIV/AIDS through multiplying teams working with a gender perspective. The movement also undertakes economic sustainability ventures with the alliance Population Services International (PSI) in the packing and selling of condoms. The movement articulates with COPRESIDA (Presidential AIDS Council), a state body that works with World Bank funds and with the Global Fund to work with HIV in the Dominican Republic, with the National Network For Women's Health; the Youth Alliance; the Youth Network; the Alliance of Sex Work. These are all part of the National Health Institute (INSALUD) where the Sinergi program provides care for PLWA. The movement is a member of the AIDS Coalition NGO. The movement has agreements with the Health Centre for integral health care for sex workers, with the Centre for Orientation and Integral Research (COIN) for work in prevention, health and social research.

The movement participates in the National UNGASS round table; in the GAATTW space (Global Alliance Against Traffic in Women). The movement participated in the UNGASS High-Level Meeting and supported the formation of the transvestites' committee as an independent organization.

The movement is part of the CCM and has legal status and a technical team.

Ecuador: Network of Female Sex Workers of Ecuador / Red de Trabajadoras Sexuales del Ecuador (REDTRABSEX).

This network started as different organizations of sex workers in different provinces. With funds from the Fronteras project to strengthen organizations, they came together with a shared goal. The network was created in April 2005. It is currently made up of fifteen organizations from fourteen provinces, with the participation of 5,000 sex workers. They have legal status. The network sponsored the research "Female condom, the new safe sex", a study into the acceptance of the female condom in women of childbearing age. The network also participated with the Ministry of Public Health and the National Public Health Program on the *National Guidelines of standards and procedures for integral health care for sex workers*. This new model for health care for sex workers abolished the old prophylactic card and replaced it with an integral health care card. In the area of Machala, RedTrabSex Ecuador started the process of forming citizen watchdog initiatives, with the purpose of them monitoring respect for sex workers' labour and citizens' rights. The organization undertakes projects with the Global Fund. It participates in evaluation boards for "Prevention Proposals in Health" in the Metropolitan District of Quito; in drawing up the UN and Global Fund "Anti-Poverty and Discrimination Plan"; it participated in regional decision-making spaces. The organization has signed coordination agreements with local and national government organizations: Health and Employment Ministries, Ombudsperson offices, municipalities, national HIV/AIDS program, provincial health directors, among others. The network participated in writing the national guidelines for the operation of integral sexual health care centres (CAISS) and participated in the creation of the

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Strategic Multi-sector Plan for a national response to HIV/AIDS 2007-2015. The organization participates in the creation of spaces for coordination with national and international non-governmental organizations: alliance coalition PLWA, etc. The network articulates with UNIFEM, UNFPA, UNICEF, PAHO, UNAIDS, UNHCR, CONAMU (National Women's Council), the media, human rights movement, Universidad de San Francisco de Quito, among others. The network undertook three projects between 2006 and March 2009, through Kimirina with the support of International AIDS Alliance: 1) Strengthening of the RedTraSex Ecuador; 2) Developing Networks/Tejiendo Redes and 3) Citizen Watchdog Initiatives. The focal point of RedTraSex is part of the CCM of Ecuador. It has a technical team. Web page: www.rebtrabsex-ecuador.org

El Salvador: Sea Orchids / Orquídeas del Mar.

The organization was formed in 2005, as autonomous female sex workers organization to fight injustice and the violation of their rights. Some SWs had been part of an organization for SWs, led by technicians. The organization makes systematic denunciations of murders of sex workers, and works with other groups to get murders investigated. In May 2007 the organization issued a document denouncing these murders. Orquídeas del Mar implements projects for HIV prevention among sex workers with co-financing from the Global Fund, some in consortium with the organization Flor de Piedra. The organization is also undertaking a project with the UNFPA and with the Central American Women's Fund. The fund also participates on the review board of the monitoring and evaluation plan, Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, in coordination with the Red Cross of El Salvador. The organization participated in the 5th National HIV/AIDS and STI Forum in El Salvador and undertook the National Consultation on Sex Work, HIV/AIDS and Human Rights with the Ministry of Health. The organization coordinates actions with the National STI/HIV/AIDS Program, the Ministry of Health, City Hall, Human Rights Network, CCM, Embassy of Spain, Fundasida, Pasmó, Médecins du Monde, Pasca, Red Sal, Red Sul, UNDP, PAHO, and with the Flor de Piedra women's organization. The organization does not have legal status or a technical team.

Guatemala: Women self improvement organization / Organización Mujeres en Superación (OMES).

In 2000, at the First Conference for Female Sex Workers of Guatemala, it was decided to form the organization Mujeres en Superación, with sex workers from different parts of the country with the vision of maintaining a context of solidarity and respect among female sex workers. In 2002 this was consolidated as an organization with the goal of reducing the stigma and discrimination associated with sex work, fighting institutional and police violence and reducing the transmission of HIV/AIDS and other STIs among sex workers.

In 2007 the organization gained legal status, the Guatemalan state for the first time recognising the organization of sex workers as a contribution to the common good. At present the organization is implementing a project with World Vision and working to undertake a presentation in Phase 3 with the National AIDS Program and has presented a proposal for the Central American Fund for Women. The organization coordinates actions with the Ministry of Health, the Office of Human Rights, the Office of Women's Rights and the National Network of Persons Living with HIV/AIDS. The organization participates in the National Women's Forum, the National Network of Non-Violence Against Women, and the Anti-Slavery Project. The organization also participates in the ACSLCS (Coordinating association of sectors fighting AIDS). The organization also articulates with UN organisms such as UNFPA and UNAIDS. Since 2008 the organization has been part of the CCM of Guatemala. It has legal status but does not have a technical team.

Nicaragua: Sunflowers Association of Sex Workers / Asociación de Trabajadoras Sexuales Girasoles.

"Girasoles" was founded in 2007 by sex workers from three departments of Nicaragua (Masaya, León and Estelí), after a process of two years of contact with RedTraSex that had started in 2005 and after participating in sub-regional workshops. The FP of RedTraSex in Nicaragua said "Girasoles was born to change a harsh reality. There is no place where we can sit down and share." After its formation the association organized the National Conference of Sex Workers, in which over 50 female sex workers participated. The association implemented funds with the UNFPA and also articulates with the DFID and Estela Xilomen Women's Association, a group that works for women's rights. The association has no legal status or technical team.

Paraguay: United in Hope / Unidas en la Esperanza (UNES).

The organization was founded in 2004 after a RedTraSex workshop in Paraguay, to fight for the

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vindication of the rights of female sex workers in Paraguay. The organization undertakes preventative actions, such as in 2006 when it produced a kit with a small bag for carrying lipstick, condoms and a prevention leaflet in the form of a small business card. The organization has undertaken projects with the Global Fund and also formed an alliance with two other organizations to present a proposal in the context of the Global Fund project. This was approved and implemented by the three organizations: Fundación Vencer (working for the defence of human rights of PLWA); Tatarendy (an organization that provides integral support to female sex workers) and Unidas en la Esperanza. The organization has also undertaken agreements to work with the National Program for the Control of HIV/AIDS and participated in the creation of the National Strategic Plan for the prevention of HIV/AIDS and STIs in the priority population. The organization articulates with the National Program for the Control of AIDS (ProNaSida), the Permanent Commission of Human Rights of Paraguay, which provides advice and coordination with various social organizations in the country. The organization articulates with the Women's Secretariat, CCM, Fundación Vencer (people living with AIDS), PLWA, the CEAPRA (Children's and teenagers' care, prevention and support centre); NGO Tatarendy; NGO network; UNAIDS Theme Group; UNFPA, among others. The organization undertakes advocacy with legislators and participates in HIV/AIDS forums, at National Feminists of Paraguay Conference and in international sex worker conferences. The organization has no legal status or technical team.

Uruguay: Association of Sex Workers of Uruguay / Asociación de Meretrices Profesionales del Uruguay (AMEPU).

AMEPU was founded in 1986 to stop police repression, arbitrary arrests and compulsory HIV tests. In 1998, after obtaining legal status, the association started to fight for its members to be recognised as workers, with the same rights as other workers. This gave sex workers the right to retirement pensions. Sex work is legal in Uruguay. AMEPU is represented in eight departments of Uruguay. It has undertaken with ATRU (Trans Association of Uruguay) and the Ministry of Public Health the National Consultation on Sex Work, HIV/AIDS and Human Rights.

The SWs organized in AMEPU have also received food baskets from the National Government for SWs with health problems, and through the Social Security Service have attained grace pensions for the SWs over 65 years old. This benefit is also extended to SWs suffering from vaginal cancer, regardless of age. The association has implemented projects with PAHO, and cooperated with workshops in departments in inland Uruguay. A Project is also being undertaken between AMEPU and ATRU (Trans Association of Uruguay) with UNFPA. Among other considerations they are working on the use of the female condom, with workshops and print materials.

A Work Commission has been set up by the Ministry of the Interior, the Ministry of Employment and Social Security, the Banco de Previsión Social (BPS), the National Institute of Childhood and Adolescence (INAU), the City Government of Montevideo (IMM), the Ministry of Public Health (MSP), ATRU (Trans Association of Uruguay) and AMEPU. This commission is working on the following: coordination with the Ministry of Public Health (MSP), working on the shortage of medicines, on access to health services, prevention and promotion; with the Ministry of the Interior on matters regarding arbitrary arrests of SWs and abuses, violations and violence against SWs in work areas and police stations; with the City Government of Montevideo (IMM) they are working on places authorised for sex work so that SWs can do their work without difficulties; with the Banco de Previsión Social (BPS) on retirement procedures for SWs. The association is also on the board of the Honorary commission on sex work for regulating law 17515, with the participation of: Ministry of the Interior, Ministry of Public Health, Social Security Agency, Child protection agency, Board of Governors and the association of transvestites of Uruguay (ATRU). This group reached an agreement for the non-establishment of red light areas. The association participates in the National Priority Plan for Public Health, the national workers' federation (PITCNT) and are part of the Network of Uruguayan Organizations for Work on HIV/AIDS (ROUS). They share spaces with the Global Fund and with the UNAIDS Theme Group. They are part of the CCM.

Precautions for attenuating the difficulties seen

From the above description, there are evident differences in the organizations regarding the three most important aspects: legal status, the formation of a technical team, and installed technical and administrative capacities. However, far from going against the proposal, these are aspects that make up the proposal, in that *strengthening the implementation capacities of community based organizations* is one of the pillars of this proposal. A survey performed during the process of evaluation and validation of the proposal showed the need to strengthen every organization, attending to the particularities of each

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one and establishing the differences in the capacities of the SR NOFSWs of the different countries involved in the proposal. The proposal includes assistance for increasing the technical and administrative capacities of the organizations and for hiring local technical teams to better their performance. Technical assistance and training will be given in issues of: legal advice, financial administrative and technical program systems; good practices of governance, leadership and accountability, mobilisation of resources, participation and advocacy, monitoring and evaluation, application of guidelines of good practices in friendly health services for FSWs with health professionals; development of national and regional advocacy plans. Technical assistance will not only be for specific questions, as a local technical team will be formed for each sub-recipient organization which will remain in place for the length of the whole proposal. This will allow better implementation capacities and better long-term capacities, resolving current difficulties and strengthening capacities.

(f) If the private sector and/or civil society are not involved as Sub-recipients in implementation, or only involved in a limited way, explain why.

The activities that were designed for the implementation of this proposal are implemented in their entirety by the PRs and SRs. The 15 NOFSWs are CBOs, and are therefore instances of civil society who take on the role of SRs of the proposal and are responsible for implementing the local activities in their respective countries.

In the cases that do not have legal status, these will implement the project with the backing of a support organization. The relative proportion of work is the same for all the SRs except AMMAR, which will work with UNDP in the implementation of the coordination unit of the proposal.

The general administrative functions will be held by the PR in the form of the UNDP, which will contribute to transparency in the handling of funds, as well as facilitating suitable procedures at regional level.

4.7.3 Sub-recipients to be identified

Describe:

- (a) why some or all of the Sub-recipients are not already identified; and
- (b) the transparent, time-bound process that the Principal Recipient(s) will use to select Sub-recipients and not delay program performance.

Three sub-recipients have not yet been identified for the following countries: Panama, Honduras, and Peru.

During 2008 the SE of the RedTraSex undertook workshops for FSWs to strengthen and drive organizational processes in these countries. As the organizational processes are just beginning in these countries, this proposal includes strengthening the process by incorporating them in the implementation of activities from phase II of the proposal.

The SR adjudication processes are subject to the PR contract system, with the core idea that the implementation of activities will be undertaken by organizations made up exclusively of FSWs.

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4.7.4 Coordination between or among implementers

Describe:

- (a) how coordination will occur between multiple Principal Recipients if there is more than one nominated Principal Recipient for the proposal; and
- (b) how coordination will occur between each nominated Principal Recipient and its respective Sub-recipient to ensure timely and transparent program performance.

The UNDP PR forms one PCU made up of one team dedicated exclusively to the implementation of the proposal, with human resources located physically in the Regional Centre in Panama and Argentina. The location by the PCU in Argentina is strategic as it will permit fluent exchange and coordination with the Regional Organization, whose Executive Secretary is based in Argentina.

Both units will participate in the process of developing final budgets and work plans from the proposals as well as in the program activities deemed relevant for the implementation of the proposal.

The UNDP has representation in all the countries covered by the present proposal. In addition, the Regional Centre in Panama will provide consultancy to the offices in various aspects. A description is included in the Annex of the regional centre and an organizational chart (Annex 63).

Coordination with sub-recipients will be done through:

- Planning meetings at Regional and Sub-regional workshops included in the planning of the proposal.
- Diagnoses of capacities to establish modalities for the implementation of funds allocated to the institutional strengthening of sub-recipients.
- Training sub-recipients in operational processes and policies regulating the implementation of funds.
- Support in processes of acquisitions and payments as necessary for sub-recipients.

Clarified Section 4.7.5a)

4.7.5 Strengthening implementation capacity

(a) The applicant is encouraged to include a funding request for management and/or technical assistance to achieve strengthened capacity and high quality services, supported by a summary of a technical assistance (TA) plan based on the indicative percentage range in the Guidelines. In the table below provide a summary of the TA plan.

→ Refer to the [strengthening implementation capacity information note for further background and detail](#)

Management and/or technical assistance need	Management and/or technical assistance activity	Intended beneficiary of management and/or technical assistance	Estimated timeline	Estimated cost → same as proposal currency
N/A				
→ add extra rows as needed				

(b) Describe the process used to identify the assistance needs listed in the above table.

N/A

(c) If no request for management and/or technical assistance is included in the proposal, provide a justification below. Or, if the funding request is outside the indicative percentage range, provide a

ROUND 10 - HIV

justification below.

Strengthening the implementation capacities of the community based organizations is one of the pillars of this proposal, hence it includes organizational strengthening and the construction of capacities through technical assistance. The proposal also includes assistance to increase NOFSWs' technical and administrative capacities and hiring local technical teams for better NOFSW development.

The process used to identify needs for the strengthening of implementation capacities was undertaken with information gathered from the NOFSWs by the RedTraSex SE on one hand, and on the other, and in greater detail, from the two RedTraSex regional conferences held in early 2009 to write and validate the proposal. A survey was taken at these conferences which provided evidence of the need to strengthen community systems in order to reach the goal of the proposal, which is to contribute to reducing the prevalence of HIV in the FSW population in Latin America and Spanish-speaking Caribbean. The proposal includes in its first year a participative diagnosis of baseline NOFSW capacities, which will be the input for drawing up a regional plan and national plans to develop capacities to respond to real needs.

Assistance will be provided to the regional, sub-regional and national workshops and spaces of the proposal by hiring specialists in these issues who are sensitive to the work of this population.

To obtain assistance competitively and transparently, the contracting system will be subject to Terms of Reference (ToR) drawn up by the PR and approved by the regional organization according to compliance with proposal indicators. The profile of consultants and facilitators will be defined in due time, with special importance given to work experience with FSWs and in specific aspects of each issue.

Training will be done with specific external contracts in the areas of: legal advice, administrative financial and technical program systems; good governance practices, leadership and accountability, mobilisation of resources, participation and advocacy, monitoring and evaluation, creation of good practices guidelines in friendly health services for FSWs with health professionals; development of national and regional advocacy plans.

Technical assistance will not only be for specific questions but a technical team will be formed in each country, made up of two people for each SR, which will function from the second year of implementation. This will allow better implementation capacities and better long-term capacities. In this respect a resources mobilisation plan will be created to give sustainability to the work undertaken in this proposal.

4.8 Pharmaceutical and Other Health Products

4.8.1 Scope of Round 10 proposal

Does the proposal seek funding for any pharmaceutical and/or health products?

Yes → go to section 4.8.2

No → skip the remainder of section 4.8

4.8.2 Table of roles and responsibilities

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Function	Name of the organization(s) responsible for this function	Role of the organization(s) responsible for this function	Does the proposal request funding for additional staff or technical assistance? → indicate Yes or No
Procurement policies, systems, and planning			
Intellectual property regulations			
Quality assurance and quality control			
Management and coordination → more details required in section 4.8.3			
Product selection (e.g. PMTCT and pediatric HIV care)			
Management Information Systems (MIS)			
Forecasting			
Storage and inventory management → more details required in section 4.8.4			
Distribution to other stores and end-users → more details required in section 4.8.4			
Ensuring rational use and patient safety			
Pharmacovigilance			
Drug resistance Surveillance			

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4.8.3 Past management experience

Describe the past experience of each organization that will be involved in managing pharmaceutical and other health products.

Organization name	Short description of management experience	Total value procured during last financial year → same currency as proposal
→ use the 'Tab' key to add extra rows		

4.8.4 Alignment with existing systems

Describe how the proposal uses existing country systems for the management of the additional pharmaceutical and health product activities that are planned, including pharmacovigilance and drug resistance surveillance systems. If existing systems are not used, explain why.

N/A

4.8.5 Storage and distribution systems

(a) Which organization(s) have primary responsibility to provide storage and distribution services under the proposal?

→ tick the corresponding boxes to the right and enter the name of the organization(s)

National medical stores or equivalent

→ specify

Sub-contracted national organization(s)

→ specify

Sub-contracted international organization(s)

→ specify

Other:

→ specify

(b) For storage partners, what is each organization's current storage capacity for pharmaceutical and health products? If the proposal represents a significant change in the volume of products to be stored, estimate the relative change in percent, and explain what plans are in place to ensure increased capacity.

N/A

(c) For distribution partners, what is each organization's current distribution capacity for pharmaceutical and health products? If the proposal represents a significant change in the volume of products to be distributed or the area(s) where distribution will occur, estimate the relative change in percent, and explain what plans are in place to ensure increased capacity.

N/A

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4.8.6 Pharmaceutical and health products for initial two years

Complete the Pharmaceutical and Health Products List and include all of the products that are requested to be funded through the proposal.

If the pharmaceutical products included in the Pharmaceutical and Health Products List are not included in the current national, institutional or World Health Organization Standard Treatment Guidelines (STGs), or Essential Medicines Lists (EMLs), describe below the STGs that are planned to be utilized, and the rationale for their use.

Applicants are invited to justify the prices based on either the guidance provided in the [Unit Costs for Selected Key Health Products information note](#) or with another published international reference source. If the provided price is out of range, provide justification. Also, if local legislation is preventing access to low cost prices through local manufacturers or similar mandates, clarification should be provided as well as a plan for addressing such barriers over the life of the proposal.

N/A

4.8.7 Multi-drug resistant tuberculosis

Is the provision of treatment of multi-drug resistant tuberculosis included in the HIV proposal as part of TB/HIV collaborative activities?

Yes
→ include USD 50,000 per year over the full proposal term to contribute to the costs of Green Light Committee Secretariat support services

No
→ do not include the Green Light Committee costs

4B. CROSS-CUTTING HSS - PROGRAM DESCRIPTION

ROUND 10 - HIV

5. FUNDING REQUEST



The Round 10 Guidelines contain different guidance for sections 5.1 and 5.2 depending on whether the applicant selected Option 1, 2 or 3 in section 3.1 of the Proposal Form

Option 1 = Transition to a single stream of funding by submitting a consolidated disease proposal

Option 2 = Transition to a single stream of funding during grant negotiation

Option 3 = No transition to a single stream of funding in Round 10

5.1 Financial Gap Analysis



Section D and H of the Gap Analysis table below must be completed differently depending on whether applicant selected Option 1, 2 or 3 (see above)


→ Summary Information provided should be described further in sections 5.1.1 - 5.1.3

→ Currency must be the same as identified on the proposal cover page


→ Adjust the years as necessary in the table from calendar years to financial years to align with national planning and fiscal periods

Financial gap analysis								
	Actual		Planned		Estimated			
	2008	2009	2010	2011	2012	2013	2014	2015
SECTION A: Funding needs to deliver the HIV program to target populations								
LINE A → <i>Provide annual amounts</i>				1.300.008	3.028.966	2.741.288	2.778.788	
LINE A.1 → <i>Indicate the amount of the funding need for the full term of the Round 10 proposal</i>								
SECTIONS B, C AND D: Current and planned resources								
Section B: Applicant								
Applicant source B1: Loans and debt relief → <i>provide name of source here</i>								

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Financial gap analysis								
	Actual		Planned		Estimated			
	2008	2009	2010	2011	2012	2013	2014	2015
Applicant source B2 National funding resources								
Applicant source B3 Private sector contributions (national)								
LINE B: Total current & planned APPLICANT resources → total of Section B entries								
Section C: External (non-Global Fund)								
External source C1 → provide source name here								
External source C2 → provide source name here								
External source C3 Private sector contributions (International)								
LINE C: Total current & planned EXTERNAL (non-Global Fund) resources → total of Section C entries								
 Complete this version of Section D if the applicant selected Option 2 or 3 in section 3.1 of the Proposal Form: Section D: External (Global Fund) → insert additional lines below if there are more than two existing HIV Global Fund grants								
Grant D1 → provide grant number here								
Grant D2 → provide grant number here								
LINE D: Total current & planned EXTERNAL (Global Fund) resources → total of Section D entries								

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Financial gap analysis								
	Actual		Planned		Estimated			
	2008	2009	2010	2011	2012	2013	2014	2015
 Complete this version of Section D if the applicant selected Option 1 in section 3.1 of the Proposal Form: Section D: External (Global Fund) <i>→ insert additional lines below if there are more than two existing HIV Global Fund grants</i>								
Section D1: Grants not included in consolidated disease proposal Grant D1-A <i>→ provide grant number here</i>								
Grant D1-B <i>→ provide grant number here</i>								
Section D2: Grants included in consolidated disease proposal and listed in section 3.1(b) Grant D2-A <i>→ provide grant number here</i>								
Grant D2-B <i>→ provide grant number here</i>								
LINE D: Total current & planned EXTERNAL (Global Fund) resources <i>→ total of Section D entries</i>								
LINE E : Total current and planned resources <i>→ Line E = Line B + Line C + Line D</i>								
Calculation of gap in financial resources and summary of total funding requested in Round 10 <i>→ must be supported by detailed budget</i>								
LINE F: Total funding gap Line F = Line A - Line E								
LINE G: Round 10 HIV funding request <i>→ must be same amount as requested in tables 1.1, 5.3, 5.4 and detailed budget for this disease</i>								

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Part H - Not completed by RO applicants. See Guidelines to determine which type of RCM applicants need to complete this section of the gap analysis table:

Cost Sharing calculation for Lower-middle income and Upper-middle income applicants

In Round 10, the total maximum funding request for HIV in Line G is:

- (a) For **Lower-Middle income countries**, an amount that results in the Global Fund's overall contribution (all grants) to the national program being not more than 65% of the national disease program funding needs over the proposal term; and
- (b) For **Upper-Middle income countries**, an amount that results in the Global Fund overall contribution (all grants) to the national program being not more than 35% of the national disease program funding needs over the proposal term.

Line H = Cost Sharing calculation as a percentage (%) of overall funding from Global Fund



Complete this cost sharing calculation if the applicant selected **Option 2 or 3** in section 3.1 of the Proposal Form:

$$\text{Cost sharing} = \frac{(\text{Total of Line D amounts for proposal period} + \text{Total of Line G amounts}) \times 100}{\text{Line A.1}} \quad \%$$



Complete this cost sharing calculation if the applicant selected **Option 1** in section 3.1 of the Proposal Form:

$$\text{Cost sharing} = \frac{(\text{Total of Line D1 amounts for proposal period} + \text{Total of Line G amounts}) \times 100}{\text{Line A.1}} \quad \%$$

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5.1.1 Explanation of financial needs and additionality of Global Fund financing

Describe how the annual amounts were:

- (a) developed;
- (b) budgeted in a way that ensures that government, non-government and community needs were included to reflect implementation, as relevant, of the various countries' HIV program strategies; and
- (c) developed in a way that demonstrates the funding requested in the proposal will contribute to the achievement of outputs and outcomes that would not be supported by currently available or planned domestic resources for those countries included in the proposal.

N/A

5.1.2 Applicant funding

→ corresponds to LINE B in Table 5.1

Describe the processes used to:

- (a) prioritize financial contributions to the HIV program represented through the proposal; and
- (b) ensure that resources are used efficiently, transparently and equitably, to help implement treatment, prevention, care and support strategies in the program.

N/A

5.1.3 External funding

→ corresponds to LINE C in Table 5.1

Describe:

- (a) any changes in contributions anticipated over the proposal term and the reason for any identified reductions in external resources over time; and
- (b) any current delays in accessing the external funding identified in Table 5.1, including the reason for the delay, and plans to resolve the issue(s).

N/A

5.2 Detailed Budget

Instructions for completion of the detailed budget:

→ For guidance on the level of detail required (or for a template) refer to the budget information available in Section 5.2 of the Guidelines

1. Submit a detailed budget in Microsoft Excel format.
2. Ensure that this detailed budget is consistent in numbering with the Round 10 interventions in section 4.4.1 of the Proposal Form, the Performance Framework, and the detailed work plan.
3. From the detailed budget, prepare table 5.3, the summary by objective and service delivery area.
4. From the detailed budget, prepare table 5.4, the summary by cost category.
5. Do not include a request for CCM or Sub-CCM funding in this Round 10 proposal. Requests for funding are available through a separate application. The application is available at: <http://www.theglobalfund.org/en/ccm/>

ROUND 10 - HIV

5.3 Summary of Detailed Budget by Objective and Service Delivery Area

→ Use the same objective and SDA numbering as the description in section 4.4.1, the Performance Framework, and the detailed budget and work plan.

→ Annual totals at the end of this table must equal annual totals in the detailed budget and tables 1.1 and 5.4

Objective number	Service delivery area	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1	Creating community ties, collaboration, coordination	14,214	103,756	106,869	110,075	113,377	448,290
1	Monitoring and documenting community and governmental interventions		226,460				226,460
1	Monitoring and evaluation, production of evidence	448,070					448,071
1	Human resources, strengthening capacities for the provision of services, advocacy and leadership		177,051	182,363.02	187,834	193,469	741,717
2	Management, Transparency and Leadership	27,810	410,443	422,756	435,439	448,502	1,744,951
2	Monitoring, evaluation, production of evidence	296,968	961,246	990,083	1,019,786	804,150	4,072,234
2	Human resources, strengthening capacities	113,506	204,946	148,555	153,012	157,602	771,621

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Objective number	Service delivery area	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	for the provision of services, advocacy and leadership						
3	Creating community ties, collaboration, coordination		115,903	97,526	100,452	103,465	417,346
3	Monitoring, evaluation, production of evidence	33,681	46,280				79,961
3	Reduction of stigma in all circumstances		304,266	313,394	322,796	332,480	1,272,936
3	Awareness-raising of stigma and discrimination in health services	30,900	47,740	57,368	16,883	60,862	213,753
	Monitoring and evaluation	172,895	178,082	183,424	188,926	194,595	917,922
	Management of administration and programming	161,964	252,792	238,948	243,585	238,727	1,136,017
Round 10 HIV funding request:		1,300,008	3,028,966	2,741,288	2,778,788	2,647,229	12,496,279

ROUND 10 - HIV

5.4 Summary of Detailed Budget by Cost Category

→ Summary information provided in the table below should be described further in sections 5.4.1 to 5.4.3
 → Annual totals at the end of this table must equal annual totals in the detailed budget and tables 1.1 and 5.3

Cost Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Human resources	312,683	962,423	991,296	1,021,035	805,436	4,092,872
Technical and management assistance	379,761	505,201	465,939	437,710	494,314	2,282,925
Training	263,493	656,327	427,951	440,790	454,013	2,242,574
Health products and health equipment						
Pharmaceutical products (medicines)						
Procurement and supply management costs						
Infrastructure and other equipment	123,476					
Communication materials	30,900	485,574	445,505	458,870	472,636	1,893,485
Monitoring & Evaluation	75,053	77,305	79,626	82,012	84,473	398,467
Living support to clients/target populations						
Planning and administration	56,732	186,252	191,839	197,597	203,522	835,940
Overheads	57,909	155,886	139,135	140,777	132,834	626,540
Other (specify):						
Round 10 HIV funding request:	1,300,008	3,028,966	2,741,288	2,778,788	2,647,229	12,496,279

ROUND 10 - HIV

5.4.1 Overall budget context

Describe any significant variations in cost categories by year, or significant five year totals for those categories.

The increase for year 2 is accounted for by the start of activities in each country of actual project implementation actions, in addition to the application of consultancies for the mid-term analysis at the conclusion of the project and sub-regional workshops for the strengthening of organizations in each sub-region.

5.4.2 Human resources

(a) Describe how the proposed financing of salaries, compensation, volunteer stipends, or top-ups will be consistent with agreed in-country salary frameworks, such as national salary or inter-agency frameworks for those countries included in the proposal.

→ *Attach supporting information as evidence, including draft documents where applicable*

Consultations have been made with the wage rates approved by the government of each country, in almost all the region the minimum living wage is between 250 and 400 US dollars, hence the variations between categories are consistent from one country to another. However, when this is implemented in each country the remuneration will be based exactly on the legal framework of wages by country and on the TDRs requested and the training and experience of the person to be hired.

(b) In addition, in cases where human resources represents an important share of the budget, summarize: (i) the basis for the budget calculation over the initial two years; (ii) the method of calculating the anticipated costs over years three to five; and (iii) to what extent human resources spending will strengthen service delivery.

→ *Attach supporting information as evidence, including draft documents where applicable*

As emphasised throughout the proposal, the main objective is to strengthen FSW-based organizations. The proposal firmly believes that if the political force of the FSWs is accompanied by suitable technical advice, the results will be completely successful. In addition, the FSWs will be involved in institutional strengthening processes and will become managing stakeholders of their organizations and projects. Hence this proposal “buys” technical capacity but also applies mechanisms so that this capacity is passed on to the principal stakeholders.

In year 1 wages have been budgeted corresponding to the Principal Recipient and to 2 of the 3 sub-recipients who are those who will implement the proposals from the beginning. From year 2 the third recipient is included, and all member countries have a basic staff which is described in the assumptions of the budget file.

An 5% increase has been defined from year to year, taking the historic inflation average for the region. Needless to say, wages will be regulated based on the economic reality in place and available budget.

The proposal undertakes actions that must be undertaken by competent, trained staff. All the actions include an intellectual factor for correct implementation. Although the wages section may seem high, it must be considered that this is the way to achieve the goals set out in the proposal.

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5.4.3 Other large expenditure items

If 'other' cost categories represent important amounts in the summary in table 5.4, (i) explain the basis for the budget calculation of those amounts; and (ii) explain how this contribution is important to implementation of the national HIV program.

→ *Attach supporting information as evidence, including draft documents where applicable*

N/A

5.4.4 Measuring service unit cost and cost effectiveness

Provide the following:

- (a) where available, estimates of recent average service delivery unit costs at the program-level for key services with an explanation of how the estimates were developed;
- (b) estimates of the expected average service delivery unit costs for key services that are included in the proposal; and
- (c) a description of how key service delivery unit costs will be measured at the program-level, over time throughout the lifecycle of the grant.

N/A

5.5 Funding Requests in the Context of a Common Funding Mechanism

→ *In this section, common funding mechanism refers to situations where all funding is contributed into a common fund for distribution to implementing partners*

5.5.1 Common funding mechanism

If the country's response to HIV is through a program-based approach, does the proposal plan for some or all of the requested funding to be paid into a common-funding mechanism to support that approach?

Yes

→ *complete all of section 5.5*

X No

→ *do not complete section 5.5*

5.5.2 Operational status of common funding mechanism

Describe the main features of the common funding mechanism, including the fund's name, objectives, governance structure and key partners.

N/A

5.5.3 Measuring performance

Describe how program performance helps determine financial contributions to the common fund.

N/A

5.5.4 Additionality of Global Fund request

Describe how the funding requested in the proposal will contribute to the achievement of outputs and outcomes that would not be supported by current or planned resources available to the common funding mechanism.

N/A

PROPOSAL CHECKLIST: SECTIONS 3-5 HIV

CHECKLIST

Section 3 and 4: Proposal Summary and Program Description		Document attached?	List document name and number
3.4		X	<p>Annex 36: Guía ONUSIDA sobre VIH y Trabajo Sexual, 2009.</p> <p>Anexo 37: Grupos de Población clave Onusida.</p> <p>Annex 38: Profesionales del sexo y clientes. Onusida.</p> <p>Annex 39: Penalización de los comportamientos sexuales y las respuestas al SIDA. ONUSIDA.</p> <p>Annex 40: Trabajo sexual en la vía pública: razones para rechazar las zonas rojas.</p> <p>Annex 41: Informe sobre acceso a RR FM por parte de las poblaciones vulnerables en LAC. Alianza.</p>
4.1	<p>Documents, plans, policies FSW community or partnerships with government health or other systems)</p> <p>Rreport on gender specific operational research and any gender that might have been undertaken of the HIV response</p>	X	<p>Annex 15: Las muertes ignoradas: violencia contra Trabajadoras Sexuales en Chile. Del silencio a la denuncia.</p> <p>Annex 26: Estudio de aceptación del condón femenino en mujeres en edad reproductiva usuarias de servicios públicos, privados y trabajadoras sexuales en el Ecuador.</p> <p>Annex 54: Determinación de seroincidencia y resistencia de VIH en poblaciones de Hombres que tienen Sexo con Hombres, Trabajadoras Sexuales, Usuarios de Drogas y embarazadas. Argentina.</p> <p>Annex 55: Violación de DDHH de TS en contexto de vulnerabilidad ante el VIH e ITS Guatemala 2005 OMES HIVOS.</p> <p>Annex 22: Guía para el Personal de Salud en el abordaje de Trabajadoras(es) del Sexo. Ministerio de Salud. El Salvador.</p> <p>Annex 23: Guía prevención y atención VIH e ITS en MTS México</p> <p>Annex 13: Manual: "Entre nosotras. Asesoría y prueba voluntaria en VIH, herramientas para trabajadoras sexuales".</p> <p>Annex 56: De invitadas a dirigentes: El protagonismo de las Trabajadoras Sexuales en los procesos de gobernabilidad de la RedTraSex.</p> <p>Annex 41: Informe sobre acceso a RR FM por parte de las poblaciones vulnerables en LAC. Alianza</p> <p>Annex 57b: La violencia de género y el VIH SIDA OPS.</p>

PROPOSAL CHECKLIST: SECTIONS 3-5 HIV

			Annex 59: guía de ONUSIDA de Trabajo Sexual y VIH-Sida 2003.
4.2 (b)	Map if proposal targets specific region/population group	X	Annex 48: Mapa de países que conforman el ámbito geográfico de la propuesta.
4.2.(c)	technical advisory reviews, including any epidemiology report directly relevant to the proposal	X	Annex 48a: Estimates of the number of female sex workers in different regions of the world R. Lyerla et al. Annex 48b: mapa prevalencia del VIH en MTS /base datos OPS 2009. Annex 48c: Datos Prevalencia de VIH MTS LAC base datos OPS 2009. Annex 48d: TSM estudios VIH / base datos OPS, 2009.
4.3.1		X	Annex 16: Consulta Regional VIH y TR Recomendaciones ingles y esp Annex 17: Consulta Nacional de Argentina Annex 18: Consulta Nacional de Brasil Annex 19: Consulta Nacional de El Salvador Annex 20: Consulta Nacional de Perú Annex 21: Consulta Nacional de Uruguay Annex 49: UNAIDS Guidance note on HIV and sex work. Annex 50: Carta de RedTraSex a GCTH por desabastecimiento de condones para MTS en Costa Rica, Chile, Paraguay y Perú. Annex 25: Guía Nacional de normas y procedimientos de atención integral a TS Ecuador. Annex 41: Informe sobre acceso a RR FM por parte de las poblaciones vulnerables en LAC.
4.3.2	Any recent report on health system weaknesses and gaps that impact outcomes for the three diseases (and beyond if it exists)	X	Annex 17: Consulta Nacional de Argentina Annex 18: Consulta Nacional de Brasil Annex 19: Consulta Nacional El Salvador Annex 20: Consulta Nacional de Perú Annex 21: Consulta Nacional de Uruguay Annex 51: RedTraSex denuncia situación ante el Ex Director Ejecutivo de ONUSIDA Peter Piot Annex 27: Saberes y estrategias de las TS ante el VIH.
4.4	Document(s) that explain basis for coverage targets	X	Annex 52: Plan Regional de VIH/ITS para el Sector Salud 2006-2015. OPS.
4.4.1	A completed Performance Framework (mandatory)	X	Performance Framework
4.4.1	61Performance Framework	X	Work Plan
4.4.2	A copy of the Technical Review Panel (TRP) Review Form from Round 8 or 9, if relevant.		PRT. Annex 4.4.2
4.6.1	A recent evaluation of the Impact Measurement Systems as relevant to the proposal (if one exists)	X	Annex 60: Manual SIREME Annex 61: Carta SISCA uso sistema de M&E

PROPOSAL CHECKLIST: SECTIONS 3-5 HIV

			Annex 61 a:Plan M&E RedTrasex R10
4.7.1	A recent assessment of the Principal Recipient capacities (other than Global Fund Grant Performance Report	X	Annex 62a MANUAL OPERACIONES SEPT 08UNDP-GFATM.
4.7.1	Documents describing the organization, such as official registration papers, summary of recent history of organization, management team information → only for RO applicants	X	<p>Annex 1: Estatuto RedTraSex Español Annex: RedTraSex Statutes Ingles Annex 3: Acta 1ra asamblea Annex 4: Brochure Español y Portugues Annex 5: PE e IP RedTraSex 2007 2012 espa Annex 6: PE e IP RedTraSex 2007 2012 ingles Annex 7: PE 2004-2005 y logros 2006 Annex 8: Libro 10 años de acción.1997-2007. La experiencia de organización RedTraSex. Annex 9: Financiamiento RED año 06 al 09 Annex 10: Actas de elección PF Redtrasex Annex11a: Actas de Renovación de Autoridades</p> <p>Annex 12: Manual “Un movimiento de tacones altos. Mujeres, trabajadoras sexuales y activistas”.</p> <p>Annex 16: Consulta Regional VIH y TR Recomendaciones ingles y esp Annex 24: Centro Salud Sandra Cabrera Annex 25: Guía Nacional de normas y procedimientos de atención integral a TS Ecuador. Annex 26: Estudio de aceptación del condón femenino en mujeres en edad reproductiva usuarias de servicios públicos, privados y trabajadoras sexuales en el Ecuador. Annex 27: Saberes y estrategias de las TS ante VIH. Annex 28a: Documentos elaborados por la RedTraSex: Trabajadoras Sexuales de la Región Andina y Paraguay. Antes nos escondíamos para morir, ahora damos la cara para vivir” (2008); “Violencia Institucional y Social contra las Trabajadoras Sexuales de Latinoamérica y el Caribe” (2008); “Declaración del movimiento mundial de trabajadoras sexuales” (2008); “Derechos Humanos ante el VIH/SIDA, nuestros derechos. (UNGASS 2008); “Acceso universal a la salud sin estigma ni discriminación (Foro Latinoamericano VIH/ SIDA. Argentina 2007); “Trabajadoras sexuales en el movimiento de mujeres (2007); “Trabajadoras del Sexo de Centroamérica y México. Unidas en una sola voz y un solo ideal” (2006); “Trabajo Sexual y Derechos Humanos” (2006) y “Muchas voces: La de las Trabajadoras Sexuales de Latinoamérica y El Caribe”</p>

PROPOSAL CHECKLIST: SECTIONS 3-5 HIV

			(UNGASS 2006) Annex 28b: Documento REDTRASEX participación OMTS y PFN en MCP Anexo 34: Diagnóstico Violencia Institucional y Social contra las TS LAC Annex 35: Declaración del movimiento mundial de Trabajadoras Sexuales 2008 Annex 8: Libro 10 años de acción.1997-2007
4.7.2	List of Sub-recipients already identified (including name, sector they represent, and SDA(s) most relevant to their activities during the proposal term)	X	Annex 4.7.2: List of Sub-recipients already identified
Section 5: Funding Request		Document attached?	List document name and number
5.2	A detailed budget (mandatory	X	Detailed budget
5.4.2	Information on basis for budget calculation and diagram and/or list of planned human resources funded by proposal		N/A
5.4.3	Information on basis of costing for 'other' cost category items		N/A

Annex A - Performance Framework

HIV

Program Data	
Country:	Honduras, Guatemala, El Salvador, Costa Rica, Panama, Peru, Ecuador, Bolivia, Colombia, Chile, Uruguay, Paraguay, Argentina, Nicaragua
Disease:	HIV
Proposal Identification:	Regional Proposal

Program Objectives, Impact and Outcome Indicators

Goals:	
1	To contribute to the reduction of HIV prevalence in Female Sex Workers in Latin America and the Hispanic Caribbean by strengthening their organizations
2	

Impact indicator number	Impact Indicator	Baseline			Goals						Comments*	
		value	Year	Source	Year 1	Report Deadline	Year 2	Report Deadline	Year 3	Year 4		Year 5
1	Percentage of the population at the greatest risk (female sex workers) infected with HIV	0.2 - 5.5%	2009	PAHO reports	2,5%	Jul-12	2,5%	Jul-13	5%	7,5%	10%	The percentage of the reduced prevalence refers to official national data
2	Please select ...			Please select ...								
3	Please select ...			Please select ...								
4	Please select ...			Please select ...								

Outcome indicator number	Outcome indicator	Baseline			Goals						Comments*	
		value	Year	Source	Year 1	Report Deadline	Year 2	Report Deadline	Year 3	Year 4		Year 5
1	% of OWSW which have representatives in at least three technical and political bodies on HIV programs at the national or provincial level	ND		Specific studies and research (medium term)	20%	Jul-12	30%	Jul-13	40%	50%	60%	They are considered technical and political bodies at both national and local level (municipalities), including the healthcare sector.
2	% of Latin American OFSW that are implementing a funded annual work plan that includes monitoring and evaluation activities	ND		Administrative documents	30%	Jul-12	50%	Jul-13	60%	80%	90%	
3	% of health centers assisting FSWs in countries covered by the proposal which display positive attitudes about this assistance	ND		Operational research	20%	Jul-12	0		60%	70%	80%	Based on operational research, measured in involved health centers
4	Please select ...			Please select ...								
5	Please select ...			Please select ...								
6	Please select ...			Please select ...								

* indicate the source of measurement for the indicator if it is different from the source of the baseline.

Specific Objectives of the Program, Service Delivery Area and Indicators

Objective Number	Objectives:
1	Improve the involvement of Female Sex Workers (FSW) at national and regional levels for influencing programs, policies and regulatory laws, and their application.
2	Build capacity for institutional strengthening of the national organizations of sex workers in Latin America and the Caribbean
3	Increase awareness about sex work and the HIV situation, and fight against stigma and discrimination against FSWs
4	
5	
6	

Indicator number	Objective Number	Service Delivery Area	Indicator	Baseline (if applicable)			Goals for years 1 and 2				Annual objectives for years 3, 4 and 5			Linked to	Cumulative goals S-for the life of the program S-accumulated annually N-non-cumulative	Baselines included in the goals (Y/N)	Top 10 Indicators	Two-way financing: Name of the Principal Recipient responsible for implementing the corresponding activity	Comments
				Value	Year	Source	6 months	12 months	18 months	24 months	Year 3	Year 4	Year 5						
1	1.1	CSS: Monitoring and evaluation, evidence building	Study of factors that prevent FSWs from exercising citizenship			Please select ...		1							The grant itself	N - non-cumulative	N	Not Top 10	NC
2	1.2	CSS: Human Resources: capacity building for service delivery, advocacy and leadership	Number of OFSWs that have staff trained in advocacy			Please select ...		10	10	15	15	15	15		The grant itself	N - non-cumulative	N	Not Top 10	NC
3	1.3	CSS: Building community linkages, collaboration and coordination	Number OFSWs that have a plan underway for awareness raising and positioning			Please select ...		10	10	15	15	15	15		The grant itself	N - non-cumulative	N	Not Top 10	NC
4	1.4	CSS: Monitoring and documentation of community and government interventions	Medium term evaluation study completed and distributed			Please select ...				1					The grant itself	N - non-cumulative	N	Not Top 10	NC
5	2.1	CSS: Monitoring and evaluation, evidence building	Number of baseline studies conducted on OFSW capacities			Please select ...		1							The grant itself	N - non-cumulative	N	Not Top 10	NC
6	2.2	CSS: Human Resources: capacity building for service delivery, advocacy and leadership	Number of OFSWs in the Latin American network that have an annual operating plan			Please select ...		10	10	15	15	15	15		The grant itself	N - non-cumulative	N	Not Top 10	NC
7	2.3	CSS: Management, accountability and leadership	Number of OFSWs that submit timely, accurate and specific financial reports			Please select ...		5	10	15	15	15	15		The grant itself	N - non-cumulative	N	Not Top 10	NC
8	2.4	CSS: Financial resources	Number of Latin American and Caribbean OFSWs that have an organizational financing plan for at least 2 years.			Please select ...			5	7	10	12	12		The grant itself	N - non-cumulative	N	Not Top 10	NC
9	2.5	CSS: Human Resources: capacity building for service delivery, advocacy and leadership	Number of FSWs from the OFSWs that complete training virtually			Please select ...			90	180	360	540	720		The grant itself	S - for the life of the program	N	Not Top 10	NC
10	2.6	CSS: Monitoring and evaluation, evidence building	Number of OFSWs using data collection tools and standard reporting forms to report to the RedTraSex reporting system			Please select ...		10	15	15	15	15	15		The grant itself	N - non-cumulative	N	Top 10	NC
11	3.1	CSS: Monitoring and evaluation, evidence building	Diagnostic study completed on factors affecting the vulnerability of FSWs			Please select ...		1							The grant itself	N - non-cumulative	N	Not Top 10	NC
12	3.2	CSS: Building community linkages, collaboration and coordination	% of countries in the region that implement local and national initiatives to reduce the vulnerability of FSWs			Please select ...			20%	40%	50%	60%	70%		The grant itself	S - for the life of the program	N	Not Top 10	
13	3.3	Reduction of stigma under all circumstances	Number of healthcare personnel trained in workshops against stigma and discrimination of FSWs			Please select ...		300	450	1500	3000	4500	6000		The grant itself	S - for the life of the program	N	Not Top 10	
14	3.4	Reduction of stigma under all circumstances	Number of NOFSWs that have culturally appropriate and validated communication kits against stigma and			Please select ...		15		15	15	15	15		Please select ...	S - for the life of the program	N	Please select ...	
15		Please select ...				Please select ...									Please select ...	S - for the life of the program	N	Please select ...	
16		Please select ...				Please select ...									Please select ...	S - for the life of the program	N	Please select ...	
17		Please select ...				Please select ...									Please select ...	S - for the life of the program	N	Please select ...	
18		Please select ...				Please select ...									Please select ...	S - for the life of the program	N	Please select ...	