International HIV/AIDS Alliance

Report on access to Global Fund resources by HIV/AIDS Key Populations in Latin America and the Caribbean
April 2009

A global partnership:
International HIV/AIDS Alliance
Supporting community action on AIDS in developing countries

Table of Contents

Foreword

Nothing for us without us

The International HIV/AIDS Alliance is pleased to circulate this report covering the access to the resources of the Global Fund to Fight AIDS, TB and Malaria of population groups highly vulnerable to HIV[1].

We hope that the report will contribute to one of the key themes of the Alliance's 2008-2010 Strategic Framework and help to increase access to health services for members of the key population groups as well as influence decision-makers to confront the barriers to progress it identifies.

Based on quantitative and testimonial evidence gathered from the region's stakeholders, the report illustrates the difficulties that organised groups of sex workers, gay and other men who have sex with men, transgenders and people living with HIV encounter in accessing funding. It then analyses the difficulties they encounter using resources when they become available.

There is clear evidence to demonstrate the efficiency and effectiveness of the community-based activities of key population groups. Unfortunately, this has not been reflected in the funding these groups receive from the international community and governments. This is largely because those who decide on the destination of funds and those on the "frontline" of the response to HIV tend to believe that grass roots groups do not have the capacity to manage grants and programmes themselves. As a result of this, financial resources are frequently channelled through a variety of intermediary mechanisms.

The Alliance believes that while such mechanisms have served to increase the efficiency of programme implementation they should be understood as short-term solutions. In order to achieve long-term sustainability and to eventually defeat the epidemic, it is vital to develop community capacity in prevention, care and support beyond the confines of funded programmes.

The Global Fund undoubtedly constitutes a truly innovative mechanism with many advantages, such as its national and international governance mechanisms that guarantee the active involvement of the public and private sectors. The Fund provides additional financing for evidence-based responses to the three diseases and has policies in place designed to encourage the active participation of the most-affected communities. The latter aspect is reflected in particular in the Country Coordination Mechanisms (CCMs) and, more recently, in new policies and strategies such as dual-track financing (involving two Principal Recipients, one from the public sector and one from civil society), the recommendation to include key populations in the CCMs, Community Systems Strengthening, and policies covering gender and sexual minorities. In order to increase efficiencies in grant implementation the Fund encourages the active participation of communities in the development of programme, and supports training to build sustainable local capacity.

[1] Key Populations in the response to HIV

The International HIV/AIDS Alliance is committed to the production of knowledge, information and evidence, believing that these can influence policy and programmatic decisions to enable more access to health and HIV related services, as well as providing Civil Society with evidences that will inform their advocacy efforts.

We hope that the findings presented in this document will be used by the Global Fund, governments, Fund technical partners, and civil society organisations in the revision and improvement of existing programmes. The research has been carried out in order to encourage action; it describes more than it recommends, even though it does conclude with a non-exhaustive series of general suggestions for action. Even though the Fund promotes high levels of transparency and accountability, not all the information has been easy to access, and some has remained unavailable in a structured form. As a result, the document cannot claim always to represent the whole picture.

We hope that the information we provide will serve to catalyse reflection at the local level - within the CCMs - about ways in which the different actors involved might commit to making more resources directly available to organisations working with, or emerging from, the key populations.

Those of us who work in the region know only too well how difficult it is to mobilise resources for Latin America and the Caribbean. Therefore, the quantity and quality of the resources available through the Global Fund constitute an important opportunity to increase the chances that the region will meet its Universal Access goals.

The International Alliance wishes to thank Alexandra Lamb Guevara, the Principal Investigator, for producing such an excellent document to deadline. We are grateful for the support and goodwill demonstrated by the staff at the Global Fund Secretariat, in particular to Lelio Marmora Regional Team Leader of the Latin America and Caribbean and all the Portfolio Managers and Programme Officers who have cooperated with us. In particular, though, this research was possible thanks to the participation of national and regional networks, Alliance Linking Organisations, other individuals and NGOs working on AIDS, and the members of grass-roots community organisations serving the key populations.

We hope that readers of this report will find it useful when taking decisions concerning the programmes they are responsible for, when developing strategies, and reviewing national HIV/AIDs plans, and that in a few years time, when we carry out a new research, we will find that organisations have substantially improved their access to resources and been strengthened in their organisational capacity.

As we learned early on in our work in the region, the communities demand of us nothing for us without us.

Latin America and Caribbean Team-International HIV/AIDS Alliance

April 2009

Executive Summary

The HIV epidemic in Latin America and the Caribbean (LAC) is largely concentrated among transgenders, men who have sex with men, sex workers, and, in some countries, drug users. The Alliance believes that these population groups (or key populations) must play a central role in the response to HIV, not just as the beneficiaries of programmes but as the decision-makers and implementers of strategies and funds targeting their own communities.

The Alliance has commissioned a report which details the level of Global Fund (GF) resources that organisations of key populations have accessed to date in LAC, either as principal recipients or sub-recipients. The report also looks at the key challenges and barriers faced by these same organisations when attempting to access Global Fund resources. The reports uses data from 15 Global Fund grants across Bolivia, Colombia, Ecuador, El Salvador, Paraguay, Peru, Haiti and the English-speaking Caribbean

Across all the grants analysed for the purpose of this report over US$170million has been granted to its sub-recipients. Only **4.6% of the total** has reached key population organisations in the form of sub-recipient grants. Not surprisingly, organisations of people living with HIV have received the largest amount, at just over 50%, and men who have sex with men groups have received 27.6%. Women living with HIV/AIDS and sex workers have been able to access resources far less at 16.3% and 6.1% respectively. What is most striking in reviewing this data is that **organisations of transgenders have not been sub-recipients of funds in any of the 15 grants** and yet prevalence studies in some parts of the region suggest rates up to 45% among this population group.

Key populations are strongly present in the country-coordinating mechanisms (CCMs) in Ecuador, Bolivia and to some extent in El Salvador and Peru. This coincides with the country grants that have allocated the highest proportion to key population organisations among those analysed for this report, which implies that there is a direct correlation between participation in CCMs and resource allocation to respective population groups.

The data also suggests that key populations organisations are more likely to receive funds as sub-recipients in grants which have a civil society principal recipient. Three of the top four grants which have allocated highest proportion of resources to key populations have civil society principal recipients.

Interviewees highlighted four key areas that are believed to be affecting key population access to Global Fund resources:
- **Lack of capacity among key population organisations** (programme management, proposal development and strategic capacity). Some principal recipients have encouraged weaker key population organisations to partner with intermediary NGOs so that the latter may channel funds to the former, thus 'resolving' the capacity issue. However, interviewees stated that this strategy does no contribute to building the overall strength of civil society

groups in the long-term, and in fact, renders key populations organisations invisible within the Global Fund grant.

- **Access and understanding Global Fund-related information.** Interviewees highlighted that it is far more difficult to access Global Fund information owned by PRs or CCMs than that generated by the Global Fund secretariat. Moreover, a key challenge is not just accessing the information but being able to understand it.
- **Participation of key populations in related decision-making spaces such as the country-coordinating mechanism.** It has been challenging for key populations to feel adequately represented within country-coordinating mechanisms. This is particularly true of sex workers and transgenders who often feel unrepresented in places like Peru when the one seat for 'vulnerable populations' is occupied by a gay man.
- **Lack of relevant and up-to-date epidemiological data particularly among transgenders and sex workers.**

Interviewees also provided recommendations of technical support needs and other changes which could improve their access to Global Fund resources. These include:

- staff skilled in proposal development located within organisations of key populations, who can lead the process of developing funding proposals while ensuring that they are reflecting the needs and realities of key populations,
- creation and access to spaces where key populations can meet, coordinate strategies and actions, and share knowledge,
- training in knowing how best to strategically participate in Global Fund-related decision-making spaces,
- support in developing a strategic vision and plan for key populations organisations,
- greater transparency in decisions made by CCMs,
- a stronger role played by the Global Fund secretariat in supporting in-country adherence to Global Fund governance guidelines.

Introduction

The HIV epidemic in Latin America and the Caribbean (LAC) is largely concentrated among transgenders, men who have sex with men, sex workers, and, in some countries, drug users. The Alliance believes that these population groups (or key populations) must play a central role in the response to HIV, not just as the beneficiaries of programmes but as the decision-makers and implementers of strategies and funds targeting their own communities.

In following with this conviction, the Alliance's Latin America and Caribbean team's Strategic Direction 2 (SD2) is to **increase the technical and organisational capacity of civil society to implement effective community-focused services and programmes for and by key populations**. In order for the Alliance to achieve this objective, organisations of key populations need to be able to access increased funds for their work. In LAC, one of the largest donors is the Global Fund to Fight AIDS, Tuberculosis and Malaria.2 In its first 8 rounds, it has signed over 70 grants in the region of which 35 have been specifically for HIV/AIDS. One of the Alliance's stategies to achieve SD2 includes providing training and support to access and manage Global Fund grants.

As part of this work, the Alliance has commissioned a report which details the level of Global Fund (GF) resources that organisations of key populations have accessed to date in LAC, either as principal recipients or sub-recipients. In order for the Alliance to understand how best to support the increase of key population access to the significant Global Fund resources, relevant stakeholders across the region have been interviewed about existing challenges and barriers that limit access to these funds.

The first section of this report analyses quantitative data collected from the secretariat of the Global Fund relating to the allocation of Global Fund resources in Bolivia, Colombia, Ecuador, El Salvador, Paraguay, Peru, Haiti and the English-speaking Caribbean. It will present how much money has been received by organisation of people living with HIV, women living with HIV, men who have sex with men, transgenders and sex workers as sub-recipients or principal recipients; and what proportion these populations have received in comparison to other sub-recipients. Different variables will assess whether there is a relationship between the presence of key populations on country coordinating mechanisms and the amount awarded to that population group in the respective country.

In its second section, the report will present the findings from over 18 interviews with key stakeholders from Latin America and the Caribbean. They were asked to recount their experience of key population participation in Global Fund grants in their respective countries. They also provided detail on barriers they believe may be limiting resources from reaching organisations of key populations.

---

2 For more information about the Global Fund, please see Annex 1.

A final section will look at what specific technical support needs were identified by interviewees as required by key populations organisations to facilitate their increased participation in Global Fund grants as sub-recipients or even principal recipients. It will also include recommendations of other suggested changes that could provide a more favourable environment for the access of Global Fund resources by key population organisations.

Methodology

Both quantitative and qualitative data has been gathered for the purpose of this report. In order to obtain a detailed breakdown of monies granted to key population organisations, and other organisations and sectors, it was necessary to contact relevant Fund Portfolio Managers (FPMs) at the Global Fund secretariat. This level detail of sub-recipient financial data is not available on the Global Fund website. Fund Portfolio Managers were asked for the following data:

- a list of all sub-recipients under each grant, including detail on what sector they belong to
- the total amount granted to each sub-recipient

In many cases, FPMs had to obtain the information from the principal recipient and so data was received in many different formats. The report was originally to include data from Argentina, Bolivia, Colombia, Ecuador, El Salvador, Nicaragua, Paraguay, Peru, Haiti and the English-speaking Caribbean. Unfortunately, we were not able to access data for Argentina and Nicaragua as they are in the process of closing their accounts and compiled sub-recipient financial data was not available.

In total, data was received from 8 different countries and 2 multi-country Caribbean grants. The full list is included as Annex 2. For those grants that have not yet reached completion, we included amounts granted so far and future agreed budget allocations in the analysis.

The Global Fund website was used to obtain information on key population representation among respective country coordinating mechanisms, or regional coordinating mechanisms (as is the case for the OECS and CRN+ grants).

With regard to the collection of qualitative data, a script was drafted to guide the one-hour interview. 18 individuals were interviewed from 10 different countries. The table below provides a breakdown of the profile of interviewees, many of which belong in more than one category.

Interviewee Profile	Number of interviewees
Women living with HIV/AIDS	2
Men who have sex with men	3
Sex workers	3
Transgenders	4
Implementing Organisation (receives funds through sub-recipient)	2
Sub-recipient	8
Member of country/regional coordinating mechanism	10
Principal Recipient	1

It should be noted that some of the interviewees were chosen because of their experience in submitting an unsuccessful application for Global Fund resources either as principal recipient or sub-recipient.

Data collected from the interview was divided into the following categories:
- experience of working with the Global Fund (either in the country-coordinating mechanism, as a principal recipient, as an sub-recipient, or in the submission of an unsuccessful proposal)
- challenges and barriers experienced by key population organisations when accessing Global Fund resources
    - capacity-related
    - external factors
    - access and understanding of necessary Global Fund related information
- technical support needs to improve access
- other changes suggested to improve access

Amount of Funds granted to Organisations of Key Populations

Across the 15 grants analysed for the purpose of this report over US$170million has been granted to its sub-recipients. Just under US$8million has reached organisations of key populations in the form of sub-recipient grants that **is equivalent to 4.6% of the total**. The pie chart below provides further detail on the proportional breakdown of funds to sub-recipients across different sectors. It is significant to note that although the vast majority of funds (75.1%) has been granted to civil society organisations, these are not organisations led by key populations.

Within the amount granted to other civil society organisations, it was possible to determine that a further US$4million (2.5% of the total) was allocated to organisations of sex workers and men who have sex with men in El Salvador and Haiti. However, the sex workers and men who have sex with men organisations in these grants received their funds through intermediary organisations which are in

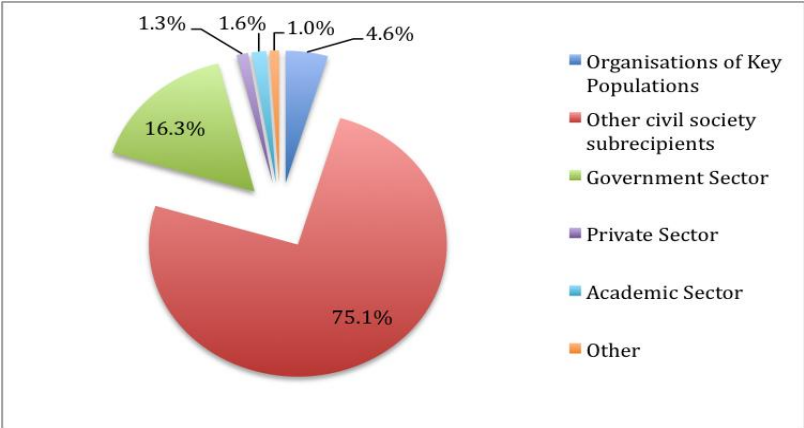turn classified as the official sub-recipients in all legal and programme documentation.[3]

Figure 1: Distribution of resources to Global Fund sub-recipients

Within the amount granted to organisations of key populations, the breakdown between the groups is set out in Figure 2. People living with HIV organisations receive just over 50% of the total, but organisations of women living with HIV only receive 16.3%. Men who have sex with men receive considerably more at at 27.5%. Only a small proportion, 6.1%, is granted to organisations of sex workers.
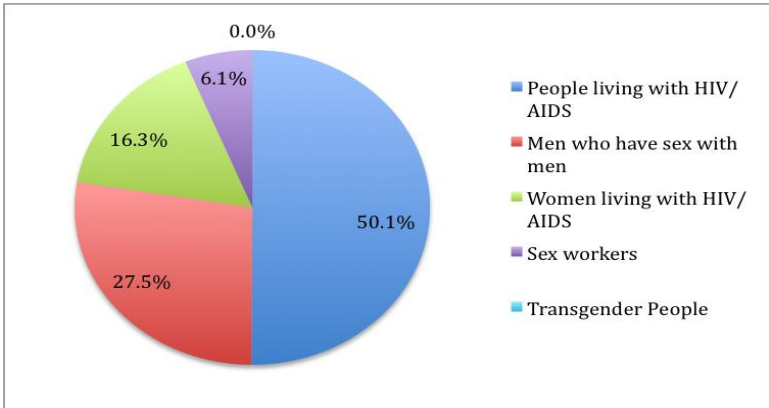
Figure 2: Distribution of resources among key populations

This data is more revealing when reviewed in combination with Figure 3 which highlights how many of the 15 analysed grants allocated resources to organisations of key populations. Organisations of people living with HIV received direct funding in only 8 of the 15 grants. However, this figure is even lower among the other population groups; sex workers, men who have sex with men, women living with HIV or transgenders. Organisations of sex workers or people living with HIV only received direct funding in 2 of the 15 grants. men who have sex with men organisations were allocated funds as sub-recipients in only 5 grants.

---

3 It was not possible to obtain the amount of funds that remained at the intermediary organisation and how much actually reached the sex workers and men who have sex with men implementing organisations.

What is most striking in reviewing this data is that **organisations of transgenders have not been sub-recipients of funds in any of the 15 grants**. Yet, HIV prevalence studies in Peru estimate rates of between 32-45% among this population group, and epidemiological surveillance data has suggested that up to 25% of transgenders maybe living with HIV in El Salvador.[4] It may well be that funds have reached transgender groups through intermediary organisations in these two countries, but this level of information was not obtainable from the available data. Certainly this population group has been rendered invisible in the review of data so far.

It is very difficult to obtain up to date HIV prevalence data disaggregated by population group. Yet, the omission of transgender groups from the list of sub-recipients in these 15 grants does suggest that existing HIV prevalence data does not guide the distribution of Global Fund resources in Latin America and the Caribbean.
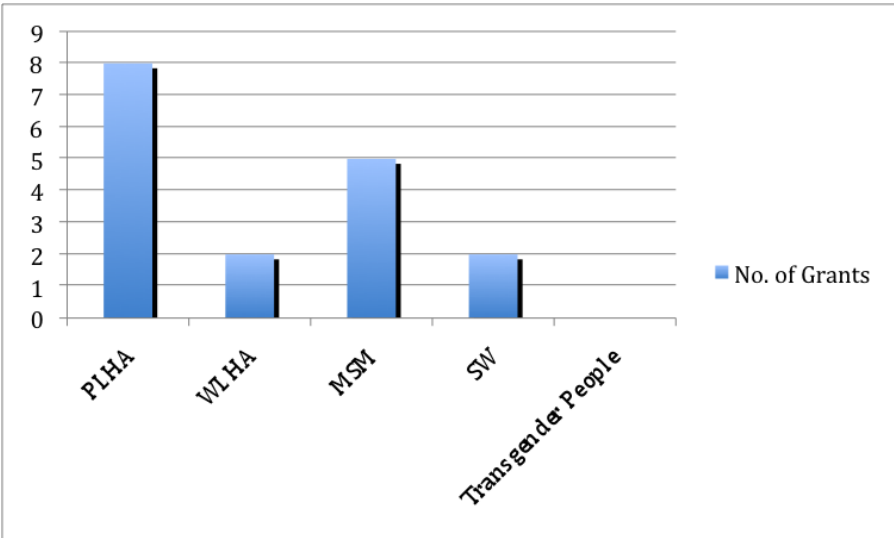
Figure 3: Number of grants (out of 15) which have allocated funds to key populations organisations as sub-recipients

In looking at each of the 15 grants in more detail in Table 1, it gives a clearer understanding of which grants, and countries, have prioritised resource allocation to key population organisations. The table has been sorted by the highest percentage of resources allocated to an organisation led by a key population. The Round 4 CRN+ grant is top of the table, but it should be noted that CRN+ is a network of people living with HIV who as **principal recipient** received over 33% of the total.

---

4 'The Hidden Epidemic Revealed', International HIV/AIDS Alliance, available at http://www.aidsalliance.org/sw55668.asp, accessed on 20th February 2009

Round	Grants	Amount of Resources allocated to KP groups (as sub-recipients or PR)	Total granted to sub-recipients	%of SR funds allocated to KPs
4	CRN+	$843,109	$2,514,093	33.5%
5	Peru	$1,602,254	$6,788,086	23.6%
7	El Salvador	$58,827	$327,356	18.0%
3	Bolivia	$493,241	$3,305,242	14.9%
2	Ecuador	$2,062,283	$13,986,864	14.7%
2	El Salvador	$502,644	$9,852,438	5.1%
6	Peru	$520,456	$13,579,454	3.8%
6	Haiti	$417,592	$13,886,707	3.0%
1	Haiti	$1,249,187	$76,625,099	1.6%
2	Peru	$112,233	$14,587,060	0.8%
7	Haiti	$0	$5,647,324	0
6	Paraguay	$0	$1,000,000	0
3	Jamaica	$0	$121,734	0
3	OECS	$0	$4,666,246	0
2	Colombia	$0	$3,365,932	0

Table 1: Amount and % of resources allocation to key populations organisations by grant

The two most significant amounts of funds have been allocated in the Round 5 **Peru** grant (over US$1.5 million) and the Round 2 **Ecuador** grant (over US$2million). Table 2 below provides information on the level of representation achieved by key populations in the relevant country-coordinating mechanism (CCM). It shows that only Ecuador and Bolivia have a sex worker and a gay man on their country coordinating mechanisms. Peru has one seat for 'vulnerable populations' under which gay/men who have sex with men, sex workers and transgenders are all grouped together. Most strikingly, 50% of the reviewed CCMs do not have any key populations representation aside from that of people living with HIV. This is the case in Jamaica, Colombia, Haiti and the OECS grant; moreover, none of these grants allocated resources to sex workers, gay men or transgenders.

Only two grants allocated funds to sex workers; Ecuador and Peru Round 5. Both have some level of sex worker representation on the CCM. Similarly, organisations of gay men only received funds as sub-recipients in Peru, El Salvador, Bolivia and Ecuador – again gay men are represented on the CCM of each of these countries.

On the other hand, no grants to transgender organisations were identified throughout the analysis of the data included in this report, nor was there a transgender specific seat in any of the reviewed CCMs.

While is impossible to categorically state that the presence of key populations on a CCM directly results in a larger proportion of funds being granted to their population group, the data included in Table 1 and 2 certainly implies strongly that CCMs with key populations representation are more likely to allocate funds to key populations organisations, as has been the case in Bolivia, Peru, Ecuador and El Salvador.

Grants	PLHA	Gay/MSM	Trans	SW
CRN+	Yes	No	No	No
Peru	Yes	1 vulnerable populations seat		
El Salvador	Yes	Yes	No	No
Bolivia	Yes	1 LGBT seat		Yes
Ecuador	Yes	Yes	alternate	Yes
Paraguay	Yes	Yes	No	No
Haiti	Yes	No	No	No
Colombia	Yes	No	No	No
Jamaica	Yes	No	No	No
OECS	Yes	No	No	No

Table 2: key populations representation on CCMs

Table 3 below provides data on what sector the different principal recipient(s) belong to. Of the 10 grants that allocate resources to key populations organisations, **8 of these grants have a principal recipient from civil society**. There are 5 grants that do not provide any funds to key populations' organisations. Two of these (Jamaica and OECS) have a governmental institution as the principal recipient, and a third grant's (Colombia) principal recipient is an international organisation. The final two grants (Round 6 Paraguay and Round 7 Haiti) have civil society principal recipients, but it should be noted that these two grants are still in phase 1 and there was still only limited financial data available. Unlike the Jamaica, OECS and Colombia grants, which have either closed or are about to, the Haiti and Paraguay grants may still plan to grant to key populations organisations. Government institutions are also principal recipients in three of the grants that do allocate funds to key populations organisations (Rounds 2 and 7 El Salvador and Ecuador), these grants also have a second principal recipient which is either from civil society or an international organisation. **The data suggests, therefore, that key populations organisations are far more likely to receive funds as sub-recipients in grants where there is a principal recipient from civil society.**

13

Round	Grants	%of SR funds allocated to KPs	Principal Recipient
4	CRN+	33.5%	KP organisation
5	Peru R5	23.6%	Civil society
7	El Salvador	18.0%	Gvt and UN agency
2	Ecuador	14.7%	Gvt and Civil Society
3	Bolivia	12.8%	Civil Society
2	El Salvador	5.1%	Gvt and UN agency
6	Peru	3.8%	Civil Society
6	Haiti	3.0%	Private Sector
1	Haiti	1.6%	Private Sector
2	Peru	0.8%	Civil Society
7	Haiti	0	Private Sector
6	Paraguay	0	Civil Society
3	Jamaica	0	Government
3	OECS	0	Government
2	Colombia	0	Int. Organisation

Table 3: Sector of Principal Recipients organised by % of funds allocated to key populations organisations

The data reviewed so far only accounts for 15 out of a total 35 HIV/AIDS Global Fund grants in the region. Therefore, it is not possible to draw categorical conclusions about the distribution of resources among different key population groups. Nonetheless, it is safe to say that only a very minimal proportion of funds are being allocated to organisations led by these groups. The next section, therefore, will detail some of the challenges and barriers that key populations face when applying for Global Fund resources, either as principal recipients or sub-recipients.

An analysis of the causes affecting access to Global Fund resources by organisations of key populations

In order to prepare this section of the report, 18 different key actors working in HIV/AIDS across Latin America and the Caribbean were interviewed. 12 of these individuals are members of key populations who were asked to recount their experiences of applying, either successfully or not, for Global Fund resources. They also provided considerable insight into the difficulties they face when attempting to access funds. These challenges can be divided into four broad categories that will each be detailed in this section of the report. The categories are as follows:
- capacity-level with organisations of key populations
- access and understanding of Global Fund related information
- civil society coordination and competition
- availability of epidemiological data
- Caribbean-specific challenges

It should be noted that interviewees did not mention stigma and discrimination as a specific barrier in accessing Global Fund resources. Rather, stigma and discrimination was mentioned in some instances as a cross-cutting issue which underlies many of the barriers presented in this report. It is also worth highlighting that this was mentioned far more in the Caribbean than in Latin America.

Capacity within Organisations led by Key Populations
The vast majority of key population groups start informally with few members and no clear strategic vision. Many of them begin as self-support groups, or as the meeting of activists that share a common reality and struggle. As their goals become more defined, it quickly becomes apparent that sourcing funding is imperative to achieve their work and to institutionally strengthen their organisations. Some donors are willing to provide direct funding to incipient organisations. The Global Fund, on the other the hand, grants substantial resources to a principal recipient (in some cases, two) who is responsible, in turn, for subgranting onto the organisations who will implement programme activities. The experience of key population members interviewed for this report has been in applying for Global Fund resources through their country's principal recipient after the approval of a country-wide grant. The application process may vary from country-to-country and from grant-to-grant depending on the structure of the programme and pre-requisites agreed by the CCM and PR.

All individuals interviewed highlighted lack of capacity among key population organisations as a key obstacle when applying for funds. The term **capacity**, as used by interviewees, can be broken down into three main areas: proposal development capacity, programme management capacity, and strategic capacity.

Proposal Development: Individuals interviewed in Peru, El Salvador, Argentina and Ecuador all stressed their organisations' lack of capacity in developing well-written, clear and logical proposals. They emphasised that they know best what their communities' realities and needs are, they also know what strategies are most effective in reaching their peers, but they do not have the technical capacity to be able to clearly describe this in a proposal. Claudia Baudracco from ATTA, a transgender organisation in Argentina, and Elena Reynaga, coordinator of the LAC Regional Sex Worker Network both said that their organisations need individuals skilled in developing proposals to work within their organisations and dedicate time to mobilising resources. As Elena explained, 'we are an organisation made up of sex workers, our expertise lies in working with our peers, it does not lie in filling out complex forms for funding. We need people to help us translate our needs, ideas and goals into a format understood by donors like the Global Fund'.

Legal Registration and Programme Management Capacity: Donors naturally want to ensure that their funds are going to be well-managed and accounted for. In many cases, donors also request that their grantees be legally-registered NGOs within their respective countries. However, most organisations led by key populations do not have much experience in keeping solid accounts, or implementing a governance structure, both of which are often necessary in order to comply with their country's requirements after legal registration. One interviewee described her organisation's experience: 'Obtaining legal registration in my country implies developing statutes, nominating a board, holding frequent meetings, declaring our annual income and paying an accountant to help us fill in the relevant tax forms – it is a very onerous process. Nevertheless, we recognise that it is important to be legally registered not only so that we can apply for funding but so that we can file official complaints with the authorities, and for our own process of institutional strengthening.'

Incipient key populations organisations often do not have experience in all of the components related to effective programme management, such as monitoring and evaluating their activities, or capturing the financial data necessary for developing financial reports for donors. In response to these weaknesses, there has been a

tendency within Global Fund programmes to form partnerships between larger NGOs and key populations community-based organisations. The intermediary organisation is the official sub-recipient and in turn onward grants to the key populations community-based organisation. 2 of the individuals interviewed from El Salvador and Haiti have direct experience of partnering with an intermediary organisation in order to be able to apply for Global Fund resources. They both emphasised that this arrangement has been severely detrimental to the growth of their organisations and highlighted the following issues that have arisen as a result:

- invisibility and lack of acknowledgement of the key populations organisation as a Global Fund implementing organisation, limiting engagement with the principal recipient or participation in any key decision-making spaces,
- a sense that intermediary organisations are charging a disproportionate amount as overhead which could more appropriately be used directly on interventions with key populations,
- funds received by the *sub*-recipient, or implementing organisation, are only for programme activities and do not contribute to operational costs (rent, office costs, salaries) reducing opportunities for organisational strengthening,
- disempowerment of groups of key populations as the central actors in the response to HIV/AIDS.

In short, key populations organisations' weak programme management capacity and their frequent lack of legal registration are among the most significant barriers hindering their access to resources as fully-fledged sub-recipients. However, the strategy of using an intermediary organisation to channel funds to these groups does not always contribute to building the overall strength of civil society groups in the long-term. Thus, it may neither be useful nor sustainable in an effective response to HIV/AIDS.

Strategic Capacity:
A final capacity issue mentioned by interviewees related to a key populations organisation's ability to act and plan strategically. According to Robinson Cabello, from Via Libre in Peru and Orlando Montoya, coordinator of ASICAL, precarious funding contexts have meant that many key populations groups respond to funding opportunities reactively. This has distracted them from developing an organisational strategy, a long-term goal or objectives to which they adhere. In turn this has created a barrier when accessing Global Fund resources as it often means that civil society groups have not been ready for the significant arrival of Global Fund resources. It was suggested that key populations organisations are unsure of their overarching goal, and so if invited to participate in Global Fund country-wide proposals, their own inputs and suggestions may be weak and lack in strategic vision. This might in some cases have resulted in the omission of a strong key populations-focus in the final proposal submitted to the Global Fund. One interviewee suggested that this is true not only of key populations groups but of all civil society organisations and has led to unnecessary and unconstructive competition among key actors in this sector.

On the other hand, sex workers and transgenders interviewed believed that weak strategic capacity of their organisations was an issue, but only to the extent that

they lacked the knowledge and experience in using decision-making spaces (such as CCMs) to their advantage.

Interviewees argued that capacity weakness among some key populations organisations has led to donor mistrust in working with community groups. Yet rather than investing in strengthening the capacity of the organisations, donors are turning away from them and investing their funds in organisations that are felt to be a 'safer bet'. One interviewee, in particular, believes that capacity issues among key populations groups have not just led to donor mistrust, but also to a misperception among Global Fund principal recipients that *all* key populations organisations are weak.

Be it the technical capacity to write a proposal, to manage a programme, or the experience of participating effectively in key decision-making spaces – it is clear that institutional strengthening needs to be an important focus when working with key populations. The final section of this report provides recommendations on specific technical support needs as identified by those interviewed.

Access and understanding of Global Fund related information

'Understanding the Global Fund doesn't just mean being able to understand how the grant proposal process works, it means understanding its structure, its way of working and how we can participate within that – there's no one document that sums it up'. Orlando Montoya, Coordinator of Asociación para la Salud Integral en América Latina (ASICAL)

It is important to differentiate between the information generated by the secretariat of the Global Fund and frequently published on their website, and that which is locally-produced and owned in-country by the country coordinating mechanism, local funding agent or principal recipient. Key population members in general agreed that it was possible to access Global Fund secretariat-generated information (general info about the Fund, guidelines, grant information, programmatic reports etc) on their website. However, some suggested that the data was often out-of-date (such as the name and contact details of CCM members).

The challenge with regard to Global Fund secretariat-generated information lies not in accessing the information but in understanding it. Neptali Arias from FAMIVIDA, a gay NGO acting as sub-recipient, and that also channels Global Fund resources to implementing organisations in Ecuador, explained that 'a lot of the available information was difficult to understand and many key population members who took the time to access the internet and read the documentation were then demotivated when it did not make sense'. Many of the documents were reported to be very technical. In addition, some of the key information (*grant performance reports, grant scorecards)* only exists in English. Despite this, there was a general agreement that basic information about how the Global Fund

operates, its recommended guidelines and grant data were all available online, but that persistence, support and time was needed to access and understand this information.

In contrast, it was felt that it was far more challenging to access data owned by the CCM and/or PR in-country, and yet this in many cases was the information that was most useful to key population organisations. Elena Reynaga explained how the national sex worker network in Argentina, AMMAR, would unsuccessfully request access to the minutes of the CCM meetings. There was no system in place to ensure that the minutes were publicly circulated. Eventually AMMAR realised that they needed to develop strategic alliances with organisations on the CCM in order to be able to access this information on a monthly basis. Marcela Romero, the regional coordinator of the Latin America and Caribbean Network of Transgenders, and also a member of ATTA, said that they had not realised that transgenders had been included as a target group in the country's Global Fund proposal until they themselves accessed the country proposal on the Global Fund website.

As Silvia Martinez, a transgender in Nicaragua who recently participated in her country's Global Fund proposal explained, this inability to access local Global Fund related information affects key populations' negotiation power, advocacy opportunities and chances of becoming sub-recipients. 'The difficulty in accessing information suggests a lack of transparency among those making the decisions. We do not understand how decisions are made nor the reasons behind them. There is no explanation given for why some organisations are chosen over others as sub-recipients, and we receive no feedback on our own proposals. So we don't know what to change or how to improve before the next call for proposals.'

In the Caribbean, access to information is even more challenging due in large part to government ownership of Global Fund processes in this region. One Caribbean interviewee felt that regional coordinating mechanisms and country coordinating mechanisms own all Global Fund-related information for the region. Only those who are members of these spaces have easy access to the information. Moreover, the Global Fund's presence in the Caribbean is not as established as in parts of Latin America due to its regional rather than national emphasis; the only three country grants in the Caribbean are in Haiti, the Dominican Republic and Jamaica. Strong government leadership of Global Fund grants in the region has provided little opportunity for key population engagement which is evident when noting that neither the OECS nor the PANCAP/CARICOM grant have any key population organisations as sub-recipients.

Key Populations Participation, Coordination and Competition

Accessing Global Fund resources as sub-recipients is made even more difficult when Global Fund approved proposals make no reference to particular population groups. Groups of people living with HIV or men who have sex with men tend to face this challenge less thanks to the imperative that any HIV grant must work with former, and an understanding that throughout most of LAC, the epidemic is still concentrated among the latter. Nonetheless, the importance of key populations participation during the grant proposal development stage is vital. This can only happen effectively when each key population is represented on the CCM (or RCM).

According to data on the Global Fund website with regards to the grants included within this report, transgenders have a specific seat only in Argentina and Nicaragua CCMs, they share a vulnerable populations seat in Peru, and have an alternate seat in Ecuador. Sex workers are only present in Ecuador, Argentina and Bolivia, and men who have sex with men in Paraguay, El Salvador, Ecuador, Peru and Bolivia. As far as was possible to assess with the data, only men who have sex with men representatives in the Round 7 El Salvador proposal, Round 3 Ecuador proposal and possibly Round 7 Paraguay proposal have actively participated in the development of a Global Fund country-wide proposal. Sex workers and transgenders have yet to have the opportunity to participate in a successful proposal in the region and this could be interpreted as one of the reasons for why they receive far less funding than men who have sex with men groups[5].

The participation of key populations in Global Fund decision-making spaces is not enough in itself. Coordination among key populations both within and out of the CCM was often quoted as an important factor by interviewees. Lack of coordination was given as a reason for missing opportunities to access Global Fund resources. For example, in Ecuador, Neptali Arias believes that misplaced priority is being given to organisations that work with women and children when allocating funds. 'Epidemiological data strongly demonstrates that the epidemic is still concentrated among men who have sex with men and transgenders – the resources need to be allocated to organisations that work with these population groups'. However, due to competition and a lack of coordination among key populations, there is no consistency in their message and so it is easier for other actors to de-prioritise key populations and allocate funds to groups that Orlando Montoya believes are traditionally easier to work with (such as women and children).

Transgenders interviewed felt that competition among key populations organisations has particularly affected their population group. Traditional public health approaches still group transgender men-to-women together with men who have sex with men. However, in the last few years, there has been a significant rise in new transgender organisations throughout Latin America. In many places, transgenders have broken away from LGBT groups to form their own organisations, and are beginning to request a transgender seat on CCM and transgender-specific funds within Global Fund proposals. Despite this surge of new transgender groups, the main challenge faced by transgender groups in Latin America remains the

---

[5] Sex workers have participated in Global Fund proposals in Ecuador, for example, but these proposals have not been successful.

invisibility experienced by this community as long as they continue to be labelled men who have sex with men. In other places where transgender groups are becoming stronger, such as Nicaragua, Silvia Martinez feels that it is an 'uphill struggle as we have to start from scratch after breaking away from established LGBT groups'. Silvia believes this process could have been made easier with support from other key population groups. But as both Claudia Baudracco (ATTA, Argentina) and Silvia stated, some key population groups feel threatened and worried 'that an already small pie will have to be cut into even smaller slices'.

Epidemiological Data

One final challenge which is relevant to both Latin America and the Caribbean and particularly affects sex workers and transgenders is the lack of reliable epidemiological data on HIV prevalence rates among these population groups. Transgender groups are only too aware of the rising prevalence rates among their population group, but the lack of studies supporting this informal knowledge weakens their advocacy work and power of negotiation.

The Global Fund requests proposals that are evidence-based but the lack of data on these two population groups means that proposals concentrate on existing figures, thus rendering invisible other realities and needs, and ultimately resulting in fewer funds available for these groups.

Caribbean-specific Challenges

In the Caribbean, civil society groups have had far less opportunities for funding, mobilisation and participation within national or regional responses to HIV/AIDS. In some aspects the Caribbean is politically conservative which is reflected in their legislation related to homosexuality and sex work; there are buggery laws throughout much of the region, and sex work is illegal in most Caribbean states. This provides a highly unfavourable context for sex workers or gay men to become leaders within their community, let alone organise themselves into groups or coordinate awareness-raising activities that would highlight their reality.

In addition, the geographical context of the Caribbean presents additional challenges to civil society coordination and mobilisation. Travel between Caribbean states is expensive and so there are very few spaces where key populations can meet and coordinate actions. This has considerably affected key populations participation in Global Fund processes in this region and reduced their opportunity to become sub-recipients.

Moreover, in some of the interviews it was suggested that key HIV/AIDS decision-makers in the Caribbean do not yet prioritise the role that key populations can and must play with the HIV/AIDS response. For this reason, there is little physical or economic investment in ensuring that these groups participate in relevant decision-making spaces. Both Joan Didier, director of Aids Action in St Lucia and chair of the OECS CCM, and Robert Carr co-chair of the Caribbean Vulnerable Communities, feel that donor pressure has contributed to the recent shift on the emphasis placed on key populations. Civil society organisations have been invited to participate in the Round 9 Global Fund proposal. If successful, Joan and Robert hope that key populations organisations feature among the eventual sub-recipient list.

Technical Support Needs and other Recommendations

Technical Support Needs

Sex workers and transgenders interviewed for this report identified the need for **technical support in proposal development**. However, rather than requesting their own capacity built in this area, they highlighted the contribution and role that can be played by having a skilled staff member within their organisation. Claudia Baudracco explained that many donors who provide resources to incipient key populations organisations only fund activities and do not contribute to operational costs. This does not allow for additional staff to be hired and it means that many key populations groups rely almost wholly on volunteers. Claudia believes that donors need to recognise that organisations led by key populations also need technical and administrative staff skilled in fundraising and managing the day-to-day operations (accounting, reporting etc); including such staff within a community organisation increases their opportunities for institutional strengthening. Neither Claudia nor Elena Reynaga detracted from their communities' own capacity needs. However they felt that as activists, they are best placed reaching out to their community and advocating for their communities needs, rather than working on the mechanics of a proposal. Nonetheless, both were clear that the content and vision of the proposal needs to come from members of the key population. Technical staff members would be there to translate their ideas and strategies into a donor-friendly format.

People living with HIV, women living with HIV and gay individuals interviewed placed less emphasis on the importance of technical staff within their organisations. Instead they highlighted the need to be able to understand proposal development formats and have their proposal writing skills strengthened. It may be that this difference in priorities between key population groups lies in the varying levels of access to education experienced by each community.
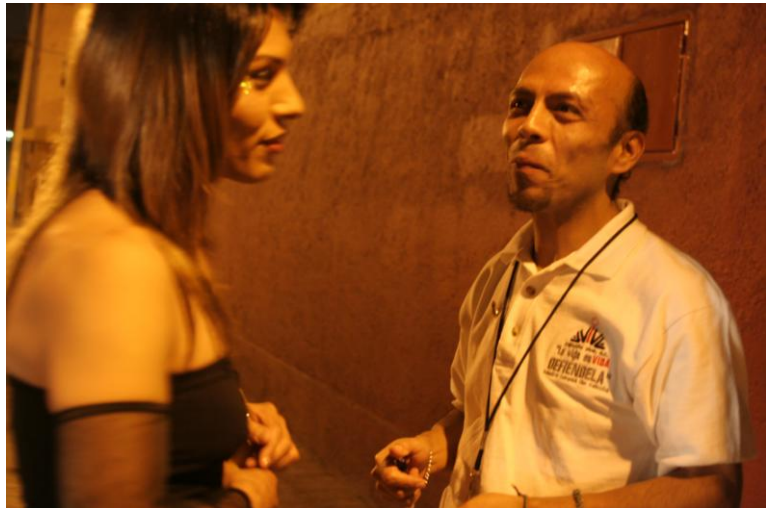
Robert Carr from Jamaica and Neptali Arias from Ecuador coincided on the need to **create and provide access to spaces where key populations can meet, coordinate strategies and actions, and share knowledge.** One individual suggested that such a space could additionally be used to democratically elect key populations CCM representatives, particularly valuable in countries like Peru where there is a joint sex workers, Transgender and men who have sex with men seat. Moreover, it is believed that creating such spaces at country-level could help to reduce competition among key populations groups and allow them to present a united voice within CCMs. One interviewee argued that the latter is particularly important in the Caribbean where civil society is not yet considered a pivotal actor within the response to HIV/AIDS. It is important to note that achieving coordination among key populations groups should not detract from each population's specific needs and reality and ensuring that these are also effectively represented within the CCM. Elena Reynaga added to this by stating that key populations leaders need **training in knowing how best to strategically participate in these spaces**: 'what good is it being on the CCM if I'm too scared to open my mouth and voice an opinion?'

All groups placed strong importance in improving accessibility to Global Fund information and requested that the latter publish a strong recommendation that CCM meeting minutes should be public for all stakeholders.

Finally, strong suggestions were made about the need to support **key populations organisations to develop a strategic vision and plan.** This may not directly increase access to Global Fund resources but would allow organisations to consider prioritising their institutional strengthening needs. Orlando Montoya believes this would result in stronger organisations which are more likely to succeed as sub-recipients, or even principal recipients of Global Fund resources.

Other changes and actions needed

There was a call for **greater transparency in decisions made by CCMs**. Interviewees from Haiti and Nicaragua provided the specific example of sub-recipient proposal selection process. They felt that they did not understand why some organisations' proposals were chosen over others and believed this limited their opportunities to engage with CCMs. Robinson Cabello suggested that this could be avoided if an open call for sub-recipient proposals was held before the country-level proposal was submitted to the Global Fund. He believes that this would avoid raising expectations, as happens now among those who participate in the development of the proposal, that they will automatically become sub-recipients if the grant is approved.

There was also a recommendation that the **Global Fund secretariat play a stronger role in supporting in-country adherence to their governance guidelines.** The Global Fund secretariat's conviction that each country is responsible for its own governance is strongly valued in the region. Nonetheless, there is a belief that there is still space for the secretariat to further promote the importance of effective key populations participation in the Global Fund.

Finally, sex workers, transgenders and men who have sex with men alike stressed the need for up-to-date epidemiological data concerning their population groups. Without accurate data portraying the reality of the epidemic in each country, it is impossible to develop effective proposals, and it is easy to shift the focus onto other population groups of less immediate priority.

Annex 1 - About the Global Fund[6]

The Global Fund is a unique global public/private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing. The Global Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts dealing with the three diseases.

Since its creation in 2002, the Global Fund has become the main source of finance for programs to fight AIDS, tuberculosis and malaria, with approved funding of US$ 11.4 billion for more than 550 programs in 136 countries. It provides a quarter of all international financing for AIDS globally, two-thirds for tuberculosis and three quarters for malaria.

Global Fund financing is enabling countries to strengthen health systems by, for example, making improvements to infrastructure and providing training to those who deliver services. The Global Fund remains committed to working in partnership to scale up the fight against the diseases and to realize its vision – a world free of the burden of AIDS, TB and malaria.

The Global Fund represents a new approach to international health financing. As a partnership between governments, civil society, the private sector and affected communities, the Fund works in close collaboration with other bilateral and multilateral organizations, supporting their work through substantially increased funding.

The Global Fund is an independent organization, governed by an international Board that consists of representatives from donor and recipient governments, nongovernmental organizations (NGOs), the private sector (including businesses and philanthropic foundations) and affected communities.

In its pursuit to follow the mandate of being a lean funding mechanism, the Fund relies on a wide range of partners to carry out key activities necessary for its functioning and success.

The Global Fund consists solely of a Board, a Secretariat, a Technical Review Panel and Local Fund Agents. To carry out its mission, the Fund is dependent on Country Coordinating Mechanisms and Principal and sub-Recipients.

---

6 'About the Global Fund', The Global Fund, http://www.theglobalfund.org/en/about/?lang=en, accessed on 15th March 2009

The Secretariat plays a facilitating and coordinating role, but in several cases - especially in relations between external partners and the Country Coordinating Mechanisms and its members - the Secretariat is not actively involved. The Global Fund is very conscious of the need to adapt its work to existing mechanisms and practices and consults widely with its partners to avoid duplication, overlap and ensure coherence in approaches to development and health interventions.

Annex 2 – Detail of Analysed Grants

Country	Round
Bolivia	3
Colombia	2
Ecuador	2
El Salvador	2
El Salvador	7
Haiti	1
Haiti	5
Haiti	7
Jamaica	
Paraguay	7
Peru	2
Peru	5
Peru	7
Multi-country Caribbean CRN+	3
Multi-country Caribbean OECS	3

Captions in this report

1. Launch of Training Manual for Sex Workers, picture provided by REDTRASEX (page 2)
2. Transgender leaders in an Advocacy program in Bolivia (IDH), picture provided by IHAA/ Gabriela Bacin (page 6)
3. Regional workshop from ASICAL, photo by picture by ASICAL. (page 14)
4. Prevention workshop with Key Population in the Caribbean, picture provided by International HIV/AIDS Alliance (page 16)
5. Prevention work with the condomovil in Mexico , picture provided by Colectivo Sol (page 17)
6. Street based prevention work in Mexico, picture provided by Colectivo Sol (page 20)

The International HIV/AIDS Alliance is an international non-governmental development organisation whose mission is to support communities to reduce the spread of HIV and to meet the challenges of AIDS. It was created in 1993 and its Secretariat is based in the United Kingdom.

In a context of mostly concentrated epidemics, the work of the Latin American and Caribbean Team focuses on the key populations which are central to the epidemic in the region, that is, people living with HIV/AIDS, transgenders, gay men and other men who have sex with men and sex workers .

Its mission is to offer support to community groups so that they may play a direct role as protagonists in the response to the epidemic. In this way, at the national level the Alliance works with linking and partner organisations in Mexico, Peru, Bolivia, Ecuador and Haiti as well as a programme in the Caribbean. In Latin America, the community based networks of key population working in most countries of the region are strategic partners of the Alliance.

International HIV/AIDS Alliance Secretariat

1st and 2nd Floor, Preece House,
91-101 Davigdor Road, Hove,
BN3 1RE, United Kingdom
Tel: +44 (0) 1273 718900
Fax: +44 (0) 1273 718901
mail@aidsalliance.org
www.aidsalliance.org

Office of the LAC Regional Representative

Av. Las Heras 2207 4to piso
(C1127AAE) Ciudad de Buenos Aires
Argentina
Tel/Fax: +5411 4807 2772

lacregional@aidsalliance.org

portalsida

Latin American Community of Knowledge on HIV/AIDS
Please visit us at www.portalsida.org