

---

Request for Proposals: Ensuring HIV and reproductive health services  
for “doubly marginalized” HIV-positive women

Public Health Watch  
Deadline: January 18, 2008

---

Public Health Watch (PHW), a project of the Public Health Program of the Open Society Institute, is seeking grant proposals to support organizations engaged in advocacy efforts to promote access to HIV and reproductive health services for women who face multiple layers of stigma and discrimination, focusing on women injecting drug users, female sex workers, and HIV-positive pregnant women. The project to be funded should encompass community-based research and advocacy based on the findings of this research.

### **BACKGROUND**

Public Health Watch’s reports on civil society perspectives on HIV/AIDS policies in five countries<sup>1</sup> have shown that marginalized populations such as injecting drug users and sex workers do not have equal access to HIV-related services although they are at elevated risk for HIV infection and arguably more vulnerable to its impact. For instance, people living with HIV/AIDS suspected of being drug users in Ukraine are often denied treatment, expelled from hospitals, provided with inadequate services, or are forced to pay for services that should be free. Unregistered sex workers in Senegal are driven further underground by threat of arrests and harassment by law enforcement, which makes it a challenge to target them with prevention, care and support activities.

Women are also disproportionately affected by HIV/AIDS – women now account for almost half of HIV infections worldwide and a majority of HIV infections in sub-Saharan Africa. Discrimination, stigma, and violence are daily realities for many women living with HIV. Women are often blamed and abused when they are known to be HIV-positive, deterring them from seeking HIV testing or treatment services.

Growing evidence suggests that HIV-positive pregnant women do not have adequate access to HIV and reproductive health services. At best, they are offered a one-time intervention to prevent transmission of HIV to their babies; their longer term health needs are rarely addressed. HIV-positive pregnant women are frequently mistreated in healthcare settings, including verbal abuse and pressure to have an abortion. Pregnant women are tested for HIV without adequate counseling, and often do not receive full information about, or have access to, antiretroviral drugs for prevention of mother-to-child-transmission (PMTCT). In sub-Saharan Africa, where 85% of HIV-positive pregnant women live, only 6% were offered PMTCT services in 2005.

---

<sup>1</sup> From 2005-2007, Public Health Watch partnered with local researchers in Nicaragua, Senegal, Ukraine, the United States and Vietnam to assess their national HIV/AIDS policies. The reports can be accessed at [www.publichealthwatch.info](http://www.publichealthwatch.info).

HIV-positive women in socially marginalized groups also face particularly strong stigma and discrimination, and encounter unique and often insurmountable barriers to accessing comprehensive HIV and reproductive health services. Punitive policies, discrimination by law enforcement and health care providers, and intense social stigma reduce women drug users' access to health services. Pregnant drug users are particularly vulnerable: they receive little accurate information about drug use during pregnancy or PMTCT. In some countries pregnant drug users are threatened with criminal penalties or loss of parental rights, or forced to have an abortion. Sex workers are confronted with similar barriers to access to health services. They frequently face coercive state measures such as arbitrary arrests and detention, or harassment, physical or sexual assault by law enforcement agents. Yet because they are heavily stigmatized and criminalized, they lack political or financial support, or possible means of redress.

By agreeing to the UNGASS Declaration of Commitment on HIV/AIDS, governments have committed to ensure the human rights of all, to reduce vulnerability to HIV, and to empower women.<sup>2</sup> Yet, there is mounting data on rampant abuses and inadequate access to services among HIV-positive women who are “doubly marginalized” for their stigmatized and criminalized behavior. Mainstream women's groups and groups that target high risk populations have also failed to address the needs of these HIV-positive women.

### **CALL FOR PROPOSALS**

PHW will give grants of up to \$25,000 to organizations to further their work in helping to redress issues around access to HIV and reproductive health services among women injecting drug users, female sex workers, or HIV-positive pregnant women. The project should focus on community-based research and advocacy based on the findings of this research. Organizations with prior experience working with HIV-positive communities and engaged in work with marginalized groups are encouraged to apply.

**This call is only open to proposals from Indonesia, Thailand, Vietnam, Botswana, Zimbabwe, Swaziland, Kenya, and Uganda.**

Proposals should be no more than 6 pages and must include the following components:

**1) Focus population/issue**

Please identify which population your project will focus on: women injecting drug users, female sex workers or HIV-positive pregnant women. What are the issues that need to be addressed regarding this population's access to HIV and reproductive health services? What qualifications and prior experience does your organization have working with this population or on these issues?

**2) Community-based research**

What information would you seek to collect, and from which sources? How does this information relate to existing commitments made by your government at the national, regional, or international level to provide access to HIV and reproductive health services to women, including HIV-positive women?

---

<sup>2</sup> Please see in particular Articles 58-64 in the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. Available at: <http://www.un.org/ga/aids/docs/aress262.pdf>

Please describe the concept and research plan for the proposed project, including, but not limited to: lists of interviewees and possible interview questions, site visits, mapping of services available, policy analysis, and background documents. Please also include a proposed timeframe for the project.

### **3) Advocacy strategy**

How do you think the issues you identified above should be addressed, i.e. what are your advocacy objectives? Please be as specific as possible. Please provide as much detail as possible about: the proposed advocacy target audiences and key partners, and your plans for engaging with them; and the proposed advocacy tools and messages. How would this project help further your organization's on-going advocacy efforts around the issue of marginalized women's access to health services?

In addition to the proposed advocacy strategy, PHW plans to support the grantees' international advocacy efforts at events such as the High Level Review of the UN Declaration of Commitment on HIV/AIDS in New York in June 2008 and the International AIDS Conference in Mexico City in August 2008.

### **4) Budget**

Please provide a draft budget for the project of up to \$25,000. This should not include the costs of travel and attendance to the High Level Review of the UN Declaration of Commitment on HIV/AIDS and the International AIDS Conference – if your project is selected for these events, we will add those costs to your grant at a later stage.

**Proposals should be submitted by January 18, 2008** to Parker Krasney at [pkrasney@sorosny.org](mailto:pkrasney@sorosny.org). **Successful applicants will be notified by the beginning of February 2008 and must be available to attend a week-long training and planning meeting from 25 to 29 February** in Nairobi to further refine their advocacy goals, objectives, and strategies, and to finalize their research plan and activities to help achieve these objectives. The costs for this meeting will be covered by OSI.