

# Gender-responsive HIV programming for women and girls

## Resource kit for high-impact programming

This Guidance Note is part of the resource kit for high-impact programming that provides simple, concise and practical guidance on key areas of the AIDS response. The resource kit is developed by the Joint United Nations Programme on HIV/AIDS. The resource kit can be accessed at <http://www.unaids.org/en/ourwork/programmebranch/countryimpactsustainabilitydepartment/globalfinancingpartnercoordinationdivision/>.

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## Additional information

This guidance note was prepared by UNAIDS Secretariat in coordination with UN Women. It provides simple, concise and practical guidance on gender responsive programming for strengthening of national HIV response. References and links to full guidance are provided in the last section of this guidance note.

# WHAT IS NEW?

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A package of resources is now available to support gender-responsive HIV programming, including the following:

- UNAIDS. 2014. *The UNAIDS Gender Assessment Tool for National HIV responses* (<http://www.unaids.org/en/resources/documents/2014/name,93584,en.asp>)
  - UNDP: *On Course: Mainstreaming Gender into National HIV Strategies and Plans- A Roadmap*. New York, NY: <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/roadmap-on-mainstreaming-gender-into-national-hiv-strategies-and/>
  - UNDP. 2014. *Checklist for Integrating Gender into the New Funding Model of the Global Fund to Fight AIDS, TB and Malaria* <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/checklist-for-integrating-gender-into-the-new-funding-model-of-t/>
  - UNFPA and Harvard School of Public Health. 2010. *A Human Rights-Based Approach to Programming: Practical Information and Training Materials* <http://www.unfpa.org/public/op/preview/home/publications/pid/4919>
  - UNWomen. 2014 *Compendium of Gender Equality and HIV Indicators* <http://www.cpc.unc.edu/measure/publications/ms-13-82> Interagency Working Group on SRH and HIV Linkages; *Compendium of SRHR and HIV Linkages*, forthcoming 2014
  - WHO. 2013. 16 Ideas for addressing violence against women in the context of the HIV epidemic: [http://www.who.int/reproductivehealth/publications/violence/vaw\\_hiv\\_epidemic/en/index.html](http://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/index.html)
  - Gay, J et al. *What works for women and girls: Evidence for HIV/AIDS interventions*. New York, Open Society Institute, 2010.
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## Introduction

This guidance note is intended to guide countries on how to include a gender perspective and promote equality and human rights for women and girls in their national HIV responses, drawing upon the latest technical developments, guidelines and investment approaches. The inclusion of a gender perspective for women and girls into national HIV responses is important because they continue to be profoundly affected by HIV. As such, addressing their needs is a prerequisite to effectively responding to the epidemic. This brief, which seeks to support a gender-responsive HIV response, is a first step towards the application of key tools and resources that help integrate gender considerations into concept notes, proposals, and national strategic plans.

Across all regions of the world, HIV continues to affect women and girls in all their diversities. At the end of 2013, women accounted for approximately 50% of all adults living with HIV globally. In sub-Saharan Africa, women represent an estimated 56% of new HIV infections among adults over 15 years of age.<sup>1</sup> Approximately 9% of all women living with HIV globally live in South and South-East Asia and 3% in both Latin America and Europe and central Asia. Globally, AIDS-related complications are a leading cause of death in women of reproductive age. Approximately 46% of all AIDS-related deaths in 2013 were among women (an estimated 700 000 of 1 500 000 deaths).<sup>2 3</sup>

Women of key populations are disproportionately affected: worldwide, for example, female sex workers are 13.5 times more likely to be living with HIV than are other women.<sup>4</sup> Moreover, an estimated 19% of transgender women are living with HIV, globally, and the chances of them acquiring HIV is 49 times higher than all adults of reproductive age.<sup>5</sup>

In addition to biological and physiological factors that make women more susceptible to HIV, gender inequality is a key driver of the epidemic. The social, legal and political discrimination women and girls face, and the resulting low education levels and lack of economic opportunities, increases their vulnerability to HIV. Globally, one in three women have experienced intimate partner violence and/or non-partner sexual violence in their lifetime.<sup>6</sup> Intimate partner violence—a manifestation of gender inequality and a violation of women's human rights—is associated with HIV either as a contributing risk factor or as a consequence of living with HIV. Evidence reveals that exposure to intimate partner violence is associated with a 1.5 fold increase in the risk of STI and HIV transmission.<sup>7, 8, 9</sup>

1 UNAIDS 2013 HIV estimates.

2 UNAIDS 2013 HIV estimates.

3 *Women and health: Today's evidence, tomorrow's Agenda*. Geneva, World Health Organization (WHO), 2009.

4 *Global report: UNAIDS report on the global AIDS epidemic 2012*. Geneva, UNAIDS, 2012.

5 UNAIDS Gap Report, 2014.

6 WHO, LSHTM, SAMRC. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva, WHO, 2013.

7 WHO, LSHTM, SAMRC. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva, WHO, 2013.

8 Jewkes R et al. Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet*, 2010, 376(9734):41–48.

9 Kouyoumdjiana FG et al. Intimate partner violence is associated with incident HIV infection in women in Uganda. *AIDS*, 2013, 27(8):1331–1338.

Of the almost 50 countries that reported data to UNAIDS on the prevalence of recent (i.e. last 12 months) intimate partner violence, between 8% and 60% of women aged 15–49 years reported experiencing such violence.<sup>10</sup> Intimate partner violence can also deter women from seeking health care.

Given that power between women and men is unequally distributed in most societies, women and girls typically have less possession and control over resources, hold less decision-making authority than men, and are less likely to benefit from improvements related to development. In addition, women and girls have insufficient access to health information, care and services, and, in particular, sexual and reproductive health information. For example, according to the most recent nationally representative sample data, only 24% of young women and 36% of young men globally possess comprehensive knowledge of HIV.<sup>11</sup> Many women and girls are not empowered to negotiate sex, insist on condom use or otherwise take steps to protect themselves from HIV, let alone face its consequences. In addition, child marriage continues to pose a major challenge, with 400 million women aged 20–49 (41% of the age group) married or entered into union before the age of 18 globally in 2012. In terms of HIV, it is relevant to note that married girls are often unable to influence when and how to have sex with their husbands. The common experience of an early sexual debut among child brides means early exposure to unprotected sex and eventual high probability of sexually transmitted infections (STIs), including HIV.

## 1. Key elements

Gender-responsive HIV programming for women and girls seeks to address their specific needs in the context of HIV, and to challenge unequal power relations and harmful gender norms. Women and girls, in all their diversity, can be a key population within the HIV response partly because of the gender inequalities that render them more vulnerable, as well as their biological susceptibility to HIV. They require an enabling environment that upholds their human rights and protects and promotes their sexual and reproductive health in order to reduce their vulnerability and risk of contracting HIV. Such programming seeks to reduce gender-related barriers, including stigma and discrimination, to accessing programmes and services, while improving the uptake and quality of services, by tailoring these to the needs of women and girls in all their diversity.

Gender-responsive programmes for women and girls also enshrine and guarantee social, legal and economic empowerment, improve access to sexual and reproductive health services and to education, including comprehensive sexuality education, eliminate stigma and discrimination, and aim to challenge harmful norms and unequal power relations in order to prevent and address gender-based violence and improve access to justice. Such programmes also include efforts to support the community to challenge and influence harmful policies and practices that place them at greater risk of HIV and obstruct their ability to respond to

<sup>10</sup> *Global report: UNAIDS report on the global AIDS epidemic 2013*. Geneva, UNAIDS, 2013

<sup>11</sup> *Securing the future today: Synthesis of strategic information on HIV and young people*. Geneva, UNAIDS, 2011.

its impact. Furthermore, utilizing a gender-responsive framework also provides the opportunity to design programmes aimed at addressing the challenges that are specific to women living with HIV and women from key populations in relation to stigma, discrimination, their human rights and the law.

## 2. Focus populations

There are significant differences among women and girls across countries and cultures. Priorities about the particular groups of women and girls to reach through HIV services should be based on a gender analysis of the country's epidemic, context and response. This information is indispensable to evidence-informed, gender-responsive planning to ensure strategic investments and beneficial results. Gender inequality continues to exist across epidemic contexts and will need to be addressed for an effective HIV response. For example, in some countries, particularly in sub-Saharan Africa, young women (15–24 years old) are two to three times more likely to acquire HIV than men in the same age group.<sup>12</sup> Thus, in such contexts it is important to ensure that HIV programming is particularly designed to reach young women. Women affected and displaced by humanitarian emergencies and conflicts require specific attention, due to increased risk of gender-based violence and economic vulnerabilities.

A gender equality perspective on key populations suggests the need to both better meet the needs of women from key populations, such as sex workers, women who inject drugs, transgender people, gay and bisexual men and women, and to challenge. For example, in several countries in eastern Europe and central Asia where drug use among women is highly stigmatized, women who use drugs experience an increased vulnerability in relation to men and access to harm reduction programmes and other HIV services among women who use drugs remains very low compared with men who use drugs.<sup>13</sup> Women who use drugs may also be at increased risk because they are less likely to be the first ones to use clean needles and also because they may exchange unprotected sex for drugs.<sup>14</sup>

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12 UNAIDS 2013 HIV estimates.

13 *Women, harm reduction, and HIV: key findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*. New York, Open Society Institute Public Health Program, 2009.

14 Jennifer L. Syvertsen, Angela M. Robertson, Steffanie A. Strathdee, Gustavo Martinez, M. Gudelia Rangel, Karla D. Wagner, Rethinking risk: Gender and injection drug-related HIV risk among female sex workers and their non-commercial partners along the Mexico–U.S. border, *International Journal of Drug Policy*, Available online 14 February 2014, ISSN 0955-3959, <http://dx.doi.org/10.1016/j.drugpo.2014.02.005>. (<http://www.sciencedirect.com/science/article/pii/S0955395914000292>)

Similarly, as demonstrated by the limited data available from a 15 country study, transgender women—with a pooled HIV prevalence of 19%—are 49 times more likely to be living with HIV compared to all adults.<sup>15</sup> Female sex workers are 13.5 times more likely to be living with HIV than other women<sup>16</sup>, and subsequently feel the amplified effects of stigma, discrimination, violence and harmful cultural norms that still surround HIV and AIDS.<sup>17</sup> The criminalization of sex work in much of the world represents the legitimization of harmful attitudes and practices towards sex work, which are culturally embedded and institutionalized and are highly counter-productive in the context of the HIV response. More attention needs also to be given to the female partners of men who have sex with men, the intimate partners of the clients of sex workers and the female partners of men who inject drugs. As such, it is important to ensure that HIV programming is particularly designed to meet the needs of these key populations and challenge the underlying power relations that increase their vulnerability.

### 3. Data requirements

The availability of data on the HIV epidemic, context and response is essential for effective programme design and in order to provide an analysis of service gaps, justify the selection of gender-responsive interventions and set targets. Gaps in data should be filled by investing in strong epidemiological and health information systems; data should be disaggregated at the national and subnational levels including by age, sex, income, and key populations. Ensuring sufficient and accurate data allows for an increased understanding of gender dynamics in order to target investments for impact of curbing the HIV epidemic. Where data is insufficiently collected or reported, countries should plan to strengthen the national data collection and monitoring and evaluation systems, as well as undertake dedicated gender assessments of the HIV epidemic, context and response. Some of the key information areas are outlined below. In addition, countries should consider the use of other forms of data, such as anthropological and sociological data, including data generated by civil society networks.

15 Stefan D Baral et al. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis *Lancet Infect Dis* 2013; 13: 214–22 Published Online December 21, 2012.

16 *Global report: UNAIDS report on the global AIDS epidemic 2012*. Geneva, UNAIDS, 2012.

17 UNAIDS 2012. *Women Out Loud*: [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20121211\\_Women\\_Out\\_Loud\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20121211_Women_Out_Loud_en.pdf). P. 9



## 4. Epidemiology and context

It is essential to present age and sex disaggregated data in order to identify gender-specific risks and vulnerabilities related to the HIV epidemic. This includes information on prevalence disaggregated by sex and age in the general population, the proportion or number of new infections by sex, size estimates for key populations and modes of transmission. HIV data are preferably triangulated with data on violence against women, as well as data on sexual and reproductive health and rights, education, marital status (e.g. assess child marriage), and economic status. Where possible, disaggregation of data by geographic location is recommended in order to identify key locations. National data collected for the Global AIDS Response Progress Report (GARPR)<sup>18</sup> is a useful resource from which to draw.

Undertaking gender assessments and gender-responsive planning for the national HIV response allows countries to better understand how gender inequality shapes their HIV epidemic, which gender-related barriers hinder access to HIV services, how well their national HIV responses are doing in terms of addressing this inequality and what the most strategic steps forward are. National HIV responses that are informed by assessments that address gender inequality will be more effective.

Using the suggested tools listed in the reference materials, such as the UNAIDS gender assessment tool,<sup>19</sup> will improve the analysis of gender in relation to the epidemiological data reported as a part of GARPR as well as other country-level data. For example, the UNAIDS gender assessment tool assists in the analysis of data from GARPR concerning the different experiences surrounding HIV vulnerability and impact between and among men and women and key populations, as well as the specific factors that play a defining role in any differences. The Gender Assessment Tool also emphasizes the need to review the local context in terms of sociocultural, economic, legal and political norms and practices, which fuel gender inequality. This information will be important to identifying appropriate interventions and developing sex and age disaggregated targets and indicators, as well as a results framework to meet those goals. As indicated above, non-HIV specific but related data—such as for maternal, newborn and child health (MNCH) and family planning or demographic and health survey (DHS) health-seeking behaviour data—can also be useful in the identification of potential barriers women face in accessing HIV-, tuberculosis- (TB-) or malaria-related services.

The subsequent response analysis will map current coverage of the different HIV and related services which are disaggregated by age and sex and, if possible, by location, and identify key public, private, non-governmental and community-based service providers. Gaining a clear picture of the current service coverage should contribute to determining the key barriers to services that are related to gender inequality which need to be addressed through gender-responsive interventions. The response analysis will also assist in determining gender-related gaps in the HIV response, in terms of failing to address key gender inequality issues, such as

18 UNAIDS, UNICEF, WHO. *Global AIDS response progress reporting 2014: Construction of core indicators for monitoring the 2011 UN Political Declaration on HIV/AIDS*, Geneva, UNAIDS, 2014.

19 UNAIDS *gender assessment tool for national HIV responses: Towards a gender-transformative HIV response*, forthcoming publication from UNAIDS. *Checklist for integrating gender into the New Funding Model of the Global Fund to Fight, AIDS, TB and Malaria*. New York, UNDP, 2014.

violence against women; or to tailor services to the specific needs of women and girls, in all their diversities.

## 5. Programmatic responses

Determining which gender-responsive interventions to adopt needs to be guided by the findings from the gender analysis of the national HIV response. It is not enough to simply analyse and present the gender analysis. Evidence-informed priority actions must be defined and costed, and funds must be allocated to them. Indicators must then be defined and utilized to monitor actions and their impact as well for the reporting of results. Furthermore, existing databases and guidelines<sup>20</sup> will assist in identifying HIV and gender-responsive interventions that are effective and, if possible, cost-effective to ensure alignment with the investment approach.

Gender-responsive interventions will contribute to the investment case on three levels: basic programme activities, critical enablers and development synergies. The six basic programme activities recommended by the UNAIDS strategic investment framework are:<sup>21</sup>

1. Focused programmes for key populations at higher risk (particularly sex workers and their clients, men who have sex with men, and people who use drugs).
2. Elimination of new HIV infections in children.
3. Programmes that focus on the reduction of risk of HIV exposure through changing people's behaviour and social norms.
4. Procurement, distribution and marketing of male and female condoms;
5. Treatment, care and support for people living with HIV.
6. Voluntary medical male circumcision in countries with high HIV prevalence and low rates of circumcision.

It is essential that the basic programme areas be applied using a gender lens—that is, that they respond and are tailored to the different experiences of women, men and transgender people, particularly women and girls living with HIV and women from key populations, and be implemented in gender-responsive ways as much as possible. They should be complemented

20 See the section on reference materials section at the end of this document, in particular, Gay, J et al. *What works for women and girls: Evidence for HIV/AIDS interventions*, New York, Open Society Institute, 2010 (<http://www.whatworksforwomen.org>); *Checklist for integrating gender into the New Funding Model of the Global Fund to Fight, AIDS, TB and Malaria*. New York, UNDP, 2014; Remme M et al. The cost and cost-effectiveness of gender-focused interventions for HIV: a systematic review (forthcoming); *On course: Mainstreaming gender into national HIV strategies and plans. A roadmap*. New York, UNDP, 2012; Gender analysis of investment approaches (forthcoming).

21 Schwartlander B et al. Towards an improved investment approach for an effective response to HIV/AIDS. *The Lancet*, 2011, 377:2031-2041.

by **critical enablers**, which include political commitment and advocacy, laws and legal policy, community mobilization and measures to reduce stigma, as well as HIV-specific interventions to address gender inequality and violence against women. Investments in related development sectors should allow for **development synergies**, which include social protection, education, legal reform, specific gender equality interventions, poverty reduction, addressing gender-based violence, strengthening health and community systems and employer practices. Gender-responsive programming across the three areas of the investment framework are described in the section 5 below.

The inclusion of indicators and targets across the range of HIV services should be defined in order to contribute to national targets. The recently issued MEASURE and UN Women compendium on indicators<sup>22</sup> for HIV and gender equality outlines the types of indicators that can be used for the monitoring of gender equality in the HIV response.

## 6. Financial considerations

The costs of implementing gender-responsive interventions which have already been outlined in the national strategic plan or through an investment case should be noted.

The funding available for gender-responsive programmes which has been committed by development partners and/or indicated elsewhere in the national budgets for various ministries (e.g., health, gender or women's affairs, education, legal, rural affairs and development) as well as non-governmental and community-based organisations should be analysed. It is also necessary to align national strategic plans for HIV and for gender, and to ensure that the national budget includes funding for gender-responsive programming.

## 7. Implementation challenges

Lack of political commitment and poor understanding of gender dynamics as well as appropriate interventions were among the earlier challenges impeding the necessary operationalization and scale-up of gender responsive interventions and impacting on the achievement of overall HIV outcomes.

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22 *Compendium of gender equality and HIV indicators*. Chapel Hill, MEASURE Evaluation, UN Women, UNAIDS, USAID, and PEPFAR, (2014).

### Box 1. The Global Fund's New Funding Model: an opportunity to maximize gender-responsive HIV programming

The Global Fund's New Funding Model (NFM) allows for several opportunities to maximize gender-responsive programming, which is rooted in an approach that promotes the rights of women and girls. The inclusion of gender-responsive HIV programming in a Global Fund country concept note is justified by the emphasis on the promotion of equitable access and human rights within the Global Fund's five-year strategy (2012–2016).<sup>25</sup> The Global Fund has also encouraged applicants to include gender-responsive programming in their funding requests and has outlined recommendations in its strategy for ensuring gender equality.<sup>26</sup> Addressing inequalities based on gender and promoting the rights of women and girls in all their diversity, including those from key populations is, therefore, necessary to achieve these mandates and to enhance partnerships in working towards a more effective HIV response.

The NFM process provides several opportunities to conduct a gender assessment of the national HIV response<sup>28</sup> and to propose appropriate gender-responsive interventions. These are:

1. First, applicants are urged to undertake a gender assessment of the national strategic plan.
2. Second, during the country dialogue, evidence demonstrating the strategic value of gender-responsive HIV programmes needs to be presented. A discussion of critical enablers and development synergies outlined in the investment framework also allows for the identification of gender-transformative programmes which will support an effective response to HIV in the country.
3. Finally, further dialogue with the Global Fund secretariat and/or the Technical Review Panel (TRP) can strengthen the case for the inclusion of gender-responsive programming in the grant agreement. A gender assessment, which may have been undertaken by national advocates in order to consider gaps in the national strategic plan, can also serve as reference material for the TRP if deemed necessary.

An illustrative graphic<sup>29</sup> to demonstrate the processes which lead to the development of a concept note is as follows:

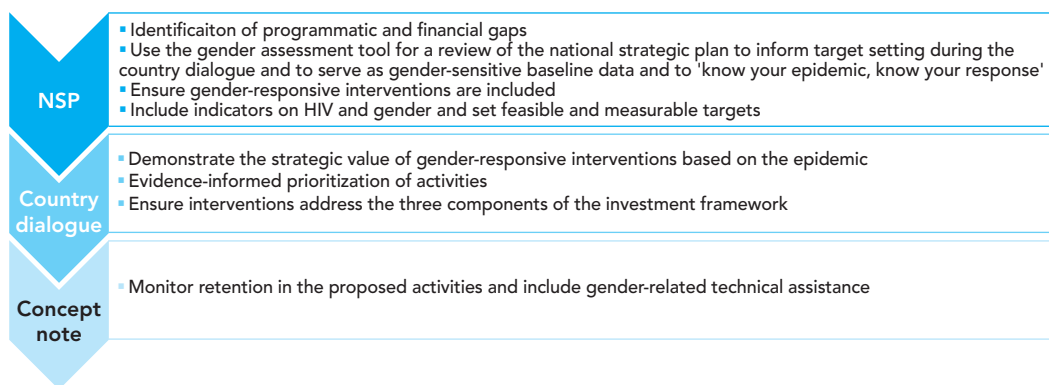
23 *The Global Fund Strategy 2012–2016: Investing for impact*. Geneva, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011.

24 *The gender equality strategy: The Global Fund's strategy for ensuring gender equality in the response to HIV/AIDS, tuberculosis and malaria*. Geneva, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2008.

25 Gender analysis is a systematic way of looking at the varied impact of policies and programmes on women and men that entails, first and foremost, collecting sex-disaggregated data (that is, gender-sensitive information) and other information related to gender inequality (e.g., regarding gender norms, the unequal distribution of power and resources and social and legal discrimination faced by women and girls) faced by the population.

26 From a presentation by the Global Fund on technical partnerships and advisory teams on the New Funding Model and opportunities for collaborations made at The Global Coalition on Women and AIDS Advisory Group Meeting, Divonne, 23 May 2013.

Figure 1:



## 8. Technical assistance

All Global Fund grants include funding earmarked for technical assistance. Thus far, however, this resource has been underutilized. Additional funding for technical assistance, including support funding for Country Coordinating Mechanisms (CCMs), which is available from the Global Fund secretariat and may be used to facilitate consultations on key populations, human rights, gender equality and women's issues to ensure an inclusive country dialogue process. Principal recipients can utilize this earmarked funding to conduct a gender analysis of the HIV epidemic and the national response. CCM funding through support grants is available to finance the organization and facilitation of stakeholders' meetings and training for CCM members and key stakeholders to ensure disease programmes effectively address gender issues. In 2008, the independent Technical Review Panel of the Global Fund recommended that technical assistance to countries for proposal development place greater emphasis on potential opportunities for integration and synergy between sexual and reproductive health and rights (SRHR) and HIV, since HIV infection is acquired and transmitted largely through unprotected sexual intercourse or during pregnancy, childbirth and breastfeeding.<sup>27</sup> Promoting sexual and reproductive health is therefore important for ensuring that people have the knowledge and ability to protect themselves against not only sexually transmitted infections (STIs), including HIV infection, but also, importantly, against unintended pregnancies. Moreover, people living with HIV who have access to antiretroviral therapy are leading longer, healthier lives and require services that meet their sexual and reproductive health needs while respecting their rights.<sup>28</sup> As such, the undertaking of a gender assessment process meets the criteria for technical assistance funding.

27 *Sexual and reproductive health and HIV/AIDS linkages: a framework for priority linkages*. Geneva: World Health Organization, United Nations Population Fund, International Planned Parenthood Federation, Joint United Nations Programme on HIV/AIDS; 2005. Available from: <http://www.who.int/reproductive-health/stis/framework.html> [accessed on 28 August 2009].

28 From World Health Organisation, 2009. *Sexual and reproductive health in HIV-related proposals supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria*. <http://www.who.int/bulletin/volumes/87/11/08-059147/en/>. (Accessed 24 June 2014)

## 9. Main activities

Several tools have been developed to support the entire planning cycle of national strategic plans, including the earlier mentioned UNAIDS gender assessment tool for national HIV responses; the UNDP roadmap on mainstreaming gender into national HIV strategies and plans; the compendium of gender equality and HIV indicators which supports enhanced data collection the forthcoming Compendium of SRHR and HIV Linkages: Indicators and Tools; UNAIDS'/WHO's programming tool for addressing violence against women in the context of the HIV epidemic<sup>29</sup> and What Works for Women and Girls, an online resource of evidence for HIV interventions.<sup>30</sup> This set of complementary tools can be used in a range of ways, depending on the needs of users, such as:

- *UNDP roadmap on mainstreaming gender into national HIV strategies and plans* – to support gender mainstreaming in HIV strategies and plans.
- *UNAIDS gender assessment tool for national HIV responses* - to determine the gender-related gaps in the HIV response.
- *UNAIDS'/WHO's programming tool for addressing violence against women in the context of the HIV epidemic, What Works for Women-* to recommend effective actions.
- *Compendium of gender equality and HIV indicators, forthcoming Compendium of SRHR and HIV Linkages Indicators* – to measure results.

This section provides a non-exhaustive set of examples of gender-responsive activities which could be included in the national response.

29 16 ideas for addressing violence against women in the context of the HIV epidemic: A programming tool. Geneva, WHO, 2013.

30 For further details, see <http://www.whatworksforwomen.org/>.

31 WHO, UNFPA, UNAIDS, NSWP and The World Bank. *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions*. Geneva, WHO, 2013 ([http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf)).

Components of the investment framework	Examples of critical enablers	Examples of development synergies
<p>Focused programmes for key populations at higher risk (particularly sex workers and their clients, men who have sex with men, and people who inject drugs)</p>	<p>Community empowerment interventions that address violence against sex workers by working with the police and other stakeholders associated with sex work, establishing crisis response or supportive services and conducting advocacy to reduce stigma, discrimination and violence faced by sex workers<sup>36</sup></p>	<ul style="list-style-type: none"> <li>■ Community systems strengthening to support key populations; programming to address GBV, stigma and discrimination. Promoting or enforcing laws and policies that protect the rights of women including women living with HIV (e.g., equal access to property and inheritance, equality in the workplace, prevention of early marriage)</li> <li>■ Derogate laws and policies that criminalize abortion</li> <li>■ Ensuring access to safe abortion services</li> <li>■ Reviewing laws and policies that criminalize HIV exposure or transmission, same-sex sexual relations, sex work or drug use. Enforce laws that respect, protect and promote gender identities</li> <li>■ Sensitize the community to promote gender-equitable norms and attitudes such as those related to parenthood, sexual responsibility and rejection of gender-based violence, homophobia and transphobia</li> <li>■ Ensure integration of SRHR, HIV and GBV services</li> </ul>
<p>Elimination of new HIV infections in children</p>	<p>Promoting equal decision-making and mutual support between couples with respect to HIV-related decisions such as safer sex, testing and counselling and the prevention of vertical transmission through couple's counselling and testing interventions</p>	<ul style="list-style-type: none"> <li>■ Legal reform eliminating possession of condoms as evidence of sex work</li> <li>■ Comprehensive sexuality education</li> <li>■ Increasing civic partnership of young people</li> <li>■ Strategies to keep girls in school longer including making school safe for girls, and reducing or eliminating school fees</li> <li>■ Derogate laws and policies that criminalize abortion</li> <li>■ Ensuring access to safe abortion services</li> <li>■ Review age of consent policies to access HIV services</li> <li>■ Derogate laws that criminalize consensual, underage sex among teenagers</li> </ul>
<p>Programmes that focus on the reduction of risk of HIV exposure through changing people's behaviour and social norms</p>	<p>Behaviour change interventions that challenge harmful gender norms and the acceptability of violence against women and related sociocultural practices</p> <p>Programmes that provide support and respite to female carers and encourage men to share women's care burden</p>	<ul style="list-style-type: none"> <li>■ Legal reform promoting gender equality and holding perpetrators of discrimination and violence accountable</li> <li>■ Policies for access to education</li> <li>■ Interventions that foster the economic empowerment of women (e.g. microcredit, microfinance, or cash transfers)</li> <li>■ Community-level initiatives aimed at increasing advocacy and changing policy on gender-based stigma and discrimination</li> <li>■ Working with law enforcement authorities to prevent and respond to gender-based violence</li> </ul>

Components of the investment framework	Examples of critical enablers	Examples of development synergies
Procurement, distribution and marketing of male and female condoms	Interventions to provide skills and empower women to negotiate safer sex including male and female condom use and that encourage partners to be supportive of women's HIV-related decisions	<ul style="list-style-type: none"> <li>Legal reform eliminating possession of condoms as evidence of sex work</li> <li>Ensuring access to quality comprehensive sexuality education for all</li> </ul>
Treatment, care and support for people living with HIV	Providing women and girls with the information they need to claim their human rights including their reproductive rights	<ul style="list-style-type: none"> <li>Legal and policy reform to address discrimination in health care settings</li> <li>Implementation of HIV-sensitive social protection programmes</li> <li>Initiatives to train staff from networks of most affected populations in the context of GBV and HIV, including women living with HIV, on community-level data collection and basic analysis</li> <li>Derogate laws and policies that criminalize abortion</li> <li>Ensuring access to safe abortion services</li> </ul>

## 10. Key indicators

Outcome indicators must be disaggregated by sex and age and a gender analysis must be conducted in order to monitor and evaluate outcomes for women and girls and to “know your epidemic”. In addition, interventions to promote gender equality may require specific gender equality indicators.

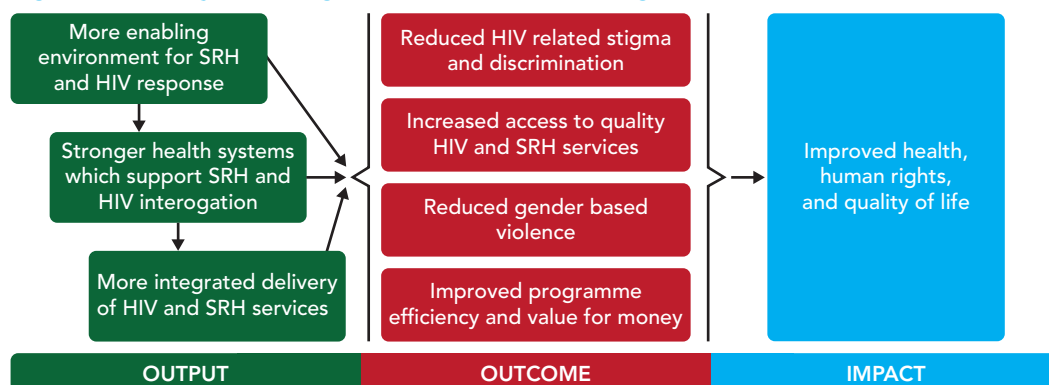
The compendium of gender equality and HIV indicators<sup>32</sup> provides a set of standard indicators to measure the gender dimensions of HIV covering programmatic areas vital to the intersection of gender equality and HIV. These include societal context, intervention programmes, populations warranting special attention, behaviour and knowledge and disease prevalence and reproductive health. Gender-specific factors can be measured across all of these programmatic areas and represent key overarching issues that should be measured in order to demonstrate where progress in achieving a gender-responsive HIV programme has been achieved. It is important to ensure that both gender equality indicators and sex-disaggregated data are considered. The compendium of HIV and SRHR linkages indicators provides a set of indicators to monitor progress in linking these two related areas. The indicators selected follow a theory of change that includes outputs (enabling environment, integrated service delivery and stronger health systems) as well as sexual and reproductive health , outcomes (reduced stigma and discrimina-

<sup>32</sup> *Compendium of gender equality and HIV indicators*, Chapel Hill, MEASURE Evaluation, UN Women, UNAIDS, USAID, and PEPFAR.



tion and gender-based violence, increased access to services, improved efficiency) and impact (improved health, human rights and quality of life). The theory of change is given in figure 2

**Figure 2. Theory of Change for SRH and HIV Linkages**



Ref: IAWG on SRH and HIV Linkages (forthcoming) *SRH and HIV Linkages Compendium: Indicators and Tools*

## 11. Approaches to costing

There are three main approaches to costing regarding gender and HIV<sup>33</sup>:

- **Unit costing** calculates the financial unit cost of a specific service or item utilized to respond to specific needs. This is a financial approach to costing, and narrowly calculates the cost of the specific resources required to address specific needs. (E.g. The cost of condoms)
- **Gender-responsive budgeting** takes a broader, gender-based analysis of the economic impact and includes assessing the main budget documents and tools such as budget analysis, costing exercises, benefit and incidence analysis and budget tracking and monitoring. This represents a planning and budgeting approach to costing, which looks at the benefits of gender-transformative approaches, and the long run budgeting impacts of a society with increased gender equality. (E.g. the economic contributions of women who have access to family planning would be considered)
- **Impact costing** calculates the socioeconomic impact in monetary terms. This is an economic approach to costing, which examines a broad picture of all necessary resources (material, human, etc.) that a project requires, and enables time frame and sustainability analysis of the larger impact of the project. (E.g. overall cost of the full scope of the project including personnel, upkeep, and duration)

Given the general lack of costing data, countries are advised to focus first on identifying the types of actions to be developed for gender equality interventions. These may include standalone activities or interventions, the expansion of existing programmes or crosscutting

33 UN Women. "Manual for costing a multidisciplinary package of response services for women and girls subjected to violence", available at: [http://www.endvawnow.org/uploads/browser/files/costing\\_manual\\_vaw\\_unwomen\\_sea\\_2013.pdf](http://www.endvawnow.org/uploads/browser/files/costing_manual_vaw_unwomen_sea_2013.pdf)

activities. After a detailed definition of such activities, it is recommended that estimates are calculated for the unit costs based on the type of service to be delivered or margin (or the additional costs necessary for expanding existing activities) at the national or subnational level. Alternatively, programme planners may use regional- or global-level unit costs as applicable to specific situations.

An understanding of the components of the unit costs and estimations of the unit and aggregate costs can help to secure funding for the advancement of gender equality and the fulfilment of women's rights, including access to sexual and reproductive health and rights and HIV services.

The estimation of unit costs needs to be adjusted to reflect the size of the population to be served based on coverage at specific times (years), the necessary scale-up rate (towards specific goals or targets), economies of scale (if appropriate), any differences between regions within countries, the type of service delivery, etc., and aggregated into national budgets as standalone activities or as components of other existing interventions.

This will specifically ensure that the priorities for women in all their diversities—which include equal access to prevention, treatment, care and support services—are funded and are being resourced within national strategic plans for HIV. In addition, approaches that contribute to the 'social transformation' of unequal gender dynamics in the context of HIV are funded through the national response.

The steps for formulating a gender-responsive HIV budget are:

1. Identify the prioritized needs of women and girls in all their diversity and gaps in the national HIV response through the completion of a national gender assessment.
2. Identify (cost) effective interventions that focus on addressing these HIV-related needs and gaps.
3. Disaggregate the identified interventions into activities, inputs and outputs.
4. Identify the unit costs for activities, inputs and outputs.<sup>34</sup>
5. Compile all related costing and ensure that an adequate budget is allocated to enable the implementation of the identified interventions.

While undertaking the costing exercise, programme planners may consider whether:

1. National capacity exists to ensure successful implementation of the identified interventions.

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<sup>34</sup> For further information, see the database of service unit costs at [http://policytools.futuresinstitute.org/UC/unit\\_cost\\_db.aspx](http://policytools.futuresinstitute.org/UC/unit_cost_db.aspx).

2. All activities are rights-based and gender responsive.
3. Mechanisms are in place to facilitate the participation of women and girls in all their diversity in the planning and implementation of the national HIV response.
4. Indicators have been developed to enable the tracking of budgets from source to expenditure together with a gender-sensitive monitoring and evaluation tool.

Ensuring gender responsive costing (GRB) can be a daunting endeavour where it has not been undertaken before, but in addition to the above guidance, there are resources available to support this, including UNAIDS Human Rights Costing Tool. UN Women also maintains the only website exclusively devoted to GRB ([www.gender-budgets.org](http://www.gender-budgets.org)).

Over time, countries may consider undertaking impact costing and gender-responsive budgeting to analyse budget allocations for HIV from a gender perspective and establishing the cost-effectiveness of such allocations.

## 12. Additional information

### *Partnerships for developing and implementing gender responsive HIV programmes*

Key partners for the development and implementation of gender responsive HIV programmes for women and girls include non-governmental organizations and/or individuals with expertise in gender equality, national AIDS control programmes and councils and ministries of health, gender or women's affairs, education, justice, rural affairs and development. International, regional and national civil society groups representing women and girls, organizations working on male involvement to address harmful gender norms and communities of women and girls, particularly women living with HIV, also serve as key partners in the implementation of gender-responsive programmes. Bilateral donors and foundations and their relevant implementing partners along with joint United Nations country teams including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and the World Health Organization (WHO) should also be consulted as key implementing partners.

## Technical assistance

Technical assistance can be requested for enhancing expertise on gender equality and gender-responsive programming for women and girls among implementing partners and on national AIDS councils; gender-sensitive monitoring and evaluation; capacity building for gender-responsive programming including costing and budgeting; developing, adapting and implementing gender-responsive tools, guidelines and training curricula; and operations research to identify effective strategies to address gender inequality and to strengthen gender-responsive programming for women and girls.

## Reference materials

A package of resources is now available to support gender-responsive HIV programming, including the following:

### 1. Gender Assessment Tools

GNP+, ICW, IPPE, UNAIDS, UNFPA, WHO. 2009. *Rapid Assessment Tool for Linking Sexual and Reproductive Health and HIV: A Generic Tool*. <http://srhhivlinkages.org/rapid-assessment-tool/>

UNAIDS. 2014. *The UNAIDS Gender Assessment Tool for National HIV responses* (<http://www.unaids.org/en/resources/documents/2014/name,93584,en.asp>)

### 2. Gender mainstreaming tools

Gay J et al. *What works for women and girls: Evidence for HIV/AIDS interventions*. New York, Open Society Institute, 2010 (<http://www.whatworksforwomen.org>).

UNAIDS. 2010 *Agenda for accelerated country action for women, girls, gender equality and HIV*. Geneva, ([http://data.unaids.org/pub/Agenda/2010/20100226\\_jc1794\\_agenda\\_for\\_accelerated\\_country\\_action\\_en.pdf](http://data.unaids.org/pub/Agenda/2010/20100226_jc1794_agenda_for_accelerated_country_action_en.pdf))

UNDP: On Course: *Mainstreaming Gender into National HIV Strategies and Plans-A Roadmap*. New York, NY: <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/roadmap-on-mainstreaming-gender-into-national-hiv-strategies-and/>

UNFPA and Harvard School of Public Health. 2010. *A Human Rights-Based Approach to Programming: Practical Information and Training Materials* <http://www.unfpa.org/public/preview/home/publications/pid/4919>

UN Women. 2013. *Gender equality and HIV/AIDS: A comprehensive web portal for gender equality dimensions of the HIV/AIDS epidemic*. <http://www.genderandaids.org>).

WHO. 2011. *Gender mainstreaming for health managers: A practical approach*. Geneva, ([http://www.who.int/gender/documents/health\\_managers\\_guide/en/index.html](http://www.who.int/gender/documents/health_managers_guide/en/index.html)).

WHO. 2009. *Integrating gender into HIV/AIDS programmes in the health sector: Tool to improve responsiveness to women's needs*. Geneva, ([http://www.who.int/gender/documents/gender\\_hiv\\_guidelines\\_en.pdf](http://www.who.int/gender/documents/gender_hiv_guidelines_en.pdf)).

### 3. Gender and SRHR

Chitembo A et al. *Towards an HIV-free generation: getting to zero or getting to rights?* *Reproductive Health Matters*, 2012, 20(39):5–13

GNP+, NSWP. 2010 *Sexual and Reproductive Health and Rights of Sex Workers Living with HIV*. [http://srhhivlinkages.org/wp-content/uploads/2013/04/srhr-sw\\_2010\\_en.pdf](http://srhhivlinkages.org/wp-content/uploads/2013/04/srhr-sw_2010_en.pdf)

Promundo, UNFPA, MenEngage. *Engaging men and boys in gender equality and health: A global toolkit for action*. New York, UNFPA, 2010 (<http://www.unfpa.org/public/home/publications/pid/6815>).

UNFPA. 2011. *Comprehensive Condom Programming: A guide for resource mobilization and country programming* <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/CCP.pdf>

UNFPA. 2013. *UNFPA Strategy on Adolescents and Youth*. <https://www.unfpa.org/webdav/site/global/shared/youth/UNFPA%20Adolescents%20and%20Youth%20Strategy.pdf>

Welbourn A. *How to engage women in maternal, newborn and child health advocacy and services. Paper delivered at the Women Deliver Conference*, Kuala Lumpur, Malaysia, May 2013 (<http://rhrealitycheck.org/article/2013/06/19/how-to-engage-women-in-maternal-newborn-and-child-health-advocacy-and-services/>).

### 4. Indicators

UNDP. 2014. *Checklist for Integrating Gender into the New Funding Model of the Global Fund to Fight AIDS, TB and Malaria* <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/checklist-for-integrating-gender-into-the-new-funding-model-of-t/>

UNWomen. 2014. *Compendium of Gender Equality and HIV Indicators* <http://www.cpc.unc.edu/measure/publications/ms-13-82>

Interagency Working Group on SRH and HIV Linkages; Compendium of SRHR and HIV Linkages, forthcoming 2014

## 5. Gender and HIV

GNP+, ICW, IPPF, UNAIDS, Young Positives. 2009. *Advancing the Sexual and Reproductive Health and Rights of People Living with HIV: A guidance package*. [http://srhhivlinkages.org/wp-content/uploads/2013/04/advancingsexualreproductivehealthhumanrightshiv\\_2009\\_en.pdf](http://srhhivlinkages.org/wp-content/uploads/2013/04/advancingsexualreproductivehealthhumanrightshiv_2009_en.pdf)

EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. 2009. *Advancing the Sexual and Reproductive Health and Rights of People Living with HIV: A guidance package*. <http://srhhivlinkages.org/wp-IAWG SRH and HIV Linkages/> 2014. *Navigating the Work in Progress* [http://srhhivlinkages.org/wp-content/uploads/IAWG\\_SRHHIVlinkages\\_summary1.pdf](http://srhhivlinkages.org/wp-content/uploads/IAWG_SRHHIVlinkages_summary1.pdf)

Jennifer L. Syvertsen, Angela M. Robertson, Steffanie A. Strathdee, Gustavo Martinez, M. Gudelia Rangel, Karla D. Wagner, *Rethinking risk: Gender and injection drug-related HIV risk among female sex workers and their non-commercial partners along the Mexico–U.S. border*, International Journal of Drug Policy, Available online 14 February 2014, ISSN 0955-3959, <http://dx.doi.org/10.1016/j.drugpo.2014.02.005>. <http://www.who.int/reproductive-health/stis/framework.html> [accessed on 28 July 2014].

UNAIDS. 2011. *Countdown to zero: Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*. ([http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609\\_jc2137\\_global-plan-elimination-hiv-children\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_jc2137_global-plan-elimination-hiv-children_en.pdf)).

UNAIDS and USG. 2011. *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*. [http://srhhivlinkages.org/wp-content/uploads/2013/04/global\\_plan\\_elimination\\_hiv\\_children\\_en.pdf](http://srhhivlinkages.org/wp-content/uploads/2013/04/global_plan_elimination_hiv_children_en.pdf)UNAIDS *Unite with women Unite against violence and HIV*. UNAIDS, 2014 (<http://www.unaids.org/en/resources/documents/2014/name,91776,en.asp>)

WHO, UNAIDS, UNDP, International Planned Parenthood Federation 2005. *Sexual and reproductive health and HIV/AIDS linkages: a framework for priority linkages*. Available from: WHO, UNFPA, UNAIDS, Global Network of Sex Work Projects. 2012. *Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low- and Middle-income Countries* [http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf)

## 6. Gender and Violence

Hale F and Vazquez M. *Violence against women living with HIV/AIDS: a background paper*. Washington DC, ICW Global, Development Connections and UN Women, 2011.

UNAIDS. 2014. *Unite with women. Unite against violence and HIV*. [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/JC2602\\_UniteWithWomen\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/JC2602_UniteWithWomen_en.pdf)

UNFPA. 2010. *Addressing violence against women and girls in sexual and reproductive health services: A review of knowledge assets*. New York, ([http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/addressing\\_violence.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/addressing_violence.pdf)).

WHO. 2013. 16 Ideas for addressing violence against women in the context of the HIV epidemic: [http://www.who.int/reproductivehealth/publications/violence/vaw\\_hiv\\_epidemic/en/index.html](http://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/index.html)

WHO. 2013. *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. Geneva, Department of Reproductive Health and Research, ([http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf)).

## 7. Gender and Key Populations

UNAIDS. 2012. *Women Out Loud: How women living with HIV will help the world end AIDS*. [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20121211\\_Women\\_Out\\_Loud\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20121211_Women_Out_Loud_en.pdf)

WHO, UNFPA, UNAIDS, NSWP and The World Bank. 2013. *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions*. Geneva, ([http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf)).

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