

UNAIDS

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

Executive summary



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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**.

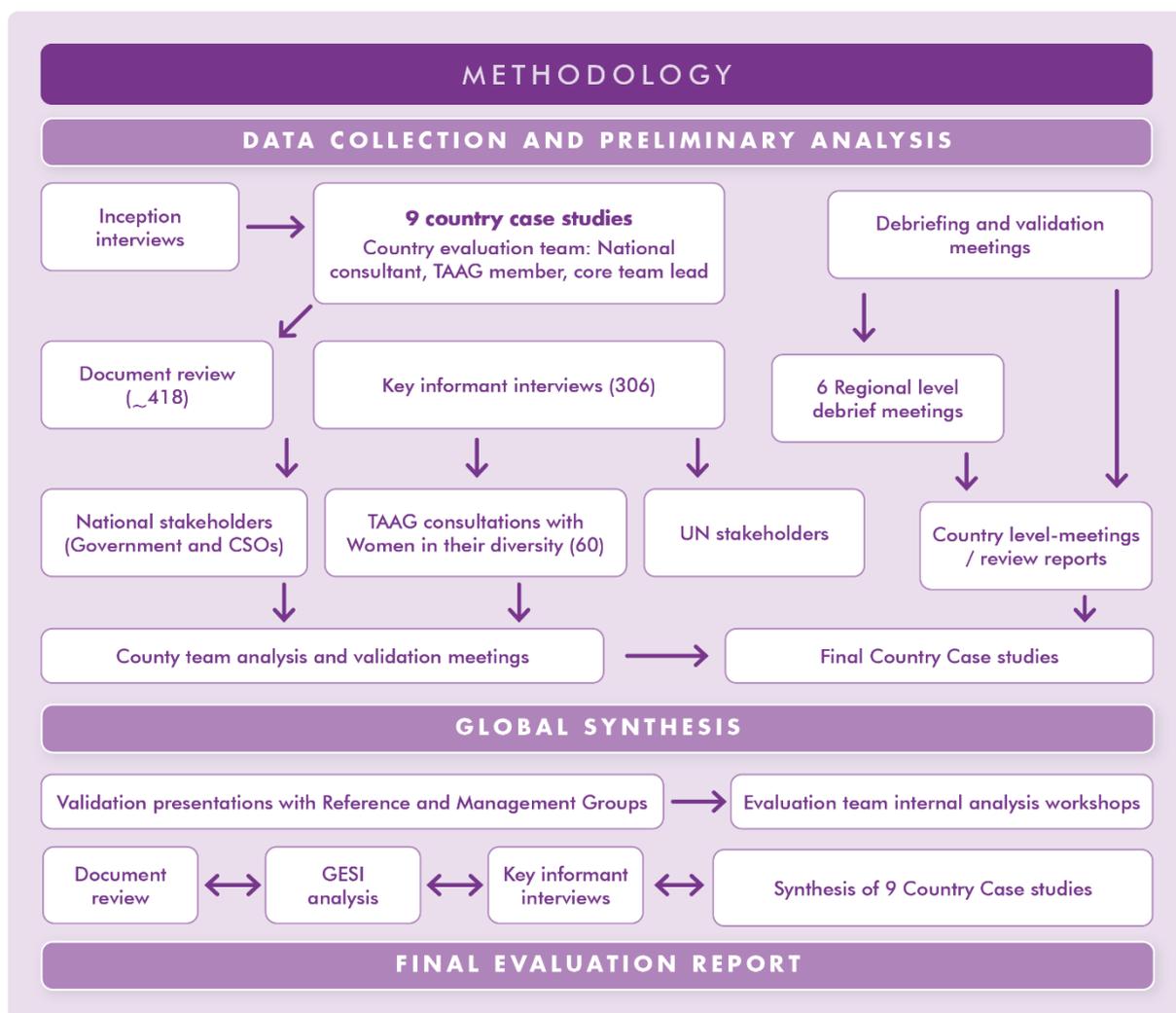
The evaluation was conducted in the context of the **COVID-19 pandemic**, which presented some limitations to the data collection in case study countries.

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.

Evaluation methodology



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 style="text-align: center;">418 documents reviewed</p>	<p style="text-align: center;">306 key informants</p>	<p style="text-align: center;">60 representatives of networks of women in their diversity</p>

Findings

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

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.

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

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.

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

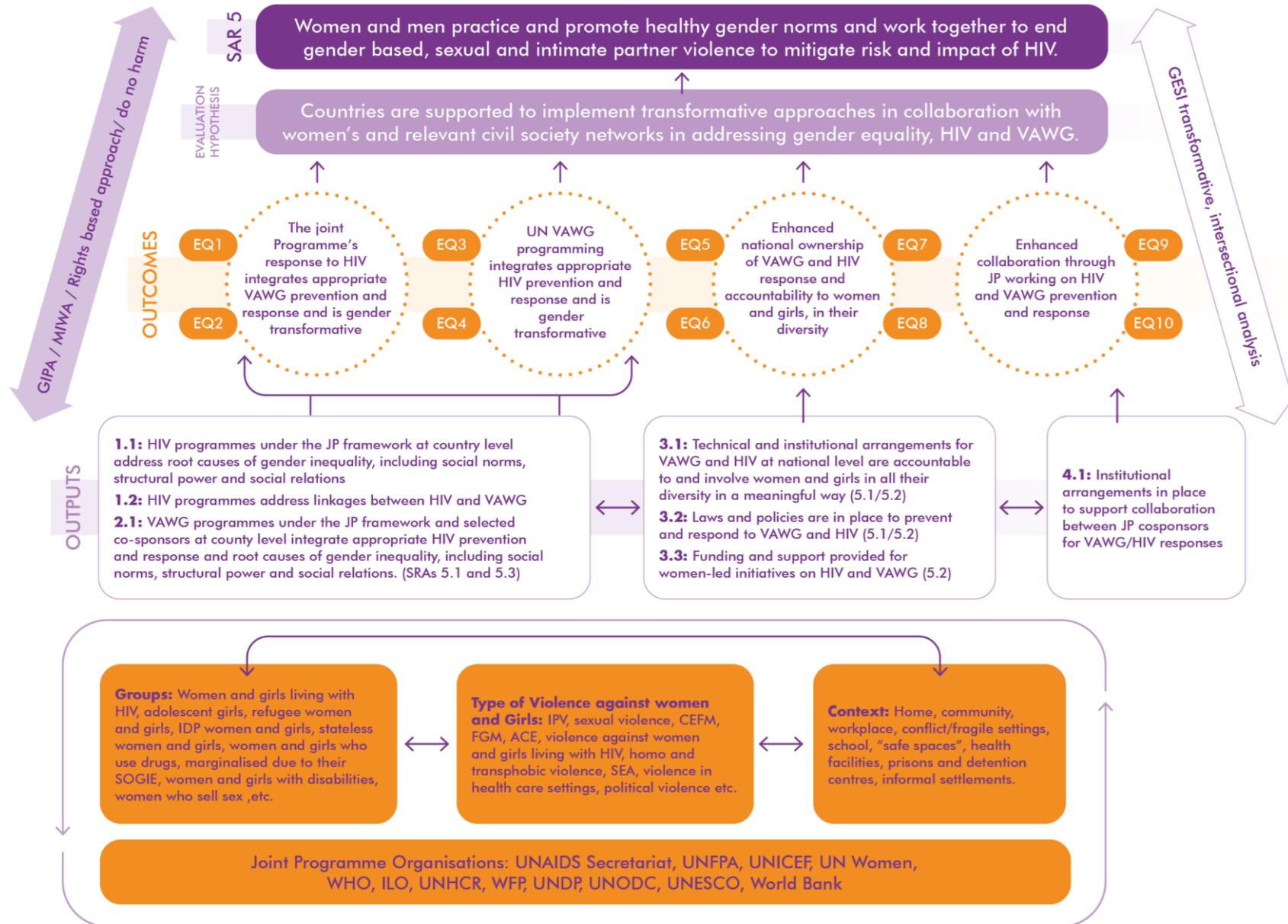
16. No country programme as a whole was found to strategically adopt a gender transformative approach throughout its HIV or VAWG programming – but programmes demonstrate various elements of gender transformative approaches. However, there is a lack of evaluations of these programmes.
17. Gender transformative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

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

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.
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.
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.
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.

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

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



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.

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.

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.



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