

## PROPOSAL FORM – ROUND 9 (MULTI-COUNTRY APPLICANTS)

<b>Applicant Name</b>	Naz Foundation International (NFI)	
<b>Countries*</b>	<b>Income Level</b>	
Afghanistan	Low	
Bangladesh	Low	
Bhutan	Low	
India	Low	
Nepal	Low	
Pakistan	Low	
Sri Lanka	Lower-middle	
<b>Applicant Type</b>	<input type="radio"/> Regional Coordinating Mechanism (RCM)	<input checked="" type="checkbox"/> Regional Organization (RO)

\* We will list the countries in alphabetical order throughout this proposal.

Round 9 Proposal Element(s):			
Disease	Title	Does this disease include cross-cutting Health Systems Strengthening interventions in part 4B? <i>(include in <u>one</u> disease only)</i>	Is this a 're-submit' of the same disease proposal not recommended in Round 8?
HIV	Reducing the impact of HIV on men who have sex with men <sup>1</sup> and transgender populations <sup>2</sup> in South Asia <sup>3</sup>	No	No

<sup>1</sup> This terms encompasses men and boys, and those who have an identity which recognises same-sex behaviour or not

<sup>2</sup> This term describes those whose original given identity was male, but now exhibit a range of what are traditionally thought of as female characteristics, and may identify with this, and who have sex with males, or sometimes other male to female transgendered people.

<sup>3</sup> We use the term South Asia here to represent the seven countries included in this proposal; Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka.

<p><b>If this is a Round 8 proposal being re-submitted, have the TRP Review Form comments been clearly addressed in s.4.5.2?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>Are there major new objectives compared to the Round 8 proposal that is being re-submitted?</b> If yes, please provide a summary of the changes in the box below <u>by each disease re-submission and section number.</u></p>	<input type="radio"/> Yes	<input type="radio"/> No

This proposal is based on a round 7 proposal that received a category three rating from the TRP, and how the TRP comments have been addressed in this proposal are detailed in 4.5.2

<p>Currency</p>	<input checked="" type="checkbox"/> USD	<p>or</p>	<input type="checkbox"/> EURO
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**Deadline for submission of proposals:**

**12 noon, Local Geneva Time,  
Monday 1 June 2009**

## FUNDING SUMMARY AND CONTACT DETAILS

### 1.1. Funding summary

Disease	Total funds requested over proposal term					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV	8,553,295	10,107,480	9,403,554	9,317,111	9,620,817	47,002,257
<b>Total Round 9 Funding Request:</b>						47,002,257

### 1.2. Contact details

	Primary contact	Secondary contact
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### 1.3. List of Abbreviations and Acronyms used by the Applicant

Acronym/ Abbreviation	Meaning
AIDS	Acquired immune deficiency syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
ART	Antiretroviral therapy
BCC	Behaviour change communication
BDS	Blue Diamond Society, Nepal
BSWS	Bandhu Social Welfare Society, Bangladesh
CBO(s)	Community-based organization(s)
CCM(s)	Country Coordinating Mechanism(s)
CIDA	Canadian International Development Agency
COJ	Companions on a Journey, Sri Lanka
DFID	Department for International Development (UK)
FHI	Family Health International
GF	Global Fund (for AIDS, TG, and Malaria)
HIV	Human Immune Deficiency Virus
HSS	Health system strengthening
IDU	Injecting drug user
INFI	India Naz Foundation International
INGO	International nongovernment organization
MARPs	Most at risk populations
MCH	Maternal and child health
MSM	Men who have sex with men
MSW	Male sex workers
M&E	Monitoring and evaluation
NACO	National AIDS Control Organisation (India)
NACP(s)	National AIDS Control Programme(s)
NFI	Naz Foundation International
NGO	Nongovernmental organization
PHCC	Primary healthcare centres
PCM	Partnership Coordinating Mechanism
PLHIV	People living with HIV
PMC	Programme Management Committee
PMTCT	Prevention of mother to child treatment
PSI	Population Services International
PR	Principal recipient
RST	Regional support team

SAARC	South Asia Association for Regional Cooperation
SEARO	South-East Asia Regional Office
SAMAN	The South Asia MSM and AIDS Network
SIDA	Swedish International Development Cooperation Agency
SRH	Sexual and reproductive health
SR(s)	Sub-recipient(s)
SSR(s)	Sub-sub-recipient(s) – subcontracted organisations
TG(s)	Transgender population(s)
UNDP RCC	United Nations Development Programme, Regional Centre Colombo
UCC(s)	UNAIDS Country Coordinator(s)
USAID	United States Agency for International Development
WHO	World Health Organization

## 2. APPLICANT SUMMARY (including eligibility)

### 2.3. Regional Organizations

#### 2.3.1. Sector of Work

(a) Identify from the list below: <i>(check one box only)</i>	
<input type="checkbox"/>	Academic/educational sector
<input type="checkbox"/>	Government
<input checked="" type="checkbox"/>	Non-government Organization (NGO)/community-based organizations
<input type="checkbox"/>	People living with the diseases
<input type="checkbox"/>	People representing key affected populations
<input type="checkbox"/>	Private sector
<input type="checkbox"/>	Faith-based organizations
<input type="checkbox"/>	Multilateral and bilateral development partners in country
<input type="checkbox"/>	Other:
(b) <b>Attach</b> documents that describe the organization's status, such as statutes, by-laws (official registration papers) and a summary of the main sources and amounts of funding.	Annex 1

#### 2.3.2. Principal Recipients details

The Global Fund recommends that applicants select both government and non-government sector Principal Recipients to manage program implementation.

Name	Disease	Sector
Population Services International (PSI)	HIV	Non-government Organization (NGO)/community-based organizations

### 2.3.3. Non-implementation of dual track financing

Provide an explanation below if at least one government sector and one non-government sector Principal Recipient have not been nominated for program implementation for each disease included in this proposal.

Due to the geographic coverage of this South Asia regional proposal, it is neither possible nor appropriate for any national government to be nominated as a principal recipient. Any national government PR would face legal and financial barriers on the transfer of funds across borders, as well as potential complications created by inter-governmental politics in the region. The proposed principal recipient is an international nongovernmental organization, and is currently an approved Global Fund principal recipient. It has the organizational capacity and legal status to effectively manage a multi-country HIV programme, including the transfer of funds across the region.

### 2.3.4. Partnerships with regional stakeholders

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

Although PSI is the nominated PR for this activity, the Naz Foundation International (NFI), with coordination from its regional office in Lucknow, India, will serve as the lead technical and implementation partner under a sub-recipient agreement with PSI.

Since 1996, the Naz Foundation International (NFI) has implemented a variety of HIV-related projects focusing on the issue of men who have sex with men (MSM) and transgender (TG) populations in South Asia countries. It is the only community based organization with a regional mandate working to address these issues. Its regional approach has not only been cost effective and appropriate, but has also demonstrated cross-country learning, provided added value to country-level research, advocacy and capacity development, and improved the ability for communities and community organizations to address regional issues in a strategic way.

The majority of the countries in the South Asia region share a common history, and have similar legal and religious codes and socio-cultural values. These produce an environment of social stigma and institutional discrimination against MSM and TG. Addressing such stigma and discrimination within certain countries at national level can be both extremely difficult and potentially dangerous. Therefore, a regional approach on policy and advocacy initiatives enables these issues to be more openly and effectively addressed.

NFI, as a South Asia regional organization, has provided direct technical support to enable the development of MSM and TG community organizations to provide HIV prevention, care and support services to these most at risk populations in six countries in South Asia. MSM and TG populations across South Asia share many common characteristics around gender and sexual identities, behavioural characteristics, as well as in some cases, languages and terminologies. Effective interventions in one country can often be applied in another with limited adaptation. Shared languages across countries in South Asia allow behaviour change communication resources on HIV, male sexual health, welfare, and human rights to be regionally developed and locally adapted. In addition, training materials and other organizational and community capacity development resources can be developed, reproduced and widely utilized in the same way.

Throughout South Asia, NFI has been instrumental in the development of four national community based organizations providing HIV services to MSM and TG. These include the Bandhu Social Welfare in Bangladesh (BSWS), the India Naz Foundation International in India (INFI) the Blue Diamond Society (BDS) in Nepal and Companions on a Journey (COJ) in Sri Lanka. These four community based organizations (CBOs) now constitute leading organizations addressing HIV among MSM and TG in their respective countries, and they are currently supporting (with assistance from NFI) 80 local MSM and TG HIV service providers and networks. In addition, NFI has also provided technical support to non-governmental organizations (NGOs) engaged in delivering HIV services for MSM and TG in Pakistan and Myanmar. Working through these partnerships and networks, NFI has conducted a number of regional and in-country training programmes in South Asia, strengthening the capacity of national and local-level MSM and TG CBOs to better address MSM, TG, and HIV-related issues.

These MSM and TG HIV-related CBOs, and other groups working on MSM, TG, and HIV-related issues

in partnership with NFI, form the South Asian MSM and AIDS Network (SAMAN). Members of this network have worked together on a number of issues, including the development of this proposal. More details about SAMAN members can be found in section 3.3 of this proposal.

To provide continued technical support to these national organizations and local projects, NFI has established a South Asia regional resource and training centre based at its regional office in Lucknow, India. The multimedia resource centre hosts over 5,000 publications and 10,000 e-resources, as well as maintaining a website. NFI also publishes *Pukaar*, a quarterly international newsletter, which provides policy and advocacy materials and technical support on MSM, TG, and HIV-related issues to over 3,000 global print and e-subscribers.

NFI has hosted four major regional consultative meetings over the last ten years, bringing together MSM and TG CBOs from across South Asia, along with donors, international non-governmental organizations, governments, UN agencies and other stakeholders, to improve the policy and programming environment on MSM, TG, and HIV related issues. In September 2006, NFI co-hosted the "Risk and Responsibilities" consultation in New Delhi, India, where the Asia Pacific Coalition on Male Sexual Health (APCOM) was initiated. APCOM is a regional advocacy body addressing MSM and TG health issues, and is made up of community-based organizations, government sector representatives, donors and UN agencies.

In support of national AIDS responses in South Asia, NFI and its partners have worked with national AIDS programmes and donors to integrate MSM and TG into their national strategic plans under the context of most at risk populations. In Afghanistan, India and Pakistan, NFI and its national partners successfully advocated for specific budget lines for MSM and TG program funding. Furthermore, NFI's national partners in Bangladesh, India, Nepal and Sri Lanka, have successfully advocated for the inclusion of MSM and TG in their national GF proposals, and they remain actively engaged with their CCMs.

PSI and NFI, working as implementing partners, will ensure that this proposal provides added value to national AIDS programmes, while strengthening the capacity of national and district/state level MSM and TG community-based responses to HIV, by supporting their organizational management, programme activities, and networking through the provision of technical support.

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

With management support and coordination from PSI in its role as PR, NFI will work closely in the implementation of this proposal with the UNDP Regional Centre Colombo (UNDP RCC) which is also a proposed sub-recipient in this proposal. PSI will form a Programme Management Committee (PMC) to include NFI and UNDP RCC for the proposed work. The UNDP RCC will utilise their existing partnerships with the South Asia Association for Regional Cooperation (SAARC), as well as other regional legislative and human rights bodies, to increase MSM and TG-related regional advocacy and leadership efforts, and will strengthen coordination of strategic knowledge development, to support national responses.

NFI has a close working relationship with national-level MSM and TG community based partners in the various countries in South Asia, and would use those working partnerships to maintain coordination during the implementation of this programme. NFI and its partners also have a close working relationship with UNAIDS and its co-sponsors, regionally with the Asia Pacific Coalition on Male Sexual Health (APCOM), and locally through country level projects. Currently, three SAMAN members who helped develop this proposal represent the South Asian region as board members of APCOM. NFI will be regularly reporting to the PR on this work, to be included in its report to the GF.

At the country-level, the UNDP RCC will build on its regional efforts to work closely with UNDP RCC country offices, UNAIDS and national UN Joint Team on AIDS to effectively engage national governments, CCMs (for the sake of brevity, where necessary the term CCM or CCMs shall also to be used to include the Bhutan PCM), and local advocacy bodies on these issues. Under the UNAIDS division of labour, the UNDP is the lead agency for addressing governance of AIDS responses, human development, and human rights and gender, including men who have sex with men and sexual diversity.

PSI will convene meetings twice a year among the SRs (NFI and UNDP RCC), their subcontractors and other relevant stakeholders as appropriate, to ensure proper coordination and progress on program activities. These meetings will be organised on a rotational basis amongst the countries included in this proposal, and will both review the work of the SRs and ensure that relevant inputs from the regional and country-level organizations and projects mentioned above are being addressed.

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

The development of this proposal has been an MSM and TG community-driven process. Members of SAMAN initiated the proposal development process and have met four times to review its progress. These meetings took place in Delhi, India, 8<sup>th</sup> to 9<sup>th</sup> February 2008, Kathmandu, Nepal, 4<sup>th</sup> to 5<sup>th</sup> March 2008, Dhaka, Bangladesh, 29<sup>th</sup> to 30<sup>th</sup> March 2008, Lucknow, India, 12<sup>th</sup> to 14<sup>th</sup> April 2008. Following this it was decided to take advantage of the GFATM call for Round 9 proposals which was to be in October 2008 enabling a broadening of engagement with various stakeholders including UNDP, and so a meeting was also held in New Delhi, India, 11<sup>th</sup> to 12<sup>th</sup> March 2009. These meetings are detailed in Annex 4. In addition, there have been a number of visits to various country-level stakeholders to this proposal, and details of these visits are detailed in Annex 5. There have also been regular communications regarding the management and budget sections of the proposal. In line with their respective mandates, these MSM and TG community organizations have all been actively and substantively involved in the planning, designing and writing of the proposal.

### 2.3.5. CCM endorsement of Regional Organization's proposal

The proposal has been endorsed by all seven of the country CCMs, or in the case of Bhutan, the Partnership Coordinating Mechanism (PCM), on the following dates at their relevant meetings (in chronological order of endorsement):

- Afghanistan on the 10th May 2009
- Bangladesh on the 11th May 2009
- Sri Lanka on the 18th May 2009
- Pakistan on the 20th May 2009
- Nepal on the 20th May 2009
- India on the 25th May 2009
- Bhutan on the 26th May 2009

(a) <b>Attach a signed letter</b> from the CCM Chair and Vice-Chair <b>for each country included in the Regional Organization's proposal</b> , confirming their endorsement of this proposal.	Annex 2
(b) <b>Attach the signed and dated minutes</b> of the CCM meetings, <b>for each country included in the Regional Organization's proposal</b> , at which the CCMs agreed to endorse the proposal.	Annex 3

### 2.3.6. Regional Organization knowledge and experience in cross-cutting issues

#### Health Systems Strengthening

The Global Fund recognizes that weaknesses in the health system can constrain efforts to respond to the three diseases. We therefore encourage members to involve people (from both the government and non-government) who have a focus on the health system in the work of the applicant.

(a) Describe the capacity and experience of the Regional Organization to consider how health system issues impact programs and outcomes for the three diseases.

NFI has worked for 12 years in South Asia, assessing, and advocating the need for appropriate and rights-based HIV and health services for MSM and TG. NFI and its partner organizations have increased their capacity to support advocacy efforts at national, state and district levels, and have helped formulate country and local level policies to ensure that healthcare policies and services appropriately address the sexual health needs of MSM and TG. It has also assessed the capacity of national and local organizations to deliver HIV related services for MSM and TG, and proactively works with these organizations to increase their capacity to deliver MSM and TG appropriate health services by providing

technical support.

This capacity to engage and strengthen the health sector response includes the development and utilisation of strategic information. NFI has found that sexually transmitted infection (STI) guidelines and syndromic management protocols used in South Asia often do not take account of anal STIs or other STIs commonly seen in MSM and TG, and it has advocated for the development of suitable guidelines and protocols. Other examples of health system strengthening include an analysis of the best ways to deliver HIV prevention services to MSM and TG within South Asia, and the advocacy of a policy to provide these services where possible by MSM and TG community based service providers. This policy has been taken on board by the government of India in its latest national AIDS plan. NFI has also advocated for the training of healthcare workers to include issues facing MSM and TG in a variety of South Asian countries, so that mainstream health-care services will be less discriminatory against, and better address the needs of MSM and TG populations.

### **Gender awareness**

The Global Fund recognizes that inequality between males and females, and the situation of sexual minorities are important drivers of epidemics, and that experience in programming requires knowledge and skills in: methodologies to assess gender differentials in disease burdens and their consequences (including differences between men and women, boys and girls), and in access to and the utilization of prevention, treatment, care and support programs; and the factors that make women and girls and sexual minorities vulnerable.

(b) Describe the capacity and experience of the Regional Organization in gender issues.

The countries targeted in this proposal share similarities in frameworks of male sexualities and transgender identities and behaviours, leading to similar patterns of HIV transmission. NFI's research and other studies confirm that a significant amount of male-to-male sexual behaviour in South Asia is based around gender roles and individual identities, based on sexual practices. This divergence from socio-cultural norms, often leads to significant levels of stigma and discrimination faced by MSM and TG in South Asia. Many MSM and TG throughout the region do not have the knowledge, skills, commodities, desire, or ability (often due to sexual violence) required to prevent HIV infection. In addition, they often do not have access to HIV testing services, or the desire to get tested for HIV, and if infected, often cannot access appropriate HIV treatment, care, and support services.

To address these gender specific vulnerabilities, NFI supports organizations and communities to develop and implement programmes to reduce HIV risk and vulnerability among these populations. By necessity, these programmes take into account gender identities, behaviours, stigma and discrimination. NFI supports its partner organizations to work with these populations to develop specific programmes employing MSM and TG staff, and engages with TG community "gatekeepers" to support and participate in HIV prevention and support work TG groups. Many of these programmes also include activities to address the vulnerabilities of female partners of MSM and TG.

NFI has worked with partner organizations to develop specific services for these different communities, including self-identified gay men. These communities primarily include feminised males, known as *kothi* in India and Bangladesh, *zenana* in Pakistan, and *meti* in Nepal, and can be found across South Asia. Many are married to women and have children, may cross-dress and often sell sex to other men for money. *Hijras*, men and boys, who choose to dress and act as women are found across the whole region. Cross-generational male-to-male sex and same-sex relationships are also common across the western regions of South Asia, particularly in Afghanistan, and Pakistan. To address these often very sensitive issues, NFI has worked largely from a regional perspective, so that learning, discussion, and policy making can occur, and issues can be openly discussed in a way they might not otherwise be possible if done at the national level.

Finally, NFI has significantly contributed to the UN system and GF guidelines on gender, which cover MSM and TG issues, including the means, where appropriate and necessary, to mainstream these issues within larger gender and development work, supporting its partners, such as Blue Diamond Society, which challenged the Supreme Court in Nepal in addressing issues of the "third gender" (there were successful in getting the government of Nepal to recognise a "third gender" for MSM and transgender populations, the Bandhu Social Welfare Society, which is working on issues of female partners of MSM in developing appropriate sexual health services for them, and working with partners in South India to get the Tamil Nadu state government to provide specific services for transgenders.

### Multi-sectoral planning

The Global Fund recognizes that multi-sectoral planning is important to expanding country capacity to respond to the three diseases.

(c) Describe the capacity and experience of the Regional Organization in multi-sectoral program design.

NFI, and its partners have worked closely with a range of national and local government departments, including health departments, to develop policy guidelines and rights based responses to reduce the impact of HIV among MSM and TG, including work to address stigma and discrimination against MSM and TG. NFI and its national partners have successfully worked with national AIDS coordinating bodies across South Asia, to ensure the inclusion of MSM and TG in their multi-sectoral national AIDS strategies.

In countries across the region, NFI and its national partners have engaged home and justice ministries, usually through existing multi-sectoral bodies, such as national AIDS coordinating mechanisms, to review and reform legal environments that impede the development of access to appropriate health and HIV preventions for MSM and TG populations. For example, in Nepal, NFI supported Blue Diamond Society's efforts to ensure MSM, TG and other sexual minorities have equal access to health, legal and social services, by providing research and legal support during the groundbreaking Supreme Court Case in 2007-8 (which recognised a "third gender" identity). SAMAN in-country partners also work closely with local police forces to ensure that MSM and TG populations are not harassed.

Through its ongoing advocacy efforts, NFI and its national partners continue to develop strategic partnerships with other sectors. For example, NFI supports the efforts of its national partners to proactively identify and work with key journalists to increase awareness of how HIV affects MSM and TG. In 2007, NFI supported BSWS in Bangladesh to establish a Media Forum on MSM and *hijras*, which aims to improve reporting on MSM and TG issues. Currently this Forum has over 20 participating journalists.

NFI has partnered with key research institutions and has developed an agenda to prioritize strategic information and define partnerships. In 2005, NFI partnered with US-based Catalyst Consortium to carry out and jointly publish the "Formulation of Sexual and Health Related Behaviour in Bangladesh".

NFI has also worked closely with the UN, through UNAIDS, ensuring that the co-sponsors develop appropriate policies and practice on working on MSM, TG, and HIV-related issues.

NFI developed a private sector partnership to develop a low-cost water-based lubricant that was tested for acceptability with its partner organizations in India.

Finally, NFI is engaging UN agencies, international non-governmental organizations (INGOs), and donors who traditionally do not directly work on MSM and TG responses to HIV, to more effectively integrate MSM and TG programming into their work.