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National Council for International Health
Global AIDS Program
1701 K ST. NW
Suite 600
Washington, DC 20006 USA

NCIH
Global AIDS Program

tel: 202-833-5900
fax: 202-833-0075
e-mail: ncihids@ncihids.org

Fax

To:	Todd Summers	From:	Ron MacInnis / Helen Comman
Fax:	456-2438	Pages:	8/13
Phone:		Date:	May 7, 1998
Re:	Small Grant Fund Information	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments:

The first meeting of the NCIH Small Grant Fund review panel will take place on a conference call Monday, May 11 at 5:00 p.m. You will need to call 1-800-351-4890, security code: MacInnis to access the call.

Our agenda is as follows:

1. To discuss our meetings/ and how we would like them to be run.
2. To review our requests for funding to date :
 - A proposal from the US Conference on AIDS to sponsor their international track.
 - GNP+ North America proposal for material reproduction
3. To announce that Small Grant Fund RFP will be disseminated by May 15 and take ideas for dissemination.
4. To schedule for our next meeting.

Agenda

Small Grant Fund Meeting

Monday, May 11, 1998

5:00PM EST

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**Small Grant Fund
of the
National Council for International Health
Global AIDS Program**

Funded by the United States Agency for International Development (USAID)

1998 Call for Participation

An important component of global AIDS networking lies in globally representative attendance and participation at key AIDS and development conferences and meetings. Community and NGO participation and presence at international fora helps to broaden their knowledge of HIV/AIDS prevention, care, and treatment, and enhances the global perspectives of other conference attendees.

To better promote the participation of community-based NGO representatives at key conferences, meetings, and workshops, and to assist NGOs in holding meetings, workshops, seminars, and producing relevant information, education and communication materials, a Small Grant Fund for conference participation and co-sponsorships of conferences has been initiated. This Fund will allow for non-traditional USAID partners to receive support to organize workshops and panels on issues relevant to the global AIDS pandemic, to receive scholarships to attend existing conferences and meetings, and to secure funding for key materials that aim at educational awareness of HIV/AIDS prevention and care. The NCIH Global AIDS Program will work collaboratively with USAID and the USAID implementing organizations to identify organizations eligible for this assistance.

Small grant recipients will be selected based on criteria reviewed by an Advisory Panel formed by the NCIH Global AIDS Program. Small grant recipients who are selected to receive funding will be expected to complete "follow-up" activities that support the goals and objectives of the NCIH Global AIDS Program. These activities may include developing a workshop for their constituency, writing an article for *AIDSLink*, volunteering time to represent NCIH at a conference exhibit, etc. Criteria for the small grant fund are attached on the following page.

Letters of intent should be sent to address below and should include statements that show how the funding request meets the five criteria established on the attached page. Applicants should also provide information on how their project will have follow-up activities to ensure its continued impact.

1998 Application Deadline: Letters of intent accepted on a continuing basis until Sept. 1, 1998.

Average grant: \$5-10,000

Grant award announcements: Letters of intent are reviewed once every two months by the Small Grant Panel and applicants are notified within 30 days.

Send letter of intent to:

**NCIH Global AIDS Program
Small Grant Fund
1701 K St. NW
Suite 600
Washington, DC 20006
USA**

Small Grant Fund Criteria for Conferences and IEC Materials Production

Small grant recipients will be evaluated and selected on the following criteria developed and approved by the NCIH Global AIDS program and the USAID HIV/AIDS division . Small grant recipients who are selected to receive funding will be expected to meet criteria and complete follow-up activities that support the goals and objectives of the NCIH Global AIDS program: *Private Voluntary Organizations (PVO), Non-governmental Organizations (NGO) and Network Support, Educational Advocacy, Communication and Information Dissemination*. The following criteria have been weighted in relation to importance and priority.

Criteria	Percentage
1. The proposed activity/production of materials provides capacity building support to developing country PVOs, NGOs and Networks.	20%
2. The proposed activity/production of materials will facilitate collaboration and networking between different regional areas: south-south, north-south, south-north and include participants/information representing governmental offices, NGOs, PVOs, community based organizations, PI.HIV/AIDS and those affected by HIV/AIDS..	20%
3. Clear and measurable indicators have been outlined in the proposal and the proposed activity/ production of materials will disseminate lessons learned from the field..	20%
4. The proposed activity/production of materials can be replicated by participants for their represented constituencies.	20%
5. The proposed activity/production of materials displays a relationship to one or all of USAID cross cutting issues and priority populations: youth, women, children, community mobilization and ownership, linking prevention with care, regional differences in the spread of HIV/AIDS and appropriate responses, and sustainability.	20%

No evaluation of applicant

Follow-up Activities

1. Participants will present options for duplicating activity or share lessons learned during activity with their own constituents.
2. Participate in NCIH sponsored workshops or annual conference as a speaker or volunteer.
3. Participants will submit an article to NCIH Global AIDS Program publication, *AIDSlink*, of impressions of activity and HIV/AIDS related projects in their area.

March 6, 1998

Dr. Paul Delay
Chief, HIV/AIDS
USAID
1201 Pennsylvania Avenue, N.W.,
Suite 250 (TASCON)
Washington, DC 20004

Dear Dr. Delay:

On behalf of the National Minority AIDS Council (NMAC), I am writing to invite the **USAID** to participate in the United States Conference on AIDS. This conference is designed to increase the strength and diversity of the community-based response to the AIDS epidemic through: education and training, new partnerships; and collaboration and networking. It will convene in Dallas, Texas on October 29 - November 1, 1998.

NMAC has partnered with a number of national organizations to develop the conference. Partners include: AIDS Action, AIDS Medicine & Miracles, AIDS Interfaith Network, The Balm in Gilead, Broadway Cares/Equity Fights AIDS, Design Industries, Foundation Fighting AIDS, LIFEBEAT, Mother's Voices, National Alliance of State & Territorial AIDS Directors, National Native American AIDS Prevention Center, National Task Force on AIDS Prevention, and Red Hot Organization.

The conference program will feature more than 180 workshops, seminars, and institutes within nine tracks. In each track will produce, some workshops will be repeated and others will be similar workshops offered at three levels of instruction: elementary, intermediate, and advance.

The conference's nine tracks are: Care/Primary Care, Prevention, Public Policy, Treatment, Housing & Nutrition, Fundraising & Finance, International, Executive Director Leadership, Special Interest.

I would like to invite the **USAID** to co-sponsor one of these nine tracks. As a co-sponsor, you will have:

- official agency representation on the care track planning committee; and
- an opportunity to develop a three-hour seminar on the topic of your choice



In return, we are requesting that the **USAID** underwrite some of the costs associated with developing the track. These costs include faculty travel, registration fees, and audiovisual equipment rental expenses. We also ask that you consider providing scholarships for conference participants.

Close to 3,000 community-based professionals, people living with HIV/AIDS, physicians, social workers, health department professionals, policy makers, AIDS interfaith providers, funders, and community activists from around the nation are expected to attend the conference. The enclosed literature will provide you with detailed information about the program.

I hope you will accept our invitation to co-sponsor a track. If you have any questions or concerns, or if I can provide a more detailed proposal, please do not hesitate to contact me.

Sincerely,


Paul Akio Kawata
Executive Director

Enclosures:

1997 Conference Program
1997 Final Report
1998 Registration Form

Taking it to the next level

Sponsorship of the 1998 United States Conference on AIDS

Aug.
Ron.
Macinnis

The United States Conference on AIDS (USCA) will provide you with unique access to the people on the front-lines of this epidemic.

- **Network.**
- **Introduce your company and its goals.**
- **Educate, and hear feed-back about your products and services.**
- **Provide samples.**
- **Continue to build relationships and gain visibility within the community.**

At higher sponsorship levels, you can also take advantage of enhanced visibility and communication opportunities.

USCA is the most widely-attended gathering of HIV/AIDS service providers in the country. The conference is presented by 12 national AIDS organizations representing the diverse face of community-based AIDS service organizations responding to the HIV/AIDS crisis across this country. It brings together thousands of leaders, key decision-makers and front-line service providers to get the information and insight they need to better serve millions living with HIV/AIDS. And, of course, the USCA has become synonymous with networking — an unmatched opportunity to build relationships and gain visibility in the AIDS community and beyond.

The single most effective way to reach and impact people infected and affected by HIV/AIDS is through the 1000's of community-based AIDS service organizations (ASOs) in this country. Each ASO — through the fields of law, medicine, social service and theology — helps thousands of Americans living with HIV/AIDS make life sustaining choices every day.

Each needs a variety of quality resources to help them meet increasing and shifting human needs:

- **Commitment** - to innovative and excellent service
- **Consistency** - in the pursuit of cutting edge research and strategy
- **Compassion** - in the treatment of people who are living with HIV/AIDS
- **Capability** - of grabbing their original mission by the hand and...

"taking it to the next level!"

Please complete and return the enclosed form(s) to Sponsor Exhibit and/or Advertise. For additional information on how to take advantage of our Sponsorship levels, please contact Ms. R. Faye Mathis-Lemons at 202-461-6622.

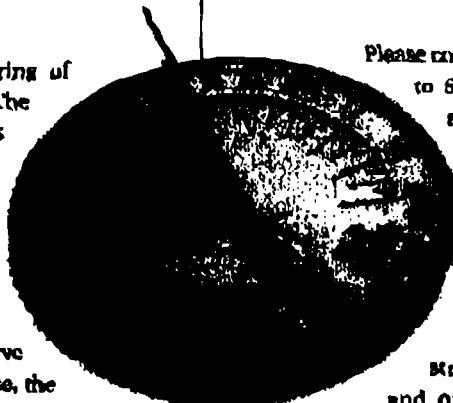
The United States Conference on AIDS allows you an unparalleled and cost-effective opportunity to build substantive relationships with individuals and organizations committed in the fight against AIDS. Some of the opportunities for sponsorship, exhibiting and advertising are outlined below.

SPONSORSHIP LEVELS

Corporate Partners - \$40,000

- 2 Hour On-Site Seminar to be incorporated into the Official Conference Program - Corporate Partners Premium Only
- Co-Host official Conference kick-off reception - Corporate Partners & Gold Sponsor Premium Only
- **Reservation*** for Hospitality Suite for 1 evening - Corporate Partners & Gold Sponsors Premium Only
- Prime placement of 2 exhibit booths
- Logo & name hitting (50% larger than Gold Sponsors) on select conference materials, souvenirs and signage.
- Link between sponsor web site and Conference web site

- Inside cover(s): Front or Back advertisement or prime placement of 2 full page ads in Conference Program (first come basis)
- Access to Conference database before/after Conference
- Two day sponsorship of Conference Newsletter
- Listing as Scholarship Sponsor
- Photo Op with Keynote Speakers during VIP Reception.
- A Plaque of Support /Appreciation
- 2 Conference bag inserts
- **Reservation*** block for 8 Sleeping Rooms for Sponsor Staff
- 8 Conference "full access" Registrations Packets



Gold Sponsor \$20,000

- Co-Host official Conference kick-off reception - Corporate Partners & Gold Sponsor Premium Only
- Reservation* for Hospitality Suite for 1 evening - Corporate Partners & Gold Sponsors Premium Only
- Prime placement of 2 exhibit booths
- Logo & name billing (50% larger than Silver Sponsor) on select conference materials, souvenirs and signage.
- Prime Placement of two full page ads in Conference Program Book
- Link between sponsor web site and Conference web site
- Access to Conference database before/after Conference
- 1 day sponsorship of Conference Newsletter
- Listing as Scholarship Sponsor
- Photo Opportunity with Keynote Speakers during VIP Reception.
- A Plaque of Support/Appreciation
- 1 Conference bag insert
- Reservation* block for 8 Sleeping Rooms for Sponsor Staff
- 6 Conference "full access" Registrations Packets

Silver Sponsor \$15,000

- Prime placement of 2 exhibit booths
- Logo & name billing on select conference materials, souvenirs and signage.
- Prime Placement of one full page ad in Conference Program Book
- Link between sponsor web site and Conference web site
- Access to Conference database before/after Conference
- 1 day sponsorship of Conference Newsletter
- Listing as Scholarship Sponsor
- Photo Opportunity with Keynote Speakers during VIP Reception.
- A Plaque of Support/Appreciation
- 1 Conference bag insert
- Reservation* block for 4 Sleeping Rooms for Sponsor Staff
- 4 Conference "full access" Registrations Packets

Bronze Sponsor \$10,000

- Prime placement of 1 exhibit booth
- Name billing on select conference materials, souvenirs and signage.

- 1 full page ad in Conference Program Book
- Link between sponsor web site and Conference web site
- Access to Conference database before the Conference
- Photo Opportunity with Keynote Speakers during VIP Reception.
- A Plaque of Support/Appreciation
- 4 Conference "full access" Registrations Packets

Irland \$5,000

- Prime placement of 1 exhibit booth
- Name billing on select conference materials, souvenirs and signage.
- One full page ad in Conference Program Book
- Photo Opportunity with Keynote Speakers during VIP Reception.
- A Plaque of Support/Appreciation
- 2 Conference "full access" Registrations Packets

Non-profit/Government Sponsor (state & local) \$3,000

- Prime placement of 1 exhibit booth
- Name billing on select conference materials.
- 1 full page ad in Conference Program Book
- A Plaque of Support/Appreciation
- 2 Conference "full access" Registrations Packets

* All reservations are simply holding of rooms. Room fees are not included, and are the responsibility of the sponsor.

Additional Sponsorship or In-Kind Donation Opportunities

Item	Sponsorship Fee
TWA (People With AIDS) Lounge	\$2,500
Sponsors/Exhibitors' Lounge	\$1,500
Conference Bags	\$4,500*
Conference (souvenir) T-shirts	\$3,000*
Conference (souvenir) Mugs	\$1,500*
Conference (souvenir) Umbrella	\$2,500*

*Sponsorship fees are IN ADDITION to direct cost of purchasing items. Company Name or Logo may appear on items, but no Brand/Product names may be used.

BabaluAye, 10:22 AM 5/8/98 E, Letter of intent from GNP+NA

From: BabaluAye <BabaluAye@aol.com>
Date: Fri, 8 May 1998 10:22:28 EDT
To: ncih aids@ncih aids.org
Subject: Letter of intent from GNP+NA
X-Mailer: AOL 3.0 16-bit for Windows sub 41

May 8, 1998

NCIH Global AIDS Program
Small Grant Fund
1701 K Street NW Suite 600
Washington, DC 20006

The Global Network of People Living with HIV/AIDS North America (GNP+NA) are writing to request financial assistance to cover costs for the printing and distribution of the report of the GNP+NA Strategic Planning Meeting, that was held in Toronto, Canada, 1997.

GNP+ is a global network for and of people living with HIV/AIDS Its Central Secretariat is located in Amsterdam. For the past five years GNP+ has gained recognition with the International Community of Women Living with HIV/AIDS (ICW), International Aids Society (IAS), Joint United Nations Program on AIDS (UNAIDS) and WHO.

Through its initiatives, global and regional development has transpired. For example, Asia/Pacific, Africa, Latin America, Caribbean have formed their own regional networks of people living with HIV/AIDS. Most recently, the North American Regional Network was formed with its secretariat located in NYC.

In September 1997, the Global Network of People Living with HIV/AIDS North America (GNP+NA) held its first Strategic Planning Meeting in Toronto, Canada. The mandate of GNP+NA is to increase consciousness in North America of Global AIDS issues, to advocate for improving global access to HIV/AIDS treatment and Health Care, to lobby for parity, inclusion and representation of PLHIV/AIDS at all levels of policy making and to foster communications with other regional PWA networks around the world.

The Toronto General Assembly was an historic gathering of 70 delegates. uniting through an accountable process of representatives from various regional PWA networks in North America. The delegates strongly endorsed the directions established by the September 1977 meeting in Toronto. Out of that meeting came the formation of the draft report and the formation of four working groups, which are as follows: Access to Health Care and Treatment, Infrastructure, Communications and Conferences.

The purpose of the draft document is to have it edited to produce a final report for a wider distribution within the NA region and through the GNP+ regional secretariats around the world. The document would help to foster relations with other PWA's in North America on Global AIDS issues and to improve communications with other PWA's in other regions. Through the working groups GNP+NA will address many issues relevant to PWA around the world like access to treatment and health care.

The establishment of the GNP+NA will require effective outreach to, and participation by PLWA/HIV if it is to succeed. A healthy global and regional PLWA/HIV Networks working in critical cooperation with policy makers and administrators at all levels and in concert with AIDS service organizations (AS)s, Non-Governmental Organizations (NGOs), Professional Volunteer Organizations (PVOs) and the GNP+NA is essential as we end the second decade of the fight against AIDS and HIV infection.

GNP+NA will research, document and coordinate systems of support by networking with other HIV/AIDS related networks/organizations. This would include fostering ongoing relationships with the Canadian AIDS Society, NCIH, Pharmaceuticals, NMAC, NAPWA, BCPWA Network, National and Regional

The Network has already begun the process of networking with other HIV/AIDS related organizations and is in the process of establishing a structure for ongoing collaboration with national and regional organizations. As part of the Regional Development, the network will continue this process with the PWA networks and will extend the partnership process to include other national organizations such as the CAS, NMAC, NAPWA, NCIH, National HIV Trials Networks and other levels of Governments as appropriate.

A framework is in place for a vital and effective regional networks of PWAs. The Network requires the resources to develop an effective ongoing communications system providing a forum for information sharing, support, outreach, member development, health development, health promotion, and national and regional debates. Its vital that we establish a tool for outreach and information to our constituency and the production of this report will serve this purpose

As you may not know, GNP+NA currently doesn't have the funds. However, due to the lack of funds, it has been impossible to implement the production and distribution of the final document. It is for these reasons that we are requesting from you financial assistance to cover the costs for printing and distribution.

We are proposing that 5000 copies be printed and disseminated amongst the PWA networks worldwide. It is our hope to have 2000 copies for distribution at the Geneva International AIDS Conference, 1000 copies for distribution within the US via mail and at national conferences like the USA Conference in Dallas in Oct'98 and 1000 copies for Canada to be distributed via mail and at the upcoming CAS's Annual General Meeting in July, 98 in Ottawa and the remaining 1000 through GNP+ regional networks in Latin America, Caribbean, Asia and Africa.

The amount of our request will be disburse as follow:

Editing the Draft report.....	\$
500.00	
Printing.....	
.....\$4500.00	
Postage.....	
.....\$1000.00	
Total.....	
.....\$6000.00	

In the midst of this crisis it is crucial that alliances are built and maintained between organizations, institutions, individuals and communities around the world. Please feel free to contact me if you require any further documentation;

Yours in Health and Solidarity;

Jairo Pedraza
GNP+ Regional Secretariat

May 8, 1998

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Yours in Health and Solidarity;

Jairo Pedraza
GNP+ Regional Secretariat

CORR-TS -
Incoming - 7/98

July 30, 1998

Dear Todd,

Enclosed are copies of the small grant fund proposals for review. We will hold the steering committee conference call on Tuesday, August 11 at 1:00. I will e-mail you details on how to dial in once I have them. I look forward to meeting you in person one of these days.

Sincerely,

Kim Parvez

Kim Parvez
Global AIDS Program
202-833-5900 ext. 214

*Please call her and tell her
I cannot continue on the committee
because I am restricted from
doing so by personnel policy.*

A left message

**CARIBBEAN REGIONAL NETWORK OF
PEOPLE LIVING WITH HIV/AIDS
CRN+**

**WORKPLAN AND DEVELOPMENT
COMMUNICATION AND OUTREACH DISSEMINATION
*A PROJECT PROPOSAL***

June 1998

TITLE OF PROPOSAL: **WORKPLAN AND DEVELOPMENT
COMMUNICATION AND DISSEMINATION**

ORGANISATION: CARIBBEAN REGIONAL NETWORK
OF PEOPLE LIVING WITH HIV/AIDS
CRN+

ADDRESS: 26 AGRA STREET, ST JAMES

COUNTRY: TRINIDAD AND TOBAGO

TELEPHONE: 1-868-622-0176/8045

FAX: 1-868-622-0176

EMAIL: crn@carib-link.net

CONTACT PERSON: YOLANDA SIMON

1. PROJECT BACKGROUND

After three years of involvement of Caribbean individuals at the international level ie Global Network of PWA (GNP+) and International Community of Women living with HIV/AIDS (ICW), the need for a Caribbean process for sustainability had become obvious.

GNP+ and ICW had finally structured themselves in a way to provide regional representation. Networks had been formed for Asia/Pacific, Africa, Latin America, North America and Europe. HIV/AIDS communities in the Caribbean though attached to Latin America in all international groups was required to achieve a similar network. As such this long overdue meeting was critical for increasing the visibility of Caribbean PWA needs regionally and internationally.

International support for such a Caribbean group had long since been discussed and as soon as the leadership and logistics for the meeting were worked out, the international donor and the regional technical support agencies provided what was needed for the meeting. These agencies included WHO/GPA, UNAIDS, PAHO, CAREC, GTZ and FTC.

On September 26 to 28, 1996 at the Valley Vue Hotel in St Ann's, Trinidad, twenty-one PWAs and eleven interested regional persons formed the Caribbean Regional Network of People Living with HIV/AIDS (CRN+). Participating countries came from the Dutch, French, Spanish and English-speaking Caribbean territories and included Antigua, Bahamas, Barbados, Bermuda, Cayman Islands, Curacao, Guyana, Jamaica, Martinique, Puerto Rico, St Kitts, St Vincent, Suriname, Turks and Caicos and Trinidad and Tobago.

2. PROJECT JUSTIFICATION

The existing situation as it relates to PLHAs is that national programmes have simply focused primarily on prevention. The PLHAs are keepers to a large extent of their destiny. As such most PLHAs after testing disappear into the mix without information or education targeting them. They fear accessing the health services again for treatment and keep secret their HIV status from their natural support systems, their employers and especially their lovers. As a result they continue the infection chain not in a deliberate fashion but as unwitting players, themselves unsure ... they had not had ongoing supportive counselling.

In order for the Network to grow communication and outreach must be an ongoing process particularly in the initial stages since the network comprises of people living in different islands. Also for a long time (and it still continues presently) people with HIV/AIDS lived and died in isolation. Their voices were not heard and many people spoke on their behalf, never consulting with them as to what their needs were. Hence people living with HIV/AIDS in the Caribbean got a diagnosis and waited to die. HIV/AIDS indeed equalled death.

However with the advent of CRN+ which has resulted in other national networks of PWAs (ie Guyana, Bermuda, Jamaica) hope has begun to seep into the region. Therefore in order to sustain this hope and change the concept of AIDS equals death to *LIVING WITH HIV/AIDS*, communication/outreach remains a critical area and must be ongoing. In this regard there is a need to continue to build capacity within the Network and by extension the region.

This is indeed a slow and sometimes difficult process albeit not impossible. As discrimination, ostracisation and disregard for PWAs continue, coupled with the very little or no access to quality health care and medication, there is an urgent need for people living with HIV/AIDS to organise themselves. It is an uphill battle, but a battle that must go on if we are to see changes in the region.

This project will begin a process of change in the environment for PLHAs and facilitate some degree of empowerment and counselling.

3. GOAL AND OBJECTIVES OF THE NETWORK

GOAL - to facilitate access to information exchange, advocate lobbying and capacity building for PLWHA in the wider Caribbean.

OBJECTIVES

- Establish effective communication strategy to ensure the flow of information
- Establish equal access to treatment information for all PWA groups in the Caribbean
- Involve all other countries in the Caribbean not presently represented
- Create a roster of expertise within the network to maximise available capacity in order to allow everyone to utilise their skills
- Develop a strategy for lobbying and advocacy for the Caribbean
- Strengthen partnerships with other agencies
- Assess the capacity building potential of the network needs
- Establish a plan of action for building capacity within the network

4. PROJECT PURPOSE

To increase the involvement of Caribbean people living with HIV in national and regional AIDS programme planning and implementation.

5. EXPECTED RESULTS (outputs) AND ACTIVITIES

1. NATIONAL REPRESENTATION ON CRN+ INCREASED

At the formation of the Caribbean Regional Network of people living with HIV/AIDS (CRN+) there were twenty-one PWAs representing seventeen islands. Since then to present CRN+ has representation from twenty-seven islands. In keeping with one of its (CRN+) objectives ie the inclusion of territories not presently represented, there is a need to further expand if we are to achieve our ultimate goal which is to have representation on the Caribbean Regional Network from every island in the wider Caribbean, coupled with the need to build capacity among the members of the Network so that they can begin to advocate on their own behalf at both the national and regional levels.

- 1.1 conduct four country visits to further CRN+ involvement
- 1.2 support development of local group of people living with HIV/AIDS in each country identified by encouraging them to develop their local network and links with partners (NAP, NGO etc) in their country
- 1.3 encourage representatives to attend annual general meeting of the Network

2. SKILLS OF CRN+ BOARD IN MEETING FACILITATION, PUBLIC SPEAKING, DEVELOPMENT OF PRESENTATIONS FOR NATIONAL, REGIONAL AND INTERNATIONAL MEETINGS TO BE DEVELOPED

This component involves developing the personal skills of the Board members in order for them to become more effective role players when they present HIV/AIDS concerns at national, regional and international meetings.

- 2.1 conduct a retreat for Board members to resolve roles and responsibilities of membership
- 2.2 conduct skills building workshop before annual general meeting in October
- 2.3 support attendance of Board members at international conferences

3. PEER COUNSELLORS IDENTIFIED BY COUNTRIES IN THE ORGANISATION OF EASTERN CARIBBEAN STATES, TRAINED TO SUPPORT PERSONS WITH AIDS AND PERSONS AFFECTED BY AIDS

In the Caribbean once a person receives a HIV diagnosis they tend to "*disappear - go underground*", live in isolation and only to resurface at the end stages, the stage of AIDS.

Most of them live in fear and isolation and many die the same way. However with the advent of CRN+ they (the PWA community) have begun to "come out" but only to persons like themselves, the reason - they are "seeing" some, for the first time, the difference between being infected with HIV/AIDS and living with the virus. They have

begun to take the first steps towards self determination. This needs to be sustained. There is therefore an urgent need to build the capacity of people living with HIV/AIDS in the region in order that there be a transfer of skills and lessons learnt in the PWA community.

- 3.1 support PLHA involvement in OECs in peer counselling
- 3.2 conduct peer counselling workshops to commence in November 1998

4. PROJECT IMPLEMENTED AND MANAGED

The Regional Coordinator of CRN+ will act as the Project Manager and will be responsible for coordinating the implementation of activities and will liaise with the Board members who will provide guidance and oversight to ensure targets are met.

- 4.1 prepare progress reports every two months
- 4.2 request technical support from a consultant identified by the Network
- 4.3 prepare final report

6. ASSUMPTION AND RISKS

The project makes the assumption that National AIDS Programmes and PLHAs at the national levels will be interested in deepening the reach of the Caribbean Regional Network. As such PLHAs will identify themselves as infected and be prepared to travel in that capacity as well as work in collaboration with their national programme in changing public attitudes about people living with HIV.

7. PROJECT MONITORING AND EVALUATION

The project will be monitored by the Regional Coordinator through the office of the Regional Secretariat. Evaluation will be implemented through review of reports and self-report questionnaires to members.

1. INDICATORS

Achievement of the expected results will be measured by the following indicators:

- 1.1 At the end of 1998 at least four additional territories will have

- national representation on CRN+ and local support groups established with twenty-five persons contacted
- 1.2 By the end of 1998 CRN+ will have developed a framework to assist Caribbean NAPs in facilitating a supportive environment for PLHAs
- 1.3 At least two skills building workshops completed annually

8. BUDGET

	\$ US	\$ US
Personnel		
Project Manager	12,000	
Administrative Support	6,000	
Short-term Consultants	9,000	
	-----	27,000
Travel/Accommodation		
Regional (Caribbean)	11,000	
International	9,000	
	-----	20,000
Meetings/Workshops		17,500
Equipment/Supplies		
Office Supplies		6,500
Operational Expenditures		
Tele-communications (fax, phone, e-mail)	3,500	
Photo-copying	1,000	
E-mail link	500	
Postage/Courier	2,300	
	-----	7,300

TOTAL		78,300
		=====



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June 17, 1998

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Office of Health and Nutrition
USAID/G/PHN/HN/HIV-AIDS
Room 3.06-091, 3rd floor, RRB
Washington, DC 20523-3600

TREASURER

Miguel Ángel Guzmán
Oxon Hill, MD

Dear Mr. Cortez :

SECRETARY

Cathy Chang
New York City, NY

I am submitting an unsolicited letter of inquiry seeking support in the amount \$25,000 in funds to accomplish technology exchange and capacity building with 15 Non Governmental Organizations (NGO) from Latin America and the Caribbean. By attending LLEGÓ - The National Latina/o Lesbian, Gay, Bisexual & Transgender Organization's "6to Encuentro Nacional" to be held in Chicago, Illinois from October 8 -11, 1998, these 15 NGO's will be able to receive the technical assistance and training on HIV/AIDS necessary to strengthen their organizational capacity.

MEMBERS

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Roberto Hermosilla
Washington, DC

Betty Limon
Anaheim, CA

Carolina Ramos
West Hollywood, CA

Julio Rodriguez
Chicago, IL

Tom Valverde
Kansas City, KS

LLEGÓ is the only national nonprofit organization devoted to organize Latina/o lesbian, gay, bisexual and transgender (l,g,b,t) communities on a local, regional, national and international level by addressing the need to overcome social, health, and political barriers faced due to sexual orientation and ethnic background. LLEGÓ currently serves 57 affiliated organizations throughout the United States and Puerto Rico, and has identified over 50 Latino/a l,g,b,t organizations in Latin America and the Caribbean with limited funding, that specifically focus on doing community organizing through HIV/AIDS prevention and treatment activities.

The lack of funding to these organizations to provide health services to our communities makes services insensitive and not culturally appropriate to the Latina/o l,g,b,t identity in Latin America and the Caribbean. As is the case in the United States and Puerto Rico, we often find that general Latino health service providers do not address sexuality as an integral part of the client and the service provided. LLEGÓ is committed to continue to provide leadership in the creation and dissemination of HIV/AIDS prevention and treatment activities that specifically target our communities and its particular realities.

EXECUTIVE DIRECTOR

Martin Ornelas-Quintero

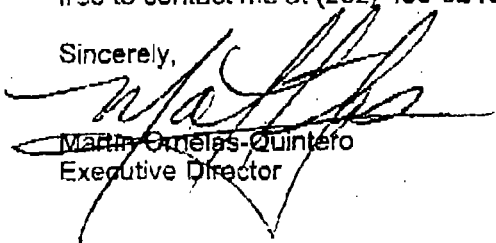
We need your assistance to increase our capacity to continue providing these much needed services and in securing funding to bring participants from Latin America and the Caribbean to our 6to Encuentro Nacional. As proven last year during our 5to Encuentro and Primer Congreso Internacional, this was a unique opportunity to strengthen capacity and to exchange expertise among the Latin American, Caribbean and United States Latina/o l,g,b,t NGO's in particular AIDS services organizations and to provide Technical Assistance and Training on HIV/AIDS prevention and treatment efforts to Latina/o l,g,b,t individuals in Latin America and the Caribbean that work with in the HIV/AIDS field. We hope that the enclosed description of our work, programs and information in our upcoming 6to Encuentro, will address any questions you may have.

The National Latina/o Lesbian, Gay, Bisexual & Transgender Organization

1612 K Street, NW, Suite 500 - Washington, DC 20006 - tel 202.466.8240 - fax 202.466.8530 - aquilght@llego.org - <http://www.llego.org>

It is LLEGO's premise that in order for health services to be appropriate and effective they must incorporate both the Latino and the sexual orientation identity. I want to thank you in advance for your support and hope that we can also count with your presence, as in last year during our 5to Encuentro Nacional and Primer Congreso Internacional. If you need additional information, feel free to contact me at (202) 466-8240.

Sincerely,



Martin Omeles-Quintero
Executive Director

The 6to. Encuentro's Goals

To further empower our Latina/o sisters and brothers, **The 6to. Encuentro "Acción, Orgullo y Poder"**, will develop, share and evaluate the tools to organize, mobilize and strengthen Latino/a lesbian, gay, bisexual and transgender communities. The goals for this year's conference are:

- 1.** To assess and evaluate the needs of our communities in order to tailor and deliver technical assistance services.
- 2.** To disseminate the latest and most pertinent HIV/AIDS information.
- 3.** To identify the gaps in public health education models directed at Latina/o sexual minorities, as well as, finding culturally appropriate prevention, education, and homophobia intervention models.
- 4.** To provide an opportunity for participants to describe problems encountered in our local communities and exchange most innovative "best" practices.
- 5.** To foster community mobilizing through institutes, workshops, caucuses, cultural events and seminars on public policy and leadership development.
- 6.** To share insights and inspirations and to entertain proposals for action which will support our goals as a Latino community and take action as a national voice.

The overall goal of the conference is to empower l,g,b,t Latinas/os and to share, develop and evaluate the topics and tools to organize, mobilize and strengthen Latina/o l,g,b,t communities.

OUTCOME

Post-conference, LLEGÓ requests to schedule 1½ hour meeting for the presentation to you and your designees of a report that addresses the issues identified in these skill building sessions by the attendees from Latin America and the Caribbean.

TRAINING SESSION SPONSORED

LLEGÓ appreciates your support in allowing 15 NGO's from Latin America and the Caribbean to attend the following skill building session's :

**"Acción, Orgullo y Poder"
Our Second Decade**

**Community Empowerment Training Institutes
Thursday**

The 6to. *Encuentro* "Acción, Orgullo y Poder" offers one day of pre-conference Institutes that focus on critical issues and provide support and technical assistance to those individuals taking on the challenges in our community.

HIV/AIDS Treatments The persons that attend the Institutes will have not only the most accurate and up to date information about treatments and others issues in relation to HIV/AIDS. But also will find relevant information culturally adapted to the needs of their communities as well as a network of resources and barrier streaking strategies. Presentation of actualized information, options and adherence to HIV/AIDS treatments; Explore the relationship and importance of holistic treatments; Recognize and stress the importance of nutrition and exercise among members of our LGBT Latinas/os that are HIV+; Point out the importance and relevance of spirituality within HIV+ Latinas/os people; Recognize the need of a network that allows us to have a flow of accurate information relevant not only to our HIV+ brothers and sisters, but also to the rest of the LGBT Latinas/os; Revise and recognize barriers on information and access to treatments for our LGBT Latinas/os communities.

HIV/AIDS Research Participants will benefit from important information regarding the scientific base of research. They will get in a clear language, the basics of scientific and academic research and development of prevention and educational programs. It is our belief that before our community embarks in new prevention programs/campaigns, it should increase their knowledge of science based approach to research and prevention. The Latina/o L/G/B/T community should explore scientifically the factors that affect their behavior and put them to high risk of STD and HIV/AIDS. As a result from this institute, participants will acquire the tools needed to base their prevention programs on scientific theory and methodology. Facilitators will present their techniques and procedures on research within our community. They will also share their experiences in working with Latino/a l/g/b/t community and community based organizations.

El 6to. Encuentro - October 8 - 11, 1998 - Chicago, IL.

The National Latino/a Lesbian & Gay Organization - LLEGO

"Acción, Orgullo y Poder"
Our Second Decade

Community Empowerment Training Institutes
Thursday

The 6to. Encuentro "Acción, Orgullo y Poder" offers one day of pre-conference Institutes that focus on critical issues and provide support and technical assistance to those individuals taking on the challenges in our community.

Youth Empowerment, In this Institute, we will create a space for young Latina/o LGBT activists, to learn more about their legacy as leaders and organizers, and strategize ways to meet the challenges of being visible and effective leaders.

The Youth Institute will be using panel presentations, speakers, and intensive discussion groups throughout the day. We will discuss and define the simplicity, complexity and intersection of our experiences, realities, identities, politics and lives within our own Latino communities and US society. The Institute will also provide external and internal strategies to address the challenging yet rewarding roller coaster journey of young Latinas/os LGBT. Each segment will include consideration of how race, class and gender intersect and affect the work we do as young activists.

Our intention is to present Latinas/os LGBT youth from US and Puerto Rico, to come together and share common experience in Leadership, Advocacy, Community Organizing and to ultimately empower each other.

Women's Health, Women in general experience problems accessing health care services, barriers increase if they happen to be Lesbian or Bisexual, and even more if they are Latinas. This Institute presents a model for increasing access to affirming care, covering topics including educating providers to eliminate heterosexist presumptions and language; inclusion of partners in decisions on medical and social services; Provide an overview of the socio-demographic and economic characteristics of Latinas in the U.S.; Describe the major health problems of Latinas; Discuss the impact sexism and racism on the lives and well-being of Latinas; Do Latina lesbians and bisexual women need to worry about AIDS?; How STDs passed between women?; Are Latinas really at higher risk for Breast Cancer?; What is a Pap test and how can we make it more comfortable?; Domestic violence; What's new in Women health research, advocacy and activism and how can we get involved?.

El 6to. Encuentro - October 8 - 11, 1998 - Chicago, IL

The National Latino/a Lesbian & Gay Organization - LLEGO

**"Acción, Orgullo y Poder"
Our Second Decade**

General Conference

Workshops

■ LGBT Health.

The workshop will include.- Research on cervical, breast cancer and other health problems Latina lesbians face; successful health promotions programs "State of the Art" HIV prevention and treatment programs. What are the health awareness needs of Latina/o transgenders? What is the role of culture in promoting healthy behaviors.

■ Mental Health.

The workshop will include.- What is mental health? What are the mental health issues of LGBT Latinos/as? Substance abuse and its effects on mental health.

■ Politics and Public Policy.

The workshop will include.- How can we impact the political process and the formulation of public health policies? Who are our allies and how do we forge collaborative alliances with them? Lobbying and other strategies to reach our political and public policy objectives.

**"Acción, Orgullo y Poder"
Our Second Decade**

General Conference

Workshops

☐ **Programmatic Capacity Building.**

The workshop will include.- How to conduct and/or interpret needs assessments in the community, program design, goals and objectives setting for programs, evaluations.

☐ **Infrastructure Development.**

The workshop will include.- Strategic Planning, board development, training and developing a sound volunteer base, managing the 501c3 tax-exempt status, incorporation process, and incorporating computers and management information systems into overall agency operations.

☐ **Fund-Raising and Development.**

The workshop will include.- How do we expand resources for LGBT latinos/as communities? Fundamentals of federal grants applications developing individual donor campaigns and grant writing.

☐ **Identity and Culture.**

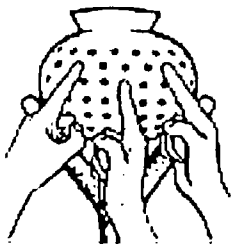
The workshop will include.- How do sexual, gender and ethnic identities come together? How does our culture feed and nurture us? What prevents us from growing? What cultural expressions have we created? How do Latina/o LGBT's contribute to mainstream queer culture? to Latina/o culture?

☐ **Leadership Development.**

The workshop will include.- Characteristics of successful leaders. How do we nurture young leaders? Role of elders in promoting leadership. When is the time to pass the mantle of leadership to others? How do we develop and implement successful mentorship programs?

El Oto. Encuentro - October 8 - 11, 1998 - Chicago, IL.

For more information, contact the National Latino Lesbian and Gay Association at 1-800-368-2722.



MBOGA.COM

PRO.ME.TRA

Centre Expérimental de Médecine Traditionnelle de Fatick

Adresse du Courrier: B.P. 6134 Dakar Etoile • Sénégal • Tél. (221) 8.34.02.15 • Fax (221) 8.34.78.20

Le Chercheur Principal:

Docteur Erick Vjdjiñ Agnih GBODOSSOU

July 7, 1998

Ron MacInnis, Jr.
Program Co-Director
Global AIDS Program
National Council for International Health
1701 K Street, NW Suite 600
Washington, DC 20006 USA

Dear Ron,

The 12th World AIDS Conference in Geneva was indeed a monumental step forward in the area of involvement of traditional and alternative medicine in the global dialogue on HIV/AIDS. And it was through the efforts and hard work of NCIH that this objective was accomplished. On behalf of the 450 members of **PROMETRA** - *The Association for the Promotion of Traditional Medicine* - and the thousands of patients that we serve, I would like to personally thank you for your personal and institutional commitment to this effort and the larger goal of the education, treatment and eradication of AIDS throughout the world.

The vision of NCIH to develop the community track workshop, "Alternative and Traditional Healing Practice" is to be commended. A special thank you for inviting **PROMETRA** to participate in this community symposium and providing the support to assure our full participation. Through this symposium many links were established, information exchanged and new partners found to move forward this important work. **PROMETRA** is committed to the further development and ongoing work of assuring that traditional practitioners are fully trained and educated in the multiple areas of HIV/AIDS topics and that their inclusion is promoted and assured within the multidisciplinary team of HIV/AIDS health care professionals.

As you know, it is the belief of **PROMETRA** and other traditional medicine groups throughout the world, that we cannot fully address the many issues of HIV/AIDS without the involvement of traditional practitioners. As the

respected health care providers for approximately 85% of the population of sub-Saharan Africa, traditional medicine cannot be ignored in our quest to provide treatment and find the cure for this disease. This is even of greater significance when one realizes the impact that this disease has, and will have in the future, upon the continent of Africa.

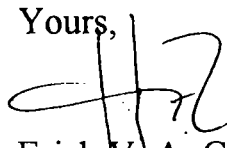
I would like to discuss with you the future plans of **PROMETRA** to work specifically in the area of HIV/AIDS and traditional medicine. As I mentioned in my presentation in Geneva, **PROMETRA** is in an integral position to carry out some of these important educational, treatment and research activities. We would like to provide a conference educational activity with targeted follow-up in Senegal on this topic for selected sub-Saharan African participants. As you know, there were many conference attendees from Senegal at the recent Geneva meeting -- including government officials, NGOs, medical practitioners, researchers and traditional practitioners. Armed with the resolutions from the conference, the energy generated, the data of a growing epidemic within Senegal and throughout Africa, and our organized traditional medicine team -- now is the time to sustain this momentum generated from the conference and translate it into positive, actual work outcomes.

I am aware of the NCIH Global AIDS Program Small Grant Fund, and would like to submit a proposal for **PROMETRA** to conduct an African based conference on the topic of the Role of African Traditional Medicine in the Education and Treatment of HIV/AIDS. As you know, it is the belief of **PROMETRA** that for us to move forward, all parties must be at the table. Participation in our conferences always includes representation from both the modern and traditional medicine communities, academic and community researchers, NGOs, government officials, religious leaders and the media. We realize that no one component of society can solve this monumental problem alone. We believe that a conference such as this will be a very concrete step in our two year plan of activities leading up to the 13th World AIDS Conference in Durban, South Africa. It also is our belief that because this upcoming conference will be held on the continent of Africa, a major sustained presence of African traditional medicine and research must be a part of the agenda. Our **PROMETRA** office will submit a letter of intent as outlined in the NCIH guidelines for consideration of a NCIH small grant award.

Our additional goal as an outgrowth of participation in the Geneva conference is to seek funding to conduct a scientifically valid research study on selected current treatment modalities being utilized by traditional practitioners within our centers. It is very evident to me that we must join the ranks of the scientific presentations at the 13th World AIDS Conference--coming to the table with quality research methods and findings. This is not a difficult task for traditional medicine centers to accomplish. The current stumbling block is adequate funding. **PROMETRA** has the scientific capability, university partners, the patient database (in two countries of Senegal and Benin) and an organizational infrastructure to conduct this research. **PROMETRA**, like other organizations, needs to secure the funding to carry out such a research project. Any suggestions that you could share as to possible sources of funding would be greatly appreciated.

I am enclosing a reading packet on **PROMETRA** activities for your review. Again, thank you and all the NCIH staff for their hard work and commitment in assuring the involvement and participation of traditional practitioners and indigenous scientists from throughout the world in this important meeting. It is an honor to work with you and your organization.

Yours,



Erick V. A. Gbodossou, MD
President

Enclosures:

The Bridge Conference Newspaper Article
PROMETRA Reading Information Packet
NCIH Membership Application

THE BRIDGE

June 30th, 1998

The Bridge is the official daily newspaper of the 12th World AIDS Conference. It appears each morning of the Conference, to provide a snapshot of onsite sessions and a forum for discussion of key Conference issues.

12th World AIDS
Conference Geneva
June 28-July 3 1998

JULY 3rd, 1998 – No. 5

PRO.ME.TRA
Promotion des médecines Traditionnelles
Mission: Tous ensemble pour une Médecine de L'Homme

Community Symposium Traditional healers and doctors co-exist: Senegal

Eighty-five percent of people in Africa use traditional healers who are held in very high esteem in their communities. At Wednesday evening's community session on alternative and traditional heading, Erick Gbodossou from Senegal related these statistics and said traditional healers represent the best hope for effective AIDS prevention and treatment in developing countries.

But since traditional healers provide the majority of health care in Africa, it only makes sense for modern practitioners to forge alliances with their traditional counterparts. In fact, this has been done in Uganda, where a group has brought traditional healers, both herbalists and spiritualists, into contact with modern medical practitioners, says another session participant, Donna Kabatesi. Noting the scarcity of modern facilities and treatment in Africa, Kabatesi states certain AIDS-related conditions are

quite amenable to traditional treatment. For example, she said, herpes zoster has been shown to respond even better to herbal treatments than to acyclovir.

"Traditional healers have one big advantage over modern medicine," Kabatesi said, "in that they have an intimate knowledge of the needs of their communities."

Gbodossou describes a medical centre in Senegal, in which traditional healers and a primary care physician fulfill complementary roles. "Their diagnoses may or may not be identical," Gbodossou says. "For example, a case described by one as 'pneumonia' might be called 'bad wind' by the other." Excellent results have been achieved in some AIDS-related symptoms, as well as opportunistic infections. "The centre provides an ideal situation for the provision of education and health awareness to the local population," Gbodossou points out.





AAWH

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AMERICAN ASSOCIATION FOR WORLD HEALTH
1825 K Street, N.W., Suite 1208 • Washington, DC 20006 • Telephone 202-466-5883

June 5, 1998

Ron MacInnis, Jr.
Co-Director, Global AIDS Program
National Council for International Health
1701 K Street, N.W., Suite 600
Washington, D.C. 20006

Dear Ron:

Please consider this letter and accompanying application as the American Association for World Health's letter of intent for a Small Grant Fund in the amount of \$10,000 in support of our World AIDS Day program. We apply on the recommendation of Cliff Cortez of the U.S. Agency for International Development.

The grant requested from the National Council for International Health will be leveraged against other funds toward a larger budget in support of the 1998 World AIDS Day Program and used to print additional copies of AAWH's practical, easy-to-use HIV/AIDS prevention and care resource materials that are detailed in the following pages. These materials will be distributed to Americans at the grass roots to educate the public on the global scope and implications of the disease as well as to equip community leaders to effectively address the pandemic in their own cities and towns.

Please do not hesitate to call me with any questions. We look forward to hearing from you in the near future.

With warmest personal regards,

Richard L. Wittenberg
President and Chief Executive Officer

Enclosure

RLW:cv

Small Grant Fund Application

submitted to

National Council for International Health

on

June 5, 1998

by

American Association for World Health

1825 K Street, N.W., Suite 1208 • Washington, D.C. 20006

telephone: (202) 466-5883 • fax: (202) 466-5896

e-mail: AAWHstaff@aol.com • Internet: www.aawhworldhealth.org

Small Grant Fund Application

The American Association for World Health seeks to secure a Small Grant Fund from the National Council for International Health's Global AIDS Program in the amount of \$10,000 to leverage against other funds toward a larger budget in support of the American Association for World Health's 1998 World AIDS Day Program. The Small Grant Fund will allow the American Association for World Health to print additional resource kits, as detailed below, which will enable them to reach a larger audience.

The American Association for World Health (AAWH) has been the organizing sponsor of World AIDS Day in the United States since 1989. AAWH also has a long history of sponsoring World Health Day in the United States, including initiatives on safe motherhood, emerging and re-emerging infectious diseases, healthy communities, immunization, oral health, injuries, and cardiovascular health.

World AIDS Day is the vehicle through which AAWH communicates to the American public that the HIV/AIDS pandemic *is* global and therefore needs to be *addressed* as a global issue. World AIDS Day is an invaluable opportunity to educate Americans on the benefits of a commitment to global health. As globalization occurs and the number of goods, services and people crossing borders increases, so does the opportunity for the spread of infectious diseases (including HIV/AIDS), food-borne illnesses, illegal substances, environmental toxins, and the use of chemical and biological weapons. A more extensive engagement in world health can protect America's population, enhance the economy, and advance America's international interests. As Americans discern the importance of viewing HIV/AIDS as a global health issue, they realize that a commitment to world health not just is humanitarian but also in their own self-interest. By thinking globally and acting locally, Americans can make a difference in their own lives as well as those across borders.

World AIDS Day is the only international endeavor of coordinated action against AIDS. World AIDS Day serves to strengthen global efforts in the fight against HIV/AIDS and enhances community support for HIV/AIDS programs. These programs assist in the development of sympathetic and respectful attitudes towards people with HIV and AIDS living in our communities. World AIDS Day is a crucial step toward fulfilling USAID's objective to catalyze and sustain societal and community ownership of effective responses to HIV/AIDS.

The American Association for World Health's approach to the World AIDS Day initiative includes the following three directives:

Education: One key component of the prevention of HIV/AIDS and the promotion of healthful habits is the dissemination of information at a local level and the formation of community-based educational programs;

CRITERION 1

3

CRITERION

Cultural Competency: The American Association for World Health recognizes the need for cultural competency in health promotion, especially on issues such as HIV/AIDS where there are significant differences in the level and the amount of care received among socioeconomic and ethnic groups. To ensure sensitivity to diverse cultural beliefs and needs and to reduce social and cultural barriers to health care, the American Association for World Health's World AIDS Day Advisory Committee represents various interests and approaches to health care; and,

Coalition Formation/Collaborations: The American Association for World Health intends to connect diverse aspects of the community in a united effort, including governmental agencies, professional associations, managed care providers, non-governmental organizations, hospitals, businesses, faith groups, elected officials, foundations, and individuals, among others. This initiative will foster the formation of intersectoral partnerships in the community to emphasize that promoting awareness of HIV/AIDS issues and providing HIV/AIDS education is a basic social responsibility and that diverse sectors must become involved in this issue.

5

CRITERION

The combined efforts between the American Association for World Health and community leaders to raise public awareness and spark local initiatives will be fueled by the 1998 World AIDS Day Newsletter, Resource Booklet, and poster. The World AIDS Day Newsletter will announce the World AIDS Day theme, initiate planning and build anticipation for World AIDS Day. Shortly thereafter, the American Association for World Health will distribute the 1998 World AIDS Day "resource kit," including a 50-page Resource Booklet and poster. Target populations of the World AIDS Day Resource Booklet include children, young people, adults, men, women, African Americans, Native Americans, Latinos, Asian/Pacific Islanders, prisoners, substance abusers, educators, faith leaders, government officials, health care professionals and other health care personnel, employers, businesses, media, and students.

Because the most effective public health campaigns involve interpersonal components and community involvement, the World AIDS Day initiative focuses on mobilizing the grass roots. Within this framework and through AAWH's World AIDS Day Resource Booklet, all sectors of society are encouraged and given the tools to participate in, collaborate on, and initiate HIV/AIDS education activities and programs to improve the level of awareness and concern for HIV/AIDS issues in all communities.

The Resource Booklet will be a comprehensive primer on HIV/AIDS prevention and treatment. It will provide information in the following areas: HIV/AIDS trends in the United States and around the world, prevention of HIV infection in individuals and among demographic and high-risk groups, the role of the workplace in HIV/AIDS education and prevention, up-to-date information on HIV/AIDS treatment, and resources in the public and private sectors. In addition, the Resource Booklet will focus on young people, including statistics reflecting the emerging threat of transmission among adolescents, issues of sexuality that young people face, and how children, adolescents and adults can develop or

CRITERION 1

participate in local World AIDS Day activities and ongoing, community-based HIV/AIDS prevention programs. The poster will incorporate the 1998 theme as well.

Furthermore, the 1998 World AIDS Day Resource Booklet will contain descriptions of innovative World AIDS Day activities carried out and submitted to AAWH by grass-roots organizers from across the United States and around the world. This listing provides real-life examples of activities and programs that can be initiated at the community level and supplements the other activity suggestions provided in the Resource Booklet. In addition, in the spring of 1999, AAWH will publish a report of World AIDS Day 1998 activities in the United States, which can be used as an additional resource for future planning.

CRITERION 2

The American Association for World Health will secure contact persons for the World AIDS Day initiative in each of the state health and education departments and provide this networking information in the World AIDS Day Resource Booklet. The Resource Booklet also will contain descriptions and contact information for HIV/AIDS-related governmental agencies, non-governmental organizations, AIDS service organizations, foundations, and national headquarters for many community-based organizations. Furthermore, the World AIDS Day 1998 Resource Booklet will contain national and state HIV/AIDS and HIV/AIDS-related hotlines. Finally, the Resource Booklet will contain a guide for activity and program planning, as well as a media outreach guide, to facilitate community-based, grass-roots action and information exchange.

CRITERION 4

The World AIDS Day Resource Booklet can be reproduced in part or in whole, provided credit is given to AAWH. Such a policy allows this valuable resource to reach many more people in need of HIV/AIDS education. AAWH estimates that its World AIDS Day program reaches millions of Americans every year. Furthermore, the World AIDS Day Resource Booklet is available on the AAWH World Wide Web site for immediate access and use by people and communities not only in the United States but also around the world.

FOLLOW-UP ACTIVITY 1

The report of World AIDS Day 1998 activities that will be published in the spring of 1999 will be shared with the HIV/AIDS-related organizations participating in the development of the resource materials as well as all the state health and education departments in the United States. By sharing lessons learned, we, as well as our constituents, can even more effectively educate in the future.

FOLLOW-UP ACTIVITY 2

AAWH would be pleased to submit an article to *AIDSlink* on its World AIDS Day program, including the success of its resource materials as well as of activities around the United States based on the feedback provided by constituents.

The World AIDS Day initiative is an ongoing process, with December 1 of each year marking the universal observance. It has been in existence for a decade, and will remain the unifying global event as long as HIV/AIDS poses a threat to humanity. Its sustainability not only is bonded in tradition but also

deemed necessary by the United Nations (UN), evidenced by its creation in 1996 of UNAIDS—a strategic partnership of six UN agencies that plan together and share resources as well as costs, which permits more powerful advocacy for global action and greater support for national HIV/AIDS programs.

X-Delivered: at request of ncih on malady.cais.net
Date: Wed, 22 Jul 1998 13:45:46 -0400 (EDT)
X-Sender: ncih@pop.cais.com
X-Mailer: Windows Eudora Light Version 1.5.2
To: ncihuids@ncihuids.org
From: NCIH <ncih@cais.com>
Subject: attn: Helen Cornman

HELEN: AGAIN, SORRY FOR THE DELAY. ALSO CAME TO THE CAIS ACCOUNT.

>X-Authentication-Warning: mail.gn.apc.org: Host am010.du.pipex.com
[193.130.252.10] claimed to be ahrtag.org
>X-Sender: Sian@company.mail
>Date: Fri, 10 Jul 1998 14:14:45 +0100
>To: ncih@ncihuids.org
>From: Sian Long <long.s@ahrtag.org>
>Subject: attn: Helen Cornman
>X-MDAemon-Deliver-To: ncih@ncihuids.org
>Reply-To: long.s@ahrtag.org
>
>Dear Helen
>I am writing to inform you of developments which are relevant to the
>application for a small grant you already have from the NSWP and the Red de
>Trabajadoras y Trabajadores de Latino America y el Caribe to hold in
>Caracas later this year.
>
>Since making this application to NCIH we have secured funds to print and
>distribute the Spanish version of "Making Sex Work Safe: a practical guide
>for programme managers, field workers and policy makers" from UNAIDS. Funds
>to incorporate Portuguese into the text have been approved in principle by
>the Brazilian National AIDS Programme.
>
>In addition the NSWP has made some changes which entail significant
>upgrading of our electronic communications. As part of this we must hold a
>training session of key NSWP contact people from each region. We propose to
>hold this training in Caracas "back to back" with the Making Sex Work Safe
>in Latin America meeting, primarily because to do so will be cost effective
>since several key NSWP people will already be there. There are other
>reasons too - we anticipate that it will be affirmative and capacity
>building for the Red de Trabajadores y Trabajadores Sexuales de Latino
>America y el Caribe and to hold such a training session in a Spanish
>speaking country will be have an important role in establishing the crucial
>nature of multi-lingual networking.
>
>None of these points are intended to change the substance of the grant
>application which has already been lodged with NCIH. We intend to use that
>grant, should it be awarded as per the original application. Rather, these
>points are to inform NCIH of what we see as added value to that proposal.
>
>Thank you in advance for your attention. I look forward to hearing from you.
>
>Yours Sincerely,
>
>
>Cheryl Overs
>
>
>New telephone 44 181 992 3481
>
>
>
>
>long.s@ahrtag.org
>
>*****
>AHRTAG (Appropriate Health Resources and Technologies Action Group)
>Farringdon Point Tel +44 (0)171 242 0606
>29-35 Farringdon Road Fax +44 (0)171 242 0041
>London EC1M 3JB info@ahrtag.org
>UK <http://www.ahrtag.org>
>===

Rua Visconde de Piraja 187/403
Ipanema Rio de Janeiro, RJ
Brasil

25 May 1998

NCIH Global AIDS Program
Small Grant Fund
1701 K St. NW
Suite 600
Washington DC 20006
USA

NETWORKING TO MAKE SEX WORK SAFER IN LATIN AMERICA

The International Network of Sex Work Projects consists of five regional organisations and a global secretariat in Britain with one project worker and a co-ordinator. (More information about the NSWP is contained in the enclosed book *Making Sex Work Safe* and on our website www.walnet.org/nswp)

This request is for funds to enable members of the International and the Latin American and Caribbean network to travel from Chile, Mexico, Brazil, Costa Rica, Guatemala, Ecuador and London to travel to Caracas, Venezuela for a meeting at which they will

- a) further develop the Latin American Network,
- b) plan the Spanish language version of *Making Sex Work Safe : a practical guide for programme managers, field workers and policy makers*
- c) discuss ways in which the NSWP Latin America can develop and maintain links with agencies throughout the world to further it's objectives,
- d) share information about networking among sex work projects in the region and beyond.

PROMOTING HEALTH AND HUMAN RIGHTS

The meeting will be hosted AMBAR, the sex work organisation in Caracas which is currently the secretariat of Red de Trabajadoras y Trabajadores Sexuales de Latino America y el Caribe. The responsible person is Nury Pernia.

This activity has been planned for some time and a proposal for funding is currently with UNAIDS. A funding proposal which includes the cost of designing and distributing the book, entitled Making Sex Work Safe in Latin America follows. We hope that it contains sufficient information for this grant application.

It is unlikely that UNAIDS will fund the entire project. There are preliminary indications that UNAIDS is more likely meet the production and distribution costs of the book if funds for the meeting are obtained from another source.

We will certainly be pleased to make ongoing contributions to NCIH activities. Should this proposal be successful, there is potential for an NCIH staff member to come to Caracas before or after the editorial and networking meetings to meet with the key members network who will be in Caracas. We had discussed the possibility of such a meeting at the time of the International Conference on Prostitution last year in Los Angeles but it proved too expensive for the Latin American delegates to travel via Washington to visit NCIH.

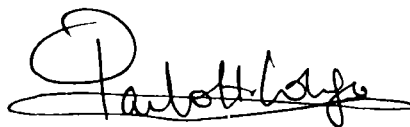
A budget for this meeting follows. It is based on estimates that may vary according to the time that we could hold this meeting. A revised, actual budget would be produced when the timing, and availability of participants, is established. The network has USD bank accounts and accounting systems in the USA and Brazil. The USA account has non profit [501] (c) (3) status. Funds could be accepted and administered through either of these.

We hope that you agree with us that this proposal meets the criteria for the NCIH small grants as both a networking and materials production activity. Should we be able to provide any further information please do not hesitate to contact either of us,

Yours Sincerely



Cheryl Overs, London
sexworknet@gn.apc.org



Paulo Longo, Rio de Janeiro
phlongo@uerj.br

BUDGET

Airfares from the following countries to Caracas in U.S.D.

Chile	616
Mexico	350
Brazil	720
Costa Rica	390
Guatemala	319
London	900
Ecuador	750

Accommodation	2520
Daily living allowance	2520 (\$60 per day for each participant)
Ground transport	450
Translation	400
Stationary & communication costs	250
venue costs	340

TOTAL	10525
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MAKING SEX WORK SAFE IN LATIN AMERICA

SUMMARY

In 1997 the International Network of Sex Work Projects (NSWP) published a book entitled , *Making Sex Work Safe: A practical guide for programme managers, field workers and policy makers*. (attached) This proposal is to adapt, publish and distribute a Spanish language version of that book in Latin America and to compile the text and art work for a Portuguese edition. (Funds for translation to Portuguese, typesetting, printing and distribution in Portuguese speaking countries would be sought elsewhere)

The English version of *Making Sex Work Safe* has had a very positive reaction, even from non English speaking countries. This may be a measure of the dearth of information about effective, affordable programmes which meet the health information, clinical and social support needs of sex workers and to limit HIV and STI transmission among sex workers and clients. In many countries it is difficult to even speak about commercial sex so local material is not produced. In such settings *Making Sex Work Safe* been an important tool in opening discussion about this aspect of public health.

However, while the English book provides a valuable overview, it's relevance and applicability in any one region or country is necessarily limited by it's global focus.

There is a need for a Spanish version of this book which addresses the issues and challenges of providing those services and encouraging those policies which can increase opportunities to improve sex workers capacity to protect their sexual health in Latin America. Specific features of the this context include, for example,

- large numbers of people who provide sexual services infrequently or informally;
- widespread involvement of young people,
- specific religious and cultural attitudes to gender and sexuality;
- lack of the rule of law in some places;
- particular patterns of drug use;
- variable access to condoms, lubricant and barrier contraception and primary health care;
- limited literacy and linguistic multiplicity.

Making Sex Work Safe, Latin America will include examples of best practice; descriptions of strategies and activities; technical information about project development and implementation and evaluation. It will be illustrated with examples of sexual health care and prevention work including educational materials from throughout Latin America, and elsewhere where relevant. The project, which aims to strengthen links between sex work organisations in Latin America, is to be a joint initiative of the International Network of Sex Work Projects and Red de Trabajadoras y Trabajadores Sexuales de Latinoamerica y el Caribe.

PROJECT TITLE

Making Sex Work Safe, Latin America: a practical guide for programme managers, fieldworkers and policy makers.

OBJECTIVES

To inform the development of programmes and policies which can reduce the health risks associated with commercial sex.

To strengthen opportunities for productive information exchange among health service providers, National Aids Programmes, Ministries of Health, welfare and law enforcement agencies throughout Latin America.

OUTCOMES

- 1/ A Spanish language adaptation of the global version of Making Sex Work Safe will be published and distributed.
- 2/ The editorial group will meet to finalise the content of Making Sex Work Safe and to develop and further those links which were set up in October 1997 in Costa Rica (where Red de Trabajadoras y Trabajadores Sexuales de Latinoamerica y el Caribe was formed) to improve the capacity of service providers to develop effective health promotion and social support strategies by increasing access to relevant information and skill sharing activities.
- 3/ Substantial extracts of the book will be posted on the NSWHP website.

BENEFICIARIES

- 1/ Sex workers, clients and third parties involved in commercial sex will benefit from improved services and the cross fertilisation of ideas about ways to deliver services.
- 2/ Agencies responsible for developing and implementing HIV prevention and sexual health promotion interventions for sex workers will benefit from learning about ways other agencies work.
- 3/ Information providers will be better able to meet demand for information about commercial sex, health and human rights in Latin America.

COLLABORATION

The project will be a collaboration between the NSWP and the Red de Trabajadoras y Trabajadores Sexuales de Latino America y el Caribe which is housed at AMBAR in Venezuela. Technical support will be provided by ACCSI Venezuela. An editorial group consisting of eight key agencies which provide health services to sex workers in the region will be formed. Materials for the book will be collected from agencies throughout Latin America and two consultants will be responsible for collating the material for presentation to the editorial group.

The individuals responsible for the project will be Nury Pernia the co-ordinator of AMBAR Venezuela and the Red de Trabajadoras y Trabajadores Sexuales de Latinoamerica y el Caribe and the authors of Making Sex Work Safe, Paulo Longo of Núcleo Orientação de Saúde Social Brazil, and Cheryl Overs of the Network of Sex Work Projects who are based in Brazil.

The technical provided by ACCSI will include a review for accuracy of medical and epidemiological information, editorial advice and distribution of the book.

The book will be designed by Velocoped Brazil, the company that designed Making Sex Work Safe in English. Velocoped is a publishing company with experience of publishing health promotion material in Spanish and Portuguese.

The Editorial Group

Da Vida	Brazil
Angelina Lina	Chile
La Sala	Guatemala
ILPES	Costa Rica
MSACS	Mexico
Nimehous	Nicaragua

Additional representatives from Brazil Argentina and Ecuador are still unconfirmed. An agency outside of Latin America which works with migrant Latin American sex workers will also be added to the editorial group, but not to the meeting in Venezuela.

TASKS / TIMEFRAME

Month 1

Translate existing text to Spanish

Distribute to editorial group

Month 2- 6

Collect illustrations and other graphic material

Month 2

Develop draft based on reviewers
comments and additional text,

Month 5

Hold an editorial group meeting in Caracas, Venezuela

Months 5- 9

Finalise content

Edit

Design and print

Month 10

Launch and distribute

EVALUATION

ACCSI will be responsible for distribution which will be based on a) quantitative report based on number of orders and b) narrative report of qualitative feedback. The latter will be compiled from comments collected by the editorial groups from readers throughout their own, and neighbouring countries.



PROMOTING HEALTH

AND HUMAN RIGHTS

The Network of Sex Work Projects was formed in 1991. It consists of sex workers and organisations which provide health and welfare services to sex workers.

The aims of the NSWP are to:

- Provide practical information and opportunities for information sharing among organisations which provide services to men, women and transgender sex workers.
- Raise awareness of the health and welfare needs of sex workers
- Advocate at international level for policies and actions which advance the human rights of sex workers. These rights include the right to health and a safe working environment free from abuse, violence and discrimination
- Develop and maintain links between sex workers, service providers and relevant international agencies
- Facilitate opportunities for the voices of sex workers to be heard in international forums in which ideas about commercial sex are exchanged

www.walnet.org/nswp

Jo Doezeema and Cheryl Overs
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Paulo Longo
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Fax: +55 21 522 5944
E-mail: phlongo@centroin.com.br

Making Sex Work Safe: a practical guide for programme makers, field workers and policy makers

By Cheryl Overs and Paulo H. Longo

This unique 96 page handbook explores global responses to the health needs of men, women and transgendered people who sell sexual services. It recommends practical and theoretical approaches to developing and implementing services to improve the health and well being of sex workers and clients. It provides information about programme implementation and evaluation and contains over 100 illustrations of examples of activities and educational materials from sex work projects around the world.

Making Sex Work Safe is available from AHRTAG. Single copies are free to indigenous non governmental organisations in developing countries and \$US 24 or £12 to other organisations and individuals. To request or buy a copy you may contact:

The NSWP website: www.walnet.org/nswp

or AHRTAG

e-mail: ahrtag@gn.apc.org
Telephone: 44 171 2420606
Fax: 44 171 2420041

Farringdon Point
29-35 Farringdon Road
London EC1M 3JB U.K.

Please make cheques payable to: **AHRTAG**

RECEIVED JUN 02 1998



Throughout this handbook a sex worker is defined as:

a person past puberty who receives money or goods in exchange for sexual services and consciously defines those activities as income generating.

The definition applies irrespective of the gender of the people involved and whether or not they do this on a full, part time or occasional basis.

1.1 Commercial sex in context

Commercial sex and public health

Commercial sex has always existed. However, there have been few times and places in which sex workers have been free from persecution, stigma and violence. HIV is the most recent issue in the long history of recurring moral and practical questions and conflicts raised around prostitution. The ancient Romans decided to restrict brothels to special areas as a result of discussions which were remarkably similar to those taking place today in many countries about how the sex industry might be appropriately located and controlled.

Commercial sex, or at least that practised by women, was seen as an important public health issue throughout the 19th century. Concern about it declined in the 20th century, due to improved management of sexually transmitted disease (STD) and contraception and more liberal views about sexuality. However, HIV has refuelled concern, and public health again dominates the way that most societies think about, and deal with, commercial sex.

When HIV was first identified, sex workers were immediately named as potential carriers of a fatal, sexually transmissible disease. This reaction had immediate practical consequences. It was clear that sex workers, and possibly their clients, would be vulnerable both to HIV and to HIV-related discrimination. Responses developed at different rates across the world, ranging from repressive measures to effective community mobilisation and public health programmes. Innovative programmes by governments, communities and sex workers themselves now face the renewed challenge of making sex work safe.

Patterns of STD, HIV and hepatitis vary from country to country, as do sexual behaviour and the social conditions which affect health in general. It has become increasingly clear that vulnerability to HIV and HIV-related illnesses is greatest among poor and marginalised people. Women, young people and men who have sex with men are particularly vulnerable.

It is not known how many people living with HIV are selling sexual services. However, enough information exists about patterns of HIV and STD infection among sex workers to inform development of effective support services. Patterns of infection reveal the conditions which cause vulnerability: relatively high HIV and STD rates in the general population; lack of access to condoms, information and civil rights; and poverty. Those most likely to be subject to such conditions are young men and women, uneducated women, transgendered people, and people who have migrated to a new country or city.

In parts of Africa HIV rates among sex workers may be as high as 60 per cent. Rates of around 30 per cent are common in Thailand and some parts of India. In Western countries, HIV rates among drug-using sex workers, urban male sex workers and transgender people are higher than average. However, in

Canada, China, Austria, Australia and Germany, rates among female sex workers are lower than among comparable groups of non-sex workers.

There are no figures which reveal to what extent sexual services carried out by HIV-positive sex workers result in transmission to



Prostitutes were called 'colled' in the American West in the 19th century.

clients. Speculation is too often coloured by prejudice and stigma to be useful. Scientists often see no need to provide evidence for the assumption that HIV-positive sex workers infect clients.

"More than one fifth of Thai males patronise sex workers and as a result 1.4 per cent of pregnant women surveyed in public hospitals in 1993 were found to be HIV infected."

AIDS in The World II, 1996

Social and behavioural studies among sex workers and clients are therefore likely to provide the most useful basis for planning and implementing public health policies and services.

Responses

As the HIV pandemic grew in the 1980s and early 1990s. International agencies, governments and non-governmental organisations (NGOs) increasingly recognised the need for health promotion and support services for female sex workers and, in some places, for men and transgender people. Extending these services to clients has been slower. This may be due to traditional norms which exempt men from responsibility for the consequences of sex and sexuality, and to the fact that clients are generally less visible than sex workers.

There is no single, universal model for providing services to sex workers. There are several combinations of services and policies. Some organisations specifically target sex workers. Others, such as hospitals and social assistance agencies, provide services to sex workers as part of their service to a broader population. Some governments require that sex workers be tested for STDs and HIV. Others are decriminalising sex work and encouraging safer environments and easier voluntary access to health services. Information about the experiences of projects can inform the planning of new projects.

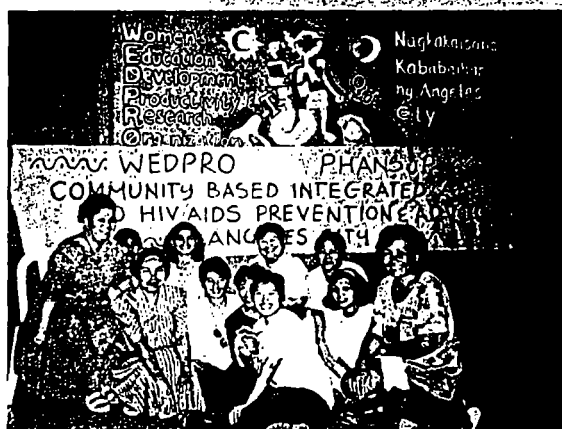
Why this handbook?

This handbook aims to support the development of effective STD/HIV prevention programmes, primary health care and social support services for sex workers. It is a response by the Network of Sex Work Projects to requests for information about challenges faced and knowledge and experience gained by STD/HIV prevention projects throughout the world.

Many organisations express a need to learn more about work which helps to change conditions for sex workers and make them more favourable to good health. Changes include improvement in the workplace such as access to adequate sanitation and security, and the right to reject unsafe practices, to rest, and to be free from violence, arrest and harassment. They also include broader civil rights such as access to affordable and effective health care, education, childcare, fair treatment in court, fair taxation, legal rights over earnings, and the right to travel. Civil rights are human rights and play an integral part in achieving good health. They are not gained by "educating" sex workers or encouraging "behavioural change". Education directed at sex workers is a necessary component of health programmes but it is



Postcard, Australia



Women's Education Development Productivity and Research Organisation (WEDPRO) — community-based integrated approach to HIV/AIDS prevention in the Philippines.



"Where are the risks?"
Brazilian pamphlet.



The term "sex worker" is repugnant to some of those who are concerned about the horrors of women and children being kept captive and forced to submit to what is effectively repeated rape. They often accuse the sex workers' rights movement of not taking these horrors seriously because we are trying to legitimise the sex industry. Nothing could be further from the truth!

Look at the logic. Children being shackled to looms in the carpet industry does not mean that no carpet should ever be woven again. It means that there should be proper standards in the carpet industry. Legitimising is exactly what is needed to end these absolutely illegitimate practices.

Sexual slavery is a meaningless idea. Slavery (including child labour) involving sexual services, carpet weaving or any other form of labour, is so fundamentally abhorrent that it is pointless to qualify it in any way. What are these people saying? That one form of slavery is worse than another or should be abolished sooner? Slavery is slavery is slavery. Abolishing every form of slavery from every corner of the earth, forever, is the only proper goal. Anything less, any qualifications, any prioritising is an obscenity in itself. And it is the aims of the sex workers' rights movement which will achieve this in the sex industry, not the confused, emotive ideology of the anti-prostitution lobby.

**Network of Sex Work Projects
Bulletin, June 1995**

not a sufficient response to sex workers' health needs. Where it is clear that laws, human rights violations and stigmas prevent sex workers enjoying good health, the question remains for health care providers — how can their work can make an important difference?

Making Sex Work Safe offers both a conceptual framework and practical examples of ways in which public health policy and project activities can engage economic, cultural and political factors to meet that challenge.

1.2 What is in this handbook?

Developing programmes and projects

Before considering what project to set up, it is important to find out about the type and scale of sex work and related activities, such as drug use or religious culture. These activities will influence which strategies to choose. Choice of strategy depends on the visibility of sex work and related activities. It is relatively easy to design and implement projects in areas where projects are adequately funded, the sex industry relatively well structured and sex workers well organised. By contrast, when legal or cultural conditions force sex workers to operate in secret, the task may be more difficult, but by no means impossible.

Making Sex Work Safe covers technical aspects of developing a programme or project such as conducting a situation assessment, developing objectives and activities to address key problems, and monitoring and evaluation.

It provides basic information on planning, monitoring and evaluating a project with sex workers. However, it is not intended as a detailed manual on project planning (see Further Reading for a list of manuals).

Successful strategies

Making Sex Work Safe contains many examples of strategies and activities which have been developed throughout the world. They are divided into two main categories: "educational" and "enabling". Generally, the most successful projects are those which include aspects of both.

Educational strategies inform sex workers and others about sexual health and aim to motivate people to make changes which promote health. They include activities such as face-to-face counselling or information dissemination through leaflets, newsletters or the mass media. Educational strategies are particularly important where sex workers do not know about HIV/STDs and safe sex or how to access health services.

Enabling strategies aim to make it easier for people to protect their health by increasing their control over their lives, sometimes called "empowerment". Activities include improving access to health care, supplying condoms, making agreements with police which enable sex workers to carry condoms, and supporting sex workers' rights organisations. Where these work well they enable sex workers to put knowledge into practice. As educational aims are realised and sex workers learn how to maintain their sexual health, these enabling activities increase in importance.

These categories, educational and enabling, are simply a way to think about strategies. They are not mutually exclusive. For example, making STD clinics more accessible is an enabling strategy which may include the educational strategy of counselling and providing safe sex information. Expanding educational efforts to include third parties, such as sex business managers or police, is both an educational and an enabling strategy.

Unfortunately, sex work projects often find it difficult to raise funds for projects which aim to improve the commercial sex environment through enabling activities based on human rights. Improving conditions in the sex industry is sometimes regarded as an approval of prostitution. This problem is one of the greatest challenges facing sex work projects, especially in obtaining funding. However, without widespread, fundamental change in how sex workers are treated by governments and societies, educational strategies alone will fall far short of their objective of making sex work safe.

1.3 Commercial sex: complex issues

Commercial sex raises complex moral and social questions. Is it a form of slavery? Is it a product of poverty or male domination over women? If so, how does this apply to male sex workers? Or is prostitution a valid aspect of human sexuality? *Making Sex Work Safe* does not try to answer these questions but it considers their effect on policies and services. It includes views of individual sex workers and organisations which provide services to sex workers. It aims to illustrate how these questions affect health promotion and decisions about strategies for improving the health and welfare of sex workers, their families and clients. It also looks at human rights issues, including sex tourism, child prostitution, violent coercion of women and trafficking in women and young people for prostitution.

Commercial sex will continue

The goal of sex work-related STD/HIV prevention should be to reduce the health risks associated with sex work. Although some individuals and organisations believe that commercial sex is wrong and should be abolished, many sexual contacts in almost all societies are paid for, regardless of attempts to eliminate the sex industry. Punishing sex workers clearly fails to end the sex industry, and programmes which assist people to stop sex work do not appear to reduce its size. Academic researchers have offered many explanations for why people decide to sell sex. Perhaps the best one is simply that it is to meet demand. It is reasonable to assume that while demand exists it will always be met, regardless of economic and social conditions.

Experimental programmes to decrease demand for paid sex (with female sex workers) are taking place in Scandinavia and North America. They aim to convince men that paying for sex degrades women. Results are not yet known. However, even if the programmes do decrease demand, they are not likely to be transferable to other cultures in the foreseeable future.



Zafar/WHO

Conditions in the sex industry raise questions about exploitation.

We're doing prostitution
Although it's no solution
It's just a substitution
We make a contribution
We've found a resolution
We don't want persecution

We're doing prostitution
It's an age old institution
You know it's not pollution
We need some absolution
Perhaps a revolution
A brand new constitution
To end this persecution

Anonymous



Van Paassen/Dc Rodc Draad

Sex workers are an important source of information about safe sex.



Sex workers cannot do it alone

The success of projects depends on involving a range of people who influence commercial sexual activity, either directly or indirectly. They include:

- clients (or men who are likely to be clients)
- owners and managers of commercial sex establishments and meeting places
- people who help clients and sex workers contact each other
- police and judiciary
- health officials who establish policies that affect sex workers
- community leaders and the media
- neighbours, families and other personal contacts.

Principles for successful projects:

— Health and human rights: the theory

Health is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity. Health is a fundamental human right.

— Health and human rights: the practice

Organisations should deliver health services to improve the health of sex workers because sex workers have a right to health — not to prevent sex workers from infecting clients.

— Informed consent

Health tests should only take place if the nature of the test has been thoroughly explained and the person consents to it.

— Confidentiality

No information about people using services should be shared without their consent.

— Accountability

In any project there are several "stakeholders" such as donors, local health authorities and sex workers. Each project should be clearly accountable to the various stakeholders. In particular it is important to explore ways of becoming accountable to local sex workers.

— Challenging discrimination

Since vulnerability to HIV and STD is made worse by stigma and discrimination, projects working with marginalised communities must be prepared to challenge discrimination.

On sex workers' terms

It is essential that any intervention makes things better for sex workers. At least, it must not make matters worse, for example by resulting in greater law enforcement or punitive measures to enforce condom use. Often health is not the main concern of sex workers who are experiencing violence, poverty and/or legal and social persecution. The most successful health programmes are delivered within a framework that reflects sex workers' priorities and their perceptions of their needs.



Home Sykes/Network

In South East Asian cities the sex industry mostly takes place in formal settings such as brothels and escort agencies

1.4 Understanding sex work

The sex industry, formal and informal

Commercial sex occurs in some form all over the world. In some places there are obvious exchanges of sexual services for money in recognised settings such as brothels, bars and known street areas. These places form a market in which prices are similar.

Commercial sex also takes place informally. Sometimes there is confusion about the difference between casual sex work and other relationships. Often the exchange is not obvious and those involved do not openly define themselves as a sex worker or a client. Examples include a domestic relationship or a chance meeting of an older, wealthy man with a younger man who needs money. Payment in these situations may take the form of gifts. Levels of payment may be less predictable.

If one partner in the exchange knows that sex with the other would be unlikely without the income, the exchange is commercial. One sex worker commented:

"People know why they are having sex with people they're not attracted to who give them money or gifts. Just because they don't want to tell others about their activities, and they don't call themselves a prostitute, doesn't mean they don't know what they are doing and why."

In most countries commercial sex takes place in a mix of formal and informal settings. Each setting requires a different approach from health and welfare service providers. Some campaigns are aimed at people whose behaviour may be classified as prostitution, but who genuinely do not see their work as income generating. While parts of this book may be helpful to such projects, this is not what is meant by sex worker. Programmes reach people by addressing them as they see themselves and not as others see them.



NSWP

Sex workers display safe sex promotional materials at the 9th International Conference on AIDS.

Reply-To: <@ciudad.com.ar>
From: "LACCASO" <LACCASO@ciudad.com.ar>
To: <ncihids@ncihids.org>
Subject: Letter of Intent to apply for a Small Grant
Date: Tue, 1 Sep 1998 17:25:38 -0300
X-MSMail-Priority: Normal
X-Mailer: Microsoft Internet Mail 4.70.1161

LACCASO
Parana 135 Piso 3ro. Dpto. "13"
(1017) Buenos Aires
Argentina
Tel 54 1 372 2763
Fax 54 1 375 5977
E.mail: LACCASO@ciudad.com.ar
Attachment Converted: "f:\data\wp\share\ aids\leudora\attach\ncih2.doc"

Agenda will be
e-mailed as an
attachment Monday.

kim P.

LETTER OF INTENT TO APPLY FOR A SMALL GRANT

NCIH Global AIDS Program
Small Grant Fund
1701 K St. NW
Suite 600
Washington, DC 20006
USA

LACCASO formally requests NCIH a US\$ 10.000 small grant to support the cost of design, edition including translation and publishing of two numbers (one in 1998 and the other in 1999) of "**Redes**", the **LACCASO** journal. Each number of "**Redes**" will have 32 pages and 2000 copies of each one will be published in English and Spanish.

"**Redes**" will provide all NGOs working on AIDS, PLWAs, Development, women and other NGOs in the region key information about social and clinical issues related to the HIV/AIDS epidemic, which is unfortunately increasing in Latin America and the Caribbean, mainly in vulnerable population, as poor people, women, children, youth, sexual workers, among others.

Till 1997, due to the lack of funds, "**Redes**" have had a very basic design and edition, it was published only in Spanish, with 500 copies. LAC region includes the Caribbean which is composed by English and French speaking countries, so **LACCASO** needs to publish "Redes" in the two languages –Spanish and English with French Summaries- to improve communication specially with Caribbean countries as well as worldwide, and also to increase networking relations among Latin American and Caribbean groups and NGOs.

LACCASO considers this project fits to the criteria developed and approved by the NCIH Global AIDS Program and the USAID HIV/AIDS Division for small grants, because:

- ◆ "**Redes**" is distributed freely among NGOs, Groups of PLWAs and Networks working on AIDS, and also among government representatives as well as among International NGOs, multilateral agencies and donors. It is also distributed within the ICASO and other non governmental and governmental organizations and networks, as well as among academic institutions at regional, national and local levels. This wide distribution criteria facilitates the capacity building of organizations working in developing countries and also facilitates and improves the regional networking as well as the collaboration between regions: south-south, north-south and south-north.
- ◆ "**Redes**" will publish articles about different community experiences in prevention and care of PLWAs in the intention to exchange information about lessons learned regarding methodological, theoretical and political issues. Articles will be selected to

include best practices, success stories and new approaches from the region and worldwide.

- ◆ The **LACCASO** NFPs and other NGOs will provide the “**Redes**” Editorial Board and articles and information about HIV/AIDS related to activities in each country and the region. They could reproduce the articles to be distributed among their constituencies.
- ◆ The new design of the contents of “**Redes**” will increase the opportunity of the region HIV/AIDS organizations to have access to regional and national news in their mother language –Spanish or English-. It intends to cover the main needs expressed by PLWAs, NGOs and other organizations working in the Spanish/English speaking LAC.
- ◆ “**Redes**” will also stressed the links between HIV/AIDS and Human Rights to help HIV/AIDS organizations to incorporate this perspective and to promote the incorporation of HIV/AIDS issues in the Human Rights organizations’ agenda.
- ◆ Among the follow-up activities, **LACCASO** will evaluate the impact of “**Redes**” in some LAC countries through its National Focal Points, its also can participate in NCIH sponsored workshops or annual conference as a speaker or volunteer, and will submit an article to “AIDSLink” about the experience.

If NCIH needs further information, please contact us.

Yours sincerely.

MARIA INES RE
REGIONAL ASSISTANT

MABEL BIANCO
REGIONAL SECRETARIAT

* * * * *

Note: Additional information about LACCASO

LACCASO is the Latin American and the Caribbean Council of AIDS Service Organizations and the Regional Office of ICASO, International Council of AIDS Service Organizations, which is based in Toronto, Canada.

LACCASO has National Focal Points –NFPs- in 12 countries of the region: Argentina, Brazil, Colombia, Chile, Ecuador, Martinique, Mexico, Nicaragua, Peru, Dominican Republic, Trinidad & Tobago, and Venezuela, and it has also a Regional Management Committee –RMC-, integrated by FEIM as Regional Secretariat, the NFPs of Brazil, Trinidad & Tobago and Venezuela, and Colectivo Sol (Mexico), former Regional Secretariat.

LACCASO is working principally in: Human Rights, follow up and monitoring of the epidemic in the region, prevention and integral care on HIV/AIDS, including access to treatments.

LACCASO's target population is composed by: NGOs working on HIV/AIDS, PLWAs, HSH, sex workers, women, youth, children, urban poor people, among others.

LACCASO was organized since 1989, Colectivo Sol from Mexico was the NGO in which the Regional Secretariat was based till December 1997. Since December 1997, FEIM housed the Regional Secretariat. Mabel Bianco was designated as Regional Secretary and María Inés Re as Regional Assistant.

LACCASO is now in process of expansion in the region, new NFPs will be appointed and the analysis and response to the epidemic will be reinforced. All NFPs work on the framework of Human Rights activities and jointly with ICASO work to train and promote NGOs, PLWAs and others in the use of the International Guidelines on HIV/AIDS and Human Rights, produced and edited by ICASO.

LACCASO through the Regional Secretariat and the NFPs participates in scientific, training and advocacy activities at local, national, subregional, regional and international levels. Since 1996 it's co-sponsor of the Pan American AIDS Conferences.

Since its beginning **LACCASO** received cooperation from different organizations, we can mention: UNDP, PAHO, NCIH, AIDES and UNAIDS.

LACCASO works jointly with other networks as the Pan American Association of Persons Living with HIV/AIDS, the Global Network of Positive Persons –GNP+- and the Group of AIDS of ILGA. With those networks actively participated in the Paris Summit. Later on, the follow up, regional meetings were held in 1995, 1996 and 1997 with AIDES/France cooperation and organized by the Colombian League of HIV/AIDS, NFP of **LACCASO** in Colombia.

Since 1994 **LACCASO**, with the cooperation of UNDP and PAHO, organized 6 national workshops on HIV/AIDS and Human Rights. Through the Regional Secretariat and ACCSI –the NFP of Venezuela- **LACCASO** participated in national, regional and international meetings on Human Rights, and its have 3 experts advisors, 2 from Brazil and 1 from Argentina.

Since 1998 **LACCASO's** publications are:

- ♦ **“Fact Sheet”**. Bimonthly published. Sent by e.mail and mail to more than 800 NGOs. Language: Spanish and English.
- ♦ **“Redes”**. Newsletter published twice a year in Spanish and English. It is distributed free among NGOs and persons living with HIV/AIDS. Initially a newsletter, nowadays

“Redes” will become a journal with articles about the epidemic, because the Fact Sheet is the tool LACCASO has now to communicate news and activities at national, regional and international levels.

* * * * *

Ron MacInnis
National Council for International Health
1701 K Street, NW, Suite 600
Washington DC 20006
USA

RECEIVED AUG 24 1998

17th August, 1998

Dear Ron MacInnis,

Naz Foundation is a small international development agency, specialising in reproductive and sexual health for males who have sex with males in South Asia.

We provide technical assistance, training, consultancy, and wherever possible, fundsourcing, to enable local male to male sex networks to develop their local sexual health services. Since 1996 we have helped develop 6 such agencies.

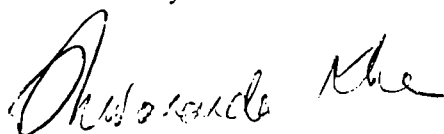
As part of our development strategy we would like to host a South Asian regional consultation meeting for males who have sex with males in regard to developing networking, capacity building, sharing of resources, and exploring models of intervention.

I have applied to Family Health International in Bangkok for 50% of the funding costs, and would also like to apply to NCIH for the remaining 50%. We would like to host the meeting in January/February 1999 in Dhaka, Bangladesh.

I enclose information about Naz Foundation and our work, as well as the consultation meeting proposal and its budget.

I look forward to hearing from you,

Yours sincerely



Shivananda Khan
Executive Director

Naz Foundation

MSM and Sexual Health South Asia Regional Consultation Meeting

THE ISSUE

AIDS is now an issue of serious concern in the South Asia region as well as in South-East Asia. India alone has an estimated 4-5 million people living with HIV.

The AIDS epidemic in the region has been defined as "heterosexual". However, socio-cultural constructions of male sexual behaviours in South Asia do not fit into heterosexual or homosexual identity frameworks. Research conducted by Naz Foundation and others indicate that levels of male to male sex, whether based on desire or on semen discharge are much higher than assumed. Patterns of STD and HIV transmission must therefore take into account such behaviours.

Unfortunately, very little work has been done in this area. As far as can be determined, Naz Foundation is the only technical support agency providing assistance, training and consultancy in the South Asia region specifically in this area.

A significant issue that has arisen is the differences between gay identified males and males with either localised sexual identities, or non identified. Many of these males are married for a range of reasons, including those of socio-cultural-religious frameworks.

The debate regarding the development of appropriate strategies for STD/HIV prevention programmes amongst males who have sex with males in the South Asia region is a recent one. Little technical expertise has developed, and those who are trying to develop such responses approach it from a gay identified framework.

Naz Foundation believes that such an approach is limited and excludes the vast majority of male to male sexual behaviours. A more eclectic approach must be developed. At the same time NGOs, governments and donors must be persuaded that the issue of male to male sexual behaviours in the context of developing effective sexual health promotion programmes, and to control the HIV/AIDS epidemic, must be taken into account, and appropriate services developed.

SCOPE AND PURPOSE

To bring together males who have sex with males from the South Asian region, either as representatives from AIDS Service Agencies, sexual networks, "gay" groups or as individuals, in a consultative process to discuss ways forward in improving access to HIV/AIDS and sexual health services appropriate to their needs, to develop collaborative work, to act as a skills building programme, and to ensure that culture specific issues around sexualities, sexual health, and STDs/HIV/AIDS are appropriately developed and addressed.

OBJECTIVES

1. to discuss and develop appropriate strategies to address the sexual health needs of males who have sex with males and their sexual partners in the region.
2. to encourage the development of information sharing mechanisms and develop models of good practices in providing local culturally appropriate sexual health promotion strategies amongst males who have sex with males and their sexual partners of whatever gender.
3. to develop strategies for ensuring appropriate research is conducted regarding risk and needs assessments amongst males who have sex with males to inform sexual health promotion service development, other NGOs, governments and donors.
4. to develop mechanisms to advocate for the funding and support of locally based sexual health services targeting males who have sex with males.
5. to explore human rights concerns regarding males who have sex with males and develop appropriate mechanism to address these concerns
6. to look at training needs specifically addressing issues concerning sexual health needs for males who have sex with males and the development of appropriate sexual health services.
7. to establish a regional network of sexual health projects working with males who have sex with males.

PARTICIPANTS

Participants will be drawn from the range of existing sexual health projects working with males who have sex with males in South Asia, as well as those from a number of male sexual networks who have expressed interest in developing appropriate services in their locality. They will also include representatives from a number of "gay" groups in the region, as well as individuals.

Following discussions at the 4th International Congress on AIDS in Asia and the Pacific held in Manila in October 1997, representatives from agencies working in a number of South-East countries would also be invited.

Countries

Bangladesh
India
Nepal
Pakistan
Sri Lanka

Thailand
Indonesia
Japan
Philippines
Singapore
Vietnam

possible
Burma
Cambodia

METHODOLOGY

The methodology used for this consultation will be that used successfully at the range of consultation meetings developed by Naz Foundation including:

1. Challenge and Response - first European conference on HIV/AIDS for the Muslim and South Asian communities, London, 1992
2. Emerging Gay Identities in South Asia - implications for HIV/AIDS and sexual health, Bombay, 1994
3. Developing appropriate strategies - consultation meeting of representatives from non-governmental organisations working on HIV/AIDS prevention and care issues within Muslim countries, Karachi, 1995
4. Sexualities, Sexual Behaviours and Sexual Health - consultation meeting of representatives from governmental organisations working on HIV/AIDS prevention issues from the Central Asian republics, March 1997.

The process used at these meetings was that of:

- a. Working Groups will all work on the same specific themes
- b. Focus groups on specific issues

Working Groups

Participants are divided into several working groups which stay together over the course of the meeting and discuss issues as identified in the Programme below.

Each Working Group will have a facilitator and reporter selected from the invited delegates. A training programme will be provided for these individuals prior to the Meeting.

Programme

Each day of the Consultation meeting will cover a specific area of concern, with a plenary session in the morning and a series of Working Groups and Focus Groups in the morning and afternoon. All delegates will be expected to participate within a Working Group, whereas delegates can select from a range of Focus Groups that will be available.

Day One: Registration

Day Two: Setting The Context

Issues analysis

Working groups will explore:

socio-cultural frameworks, gender constructions, sexual behaviours, sexualities, nature of identities, homosexualities, male sexual behaviours, denial and invisibility, internal dynamics of South Asian cultures, and religion. This is a process of identification of issues.

Day Three: Developing The Agenda

Needs analysis

Working groups will explore:

community-building, safe, social spaces, social support, welfare services, STD treatment, development of appropriate HIV/AIDS services developing identities, empowerment, sexual networks, modelling prevention within sexual networks, methodologies, males who have sex with males living with HIV/AIDS.

Day Four: The Way Forward

Strategies and Recommendations

Working groups will explore

developing communities need; ownership of agendas; sexual health products and services; human rights; appropriate strategies for education and awareness; HIV prevention; emotional and practical support programmes within our own communities for people living with HIV/AIDS; ways of stimulating government and non-government agencies to develop appropriate and accessible programmes; recommendations and action plans.

Day Five: Closing Session and Final Plenary

FOCUS GROUPS

1. religion (Islam, Hinduism, Buddhism) and sexualities
2. MSM and living with HIV/AIDS
3. Marriage and family
4. STD services
5. testing, counselling and support
6. gender identities and local sexualities
7. risk and needs assessments, research models
8. MSM, government policies, and human rights
9. Empowerment strategies
10. Networking
11. MSM and women's reproductive health
12. Strategies for intervention amongst MSM
13. Forming coalitions
14. Historical research
15. MSM, alcohol and drug use
16. Safer sex and condom promotion
17. Developing project proposals
18. Males who sell sex
19. Sexual identities
20. Community development

Facilitators will be drawn from the delegates with the appropriate experience.

Delegates will pre-select their workshops.

Meeting Time Table

Day One:

Welcome Dinner
Welcome Address:

Registration

speakers will be selected closer to the date

Day Two:

9.45am - 10.25am
10.25am - 11.20am
11.20 am - 11.45am
11.45am - 1.15pm
1.15pm - 2.30pm
2.30pm - 4.30pm
4.30pm - 5.00pm
5.00pm - 6.30pm
6.30pm - 7.00pm
7.00pm - 8.00pm
8.30pm

Setting The Context

Opening Session and Welcome
Plenary Session: Theme of the day
break
Working Groups
LUNCH
Working Groups
break
Workshops: Session One
BREAK
Workshops: Session Two
DINNER

Day Three:

9.30am - 10.45am

Developing The Agenda

Plenary Session
Report back from Day One
Questions
Speaker: Theme of the day
break
Working Groups
LUNCH
Working Groups
break
Workshops: Session Three
3.1 Growing up gay
BREAK
Workshops: Session Four
DINNER

10.45am - 11.00am
11.00am - 1.00pm
1.00pm - 2.30pm
2.30pm - 4.30pm
4.30pm - 5.00pm
5.00pm - 6.30pm

6.30pm - 7.00pm
7.00pm - 8.00pm
8.30pm

Day Four:

9.30am - 10.45am

The Way Forward

Plenary Session
Report back from Day Two
Questions
Speakers: Theme of the day
break
Working Groups
LUNCH
Working Groups
break
Plenary
Feedback to Plenary
CELEBRATION DINNER

10.45am - 11.00am
11.00am - 1.00pm
1.00pm - 2.30pm
2.30pm - 4.30pm
4.30pm - 5.00pm
5.00pm - 6.30pm

8.30pm-

Day Five:

10.30am - 12.30pm

Closing

Final Plenary
Feedback from Delegates
Meeting Statement
5th International Congress on AIDS in Asia and Pacific, Kuala Lumpur, Malaysia, 1998
CLOSING CEREMONY

OUTCOMES

1. Regional Network of MSM sexual health projects in Asia established and programme of activities developed
2. Models of good practice for developing appropriate sexual health promotion services for males who have sex with males developed
3. Increased capacity of participants towards developing appropriate sexual health promotion services
4. Training and capacity building needs clearly identified
5. Appropriate strategies for sexual health promotion amongst males who have sex with males identified and elaborated
6. Research models working with MSM developed
7. A report published of the proceedings with recommendations for action
8. Advocacy programme developed

Outcomes will be identified through evaluation of the meeting by participants as well as by the Meeting Report

BUDGET	\$ US
Pre-conference administration	
Administrator (4 months pre-conference development @ \$400/month)	1600.00
Administration costs/conference development (@\$200/month for fax/telephone/pre-conference documentation)	800.00
Conference steering committee (out-of pocket expenses 4 meetings)	300.00
sub-total	3900.00
Conference	
conference venue (4 days @ \$500 per day include plenary hall and 8 workshop rooms/lunch/refreshments)	2000.00
participants accommodation (60 people x \$50/day x 4 days inclusive of meals)	12000.00
Conference administration admin/fax/telephone etc.	400.00
secretarial assistance (6 days @ \$20/day)	120.00
conference staff (6 staff x 6 days x \$15/day)	540.00
facilitator fees (8 people x 4 days x \$30/day)	960.00
conference social events (\$6 per person x 80)	480.00
equipment hire (4 days @ \$60/day - TV/Video etc)	240.00
travel bursaries (50 people x \$300 return air flights to Dhaka)	15000.00
Conference programme resources/documentation (\$10/person x 80)	800.00
Conference report (includes write-up/printing/distribution)	1000.00
sub-total	33540.00
Naz Foundation Consultant (UK)	
travel costs (2 visits: 1st 10 days 2nd 10 days)	2000.00
fees (20 days x \$200/day)	4000.00
per diem (20 days x @ \$75/day)	1550.00
sub-total	7550.00

Additional Costs For Asian representatives:

Indonesia

Japan

Malaysia

Philippines

Singapore

Thailand

Vietnam

accommodation

1400.00

(7 x \$50 x 4 days)

travel

7000.00

(7 x \$1000 air fare)

sub-total

8400.00

TOTAL

US \$ 53390.00

Naz Foundation

Experience

a brief summary (as of June, 1998)

Conferences and seminars organised

- * HIV/AIDS and the South Asian communities - a one day seminar, UK, 1991
- * The First European Conference on HIV/AIDS and the South Asian and Muslim Communities a 3 day Conference (funded by the European Union. WHO and UK Department of Health), UK, 1992
- * Drug Use and HIV Prevention in South Asian communities - a one day seminar, UK, 1993, funded by the Hammersmith Borough, UK
- * Histories of Alternate Sexualities in South Asia - a 3 day conference in New Delhi, India, 1993, funded by Ford Foundation
- * Satellite Meeting for ethnic minorities and migrant communities on service delivery at the Berlin AIDS Congress in 1993
- * Male Sexual Health for Men Who Have Sex With Men, Bombay, India, December 1994 (in conjunction with The Humsafar Trust), funded by Mercury Phoenix Trust
- * Shared Rights - Shared Responsibilities: European Consultation Meeting on collaboration between Government Sectors, Nongovernmental organisations and ethnic minority organisations in AIDS prevention, support and care, London, UK, October 1995, funded by UK Department of Health
- * Developing Appropriate Strategies (in partnership with Pakistan AIDS Prevention Society), Consultation Meeting of NGO representatives working with HIV/AIDS prevention and care issues within Muslim settings, Karachi, Pakistan, October 1995, funded by WHO
- * Sexualities, Sexual Behaviours and Sexual Health, a consultation meeting for representatives of National AIDS Programmes from the Central Asian Republics, March, 1997, funded by Mercury Phoenix Trust and UK Department of International Development

Naz Publications

1. **HIV/AIDS and the South Asian Communities in the UK**
Report on a one day seminar, 1990
2. **The KHUSH Report:**
Report on the needs of South Asian lesbians and gay men in the UK based on research conducted by The Naz Project, 1991
3. **Challenge and Response:**
a report on the The First European Conference on HIV/AIDS for the Muslim and South Asian Communities, held by The Naz Project 1992
4. **Sexuality and Sexual Behaviour in India:**
A Naz Report, 1993
5. **Ethnic Minorities and Migrant Communities:**
Report on the Satellite Meeting of the 1Xth International Congress on AIDS, Berlin, Germany, 1993
6. **Drug Use and HIV Prevention,**
within the South Asian, Turkish, Arab and Irani Communities in the UK:
Report based upon a seminar held by The Naz Project, 1993
7. **History of Alternate Sexualities in South Asia:**
Report on a 3 day seminar, New Delhi, India, hosted by The Naz Project and SAKHI, 1994
8. **Contexts - Race, Culture and Sexuality**
Report and needs assessemnt on South Asian commnities, based on analysis and research by The Naz Project, 1994
9. **Emerging Gay Identities in India - Implications for Sexual Health:**
Report on a conference held in Bombay, hosted by The Naz Project and The Humsafar Trust, 1995
10. **Developing Appropriate Strategies**
Report of a Consultation Meeting of representatives from non-governmental organisations working on HIV/AIDS prevention and care issues within Muslim countries/communities, held in Karachi, Pakistan, hosted by The Naz Project and Pakistan AIDS Prevention Society, October 1995.

11. **Shared Rights, Shared Responsibilities**
European Consultation Meeting on collaboration between Government sectors, non-governmental organisations and ethnic minority organisations in AIDS prevention and care, organised by The Naz Project, October 1995.
12. **Making Visible The Invisible**
sexuality and sexual health in South Asia - a focus on male to male sexual behaviours, July, 1996
13. **Sexualities, Sexual Behaviours and Sexual Health**
consultation meeting of representatives from governmental organisations working on HIV/AIDS prevention issues from the Central Asian Republics, March, 1997
14. **Perspectives on males who have sex with males in India and Bangladesh**
September, 1997
15. **Sex, Secrecy and Shamefulness - developing a sexual health response to the needs of males who have sex with males in Dhaka, Bangladesh, 1998**
16. **Risk and needs assessment amongst males who have sex with males in Lucknow and New Delhi - a report, 1998**
17. **Jagruti - developing a street performance group in New Delhi promoting HIV/AIDS awareness and safer sex - a training pack including a video and manual, March 1998**
18. **Sex, Secrecy and Shamefulness, Volume II - male to male sexual behaviours and sexual health in Calcutta, Lucknow and New Delhi, India, 1998**

Other reports

1. **Under The Blanket**
Sexual behaviours and sexual health in South Asia
a focus on males who have sex with males, published in Bisexualities and AIDS, Taylor & Francis, 1997
2. **Perspectives on males who have sex with males in India and Bangladesh, 1996, Naz document**
3. **Through a window darkly: males selling sex to other males in India and Bangladesh, published in Men Selling Sex, Taylor & Francis, 1998**
4. **Sexual Health Promotion Workshops in India for males who have sex with males - a report, 1996, a Naz document**
5. **Racism and Stigma, a joint paper with Oonagh O'Brien looking at the needs of HIV/AIDS services for ethnic minorities, edited by Mary Hour Knipe and part of the Social Aspects of AIDS series, published by Taylor & Francis, 1996**

Organisations developed by Naz Foundation

1. **Naz Project London:**
providing sexual health promotion services for South and West Asian communities in London, UK, including addressing males who have sex with males. Funding achieved through local health authorities, Levi Strauss and UK National Lotteries Charities Board.
2. **Naz Foundation India Trust:**
providing sexual health promotion services in New Delhi, India, including addressing the needs of males who have sex with males. Funding achieved through MacArthur Foundation, Ford Foundation and UK National Lotteries Charities Board.
3. **Bharosa Project:**
a male sexual health project addressing the needs of males who have sex with males in Lucknow, India. Seed funding achieved through UK Department for International Development.
4. **Prajaak**
a male sexual health project addressing the needs of males who have sex with males in Calcutta, India. Funding achieved through the West Bengal Sexual Health Project.
5. **Sahodaran**
a male sexual health project addressing the needs of males who have sex with males in Tamil Nadu, India. Under development. Funding being sought through MacArthur Foundation and Department for International Development, UK.
6. **Bandhu Social Welfare Society**
a male sexual health project addressing the needs of males who have sex with males in Dhaka, Bangladesh. Funding achieved through the Norwegian Development Agency.

7. **SHRAMA**
a male sexual health project working with males who have sex with males in Cochin, India. Funding being secured through MacArthur Foundation
8. **Jagruti**
a street theatre performance group providing sexual health education for males who have sex with males in New Delhi, India. Funding achieved through UK Department for International Development.

Publications being developed:

1. Training manual for peer intervention projects promoting sexual health for males who have sex with males in South Asia
2. Training manual for government and nongovernment agencies on male sexualities and behaviours and their impact upon sexual and reproductive health in South Asia
3. Training manual for project development for peer intervention projects promoting sexual health for males who have sex with males