

UNAIDS

Joint evaluation of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls



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Violence against women and girls is a global scourge with physical and sexual violence by an intimate partner or non-partner experienced by one in three women. Gender inequality and gender-based violence continue to hamper effectiveness of HIV responses with gender discrimination a common risk factor contributing to both intimate partner violence and HIV. The complex linkages between VAWG and HIV are bi-directional.

The evaluation of the work of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls was commissioned by the UNAIDS Evaluation Office and conducted jointly with the Evaluation Offices of UNHCR, UNFPA, ILO, and UNESCO, who were part of the management group of the evaluation. UNFPA and ILO also contributed financially to the evaluation. The evaluation was undertaken by Social Development Direct (SDDirect, <https://www.sddirect.org.uk>).

The management group with representatives from the Evaluation Offices of the Cosponsors ensured the soundness of the evaluation approach and methods and provided quality assurance throughout the evaluation. A reference group, composed of all Cosponsors' Global AIDS Coordinators and gender based violence programme experts, UNAIDS Secretariat staff and the UNAIDS PCB Civil Society Delegation, focused on the scope and questions to be answered through the evaluation and the relevance and usefulness of the findings, conclusions and recommendations.

Special efforts were devoted to engage women in the evaluation through women who are well-networked and/or embedded in organisations of women living with HIV and/or addressing violence against women. These women (The Accountability and Advisory Group/TAAG members) had an active role in the evaluation design, data collection, analysis and development of country reports and this global synthesis report.

Despite difficulties posed by the COVID-19 pandemic and related restrictions, the evaluation team managed to carry out in-depth assessments of the work of the UN Joint Programme on AIDS in nine countries, interviewing more than 300 key informants and engaging 60 representatives of networks of women in their diversity.

We are thankful to UNAIDS Country Offices and Joint Teams in Algeria, Argentina, Cambodia, the Democratic Republic of Congo, Haiti, Indonesia, Tajikistan, Tanzania and Zimbabwe for their openness and support in engaging country stakeholders and providing inputs and information to the evaluation team. We are also very grateful to the many women in their diversity who gave their time and active participation to the evaluation.

We hope the evaluation will be useful in the development and implementation of the UNAIDS 2022-2026 Budget and Accountability Framework (UBRAF) and in country operational planning processes, strengthening the UN contribution to preventing and addressing violence against women and girls and efforts to end AIDS as a public health threat by 2030.

UNAIDS Evaluation Office

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Evaluation management group

Joel Rehnstrom, Director, UNAIDS Evaluation Office
Elisabetta Pegurri, Senior Evaluation Advisor, UNAIDS Evaluation Office
Christine Fu, Evaluation Adviser and Joel Kinahan, Evaluation Officer, UNHCR Evaluation Office
Tina Tordjman-Nebe, Evaluation Specialist, UNICEF (first part of the evaluation)
Verena Knippel, Senior Gender Advisor and Principal Evaluator, UNESCO Evaluation Office
Alexandra Chambel, Evaluation Advisor, UNFPA Evaluation Office
Patricia Vidal Hurtado, Evaluation Officer, ILO Evaluation Office

Evaluation reference group

Global AIDS Coordinators/Focal Points

UNHCR: Ann Burton
UNICEF: Chewe Luo; Myungsoo Cho; Shaffiq Essajee
World Bank : Marelize Gorgens; Nejma Cheikh; Katherine Theresa Elizabeth Ward
UNESCO: Christopher Castle; Ariana Stahmer
UN Women: Nazneen Damji; Elena Kudravtseva
UNDP: Mandeep Dhaliwal; Ludo Bok; Andrea Nannipieri
UNFPA: Elizabeth Benomar
UNODC: Monica Beg; Fariba Soltani; Ehab Salah
WHO: Andrew Seale; Hywel Jones
WFP: Fatiha Terki; Michael Smith; Briony Stevens ILO: Kofi Amekudzi

GBV Experts (UN agencies)

Damilola Walker, UNICEF
Khamsavath Chanthavysouk, UN Women
Alexandra Robinson, UNFPA, Pacific Sub-regional Office,
Avni Amin, WHO

UNAIDS Secretariat

Maria Jose Alcala Donegani, Senior Gender Equality Adviser, HQ
Sihaka Tsemo, Regional Fast-Track Adviser, RST WCA
Simone Salem, Regional Adviser, RST MENA
Elena Kiryushina, Youth and Social Organisation Officer, RST EECA
Aliya Bokazhanova, Fast-Track Adviser, Sub-Regional, Kazakhstan
Jacqueline Makokha, UCD Lesotho, ESA
David Bridger, UCD Papua New Guinea, AP

Civil Society

Karen Badalyan, Executive Director, EKHN (Ending AIDS, TB and Hepatitis in Eurasia)
Violeta Gracia, PCB NGO Delegation Latin America

Evaluation team

Jo Feather – Team Leader
Kate Butcher – Senior Evaluation Advisor
Veronica Ahlenback – Core Team Member
Emma Bell – Core Team Member
Fiona Hale – Core Team Member
Florianne Gaillardin – Core Team Member
Martha Tholanah – Core Team Member

The Accountability and Advisory Group Members at global level

Catherine Nyambura, Athena Network
Sita Shahi, Regional Coordinator ICW Asia Pacific Region
Jessica Whitbread, ICW Global Office

Country case studies

Algeria – Jo Feather, Dr Zahia Cherfi, National consultant and Nawel Lahouel, TAAG member (El Hayet)

Argentina – Fiona Hale, Mariana Iacono, National consultant and Cecilia Rodríguez, TAAG Member (ICW Argentina)

Cambodia – Veronica Ahlenback, Reaksmei Arun, National consultant and Sreyluch Leap and Vichheka Sorn, TAAG Member (ICW)

DRC – Florianne Gaillardin, Anny Modi, National consultant and Marysha Shadie, TAAG Member, (ICW West Africa)

Haiti – Fiona Hale, Florianne Gaillardin, Altagrace M. Maignan, National consultant and Esther Boucicault, TAAG Member (Fondation Esther Boucicault Stanislas)

Indonesia – Emma Bell, Baby Rivona, National consultant and Sorn Ayu Oktariani, TAAG Member (IPPI)

Tajikistan – Kate Butcher, Mariya Boltaeva, National consultant and Takhmina Khaydarova, TAAG Member (Network of WLHIV)

Tanzania – Veronica Ahlenback, Jo Feather, Julie Tembo, National consultant and Dr. Lilian Mwakyosi, TAAG Member (Athena)

Zimbabwe – Kate Butcher, Tendayi Ndori-Mharadze, National consultant and Janet Tatenda Bhila, TAAG Member (ICW / Y+) -

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Acronyms

ACE	Adverse Childhood Experience
AGYW	Adolescent Girls and Young Women
ANC	Antenatal care
ARV	Antiretrovirals
CCM	Country Coordinating Mechanisms
CO	Country office
CSO	Civil Society Organisation
CSE	Comprehensive Sexuality Education
CTC	Care and Treatment Centres
DHS	Demographic and Health Survey
ePTCT	Elimination of Parent to Child Transmission
ESA	East and Southern Africa
EQ	Evaluation Questions
FGD	Focus Group Discussions
GIPA	Greater Involvement of People living with HIV
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GTA	Gender Transformational Approaches
HIV	Human immunodeficiency virus
ICW	International Community of Women living with HIV
IPV	Intimate Partner Violence
JP	Joint Programme
JPMS	Joint Programme Monitoring System
JUNTA	Joint UN Team for AIDS
KII	Key Informant Interview
LAC	Latin America and the Caribbean
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex +
MENA	Middle East and North Africa
MIWA	Meaningful Involvement of Women and Girls living with HIV
MOH	Ministry of Health
MSM	Men who have sex with men
NPSV	Non-partner sexual violence
OSC	One Stop Centre
PTCT	Parent to Child Transmission
PWID	Person who injects drugs

RCO	Resident Coordinators Office
RUNO	Recipient UN Organisation
SDG	Sustainable Development Goal
SGBV	Sexual and Gender Based Violence
SOGIE	Sexual Orientation, Gender Identity and Expression
SOP	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
SWAP	Sector-Wide Approach
TAAG	The Accountability and Advisory Group
TOC	Theory of Change
UBRAF	UNAIDS Unified Budget, Results and Accountability Framework
UCM	UNAIDS Country Manager
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence against Women and Girls
VAC	Violence against Children
WCA	West and Central Africa
WFP	World Food Programme

Executive Summary

Overview

UNAIDS (chair), UNESCO, UNFPA, UNHCR and ILO Evaluation Offices jointly managed an independent evaluation of the work of the Joint Programme (JP) on preventing and responding to violence against women and girls (VAWG) in all their diversity.

Evaluation purpose, scope and intended users

The purpose of the evaluation is to assess the Joint Programme's accountability to end VAWG and address the bi-directional nature of VAWG and HIV, where VAWG can be an indirect and direct factor for increased HIV risk, and violence can be an outcome of HIV status and disclosure.

Being a forward-looking evaluation, it assesses results achieved, identifies lessons learnt, and presents practical recommendations for consideration during the development and implementation of the new UBRAF.

This evaluation covers the period from 2016 onwards. It examines interventions that address the **bi-directional nature of VAWG and HIV**; the degree to which interventions are **gender transformative** and conducted in **collaboration** with women's and adolescent girls' groups and relevant civil society networks; the extent to which VAWG and HIV programming is **country-owned** and **accountable to women and girls in their diversity**; and the degree to which the Joint Programme has been able to **collaborate** internally on HIV and VAWG work.

The evaluation's intended users are the UNAIDS Secretariat and the Cosponsor organisations¹ along with key national HIV/AIDS coordinating authorities, implementing partners at country level and women's and girls' groups and networks and other CSO and HIV advocates

Evaluation approach and methodology

The evaluation is grounded in feminist principles and based on a reconstructed Theory of Change with four hypothetical outcomes derived from the 2016-21 UNAIDS Strategy and UBRAF. These outcomes are Outcome 1, *The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative*; Outcome 2, *UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative*; Outcome 3, *Enhanced national ownership of VAWG and HIV response and accountability to women and girls in their diversity*; Outcome 4, *Enhanced collaboration through Joint Programme working on HIV and VAWG prevention and response*.

The evaluation combines global consultation and document review with nine in-depth country case studies to support outcome harvesting to examine how the Joint Programme has addressed the bi-directional linkages between HIV and VAWG at country level. Country case studies included Algeria, Argentina, Cambodia, Democratic Republic of Congo (DRC), Haiti, Indonesia, Tajikistan, Tanzania, and Zimbabwe. Findings from these case studies are used as illustrative examples to inform the future planning and programming of the Joint Programme. The full country case studies are included in a separate Volume.

The evaluation used a mix of data collection methods and tools to generate evidence and examine findings and support triangulation from a range of sources. This consisted of **key informant interviews** (KIIs), **consultations** with women in their diversity, **document review**, and a **Gender Equality and Social Inclusion (GESI) analysis**.

The evaluation was conducted in the context of the **COVID-19 pandemic**, which presented some limitations to the data collection in case study countries.

The evaluation was guided by a set of **ethical principles**. These principles were applied to the evaluation to minimise the risk of doing any harm, while seeking to maximise the benefits of the evaluation, including to ensure the **safe and meaningful participation** of women in all diversity living with and affected by HIV and who might have experienced violence, or who belong to HIV and VAWG focused organisations and networks to ensure the evaluation leads to benefits for women and girls.

¹ 11 Cosponsors include: ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO, World Bank.

The evaluation is also informed by ethical and safety considerations for research and informed by the UNEG Ethical Guidelines and WHO's ethical research guidance² as well as the ethical framework and safeguarding policies of SDDirect.

The Accountability and Advisory Group (TAAG)

The evaluation set up TAAG to guide the evaluation process, input into key deliverables, and be part of the in-country data collection. TAAG members represented women in their diversity. The selected women were well-networked nationally and/or embedded in national organisations of women living with HIV and/or national organisations addressing violence against women. TAAG members either interviewed representatives of key community led HIV networks or ran focus group discussions (FGDs) with women living with and affected by HIV, focusing on their experiences of UN activities on VAWG and HIV and on UN accountability to community-led organisations.

² See [UNEG Code of Conduct for UN evaluation](#) (2008) and WHO (2016) and [UN Protocol on SEA](#)

Data sources

The figure below summarises the main data sources that were used to inform this evaluation.

 Documents reviewed	 Key informants	 Women in their diversity
<ul style="list-style-type: none"> ▪ 56 UN Joint Plans and JPMS reports ▪ 133 other UN docs ▪ 37 Evaluations and reviews ▪ 64 National HIV and VAWG policies / guides / guidelines ▪ 49 Research and data reports ▪ 79 other documents (grey literature / civil society reports) 	<ul style="list-style-type: none"> ▪ 145 UN Stakeholders ▪ 96 CSO stakeholders ▪ 43 Government stakeholders ▪ 17 donors/ private sector ▪ 5 global CSOs 	<ul style="list-style-type: none"> ▪ 60 representatives from networks of women and key populations
<p>418 documents reviewed</p>	<p>306 key informants</p>	<p>60 representatives of networks of women in their diversity</p>

Conclusions

The evaluation found that the Joint Programme is supporting countries to work collaboratively to some extent with women’s and relevant civil society networks in addressing gender equality, HIV and VAWG, however inadequate attention is being paid to transformative approaches to address the structural and root causes of gender inequality, HIV and VAWG.

Conclusion 1 Both targeted and mainstream approaches to addressing the intersections of HIV and VAWG were in evidence in the case study countries but they are unsystematic and not clearly focused on the different types of violence experienced by women and girls living with HIV in their diversity nor on tackling the root causes of this violence.

Conclusion 2 The lack of integration and linkages across different programmatic areas present missed opportunities. The extent to which HIV and VAWG programming addresses the bi-directional linkages varies considerably across countries. However, where linkages are addressed, they tend not to be systematic, but to be small scale one-off awareness raising or training events, with limited opportunity for sustainability or scale up.

Conclusion 3 A number of initiatives have been supported by UNAIDS Secretariat and Cosponsors in different contexts which have shown promising results. However, many of these approaches are implemented as ‘pilot projects’. There are opportunities and entry point where integration of HIV and VAWG could be strengthened without requiring significant additional resource.

Conclusion 4 Adolescent girls and young women’s programmes and comprehensive sexuality education present the strongest examples of HIV / VAWG integration. These types of programmes were also strongest in terms of taking a gender transformative approach.

Conclusion 5 Accountability mechanisms to civil society (including those that aim to improve the way the UN works with civil society, as well as those the UN supports to improve accountability between civil society and other institutions) are not well defined and there are opportunities to strengthen these at country level.

Conclusion 6 There are mechanisms to support the meaningful involvement of women and girls living with HIV in their diversity however they need to be strengthened to ensure a stronger focus on building sustainable leadership skills of women rights organisations, and that the voices of all groups of women and girls in their diversity are included in the Joint Programmes' efforts at country level. Excluded groups vary by context but include those with multiple identities which exacerbate the barriers they experience (women with disabilities, younger women, sex workers, LBTQ women, women living in rural areas).

Conclusion 7 Opportunities exist to build on the coordination at national and regional level to leverage and advance certain agendas in particular for advancing the rights of key populations and women and girls living with HIV in their diversity. Funded collaborative initiatives, such as Spotlight, present important opportunities for this.

Conclusion 8 The language and terminology that is used for HIV, VAWG and gender equality programmes is inconsistent and internal gender capacity of the UN Joint Team varies among Cosponsors and among different countries. The UN Joint Team would benefit from internal capacity building on the intersections of HIV and VAWG as well as issues of intersectionality and gender transformative approaches to ensure they are more consistently applied.

Conclusion 9 Approaches to addressing key populations do not adequately recognise how gender inequality and other forms of discrimination overlap. The needs and priorities of women and girls in their diversity often appear to be neglected, with some key population approaches being gender blind. These bi-directional linkages and intersections of HIV and VAWG can only be addressed through having a clear understanding of gender inequality and the social norms that exist in any given context as well as how HIV, including HIV related stigma, impacts on gender inequality and norms.

Conclusion 10 A number of innovative and promising programmes addressing HIV and VAWG have been implemented but they need to be more systematically reported on and evaluated to ensure that evidence of impact and lessons learnt are being fed back into other programmes within the region and among regions. Internal reporting mechanisms are in place but appear to be inconsistently applied, which limits their utility.

Conclusion 11 The adaptations and flexibility demonstrated by the Joint Programme in responding to the COVID-19 epidemic and the examples in many countries of an increasing awareness of how gender inequality, VAWG and HIV overlap presents a unique opportunity to build on this increasing understanding.

Recommendations

The following recommendations fall into two areas: strategic recommendations and operational recommendations. Strategic recommendations concern the work of UNAIDS Secretariat and Cosponsors at a Global level and are intended to inform the next phase of the strategy planning process. Operational recommendations present practical steps that can be actioned by the Joint Programme Teams.

Strategic Recommendations

Recommendation 1. UNAIDS Secretariat and Cosponsors should ensure that an explicit focus on VAWG is integrated into the new UBRAF planning document, with objectives linked to the Global AIDS strategy, 2021-2026, outlining key areas of action which relate to all Cosponsors and the Secretariat. This should be based on existing good and promising practice and evidence of what works.

Based on conclusions 1, 2, 3, 4

- A twin-track approach of the inclusion of women and girls living with HIV in mainstream/ general VAWG programmes, in tandem with interventions that focus specifically on violence experienced by women and girls living with HIV in their diversity is needed to comprehensively address VAWG/ HIV linkages and their root causes.
- A focus on including women and girls living with HIV in their diversity in both HIV and VAWG programmes, as well as ensuring specific interventions are designed to address their needs is required.
- The annual UBRAF planning cycle at country level should be used to ensure the intersections are prioritised and division of labour is clear from the outset. This is a key role for the HIV and Gender Working Groups.
- Aspects of policy and legislative reform which look at gaps in VAWG policy as well as HIV policy and highlight examples of good practice should be included in the UBRAF planning document.

Recommendation 2. The UNAIDS Secretariat and Cosponsors should produce short guidance notes that collate the evidence of what works to address the intersections of VAWG and HIV, highlighting key entry points and opportunities identified through this evaluation and existing good practice to guide future programming.

Based on conclusions 3, 4, 8, 11

- UNAIDS Secretariat should commission a series of short guidance notes to sit alongside the new UBRAF. These guidance notes should assemble, and synthesise global guidance which already exists together in one place to support programmers and policy makers, including WHO 16 ideas for addressing VAWG, RESPECT framework, ALIV[H]E framework, and the WHO Consolidated guidelines for SRHR. Learning identified through promising examples in this evaluation and from other sources, should also be captured and fed into the next planning cycle.

Recommendation 3. The UNAIDS Secretariat and Cosponsors should strengthen the mechanisms for accountability, and feedback, to civil society and women in their diversity, at country level.

Based on conclusions 5, 6, 9

- Promote more opportunities for co-creation of projects with women-led, and women's rights organisations, to strengthen mutual accountability and sustainability. This can be done through existing mechanisms at country level and reviewing and rotating the membership, ensuring people from rural areas are included, decentralising representation, and giving groups more notice of meetings and agenda, to allow adequate preparation.
- More concerted efforts are needed to ensure the inclusion of women and girls in their diversity in funding and programme decision making processes within the UN and the Global Fund. This should include women's rights groups at grassroots level. The Civil Society reference group established in Zimbabwe for the Spotlight programme provides a good example.
- Improve feedback mechanisms through ensuring better transparency around how the Joint Programme makes decisions, which groups they work with and how they fund those groups. Funds should be released in a timely fashion and there should be a two-way feedback process in place, where results and lessons are shared.

Recommendation 4. The UNAIDS Secretariat and Cosponsors should consider how to improve ways of working so that the UBRAF envelope has a more catalytic and impactful role, including revisiting the funding mechanisms to support civil society.

Based on conclusions 2, 6, 7, 9

- The Joint Programme could consider how funding is allocated to ensure resources support and include women's rights organisations at grassroots level and networks led by women living with and affected by HIV including those supporting the rights of girls. Coalition building to strengthen leadership and management capacity could be integrated into funding mechanisms to support community-led responses run by smaller organisations working at the grassroots level. This could be stipulated within the funding modality so that communities are meaningfully involved. There is a need to recognise the diversity of voices and capacity within the women's movement and find a way of ensuring a vibrant and well-funded community level response is supported.
- Consider saturation and layering of interventions in particular areas to avoid spreading resources thinly and having little impact.
- Consider making it a requirement for all HIV programmes to address GBV/ VAWG; addressing VAWG against women living with HIV must be put in the centre of the HIV response and needs to be prioritised and recognised by all stakeholders. A set of minimum standards, identified above, and integrated in to the UBRAF, could guide this requirement.

Recommendation 5. UNAIDS Secretariat should strengthen its advocacy role at regional and national level to amplify the need to address the bi-directional linkages of violence against women and HIV.

Based on conclusions 5, 7

- Advocacy at regional level should call for redoubled efforts to reach and support the activities of women and girls living with HIV with VAWG prevention and response programmes and to address the bi-directional links for women and girls at greater risk of HIV transmission.
- At country level, UNAIDS should leverage the role of the Resident Coordinators Office (RCO) to advocate for prioritising VAWG and HIV intersections, and the meaningful involvement of women living with and affected by both HIV and VAWG in their diversity, through the UN Sustainable Development Cooperation framework at country level.
- Advocacy with key partners, particularly the Global Fund, PEPFAR and Spotlight, to meaningfully include, support, and improve their accountability to women and girls living with HIV in their diversity and understanding of the gendered nature of the epidemic and the bi-directional linkages with VAWG.

Operational Recommendations

Recommendation 6. UNAIDS Secretariat and Cosponsors³ should ensure that Country Teams receive capacity building and training in addressing both HIV and VAWG through the lens of gender transformative policy and programming and how HIV impacts gender equality and norms.

Based on conclusions 1, 3, 4, 8

- Support country teams to conduct intersectional gender and social inclusion analysis across all programmes. This should address the bi-directional linkages of HIV and VAWG prevention and response, paying specific attention to addressing normative change.
- Internal capacity building should ensure coherent messaging and programming as a whole, including consistent language and terminology of key concepts as identified in this evaluation.
- Investment and focus is needed to ensure that this awareness raising and capacity building is provided across the Joint Programme country teams to build consistent understandings.

Recommendation 7. UNAIDS Secretariat and Cosponsors need to improve documentation, evaluation and knowledge management, with some notable exceptions.

Based on conclusions 10, 11

- Programmes should routinely evaluate and document their results and lessons learnt. Where pilot projects are implemented, they should ensure there is an MEL system attached to enable results to be tracked, widely disseminated and lessons learnt.
- Lessons learnt from past and ongoing programmes which are addressing the bi-directional links between HIV and VAWG should be captured and used to influence subsequent programmes.
- Consider making the use of the Civil Society Marker and the Gender Equality marker more consistent to make it a more meaningful tool if it remains a requirement.

³ The process could be led by UN Women as the Agency Convenor for gender inequality and GBV in the Division of Labour (2018), with support from WHO and UNFPA.

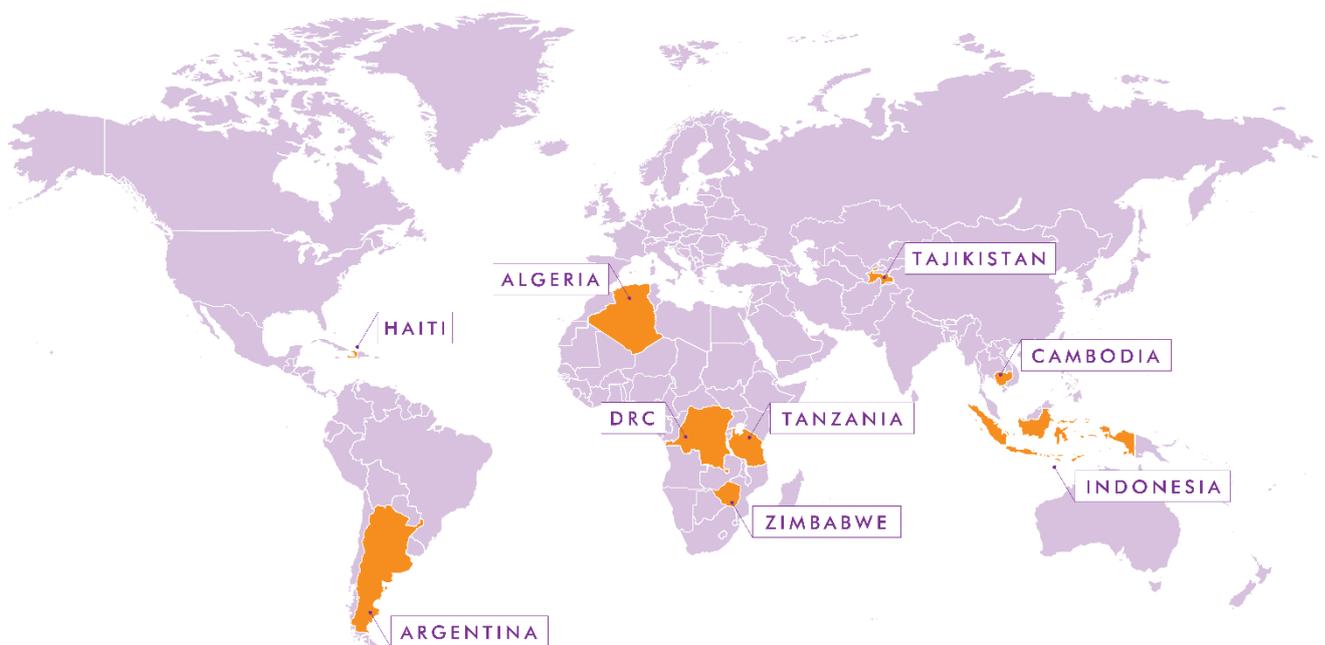
1. Introduction

1.1 Overview of the evaluation

UNAIDS Evaluation Office commissioned Social Development Direct to conduct an independent evaluation of the work of the Joint Programme on preventing and responding to violence against women and girls (VAWG) in all their diversity. The evaluation was guided by the Evaluation Management Group composed by senior evaluators from UNAIDS, UNESCO, UNFPA, UNHCR and ILO Evaluation Offices. An Evaluation Reference Group consisting of HIV and Gender Experts from all UNAIDS Cosponsors and the Secretariat as well as civil society representatives (nominated by the PCB NGOs delegation) – ensuring overview and participation from across the UN– provided thematic technical guidance to the evaluation.

The evaluation combines global consultation and document review with nine in-depth country case studies (see Figure 1) to examine how the Joint Programme has addressed the bi-directional linkages between HIV and VAWG at country level. These findings from the case studies are used as illustrative examples to inform the forward-looking planning and programming of the Joint Programme.

Figure 1: Map of Country Case Studies



Disclaimer: The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

The evaluation was conducted between September 2020 and June 2021, with most data collection taking place between January to March 2021.

The report is structured as follows:

- Section 1** goes on to present the purpose and objectives of the evaluation
- Section 2** introduces the evaluation scope, evaluation questions, and conceptual approach
- Section 3** discusses the methodology
- Section 4** summarises the nine country programmes
- Section 5** examines the findings against the four outcomes and evaluation questions
- Section 5** sets out the conclusions
- Section 6** presents recommendations

The report is also accompanied by a number of Annexes, including a volume containing the nine full country case study reports.

1.2 Evaluation purpose and objectives

The purpose of the evaluation is to assess the Joint Programme's **accountability** to end VAWG and address the bi-directional nature of VAWG and HIV, where VAWG can be an indirect and direct factor for increased HIV risk, and violence can be an outcome of HIV status and disclosure.

Being a forward-looking evaluation, it assesses **results achieved**, identifies **lessons learned**, and presents **practical recommendations** that seek to support learning and evidence-based decision making, planning and programming of the Joint Programme.

The evaluation's intended users are the UNAIDS Secretariat and the Joint Programme Cosponsor organisations along with key national HIV/AIDS coordinating authorities, implementing partners at country level and women's and girls' groups and networks and other CSO and HIV advocates.

2. Evaluation scope and conceptual approach

2.1 Evaluation scope

This evaluation covers the period from 2016 onwards, although some historical examples have been included to show the evolution of the integration of HIV and VAWG in Cosponsors' programmes. The evaluation focuses on the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) programme and activities in country-level UN Joint Plans, but also considers linkages to UN VAWG programming that may or may not have been part of the Joint Plans, to draw on the widest possible evidence of how HIV/ VAWG linkages have been addressed by UNAIDS Secretariat and Cosponsors in HIV and VAWG programming.

Due to the potentially enormous scope of this enquiry, the evaluation focus is specifically on interventions that address the **bi-directional nature of VAWG and HIV**; the degree to which interventions are **gender transformative** and conducted in **collaboration** with women's and adolescent girls' groups and relevant civil society networks; the extent to which VAWG and HIV programming is **country-owned** and **accountable to women and girls in their diversity**; and the degree to which the Joint Programme has been able to **collaborate** internally on HIV and VAWG work.

The evaluation is country-focused and draws on evidence from nine country case studies across six regions, as well as drawing on global programme evaluations where relevant. Following a process of developing and applying objective criteria⁴ for country selection, the following countries were identified for the evaluation: Algeria, Argentina, Cambodia, DRC, Haiti, Indonesia, Tajikistan, Tanzania, and Zimbabwe. The selection was designed to ensure a balance of: i) contextual considerations (development and humanitarian settings); ii) key population groups, including women in their diversity; and iii) HIV prevalence and VAWG statistics. The selection also considered representation across Cosponsors to capture the different dynamics of HIV prevention and response programming as well as VAWG prevention and response programming and ensured that a number of countries benefitting from the Spotlight Initiative were also included.

The evaluation focuses on efforts that contribute towards UBRAF (2016-2021) Strategy Result Area (SRA) 5 – *Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV*, as well as the broader evaluation hypothesis which is presented in section 2.4 *Theory of Change*.

Based on the terms of reference (ToR), the evaluation measures progress against three of the OECD/DAC evaluation criteria: *coherence, effectiveness* and *sustainability*.

2.2 VAWG and HIV linkages

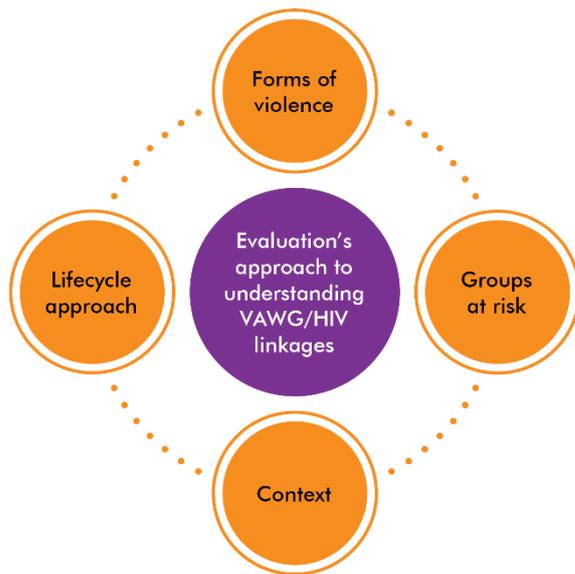
The links between HIV and VAWG are complex and multifaceted, comprising both direct and indirect pathways. The World Health Organisation's (WHO) *16 Ideas for addressing violence against women and girls in the context of the HIV epidemic* describes four pathways that link VAWG and HIV⁵:

- **Gender inequality is a common determinant of VAWG and HIV.** Gender inequitable attitudes on an individual, community and societal level contribute to VAWG and drive HIV.
- **VAWG is an indirect factor for increased HIV risk and a barrier to uptake of HIV services, and poor treatment adherence.** Women who experience IPV are more likely to experience mental health issues, substance abuse, transactional sex and have less control over adopting protective behaviours and practices. Women and girls and gender diverse people who fear violence in the community or within services may avoid getting support or be denied services.
- **Direct transmission of HIV through sexual violence and rape.** Some groups of women and girls are at higher risk of sexual violence, including women and girls with disabilities, sex workers and transgender women. Some contexts see particularly high rates of non-intimate partner sexual violence, including humanitarian contexts, and prisons and closed settings.
- **Violence can be an outcome of HIV status and disclosure.** Women and girls who learn of and disclose their HIV status are at increased risk of experiencing multiple forms of violence, from their partner, community, and state institutions.

⁴ The criteria for country selection is outlined in the inception report, and included as annex 1

⁵ WHO and UNAIDS (2013) [16 Ideas for addressing violence against women in the context of the HIV epidemic](#). A programming tool. Geneva: WHO and UNAIDS.

Figure 2: Conceptual approach to understand VAWG/ HIV linkages



WHO estimates that women living with HIV are at least 1.5 times more likely to experience violence than other women, either because violence resulted in HIV acquisition or HIV acquisition and disclosure resulted in violence.⁶

The manifestations of these linkages take various forms, depending on context and population groups. To understand the more specific nature of the VAWG/ HIV linkages in the case study countries and assess how the Joint Programme has addressed them, the evaluation team explored which **forms of violence** (with linkages to HIV) are prevalent, what **groups of women and girls** in their diversity are affected (taking a **lifecycle approach**) and in what **contexts** violence takes place (Figure 2). Subsequently, the evaluation explored how the Joint Programme recognises and addresses these aspects.

Forms of violence

The links between VAWG and HIV are bi-directional and exist in the following forms of violence.⁷

- **Intimate partner violence (IPV)** is a risk factor for acquiring HIV through direct and indirect linkages. Beyond direct transmission through sexual violence, IPV can heighten women's and girls' exposure to HIV risk as it is associated with higher levels of alcohol and drug use and mental health issues, and lower influence over sexual decision-making. IPV does not stop with an HIV diagnosis and can even increase. Further, IPV (and fear of IPV) can prevent women and girls living with HIV accessing HIV, SRH and other health services and impacts negatively on HIV progression.
- **Non-partner sexual violence** is a direct risk factor for HIV transmission. While all women and girls can experience sexual violence, some groups are at particularly high risk, including women and girls with disabilities, LGBTQI+, sex workers, and women and girls in prison and other closed settings and in conflict and humanitarian settings.
- **Psychological and emotional violence** can manifest through verbal abuse, stigma and discrimination against women and girls living with and particularly affected by HIV. This includes belittling women and girls around their status, withholding medication and refusal to support their access to services. Women and girls can experience such violence in different places including in the home, community, health facilities, schools, the workplace and in prison and other closed settings.
- **Economic/financial violence** for example when an intimate partner has control over the other partner's access to economic resources which diminishes their capacity to support themselves and increases their dependency on the perpetrator. It can also include preventing a person from getting a

⁶ Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization: 2017

⁷ Salamander Trust, Athena, UNAIDS, AIDS Legal Network, Project Empower, HEARD, University of KwaZulu-Natal (2017) [Action Linking Initiatives on Violence Against Women and HIV Everywhere. ALIV\(H\)E framework](#)

job or education. Economic abuse is related to, or also known as, financial abuse, which is the illegal or unauthorised use of a person's property, money, or other resources. HIV-related stigma and discrimination intersect with racial injustice and inequalities based on gender, sexual orientation, gender identity and expression and other factors, to increase the economic injustice faced by women, girls and gender-diverse people. Lack of sustainable livelihoods affect health, wellbeing and access to basic needs and services, and can also exacerbate household conflicts and violence. Economic and financial violence and fear of violence make access to HIV prevention, care, treatment and support more difficult.

- **Structural and institutional violence** links to HIV in many forms. Examples include: criminalisation of sex work, drug use, or sexual minorities; structural racism which undermines the rights of minority populations; legal systems that do not recognise marital rape, intimate partner or domestic violence and do not afford women and girls equal rights to inheritance, property ownership etc; health systems that expose women and girls to disrespect, abuse and violence by health care workers, including reproductive rights violations and obstetric violence; labour laws that do not offer protection from discrimination for people living with HIV; policies and practices that deny women and girls decision-making power, the opportunity to contribute to policy making, and a seat at the table, etc.

These forms of violence take place in a wide range of settings and are driven by a variety of causes –but are linked through the common determinants of gender inequality, harmful social norms, and unequal power relationships. In addition to these, the evaluation team recognises that the following forms of violence, which can manifest in sexual, physical and other forms of violent acts, have direct and indirect linkages to HIV which will be explored by the evaluation depending on selected countries:

- School-related GBV
- Child sexual abuse
- Sexual exploitation and abuse
- Adverse childhood experiences (ACE)
- Workplace violence
- Homophobic and transphobic violence
- Child, early and forced marriage (CEFM)
- Female Genital Mutilation (FGM)

VAWG vs. GBV

The evaluation is framed around violence against women and girls (VAWG). VAWG is defined by the UN as '*any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life*' (in the [Declaration on the Elimination of Violence against Women](#)). VAWG is therefore a type of GBV. While other conceptualisations of GBV also include violence against men and boys, the evaluation will focus on violence against women and girls in their diversity, including among key populations and gender diverse groups.

The report adopts a **VAWG** terminology. However, when referring to documents and interviews it will reflect the terminology/ conceptualisations/ descriptions used in documents and by key informants, meaning that sometimes 'GBV' will be used instead of VAWG.

Groups at risk

The evaluation focuses on the experiences of **women and girls in all their diversity**, including women and girls from key populations, and those living with HIV.⁸ This includes women and girls of diverse ages, relationship/ marital status, ethnicity, race, indigenous identity, religion, sexual orientations, gender identities and expressions (SOGIE), HIV status, disability status, refugee and migrant status, and other characteristics that do not only refer to myriad identities, social and health determinants that exists, but also includes varied geographies and socioeconomic status.

⁸ UNAIDS considers sex workers, men who have sex with men (MSM), people who inject drugs, transgender people and prisoners as key populations. Countries may also identify additional key populations in their context. This evaluation covers women and girls from these populations.

In addition to the focus on women and girls in their diversity, the evaluation team recognises that transgender men and gender non-conforming people face high rates of violence, which is often based in intersecting gender-based, transphobic and homophobic violence depending on how they are (incorrectly) perceived by society. Some transgender men are perceived as men, while others are perceived as (gender non-conforming) women, and/ or as lesbians or bisexual women.

Women and girls in their diversity

This report uses the term **‘women and girls in their diversity’** when discussing women’s and girls’ experiences of HIV and VAWG. This means that the evaluation recognises women and girls living with HIV in all their diversity, and women and girls who are at risk of/ are survivors of VAWG in all their diversity. This terminology is particularly useful to draw attention to issues of inclusion/ exclusion in HIV and VAWG programming, and when assessing the extent to which the Joint Programme is accountable to women and girls in their diversity.

The report uses the term **‘women and girls from key populations’** in relation to HIV programming as key population terminology dominates the HIV discourse. Women and girls from key populations are part of women in their diversity, however, this term is sometimes used to discuss how ‘gendered’ key population programming is, i.e., whether and how the experiences, needs and priorities of women and girls from key populations are recognised and addressed in key population approaches.

Women in their diversity includes **women and girls with diverse sexual orientation, gender identity and expression (SOGIE)**, also commonly referred to as lesbian, bisexual, transgender, queer and intersex (LBTQI+) women (however, it is recognised that is largely situated in a ‘Western’ framework), and a range of contextual expressions and terminologies to capture the diversity of sexual orientations, gender identities and expressions that exist across the world. The report uses a mix of terminology to refer to people of diverse SOGIE in relation to the work of the Joint Programme. When referring to information from documents and interviews, the report uses the same terminology as the source. This means that lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people more broadly is sometimes referred to, as it is not uncommon that programme documents and approaches do not specify which groups they may work with, and often talk about people of diverse SOGIE in a homogenous way. When findings related to women and girls with diverse SOGIE and gender diverse people are discussed they are presented, where possible, according to which specific groups are being referred to and therefore the terminology that best captures this is used (e.g. lesbian women, bisexual women, trans women, trans men, gender non-conforming) and when it is not possible to be specific acronyms are used.

The evaluation takes an **intersectional approach**, recognising that people’s identities are multifaceted and overlap, and that belonging to multiple identity groups that are marginalised in society can increase the risk of experiencing violence, and subsequently being exposed to HIV risk and transmission.

Understanding intersectionality

In order to understand the experiences of women and girls in their diversity, there is a need to understand the concept of intersectionality. Coined by Kimberlé Crenshaw in 1989 as a concept to understand the lived experiences of black women in the nexus of gender-based and racial oppression, intersectionality has emerged as a concept to understand overlapping, or ‘intersecting’, forms of oppression, discrimination, and marginalisation. While all women, girls and gender diverse people face gender inequality in patriarchal societies, their experiences of discrimination and oppression are not homogeneous, but experiences are shaped by the coexistence of several determinants such as identities, socioeconomic status, health, geographic location and displacement or migrant status, to mention a few.

Women and girls at known risk of being affected by VAWG/HIV linkages include but are not limited to:

- Women and girls living with HIV
- Adolescent girls and young women
- Women and girls with disabilities
- Sex workers
- Women and girls who use drugs
- Women and girls in prison and other closed settings
- Women and girls of diverse SOGIE
- Women and girls who are refugees or internally displaced
- Migrant women and girls
- Women and girls from minority ethnic, racial and indigenous groups

Annex 3 outlines key evidence of how these identities are at intersecting risk of VAWG and HIV.

Contexts

In addition to considering forms of violence and groups at high risk of violence when examining HIV/VAWG linkages, the evaluation considers various settings in which the linkages occur. In the country case studies, the evaluation explores how the Joint Programme has addressed VAWG/ HIV linkages in some (not all case studies consider all) of the following settings:

- Development settings
- Humanitarian settings
- Home
- Communities
- Health facilities and other public institutions
- Public spaces
- Schools and universities
- Workplaces
- Prison and other closed settings
- Rural and urban areas
- In “safe spaces” (e.g., within safe spaces for communities)

Lifecycle approach

Experiences related to VAWG and HIV are not static in the lives of women and girls, but change throughout the lifecycle.⁹ Beyond ageing, changes in relationship/ marital status, changes in SOGIE (and disclosure thereof), and health and disability status are aspects that can change throughout the lifecycle and may affect the extent to which women and girls are at risk of different forms of violence and HIV.

2.3 Gender Equality and Social Inclusion (GESI) analysis

In order to understand the extent to which HIV and VAWG interventions are **gender transformative**, the evaluation uses a Gender Equality and Social Inclusion (GESI) model¹⁰ (see Figure 3) which presents a spectrum against which programming or interventions can be examined. The GESI model can help to clarify the extent to which a programme addresses gender inequality and social exclusion in sensitive, responsive or transformative ways, or whether they are GESI blind or exploitative at the negative end of the spectrum. This conceptual model pays attention to gender *and* social inclusion, as gender transformative approaches (GTAs) by default have to work for women and girls in their diversity, requiring an intersectional understanding of how gender inequality interacts with other forms of oppression related to age, disability, class, ethnicity, and SOGIE, for example.

⁹ This follows a lifecycle approach. For more info, see UNFPA (2019) [Sexual and Reproductive Health and Rights: An Essential Element Of Universal Health Coverage Background document for the Nairobi summit on ICPD25 – Accelerating the promise](#), New York: UNFPA.

¹⁰ This is an SDDirect tool, originally adapted from Caroline Moser.

Definition of gender transformative approaches

The evaluation used a definition of gender transformative approaches (GTA) adapted from SDDirect's GESI framework, drawing on definitions from both the WHO and the Salamander Trust. Gender transformative approaches are understood as those that:

- Address the root causes of gender inequality by seeking to transform unequal gender and social norms, and aims to change structural power and social relations.
- Place women and girls and gender diverse people at the heart of a response, challenge unfair and unequal distribution of resources and promote positive norms and equitable roles and relationships, at both the individual and group levels, as well as institutional, policy and structural levels.

The evaluation framework with the GESI model and the evaluation Theory of Change suggest several key elements of GTAs that are necessary to achieve transformational change, including: a focus on the experiences of women and girls in their diversity; the central role of women's and civil society networks; accountability to women and girls; creating an enabling environment for empowerment; and the ultimate focus on promoting positive gender norms and the rights of women and girls to live without VAWG and mitigate risk and impact of HIV. GTAs necessarily require paying strong attention to underlying gender inequalities, social norms and power relations that underpin VAWG and HIV linkages.

The country case studies captured programme examples against eight key elements¹¹ of GTAs that were identified as essential in programming that addresses HIV/ VAWG linkages, based on the evaluation framework. However, it is important to acknowledge that this is not an all-encompassing list and GTAs will necessarily take different shapes in different programmes, depending on factors such as type of intervention, resources and capacity, and not least, contextual considerations and the current strategies and priorities of women's networks and organisations, and other relevant civil society groups. Several resources exist that provide guidance on how HIV programming can be designed in gender transformative ways, which elaborate further on key features of GTAs and suggested steps for developing a gender transformative HIV response.¹²

The **GESI sensitive** level commonly addresses practical needs¹³ and priorities of women in their diversity and socially excluded groups, while the **GESI responsive** level also pays attention to strategic priorities and needs and seeks to create an enabling environment for supporting groups and individuals' empowerment. The **GESI transformative** level builds on the previous levels and is further associated with structural change in power and social relations/ norms, recognises and supports efforts led by women and girls, and emphasises collective action. Programming at this end of the spectrum includes leadership by women, girls and marginalised groups and their meaningful involvement at all levels of programming (e.g. programme design and implementation, policy and research). This work often requires long-term commitment.

It should be noted that not all programming can be gender transformative – the GESI level a programme operates at will depend on a range of factors such as type of intervention, resources, timeframe, capacity, mandate and contextual factors. It will not be feasible for all interventions to be gender transformative. For instance, some types of interventions will primarily address practical and immediate needs of women and girls, such as access to VAWG and HIV services following violence. These are essential and form part of a broader gender transformational approach – without essential services and

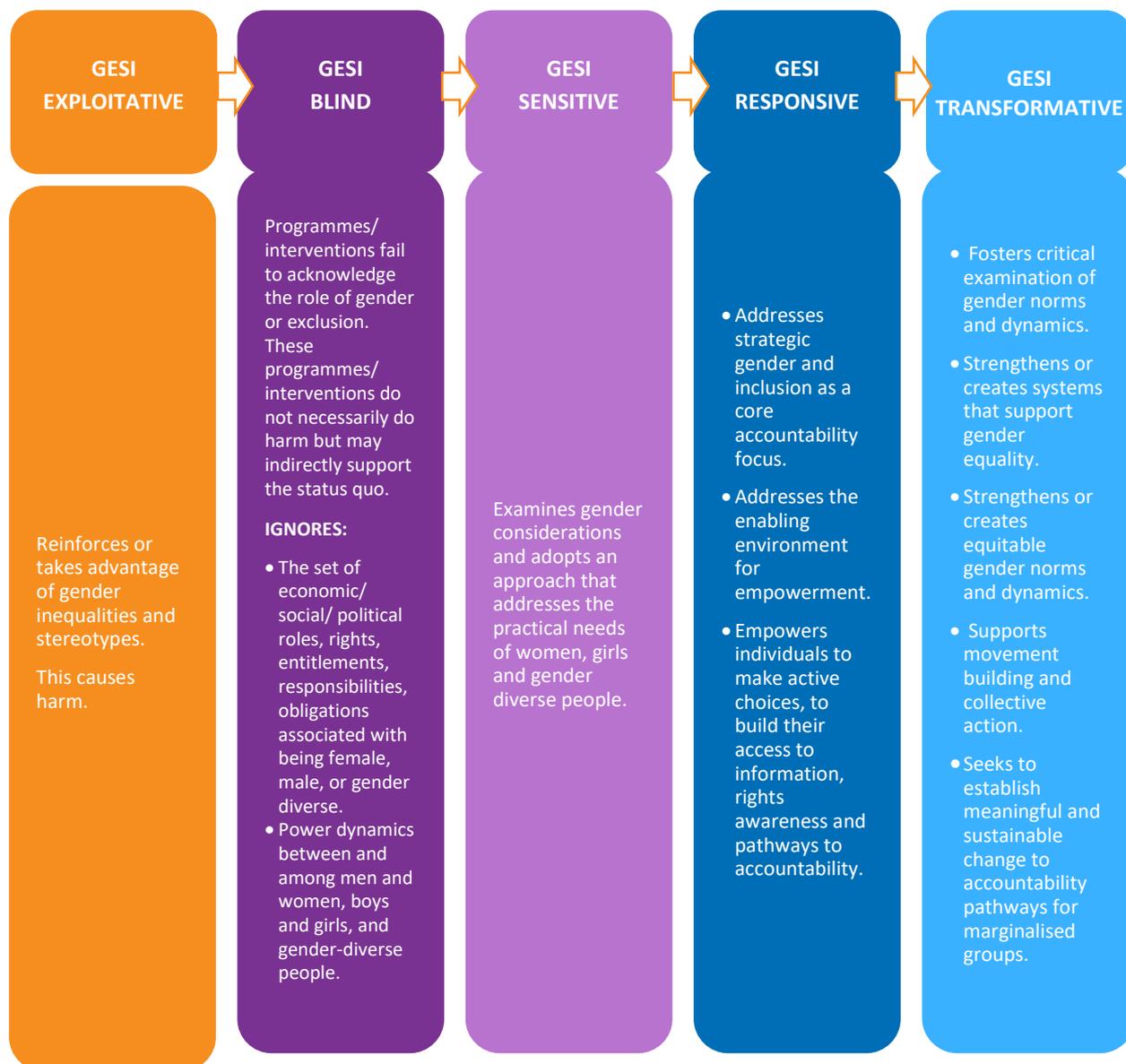
¹¹ These are: Supporting community led organisations particularly women led; Supporting women and girls, in their diversity, affected by and living with HIV; A focus on gender norms and unequal power relations including relations based on gender; A focus on accountability to communities and in particular women and girls; High-level and multisectoral commitment to addressing violence against women and girls in the HIV response; Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education; Male involvement towards gender equality; Addressing the structural causes of violence.

¹² See e.g. UNAIDS (2018) [UNAIDS Gender Assessment Tool: Towards a gender transformative HIV response](#); International HIV/AIDS Alliance (2018) [Gender-transformative HIV Programming: Identifying and meeting the needs of women and girls in all their diversity](#); aidsfonds (no year) [5 steps to develop a gender transformative approach in HIV programming](#).

¹³ Practical needs usually refer to immediate and basic needs that are often practical in nature (e.g. access to health services), which can be addressed without necessarily seeking to change socially accepted roles and positions of women, girls and socially excluded and marginalised groups. Beyond addressing practical needs, interventions which address strategic needs and priorities focus on supporting women, girls and marginalised groups to make active choices, and build assets, capabilities and opportunities, which also requires addressing the enabling environment and barriers to gender equality and social inclusion. This seeks to improve conditions in a way that contributes to empowerment of women, girls and socially excluded groups and challenges unequal access to rights, resources, and opportunities.

the practical needs and priorities of women and girls in their diversity being ensured, gender transformational approaches will fall short. It should also be noted that GTAs can come with a risk of backlash against women and girls and socially excluded groups, as it inevitably entails challenging structural inequalities and power imbalances. As such, programmes need to consider these risks and develop mitigation plans, and ensure a Do No Harm approach is adhered to.

Figure 3: GESI Continuum



2.4 Evaluation theory of change

All elements of the conceptual approach and the evaluation scope are captured in the theory of change (ToC) developed for this evaluation (see Figure 4). The ToC was developed based on initial review of Joint Programme documentation and key informant discussions with UNAIDS Secretariat and members of the Reference and Management groups, to anchor the ToC in the UBRAF and ensure that the evaluation is firmly aligned with the intentions of the Joint Programme.

The overall Goal of the ToC is taken from the UBRAF (2016-21) **Strategy Result Area (SRA) 5 – Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.** However, recognising that the SRA does not go far enough in addressing the structural and institutional barriers to normative change or indeed the power dynamics involved in overcoming VAWG, a theory of change was crafted and agreed with the Evaluation Management Group.

The overarching **evaluation hypothesis** is that 'Countries are supported to implement transformative approaches in collaboration with women's and relevant civil society networks in addressing gender equality, HIV and Violence Against Women and Girls (VAWG)'.

This hypothesis lies at the heart of the evaluation and serves to address the fact that this is a **country focused thematic evaluation**, as well as to crystallise the focus of the evaluation on **gender transformation and collaboration with women's networks and relevant civil society groups**, which is grounded in the lived experience of women and girls in their diversity affected by violence and HIV and underpinned by the evaluation's principles of Greater Involvement of People living with HIV and Meaningful Involvement of Women living with HIV (GIPA/MIWA) and Do No Harm.

The ToC crafted **four outcomes** which feed into the evaluation hypothesis and respond to the OECD/DAC criteria on *coherence, effectiveness and sustainability*.

Theory of Change Outcome 1: *The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative*

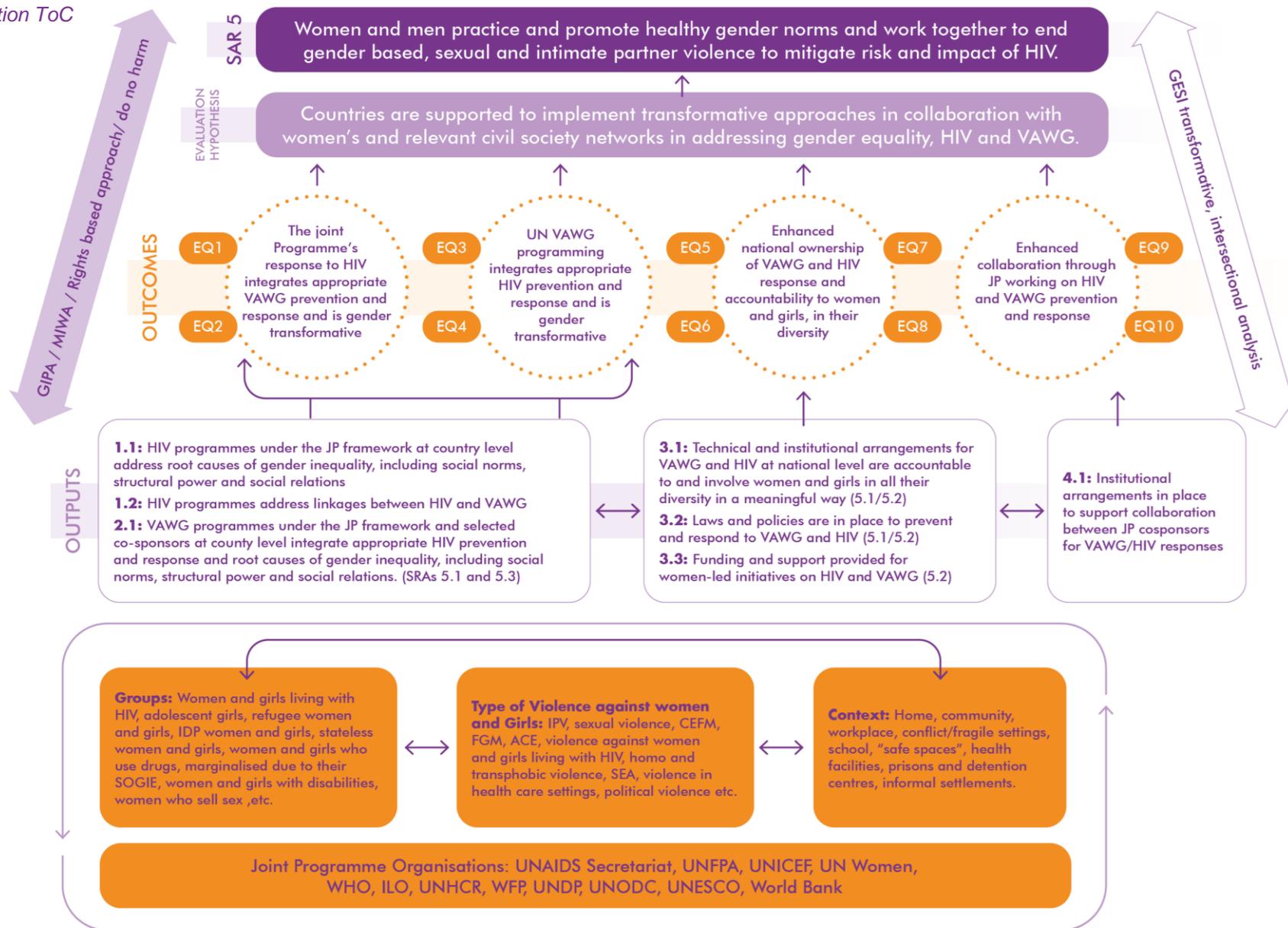
Theory of Change Outcome 2: *UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative*

Theory of Change Outcome 3: *Enhanced national ownership of VAWG and HIV response and accountability to women and girls in their diversity*

Theory of Change Outcome 4: *Enhanced collaboration through Joint Programme working on HIV and VAWG prevention and response*

The outputs presented in the Theory of Change were drawn from the UBRAF and guided the assumptions for the evaluation. Findings are presented under each of the overarching theory of change outcome areas but address all of the outputs to illustrate the pathways of change that were being explored.

Figure 4: Evaluation ToC



2.5 Evaluation questions

The evaluation team mapped the questions that were presented in the ToR against the three DAC / OECD criteria – *coherence*, *effectiveness*, *sustainability*, and streamlined and prioritised the questions. The final evaluation questions (EQs) are presented in the table below, and are layered onto the ToC to show how they relate to the evaluation outcomes. Annex 4 includes the full evaluation question matrix.

Table 1: Evaluation Matrix

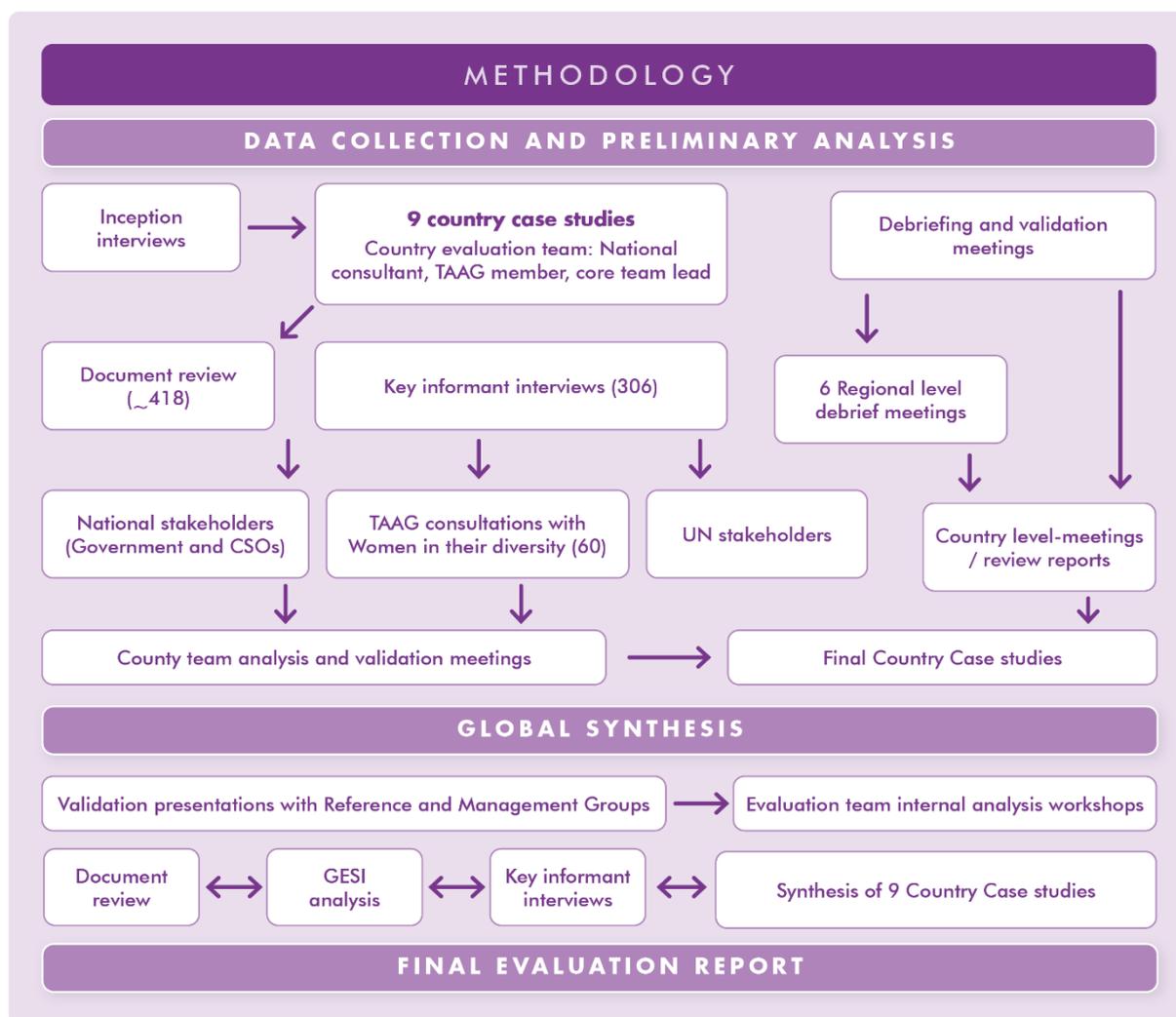
Outcome	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative	<p>EQ1. To what extent is HIV programming gender transformative? (C1)</p> <p>EQ2. How is HIV programming addressing the multiple and intersecting forms of discrimination and the link between VAWG with HIV? (E1)</p>
O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative	<p>EQ3. To what extent is VAWG programming gender transformative? (C1)</p> <p>EQ4. To what extent is VAWG programming integrating HIV prevention and response? (E1)</p>
O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls	<p>EQ5. To what extent is the work of the Joint Programme in line with country needs, evidence and human rights standards (including do not harm principle) – across the continuum of HIV and VAWG work? (C2)</p> <p>EQ6. How well do UN organisations coordinate with partners in the country to support the achievement of country priorities? (C3)</p> <p>EQ7. How effective are the Joint Programme organisations in building national ownership and capacity of people and institutions to respond in gender transformative ways to the linkages of HIV and VAWG in the short and long term? (S1)</p> <p>EQ8. Has civil society engagement been strengthened, especially of women’s organisations, including in decision-making and evaluating national policies and programmes, as well as for strengthening accountabilities? (S2)</p>
O4. Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response	<p>EQ9. How are UN organisations working together to provide a coherent, complementary and adaptable set of actions on the linkages between HIV and VAWG and gender transformative approaches in the context of UN Sustainable Development Cooperation Frameworks? (C4)</p> <p>EQ10. What internal obstacles has the Joint Programme encountered and what corrective actions have been taken or are needed to achieve results? (E3)</p>
COVID-19 context	<p>EQ11. How has the Joint Programme adapted, both in terms of prevention and response to HIV and violence against women and girls in the context of the COVID-19 pandemic? (S3)</p>

3. Methodology

3.1 Overview of the approach

The overall methodological approach can be divided into three main stages: data collection and preliminary analysis; global synthesis; and developing the final evaluation report. The evaluation used a mix of data collection methods and tools to generate evidence and examine findings to support triangulation. This consisted of **key informant interviews (KIIs)**, **consultations** with women in their diversity, **document review**, and **GESI analysis**. The approach involved multiple **consultations** with UNAIDS Secretariat and Cosponsors at global, regional and country levels to discuss and validate findings. These meetings took place regularly throughout the evaluation, from the early inception to the development of the final report.

Figure 5: Evaluation methodology



The evaluation looked in depth at the work and results of the Joint Programme in nine countries. Each country case study employed a similar methodology and approach, although interview guides were adapted according to the type of programme and the particular Joint Programme organisations that were present. The country case studies are available in a separate Volume.

Each country case study was conducted by a team consisting of **one member of the core evaluation team**¹⁴, **one national consultant**, and **one member of the Accountability and Advisory Group (TAAG)**.

¹⁴ The core evaluation team consisted of SDDirect in-house consultants and external consultants.

3.2 The Accountability and Advisory Group (TAAG)

In order to ensure that the evaluation explored the contributions the Joint Programme has made at country-level, particularly among women and girls in all their diversity, as well as adhering to the principles of Greater Involvement of People living with HIV (GIPA) and Meaningful involvement of Women living with HIV (MIWA), the evaluation set up the TAAG to guide the evaluation process, input into key deliverables, and be part of the in-country data collection.

The TAAG initially consisted of three women who guided the process in the inception phase, and continued providing oversight globally throughout the evaluation. This involved participating in periodic evaluation team meetings, reviewing and validating data collection tools, and contributing to key discussions on findings and recommendations.

The identification of TAAG members was supported by the Athena Network and the International Community of Women Living with HIV/AIDS (ICW). The initial three TAAG members in turn identified ten¹⁵ women in their diversity in the focus countries to complete the TAAG. The selected women were well-networked nationally and/or embedded in national organisations of women living with HIV and/or national organisations addressing violence against women. As such, they could draw on existing connections and established trust within their communities. This was particularly important given the COVID-19 context as face-to-face meetings, which would have been preferable to establish rapport and be able to discuss potentially sensitive issues, were not possible in most countries.

The TAAG was made up of women living with HIV in their diversity, and they engaged with other women (and some men) living with or affected by HIV in their diversity as key contributors to the evaluation. This included women living with HIV and who were also using drugs, living with disabilities, who have experience of sex work, and people with diverse SOGIE.

The TAAG members either interviewed representatives of key community-led HIV networks or ran focus group discussions (FGDs) with women living with and affected by HIV, focusing on their experiences of UN activities on VAWG and HIV and on UN accountability to community-led organisations.

Box 1: Reflections on the TAAG process and the importance of meaningful community engagement

TAAG members recognised the value of the global TAAG group for the evaluation process, stressing that all evaluations should be guided by members of communities. This ensures that the evaluation addresses the issues of priority to community members, and also supports the ongoing accountability for the implementation of evaluation recommendations. Women who are active in the communities provide a wealth of knowledge about what works and what does not, and this should be valued beyond being interviewed as key informants.

To enable wider participation of community members, the TAAG stressed the importance of ensuring that practical needs of community members are met prior to engaging in any activities, for instance by making sure that payments for data bundles, transport etc., are made in advance to enable women to join evaluation meetings and conduct interviews. These are the reflections of two TAAG members:

“The process is very good because it involved the people in the community that are usually left behind; such as transgender women, drugs user women and sex worker women; it includes also all women living with HIV. Especially that the evaluation is to see how the UN Joint Team works on VAWG and HIV areas, where they don’t really include those groups. Only a [few] who really have concern with the community and the issue. So I think what TAAG add is the space for us to speak and show the issue.”

“The TAAG has the closeness with the community. It was an important experience because it gives the community connection, and the experiences that are being brought to light. We had to research which organisations to work with for the evaluation, and I was picking up that UNAIDS had forgotten a few who they had worked with.”

A separate report is included in Annex 11.

¹⁵ Cambodia had two TAAG members

3.3 Data sources

The evaluation draws on a mix of primary and secondary data sources. **Secondary** sources included: global, regional and country-level UBRAF documentation; documentation of Cosponsors' programmes at country-level relating to VAWG and HIV (including technical and normative guidance produced); national policies, strategies and laws; epidemiological and socio-demographic studies; and other analysis documents (e.g. evaluations and academic papers) relating to VAWG and HIV. A complete list of documents reviewed can be found in Annex 5.

The evaluation **collected** primary data through KIIs and FGDs. Key informants were identified through a stakeholder mapping undertaken as part of the country reviews and in consultation with the UNAIDS Secretariat and Cosponsors.

A list of people to interview was developed from suggestions i) by UNAIDS Secretariat and Cosponsors at country level, including both HIV and GBV experts, ii) through the document review, iii) by the TAAG members, and iv) a limited number through snowball sampling.

A set of interview guides for each of the key stakeholders listed below were developed and adapted to the different country contexts, UN organisations and programmes that are being / have been implemented. These tools are shared in Annex 7, 8, and 9.

In total, the evaluation engaged 366 stakeholders. Annex 6 presents a complete list of stakeholders consulted disaggregated by country. The table below provides a summary overview.

- **KIIs were conducted with:** UN and international partners (145), government partners (43) and civil society partners (101) that work with the Joint Programme of HIV and VAWG related initiatives.
- **FGDs and individual interviews** were conducted by the TAAG members, including 60 female participants that belong to networks of women and girls in their diversity: women living with HIV, sex workers and transgender women. Seven focus groups were conducted in person in Kinshasa and Algiers following COVID-19 protection measures. Data bundles and transport expenses were reimbursed to all FGD participants to a level of USD20 per person.

Figure 6: Global summary of data sources

Documents reviewed	Key informants	Women in their diversity
		
<ul style="list-style-type: none"> ▪ 56 UN Joint Plans and JPMS reports ▪ 133 other UN docs ▪ 37 Evaluations and reviews ▪ 64 National HIV and VAWG policies / guides / guidelines ▪ 49 Research and data reports ▪ 79 other documents (grey literature / civil society reports) 	<ul style="list-style-type: none"> ▪ 145 UN Stakeholders ▪ 96 CSO stakeholders ▪ 43 Government stakeholders ▪ 17 donors/ private sector ▪ 5 global CSOs 	<ul style="list-style-type: none"> ▪ 60 representatives from networks of women and key populations
418 documents reviewed	306 key informants	60 representatives of networks of women in their diversity

3.4 Data analysis and validation

The data analysis aimed to identify and analyse contributions to the evaluation ToC pathways and outcomes. This followed an **outcome harvesting approach**, paying attention to a wide range of outcomes, including intended and unintended outcomes, positive and negative outcomes, and lessons learnt as well as missed opportunities. It also sought to understand influences on outcomes that may go beyond the Joint Programme’s direct control, such as the enabling environment and barriers in different contexts, and the wider landscape of HIV and VAWG funding and priorities.

On a case study level, documents and interviews were reviewed using an **analysis matrix**, which was designed to capture key information and themes according to the EQs. Findings related to gender transformative approaches (GTA) were categorised according to a common understanding of GTA (see section 5.3), building on the GESI continuum. The evaluation has conducted the GESI analysis based on *intention* of programmes, rather than evidence of results achieved or transformational outcomes, due to challenges in terms of accessing evaluations and documented results of programmes and interventions. When mapping elements of HIV and VAWG programmes along the GESI continuum, common themes and findings emerged which give a snapshot of where some of the programmes and approaches that were identified by the case studies fall on the GESI continuum, based on described approaches and intentions. This is not intended to give an in-depth assessment of whether programmes/ interventions as whole are transformative, but rather aims to illustrate what GESI blind approaches in HIV/ VAWG programming can look like at on one end of the spectrum, as well as highlight what gender transformative approaches (GTAs) can look like on the other end; as well as approaches in between.

Findings were obtained through triangulating different stakeholders’ views as well as comparing and compiling documentary sources and evaluation participants’ contributions in relation to each EQ. The country evaluation teams met regularly with respective United Nations Country Teams (UNCTs) and / or Joint Teams on AIDS throughout the case studies, and held internal debriefing meetings to discuss emerging findings across the UN, government, CSO and TAAG interviews.

The core evaluation team held a number of **internal workshops** to discuss emerging findings across the case studies, with focused discussions for the global report findings and recommendations at the later stage of the evaluation.

The evaluation built in multiple opportunities to discuss and validate findings with the evaluation management group, the reference group, as well as UNAIDS Secretariat and Cosponsors at regional and country level. Initial findings from all country case studies were presented and discussed in **regional validation meetings (6 in total)** gathering UNAIDS and Cosponsors at regional level. Upon the finalisation of the country case studies, all UNCTs and Joint Teams on AIDS were offered the opportunity to have a **country-level validation meeting**. Four of the UNCTs / Joint Teams on AIDS took up the offer (Algeria, DRC, Haiti and Cambodia). In all those countries the UN Country / Joint team extended the invitation to all stakeholders that had been part of the evaluation.

Preliminary findings and emerging recommendations for the **final report** were presented and discussed with the evaluation management group and reference group. In addition, the evaluation team had regular meetings with the UNAIDS Secretariat Evaluation Office. The feedback from the various sessions was used to inform the finalisation of the country case studies as well as the final report.

3.5 Ethical considerations

The evaluation was guided by a set of **ethical principles**. These principles were applied to the evaluation to minimise the risk of doing any harm, while seeking to maximise the benefits of the evaluation for women and girls. The principles translated in a number of practical measures to ensure **confidentiality, informed consent, data protection, reduction of direct and indirect risks** to interviewees, **safe and meaningful participation** of women in all diversity living with and affected by HIV and who might have experienced violence, or who belong to HIV and VAWG focused organisations and networks.

All SDDirect's research is informed by ethical and safety considerations for research and informed by the UNEG Ethical Guidelines and WHO's ethical research guidance¹⁶ as well as the ethical framework and safeguarding policies of SDDirect.

Prior to the start of in-country data collection, the national consultants and TAAG members who were to be involved in data collection activities attended an online workshop, which addressed the ethical principles and procedures in the evaluation. The training included SDDirect's safeguarding policies, including how to report suspected safeguarding concerns and how to act if a participant discloses situations of violence and/or abuse. The training was an opportunity for national consultants and TAAG members to reflect on their context and whether there are any special ethical considerations, or other risks, that should be taken into account.

Risk assessments were developed for each country case study with a particular focus on the context of COVID-19 in each country.

3.6 Limitations and constraints of the evaluation

The evaluation encountered some challenges, the most significant ones relating to the context of the **COVID-19 pandemic**, which affected the overall evaluation approach and presented some limitations to the data collection in case study countries. The majority of countries were in some form of lockdown or observing restrictions on movements and meetings during the evaluation period. In this context, it was not possible for the national consultants and TAAG members to travel to different districts and most interviews and discussions had to be conducted remotely, with some exceptions where face-to-face meetings were deemed safe and appropriate. See box 2 for a summary of how the evaluation was adapted to the COVID-19 context which may provide learnings for future evaluations of similar nature.

¹⁶ See [UNEG Code of Conduct for UN evaluation](#) (2008) and WHO (2016) and [UN Protocol on SEA](#)

Other limitations of the evaluation are related to the **evaluation scope, availability of evidence/ results**, and working across **multiple contexts and languages**:

Limitations & Constraints	Mitigations
<p>In the inception phase, the case study design expanded from six in-depth and six desk reviews to nine in-depth country reviews which required the team to undertake more primary data collection within the timeline of the evaluation.</p>	<ul style="list-style-type: none"> ▪ In order for the evaluation to be completed within the timeframe with these additional countries, an additional core team member was recruited who was a fluent French speaker.
<p>The evaluation scope, assessing how the Joint Programme has addressed VAWG linkages as well as how UN VAWG programming have addressed HIV linkages, would potentially generate a considerable number of programmes, interventions and engagements to explore in each country. To manage the scope, the evaluation team had to navigate the programming landscape carefully to keep the evaluation focused on how bi-directional linkages between HIV and VAWG have been addressed.</p>	<ul style="list-style-type: none"> ▪ This was done through frequent team meetings to ensure consistency in focus and interpretation of linkages, and regular meetings with the UNAIDS Secretariat Evaluation Office and UN Joint/Country Teams.
<p>The approach of exploring where the evidence of bi-directional HIV/ VAWG linkages were strongest, and where the Joint programme focus their efforts in each country, meant that not all potential bi-directional linkages between HIV/ VAWG have been explored by this evaluation.</p>	<ul style="list-style-type: none"> ▪ For instance, the evaluation team have not explored whether and how UN Early Child and Forced Marriage (ECFM) and Female Genital Mutilation (FGM) programming have addressed these linkages as part of this evaluation. This decision was also supported by the Evaluation Reference Group with respect to the weak evidence underpinning these linkages compared with other forms of VAWG.
<p>The country evaluation teams encountered challenges with accessing programme documentation and documented 'results' – particularly in terms of limited country level evaluations, or programme reports detailing outcomes and results of programmes and interventions.</p>	<ul style="list-style-type: none"> ▪ In response, the evaluation team triangulated information about programmes that were mainly shared in interviews with extensive internet searches and regional and country level validation meetings to follow up on programmes mentioned.
<p>Some case studies encountered context specific challenges such as the data collection period coinciding with major political events and national holidays.</p>	<ul style="list-style-type: none"> ▪ The evaluation team had to stay flexible and in some cases delay the bulk of primary data collection by a few weeks.
<p>Several different languages were spoken by national consultants and TAAG members, which added to the complexities of communication and team working.</p>	<ul style="list-style-type: none"> ▪ In order to manage this complexity, all core evaluation documents were translated into French, Spanish and Russian, and orientations trainings were conducted in English, French and Spanish by core team members. Translation support was brought in for Russian and Khmer speakers.

Box 2: Learnings and limitations from adapting the methodology to the COVID-19 context

The evaluation was conducted during the ongoing COVID-19 pandemic, which affected all the countries involved in the evaluation to various extents – the majority of countries being in some form of lockdown or observing restrictions on movements and meetings. In this context, it was not possible for the national consultants and TAAG members to travel to different districts and most interviews and discussions had to be conducted remotely, with some exceptions where face-to-face meetings were deemed safe and appropriate. The impacts were mitigated to the extent possible using remote conferencing facilities. Whilst key informants made themselves available and showed willingness to speak remotely, this does not replace the benefits of being able to meet with people face-to-face to discuss these issues. Where connection issues hampered the discussion, some of the interviews had to take place over several sessions and complementary information was requested by email.

It was generally easier to set up remote interviews with UN, CSOs and international donor stakeholders, while the remote ways of working presented more challenges for engaging some government stakeholders and representatives of women in their diversity. Mitigations put in place included offering data bundles and participant fees for representatives of women in their diversity, and a high level of flexibility among evaluation team members to be able to convene meetings at flexible times. UNAIDS Secretariat in countries used their convening power with national government stakeholders, while the TAAG members were essential for connecting with representatives of women in their diversity, as the TAAG members had pre-existing strong connections with existing national organisations of women living with HIV and/or national organisations addressing violence against women. However, it is likely that we were not able to reach some groups of women in their diversity who were not part of the TAAG members immediate networks and connections and might have required a different approach.

Where in-person meetings were permitted, any decision to conduct face-to-face interviews was discussed with UNAIDS Secretariat in the country, and the country evaluation team developed a risk assessment and mitigation plan adhering to national and local COVID-19 guidelines, and observing international and national protocols and procedures to prevent transmission. Finally, the SDDirect Executive Management Group had to approve the data collection following a risk management review.

The evaluation team prepared for scenarios of both remote and potential face-to-face data collection early on in the process. Prior to the orientation training, all data collection procedures (e.g., consent processes and payments of participant fees) were adapted to remote ways of working, and the orientation meetings focused on how to ensure quality and uphold the highest ethical and safeguarding principles in both scenarios.

The COVID-19 pandemic not only presented logistical challenges, but also affected evaluation participants as well as team members on a personal level, which meant that the evaluation team inevitably had to accept changes to plans at short notice, requiring a highly flexible approach and staying agile to changes.

4. Summary of nine country programmes

Nine case study countries were selected in the inception phase; using objective criteria to ensure a diversity of contexts and HIV/ VAWG response (see Annex 1). A summary of the contexts is provided below, key findings from the country case studies are presented in Section 5.

Table 2: Overview of case study contexts

Case study	HIV context and response
East and Southern Africa	
Tanzania	<ul style="list-style-type: none"> ▪ Generalised HIV epidemic, but with women and girls being disproportionately affected ▪ Challenging context for key populations, with worsening situation for LGBTQI+ people ▪ UNAIDS Fast Track country ▪ Programme strategies include improved services delivery and eliminating HIV related stigma along with attention to the gendered dimensions of the epidemic ▪ Joint Programme strategy includes focus on reaching adolescents, young people, and key populations with HIV prevention, treatment, care and support, among the currently 'missed out' populations ▪ Protracted humanitarian response for refugees
Zimbabwe	<ul style="list-style-type: none"> ▪ Generalised HIV epidemic driven by unprotected heterosexual sex, with women being disproportionately affected, particularly adolescent girls and young women ▪ Levels of HIV related stigma and discrimination are high and increasing ▪ Fast Track country which has made strong progress towards reaching the 90-90-90 targets ▪ Joint Programme focuses on HIV testing; treatment and PMTCT; HIV prevention among key populations; and human rights, stigma and discrimination ▪ Humanitarian context with political and economic upheaval and economic crisis ▪ EU-UN Spotlight Initiative country
Latin America and the Caribbean	
Argentina	<ul style="list-style-type: none"> ▪ HIV prevalence has remained stable over the last decade (0.4% among adults in 2019) ▪ Recent increase in new cases among women aged 45-59 and among men aged 15-24 ▪ Higher HIV prevalence among key populations including sex workers and people in prison ▪ Progressive legal environment for human rights, gender equality and LGBTQI+ rights ▪ Joint Programme priorities include HIV testing, treatment and prevention of vertical transmission; HIV prevention among key populations; and human rights, stigma and discrimination ▪ EU-UN Spotlight Initiative country
Haiti	<ul style="list-style-type: none"> ▪ Generalised HIV/AIDS epidemic with most transmission occurring from heterosexual sex with higher prevalence rates in major cities, among men who have sex with men, female sex workers, and people in prison ▪ Challenging environment for LGBTQI+ people who are not legally recognised ▪ Joint Programme focus areas include eMTCT; supporting training and awareness raising, especially around the rights of people with HIV, LGBTQI+ people, women, and sex workers.

	<ul style="list-style-type: none"> Humanitarian context with prolonged and multiple crisis, including the aftermaths of the 2010 earthquake and 2016 hurricane, and deteriorating socio-political-economic situation UNAIDS Fast Track country EU-UN Spotlight Initiative country
Asia and the Pacific	
Cambodia	<ul style="list-style-type: none"> Became one of seven countries globally to have achieved the 90-90-90 targets in 2017 HIV epidemic concentrated among key populations, including female entertainment workers¹⁷, men who have sex with men, transgender people, and people who use drugs High levels of HIV related stigma and discrimination, with only a small reduction in recent years Joint Programme strategy focuses on human rights, stigma and discrimination; increase the percentage of people living with HIV who are on treatment; HIV prevention among key populations; CSE and adolescent-friendly SRH services An implementing country of the <i>Safe and Fair: Realizing women migrant workers' rights and opportunities in the Association of Southeast Asian Nations (ASEAN)</i>, which is part of the EU-UN Spotlight Initiative
Indonesia	<ul style="list-style-type: none"> HIV cases are largely concentrated among key populations Fastest growing HIV cases in Asia with increasing transmission among heterosexuals Stigma and discrimination remain strong barriers to HIV prevention and treatment UNAIDS Fast Track country An implementing country of the <i>Safe and Fair: Realizing women migrant workers' rights and opportunities in the Association of Southeast Asian Nations (ASEAN)</i>, which is part of the EU-UN Spotlight Initiative Joint Programme focus areas include addressing human rights barriers to HIV services; improving the social and legal environments especially at the level of service delivery; and ending discrimination against women and girls, people living with HIV, and key populations
West and Central Africa	
DRC	<ul style="list-style-type: none"> HIV prevalence rates among people aged 15-49 have decreased in the last decade, however, there are significant regional variations HIV prevalence is higher among key populations, including men who have sex with men, sex workers, people who inject drugs and prisoners Joint Programme priority areas include nutritional support for people living with HIV; PMTCT and paediatric HIV care; HIV treatment adherence and prevention in humanitarian contexts, focusing on sexual violence survivors; SRH services for adolescents and young people Humanitarian context with high rates of sexual violence linked to armed conflict Fast Track country

¹⁷ In Cambodia, female entertainments workers include women who work in entertainment venues such as beer gardens, karaoke bars and massage venues. Key informants in the Cambodia case study highlighted that there is often an overlap between female entertainment workers and female sex workers, as they may be directly or indirectly involved in sex work (UN KIs). Female entertainment workers are recognised as a key population in Cambodia's HIV response.

Middle East and North Africa

Algeria

- Low HIV prevalence rate in general population – epidemic concentrated among key populations, including men who have sex with men, sex workers and people who inject drugs
- Estimated number of new HIV infections doubled between 2010 to 2019, with a sharp increase in HIV prevalence among sex workers
- Very restrictive environment for LGBTQI+ people and their organisations and strong silence around issues of violence against women and girls in their diversity
- The Joint Programme support is mainly in the form of small-scale support and one-off events; UNAIDS Secretariat is the main UN organisation working on HIV prevention and response in Algeria, and Cosponsors largely focus on their specific mandates with limited HIV integration; there is no UBRAF country envelope funding to Algeria.

Eastern Europe and Central Asia

Tajikistan

- Located in a region where the annual rate of HIV infections continues to rise, Tajikistan has seen a more than 45% increase in HIV cases over the last 10 years, with the proportion of women among newly registered cases increasing
- Higher prevalence among key populations including people who inject drugs and migrants
- Criminalisation of HIV fuels stigma and discrimination and creates significant barriers to effective programming
- Three high priority areas of the Joint programme are HIV testing and treatment and PMTCT; HIV prevention among key populations; and human rights, stigma and discrimination
- Fast Track country
- EU-UN Spotlight Initiative country

5. Findings

This section presents the findings from the evaluation and is structured around the four evaluation outcomes identified in the evaluation Theory of Change. Each section is structured around the evaluation questions and there are a number of findings presented for each evaluation question.

5.1 Theory of Change Outcome 1. The Joint Programme's response to HIV integrates appropriate VAWG prevention and response and is gender transformative.

EQ2. To what extent is HIV programming addressing the multiple and intersecting forms of discrimination and the link between VAWG with HIV? To what extent are results achieved, by type of intervention and population group?

Across the nine country case studies there were numerous examples of the Joint Programme supporting HIV programming that consider some aspects of prevention and response to VAWG. This section explores where the linkages are strongest, and where opportunities to strengthen the linkages exist, including in the health sector, workplace settings, addressing women in their diversity, and addressing stigma and discrimination. Efforts largely focus on developing strategies, guidelines, and training modules and Standard Operating Procedures (SoPs) that integrate VAWG/HIV/SRH.

Summary of findings

1. Where violence against women and girls is addressed through the health sector response to HIV, it is primarily through HIV prevention interventions and mainly focuses on VAWG response rather than prevention.
2. Vertical transmission programmes present a major opportunity to improve the way VAWG prevention and response is addressed.
3. Comprehensive Sexual and Reproductive Health and Rights (SRHR) interventions include a focus on both HIV and VAWG prevention and response. There are some positive examples of an integrated approach to HIV/VAWG in AGYW programmes. Generic SRHR programmes do not appear yet to have achieved this degree of integration.
4. Service provision in humanitarian settings, supported through the Joint Programme appears to routinely address both HIV and VAWG through response services. Aspects of prevention are addressed less frequently.
5. HIV and VAWG in workplaces are largely approached separately. HIV interventions at work do not appear to systematically take a gendered approach nor link with VAWG interventions, although some indirect linkages to VAWG are recognised.
6. The focus on key populations within HIV programming does not adequately address the intersectional needs of women and girls in their diversity and is often gender blind.
7. Interventions that address stigma and discrimination of people living with HIV and key populations rarely address aspects of institutional and structural violence particularly in relation to women and girls.

The Health Sector

The following findings pertain to results in the health sector.

Finding 1. Where violence against women and girls is addressed through the health sector response to HIV, it is primarily through HIV prevention interventions such as HIV testing and provision of post-exposure prophylaxis, and mainly focuses on VAWG response rather than prevention.

The case study countries provided examples of where the HIV health sector response integrates VAWG response services in particular within **HIV testing, treatment and care programmes**. There were far fewer examples of how violence as a result of HIV status or key population identity is being addressed, in particular structural and institutional violence, including reproductive rights violations.

In Cambodia and Indonesia, there have been efforts to integrate VAWG into HIV testing through developing guidance and Standard Operating Procedures (SOPs) to support the identification of VAWG survivors who access HIV testing (see box 3 below). In Indonesia, the initiative was piloted in 5 cities and the SOP has been adopted by the Ministry of Health and will now be scaled up with increased support given to strengthen capacity building of service providers (at the point of screening and along the referral pathways). In Cambodia, integrated guidelines on VAWG identification and referrals in HIV service provision have been developed for use in some provinces, however challenges remain with regards implementation of the guidance and the quality of the referral services that exist. In Algeria, stakeholders confirmed that there was no national programme to address the linkages of HIV and VAWG, but they are jointly addressed at facility level *“the intersections between HIV and VAWG are seen at the care and treatment centres, but there is no specific programme to address them”* (KII, Government stakeholder). The Care and Treatment centres in Tanzania run by the MoH provide VAWG counselling and treatment for women living with HIV as routine. The evaluation is not able to comment on the quality of these services.

HIV testing, treatment and care services provide a practical opportunity to integrate IPV screening and to provide a greater focus on accessible, high quality referral pathways and psychosocial support and care.

Box 3: Integrating IPV into partner notification programmes, Indonesia

In Indonesia, UN Women and UNFPA collaborated to ensure that Sexual and Gender Based Violence (SGBV) is integrated into the intimate partner notification (IPN) model they developed with government and civil society partners (UNFPA Evaluation Office, 2020). They supported training to increase the capacity of outreach and peer support workers to understand and respond to VAW/GBV and its intersection with HIV (including first line response and referrals for support) and developed IPN-IPV standard operating procedures in five cities. They worked with a range of networks and CSOs to implement the pilot.

As a result of the pilots, standard operating procedures on IPV are now included in the Partner Notification Guidelines by the Ministry of Health. The Partner Notification Guideline will be expanded under Global Fund programme to 171 districts in 12 Provinces in 2021 (Indonesia Country report 2020).

Finding 2. Vertical transmission programmes present a major opportunity to improve the way VAWG prevention and response is addressed. This can be done through improved training which supports values and attitude change as well as improving partner involvement, and sensitive and safe screening for IPV and other forms of violence.

Vertical transmission programmes provide examples of efforts to integrate HIV and VAWG services. Coverage of elimination of parent to child transmission programmes varies across the nine country case studies, however there are examples in Tanzania where VAWG counselling and treatment is being provided for women living with HIV at PMTCT clinics run by the Ministry of Health. In Cambodia, UNAIDS and WHO supported partners to develop a National Roadmap for the Elimination of Mother to Child Transmission of HIV and Congenital Syphilis in 2018. This document recognised the existence of stigma,

discrimination and the risk of VAWG, abuse and coercive practices against women, including pregnant women and women living with HIV. Although the document includes an intention to address VAWG, the challenge remains in ensuring this is implemented.

In the humanitarian setting in the DRC, vertical transmission services are provided at health clinics that also serve VAWG survivors, however the quality of care provided was highlighted as a concern by stakeholders. A particular concern around coercive practices was cited with regards to partner notification, whereby women are encouraged to disclose their status to their partners and bring them back for testing: *“testing is mandatory for all pregnant women, they are most of the time the first to be screened, which causes disturbances in the home, social and professional rejection”* (representative of network of people living with HIV, KII.). This view is supported by a UN informant who states that *“mother to child transmission is always a problem, even if the woman is tested, the man does not want to be tested, and the man leaves his wife”*.

The link between pregnancy and VAWG is well documented¹⁸, and antenatal HIV testing can expose women who test positive to a heightened risk of violence at the time of disclosure¹⁹. This is particularly true in countries where HIV is criminalised and there are high levels of HIV-related stigma and discrimination, such as in Tajikistan. The evaluation found that in some settings while training of healthcare providers is provided to address vertical transmission among women and girls living with HIV, they do not always include training on how to recognise sexual violence, or IPV. It is critical that Cosponsors working on vertical transmission programmes incorporate a focus on VAWG into their programmes to recognise the increased exposure to violence women living with HIV may face, and do this sensitively with strong links to support groups of women living with HIV.

Another area of integration of VAWG and HIV seen in the health sector regards **maternity care in Haiti**, where there has been work on respectful maternity care that considers women living with HIV. In 2013, UNFPA commissioned a study on pregnancy among women living with HIV²⁰. They then produced a guide to prevention of unwanted pregnancy and better maternity care for women living with HIV, and provided training for health authorities, family health department, and HIV managers. UNFPA supported the Ministry of Public Health and Population (MSPP) and the Ministry on the Status of Women MDCF on respectful maternity care and institutional violence, as part of the 2017 MSPP strategy. The UNFPA HIV team is working to improve the treatment of women living with HIV in mother and child health, including working with the National AIDS Programme, UNAIDS Secretariat and UNICEF to address the findings of the analysis in the South and the North West.

Beyond this example, the evaluation found little evidence of how UN programming has addressed **institutional violence** against women and girls living with HIV in health care settings such as reproductive coercion and obstetric violence (as well as violence in other institutions noted in outcome 2). For example, the Indonesia case study noted that:

There is a lack of attention to the way institutions operate and uphold practices that exacerbate violence – including within health, education and criminal justice systems. A focus on training of staff in the health and criminal justice sector is not sustainable if not backed up by policies and protocols. (Indonesia case study)

Both HIV and VAWG programming could do more to address institutional violence against women and girls living with and affected by HIV.

¹⁸ See WHO 2011. [Intimate partner violence during pregnancy. Information Sheet.](#)

¹⁹ See for example Groves et al, 2018. [HIV Positive diagnosis during pregnancy increases risk of IPV postpartum among women with no history of IPV in their relationship.](#) *Aids and Behaviour*. 2018 Jun; 22(6):1750-1757

²⁰ See [Ministere de la Sante Publique et de la Population, Programme National de Lutte contre les IST/VIH/SIDA \(2015\) Bulletin de Surveillance Epidemiologique VIH/SIDA No. 10. Juillet 2015.](#)

Finding 3. Comprehensive Sexual and Reproductive Health and Rights (SRHR) interventions include a focus on both HIV and VAWG prevention and response. There are some positive examples of an integrated approach to HIV/VAWG in AGYW programmes. Generic SRHR programmes do not appear yet to have achieved this degree of integration.

The evaluation found frequent examples of where both HIV and VAWG prevention and response services were integrated into comprehensive SRHR services. In many cases this was evidenced in programmes addressing the SRHR of adolescent girls and young women where adolescent friendly service provision included both HIV and VAWG. For example, in Tanzania “the UN has supported the MOH to develop a national training package for health workers on adolescence, HIV, SRH. Through partnerships with NGOs and Government, the expansion of facility and community-based HIV treatment support programmes for adolescents was achieved” (Tanzania JPMS, 2018). In Zimbabwe, UNFPA and other Cosponsors are involved in a number of programmes²¹ that address the integrated SRH rights and needs of adolescent girls and young women (see box 4). UNFPA also supports health worker training and sensitisation around integrated SRHR/HIV and GBV services. By 2019, at least 2,600 health service providers were sensitised on delivery of SRHR, HIV and SGBV integration in the 13 focus district; as well as 166 multisectoral stakeholders from 12 districts were trained on the interface between SGBV, SRHR and HIV.

Box 4: Addressing rights of AGYW in Zimbabwe.

Cosponsors are involved with the Regional SIDA funded programme *2gether4 SRH* which has as its aim ‘to reduce unintended pregnancies, sexually transmitted infections, new HIV infections, maternal mortality and sexual and gender-based violence’. UNFPA’s country programme (2016-2020) includes the aim of ‘reducing new HIV infections and GBV and harmful practices’. The *Sista2sista* girls’ club model has been running since 2013 which creates safe spaces for adolescent girls and young women, mentoring them to be able to make informed choices regarding their sexuality. Between 2012-2017 positive outcomes were reported with S2S graduates more likely than non-graduates to opt in for an HIV test, report the use of a family planning method, report sexual abuse and return to school.

The UNPFA country programme evaluation (2020) concluded that ‘UNFPA has made an important contribution to achieving quality, integrated services in SRHR/HIV/SGBV.... However, the understanding, level and nature of support to integration varies widely across UNFPA regions and countries.’

(<https://www.healio.com/news/pediatrics/20200710/sista2sista-program-improves-hiv-other-health-outcomes-among-youths-in-zimbabwe>)

In DRC, UNFPA’s programme in the humanitarian areas of central and oriental Kasai region, addresses the overlapping issues of HIV, GBV, and family planning sensitisation activities alongside condom promotion campaigns. UN Women provide PEP kits and psychosocial support to women and girl survivors of SGBV. A recent UNFPA evaluation²² found that SRHR initiatives in Indonesia did not involve any significant degree of advocacy or policy development for linkages and integration between SRHR, HIV and SGBV, representing a potential missed opportunity for further integration.

Humanitarian settings

Finding 4. Service provision in humanitarian settings, supported through the Joint Programme appears to routinely address both HIV and VAWG through response services. Aspects of prevention are addressed less frequently.

Four of the case study countries, DRC, Tanzania, Algeria and Haiti, involved Joint Programme humanitarian response programming that addressed HIV. The links between HIV and VAWG were recognised in these settings, and in many cases service delivery included the integration of HIV and VAWG, both from the vantage point of HIV testing, care and treatment, as well as from SGBV survivor centred services and referrals (for more on SGBV services and HIV linkages see outcome 2). In Haiti,

²¹ <https://www.healio.com/news/pediatrics/20200710/sista2sista-program-improves-hiv-other-health-outcomes-among-youths-in-zimbabwe>

²² UNFPA Evaluation Office (2020) Evaluation of the UNFPA support to the HIV response (2016-2019)

people were supported at the border to access HIV and VAWG referrals, which in some cases also addressed LGBTQI+ people. There were some examples of food distribution services addressing HIV and VAWG, but these were on the whole quite small scale.

In Tanzania, UNHCR supports HIV prevention and care programmes, addressing awareness raising and HIV counselling and testing, including provider initiated VCT, vertical transmission programmes and services provided through ANC clinics. They also provide community follow-up to support ARV adherence. Counselling and referrals in cases of violence are, according to key informants, routinely provided. The programme supports the national HIV programme and is funded through the Global Fund, with some UBRAF contribution to help strengthen the integration of HIV within the camp settings.

The contexts of prolonged crises, poverty, gender inequality in these countries as well as the geography of Haiti are recognised as key factors in the prevalence of and response to both HIV and VAWG, and contribute to a shared commitment to addressing VAWG among the UNAIDS Secretariat and Cosponsors and national partners, which might explain why the interlinkages appear to be more routinely addressed, although there continue to be some structural challenges.

Workplace settings

Finding 5. HIV and VAWG in workplaces are largely approached separately. HIV interventions at work do not appear to systematically take a gendered approach nor link with VAWG interventions, although some indirect linkages to VAWG are recognised. The lack of integration and linkages between the two programmatic areas present missed opportunities.

Workplace interventions addressing HIV and VAWG were found in several case study countries (Tanzania, Argentina, Indonesia, Cambodia, Haiti). However, the evaluation found limited evidence of linkages between programmes focusing on the different issues, nor attention to bi-directional VAWG/ HIV linkages in these interventions. Programmes addressing VAWG in the workplace gave limited attention to violence against women living with HIV in their diversity; while workplace programmes addressing HIV gave little attention to the specific needs and priorities of women living with HIV in their diversity. The work going on in the World of Work in Tanzania can be used to illustrate both of these findings, which were seen across several case studies. The Joint Programme, led by ILO's efforts, has supported initiatives to develop and implement HIV policies and programmes in workplaces in mainland Tanzania and Zanzibar, and has supported capacity building efforts targeting government officials as well as private companies to enhance their capacity to recognise and address stigma and discrimination against people living with HIV in workplaces (Tanzania JPMS 2018; Tanzania JPMS 2019a). JPMS reports do not reveal whether these efforts have integrated a gender focus and specifically addressed workplace discrimination against women living with HIV. However, UN key informants described that addressing gender issues is sometimes also part of the support to workplaces. ILO in Tanzania also does work around Convention 190 to address sexual harassment at work, including work to support networks for domestic workers in Mainland Tanzania and Zanzibar, as one group at high risk of workplace violence and sexual harassment. The evaluation did not find any examples of work to address violence in workplaces that included women living with HIV in their diversity, in Tanzania, or elsewhere.

Despite the limited evidence of efforts in the World of Work that explicitly address VAWG and HIV linkages, UN key informants in Tanzania spoke about conceptual linkages between the two, and also argued that VAWG may be indirectly addressed through the Voluntary Counselling and Testing (VCT) in workplaces, known as the VCT@Work initiative, which aims to promote male HIV testing. The evaluation has been unable to verify whether these links have been explicitly integrated into these programmes. In Argentina there has been work done on employment and social protection rights for trans people, and workplace training on masculinities²³ through a focus on VAWG, but less so on HIV. This presents an opportunity to address these linkages.

²³ see <https://publicservices.international/resources/news/ilo-convention-190-on-violence-and-harassment-in-the-world-of-work-adopted-in-argentina?id=11311&lang=en>

Box 5: Indonesia ILO's Better Work Indonesia (BWI) programme (second strategic phase 2017-22). BWI initiated a programme that promotes awareness about GBV and HIV - Respectful Workplace Programme (RWP). The programme aims to: a) raise the awareness on HIV/AIDS related issues in the World of Work; b) strengthen the capacity of tripartite organizations and related stakeholders in responding HIV programme at the workplace by promoting the Recommendation concerning HIV and the World of Work, 2010 (No. 200); c) improve the access of HIV services available at workplace and promote non-stigma and non-discriminatory policies at workplace to ensure the real or perceived workers living with HIV treated with concerning the equal rights and opportunity to work and/or continued to work (KII UN). It also aims to ensure measures to address gender-based violence are available at the workplaces of the clients of sex workers (JPMS). It sits under the ILO multi-country Decent Work Programme (DWCP) 2020-2025 (ILO et al, 2020).

ILO website - https://www.ilo.org/jakarta/info/public/pr/WCMS_760688/lang--en/index.htm

An exception from what appears to be limited VAWG/ HIV integration in the World of Work was found in Indonesia from an ILO programme which recognised and integrated the issues of VAWG and HIV (see box 5). In Haiti, there were also examples of a programme led by ILO with UNAIDS and UNICEF providing vocational training and business development support to associations of young people living with HIV, and a recent project with pregnant women in factories. ILO provided them with HIV testing, antenatal care and ultra-sounds as well as paid time off for medical appointments without discrimination, thereby addressing specific forms of structural, institutional and financial violence, which plays out through workplace discrimination against women and girls living with HIV.

Addressing women and girls in their diversity

Finding 6. The focus on key populations within HIV programming does not adequately address the intersectional needs of women and girls in their diversity and is often gender blind.

HIV programming was frequently presented as addressing the needs of all people, “men and women without distinction”, as part of the leave no one behind agenda. Specific interventions are also designed to address key populations, variously defined to include sex workers (both female and male), men who have sex with men, LGBTQI+ people, people who inject drugs, female entertainment workers, people in prisons and other closed settings and migrants. It is not always clear whether or how women and girls living with HIV are included among key population groups, and how their specific needs are considered and addressed. Whilst it is clearly important to ensure that everyone affected by HIV receives support and services, this type of approach often misses out on providing the services that women and girls with intersecting identities and experiences need or tailoring those services to these specific needs. The evaluation did not find evidence of services being adapted for the different needs of women and girls from key population groups.

“They care about HIV treatment access and HIV adherences but at the same time they don't care if women live in safety, if they are protected from GBV, if these women are economically independent”. (representative of network of women living with HIV, KII)

In Haiti, for example, international HIV donor priorities mean there is less focus on addressing stigma, discrimination and violence against women and girls living with HIV, and more emphasis on biomedical programming for this population. It appears that in this sense, “*Women and girls living with HIV might be falling through the cracks a bit*” (UN respondent, KII).

This is frequently the case with programmes that address the needs of people who inject drugs (PWID). In the document reviews that took place for all the country case studies, there was a notable lack of reference to women who use drugs in the documents or the programmes discussed. In Argentina, there is some work by UNAIDS Secretariat to support the Red Argentina de Usuarios de Drogas (RADAUD), including support to activities, governance mechanisms, annual general assembly and work plan development. UNAIDS Secretariat works with this organisation to deliver HIV training to women in prison to empower them on their rights and support them to negotiate safer sex. The Secretariat confirmed that they are not doing any work on institutional violence within health settings against women who use drugs

(written response). In Tajikistan, UNODC supported the Ministry of Health in 2019 to conduct a review and analysis of existing policies and legislation concerning services for women who inject drugs alongside various state partners and NGOs who provide harm reduction services, however a recent survey of service providers found that *'the needs of women who use drugs and the needs of younger clients may not always be taken into account.'*²⁴ In Zimbabwe, UNODC closed its office in 2020 and no evidence was shared with the evaluation relating to work with people who inject drugs. Other UN stakeholders interviewed for this evaluation across all countries did not mention specific interventions addressing women who use drugs. Data on people who inject drugs is often not disaggregated by sex, and interventions that address key population groups could do more to consider the gender dynamics that exist among these groups. Women who inject drugs encounter numerous barriers to accessing harm reduction, drug treatment and SRH. They face particular issues with regards to stigma and discrimination and negative attitudes by health services providers, as well as their dependence on men for drugs or basic needs, their heightened risk of violence and higher levels of disease progression (CSO, KII). Gender-based and intimate partner violence are estimated to be two to five times higher among women who use drugs than those who do not. Yet, only one out of 20 women who uses drugs and experiences intimate partner violence ever receives any related services.²⁵

In Tanzania, stakeholders reported that whilst it is challenging for the UN or civil society to address the rights of different key population groups, due to the shrinking civic space for these types of rights based approaches and the criminalisation of the behaviours of many of these groups, work with people who use drugs seems to be more widely tolerated by government stakeholders although this is largely focused on harm reduction programmes that do not address the intersectional vulnerability and needs of women who inject drugs.

This absence of an intersectional understanding of the needs of women in their diversity is illustrated by this quote from a representative of women in their diversity about the 'treatment cascade protocol':

"Treatment cascade (specifies that you) "bring your partner". (This) element is influencing violence. As a sex worker, which partner can I bring?" (representative of women in their diversity, KII)

In Cambodia, UNAIDS Secretariat has supported an umbrella network for people living with HIV and key populations and this group involves various groups of key populations but does not include a specific group addressing the needs of women living with HIV. UNAIDS has supported the representation of women in these general networks and HIV civil society groups led by women (UN, KII), however women reported that without these networks their voices and needs and rights remain underrepresented.

There were some notable exceptions, for example in Indonesia, UNODC has supported a mapping of the priorities and needs of women who use drugs and who are in prison that includes looking at the links between drug use, prison, HIV and violence (Indonesian Drug Users Network, 2016).

There is mixed evidence with regards to programmes addressing the needs and rights of female sex workers that combine both HIV and VAWG prevention and response. In Tanzania, UNAIDS Secretariat supported an 18-month programme looking at a conducive environment for key populations and people living with HIV. The programme includes a VAWG response component providing legal support to sex workers when they have experienced violence. The intervention also raises awareness around sex worker rights. According to UN key informants, there have been less police crackdowns experienced as a result of stakeholder dialogues held with police and the national anti-stigma campaign led by TACAIDS, Tanzania Commission for AIDS.

In Argentina, UNAIDS Secretariat has supported dialogues addressing institutional violence against sex workers, led by AMMAR, a sex worker organisation, with the aim of overturning Article 86 which penalises the offering of sex on the street. There has also been UN work in Argentina to reduce state financial violence against sex workers, by advocating for the inclusion of sex workers in Covid-19 social protection schemes. The Argentina government's National Action Plan to Address GBV takes an intersectional and holistic approach, and includes women living with HIV alongside other population groups particularly affected by violence, such as women and LGBTQI+ migrants, people of African descent, indigenous people, people with disabilities, detained people, people on the street, pregnant women, and victims of trafficking and exploitation. However, it does not include sex workers, though it

²⁴ <https://harmreductioneurasia.org/wp-content/uploads/2020/07/EHRA-OAT-Sustainability-Assessment-Tajikistan-ENG-2020.pdf>

²⁵ In Tackling gender-based violence among women who use drugs in India: Results and lessons from the WINGS project. (2021) Frontline AIDS Women and harm reduction, Global state of harm reduction 2018 briefing. Harm Reduction International <https://www.hri.global/files/2019/03/06/women-harm-reduction-2018.pdf>

does include women living with HIV and other identities. In Zimbabwe, UNFPA supported the CSO CeSHHAR to implement a programme targeting young women who sell sex, sensitising them on HIV, SRH and GBV²⁶. The programme provided an education subsidy, vocational and financial literacy training and supported them to form savings groups to start income generating programmes. The young women were linked to SRHR, HIV and GBV services provided by clinics run by CeSHHAR.

Respondents at the global level expressed concerns with taking an approach that focuses exclusively on key populations, whilst also reflecting on the global tensions between key population programmes versus women's programmes, as being unhelpful. A focus on key populations is critically important and recognised as a key contribution of UNAIDS Joint Programme to the HIV response; however, there needs to be a stronger acknowledgement of the intersection between key populations and gender:

"if you are a key population you lose your womanhood" (representative of network of women living with HIV, KII)

The focus on key populations requires a more nuanced and gender responsive approach which recognises and responds to the different needs of women in their diversity among those different groups.

Addressing stigma and discrimination

Finding 7. Interventions that address stigma and discrimination of people living with HIV and key populations rarely address aspects of institutional and structural violence particularly in relation to women and girls.

Definitions of stigma and discrimination often overlap with VAWG - institutional violence against women and girls in service settings is often seen as a manifestation of stigma and discrimination, for example. The evaluation found evidence of numerous interventions across all nine countries where the Joint Programme and Cosponsors were addressing stigma and discrimination of people living with HIV and key populations. In all countries, this was acknowledged as a significant barrier to service uptake and was frequently addressed through training of service providers. In Indonesia, UN Women has been working with the Service Providers Forum (FPL) to strengthen capacity of service providers to work with women living with HIV and challenge stigma and discrimination in health care settings. UNODC has also been supporting training of service providers to better recognise and support women who use drugs. In Haiti there has been work to establish friendly clinics, UNDP sensitised judges through the magistrates school, and training for women police and support for them to set up a centre specifically for VAWG, to avoid women facing stigma, discrimination and institutional violence when reporting. In Argentina, UN support to the University of Cuyo has led to a post-graduate course on HIV and human rights, to train medical providers in these aspects and so address stigma, discrimination and institutional violence in healthcare settings.

In Indonesia, there is a whole priority area of the UN Joint Plan on advocating for the right to health of all key populations and vulnerable groups. This priority area is supported by the Global Fund led programme to address human rights and gender barriers to HIV services which has a strong focus on key populations. The Global Fund is the main partner and funder of the national response to HIV prevention, and therefore has a strong influence on how UN work on HIV in Indonesia is undertaken. Most of the activities under this initiative focus on rights, barriers to services and stigma and discrimination, all of which have a strong relationship to VAWG. However, only a few are directly focused on VAWG.

However, in other settings, funding for stigma and discrimination work is scant. In Tanzania, for example, UN stakeholders confirmed that there is limited investment and interventions addressing stigma and discrimination (2020/21 Tanzania Joint Plan, and key informant interviews), despite widespread recognition and support for how critical this is. Most HIV grants are commodity driven, with limited funding for addressing social issues and stigma and discrimination in particular. A similar situation was shared in Algeria, where the majority of funding for HIV programming comes from domestic revenue which is allocated to testing and treatment with community interventions, including awareness raising, psychosocial support, prevention and addressing stigma and discrimination remaining underfunded and generally neglected across the response.

Despite recognition of the importance of addressing stigma and discrimination among stakeholders and within policy and programme documentation, it was evident that this has been and remains inadequately

²⁶ Government of Zimbabwe/UNFPA 7th Country Programme 2016 – 2020 Draft Evaluation report

funded, and without a concerted effort to address this progress on key global targets will be limited. Examples shared were small scale and ad hoc (see box 6), demonstrating little impact.

Box 6: Addressing stigma and discrimination in Tanzania The JP supported women living with HIV in their advocacy for stigma free HIV services: 75 women living with HIV from 5 priority regions were empowered through a training workshop on how to conduct advocacy initiatives that demand better policies on the provision of stigma free HIV services. As a follow-up, five regional networks of women living with HIV were newly established. (JPMS, 2019)

The failure to link stigma and discrimination with an understanding of violence against women and girls, power and the social and gender norms remains a significant challenge. For example, one stakeholder referred to work with the Tanzanian Commission on Human Rights to address stigma and discrimination faced by people living with HIV as ‘ *about non-discrimination and stigma reduction, but not specific VAWG.*’ According to one donor, messages need to be gender transformational and issues of HIV cannot be separated from stigma and discrimination, or from power dynamics “*women who are HIV positive have no decision-making power at home, this will also be a barrier for her to access services*” despite that the evaluation has found few examples of gender transformational messages employed to address stigma and discriminations (see section 5.3).

The example from Argentina presents a good opportunity for sharing learning with other countries. The gendered nature of violence against women and girls living with HIV in all their diversity, and against women and girls from key populations, is an area that could be strengthened in all the case study countries. The Argentinian HIV programme integrates gender identity and violence largely through work on stigma and discrimination. Uniquely in Stigma Index history, the recent Stigma Index 2.0 report from Argentina includes a section on women, HIV and violence.

A number of countries across the evaluation have completed or are in the process of completing the next round of the Stigma Index. Key informants in Tanzania explained that they were using the standard questions and had not adapted them. The example from Argentina could be a useful springboard for other countries to follow suit and include specific questions around HIV and violence and how women and girls in their diversity experience these issues.

Box 7: Stigma Index 2.0 Argentina

UNAIDS and UNDP funded the Stigma Index 2.0 in an exercise that included civil society organisations and a number of government institutions. The exercise was interesting for three reasons:

- It was conducted by a network of young people living with HIV for the first time ever as an empowering exercise for young people to advocate for change based on evidence.
- The study includes an additional section of questions to measure the impact of stigma and discrimination on access to treatment, adherence, and retention.
- In response to demands by women living with HIV, the Stigma Index report includes a section specifically on women in their diversities. This section examines the impact of discrimination, stigma and self-stigma on women in various regions of Argentina, to inform public policy recommendations, measures and interventions that effectively transform the quality of life of all women with HIV in Argentina and end gender inequalities. (key informant, staff from UN at country level)

The Stigma Index report was launched on April 7, 2021. The exercise included 948 people, of which 328 were women: 87% (282 women) heterosexual, 11% (35) women who have sex with women and lesbians, and 2% (6) bisexual. It included 50 women who do sex work, 31 migrants, and 13 Indigenous women. The section on women analyses and disaggregates experiences by age, gender identity, sexuality, migration status, sex work, and belonging to the Indigenous population. It includes analysis of violence experienced by women in the health system, the workplace, education, community, and other settings. It states that:

'Despite many regulatory advances, the responses to HIV and AIDS in Argentina are still insufficient, not only in terms of ending the HIV epidemic, but especially in terms of eliminating gender inequalities and violence of various types and forms against women, as a cause and consequence of HIV. There is still a long way to go and a pressing need to increase the efforts and resources of stakeholders to achieve the objectives of the UNAIDS Strategy 2016-2021.'

5.2 Theory of Change Outcome 2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

EQ4. To what extent is VAWG programming integrating HIV prevention and response? To what extent are results achieved, by type of intervention and population group?

The focus of this section is on examples and lessons learned from VAWG programming which integrates HIV. Using these positive examples, it identifies entry-points for further integration across the following sectors; health, justice, education and workplaces.

While the areas of integration vary, they commonly focus on developing guidelines, Standard Operating Procedures, and training modules for government institutions and staff. Furthermore, a common finding is that the integration largely takes place within VAWG response programmes, while less evidence of integration is found in VAWG prevention programmes. The exceptions here are within multisectoral programmes (e.g. AGYW) and in humanitarian settings these often focus on changing social norms and tackling the root causes of VAWG and gender inequality more broadly.

Summary of findings

8. Where the health sector response to VAWG integrates HIV, it is usually through providing testing and Post Exposure Prophylaxis. The focus is on the direct linkages between SGBV and risk of HIV transmission, with little evidence of any focus on other VAWG/ HIV linkages in health sector interventions, for example, barriers faced by women living with HIV in accessing VAWG services particularly related to stigma and discrimination.
9. There are positive examples of VAWG / HIV integration at various levels in the education sector, primarily through Comprehensive Sexuality Education (CSE), which has been taken up by governments in several countries.
10. There are limited but notable examples where the justice sector response to VAWG has addressed VAWG/ HIV linkages such as structural violence against women from key populations. There appear to be missed opportunities in terms of reaching women and girls living with HIV in their diversity, as well as in terms of preventing violence perpetrated by law enforcement actors, and addressing barriers to access to justice for survivors living with HIV in their diversity.
11. In humanitarian settings, VAWG/ HIV linkages are addressed largely through the medical response to VAWG. There are also examples of VAWG prevention programmes being designed to be gender transformative and tackle root causes to VAWG and HIV.
12. The lack of recognition of VAWG/ HIV linkages and lack of meaningful engagement of women living with HIV in three out of five Spotlight countries in this evaluation signals a significant missed opportunity for the UN and the VAWG sector to engage on HIV issues.
13. AGYW programmes show positive examples of VAWG and HIV integration, and frequently focus on gender inequality and social norms that underpin both VAWG and HIV risks among adolescents.
14. Awareness raising on VAWG has in some contexts integrated HIV messages and/ or involved women living with HIV in their diversity, and addressed violence against women and girls in their diversity. However, the evaluation has not accessed any results or reported outcomes from these initiatives.
15. VAWG programmes do not systematically include women in their diversity living with HIV or women from key populations. Where women and girls in their diversity are included, they appear to be narrowly defined and interventions are unlikely to address the range of violence and discrimination faced by women and girls living with HIV, including institutional violence, IPV, economic violence and NPSV.

Health sector

Finding 8. Where the health sector response to VAWG integrates HIV, it is usually through providing testing and Post Exposure Prophylaxis. The focus is on the direct linkages between SGBV and risk of HIV transmission, with little evidence of any focus on other VAWG/ HIV linkages in health sector interventions, for example, barriers faced by women living with HIV in accessing VAWG services particularly related to stigma and discrimination.

Integration of VAWG and HIV services were found in health facilities following a one-stop approach in Tanzania, DRC, Tajikistan and Zimbabwe. In Tanzania, government-run one-stop centres (OSCs) provide survivors of VAWG counselling, testing and Post Exposure Prophylaxis (PEP) to prevent HIV transmission (Tz). UNFPA Tanzania supports training for service providers on addressing stigma and discrimination in OSCs. Legal clinics in DRC provide an example of good practice in holistic support to survivors of sexual violence, integrating medical, psycho-social, legal, protection and economic support.

Box 8: Integrated health services to VAWG survivors, DRC

In DRC, legal clinics offer integrated health services to VAWG survivors with attention protocols including PEP and HIV testing and linkages to HIV treatment and nutrition, as well as legal, psychosocial and economic support. The JP has continued to provide catalytic funds to support these integrated clinics and Cosponsor agencies such as UNFPA, UNDP and the World Bank have contributed core funds to provide holistic services to sexual violence survivors. Importantly, the integrated service model of the 'One Stop Centre' has been designed as part of a broader programme that include prevention of VAWG through community awareness programmes, which also served to disseminate the information on services and reduce the socio-cultural barriers for women to access the services. While it is clear that the holistic care model for SGBV survivors combined with law enforcement training and community sensitisation is the way forward, the sustainability of this model and its application in non-humanitarian areas of the DRC is uncertain.

In Tajikistan, UNFPA established 'Victim Support rooms'²⁷ in maternity clinics which serve as comprehensive multisectoral service points for VAWG survivors, and also offer temporary shelter. SOPs for health, police and psycho-social sectors have also been developed together with relevant state agencies. HIV was nominally incorporated into this service in 2020 when UNFPA adopted the Minimal Initial Service Package²⁸ which includes HIV prevention and response through counselling and referral although testing and Post Exposure Prophylaxis are not yet available. VAWG services are also provided by other various state and nonstate institutions. Levels of confidence among CSO respondents in the degree of sensitivity and appropriateness of these VAWG services to already HIV positive women was low. None were seen to be accessible to HIV positive women as "staff do not want to accept us" (CSO KII).

In Cambodia, UNFPA and UNICEF's support to the health sector response to VAWG has integrated a focus on HIV and engaged government focal points on HIV with the view to build long-term capacity and support the roll-out of the guidance on provincial level:

"As UNFPA, we developed the curriculum and guidelines in health sector response to survivors of violence, together with UNICEF who focused on VAC. We included HIV as one topic in the training curriculum for health staff on VAW. We also involved HIV focal points from the government as a national trainer for this important role out, to ensure that the role out on provincial, hospital level also includes an HIV focal point" (UN KII)

Addressing obstetric violence, respectful maternity care, and violence against women living with HIV in health care settings appear to be a gap across most our case study countries with the exception of Haiti (see finding 2).

²⁷ UNFPA CPE 2019 (mentions 8 rooms, KIIs mention variously 18 and 23)

²⁸ [MISP-Reference-English.pdf \(rygn.io\)](#)

Education Sector

Finding 9. There are positive examples of VAWG / HIV integration at various levels in the education sector, primarily through Comprehensive Sexuality Education (CSE), which has been taken up by governments in several countries.

CSE plays a central role in the preparation of adolescents and young people for a safe, productive and fulfilling life, and it is an important component of the HIV prevention package for young people as well as part of advancing gender equality, and addressing stigma and discrimination.²⁹ When done well, it integrates a focus on HIV-related stigma and discrimination and includes the rights and needs of women and girls and other living with HIV. The Joint Programme has been supporting CSE covering HIV prevention, VAWG and SRH to young people. The focus has been on supporting development of curriculums and teaching materials, and training teachers. CSE curricula were commonly found to include VAWG/HIV integration as well as approaches to address root causes of gender inequality and promote healthy relationships among adolescents. In Tanzania, Cambodia, Indonesia and Zimbabwe, VAWG/ HIV have been integrated in CSE interventions, while in Indonesia, VAWG and HIV are addressed in the Life Skills curriculum (see box 9).

Box 9: Lifeskills in Indonesia UNICEF worked with the Ministry of Education to revise a life skills education model for 7-12 year olds. It was piloted in south Sulawesi and a city in Java and the teachers' guide and handbook were launched last year. The model is strong on addressing gender norms, HIV/STI prevention, HIV-related stigma and discrimination, nutrition, health and relationships (The Muhammadiyah Sorong University of Education (UNIMUDA, 2019)). The Ministry of Education now plans to train all teachers across Indonesia (KII UN).

The take up of interventions by governments and in some cases shift to domestic funding shows the potential for sustainability and national ownership of these efforts, and that there is a role for the Joint Programme to advocate for national policies and funding on CSE. At the same time, CSE remains controversial in parts of the world, for instance in Tanzania where despite significant steps taken to integrate CSE into the national education system and rolling it out in primary and secondary schools, JPMS reporting highlighted challenges of negative attitudes and a re-emerging opposition against CSE amongst government stakeholders (JPMS, 2020, box 10). In Algeria, the UN is not able to implement CSE in schools due to government reluctance, and lack of support from the Ministry of Education.

Interventions that address VAWG and HIV linkages are also seen in tertiary education. In DR Congo, UNESCO is addressing gender norms in universities through a pilot project in North and South Kivu that integrates a Gender, Society and Development module, which is compulsory for all students. This is being rolled out to other universities in the province and might be followed by national level. In Tanzania, a project aiming to respond to HIV and GBV in higher learning institutions constitutes an example where several Cosponsors have collaborated and ensured an integrated approach.

Box 10: CSE in Tanzania UNESCO, ILO and UNFPA initiated a joint programme in 2020 that seeks to prevent and respond to HIV and GBV in higher learning institutions through the development and roll out of a CSE module, targeting all first year students in response to the high HIV youth prevalence and issues of GBV and SEAH in higher learning institutions. Another focus area is establishing referral pathways for GBV survivors and provide training to service providers on integrated provision of HIV/SRH/GBV services. The intervention also includes a review of HIV and AIDS workplace policies to ensure those include provisions on gender, stigma, sexual harassment and violence at work, as well as COVID-19. (Joint Plan, 2020/21)

The recently launched '[Education Plus](#)' joint initiative by UNAIDS, UNESCO, UNFPA, UNICEF and UN Women was highlighted by a number of stakeholders as an exciting and ambitious initiative that has the potential to be a 'game changer'. The key components of this approach include ensuring universal access to quality comprehensive sexual education, as well as addressing their sexual and reproductive health and rights, freedom from gender based and sexual violence, enabling adolescent girls and young women to complete secondary school and successful transition to employment, economic security and empowerment. The joint initiative appears to have brought together the issues of both VAWG and HIV as they affect young women and girls, including those living with HIV. It is to be hoped that as the

²⁹ https://www.unaids.org/sites/default/files/media_asset/miles-to-go_caribbean_en.pdf

programmes roll out there is a continued focus and emphasis of the linking of these issues, and ensuring the root causes and gender and social norms are adequately identified, understood and addressed.

Justice sector

Finding 10. There are limited but notable examples where the justice sector response to VAWG has addressed VAWG/ HIV linkages such as structural violence against women in their diversity. There appear to be missed opportunities in terms of reaching women and girls living with HIV and from key populations, as well as in terms of preventing violence perpetrated by law enforcement actors, and addressing barriers to access to justice for survivors living with HIV in their diversity.

Work within the justice sector to respond to and prevent VAWG was seen across several case study countries, including in Algeria, Argentina, Tajikistan, Tanzania and Zimbabwe. A common approach is to train law enforcement actors and the judiciary to handle cases of VAWG in a more survivor-centred, rights-based and effective way, in order to increase survivors' access to justice following experiences of violence.

UNDP's work on Access to Justice has focused on promoting greater access for marginalised groups in Argentina, Haiti, Tanzania, and Tajikistan. Only in one country, Tanzania (mainland and Zanzibar), did this work appear to explicitly include people living with HIV in the programme's work to increase SGBV survivors' access to justice, alongside its focus on women, children and people with disabilities. However, there was no data to demonstrate to what extent it reaches/ supports women from different groups as disaggregated data is not systematically collected (UN KII).

Box 11: In Cambodia, female and male law enforcement officers were sensitised on the importance of human rights, non-discrimination, and a gender-sensitive and 'victim-centred' approach in their work in a series of events and trainings in March 2019. A session on 'Gender Awareness for law Enforcement Officers' explored the meaning of gender in society, which included focus on sexual orientation and gender identity (SOGI), encouraging the participants to reflect on the situation for LGBT people in the country, and why it is important for law enforcement officers to understand gender dynamics and gender diversity in society. The subsequent sessions focused on improving the law enforcement officers' capacity to apply a gender lens in work on human trafficking and other coerced crime, which often involve women and girls and other vulnerable people. The training also explored how to apply a human rights and gender sensitive approach in community policing and in the encounter with key populations, including women who use drugs. This included examining power dynamics between the law enforcement officers and vulnerable individuals, for instance in interviews and investigations. The training integrated a focus on HIV prevention through the lens of occupational risks; building law enforcement officers' knowledge of how they can protect themselves from HIV exposure. This was coupled with a focus on the importance of human rights and non-discrimination when working with groups that are known to have a high HIV prevalence, such as people who use drugs – raising awareness about the impacts of stigma and discrimination, and the particular stigma that women who use drugs face.

UNODC highlighted the awareness raising on drug use in general and the recognition of the stigma and discrimination faced by women who use drugs in particular, as important outcomes of the training, as people who use drugs are often primarily seen as criminals, with little understanding of the social and gendered stigma and discrimination surrounding drug use disorders. The project is still ongoing, and more trainings are planned in Cambodia in 2021.

Source: UN KII and internal project documentation

Another initiative under the Joint Programme in Tanzania included a component on improving female sex workers' access to legal support when they have experienced violence. In Zimbabwe and Tajikistan, there are examples of work that have supported access to justice for adolescent girls who have experienced violence, although not explicitly addressing HIV.

One notable example of VAWG/ HIV integration in the justice sector, with gender transformative elements, was found in Cambodia (see box). A UNODC/ UN Women regional programme aims to address stigma, discrimination and structural violence with a gender lens by supporting national law enforcement and border agencies to strengthen the capacity of officers to recognise and respect human rights and the needs of women and girls in their work, including through strengthening the role of female law enforcement officers.

Humanitarian settings

Finding 11. In humanitarian settings, VAWG/ HIV linkages are addressed largely through the medical response to VAWG. There are also examples of VAWG prevention programmes being designed to be gender transformative and tackle root causes to VAWG and HIV.

In DRC, Algeria and Tanzania, integration of HIV care and treatment in VAWG programmes in humanitarian settings was seen in terms of medical attention to survivors of sexual violence, i.e. offering PEP and referring VAWG survivors to care and treatment centres for follow up care and psychological support. This work is led by UNHCR. In Algeria, UNHCR's work on responding to SGBV in refugee settings, and providing integrated HIV services, was found to be the main point of integration of HIV and VAWG supported by the UN in the country. The VAWG/ HIV integration was found to be weaker in Haiti, where humanitarian work was found to 'sometimes' addresses HIV and/or VAWG, but not in a systematic way. Rather, VAWG and HIV interventions appear to be operated in silo.

Examples of VAWG prevention that also addresses HIV was found in Tanzania, where UNHCR works on VAWG prevention in refugee camps as well as with host communities, although the work with host communities is more limited in size. Interventions include SASA!, Girls Shine (adolescent girls focused empowerment programme) and Engaging Men through Accountable Practices (EMAP), with IRC as the main implementing partner. IRC is also in charge of VAWG case management and referrals to health, protection and legal services within the camps – guided by interagency case management guidance and SOPs, using existing referral pathways.

Box 12: SASA! in Tanzania The SASA! package integrates VAWG and HIV prevention and response, as explained by a key informant: *“SASA tackles power imbalance and prevention of HIV. The awareness that is provided in the community includes key messages on HIV prevention and referrals for testing services within the hospitals – and it is linked closely to VAWG and seeking gender equality, reducing susceptibility to violence and abuse”* (UN KII).

Whilst the SASA! methodology is designed to be gender transformative and includes a multi-component approach addressing economic empowerment and livelihoods support, it has core principles that must be adhered to in order for it to be effective. The evaluation was told that the methodology was adapted to account for increased mobility of the populations, often requiring it to be shortened. No evaluations of this programme have been conducted therefore the evaluation cannot comment on how faithfully the methodology and principles have been applied.

The other programmes mentioned above, although not directly including HIV components or targeting women and girls living with HIV as in the case of SASA!, also include elements of gender transformative approaches (also see section 5.3) that are effective in tackling the drivers of VAWG as well as HIV. For example, EMAP focuses on engaging men in VAWG prevention through strategic awareness raising and activities to promote individual behaviour change among men. The programme takes a couples-approach where men are engaged for 16 weeks while women for 8 weeks, and also involves community leaders. The programme looks at root causes of VAWG, including patriarchal structures and gender norms. A key informant said that: *“We've seen this (EMAP) transform the community. It includes opinion leaders in the community, clan leaders and religious leaders – they are very powerful groups”* (UN, KII). The evaluation is not able to comment on the effectiveness of these approaches in these contexts as none of these programmes (including SASA!) have been evaluated, despite being implemented for over three years (UN KII).

In DRC, there were similarly examples of gender transformative approaches in VAWG programming.

Box 13: Gender norms in schools, DRC A UNESCO education intervention addresses gender norms in young people: *“The pilot project to integrate a Gender, Society and Development Module at university level in North, South Kivu and Ituri is compulsory for all students (pilot in 3 universities) since 2015. An evaluation is planned to see the impact on keeping girls at university level, but so far reports show that the module is very well received by students and teachers in the partner university of Goma. Even before the end of the project, all five universities in the province adopted it. Certainly, the module will be generalised at the national level”* (UN KII).

A UNFPA programme includes a strategy to transform gender norms: *“There is a youth leadership programme where youth association networks are provided the means to develop messages, exchange and meet with other young people in other countries. We work through women's associations that work on the empowerment of women”* (UN KII).

The WFP strategic Plan 2021-2024 focuses on gender inequality as a root cause of vulnerability: *“WFP is committed to mainstreaming gender equality measures in all of its activities and has adopted a gender-transformative approach based on the knowledge that men and women, boys and girls experience poverty differently and face different barriers in accessing services and economic resources that impact their food security and nutritional status”* (UN KII).

EU Spotlight initiative

Finding 12. The lack of recognition of VAWG/ HIV linkages and lack of meaningful engagement of women living with HIV in three out of five Spotlight countries in this evaluation signals a significant missed opportunity for the UN and the VAWG sector to engage on HIV issues.

The European Union (EU)-funded Spotlight Initiative on VAWG is being implemented in four of the case study countries; Argentina, Haiti, Tajikistan and Zimbabwe. However, VAWG/ HIV linkages were found to be addressed only in two countries (Zimbabwe and Tajikistan). Although UNAIDS is not a recipient UN organisation for any Spotlight countries, in Zimbabwe, the UNAIDS office has played a key role advocating for HIV through HIV focal points in recipient organisations as well as through co-sponsors at planning stage. As a result VAWG/ HIV linkages are explicitly recognised and part of the implementation plan (see box 14 below). In Tajikistan, UNAIDS Secretariat is not part of the initiative but HIV is integrated to some extent as women's HIV networks are included as community mobilisers against GBV. The programme also plans to include sex workers and LGBTQI+ communities. However, in Tajikistan the programme is currently awaiting government approval, and the case study noted sensitivities around the programme as it addresses GBV and because of the population groups it involves.

Box 14: Spotlight Zimbabwe The bi-directional nature of HIV and VAWG has gained visibility through the Spotlight Initiative in Zimbabwe as a direct result of intense and collaborative work of the UNAIDS team together with Spotlight Recipient UN Offices (RUNOS). All RUNOS noted the active role that UNAIDS took in the planning and initial implementation of the Spotlight plan in order to ensure that HIV was appropriately and explicitly addressed: HIV indicators were included, for example, in the selection of the five programme provinces* to ensure that those provinces with the highest HIV burden were given due consideration. This is clear in the Country Programme (CP) document which includes HIV in the listed activities of three of its Outcome areas (prevention and social norms; quality services and supporting a women's movement). HIV, however, is not explicitly included in any of the monitoring indicators although it is noted under 4.22. as an example of intersecting discrimination. The 2019 annual report notes 'the CP continues to work closely with UNAIDS in the outreach to chiefs and religious leaders on the inter-linkages between GBV, SGBV, HPs and HIV and AIDS.' The Resident Coordinator chairs the Spotlight programme with UN WOMEN the technical lead and there is considerable scope to leverage the RCO position to further advocate for HIV and VAWG as interwoven issues.

**the Spotlight Country Programme Document has 68 mentions of HIV*

In Haiti and Argentina, UNAIDS is not part of the initiative and there were limited examples given to the team of where VAWG/ HIV linkages or women living with HIV were included in the programme. However, in Haiti, Spotlight partners assured the evaluation that the initiative will consider HIV as a cross-cutting issue. However, the evaluation team could not verify that that was indeed the case³⁰. In Argentina, the programme pays attention to intersectionality, for instance, it has supported a workshop on SRHR and violence against women with disabilities, including deaf women, and women with restricted vision, and including LBTQI+ women with disabilities.

Adolescent girls and young women

Finding 13. AGYW programmes show positive examples of VAWG and HIV integration, and frequently focus on gender inequality and social norms that underpin both VAWG and HIV risks among adolescents.

Three country case studies (Tanzania, Zimbabwe and Argentina) illustrate how multisectoral AGYW programmes can address HIV and VAWG in integrated ways, with frequent examples of gender transformative approaches being used (see more on how this is examined in section 5.3). Common features of these programmes are that they: address multiple dimensions in girls' lives; support girls to build a range of assets; are delivered through multiple sectoral approaches and platforms; address the enabling environment, sometimes by involving boys and men; and have a strong focus on social norms and root causes to gender inequality that are drivers of VAWG. While all programmes include a VAWG preventative perspective to some extent, by seeking to achieve normative change and promote gender equality, some also integrate a focus on VAWG response, through improving access to VAWG and HIV services. For example, GFATM in Zimbabwe works on strengthening referrals to SRH and VAWG services, through One Stop Centres, as well as prevention of VAWG through the SASA! approach³¹. HIV integration is mainly done through referrals to HIV and SRH services, as well as CSE in schools.

Multiple examples of AGYW programmes were found in the Tanzania case study. Several Cosponsors including UNESCO, UNFPA, UNICEF have been involved in interventions delivered through mass media platforms and campaigns. One of these interventions, which has been recognised as successful and has been scaled up over the recent years is a radio drama for adolescent girls and boys that explores different topics through the lives of young fictional characters and their caregivers.³²

Another common approach to AGYW programming is centred around economic empowerment interventions and social protection, with additional ('plus') components such as life skills training, and SRH and HIV information and services. One such example from Tanzania is highlighted below. This was one of few evaluated AGYW programmes that looked at violence and gender attitudes as outcomes. This illustrates how gender transformative approaches holds the potential to address root causes to VAWG and HIV risk among adolescents.

³⁰ Subsequent communication from the reference group confirmed that in Haiti has included a focus on adolescent girls, young women and women living with HIV in their activities. For example financial support has been provided to the Ghesiko Centre for psychosocial / medical care, of which 80% of the beneficiaries are AGYW living with HIV (UNFPA-UNICEF).

³¹ See box 12 above re SASA! in Tanzania and also <https://raisingvoices.org/sasa/>

³² [*What is the ONGEA radio programme? UNICEF \(2021\)*](#)

Box 15: The CASH+ programme, Tanzania

Following support to the Tanzania Social Action Fund (TASAF), the Joint Programme with UNICEF as the lead Cosponsor, provided support to implement and evaluate the CASH+ programme, which combines social cash transfers with livelihoods support, SRH and HIV education and access to services for adolescents 14-19 years. The intervention is being implemented by TASAF in collaboration with TACAIDS and with technical assistance by UNICEF. It is designed to promote government ownership through 'layering' an adolescent-focused component on top of an existing government cash transfer programme. In the first phase, after training trainers, a 12-week face-to-face programme was delivered to adolescents, providing training in livelihoods and life skills. A midline review in 2019 found some positive outcomes following the 12-week training: participants demonstrated increased knowledge about some aspects of HIV prevention and modern contraceptive use, and improved gender equitable attitudes among males, particularly in the domains of violence and household chores (Tanzania Adolescent Cash Plus Evaluation Team, 2020). Although the study did not find changes in the experiences of violence, this is highlighted as a "positive first step in the effort to increase gender equity and reduce violence and the acceptance of violence" (ibid, p. 104).

The intervention was initially piloted in four districts but has since then been scaled up. In 2021, UNICEF will support further scale up of the intervention from 9 to 11 councils in Kigoma, Songwe and Mbeya regions, and provide technical assistance to government agencies to implement the Cash+ initiative into new districts (Joint Plan 2020/21).

Sources: JPMS 2019b; Joint Plan 2020/21; and Tanzania Adolescent Cash Plus Evaluation Team (2020) [*A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Midline Report*](#)

In Argentina, the UN's work with adolescents have included transgender and non-binary adolescents. This work has been driven by UNAIDS Secretariat, supported by UNDP and UNICEF, and has reportedly opened up the policy space and political buy-in to a trans rights agenda, including among UN agencies.

While the conceptual linkages between VAWG and HIV are clearly present in these programmes, it has been noted across several case studies that the linkages can be made more explicit. The Tanzania case study highlighted that "the programmes could benefit from making these linkages more explicit in programme design, monitoring and evaluation, as that could generate important evidence and learnings, and leverage further investments in this area". In Tanzania, despite AGYW programming being recognised as one of the areas where 'most progress' has been achieved in terms of HIV/ VAWG integration, only 3% of all HIV funding in 2017 in Tanzania was allocated to AGYW programmes (TACAIDS, 2020).

Awareness raising

Finding 14. Awareness raising on VAWG has in some contexts integrated HIV messages and/ or involved women living with HIV in their diversity, and addressed violence against women and girls in their diversity. However, the evaluation has not accessed any results or reported outcomes from these initiatives.

The evaluation found examples across study countries of how the UN marks international days to address VAWG, with the 16 Days of Activism against GBV being frequently cited. For example, in Tanzania in 2019, UN Women reported that "an estimated 4,000 people (3,000 women and 1,000 men) were reached with messages and information materials that promote HIV prevention and elimination of harmful practices that perpetuate GBV" (JPMS, 2019b). In Cambodia, although not explicitly integrating HIV messages, several UN agencies have been involved in public campaigns and awareness rising to promote gender equality and end discrimination and violence against women in their diversity, as well as LGBTQI+ people. For example, UN Women have addressed the bodily autonomy of sex workers, and led the 16 Days to End Violence against Women campaign. UNAIDS and UNFPA have supported campaigns to promote consensual and safer sex, and Cosponsors have jointly supported several LGBTQI+ rights campaigns. (JPMS, 2019a; JPMS 2918).

In more restrictive environments however, discussing VAWG can be challenging in the first place, let alone integrating HIV messages into these conversations. For example, in Algeria, UNFPA conducts awareness raising around gender equality, and has recently produced videos that shed light on domestic

violence – but generally, the UN has to tailor VAWG messages very carefully due to the silence and stigma that surrounds VAWG.

The World Food Programme (WFP) provides an examples of engaging in awareness raising on social norms and gender equality were found in Tanzania and Tajikistan. In both countries, the WFP has taken part in the 16 Days of Activism Against GBV. In Tanzania, WFP has integrated VAWG and gender equality messages in behaviour change programming by focusing on gender norms in households, especially related to food, such as how men participate in collection of food at distribution site. Some impact of this work has reportedly been seen in communities: *“it takes time to change culture norms, related to gender, but we are seeing some changes in terms of response by men, which can be incremental”* (UN KII). Although this did not explicitly integrate HIV, this might present an opportunity for further awareness raising around VAWG/ HIV linkages.

Women and girls in their diversity

Finding 15. VAWG programmes do not systematically include women in their diversity living with HIV or women from key populations. Where women and girls in their diversity are included, they appear to be narrowly defined and interventions are unlikely to address the range of violence and discrimination faced by women and girls living with HIV, including institutional violence, IPV, economic violence and NPSV.

There are very few examples of how women living with HIV and women and girls in their diversity have been meaningfully and intentionally included in ‘mainstream’ VAWG programming. Indeed, VAWG programming has far to go until its increasing focus on intersectionality (for example seen in Argentina) translates into intentional and systematic inclusion of women living with HIV in VAWG prevention and response. While there are a very small number of examples of interventions that have included focus on women living with HIV or women from key populations, these are not seen in general VAWG programmes/ approaches.

The Indonesia case study illustrates examples of both attempted inclusion of women living with HIV in general UN and government VAWG programmes, as well as how there are still institutional barriers to overcome. One Indonesian CSO representative pointed out: *“Theoretically, UN agencies have their own frameworks to addressing VAWG, but it seems unclear when it comes to women living with HIV. Even if they’ve conducted a training for instance, but without a clear roadmap it will vanish. We’re hoping that UN agencies can gather the Governments, CSO’s, UN partners joint team to develop a roadmap to addressing VAWG among people/women living with HIV.”* However, in Indonesia, UNAIDS Secretariat is trying to establish a partnership with the National Human Rights Commission and work with UN Women to ensure attention to HIV into the general violence against women programme. At the same time, it noted that access to government supported safe houses for survivors of violence is difficult for women living with HIV and transgender women.

Similarly in DRC, UN Women attempts to mainstream gender equality and empowerment of women across UN organisations, which includes women living with HIV and LGBTQI+ people. Nevertheless, women living with HIV are not systematically included in VAWG programmes, and the case study further notices that major gaps remain in terms of addressing SGBV against key populations, and the intersectionality between different risk factors.

Increased attention to intersectionality should warrant a stronger focus on inclusion of women and girls living with HIV in their diversity in VAWG programming. For further discussion on this, see section below on gender transformative approaches.

5.3 Theory of Change Outcome 1 and 2: HIV and VAWG programming is gender transformative.

A critical part of the evaluation outcomes that were assessed was to understand the extent to which programmes were gender transformative. This section explores that question in relation to the Theory of Change Outcomes 1 and 2. The findings are presented under Evaluation Questions 1 and 3 together and findings were similar for both HIV and VAWG programming.

EQ1 To what extent is HIV programming gender transformative ?
EQ3 To what extent is VAWG programming gender transformative?

Summary of findings

16. No country programme as a whole was found to strategically adopt a gender transformative approach throughout its HIV or VAWG programming – but programmes demonstrate various elements of gender transformative approaches. However, there is a lack of evaluations of these programmes.
17. Gender transformative approaches occurred more often and had a stronger focus in VAWG programming, multisectoral AGYW programming and CSE, which often included a focus on men and boys.
18. The UNAIDS Secretariat and Cosponsors do not always have a clear understanding of what is meant by gender transformative approaches in programming that address HIV and VAWG. Gender mainstreaming was often seen to equate to a gender transformative approach.
19. Both HIV programming and VAWG programming showed limited evidence of intersectional approaches. VAWG programmes did not often recognise the needs of or involve women living with HIV; and HIV programmes that focus on key populations often pay insufficient attention to women and girls in their diversity.

Finding 16. No country programme as a whole was found to strategically adopt a gender transformative approach throughout its HIV or VAWG programming – but programmes demonstrate various elements of gender transformative approaches. However, there is a lack of evaluations of these programmes.

The Joint Programme and UN VAWG programmes demonstrate key elements of gender transformative approaches. However, these often appear in specific interventions and at relatively small scale as opposed to being part of a wider strategy that runs through UN-supported HIV and VAWG programming. Most of these examples include one or a few specific elements of gender transformative approaches, however, there were some examples that demonstrated taking a more holistic approach and integrating several elements of gender transformative approaches. One such example, although on a small scale, was found in Cambodia, where a project that supports women living with HIV was found to address bi-directional HIV/ VAWG linkages; provide multiple forms of support that responds to needs and priorities identified by women themselves; and support women's transformational leadership and advocacy efforts towards the local administration.

Few of the interventions that were found on the more gender transformative end of the gender equality and social inclusion (GESI) spectrum have been evaluated, and this evaluation can therefore not comment on their potentially transformational outcomes but rather makes an assessment based on intention and described approaches/ strategies. For examples in DRC, there were several VAWG interventions in humanitarian settings that have adopted a strong focus on social and gender norms, and which have involved men and boys to address VAWG and gender inequality (e.g. SASA! and EMAP) but which have not yet been evaluated.

Finding 17. Gender transformative approaches occurred more often and had a stronger focus in VAWG programming, multisectoral AGYW programming and CSE, which often included a focus on men and boys.

VAWG focused programmes tend to include a stronger focus on drivers of gender inequality, such as social norms and better understanding of the power imbalances that underpin both VAWG and HIV.

Several examples were found of VAWG programmes that include focus on masculinity, and men and boys' involvement in addressing gender inequality and drivers of VAWG/ HIV, for example in DRC, Zimbabwe, and Tanzania. HIV programmes that involve men and boys show less evidence of doing this in a gender transformational way (see below for further discussion on this). The bio-medical approach to HIV interventions limits an appreciation of the need to be gender transformative.

Working with men and boys does not by default have to be gender transformational, as the types of engagement and approach varies. The evaluation found examples that focus on masculinities, power relations and social norms in seven of the nine case study countries, although some of these are small interventions. These are aligned with a gender transformational approach as they seek to address root causes to gender inequalities and challenge the status quo. Examples were found in Zimbabwe (e.g., the support to SAYWHAT), in Argentina where UN Women works with men to change norms, attitudes and behaviours and address hegemonic masculinity, DRC (using the Stepping Stones Approach) and in Tanzania (e.g. UNHCR's SASA! and EMAP).

Some examples are more clearly located in programmes that address VAWG/ HIV linkages. In Cambodia, UN Women's project to support women living with HIV and addressing GBV included a component on men's role in eliminating GBV. Another similar example was found in DRC (see box below).

Box 16: Involving Men and Boys in DRC

In DRC, UNAIDS partners with *Fondation Femmes Plus*, a pioneer organisation in the fight against HIV in the DRC, an organisation created by women living with HIV/AIDS 26 years ago (1994). Since then many networks of women living with HIV have benefited from the work of *Femmes Plus*. Rape survivors are referred to *Femmes Plus* for HIV testing, and support services for sexual violence and IPV. They involve men to be part of the solution, by conducting family dialogues and seminars to fight discrimination and stigma. When there were no ARVs *Femmes Plus* spoke with families to reduce the stigma. *Femmes Plus* considers that the family goes beyond the biological family, and also includes friends and trusted people.

Other programmes that have involved men and boys are AGYW programmes (e.g. by UNICEF in Tanzania) and CSE programmes which reach both boys and girls with information on HIV, VAWG and gender equality more broadly – these programmes clearly hold the potential to transform harmful social norms and promote gender equality from an early age of children, however, the evaluation did not access any evaluations of these interventions or results that demonstrate transformational outcomes.

Examples of UN supported campaigns and awareness raising that target and/ or involve men and boys were also found in numerous countries. In Argentina, the Spotlight Initiative has conducted media campaigns for men addressing violence and masculinities. In Tajikistan and Cambodia, UN supported public campaigns were highlighted as examples of work to engage men and boys.

Men were also involved in HIV programming through strategies to increase male HIV testing, which may also mitigate the risk of violence and discrimination against women in relation to HIV testing and disclosure, but were not specifically addressing the root causes of VAWG. In Indonesia and Tanzania, ILO are encouraging men to test for HIV (through HIV testing in workplaces), so that women in families/ couples are not always the first to test for HIV. In Tanzania this was described as an approach to mitigate risk for violence against women, “if only one of them have access to the testing, for example the woman access testing, it can cause violence and questions, why she is being tested” (UN KII). While increasing male testing is a priority in HIV programming in many contexts, and which may have indirect effects on VAWG, this approach alone does not tackle the underlying factors that put women and girls at risk of violence in relation to HIV testing and disclosure.

Strong examples of HIV/ VAWG integration and gender transformational approaches were found in AGYW programmes and CSE programmes that. These often seek to address social and gender norms, and link this to interventions on adolescents' SRH (including HIV services), healthy relationships, livelihoods support and broader asset building/ support for adolescent girls and young women. These programmes typically include a mix of GESI sensitive, responsive and transformational aspects, such as addressing practical as well as strategic needs, addressing the enabling environment for empowerment, addressing multiple influences in girls' lives, and often involving boys and men.

The majority of examples of gender transformative elements in HIV programming centred around supporting leadership of women living with HIV, creating an enabling policy environment and supporting the participation of women living with HIV and women from key populations in such processes, and

supporting networks of the same groups and their participation at various levels of programming, research and policy interventions (see also Outcome 3 EQ 8 for more on this).

Finding 18. The UNAIDS Secretariat and Cosponsors do not always have a clear understanding of what is meant by gender transformative approaches in programming that address HIV and VAWG. Gender mainstreaming was often seen to equate to a gender transformative approach.

UN stakeholders did not always demonstrate a common understanding, definition or approach to gender transformative programming – not across or within countries, nor across or within Cosponsors. In some country case studies, questions around gender transformative approaches generated answers that focused on gender mainstreaming and how gender is mainstreamed in Joint Programme activities, which sometimes appeared to be perceived as synonymous with being gender transformative. Sometimes, it also came with an assumption that gender mainstreaming, or focusing on gender, will have an impact on VAWG, without a clear strategy or approach around how that change would come about. Nevertheless, the country case studies identified elements of gender transformative approaches, as well as numerous examples of GESI sensitive and GESI responsive approach. Gender transformative programming is a process, and the starting point of this journey as well as the end goal will look different for different programmes. Indeed, several country offices highlighted that they were in the early stages of their ‘gender journey’.

Common examples of GESI blind programmes were those that failed to recognise the specific needs of women living with HIV and women from key populations and which approached people living with HIV and key populations in a one-dimensional way, neither undertaking a basic gender analysis nor paying attention to intersectionality and the lived experiences, needs and priorities of women and girls in their diversity.

Finding 19. Both HIV programming and VAWG programming showed limited evidence of intersectional approaches. VAWG programmes often did not recognise the needs of or involve women living with HIV; and HIV programmes that focus on key populations often pay insufficient attention to women and girls in their diversity.

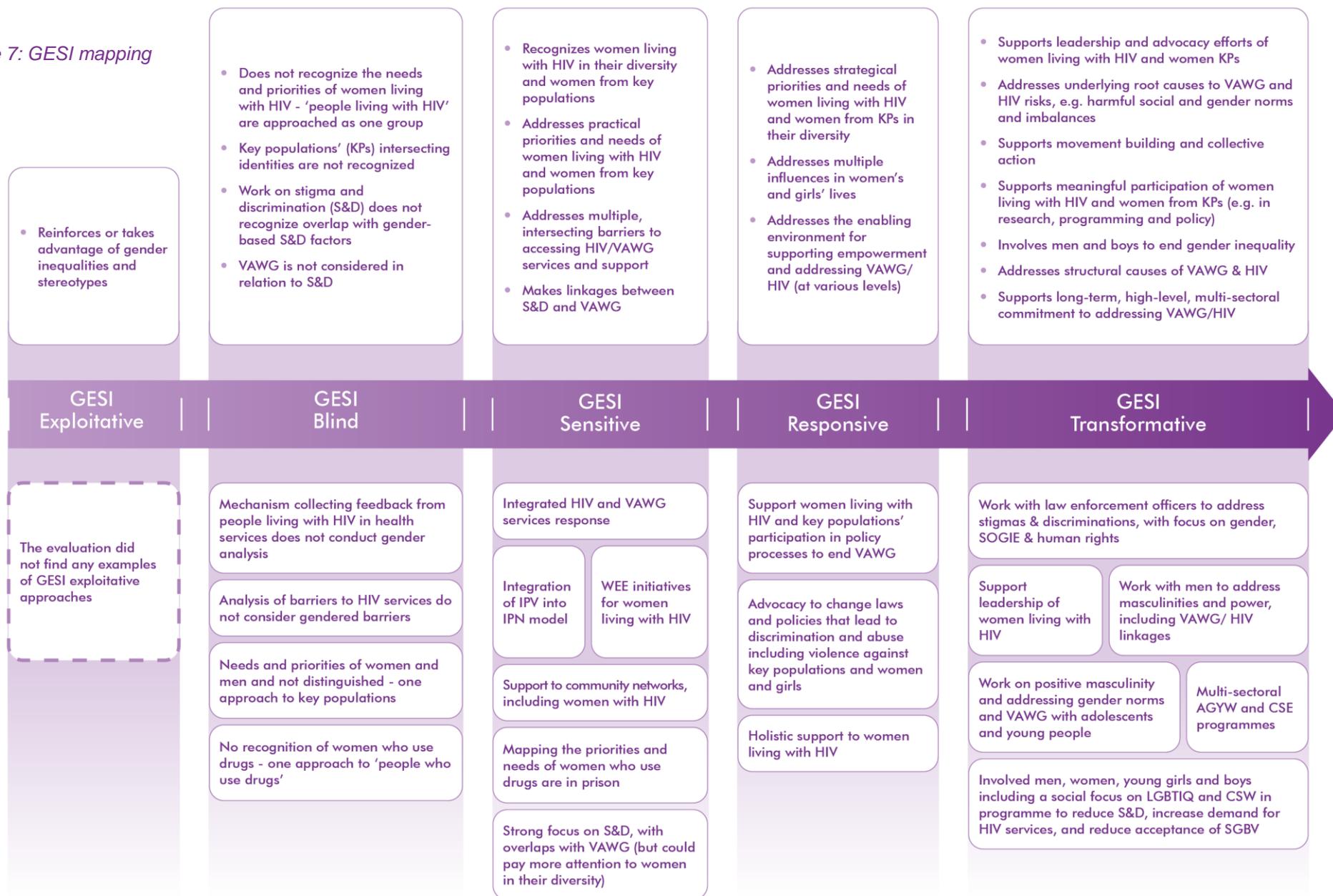
This picture emerged generally across the country case studies, although there were positive examples where UNAIDS Secretariat and Cosponsors have worked with women from key populations and addressed intersectional forms of discrimination and stigma, such as that faced by women who use drugs (e.g. Indonesia and Cambodia), female sex workers (e.g. Tanzania and Argentina) and LGBTQI+ people, including transwomen (e.g. Cambodia and Argentina). These examples of engaging with women and gender diverse people from these groups were often small scale and limited to specific events/activities rather than engaging them on a more regular and consistent basis.

However, there were some notable exceptions such as in Cambodia, where UNAIDS Secretariat and UN Women seem to have engaged with LGBTQI+ groups over a longer period and in a more strategic way, where LGBTQI+ people have identified their own priorities and have been supported to participate in high level policy processes that addresses VAWG/ HIV linkages.

While there has been some recognition of women and girls from key populations and women and girls living with HIV, they were often approached in one-dimensional ways and the evaluation found little evidence of intersectional approaches that pay attention to more than one or maximum two dimensions of women’s identities and the multiple forms of oppression they are at risk of. For instance, the Tanzania case study highlights that women and girls with disabilities have been largely left out from the HIV response. In the Argentina case study, across several stakeholders, it was noted that the following groups and forms of violence are neglected:

“Work on the multiple forms of violence experienced by women and girls living with HIV in all their diversities could be strengthened, including violence against young women living with HIV, Indigenous women living with HIV, internal migrant women living with HIV, lesbian women living with HIV; obstetric violence; economic violence; violence that impacts on sexual and reproductive freedom; institutional violence in the form of evictions from housing of women living with HIV and from key populations; reporting mechanisms for institutional violence.” (UN, KII)

Figure 7: GESI mapping



5.4 Theory of Change Outcome 3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls

EQ5. To what extent is the work of the Joint Programme in line with country needs, evidence and human rights standards across the continuum of HIV and VAWG programming?

Summary of findings

20. The Joint Programme appears to be aligned to national policies and strategic frameworks in all case study countries, but this does not mean that the frameworks themselves all address the bi-directional nature of HIV and VAWG
21. The scale of both the HIV and VAWG response and resources invested by the Joint Programme in all countries was small scale and thinly spread. Funding is often short-term and for one-off activities.

Finding 20. The Joint Programme coordinates well at national level and is aligned to national policies and strategic frameworks in all case study countries, but this does not mean that the frameworks themselves all address the bi-directional nature of HIV and VAWG.

In Indonesia, for example, the government does not prioritise the rights of women and girls living with and affected by HIV, and the human rights and gender agenda is driven by the UN and CSOs. This too, is largely the case in Tajikistan, where the JP has supported the review of legislation around HIV³³ in 2017 providing a platform for further discussions on law reform, particularly of Article 125 (which criminalises HIV) but also with regard to the Act on Domestic Violence.

Similar legislative work is being supported in Zimbabwe, and in DRC where the Joint Programme's work on legislative change to empower adolescent girls and young women to access HIV services. They may face stigma and denial from service providers when accessing HIV services: *"Where parental consent was required, many would avoid going to health facilities rather than share confidential information about their sexual health needs with their parents."*³⁴ In this respect: *"The law does not allow testing of people under 18 without being accompanied. We are working with this provision. We worked on the new family code adopted in 2016 for 13 years."*

Argentina is unique among the countries in the evaluation in that its policies are already sensitive to human rights and are extremely progressive so that the JP need not seek to influence but rather to endorse *"We talk a lot about influencing national policy, but in Argentina the UN is behind the state policy on gender and diversity. The state is investing in this"* (UN KII).

There is some evidence of effective influencing of strategic frameworks to strengthen responses to HIV/VAWG (see EQ7). The majority of countries' HIV programmes are firmly situated within the health sector, so that principal relationships for HIV are with the various ministries of health, and national AIDS commissions. The findings from Algeria in this regard are common across the evaluation except for Argentina, where the evaluation found that response to HIV is effectively owned, funded and managed by the Ministry of Health, with technical support from UN organisations. UNAIDS Secretariat supports the government's HIV programme efforts according to national plans and identified needs. All UN agencies contribute their respective expertise in specialised areas in relation to institutional, normative and technical issues.

"Government is doing a lot to support this (HIV), in terms of availability of ARVs, but it is not very strong on outreach and addressing stigmatisation" (UN KII).

The mandate for gender equality generally lies with the Ministry of Women's Affairs or equivalent in the different countries. The JP works closely with this office in three of the countries (Indonesia, Cambodia, Argentina) while the remaining countries did not report active involvement of these ministries in

³³ Legal and regulatory environment assessment for HIV/AIDS in the Republic of Tajikistan. Dushanbe – 2017

³⁴ Evaluation conjointe des programmes de lutte contre les violences sexuelles en République Démocratique du Congo 2005-2017 Rapport d'Evaluation, UNFPA, 2019

addressing HIV and VAWG as mutually relevant issues. The evaluation team could only secure interviews with representatives from the Ministry of Women's Affairs in three countries (Argentina, Cambodia and DRC). There is an opportunity in the future for greater advocacy on the bi-directional nature of HIV and VAWG from JP members and ministries of women's affairs.

The area of stigma and discrimination was found to have a weaker response in general with the exception of Cambodia and Argentina. This is particularly important for the health sector response where levels of discrimination against women living with HIV continue to be reported and, in some countries are increasing (see discussions under outcome 1 and 2 for more detail).

In Tanzania, for example, the 2020/21 Joint Plan highlights that interventions and investment in reduction of stigma and discrimination are limited (Joint Plan, 2020/21). UN key informants confirmed that most HIV grants are commodity driven, with limited funding for addressing social issues and especially stigma and discrimination (UN KII). In Tanzania while stigma and discrimination is addressed the National Violence against Women and Children (VAWC) strategy, 2017/18 – 2021/22 has no mention of HIV or stigma and discrimination, or institutional or structural violence as a form of violence that affect women and children. Zanzibar on the other hand is making more progress in addressing stigma and discrimination– *“they (ZAC) have put a lot of emphasis on stigma and related interventions, they have realised that this is a game change”* (UN KII).

In Tajikistan, the socio-political context has a strong influence on the level and scale of activities addressing stigma and discrimination; political sensitivity around sex workers, sexual minorities, and sexual and gender-based violence coupled with high levels of stigma and discrimination against women living with HIV as well as survivors of violence challenges an effective response.

In DRC, the geographical focus of the UBRAF is aligned to national priorities, focusing on conflict-affected areas that have not been so much at the centre of attention as the Eastern region. UBRAF provinces correspond to high priority areas outlined in the National HIV/AIDS Plan for 2020-23 which identifies nine provinces for high impact interventions: Haut-Uélé, Kinshasa, Bas-Uélé, Ituri, Kongo central, Maniema, Kasai-Oriental, Haut-Katanga and Nord-Kivu. However, given the vastness of the country, this means that some areas with high prevalence of VAWG and HIV which are not in conflict-affected areas are left out. In the Southern region, stakeholders from civil society, government and international partners interviewed all depicted a similar situation: *“In the provinces where the situation is more stable, the problems of GBV are strong but do not interest donors. Everyone puts their money into humanitarian work.”* Access issues also concentrate programmes around the capital cities of the provinces: *“The activities are concentrated at the urban level, in the territories there is not much presence. Along with the health structures there are services for HIV, but VAWG services are not in place in rural areas.”* The joint programme is also concentrated on urban centres and axes of communications, but reaching rural areas remains a challenge.

In Haiti, a context with protracted crises and governance challenges, the ability of the Joint programme to align with national policies has been constrained given the many conflicting priorities. Multi-sectorality and budget cuts present particular challenges in Haiti: *“The big problem in Haiti is multi-sectorality and this limits the ability of the United Nations to obtain good support for the coordination of programs in Haiti”* (CSO KII). Cosponsors work hard to facilitate coordinated interventions, but at local level it is particularly difficult to ensure good multisectoral coordination between Ministries and partners.

Finding 21. The scale of both the HIV and VAWG response and resources invested by the Joint Programme in all countries was small scale and thinly spread. Funding is often short-term and for one-off activities.

*Table 3: UBRAF envelope funding allocated to countries and prevalence rates of country case studies (*Business Unusual Fund only)*

The evaluation included countries with highly diverse HIV epidemics and VAWG situations:

Country	UBRAF envelope funds US\$ (2020)	HIV prevalence ³⁵	Estimated no. women living with HIV ³⁶	Prevalence of lifetime ³⁷ violence	Prevalence of violence in last 12 months ³⁸
Algeria	102,000*	0.1%	9,500	NA	NA
Argentina	180,000	0.4%	91,000	27%	2.7%
Cambodia	295,000	0.5%	36,000	21%	8%
DRC	299,994	0.8%	330,000	51%	37%
Haiti	300,000	1.9%	86,000	26%	14%
Indonesia ³⁹	476,000	0.4%	220,000	NA	NA
Tajikistan	150,000	0.2%	3,300	26%	19%
Tanzania	700,000	0.8%	980,000	46%	30%
Zimbabwe	450,000	12.8%	760,000	37.6%	20%

Table 3 provides an overview of the size of UBRAF allocations for the nine countries in this evaluation. This represents only part of the funding available at country level, and is all the information that was available to the evaluation team. It shows that, of the nine countries in this evaluation, Tanzania had the highest allocation of UBRAF funding in 2020 of US\$700,000, and also the highest estimated number of women and girls living with HIV at 980,000 coupled with the second highest prevalence of violence. Zimbabwe receives US\$450,000 and has an estimated 760,000 women with HIV and a lifetime violence prevalence of almost 37% while Indonesia receives slightly more (US\$476,000) with 220,000 women living with HIV, violence prevalence data is not available.

Clearly these funds are small and do not represent the total allocation of funds for HIV or VAWG from individual UN agencies in each country. It is meant to be illustrative. For example, as noted in Tanzania, the Joint Programme’s contribution to the national HIV response is not primarily through resources⁴⁰, indeed it is a very small contributor of funding. The national HIV response is still largely donor funded, with PEPFAR and Global Fund accounting for 90% of total funding. Domestic resources account for about 10% (JPMS), and whilst this has increased by 42% between 2014 – 2017 (TACAIDS, 2020) little of that funding goes towards commodities, equipment or actual programming. This scant domestic funding is a key challenge with regards sustainability of the response.

Key informants across all of our case study countries reported that UBRAF envelope funding was for short-term one-off actions related to either HIV or VAWG interventions. This challenge was noted by stakeholders in all 9 countries. The evaluation also struggled to find evaluations of multi-year programmes that were supported and evaluated by the Joint Programme that were able to demonstrate impact or sustainability. This lack of documentation also serves to highlight this approach to funding civil society. The evaluation recognises the challenging context and limited UN funding available for civil

³⁵ 2020-UNAIDS-data

³⁶ 2020-UNAIDS-data

³⁷ <https://evaw-global-database.unwomen.org/en>

³⁸ ibid

³⁹ [2019-UNAIDS-data_en.pdf](#)

⁴⁰ According to one key informant this is likely to be about 1 – 2 % of overall funding for the HIV response.

society, however there is clearly a need to revisit the way support is provided and for what to ensure investments support strategic and sustainable solutions.

In Argentina, civil society respondents also mentioned the limited amount of UN funding available for civil society organisations: *“The UN gives us a couple of thousand dollars and expects us to work miracles for that money”* (CSO KII).

“Consider associations as civil society and consider them as full partners to allow them to engage fully in a programme from start to finish. Trust associations, integrate them as full partners, limit ad hoc actions” (CSO KII)

“For the empowerment of women, we have small projects, but there is no continuity, they are not sustainable. Nothing remains after we leave. Long-term government programs need to be supported by providing resources, facilitating small loans, organising women's groups, participating in civil action. It does not happen on a regular basis or at scale.” (CSO KII).

One CSO in DRC also mentioned that when the MONUSCO left Central Kasai after the transition, UN agencies all moved out and they were left without support, and they had to struggle to continue some activities, whilst others were discontinued.

A big challenge noted by stakeholders in Tanzania related to the availability of funds and the length of time projects received funding:

“The length of the programme is short if you want to see long term results. 10 months to one year is short .. you go and build capacity and then you leave... if you want sustained results, you need longer term partnerships...” (CSO KII)

In Zimbabwe, this challenge of sustaining projects was similarly highlighted. The most frequently cited issue was the short term and ‘piecemeal’ nature of most projects under the JP and the limited resources: *“the clinics come after a long time to a hard-to-reach area, we raise the people’s hope that finally they are going to get ART because it’s a lifesaving treatment. Then 6 months down the line the project has ended”* (CSO KII re COVID response). This is an important issue if the JP intends to increase its focus on transformative work which, by nature, is long term.

Women’s organisations and CSOs working with women who were interviewed for the evaluation reported that they were severely underfunded.

EQ6. How well do UN agencies coordinate with partners in the country to support the achievement of country priorities ?

Summary of findings

22. Good coordination with governments, civil society and other donors and development partners was noted across all case study countries, supporting joint planning, prioritisation and strategic decision making.
23. Advocacy with the Global Fund, and other donors to expand attention to HIV/VAWG is an effective way to leverage funds for the issues and raise visibility.

Finding 22. Good coordination with governments, civil society and other donors and development partners was noted across all case study countries, supporting joint planning, prioritisation and strategic decision making.

Coordination with national governments across the nine countries was generally good and involved regular meetings.

In Cambodia, the UNAIDS Secretariat is a member of both thematic working groups on GBV and HIV, and describes it as a strategic position to be in which allows for addressing cross-sectional issues and coordinating partners across the HIV and GBV response. Several stakeholders echoed that UNAIDS Secretariat is playing an active role in technical working groups on both the HIV and GBV side.

All countries reported that the Joint Programme played a significant role in bringing CSOs and government together and providing a platform for women's voices to be heard "we see that some NGOs working on HIV who are the members, they bring the voices of people living with HIV to be heard by the working group at national level" (UN, KII). However, there was a concern noted in Indonesia about whether the UN's receipt of Government funds, via the Global Fund, limits their ability to influence the government to be more rights-based and gender transformative.

In Tanzania, the good collaboration with government resulted in a range of practical outcomes including;

- *Gender Assessment of the National HIV/AIDS Response, TACAIDS 2020* (see below)
- Support to TACAIDS' work addressing stigma and discrimination of key populations, including female sex workers
- Peer education manual, MoH supported by UNICEF and UNFPA
- Comprehensive Sexuality Education rolled out by Ministry of Education, supported by UNICEF, UNFPA, UNAIDS being integrated into the Teachers Education Curriculum in 2018, and training 1,635 teachers in 2019.
- Cash Plus programme (see outcome 1), which has been designed to promote government ownership through 'layering' an adolescent focused component onto existing government cash transfer programmes.

In Argentina, government interviewees at all levels generally felt that the UN response to HIV was appropriate and supportive, and the technical support of UNAIDS is seen as being good quality and high level. They particularly welcomed the fact the UN is able to relate international policies to state policies, and be continuously connecting the dots between the different agencies and Ministries to construct a shared agenda.

"We work very well with the UNAIDS team, who are highly committed and encourage us to think regionally. We value the work with evidence from different countries in the region, and different debates, for example, PREP." (Government KII)

However, as many interviewees pointed out, Argentina's classification as a middle income country has had a direct impact on international funding eligibility. It is a country with significant inequality, and UN interviewees felt their work has been particularly useful in moving the agenda forward in more conservative provinces, as in the work in Mendoza with the University of Cuyo.

In Indonesia, the situation for a coordinated response to HIV is complex, as there is no national AIDS coordinating body fulfilling the role of overall coordinator and the structures established to take up the roles the coordinating body used to perform are not functional. As a result, the main functioning coordinating bodies are attached to the Global Fund financed HIV programme. This is problematic as the national Technical Working Groups focus on Global Fund programmes rather than an overall national response.

In Haiti, Ministry budgets are small and while gender equality is seen to be a high priority for the Government, resources are inadequate. The HIV response in Haiti is more than 90% externally funded and extremely reliant on international support.

The most frequently cited partners across all countries were Global Fund, PEPFAR, and the European Union's Spotlight Initiative. In Zimbabwe, the government of Sweden was also noted as a partner funding the regional 2gether4SRH programme. The programme operates in five countries in East and Southern Africa (Lesotho, Malawi, Uganda, Zambia and Zimbabwe) and lessons from Zimbabwe suggest it is a positive example of HIV/VAWG integration (see Outcomes 1&2).

Finding 23. Advocacy with the Global Fund, and other donors to expand attention to HIV/VAWG is an effective way to leverage funds for the issues and raise visibility.

There were several examples given of the Joint Programme influencing the Global Fund to address HIV and VAWG. In Tanzania, a recent Global Fund proposal, prioritises interventions for Adolescent Girls and Young Women, as a result of advocacy by UN organisations. In Zimbabwe, the UNAIDS country office has worked with the GF successfully to modify the DREAMS approach, layering a social protection element through school subsidies, a community behaviour change layer to reduce gender-based violence and interventions that aim to engage men to increase their uptake of health services and address harmful gender norms. In Tanzania, UNAIDS country office is influencing the Global Fund and

PEPFAR to include issues of stigma and discrimination in their operational plans. In Indonesia, the Joint Programme has succeeded in ensuring the new Partner Notification Guideline which includes SRH, Family Planning and GBV, will be expanded under Global Fund programme to 171 districts in 12 Provinces in 2021.

While PEPFAR is a significant donor in all countries apart from Argentina and Algeria little was noted about the degree of influence the Joint Programme might have on its proceedings.

The UNAIDS Secretariat is not a recipient UN organisation (RUNO) in any of the six Spotlight countries but intensive advocacy and engagement in the design phase in Zimbabwe succeeded in raising the visibility of HIV in the programme (see Box 13). Since the design phase is complete and phase 2 funding is dependent on achievements of phase 1 it seems the opportunity to enhance attention to HIV within the programme may now be lost. A brief case study on the Zimbabwe approach would help secure this linkage in future programmes.

EQ7. How effective is the Joint Programme in building national ownership and capacity of people and institutions to respond in gender transformative ways to the linkages of HIV and VAWG in the short and long term?

Summary of findings

24. The Joint Programme's contribution to national ownership was found to be significant as evidenced by improved national strategies and protocols and government take up of specific programmes.
25. Multiple examples were found of capacity building of CSOs both in general and to better address HIV and VAWG. There was less evidence of building capacity for transformative approaches specifically.

Finding 24. The Joint Programme's contribution to national ownership was found to be significant as evidenced by improved national strategies and protocols and government take up of specific programmes (e.g. comprehensive sexuality education and partner notification protocols).

In Zimbabwe, intensive collaboration with Joint Programme members and government has resulted in a National HIV strategy 2021 -2025 which illustrates a shift towards stronger VAWG and HIV programming compared with the preceding strategy. The National HIV strategy 2016-20 mentions GBV illustratively but the 2021 strategy has a separate section on GBV as a driver of the epidemic '*Gender Based Violence (GBV) is a manifestation of gender inequality, gender norms and harmful practices within society. GBV increases women's vulnerability to HIV infection. In 2015, a total of 31.5% of AGYW reported having experienced physical violence in their lives while 11.6% reported ever experiencing sexual violence....*'

The strategy includes three core indicators⁴¹ relating to GBV in its M&E framework. The Joint programme has played a significant role in the evaluation and design of these strategies. National ownership and awareness of VAWG and HIV in Zimbabwe was further enhanced by a country tour for parliamentarians, organised collaboratively between UNAIDS Secretariat, UNDP, UN Women, UNFPA and in partnership with National AIDS Commission, which stimulated dialogue on HIV as well as VAWG, included groups of men and women living with HIV and addressed some of the key bottlenecks to access to services for sex workers and AGYW among others.

"UN Women led a lot of activities to sensitise parliamentarians on the effects of GBV especially SGBV. There was also a study that showed how SGBV was rampant even within political parties and disenfranchised women who wanted to participate in politics" (CSO KII).

In Cambodia, the Joint Programme works with both government stakeholders and civil society to support national ownership of programmes that address VAWG and HIV. The Joint Team's work on a policy

⁴¹Sexual and gender based violence victims reached with PEP within 72 hours of exposure increased; reduced proportion of women in or out of union age 15-49 who have experienced physical or sexual violence in the 12 months preceding the survey; SGBV cases reported;

level is a notable contribution to building high level commitments to addressing VAWG (e.g. through support to the III NAPVAW and the forthcoming Gender Policy) and HIV linkages. The Joint Team's support to developing guidance and SOPs, primarily in the health sector response. A significant example of the RGC's enhanced ownership of work that addresses VAWG/ HIV linkages is the integration of CSE into the national curriculum, which was announced by the Minister of Education, Youth and Sports (MoEYS) in November 2020.

In Indonesia, after a report in 2018 identified that the HIV programme mostly focused on increasing access to HIV testing and ARV therapy, without considering gender aspects of the programmes (Nevendorff et al, 2018), UN agencies, in partnership with civil society organisations have intensified attention to gender inequality and made some headway to shifting the understanding and commitment of certain national commissions and ministries such as the Ministry of Women's Empowerment and Child Protection, the Ministry of Planning and the Ministry of Health. UN agencies are supporting research on specific issues such as violence against women living with and affected by HIV. This research is followed by the development of a programme of action including piloting initiatives. The UN agencies and partners then work with government to develop and adopt standards and protocols arising from the pilots into national guidelines and practice. This work resulted in the adoption by government of new partner notification protocols which include IPV and the development of the Life Skills curriculum that all teachers will eventually be trained in and standard operating procedures on male involvement in SRHR (which includes HIV and GBV).

Tanzania reported strong government ownership of the interlinked response of VAWG and HIV, in particular through TACAIDS leadership of the *Gender Assessment of the national HIV/ AIDS response (2020)*, however this appears to be mainly from one direction – VAWG is being addressed in so far as it contributes to the spread of HIV, rather than through a deeper analysis of the bi-directional relationship of VAWG as an indirect factor of HIV as well as an outcome of HIV status and disclosure.

Finding 25. Multiple examples were found of capacity building of CSOs both in general and to better address HIV and VAWG. There was less evidence of building capacity for transformative approaches specifically.

In Tajikistan, civil society organisations indicated that they have experienced a significant increase in their capacity over the past 5 years and that this is in large part due to UN agencies "*With every training my suitcase of knowledge is replenished*" (CSO KII). In 2018-2019 UNAIDS Secretariat provided a special grant to the network of women living with HIV to increase their capacity in management, reporting, monitoring, and using innovative technology. UN Women respondents attested to this saying "*they used to be behind us but now we are behind them*" (UN KII).

Nevertheless, there is concern among numerous stakeholders the evaluation spoke with that support to networks and groups is somewhat piecemeal and that a more concerted effort to build coalitions would be more effective, as illustrated by this quotation from a women's rights organisation.

"If there was support and women were trained in the mechanisms of influence at one level or another, then we would be a powerful force. Now we are women activists scattered, so we cannot change anything in our country" (CSO KII).

In DRC, Joint Programme Cosponsors like ILO, UNDP and UNFPA, as well as the UNAIDS Secretariat conducted capacity building activities to support the implementation and dissemination of protective laws for people living with HIV and 'key populations' including on VAWG, such as training magistrates, law enforcement officers in the provinces on gender, VAWG and PLHIV rights, and supporting the development of national strategies. The UBRAF includes several capacity development activities, including technical guidance and trainings for health services providers on HIV (targeted testing, eMTCT, quality HIV services and setting up quality teams, person-centred surveillance) and VAWG services (PEP kits, holistic services for sexual violence survivors). The training module (2019) on HIV, gender and human rights⁴² published by the PNMLS/UNDP is a good example of a capacity and awareness building tool to promote a better understanding of gender dynamics in relation to HIV and discrimination. Another positive example is the work of UNDP and UN Women on the legal and policy frameworks on addressing VAWG, and the training of magistrates, legal and police officers on gender equity and attention to VAWG survivors.

⁴² Module Formation VIH, Genre et Droits Humains, Ministère de la Santé Publique, Programme National de Lutte contre le SIDA et les IST (PNMLS)

In Tanzania, the Joint Programme has played an important role supporting the establishment and capacity of networks of people living with HIV and key populations in mainland Tanzania and on Zanzibar, despite the challenging environment surrounding some key populations.

In both Cambodia and Tajikistan, UN Women provided transformative leadership for Gender Equality and Women's Right courses for women living with HIV. The course aims to strengthen capacity and knowledge of managers and organisational leaders to advance gender equality, women's empowerment, and women's rights agendas within their organisational contexts and mandates ⁴³.

Box 17: Transformative Leadership Development of Women living with HIV

In 2014, there was an outbreak of HIV in a community in Rhoka commune in Battambang province. UN Women initially provided emergency response which has turned into a long-term project under the Joint Programme. The intervention builds on a peer-support approach; a network of women living with HIV called the 'Core Group' has been established and is supported to identify community needs and engage in advocacy towards the local government administration. So far, the Core Group has been successful in advocating for two community priorities to be taken up in the Commune Plan. The project supports women's leadership skills to lead this advocacy, coupled with economic empowerment interventions and efforts to address stigma, discrimination and violence, as well as provides mental health and social support to women living with HIV. As such, the project takes a holistic approach, providing multiple forms of support to women affected by and living with HIV in this community.

GBV has been addressed through capacity building workshops and community meetings where women living with HIV and women Core Group members have discussed and received training in how to prevent GBV and how to support women and young people who have experienced violence. The Core Group has been supported to carry out community awareness raising on GBV. This has focused on women's rights, SRH, understanding gender, and how to prevent GBV and men's role in eliminating GBV. One workshop provided training in case documentation related to GBV, discrimination and stigma against women living with HIV, as well as raising awareness of legal services available. According to progress reports, the project has reduced the acceptance of domestic violence against women living with HIV, which was recognised as the main GBV concern, and women increasingly report GBV cases either to the commune chief/council member for women and children or the police with the support of the Core Group. The Core Group members also conduct home visits to women living with HIV in the community, providing peer support and also offering opportunities to share experiences of GBV with someone who has received training in how to provide support and refer women to further support. The project has also focused on institutionalising the approach to how local authorities should respond to HIV outbreaks. A toolkit for the Commune Committee for Women and Children Focal Points has been developed which includes guidance on how to conduct a gender analysis of the situation, and how to respond to and reports cases of abuse and violence against women.

Source: UN KII and internal project documentation

⁴³ <https://asiapacific.unwomen.org/en/digital-library/publications/2019/01/transformative-leadership-and-gender-equality>

EQ8. Has Civil society been strengthened, especially of women's organisations, including in decision making and evaluating national policies and programmes, as well as for strengthening accountabilities?

Summary of findings

26. Joint Programme Cosponsors are playing an important role in strengthening the capacity of civil society organisations and creating dialogue spaces that include civil society across all our case study countries, but could do more in developing leadership skills of women girls living with HIV in their diversity and their network organisations in a more sustainable way.
27. UNAIDS' important contribution to increasing the visibility and voice of key population networks and membership groups has been highlighted by stakeholders at every level from the evaluation case study countries to the evaluation global interviews, however there are a number of voices missing from these conversations and consultations in particular women in their diversity from key populations.
28. Accountability mechanisms between the Joint Programme and CSOs were generally underdeveloped. The focus is more on 'involving' civil society than mutual accountability to civil society and women and girls, which limits meaningful involvement.

Finding 26. Joint Programme Cosponsors are playing an important role in strengthening the capacity of civil society organisations and creating dialogue spaces that include civil society across all our case study countries, but could do more in developing leadership skills of women girls living with HIV in their diversity and their network organisations in a more sustainable way.

Several examples provided below demonstrate how different Cosponsors have facilitated the involvement of civil society organisations, networks and groups, including women's HIV networks in planning processes and collaboration with government and development partners.

The UN has supported targeted work to improve CSO engagement in the HIV response. In Cambodia in 2020, UNAIDS funded an assessment to understand what capacity was needed to ensure meaningful involvement of and accountability to affected groups in the national HIV response. The 2020 JMPS results state that the assessment will inform the design of capacity building package to strengthen community engagement and implementation of the HIV response. Tanzania provides a good example of how UNAIDS along with PEPFAR have been supporting government to increase their engagement with civil society through the development of a CSO Engagement Strategy (2019) developed by TACAIDS. The strategy recognises the comparative advantage of CSOs to develop an effective national HIV response and set out strategies to build their capacity to ensure they can make a "*meaningful contribution to the HIV response in Tanzania*". CSOs have complemented government efforts largely through extending HIV services to communities, that would have otherwise been underserved. However, the strategy highlights a number of challenges faced by CSOs in relation to their limited ability to deliver at scale (CSO Strategy, 2019). There are a number of different stakeholder groups which exist to enable civil society to engage with government.

In Tajikistan, for example, the UNAIDS-led Partner Forum on HIV where development partners and CSO come together twice a year to exchange experiences and good practice; in 2020, the Technical Working Group of National AIDS Commission for the development of the new Funding request to Global Fund; a seat on the National Co-ordination Committee and involvement in Global Fund planning. Furthermore, it is clear that informal consultation and collaboration occurs between UN representatives and some of the more established CSOs.

Key informants from different stakeholder groups in Cambodia widely agreed that the UN plays a crucial role in ensuring civil society participation and voice in policy processes and formulation. This is a crucial approach to enhance the accountability of the Royal Government of Cambodia (RGC) to civil society and affected groups at national level. The fact that the UN and civil society have influenced the government to recognise a diversity of groups and experiences, for instance in the NAPVAW, provides entry points for civil society and affected communities to hold the RGC accountable to their commitments.

Stakeholders reported that the Cosponsors provide training and capacity building opportunities for civil society organisations. Some of these are one-off training events and other times they involve participation of working groups to develop guidelines and influence policy and programme decisions. Indonesia provided examples of Cosponsor working with key groups to develop guidelines, for example UNFPA worked with the Indonesian Sex Workers Network to ensure their involvement in policy dialogue and advocacy at national level and engaging key groups in developing guidelines for female sex worker programme⁴⁴. In Haiti training was provided in effect dialogue with donors and governments, technical aspects of implementing VAWG programmes including in humanitarian settings as well as training for managers and in logistics.

The training and capacity building provided by Cosponsors to civil society organisations is well received and highly valued. In Argentina, appreciation for the work of the UNAIDS team is high, with one interviewee noting that *“It is impossible to put a value on the political impact of UNAIDS”* (CSO KII). Particularly worthy of note is the advice and support provided by the team to civil society organisations, particularly trans-led organisations, organisations of sex workers and associations of women living with HIV, and the advocacy role played by the UNAIDS team to raise with other UN Cosponsors the issues of people living with HIV and key populations.

In Tanzania, civil society respondents appreciated the capacity building support that they get from UN organisations:

“Small NGOs have a problem in resource mobilisation, but the knowledge we get is big and will remain sustainable. Even when the programme ends, the knowledge will remain.” (CSO KII)

The DRC case study found that there was a lack of a coherent strategy to build the capacity of women living with HIV and key populations networks in a sustainable manner, beyond what is needed for the implementation of concrete projects. This was also the case in Zimbabwe. Capacity building support often consisted of ensuring that the CSO was able to deliver concrete activities and provide reports.

Generally, where organisations benefited from longer term projects, they experienced more interaction and closer relationships. Civil society organisations are seen in all countries as essential delivery partners and critical in terms of getting services to the community, providing holistic support to communities, and ensuring the community-led response is sustainable. In Cambodia, examples were shared of how the UN is working with civil society in a more strategic partnership. Several organisations who did not receive funding from UNAIDS Secretariat or other UN organisation still highlighted that they had good relationships with the UN and valued them as a strategic partner. This sentiment is echoed in the quote from Haiti illustrated below:

“A lot of space is given to civil society. There are no interventions that take place without the active participation of civil society. There is no micro-management, and a lot of delegation and respect towards civil society partners. There is supervision, coordination, performance monitoring and evaluation meetings” (CSO KII).

In Tanzania, civil society organisations’ relationship with UN organisations is either as a recipient of funding or as a technical delivery partner, being brought in to support with the development and wider consultation of national guidelines, protocols and policies. For example, Engender Health was involved in the development of the national guidelines on conducting Community Dialogues, and supporting training for government service providers on clinical management of GBV and linking that to HV and family planning services. Organisations reported a number of ways that Cosponsors coordinate and work with them through various communication challenges, coordination meetings, arranging tripartite meetings between UN organisations and government, co-designing projects, joint supervisions visits, and in some cases joint implementation of selected interventions, technical assistance, and leveraging funds.

The Spotlight programme in Zimbabwe is another strong example of how civil society organisations have played a critical role in the design and delivery of the programme. The CSO reference group was cited as an effective mechanism and as genuinely inclusive: *“Our involvement started at fundraising. Some UN agencies even took us through capacity building for example with UN Women we attended meetings and trainings over and above the capacity building that happened indirectly. We were involved in the development of manuals and handbooks and we can confidently say that we owned the processes”*

⁴⁴ UNFPA Country Programme Performance Summary https://www.unfpa.org/sites/default/files/board-documents/Indonesia_-_CPPS_-_Country_Programme_Performance_Summary.pdf

(CSO KII). Further national coordination forums used by the Joint Team include the Key Population Forum, the ASRH forum and the gender Technical Working Group.

In the DRC, feedback from CSOs and membership organisations was equally positive: *“With UNAIDS we have no barriers, we are very well received, the collaboration is perfectly good. We used to participate in their planning meetings, we can express our needs and they take that into account in the plans. After they have set their priority, they present them to us so that we can integrate our proposals”* (CSO KII).

Less support has been provided to develop leadership capacity among key population groups or women living with HIV and other women’s rights organisations. Across a number of our country case studies, civil society respondents highlighted support to leadership and advocacy as an area where the UN could do more. UN Women has provided Women’s Transformative Leadership courses (see box16) in Tajikistan and Cambodia and more could be done for focus on the leadership potential of positive women’s networks.

“The UN Women project supporting women living with HIV in Battambang, Cambodia, is a good example of supporting leadership skills and focusing on the ‘demand side’ to build sustainability. The project has taken a holistic approach to supporting women living with HIV, not only focusing on medical needs, allowing UN Women to “understand the complexity of interrelation between HIV and VAWG, and role of women’s leadership, because the project is really deploying multiple approaches, not only HIV/ public health perspective” (UN KII).

Finding 27. UNAIDS’ important contribution to increasing the visibility and voice of key population networks and membership groups has been highlighted by stakeholders at every level from the evaluation case study countries to the evaluation global interviews, however there are a number of voices missing from these conversations and consultations in particular women in their diversity from key populations.

“UNAIDS’ (Secretariat) commitment to MIWA and their support to community is really genuine and they are an enormous leader in that space, but again it’s a resourcing question. UNAIDS is all about working with communities, but they don’t have any money, they do create space for community engagement, I think they are consultative, I think they put what money they have where their mouth is but that doesn’t translate to very much in the real world – they do a lot better than a lot of other institutions” (CSO KII).

UNAIDS Secretariat’s commitment to key populations is seen by civil society stakeholders as one of their strongest and most important contributions, without them there is a real concern among civil society, particularly those from key populations and networks of women living with HIV, that these groups would be even more invisible and under-served. UNAIDS has been involving civil society for a long time and highlighting the needs and rights of key populations. Countless stakeholders, in particular women in their diversity, confirmed this vital contribution and reiterated that without UNAIDS’ leadership and commitment on these issues they wouldn’t have been able to address the issues they have been:

“People don’t care about sex workers and we need some way in [...] they aren’t going to fund them because they care about us and our human rights. HIV has been an important way to leverage these issues, without that we wouldn’t have got the funded, this has enabled us to address these issues. This has been the only way that we have got traction.” (CSO, KII).

Examples of UNAIDS support to key populations, including transgender women and wider LGBTIQ+ communities, were highlighted in Cambodia and Argentina in particular. In both these countries, document review and interviews suggest that the country teams are taking a holistic approach to supporting LGBTIQ+ communities, paying attention to the intersecting forms of discrimination and challenges, and addressing HIV / VAWG linkages both directly and indirectly through a focus on structural drivers of violence and negative attitudes.

“We are hoping that the UN agencies could be our bridge in voicing our needs to the government, because we are fully aware that we can’t scream too loud to the government because that would backfire for us in the future.” (CSO, KII).

In Cambodia, the Joint Programme has supported a number of key population groups and networks including the umbrella Network for People living with HIV, the Sex Workers Network, the National

Entertainment Workers Network, LGBTQI+ networks, and networks for people who inject drugs. These networks are crucial to ensure their involvement in key policy formulation and implementation. For example, the country recently developed ID poor mechanisms and one stakeholder confirmed that work on the development was led through the networks that were already in place – *“it’s easy to mobilise the group, and it is more effective when the HIV CSOs can speak directly with the government, we don’t need to speak on their behalf. It’s a good approach”* (CSO, KII). This approach is visible across a number of countries in our case studies including Argentina and Tanzania. Despite this valued support, there does not appear to be a coherent and sustainable strategy for how to support these groups for the long-term as their involvement is for more for one off events and activities.

Coupled with this in some countries stakeholders highlighted that whilst networks of people living with HIV and / or other key population groups were supported and strengthened, networks of women living with HIV have not always been that well represented, as expressed here by a representative of women in their diversity from Cambodia:

“Women network living with HIV across the country has lost its voice. Five years passed without help to reactivate [the network]. If we have such kind of network, we can raise awareness of VAWG. They only come to do survey and get ideas, but not activities done with women living with HIV which is a big network.”

In Argentina, UN respondents referred to the country coordinating mechanism (CCM) as one of the key ways that Cosponsors interact with CSOs, some civil society respondents expressed concern about the functioning of the CCM, the need for stronger communications and leadership within the mechanism, and issues of representation and disparities in the capacity of different members. *“We are part of the CCM, but the reality is that it works to an extent but there are some challenges. There is a problem of leadership, and who can talk in the name of each sector”* (CSO KII). In Algeria the CCM has not been functioning for some time and this was seen as a barrier to ensuring meaningful civil society engagement.

The extent to which Cosponsors are accountable to the CSOs and networks they support is not clear. According to one respondent, *“People from NGOs who speak openly about problems are very important for advocacy conducted by the UN - but very often they are the same people, because there are few of them and a lot is invested in them (travel, grants, etc.) and often the UN “uses them” for advocacy, but they do not receive further support”* (CSO KII).

A key challenge with supporting the meaningful involvement of women living with and affected by HIV is that few women are comfortable about being open about their status because of stigma, discrimination and violence.

In our case study countries, stigma and discrimination was keenly felt by all respondents and impacted on the voices of women and girls in their diversity being heard and or listened to. For some women (such as LBT women), social attitudes, discrimination and violence make it extremely difficult for them to come forward and take leadership roles. The risks which women take in speaking out openly about the two issues of VAWG and HIV cannot be underestimated:

“I think that in order for a woman or girl living with HIV to participate meaningfully in UN programs from the very beginning, she [should be] educated about the risks that may arise in her activity in the implementation of these or those programs.” (Representative of women in their diversity, KII).

A number of examples from Haiti, Tajikistan and Tanzania highlight this challenge, among women in their diversity as well as other key population groups.

“Few people want to play this role of activist, to represent women living with HIV, so there is not much involvement of women living with HIV or women who experience violence. There has been some work on leadership, but very few are willing to go public. It’s important of course to advocate, but it’s hard. To have representation, you need people willing to do that” (CSO KII).

“I cannot always say from an open rostrum everything that needs to be said, several times government officials made comments to me, intimidated me if I carried out an advices and summoned me to law enforcement agencies. UN staff, especially local ones, are well aware of the situation, but they also cannot always say everything at the official level. Therefore, it is important when the problems of vulnerable groups are expressed by heads of organisations – International staff, as well as those who have come on a visit” (CSO KII).

“We have to have discussion behind the curtains due to the political situation” (Donor KII).

In Tanzania, many of the working groups do involve representation and leadership from key populations but there are many groups that are still be left out of these conversations, largely due to the legal and political environment: *“the situation is bad, the government is not receptive to the rights of sexual minorities” (UN KII)*. There were some examples shared of when the UN had provided emergency support to key population groups when government crackdowns have been particularly challenging as highlighted by this key informant: *“For any crackdown of KVP groups they provide emergency response/support. They may not have resources at the time, but they would find extra resources to support/respond through facilitating or mobilising external funds”* (Representative of women in their diversity, KII).

There is a lot of stigma around work with sexual and gender minorities and sex work and that has led to support for key populations being fragmented. A representative of women in their diversity commented that:

“I believe the UN would have liked to support sex workers, but the country’s legal systems sets limitation to address them. There’s always violence to key, vulnerable populations, especial trans-community (low recognition) however, no specific guidelines, back up/support socially but also legally. Stereotypical solutions due to lack of political will! (representative of women in their diversity, KII)

Finding 28. Accountability mechanisms between the Joint Programme and CSOs were generally underdeveloped. The focus is more on ‘involving’ civil society that mutual accountability to civil society and women and girls, which limits meaningful involvement.

Civil society organisations, and key population groups are frequently invited to join consultations, participate in meetings, support working groups or facilitate research activities bringing their members together. Consultations are often rapid in nature which limits meaningful and broader engagement with communities and key groups. Fewer examples were shared about how the impact of their participation was fed-back to them, or how their inputs had been actioned, and stakeholders frequently shared their disappointment at this rather one-sided engagement process. They were more often involved in programme implementation rather than planning and design.

In Indonesia, for example, CSO respondents explained that they were often invited and encouraged to attend national and international forums, but they were never sure what the results of their involvement was. They reported they were asked for their opinions and consulted on certain issues but what happened as a result was not well communicated or fed back. One CSO representative said, *“it doesn’t change anything”* (CSO, KII), whilst another explained that they were asked for contributions by the UN to inform a meeting with government but were then shut out of the meeting itself.

In Haiti, accountability was understood by UN respondents as ‘accountability to funding’ which was explained as involving joint meetings to monitor and evaluate performance and conducting field visits. There was little focus in the responses on work to increasing accountable **to** civil society and women and girls in particular. This sentiment was echoed by respondents in Tanzania where representatives of women in their diversity reported that UN accountability came in the form of providing funds to programmes, following up and monitoring. Many key informants from this group of stakeholders felt that girls and women were engaged and consulted and supported with capacity building initiatives, however, they generally did not receive feedback or updates on how their inputs were addressed or considered. As an illustration, a representative of women in their diversity responded to the question about how far they felt UN engaged them meaningfully:

“Yes and no. Yes, because whenever they prepare training and dialogues, they ensure girls and women are there. No, because there’s not enough engagement in ideation and planning of the programs” (Representative of women in their diversity, KII).

In Argentina, CSO respondents mentioned that accountability to women and girls is principally through newsletters and publications that are shared on the websites or newsletters of the different UN organisations. Civil society representatives noted that they feel there should be more accountability and transparency among the UN organisations involved in the Joint Programme, and would like more dissemination of reports of Cosponsor work on VAWG and HIV.

In Zimbabwe CSOs expressed the same concern: *“there is one way accountability. UN agencies demand account[ability] from UN agencies, NAC requests information at district level and shares this with UN agencies but they never send the report back”* (CSO KII). It appears from discussions then that mutual accountability between the JP and CSOs is not yet fully understood: *“We know what is expected of us, but we do not know what is expected of them, so it is difficult to measure UN’s accountability to us”* (CSO KII).

“Involve CSOs and communities at project planning stages so that sustainability strategies are home grown and agreed with community influencers like the chief, schools, political leadership” (CSO KII).

CSOs in Zimbabwe reported that they were invited to specific events and forums and to implement projects but were not necessarily included in the full project cycle from design through to evaluation:

“Our involvement only happened at the implementation stages, with limited or no involvement at all during planning stages. The CSOs were often invited after funds had been received by the UN and asked for activity plans” (CSO KII).

A similar situation was observed in Haiti by associations of women and girls living with HIV, who have little or no funding and huge challenges with sustainability. They have little access to dialogue, discussion and decision-making spaces. When they are involved in HIV or VAWG prevention and response interventions it is in the activities or implementation, but not around decision making, planning or evaluation:

“We are not usually involved in planning. We are mainly involved in the implementation. We are not even asked to integrate the issue of violence; it is all about HIV most of the time. It is I who, through my training, integrate this aspect into our interventions. The United Nations takes gender into account in all of these projects, but it’s on paper, it should be turned into reality” (CSO KII).

In Tanzania, a similar finding was noted whereby some programmes were already designed before communities were consulted with, which may impact on the uptake of services: *“We’re failing because we do not involve the targeted audience/population fully in the design (monitoring and evaluation) and not from implementations”* (Representative of women in their diversity, KII).

However, in Indonesia, networks and CSOs reported that they feel involved in design, implementation and monitoring of UN activities that they partner with the UN. Some members of civil society sit on the UN Joint Team which meets every 2 or 3 months and enables some civil society input into UN programmes but not over how funds are spent.

Overall there were far fewer examples of where networks of affected groups, in particular women living with HIV, have been directly involved in implementing and/ or monitoring programmes, let alone the design of programmes.

Some respondents noted that Cosponsors tend to work with a small number of favoured organisations. In Argentina, this sentiment was shared by both government and CSO respondents. This was also the case in Tanzania where some respondents felt that the UN works with the same groups of people / organisations and they now need to open up to let other communities and organisations benefit from these programmes. In Zimbabwe, this perception was echoed by a CSO respondent: *“there is a perception that the UN has favourites among CSOs, that is organisations that are always funded. This results in competition and fragmentation of CSOs especially of the women’s movement”* (CSO KII).

A similar picture emerged in Algeria where the reflections of civil society organisations differed quite considerably depending on whether they were in regular receipt of UN financing. A small number of organisations regularly benefit from UN funding and reflected positively on the relationship and ways of working, while those that did not receive funding felt neglected, and complained of a lack of transparency: *“there are associations working on HIV in existence, but it is always the same one that are requested by the Joint Programme, making the other associations invisible. The choice of associations by the Joint Programme lack transparency”* (CSO KII).

This was also highlighted in Cambodia, where several civil society actors were of the view that the UN often relies on the same group of CSOs for participation in policy processes and programmes, with limited substantial community consultations. For example, one civil society stakeholder, reflecting upon the third NAPVAW process, commented that community consultation and civil society engagement is often restricted to a smaller number of people, who are often working in CSOs/ NGOs, as opposed to

involving or consulting with grassroots communities on a broader basis (CSO KII). While the inclusion of CSOs representing key populations in the NAPVAW process was crucial and is reflected in the inclusive definition of VAWG that was adopted in the document, which recognises violence against women and girls from key populations, the key informant suggested that more could be done to recognise the intersectionality within key populations, by ensuring that community consultations are designed in a way that include more diverse voices from affected communities and key population groups and allow for more substantial community participation.

In DRC, members of women and girls' networks raised the issue of the transparency of selection of CSO partners that international partners engage with. One key issue is that UN agencies, as other large international partners like the Global Fund, tend to partner with a limited number of large CSO organisations, using them to channel funds on the groups to smaller peer networks. This strategy ignores the issue of discrimination and stigma within and among civil society partners. Focus group discussion members as well as members of membership organisations interviewed testified that UN agencies should seek to partner directly with membership organisations without going through CSO intermediaries. *"Funds should be directed to membership organisations directly without going through intermediaries. It is the only way to stop discrimination. They could offer capacity building to manage funding."*

The Joint Programme could do more to enhance accountability, transparency and meaningful engagement, through an enhanced role of civil society and affected communities in design as well as implementation of programmes.

5.5 Theory of Change Outcome 4. Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

EQ9. How are UN organisations working together to provide a coherent, complementary and adaptable set of actions on the linkages between HIV and VAWG and gender transformative approaches in the context of UN Sustainable Development Cooperation Frameworks?

Summary of findings

29. Active Gender and HIV thematic groups, both internal to UN agencies and external including other development partners have helped co-ordination of activities.
30. Collaborative programmes such as the Spotlight initiative were found to create a platform for enhanced collaboration and bring greater attention to the twin issues of HIV/VAWG in some countries but this requires intensive advocacy from UNAIDS and Cosponsors to ensure that this occurs.
31. While the Joint Programme was found to work well in its own right, it was not always sufficient to bring coherence across all Cosponsor programmes, nor was it maximising its potential for effective advocacy for the bi-directional linkages of VAWG/HIV (see outcomes 1 and 2).

Finding 29. Active Gender and HIV thematic groups, both internal to UN agencies and external including other development partners have helped co-ordination of activities.

Collaboration is generally facilitated through HIV, gender working groups or theme groups which meet regularly to share ideas or discuss progress. Joint Teams' meetings are held once or twice a year in most countries which provide opportunities to discuss the Joint Programme progress and allocations of country envelope funds. In four of the nine countries included in the evaluation, there was co-representation on both HIV and gender theme groups (Argentina, Cambodia, Indonesia and Zimbabwe). In DRC, collaboration was cited as working well largely in humanitarian contexts *'We have joint objectives spelt out in the 2020-2021 humanitarian response plan, where all cluster and cluster strategies are developed. Partners must take this into account in their funding. The hub North covering 5 provinces ensures coordination, partners can inform in the event of an unfolding crisis, and strategic decisions are taken on protection especially in relation to GBV'* (CSO KII).

In Tanzania, there was no overlap between the Gender and HIV thematic groups: “*under the UN Development Assistant Plan there is group looking at violence against women and children which falls under the umbrella of Human Rights, Governance and Violence. UNAIDS is not a member of that group, and issues related to HIV are not generally discussed in this group*” (UN, KII). However, a different collaborative group was identified as a possible entry point for HIV/VAWG, similar to the Interagency group in Argentina. This is the high-level Development Partners’ Group (DPGG), established to bridge the gap between HIV and Gender Equality, and according to UN stakeholders is the platform where a number of women’s empowerment and gender equality issues are addressed, including social and gender norms, gender based violence, female genital mutilation / cutting, and intimate partner violence. UNAIDS is a core member of this group, along with UN Women and UNFPA. They are jointly focused on promoting and mobilising the group to consider the HIV response and make the link with wider gender equality and women’s empowerment, which includes work on VAWG.

Finding 30. Collaborative programmes such as the Spotlight initiative were found to create a platform for enhanced collaboration and bring greater attention to the twin issues of HIV/VAWG in some countries but this requires intensive advocacy from UNAIDS and Cosponsors to ensure that this occurs.

Of the nine countries in the evaluation, four had some involvement with the Spotlight Initiative⁴⁵ (Argentina, Haiti, Tajikistan, Zimbabwe). Both Zimbabwe and Tajikistan mentioned that the initiative had provided an excellent opportunity for collaboration, and in Zimbabwe particularly, UNAIDS had been deeply involved in the design of the programme to ensure that HIV was adequately included. In Argentina and Haiti this has not been the case.

In Zimbabwe, most Cosponsors which are Recipient UN Organisations (RUNOs) mentioned that Spotlight had facilitated enhanced collaboration internally. It is encouraging to hear that co-ordination at district level was also reported to have improved immensely under the Spotlight Initiative as it supports coordination meetings, reporting and sharing experiences.⁴⁶ UNAIDS’ role in mobilising the HIV focal points of all RUNOs has ensured that women living with HIV are included in the programme, helped to reduce duplication of effort and to enhance layering of services in order to achieve saturation in key districts.

A number of other examples of collaborative initiatives between UNAIDS Secretariat and Cosponsors were shared.

- In Tanzania, UNESCO, ILO and UNFPA collaborated on a programme to prevent and respond to both HIV and GBV in higher learning institutions through the development of a CSE module. Cosponsors worked together as a joint team from design to implementation stage, drawing on their respective mandates and expertise to deliver a ‘whole package’ to address these intersecting challenges of high HIV prevalence among young people youth and issues of GBV and sexual exploitation, abuse and sexual harassment in higher learning institutions. Cosponsors and the secretariat were found to work collaboratively to produce global fund concept notes.
- In Zimbabwe, the recently approved AGYW package which underpins the AGYW programme, involved collaboration between UNAIDS, UNFPA, UNDP, UNICEF and UN Women in support to NAC (see box 18).
- In DRC, UN Women used UBRAF funds to work on HIV, VAWG and COVID-19 in North Kivu, to address the issue of adolescent girls exploited in brothels in Goma. Together with OHCHR and UNAIDS they supported efforts to remove the children and help them with information and testing on HIV and offered COVID-19 protection kits. Activities included the sensitisation of 2,165 vulnerable street children on HIV and COVID-19 including 530 girls; 309 (161 girls and 148 boys) agreed to be placed in foster families or specialised centres; resilience kits were given to 140 girls living on the streets and exposed to sexual exploitation to protect them from VAWG; foster families for street children have received in-kind support. In collaboration with UNAIDS, the Ministry in charge of Social Affairs, and the Ministry of Gender, Family and Children, partnerships were established with women groups, young people, the media and local authorities on this issue. The activity required additional resources on top of the country envelope funds which UN Women was able to mobilise.⁴⁷

⁴⁵ Not including Cambodia and Indonesia who are part of the Safe and Fair Programme, part of the wider Spotlight Initiative.

⁴⁶ Spotlight Initiative 2019 Annual report. Zimbabwe

⁴⁷ See DRC Country report for further details

Further evidence of co-ordination came externally from CSO KII, CSOs acknowledge that the UNCT works well together according to the division of labour: “[...] if we raise an issue with someone from UN-Women she will say let me talk to the UNJT on HIV, she will not make a decision on her own. So yes, they are well coordinated and working well” (CSO KII).

Box 18: Adolescent Girls and Young Women Programme; GFATM Zimbabwe

The programme targets girls and young women between the ages of 10-24 years.

The AGYW Programme Interventions include:

- Girls Empowerment including referrals for PrEP, condoms, HTS, family planning, and post-care for victims of violence
- Male Engagement Programme which aims at risk reduction for male partners of AGYW through community mobilisation and norms change
- School Based Interventions which includes Comprehensive Sexuality Education
- Social Protection including educational subsidies
- Parenting Programmes using the Parent Child Communication Model (PCC)
- Prevention and Post-Care for Gender Based Violence Survivors through the Start, Awareness, Support, Action (SASA!) And One Stop Centre Models.

UNDP (March 2020). Field Visit Brief. Adolescent girls and young women and key population: Umguza and Bulawayo districts, Zimbabwe

Several countries noted that efforts were taken to ensure geographic coverage was complementary. In Cambodia, for example, UN Women, UNFPA and WHO are careful not to duplicate efforts across provinces. In Zimbabwe, the HIV and GBV services mapping exercise⁴⁸ is being used to determine where the JP should contribute in order to complement other development partner efforts and to achieve more even coverage of services at the sub national level.

Finding 31. While the Joint Programme was found to work well in its own right, it was not always sufficient to bring coherence across all Cosponsor programmes, nor was it maximising its potential for effective advocacy for the bi-directional linkages of VAWG/HIV (see outcomes 1 and 2).

HIV/VAWG was not reported as a standing item on the agenda of any of the co-ordination groups described above: “One of the main things UNAIDS could do is to get the cross-over between HIV and VAWG on the agenda. UN Women could also take it up, and get the Ministry of Women, Gender and Diversity more on board with the issue” (UN, KII).

UN respondents in six of the nine countries⁴⁹ noted that the division of labour and various mandates of each Cosponsor served to undermine coherence and create barriers to holistic and person-centred work on the links between HIV and VAWG: ‘We should coordinate better as one UN and make sure to involve the government so they can take over. The coordination with different Joint Programme organisations should be better, we need to have a clear message, speak in the same voice, one message, one UN approach. This would be a much stronger message, and would help to better coordinate our programming” (UN KII).

Opportunities exist to leverage the role of the Resident Coordinator’s office (RCO) to advocate at a higher level for HIV/VAWG linkages. In Zimbabwe, for example, the Spotlight Initiative coordination committee is chaired by the RCO, but since UNAIDS is not a RUNO, visibility of HIV in the ongoing programme is low.

⁴⁸ NAC 2019 A mapping of HIV prevention services in Zimbabwe

⁴⁹ Argentina, Cambodia, DRC, Haiti, Indonesia, Tajikistan

EQ10. What internal obstacles has the Joint Programme encountered and what corrective actions have been taken or are needed to achieve results?

Summary of findings

32. A number of common obstacles were identified across the countries in supporting the promotion of integrated HIV/VAWG programming.

Finding 32. A number of common obstacles were identified across the countries in supporting the promotion of integrated HIV/VAWG programming.

Limited funds and their allocation: Across all countries, it was acknowledged that the Joint Programme funding is minimal. Evidence of its deployment as a catalytic fund could be found in DRC, Zimbabwe and Indonesia. Because the funding under the UBRAF country envelope is small and fairly evenly divided across Cosponsors, the tendency is to fund small projects and pilots in a somewhat piecemeal way. There is an argument for considering how the funds might be used to go into more *depth* in a particular technical or geographic area rather than to disperse it widely as is currently the case: *“The way the country envelope money is split, with each Cosponsor receiving roughly equal amounts, creates pressures to spend as an agency rather than working together or supporting one agency to implement. It also causes confusion among other stakeholders regarding which agency is responsible for what. UNAIDS hope to change this way of working with a more coordinated strategic approach to addressing HIV”* (KII UN).

The countries evaluated had significantly different sized teams, roles, budgetary allocation under UBRAF, as well as their own allocation of non-core funds. Cosponsors should also contribute to HIV and VAWG outside of the Joint Programme⁵⁰.

Short timelines: Gender transformative work is a long-term commitment which is challenged by short term unpredictable financing. The nature of the UN systems’ planning cycle and funding flows make this type of engagement very challenging to achieve.

Lack of overarching strategy or roadmap providing direction for HIV/VAWG programming: UN respondents from six of the countries in the evaluation⁵¹ noted that a road map outlining how best to address the twin issues of HIV/VAWG would be valuable in fostering a more coherent approach:

‘Sometimes a strong programme is supported, such as the integration of HIV into an ILO and UN Women supported programme addressing trafficking of women and girls, but the inclusion of HIV has not been carried across to a subsequent flagship programmes on safe migration ‘Safe and Fair’ (Spotlight, UN Women and ILO, undated).

Lack of internal capacity: This relates both to the size of some country teams, the frequency of staff turnover and the technical capacity of teams relating to VAWG/HIV and gender transformative programming. Several UN respondents noted the lack of technical capacity internally with regards to integrated HIV/VAWG programming as well as relating to gender transformative approaches (Algeria, Cambodia, DRC, Tajikistan, Tanzania, DRC). In Tajikistan, the UNAIDS Country Manager position had been vacant for over a year with a consultant assuming the role, Argentina’s team of five manages a regional brief across four countries, while the Zimbabwe UNAIDS team consists of seven people.

It is clear that internal training on gender mainstreaming is encouraged and facilitated. Three countries noted that they had undertaken a UN Women System-Wide Action Plan on Gender Equality and the Empowerment of Women (SWAP) with accompanying tools although these did not seem to be widely applied. The gender marker is acknowledged as an additional tool for the Joint Programme but little evidence could be found of its application, utility (as a monitoring tool) or influence in enhancing gender sensitive or transformative approaches. A key use of the gender equality marker (GEM) is to promote the tracking of financial resources (allocated and spent) dedicated to gender equality activities as their principal objective (score 3), funds dedicated to mainstreaming gender considerations in other activity area, making a significant contribution to gender equality (score 2) or funds dedicated to activities that are only gender sensitive or gender blind (score 1). One way to make better use of the GEM scoring

⁵⁰ The data on these allocations were not available to the evaluation team.

⁵¹ Argentina, Cambodia, DRC, Haiti, Indonesia, Tajikistan

process at country level could be to have the scoring as a result of a joint discussion based on financial analysis and backed up by an analysis of approaches of both specific gender equality activities and gender mainstreaming activities (see common standards on quality assurance⁵²). Currently there does not seem to be specific use for these markers in terms of analysis, evaluation and planning at country level

“There needs to be capacity building at the UN level, those who work on HIV do not know how to take gender into account, not only the government part, but that concerns us too. We need to have gender measures that indicate to what extent gender issues are integrated in these HIV programmes” (UN KII).

Lack of reliable data on HIV/VAWG programming and poor dissemination of results: There is a lack of comprehensive, reliable and up-to-date data to guide the VAWG response. Most nationally representative data on VAWG comes from Demographic and Health Surveys (DHS) which are frequently outdated. Monitoring and evaluations of Joint Programme HIV/VAWG programmes were poorly documented and disseminated. Greater attention to M&E and dissemination of results would maximise the investments made by the Joint Programme.

The availability of evaluations and programme reports: The availability of documented results and evidence of impact varied among Cosponsors. Many examples of programmes were shared with the evaluation team through interviews but only a few had any documentation, reports or other evidence of their effectiveness to support those findings. A number of promising or flagship programmes have been implemented but there was little evidence of the learning from those being fed back into other programmes within the region and among regions.

EQ11. How has the Joint Programme adapted, both in terms of prevention and response to HIV and violence against women and girls in the context of the COVID-19 pandemic?

Although the emergence of COVID-19 occurred after the evaluation period, it was agreed that the context of the pandemic should be included in the assessment given the links to increased VAWG and subsequently HIV and its possible impact on the sustainability of Joint Programme interventions.

Summary of findings

33. Programmes have demonstrated flexibility in pivoting to address Covid-19 across all countries in the evaluation.
34. The Joint Programme response to COVID-19 focused primarily on ensuring continuity of HIV services and at the same time building on existing VAWG and HIV services to disseminate COVID-19 prevention messages.

Finding 33. Programmes have demonstrated flexibility in pivoting to address Covid-19 across all countries in the evaluation.

There were considerable similarities in approaches and clear alignment with global UN guidance⁵³. However, only a few examples could be found where HIV and VAWG were included in the response as mutually relevant issues. The following details the main responses that the evaluation learnt of.

Research and data collection

A number of studies and research were undertaken to gain insights into the impact of COVID-19 on people living with HIV, some specifically focusing on women, and to support planning and response.

Regional offices contributed to research. In Latin America and the Caribbean, UNAIDS Secretariat conducted an online regional survey on the impact of Covid-19 on people living with HIV, which received 2,300 responses from people in 28 countries in the region. Recommendations highlighted that services

⁵² <https://unsdg.un.org/sites/default/files/UNDG-Gender-Equality-Marker-Guidance-Note-Final-Sep-2013.pdf>

⁵³ https://www.unaids.org/sites/default/files/media_asset/rights-in-a-pandemic_en.pdf

and support for people affected by violence, particularly women and girls, should be a key priority for governments.⁵⁴

In Eastern Europe and Central Asia, UNFPA, UNDP, and UNAIDS commissioned a report 'Women HIV and COVID-19 (2020)⁵⁵ which identified an increase in instances of VAWG and called for governments to enhance the legislative frameworks around domestic violence and to increase the capacity of crisis centres/shelters, and for civil society to document systematically instances of violence against women living with HIV and women from key populations.

At a country level, similar approaches were taken, for example rapid assessments and surveys (Cambodia, Indonesia, Zimbabwe) or specific pieces of research (Algeria).

Box 19: Examples of research undertaken looking at impacts of COVID-19 on VAWG and HIV

- In Cambodia, UNAIDS provided technical support to a formative assessment of the situation of female entertainment workers and sex workers during the pandemic (JPMS, 2020) in recognition of the fact that the closure of entertainment venues during COVID-19 has impacted the livelihood opportunities for female entertainment workers and has changed the dynamics of sex work, which is likely to have increased women's vulnerability to unprotected sex, exploitation, and violence (ibid). The assessment will inform response planning and service provision.
- In Zimbabwe, NAC, ZNPP+ and UNAIDS conducted a rapid community survey on the impacts of the COVID-19 pandemic outbreak on people living with HIV in Zimbabwe.⁵⁶ Further analysis⁵⁷ revealed the fact that COVID-19 responses including the national lockdown and social distancing were also found to have resulted in *'increased sexual and gender-based violence, sexual exploitation, early/forced marriages and pregnancies, increased sexual reproductive health risks, uneven information accessibility, and poor education outcomes, particularly for rural females in Zimbabwe'*
- In Algeria, research was commissioned by UNFPA and UNAIDS (Ait-Zai, 2020) to look at the impact of COVID-19 on VAWG and HIV, and the continuity of services. Between 5 – 15% of services experienced some disruption, ranging from the provision of dignity kits to security for survivors of violence, but activities were mostly able to continue to provide essential services for survivors of violence to some extent, including providing food aid to women, supporting income generation, providing telephone counselling and referral support and access to emergency shelter. The report concluded that the associations were able to innovate to ensure services were available for women and girls experiencing violence.

Finding 34. The Joint Programme response to COVID-19 focused primarily on ensuring continuity of HIV services and at the same time building on existing VAWG and HIV services to disseminate COVID-19 prevention messages.

COVID-19 presented the following challenges which were addressed through a variety of programme interventions:

- temporarily interrupted or inaccessible prevention and treatment services due to lockdowns
- social distancing
- supply chain disruptions
- lack of transport possibilities
- increased VAWG as a result of exacerbated risk factors due to the pandemic and limited opportunities for leaving the household
 - disrupted economic activity.

⁵⁴ UNAIDS (2020) [Encuesta muestra que muchas personas carecen de tratamiento para el VIH para varios meses en América Latina](#)

⁵⁵ Eurasian Network of Women with HIV. Women HIV and COVID 2020

⁵⁶ <https://www.unaids.org/en/keywords/zimbabwe>

⁵⁷ Ndhlovu, Emmanuel & Tembo, Archiford, 2020. "Gendered Socio-economic Implications of the COVID-19 Pandemic in Rural Zimbabwe," [BisEcons Quarterly](#), Strides Educational Foundation, vol. 12, pages 21-40.

Hotlines

In Zimbabwe, the UN supported national GBV hotline noted ⁵⁸ a 175% increase in reported calls from January to December 2020 (8,563 cases) compared with the same period in 2019 (4,876 cases).⁵⁹ In Algeria, AIDS Algérie set up a hotline / listening service for women living with HIV and sex workers who had experienced violence. A number of key informants identified this as a positive example of practice during the pandemic when many women were trapped at home and unable to access essential services and referrals. In Tajikistan, UN Women, with financial and technical support from UNAIDS, supported hotlines for women at risk of violence because of COVID-19 including legal advice and referrals. In Tanzania, a local CSO WILDAF developed a toll-free app for women to be able to report incidences of GBV during the pandemic. In mainland Tanzania, a national COVID-19 call centre and radio spots and IEC materials (JMPS, 2020) all targeted people living with HIV, community health workers and community leaders.

Mobilising services to the community in partnership with CSOs.

Where lockdown measures have prevented travel, the JP has made efforts to ensure that HIV and VAWG services are mobilised to reach communities

In Argentina, Provincial Governments have worked with civil society organisations and networks of people living with HIV to deliver ARVs to people who could not go to collect them, and UNAIDS and WHO provided some support to the civil society organisations involved.

In Zimbabwe, UNAIDS/UNFPA introduced a temporary mobile One Stop Clinic service for women survivors of violence which included HIV prevention services (post exposure prophylaxis), support and referrals relating to GBV. UN Women also introduced a shuttle service for women and girl survivors of violence to be able to get to markets and /or shelters.

In Algeria, UNODC contracted three civil society organisations (AIDS Algerie, ANISS, and APCS) to continue with harm reduction services reaching more than 1,000 key at-risk populations.

In Haiti, health services were reorganised by reducing and rotating the staff present at the sites. 53% of PREP sites remained active during the pandemic. There was also a focus on ensuring continuity of services for pregnant women. Given large numbers of people crossing the border, 12% of whom were pregnant, maternity services for migrants and people returning from the Dominican Republic were organised at the Haitian border.

In order to continue working during the pandemic, organisations invested in digital technologies, and adopted flexible home-working policies.

Access to protective equipment to CSO staff working with Key Populations

Examples of flexible reprogramming of funds were provided in Tajikistan, Algeria, Indonesia, Cambodia, DRC. In Tajikistan, outreach workers and peer consultants supporting over 400 KPs were provided with personal protective equipment (PPE). Over 200 pregnant women living with HIV and women caring for newborn babies received protection kits and nutritional support including food parcels. In Algeria, 150 outreach workers were provided with personal protective equipment (sanitisers, masks, and gloves) and telephone cards to safely provide HIV prevention and testing services as well as information about COVID-19.

Social protection measures, targetting women and girls with HIV/at risk of or surviving VAWG

The Joint Programme has been actively advocating for the inclusion of girls and women with HIV in social protection programmes. In Argentina, there is an agreed framework for UN cooperation for the COVID-19 response and socio-economic and environmental recovery.⁶⁰ UNAIDS was instrumental in influencing the national social protection policy to ensure that sex workers and transwomen were included, as a result sex workers have access to three social protection programmes: labour, health and social benefits to housing and food. UN Women collaborated with FEIM and the Red Bonaerense de

⁵⁸ <https://reliefweb.int/report/zimbabwe/zimbabwe-situation-report-31-dec-2020>

⁵⁹ <https://reliefweb.int/report/zimbabwe/zimbabwe-situation-report-31-dec-2020>

⁶⁰ <https://argentina.un.org/es/96338-marco-de-las-naciones-unidas-para-la-respuesta-y-recuperacion-socioeconomica-y-ambiental>

Personas con VIH to support women living with HIV during the COVID emergency, including providing food and basic needs, distributing ARVs, and supporting adherence.⁶¹

In Cambodia, UNICEF, UNDP, ILO, and UNAIDS supported the development of a [Policy Brief on Social Protection](#) during COVID-19 and successfully advocated for the inclusion of people living with HIV in the emergency cash transfer programme. This resulted in 2,542 PLHIV households becoming beneficiaries of the emergency cash transfer as of December 2020 (JMPS, 2020). While recognising this achievement, several UN stakeholders highlighted that the emergency cash transfer programme does not include female entertainment workers, which as noted above, have been severely impacted by the situation (UN KII). This represents future opportunity for the Joint Programme.

The DRC has been featured in the COVID-19 Global Coalition for Evaluation issue on gender equality for its response to increased cases of GBV during the COVID-19 pandemic, in terms of improving the capacity of legal systems to investigate and prosecute violence against women, while supporting survivors throughout the legal process, better protecting women and bringing perpetrators to justice, which contributed to an increase in the number of cases brought to court and in the number of convictions for violence against women.

Adapting a humanitarian model

The DRC was better prepared for the COVID-19, as partners could draw on their experience with the Ebola crisis, which ended officially just before the COVID-19 pandemic was announced. This was particularly relevant to community level mobilisation.

The Joint Programme in DRC has adapted to COVID-19 and used the flexible funding to pilot the community distribution of medicines as a contingency plan for COVID-19; organising, planning and evaluation meetings on a three monthly basis; ramping up the prevention activities on VAWG in response to the COVID-19 confinement, sensitising the population on the prevention of COVID-19 through the local media; and producing masks and distributing handwashing kits for schoolchildren and teachers in schools around Goma.

Partners reported that donors were flexible in terms of rescheduling activities, and shifting funds to COVID-related activities. A Cosponsor noted: *“There was good coordination and integration. All partners were flexible to reorient interventions in the current context. Reprogramming of interventions was done according to these realities and the technical and financial partners were flexible, they made it possible to change the activities in the COVID context.”*

In the context of Haiti, where there are extremely limited resources for health, the COVID-19 pandemic is seen to have had the benefit of bringing money into the system. Community-led health services have been strengthened as a result, thanks to both the extra resources available and the need to deliver at the local level during the lock-down. The UN COVID-19 dashboard shows that Haiti received an additional US\$28,816,450 for implementation of the UN COVID-19 socio-economic response framework, and repurposed existing funding.⁶² HIV programming was adapted to the new situation, with multi-month prescribing of ARVs and a rapid shift to a community delivery system. This strengthened and gave more responsibility to organisations of key populations and peer support organisations, including women’s associations. Hotlines were also activated for anyone needing psychological support.

Influencing COVID-19 policy to include women in their diversity

Joint Programme efforts to influence national COVID-19 policies to include women, women with HIV and transwomen have also been successful in Argentina. The Regional Refugee and Migrant Response Plan for Refugees and Migrants from Venezuela (2021) which covers Argentina and other countries with high numbers of Venezuelan refugees and migrants, makes specific mention of ensuring access to SRHR, HIV and GBV services. In this plan, IOM commits to prioritise vulnerable groups, such as children, pregnant women, female-single-headed household, older persons, persons with disabilities, indigenous communities, lesbian, gay, bisexual, transgender and intersex (LGBTI) communities who are increasingly vulnerable to human rights and protection risks, including GBV, trafficking in persons and other forms of exploitation, abuse and/or violence.⁶³

⁶¹ UN Women (2020) [Mujeres viviendo con VIH reciben apoyo en pandemia](#), 1 de dic de 2020

⁶² UN COVID-19 Data Portal, Haiti Socio-Economic Response <https://data.uninfo.org/Home/CountryProfile/Haiti>

⁶³ https://crisisresponse.iom.int/sites/default/files/appeal/pdf/2021_Regional_Refugee_and_Migrant_Response_Plan_for_Refugees_and_Migrants_from_Venezuela_2021.pdf

As mentioned above, the Joint Programme in Argentina successfully influenced national policy to ensure inclusion of women with HIV, sex workers and transwomen were included in social protection measures. Similarly in Cambodia, UNICEF worked with UN Women, UNFPA, and UNHCR, to develop guidelines to ensure human rights protection and GBV risk mitigation in COVID-19 quarantine facilities which has been endorsed by the government counterpart. In Zimbabwe, Joint Programme members led by UN Women successfully advocated with the Ministry of Women's Affairs that One Stop Centres should be categorised as essential during the COVID-19 period.

Supporting CSOs and government to work virtually

Evidence of Joint Programme partners supporting CSOs or government agencies to work virtually was largely found through CSE work. In Zimbabwe UNESCO engaged community radio to reach young students who could not be in school and established a WhatsApp group for students to be able to access past exam papers to support their studies. In Cambodia, key informants noted that "*working virtually is much harder for government organisations including schools as they are not well set up for internet access. Relying on virtual working also has an urban bias*" (CSO, KI)

In Cambodia, UNFPA has supported the Ministry of Education to adapt CSE curricula for distance learning.

6. Conclusions

This section presents the main conclusions against the findings presented above. The overall evaluation hypothesis was that *Countries are supported to implement transformative approaches in collaboration with women's and relevant civil society networks in addressing gender equality, HIV and VAWG.*

In testing the assumptions behind the four theory of change outcomes the evaluation found that Joint Programme is supporting countries to work collaborative to some extent with women's and relevant civil society networks in addressing gender equality, HIV and VAWG, however inadequate attention is being paid to transformative approaches to address the structural and root causes of gender inequality, HIV and VAWG.

Conclusion 1: Both targeted and mainstream approaches to addressing the intersections of HIV and VAWG were in evidence in the case study countries but they are unsystematic and not clearly focused on the different types of violence experienced by women and girls living with HIV in their diversity nor on tackling the root causes of this violence.

Based on findings: 1, 6, 7, 8, 9, 14, 16, 31

The evaluation noted that the predominant focus on HIV prevention and response has been on a bio-medical approach which focuses on women's HIV status, rather than the barriers they face to health care services and access in general. That said there were examples of where both HIV and VAWG were addressed within policy and legislative reform. HIV programmes typically address a health sector response to VAWG rather than aspects of prevention.

Whilst the focus of the evaluation has been on programmes addressing violence against women and girls and HIV, it is critical to recognise the shared root causes of these twin epidemics that exist within social norms and the dynamics of power and gender inequality. Very little attention seems to be given to addressing the drivers of the linkages between HIV/ VAWG such as the gender and social norms and power inequalities. It is thus essential to ensure that any work developed to address these two issues considers contextual, and intersectional gender dimensions, as well as how these impact and are impacted by HIV related discrimination.

Inadequate attention is given to the importance of social norm change, both to tackle the underlying causes of both VAWG and HIV rooted in unequal power dynamics and gender inequality as well as to ensure sustainability. The evaluation found that longer term social norm change programmes addressing the root causes of gender inequality were not in as much evidence as the bio-medical approach. Where there were programmes addressing these issues, such as those that used SASA! or other community led approaches, they were scattered, small scale and often not evaluated. In some cases the methodology may have been adapted, and time frame shortened which limits their effectiveness⁶⁴.

Conclusion 2. The lack of integration and linkages across different programmatic areas present missed opportunities. The extent to which HIV and VAWG programming is gender transformative or addresses the bi-directional linkages varies considerably across countries. However, where linkages are addressed, they tend not to be systematic, but to be small scale one-off awareness raising or training events, with limited opportunity for sustainability or scale up.

Based on findings: 4, 5, 8, 10, 11, 20, 21, 25, 31, 32

The evaluation recognises that not all HIV interventions need to be gender transformative, however many of the HIV programmes that were considered for this evaluation were not only not gender transformational but were in fact gender blind.

Where VAWG is addressed in HIV programmes, it mostly addresses SGBV, and to some extent IPV, as a direct risk and driver of HIV transmission, rather than as an outcome of HIV status and disclosure of indeed a factor in HIV risk itself. This occurs most commonly where HIV testing, treatment and care programmes have integrated screening for violence, including IPV and are aware of risks surrounding

⁶⁴ <https://salamandertrust.net/project/cusp-community-for-understanding-scale-up-case-studies-stepping-stones/>

partner notification requirements. The bi-directional linkages between VAWG and HIV, and the shared root causes of these twin epidemics are not adequately addressed.

Where HIV is addressed in VAWG programmes, it was seen mostly within VAWG response services, where access to HIV testing, and referrals to treatment and care are part of the health sector response to VAWG. There was little evidence of VAWG programmes systematically focusing on violence against women living with HIV and women from key populations.

Conclusion 3. A number of initiatives have been supported by UNAIDS Secretariat and Cosponsors in different contexts which have shown promising results. However, many of these approaches are implemented as 'pilot projects'. There are opportunities and entry points where integration of HIV and VAWG could be strengthened without requiring significant additional resource.

Based on findings: 2, 3, 9, 10, 13, 17, 24

There is evidence of what works to address the bi-directional linkages of HIV and VAWG at both a systemic, structural level as well as at an individual and community level.

- **ANC settings** present opportunities for health worker training for enhanced sensitivity to HIV and VAWG issues since it is a context where HIV testing for women and prevention of vertical transmission is located. Improving the understanding of the correlation between HIV and VAWG and developing the skills for health workers to improve clinical enquiry around violence and access to first line support for survivors, following WHO guidelines, could be considered 'low hanging fruit'. In some cases this has been used as a way to bring men into HIV prevention, testing and treatment. It has also become an entry point for identifying women who may have experienced IPV and linking them to VAWG services. This has been recognised as a way to address VAWG as a barrier to HIV-related services. However, for women living with HIV partner notification requirements can increase their risk of violence. As a result, it is critical that antenatal and maternity settings consider this and work to address the range of priorities of women in their diversity, and mitigate any possibility of increasing their risk of violence, including IPV, stigma and discrimination and abuse by service providers and other forms of institutional violence. Cosponsors working on vertical transmission programmes must incorporate a focus on VAWG into their programmes to recognise the increased exposure to violence women living with HIV may face, and do this sensitively with strong links to support groups of women living with HIV.
- **Stigma Index 2.0** is an important opportunity to strengthen the knowledge base on the bi-directional links between HIV and VAWG. Argentina⁶⁵ provides a useful precedent of adding a chapter specifically on stigma, discrimination and violence against women and girls living with HIV, which women and girls, and UNAIDS and other co-sponsors, can use to inform their advocacy and programming.
- **HIV testing, treatment and care** services also provide an opportunity to identify women at risk of IPV and other types of violence. Service providers should be trained in how to provide woman-centred care and first line support to survivors, including safety planning and safe disclosure. Ensuring service providers reflect on their own attitudes and values is critical in their regard.
- **AGYW programmes** could be designed with more involvement from adolescent girls and young women themselves, drawing on recommendations from MIWA and GIPA to ensure communities are involved in creating the solutions themselves. They need to be bolder at challenging structural barriers that AGYW face.

⁶⁵ In Argentina, UNAIDS and the Joint Programme will be following up on the findings in their next programme planning cycle.

Conclusion 4. Adolescent girls and young women's programmes and comprehensive sexuality education are the strongest examples of HIV / VAWG integration. These types of programmes were also strongest in terms of taking a gender transformative approach.

Based on findings: 3, 17, 32

These programmes commonly aim to address the multiple influences in adolescent girls' and young women's lives and focus on gender norms and inequalities that contribute to intersecting VAWG and HIV risks. A multi-component approach is often adopted operating at both the individual level and the wider ecosystem that surround the girls. They frequently include efforts to change behaviour and impact on violence and reduce risks and recognise the need to effect change at multiple levels in society in order to create both transformational and lasting change. Other elements of gender transformative approaches were also observed, such as the involvement of men and boys, as well as working with government structures to build sustainability and national ownership.

There are many more AGYW programmes being designed and developed which present opportunities to strengthen the linkages of both HIV and VAWG prevention and response in a more holistic and sustainable way. Both the Spotlight Initiative and DREAMS were cited by stakeholders as promising examples of this approach, and whilst both of them have their own unique challenges, they chart a way forward that is useful to build on and learning from. Many of these programmes do not adequately address the specific needs of adolescent girls and young women living with HIV in their diversity, more could be done to ensure a greater intergration and focus on their intersectional needs.

The VAWG / HIV linkages are not always made explicit in these programmes. The monitoring and evaluation of these approaches, their reporting and dissemination appear not to be systematic. Greater attention to evidence generation of how the programmes contribute to addressing VAWG / HIV and dissemination of their results would provide stronger platforms for advocacy and linkages, scale up of these approaches.

Conclusion 5. Accountability mechanisms to civil society (including mechanisms to improve the way the UN works and also the mechanisms they support to improve accountability between civil society and other institutions) are not well defined and there are opportunities to strengthen these at country level.

Based on findings: 12, 21, 23, 28

The Joint Programme has demonstrated that it has played an important and crucial role in strengthening the capacity of networks of people living with HIV and key populations, however there is more limited evidence on how far this support has led to more meaningful engagement particularly of women and girls in their diversity living with HIV. Whilst civil society stakeholders who participated in the evaluation confirmed that they received various support and capacity building from UN stakeholders that was on the whole very well received and appreciated, this capacity building tended to focus more on what was required to be a 'good' partner to the UN.

Civil society and key population groups were frequently invited by UNAIDS Secretariat and Cosponsors to join consultations and participate in meetings. The engagement that is requested is often rapid and short term, rather than seeking more strategic inputs at the design stage where the priorities of affected communities could be better represented and integrated. Feedback to civil society groups on the inputs they have provided or the outcome of those consultations is rarely given. Meaningful feedback loops are not routinely implemented.

Conclusion 6. There are mechanisms to support the meaningful involvement of women and girls living with HIV in their diversity however they need to be strengthened to ensure a stronger focus on building sustainable leadership skills of women rights organisations, and that the voices of all groups of women and girls in their diversity are included in the Joint Programmes' efforts at country level. Excluded groups vary by context but include those with multiple identities which exacerbate the barriers they experience (women with disabilities, younger women, sex workers, LGBTQ women, women living in rural areas).

Based on findings: 12, 19, 26, 27, 28

The evaluation found numerous examples of where the Joint Programme has been effectively involving civil society in consultations, working groups and feedback sessions. That said, there are groups of women and girls in their diversity that are not well represented and are often missed out of participating in these platforms. These are often the more marginalised voices of women who are not present. Stakeholders often mentioned women and girls in their diversity working at grassroots level as well as women with disabilities and LBT groups as being frequently excluded due to lack of access to accessible accountability mechanisms. Stakeholders also expressed dismay that it was often the same organisations that were asked to participate in these platforms, which led to further marginalisation. The absence of these voices will inevitably impact the effectiveness and relevance of programmes and policies that are being designed.

Greater accountability to women's groups and groups of women living with HIV in their diversity, as well as more explicit attention to developing leadership skills of networks and coalitions of women living with HIV, is needed.

Conclusion 7. Coordination at national level between the Joint Programme and national governments, as well as other key partners and donors, was generally found to be supportive and in line with country priorities. Additional opportunities exist to build on the coordination at national and regional level to leverage and advance certain agendas in particular for advancing the rights of key populations and women and girls living with HIV in their diversity. Funded collaborative initiatives, such as Spotlight, present important opportunities for this.

Based on findings: 20, 22, 23, 24, 29, 30, 31

Coordination and collaboration were generally found to be good in most areas. It is interesting to note that in humanitarian settings this seems to be more evident. This was of particular note in the DRC, as resources are more scattered and there is less effective coordination outside these settings. In some settings which are more restrictive or where government is less supportive to the rights of women and girls living with and affected by HIV in their diversity it is challenging for the UN to align with these policies and there is a requirement for more targeted advocacy.

The HIV and Gender Thematic Working Groups have in some cases created siloed working as they frequently involve different people and are addressing different areas of work. This is not conducive to addressing the bi-directional linkages between HIV and VAWG in a coordinated and holistic way, and invariably opportunities for synergy and coherence are missed.

In some settings Cosponsor roles are delineated by key population group, which has resulted in the reinforcement of vertical approaches and has diminished the opportunity for the Joint Programme to support integrated programming. Examples of layering services to reach saturation in some districts were found, whereby a number of Cosponsors are intervening in the same location and providing interventions according to their mandates thereby ensuring that people receive comprehensive and holistic support. This is not the norm, however. Further attention could be given to this approach to avoid duplication and strengthen complementarity and efficiency. This may also present an opportunity to consider depth rather than breadth when resources are spread thin.

Conclusion 8. The language and terminology that is used for HIV, VAWG and gender equality programmes is inconsistent and internal gender capacity of the UN Joint Team varies among Cosponsors and among different countries. The UN Joint Team would benefit from internal capacity building on the intersections of HIV and VAWG as well as issues of intersectionality and gender transformative approaches to ensure they are more consistently applied.

Based on findings: 6, 15, 16, 18, 31, 32

Many Cosponsor staff consulted with for this evaluation acknowledged that they were on the beginning of their 'gender journeys', and it was apparent that there were misunderstandings around key concepts involved in our evaluation relating to understanding the different types and contexts of violence against women and girls in their diversity. Issues of intersectionality and gender transformative approaches also appeared to be inconsistently applied. The evaluation noted some confusion among stakeholders at different levels, and in different contexts, around the different concepts of gender transformative approaches versus gender mainstreaming.

Conclusion 9. Approaches to addressing key populations do not adequately recognise how gender inequality and other forms of discrimination overlap. The needs and priorities of women and girls in their diversity often appear to be neglected, with some approaches being gender blind. These bi-directional linkages and intersections of HIV and VAWG can only be addressed through having a clear understanding of gender inequality and the social norms that exist in any given context as well as how HIV, including HIV related stigma, impacts on gender inequality and norms.

Based on findings: 6, 7, 12, 15, 18

The evaluation found that key population programmes generally do not adequately address the needs, rights and priorities of women and girls in their diversity and rarely take an intersectional approach to address the overlapping areas of discrimination and HIV/ VAWG risks.

Whilst taking a key population focus is critically important to ensure groups are not neglected and it is recognised as a key contribution of UNAIDS to the HIV response, there is limited recognition of multiple, overlapping identities among key populations. Their needs and rights are frequently addressed in silos depending on which UN agency has identified that group as a focus, or which aspect of their lives has been identified as a priority. There is a tendency to 'put people in boxes' and to neglect to acknowledge that there is an intersection between key populations and gender.

Trans women (and trans men), lesbian women and women living with a disability are still among the most neglected groups in both HIV and VAWG programming and yet are most vulnerable to risk.

Conclusion 10. A number of innovative and promising programmes addressing HIV and VAWG have been implemented but they need to be more systematically reported on and evaluated to ensure that evidence of impact and lessons learnt are being fed back into other programmes within the region and among regions. Internal reporting mechanisms are in place but appear to be inconsistently applied, which limits their utility.

Based on findings: 3, 9, 16, 32

The evaluation teams had difficulty accessing evaluation reports to demonstrate any kind of results over the course of the evaluation period. In many cases, no evaluations had taken place, or the reports were not published or accessible. In some cases, staff were new in post and did not have access to the reports that were being requested. The evaluation team relied on JMPS data and reports, and Cosponsor websites where there were country evaluation reports available.

Programmes are required to track civil society engagement and gender equality using the Civil Society and Gender Equality markers, however they are not systematically used or understood by all stakeholders. Whilst the evaluation team did look at these scores, their utility was minimal as in some cases the scores did not seem to correspond to the other information provided to the evaluation team.

As these markers are a requirement, it is worth considering how to make them more useful to track and monitor how effectively civil society is being involved in co-creation and how far programmes are considering Gender Equality.

Conclusion 11. The adaptations and flexibility demonstrated by the Joint Programme in responding to the COVID-19 epidemic and the examples in many countries of an increasing awareness of how gender inequality, VAWG and HIV overlap presents a unique opportunity to build on this increasing understanding.

Based on findings: 33, 34

COVID-19 while devastating in so many respects has raised awareness in numerous locations of the interlinked issues of HIV and VAWG and presents opportunities to improve these linkages and strengthen the response to gender equality in the recovery. Numerous research activities have been undertaken during this time highlighting both the importance of recognising the gender dimensions of the pandemic but also shining a light on the work of women's rights organisations at the grassroots level leading the community-led response. The UN Joint Teams in country have also effectively come together to plan and programme collaboratively to respond to the crisis.

7. Recommendations

The following recommendations fall into two areas: strategic recommendations and operational recommendations. Strategic recommendations concern the work of work of UNAIDS Secretariat and Cosponsors at a Global level and are intended to inform the next phase of the strategy planning process. Operational recommendations present practical steps that can be actioned by the Joint Programme Team.

Strategic Recommendations

Recommendation 1. UNAIDS Secretariat and Cosponsors should ensure that an explicit focus on VAWG is integrated into the new UBRAF planning document, with objectives linked to the Global AIDS strategy, 2021-2026, outlining key areas of action which relate to all Cosponsors and the Secretariat. This should be based on existing good and promising practice and evidence of what works.

Based on conclusion: 1, 2, 3, 4

- A twin-track approach of the inclusion of women and girls living with HIV in mainstream/ general VAWG programmes, in tandem with interventions that focus specifically on violence experienced by women and girls living with HIV in their diversity is needed to comprehensively address VAWG/ HIV linkages and their root causes.
- A focus on including women and girls living with HIV in their diversity in both HIV and VAWG programmes, as well as ensuring specific interventions are designed to address their needs is required.
- The annual UBRAF planning cycle at country level should be used to ensure the intersections are prioritised and division of labour is clear from the outset. This is a key role for the HIV and Gender Working Groups.
- Include aspects of policy and legislative reform which look at gaps in VAWG policy as well as HIV policy and highlight examples of good practice in the planning document.

Recommendation 2. The UNAIDS Secretariat and Cosponsors should produce short guidance notes that collate the evidence of what works to address the intersections of VAWG and HIV, highlighting key entry points and missed opportunities identified through this evaluation and existing good practice to guide future programming.

Based on conclusion: 3, 4, 8, 11

- The UNAIDS Joint Programme should commission a series of short guidance notes to sit alongside the new UBRAF. These guidance notes should assemble, and synthesise global guidance which already exists together in one place to support programmers and policy makers, including WHO 16 ideas for addressing VAWG, RESPECT framework, ALIV[H]E framework, and the WHO Consolidated guidelines for SRHR. Learning identified through promising examples in this evaluation and from other sources, should also be captured and fed into the next planning cycle⁶⁶.

Recommendation 3. The UNAIDS Secretariat and Cosponsors should strengthen the mechanisms for accountability, and feedback, to civil society and women in their diversity, at country level.

Based on conclusion: 5, 6, 9

- Promote more opportunities for co-creation of interventions with women-led, and women's rights organisations, to strengthen mutual accountability and sustainability. This can be done through existing mechanisms at country level and reviewing and rotating the membership, ensuring people

⁶⁶ See also conclusion 3 for specific examples.

from rural areas are included, decentralising representation, and giving groups more notice of meetings and agenda, to allow adequate preparation. A stronger focus on building sustainable leadership skills of women rights organisations is needed.

- Provide more concerted efforts to ensure the inclusion of women and girls in their diversity in funding and programme decision making processes within the UN and the Global Fund. This should include women's rights groups at grassroots level. The Civil Society reference group established in Zimbabwe for the Spotlight programme provides a good example.
- Improve feedback mechanisms through ensuring better transparency around how the JP makes decisions, which groups they work with and how they fund those groups. Funds should be released in a timely fashion and there should be a two-way feedback process in place, where results and lessons are shared.

Recommendation 4. The UNAIDS Secretariat and Cosponsors should consider how to improve ways of working so that UBRAF funds have a more catalytic and impactful role, including revisiting the funding mechanisms to support civil society.

Based on conclusion: 2, 6, 7, 9

- The Joint Programme could consider how funding is allocated to ensure resources support and include women's rights organisations at grassroots level and networks led by women living with and affected by HIV including those supporting the rights of girls. Coalition building to strengthen leadership and management capacity could be integrated into funding mechanisms to support community-led responses run by smaller organisations working at the grassroots level. This could be stipulated within the funding modality so that communities are meaningfully involved. There is a need to recognise the diversity of voices and capacity within the women's movement and find a way of ensuring a vibrant and well-funded community level response is supported.
- Consider saturation and layering of interventions in particular areas to avoid spreading resources thinly and having little impact.
- Consider making it a requirement for all HIV programmes to address GBV/ VAWG; addressing VAWG against women living with HIV must be put in the centre of the HIV response and needs to be prioritised and recognised by all stakeholders. A set of minimum standards could guide this requirement.

Recommendation 5. UNAIDS Secretariat should strengthen its advocacy role at regional and national level to amplify the need to address the bi-directional linkages of violence against women and HIV

Based on conclusion: 5, 7

- Advocacy at regional level should call for redoubled efforts to reach and support the activities of women and girls living with HIV with VAWG prevention and response programmes and to address the bi-directional links for women and girls at greater risk of HIV transmission.
- At country level, UNAIDS should leverage the role of the Resident Coordinators Office (RCO) to advocate for prioritising VAWG and HIV intersections, and the meaningful involvement of women living with and affected by both HIV and VAWG in their diversity, through the UN Sustainable Development Cooperation framework at country level.
- Advocacy with key partners, particularly the Global Fund, PEPFAR and Spotlight, to meaningfully include, support, and improve their accountability to women and girls living with HIV in their diversity and understanding of the gendered nature of the epidemic and the bi-directional linkages with VAWG⁶⁷.

⁶⁷ See Women 4 Global Fund, Accountability Toolkit <https://women4gf.org/accountability/accountability-tool-kit/>

Operational Recommendations

Recommendation 6. UNAIDS Secretariat and Cosponsors⁶⁸ should ensure that Country Teams receive capacity building and training in addressing both HIV and VAWG through the lens of gender transformative policy and programming and how HIV impacts gender equality and norms.

Based on conclusion: 1, 3, 4, 8

- Support country teams to conduct gender and inclusion analysis for all programmes. This should address the bi-directional linkages of HIV and VAWG prevention and response, paying specific attention to addressing normative change.
- Internal capacity building should ensure coherent messaging and programming as a whole, including consistent language and terminology of key concepts as identified in this evaluation.
- Investment and focus are needed to ensure that this awareness raising and capacity building is provided across the Joint Programme country teams to build consistent understandings.

Recommendation 7. UNAIDS Secretariat and Cosponsors need to improve documentation, evaluation and knowledge management, with some notable exceptions.

Based on conclusion: 10, 11

- Programmes should routinely evaluate and document their results and lessons learnt. Where pilot projects are implemented, they should ensure there is an MEL system attached to enable results to be tracked, widely disseminated and lessons learnt.
- Lessons learnt from past and ongoing programmes which are addressing the bi-directional links between HIV and VAWG should be captured and used to influence subsequent programmes.
- Consider making the use of the Civil Society Marker and the Gender Equality marker more consistent to make it a more meaningful tool if it remains a requirement.

⁶⁸ The process could be led by UN Women as the Agency Convenor for gender equality in the Division of Labour (2018), with support from WHO and UNFPA.



20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666
distribution@unaids.org

unaids.org

