

**Aids Fonds funding
program to support
effective service
delivery programs in
Africa and Asia on
sex work and HIV**

Call for proposals

1. Sex work and HIV

Background

In 2010 the epidemic is still spreading at a faster rate than the provision of services. Despite all international commitments universal access is still not a fact. Even worse is that effective methods are still not accessible for people who are most at risk. Among these people are sex workers¹.

“An environment in which people have multiple sex partners is especially conducive to the spread of the virus. Protecting sex workers from HIV infection benefits them and also has a large potential HIV prevention benefit for the general population. HIV prevention programs with sex workers are highly cost-effective. Evidence shows that keeping HIV levels low among sex workers slows HIV epidemics. (...) In countries with low and concentrated epidemics, strategies should focus on building the knowledge base and capacity of sex workers.” (UNAIDS²)

Programs for sex workers are effective because sex workers are professionals who are very likely to respond. Unfortunately, a lot of countries are lacking effective programs for this target group. Effectiveness of programs merely depends on the circumstances in which sex workers act and whether they are capable of making choices that benefit their health. Sex work is often executed in circumstances where peoples choices are limited. Stigma and criminalization with regard to sex work and marginalization and discrimination of sex workers are common. The involvement and empowerment of sex workers is therefore crucial for HIV prevention. Unfortunately this has not been a central theme in a lot of HIV programming and international HIV funding until now.

HIV rates amongst sex workers differ in different parts of the world, but reliable figures are often not available. What we know is that in western countries rates are usually low, while in many South and South East Asian countries the rates amongst sex workers are high compared to the general population³. Although Sub Saharan African countries have a generalized epidemic with high prevalence rates for the general population, prevalence amongst risk groups like sex workers is even higher.

The context in which sex workers act differs from country to country and within countries. In some countries sex work is accepted as a social phenomenon or even as work while in other countries sex workers have to act very carefully in order to avoid being arrested by the police. Sex work is not legalized in most countries and often criminalized in different ways. In some cases sex workers are independent and earn a substantial amount of money, but there are situations in which sex workers do not receive their own payment. Some may even be victims of human trafficking.

¹ According to the UNAIDS terminology guidelines of 2008¹ commercial sex work means ‘the sale of sexual services’. Sex workers can be women, men and transgender people. Sex work only involves consensual sex. However, in some circumstances it can be difficult to make the difference between sexual violence, human trafficking and sex work. This is for instance the case with juveniles who may – according to the UNAIDS guidelines of 2008 – be called prostitutes.

For HIV services all sex workers are relevant and should therefore be taken into account. However, different kinds of solutions are appropriate for different kinds of sex workers.

² <http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/SexWorkers>

³ *Redefining Aids in Asia, crafting an effective response. Report of the Commission on AIDS in Africa.* Oxford University Press, New Delhi, 2008.

This overlap does not justify the conflation between sex work and human trafficking that is often made. It is important that the context is very relevant for the kind of program that will be effective in a particular context.

Effective programs are human rights based

Different views on sex work imply different policy approaches which can differ from eradication of sex work to regulation of sex work. The so called 'human rights approach' implies that in principle sex work is work and that in principle sex workers should be supported and respected and not be treated as victims. HIV programs that focus too much on 'disease control' and contain suppressing measures will not have a long term effect on the behaviour of sex workers but will weaken their abilities to take care of their own health and those of others. Sex workers can only be held responsible for the choices that they make if their human rights are respected. Effective HIV programs support sex workers in taking responsibility.

Aids Fonds and sex workers programs

'Lifting barriers to Universal Access' is one of the strategic objectives of Aids Fonds⁴. As a private and non governmental organization Aids Fonds self defined task is to support community mobilization and support civil society groups to become involved. The involvement of key populations is often not put to practice because of the criminalization of the behavior that distinguishes the particular groups. Because of this sex workers are often not involved in the development and planning of programs targeting sex workers. In 2008 Aids Fonds commissioned Melissa Hope Ditmore to write a report on the state of the art with regard to universal access for sex workers. This report was published in 2009⁵. After publication of this report Aids Fonds decided to support the global network of sex work projects (NSWP) at the end of 2009. In addition Aids Fond looks for human rights based HIV service delivery programs for sex workers, as described below.

⁴ *Towards a World without Aids*, strategic policy 2009-2012. Aids Fonds, Amsterdam, 2009.

⁵ *Access to HIV prevention, treatment, care and support for sex workers. Report on the State of the Art*. Melissa Hope Ditmore. Amsterdam, 2009.

http://www.aidsfonds.nl/documenten/rapport_af_sex_workers_2009_web.pdf

2. Effective service programming

What do we know about effective programs?⁶

For effective HIV prevention among sex workers, correct use of condoms at each sexual act should be promoted, and availability of affordable quality male and female condoms should be ensured. Furthermore, sex workers must have access to comprehensive health care services with an emphasis on quality sexually transmitted infection (STI) treatment. Availability of HIV counselling and testing and AIDS care, including antiretroviral therapy is essential (UNAIDS⁷).

Programs that use a rights based approach have shown to be more effective⁸. For instance mandatory health testing has created a false sense of security and has made sex workers and clients less careful. Not even legalisation, but decriminalization is a focus in a lot of effective programs, because especially the oppressive behaviour of law enforcers has a negative effect on HIV prevention. Not only law enforcers but even care givers can find it very difficult to respect sex workers as human beings, so efforts must also be targeted at them.

The risk of infection is highest where sex workers are most powerless and therefore unable to negotiate or insist on the use of condoms by their clients, or to resist violent and coercive sex. Therefore both social and structural efforts to reduce violence in sex work settings are needed. Programs that are focused on the empowerment of sex workers can therefore be very effective.

There is a strong link between the risk of HIV transmission and violence – which often occurs in sex work settings. Not only violence itself but also the fear of getting hurt makes that people are more vulnerable to contracting HIV. Effective programs deal with violence in a systematic way⁹.

Career development programs can be effective when the human rights of the targeted people are respected and when focussed on sex workers who want to step out or focussed on the reasons why sex workers want to do sex work¹⁰. Identifying cases of human trafficking instead of confusing human trafficking with sex work is an important aspect of effective and well targeted HIV prevention. Cambodia is the one of the saddest examples of what can happen when these programs are not set up according to the right principles¹¹.

⁶ Review of the evidence base for an “Evidence-Based” Policy on HIV Programming with Sex Workers, Matthew Greenall, UK, august 2007

<http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/SexWorkers/>⁷

⁸ In 2000 UNAIDS published selected case studies that show what human rights based programs can look like. *Innovative approaches to HIV prevention: selected case studies* (UNAIDS Best Practice Collection), Geneva, 2000, p9.

⁹ *Sex work, violence and HIV, a guide for programs with sex workers*. Publication of the Frontiers Prevention Project of the International HIV/Aids Alliance, Brighton, 2008
http://www.aidsalliance.org/graphics/secretariat/publications/Sex_%20work_violence_and_HIV.pdf

¹⁰ *Funding Guidelines for HIV Prevention and Care Programs for Sex Worker Organizations and Anti-Trafficking Initiatives*, American Jewish World Service, New York, 2006.

¹¹ <http://sexworkerspresent.blip.tv/#1165299> or www.apnsw.org

The report that was written by Melissa Hope Ditmore and published by Aids Fonds in 2009 stated that programs, organisations and networks that empower sex workers to protect themselves and advocate on their own behalf are the most successful. The report contains a few recommendations with regard to effective direct service programming:

- Involve sex workers in a meaningful way
- Train health workers to deal with sex workers
- Diagnose and treat STI's
- Ensure constant availability of health commodities, such as condoms
- Recognize transgender people
- Accompany sex workers in cases of severe stigma and discrimination to clinics
- Tailor programs to the local circumstances

3. Aids Fonds call for proposals

Aids Fonds seeks proposals for effective HIV service delivery projects for sex workers.

Aim and objectives

To support HIV service delivery projects that can serve as an example for effective service programming for sex workers in other regions.

To generate results that can be transferred beyond the context in which the project take place.

To involve relevant communities in HIV service delivery.

Eligibility criteria for proposals

- Regions where projects take place are: South East and South Asia¹² and Eastern and Southern Africa¹³
- Projects focus on HIV service delivery (in the field of prevention, treatment, care and support) for sex workers
- The project integrate a human rights based approach
- The results of each project will be documented in a way that they can be shared with experts and other stakeholders
- The activities are grounded in a context analysis
- Proof of meaningful involvement of the community of sex workers

Eligibility criteria for applicants

- Funding is only applied to registered organisations and not to individuals
- Applicants must be community based, non-profit and non-governmental organisations
- Organisations must have strong management and the capacity to formulate a proposal, to carry out the proposed activities and to effectively manage award funds

Budget

For each project a maximum budget of €75.000 is available for the duration of three years (maximum of €25.000 per year). The total budget is € 538.000.

¹² Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, India, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Republic of Korea, Singapore, Sri Lanka, Thailand, Timor-Leste, Viet Nam.

¹³ Angola, Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe.

4. Procedure

Publication

The call is published on the Aids Fonds website and will be distributed by partners of Aids Fonds during the International Aids Conference in Vienna.

Contact

Proposals are to be submitted through email (subsidie@aidsfonds.nl) or mail (Keizersgracht 390, 1016 GB, Amsterdam, The Netherlands) and directed to Nadine Weber.

Proposals have to be received by Aids Fonds before October 1st, 2011. After this date proposals will be declared ineligible.

Language

All communication will be in English.

Quality review

Proposals that are submitted before the deadline of October 1st, 2010, will be reviewed by anonymous experts on the field of sex work, HIV prevention, human rights and the context in which a project will take place. The submitting organizations receive the anonymous reviews and are given the opportunity to write a rebuttal. Based on the reviews an external commission will give its advice to the Board of Aids Fonds. The Board will make a final decision.

Evaluation criteria

- Quality of the proposal
- Programmatic fit
- Relevance of the project and potential impact in the specific context
- Potential of sharing (and implementing) the results with other stakeholders
- Feasibility of the project
- Budget in comparison with the proposed activities
- Apart from these criteria Aids Fonds aims for a diverse portfolio which means that projects of comparable quality may be assessed differently in order to cover different subjects, different target groups and different regions within one call.

Timeline

October 1 st , 2010	Deadline for submitting proposals
November 1 st , 2010	Deadline for review by experts and rebuttal by submitting organizations
November 15 th , 2010	Advice of the external advisory committee based on the reviews
December 1 st , 2010	Decision by the board of Aids Fonds, acknowledgements immediately afterwards
April 1 st , 2011	The project must start within four months after the decision of the Board