

UNAIDS

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

Country case studies



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Acronyms Algeria

CDR	Centre de référence (Referral Centre)
CdCS	Cadre de cooperation strategique (UNDAF United Nations Development Assistance Framework)
CNLPS	Comité national de lutte contre les IST/VIH/Sida
CO	Country office
CSO	Civil Society Organisation
GBV	Gender Based Violence
GFATM	Global Fund for AIDS TB and Malaria
HIV	Human immunodeficiency virus
JPMS	Joint Programme Monitoring System
MENA	Middle East and North Africa
MSPRH	Ministère de la santé de la population et de la réforme hospitalière
MSNFCF	Ministère de la solidarité nationale de la famille et de la condition de la femme
PNS	Plan Nationale Strategique pour la lutte contre les IST/ VIH (National Strategic Plan for HIV)
PWID	Person who injects drugs
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
TAAG	The Accountability and Advisory Group
UCM	UNAIDS Country Manager
UN	United Nations
UBRAF	UNAIDS Unified Budget Results and Accountability Framework
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
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

Executive Summary

The purpose of the independent evaluation of the UNAIDS Joint Programme work on preventing and responding to violence against women and girls is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of the work on VAWG and HIV. This report focuses on Algeria.

Country context

Algeria has a low HIV prevalence rate (<1% in general population) and the epidemic is concentrated among key populations. However, the estimated number of new HIV infections have doubled in 2019 (2,100) if compared to 2010 (1,200) (AIDSInfo, 2020), and among sex workers the HIV prevalence rates have gone up from 2.8% in 2000 to 7.2% in 2019 (NSP, 2020-2024). The government has demonstrated a very high level of political commitment to the HIV response from the beginning of the epidemic. All HIV testing and treatment is included in the universal access policy and is therefore free at point of delivery. The fifth *Plan National Stratégique de lutte contre les IST/VIH / Sida, 2020-2024* (National Strategic Plan "NSP") further reinforces these commitments and strengthens its response in relation to gender equality, human right and stigma and discrimination.

The national response to violence against women (VAW) is less comprehensive. A National Strategy on addressing violence against women exists, developed in 2006 and sets out some key areas of focus for the different stakeholder groups. The strategy acknowledges risk factors contributing to violence against women including high levels of social tolerance with regards to VAW. According to the UN Country Team (UNCT) Gender SWAP a new national strategy has been developed but has not yet been shared with the UN system. (UNCT SWAP, 2020). A number of significant legal and policy changes have been made by government over the last 5 -10 years, resulting in a progressive legal framework for the protection and promotion of women¹. However, there is still a huge silence that surrounds the issue of violence against women and girls in the country, and a chasm between these frameworks and their implementation. The government is reluctant to discuss and address issues of violence against women and girls, due to conservative social norms, and this makes advocacy and programming a real challenge, for civil society and UN organisations alike.

Methodology

The evaluation team consisted of a Core Team Member, a National Consultant and an Accountability and Advisory Group member. In total 42 people were interviewed and 31 documents reviewed, using a standard list of questions and tools. The evaluation is based on four outcome areas identified in the evaluation theory of change and an additional area on examining COVID-19 adaptations.

¹ For example, the changes to the Penal Code in 2015 criminalising domestic violence, and in the same year a law criminalising sexual harassment, as well as changes to the constitution, article 37.

Headline findings by outcome

Outcome 1 – The Joint Programme’s response to HIV integrates appropriate VAWG prevention and response

- Due to the context of limited resources for working on HIV prevention and response in Algeria, co-sponsors prioritise interventions against their mandates, which has created few opportunities to integrate HIV and VAWG.
- The new national strategic plan (NSP, 2020-2024), presents a huge opportunity for increasing work on these bi-directional linkages as there is now a clear mandate in the national strategy to address human rights, gender-based violence and stigma and discrimination. This paves the way for more concerted efforts in this space.
- Some examples of activities that focus on the linkages between HIV and VAWG were shared, and these were for the most part quite recent (LEARN MENA² and recent COVID19, HIV and VAWG research), however there is evidence that lessons learnt from past initiatives are influencing new emerging practice, such as xxx, which suggest that a greater focus on these linkages is likely in the coming years.
- There are some opportunities presented among co-sponsors for greater integration, for example work with UNODC and UNFPA on addressing the multisectoral response to VAWG in particular within the police and judicial system; focusing on stigma and discrimination faced by pregnant women living with HIV trying to access both ANC and vertical transmission programmes.

Outcome 2 – UN VAWG programmes integrate appropriate HIV prevention and response

- Most UN organisations working in VAWG programme have not integrated HIV prevention and response within their programmes.
- Civil society organisations are seen as the stakeholders addressing these linkages but much of their work is under-funded and small-scale.
- UNHCR’s programme on sexual and gender-based violence is an example of where HIV response is integrated into the management of SGBV - voluntary HIV counselling and testing is offered as routine to all survivors of violence presenting at these SGBV centres.

Gender transformative approaches

- Whilst most of the UN organisations stress that gender equality is mainstreamed throughout their programmes there was a lot less evidence about how that was done in practice and whether their interventions were designed in a gender transformative way.
- Many of the organisations programme for everyone, and therefore address the needs of both women and men, without distinction and specific/differentiated approaches?.
- The HIV response is focused on key populations and there is an insufficient recognition of the intersectionality of gender and other dimensions of vulnerability and risk. The differing needs of older or young women, sex workers who use drugs, female migrant sex workers are often not recognised. Data on key populations is generally not presented disaggregated by sex or gender³. This leads to an *un-gendered* response, where. Women in their diversity are siloed in their particular group which invariable leads to their needs and rights being overlooked by both prevention and response services.

² <https://frontlineaids.org/what-weve-learned/learn-mena/>

³ Some general data in the PNS is presented by men and women, but for key populations there is mention of, young people, women and key populations, as if women are not also part of key populations, or young people.

- The nature of the UN systems' planning cycle and funding flows in Algeria make this type of engagement very challenging to achieve.

Outcome 3 – Enhanced national ownership of HIV and VAWG prevention and response and accountability to women and girls

- The national HIV response programme is owned and funded by the Government, and overseen by the Ministry of Health (MoH). UN organisations work effectively within the national frameworks and policies.
- The UN Joint Programme (JP) successfully advocated for a stronger recognition of the role of violence against women and girls in the new National Strategic Plan for HIV, 2020 – 2024. This is a significant achievement and creates opportunities for the bi-directional linkages of these two critical issues to be addressed together.
- The UNAIDS Secretariat and co-sponsors work with a small number of capable and active civil society organisations.
- However, only a small number of civil society organisations appear to be most frequently involved in UN programmes and events. This leaves some other associations unhappy and frustrated with the lack of transparency and inadequate sharing of information.

Outcome 4 – Collaboration among co-sponsors working on HIV and VAWG prevention and response

- Collaboration among Joint Programme partners working on HIV is reported to work well and UNAIDS is seen as a strong and effective leader bringing UN, Government and civil society stakeholders together to plan and collaborate.
- Due to the limited funds available through the UBRAF, and the absence of a country envelope allocation, very few UN organisations receive funding through the Joint Programme but they seem to collaborate on small, one-off activities where funds allow.
- Coming together to develop the Global Fund concept note for a multi-country programme was an example of practical collaboration among a number of UN organisations and civil society.

Covid -19 adaptations

- Some services were impacted during COVID-19, in particular accessing HIV treatment was a challenge for many for fear of leaving their homes.
- Government, UN organisations and civil society worked together to try to ensure a continuity of services provision. CSOs were able to deliver essential treatment to people in the communities.
- A number of studies were commissioned towards the end of 2020 to explore the availability of services during the pandemic, as well as the linkages between VAWG, HIV and COVID.
- Evidence from these studies indicated that many associations were able to continue providing HIV services, or innovating their offer to reach women and girls, through mobile or virtual approaches. A telephone helpline was established, along with an awareness raising campaign around VAWG that was shared on radio and TV.

Considerations emerging from the findings

- **Better data is required on the prevalence and types of violence against women and girls.** The last national VAWG prevalence survey was conducted in 2006, and there have been a few small scale studies conducted more recently, which mostly rely on focus group discussions and surveys. These do however, point to a significant epidemic of VAWG across the country. Having robust national data would strengthen stakeholders' ability to advocate and respond to this.
- **Gender and intersectionality could be addressed in the focus on key populations.** The HIV programme prioritises support for key populations however, there is little evidence of how it accounts for the differing needs of women in their diversity that belong to key population groups, such as sex workers, women who inject drugs etc. in relation to prevention and response programmes. The gendered nature of the epidemic is largely not explored, other than among a few associations and in one off research or awareness raising activities, which results in issues of vulnerability and experience of violence being neglected.
- **Strengthen the understanding of stigma and discrimination as a form of VAWG.** The upcoming development of a national strategy on stigma and discrimination should consider how to ensure the meaningful involvement of all key stakeholders, including unpacking the nature of stigma and discrimination as a form of violence against women and girls in their diversity.
- Explore opportunities to support longer term, multiple year programmes that provide secure funding for community-led, women's rights organisations working at the intersections of VAWG and HIV, through ongoing resource mobilisation work. This could include consultation around a more transparent and open process for funding allocations from the UN among civil society organisations, or supporting coalition building among like-minded organisations. Bringing civil society organisations to work together could help deliver more transformative approaches at a greater scale.
- Build Internal capacity across UN organisations to improve understanding and awareness of gender transformational approaches and the intersections of HIV and VAWG to support greater integration of these twin issues into programmes.
- Consider how to maximise the available entry points for greater integration of HIV into VAWG programmes and vice versa that exist in Algeria across many of the co-sponsor organisations, whether in small-scale, one-off training and capacity events, or larger programmes working with key populations (i.e. prisoners, migrants, refugees, women living with HIV etc). Raising awareness among co-sponsors and implementing partners of these opportunities could help deepen this focus on integration.
- Address the evidence gap. There is need to improve the monitoring, documentation and dissemination of UN programme implementation, and achievements in order to meaningfully assess the effectiveness and results achieved.

1. Introduction

1.1 About this evaluation

The purpose of the independent evaluation of the UNAIDS Joint Programme on preventing and responding to violence against women and girls is to assess the Joint Programme’s accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. This includes assessing the results achieved and resources invested; identifying lessons learned; and developing practical recommendations to support learning and evidence-based decision making for future programming.

The evaluation examines the Joint Programme’s efforts to apply transformative approaches to gender equality, HIV and VAWG, and the extent to which it collaborates with women’s and adolescent girls’ and young women’s groups and relevant civil society networks. It includes different country contexts, different groups and different types of violence in various settings.

The evaluation uses country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Algeria.

1.2 Joint Programme on HIV / AIDS in Algeria

The Joint Programme on HIV / AIDS is led by UNAIDS and is guided by the *Cadre de Coopération Stratégique (CdCS / UNDAF)* 2016 – 2020 and revised in 2018 to include a one-year extension, and supports the *Plan National Stratégic de lutte contre les IST/ VIH / Sida* (PNS).

As Algeria is classed as an upper middle income country⁴ it has not benefited from a country envelope funding allocation but has received between USD \$80,000 – \$100,000 each year since 2018 from the Business Unusual fund, and contributions from co-sponsors⁵.

Table 1. Overall financial contributions of co-sponsors (Algeria Joint Plan on HIV 2018-2019)

Agency	2018	2019	2020
UNICEF (UNAIDS Secretariat, WHO)	\$50,000	\$50,000	
WHO (UN women, UNHCR)	\$50,000	\$30,000	
Business Unusual Fund (various agencies)			\$102,000
Total	\$100,000	\$80,000	\$102,000

⁴ The country has recently been reclassified as lower-middle income country.

⁵ Table 1 and 2 are based on the data made available to the evaluation team at the time of the evaluation. There may be cosponsor contributions that are not reflected.

Table 2. Algeria Joint UN Plan 2020 – 2021

Agency	Business Unusual fund	Co-sponsor core UBRAF allocation	Cosponsor or non-core funds	Secretariat core UBRAF allocation	Secretariat non-core funds	Grand total
IOM			53,500			53,500
UNAIDS				60,000	61,000	121,000
UNDP	29,907					29,907
UNESCO						10,600
UNFPA	16,200	10,800				27,000
UNHCR			30,885			30,885
UNICEF			34,240			34,240
UNODC	45,263					45,263
WHO	10,700	21,400				323,100
TOTAL	102,070	32,200	129,225	60,000	60,000	384,495

The epidemic is concentrated among key populations, specifically sex workers, men who have sex with men (MSM), migrants, and people who inject drug. Young people, people in closed settings and migrant and mobile populations have also been identified as priority groups. Whilst the testing and treatment of HIV is managed and financed by the Ministry of Health, with technical support provided from UN organisations, the community led response is largely delivered by civil society organisations, financed by the Global Fund.

The revised CdCS (UNDAF) 2020-2021 includes a much stronger emphasis on violence against women, identifying both HIV and violence against women and girls as priority areas under the 2nd strategic aim which addresses ‘*Social Development*’. Two new national indicators are included that specifically address the incidences of GBV and the existence of national strategies, protocols and action plans addressing the elimination of violence against women. The original CdCS 2016-2020 did not have the same level of focus on GBV, but rather a more generic focus on the situation of women (*condition des femmes*) looking specifically at the legal and normative frameworks.

1.3 Country context

Algeria has demonstrated a high level of political commitment to the HIV response. From the early days of the HIV epidemic the government has supported free and universal access to HIV testing and antiretroviral (ARV) treatment. It has engaged civil society, government and development partners in its efforts. The fifth *Plan National Stratégique de lutte contre les IST/ VIH / Sida, 2020 – 2024* (National Strategic Plan “NSP”) came into effect last year which further reinforces these commitments and strengthens its response in relation to gender, human rights and stigma and discrimination.

Equally, at a national legislative level, there have been a number of advances in terms of gender equality and violence against women. Several documents and interviews point to a progressive legal framework for the promotion and protection of women. In 2015 the Penal Code was amended to include the criminalisation of some forms of domestic violence, as well as sexual harassment. Whilst it is noted that some significant gaps remain in how violence against women and girls is addressed

this law goes some way to recognise the need to punish these crimes⁶. A number of other legislation supporting gender equality has recently come to pass including a law enabling mothers to legally pass on their nationality at birth, as well as a revision to the constitution to make it clear that the *State protects women from all forms of violence in all places and in all circumstances in public space, in the professional sphere and the private sphere.*

Whilst there have been significant advances in terms of policies and legal frameworks related to the status of women and advancing gender equality, Algeria remains very conservative with a restrictive environment for women and girls in their diversity, as well as a strong silence around gender based violence, which leaves the implementation of these policies and laws wanting.

HIV response

Algeria has a low prevalence of HIV of less than 0.1% - 22,000 adults and children are estimated to be living with HIV (source: AIDSInfo, 2020). The epidemic is concentrated among key population groups including men who have sex with men, sex workers and people who inject drugs. Rates of HIV have increased among sex workers from 2.8% in 2000 to 7.2% in 2019 (PNS, 2020-2024). 9 out of 10 new infections occur among key populations in the MENA region (PNS, 2020-2024). That said, prevalence appears to be rising among the general population, new HIV infections have increased by 29% since 2010 (UNAIDS Data, 2019).

Women living with and affected by HIV in the region are particularly vulnerable to gender-based violence and stigma and discrimination, resulting in limited access to HIV services. Coverage of services for the prevention of mother-to-child HIV transmission is among the lowest in the world⁷.

The government response is firmly situated in the health sector and it prioritises HIV testing, treatment and care for people living with HIV and reducing vertical transmission. They have also identified stigma and discrimination in the health sector as a key focus area.

*“There is no holistic view of HIV, the health view is dominant and almost exclusive.”
(Govt stakeholder)*

HIV control committees exist in all 48 wilayas, there are 63 specialised screening structures and 16 Referral Centres (CdR), a national reference laboratory, an information system for collecting data on HIV.

The 2016 -2020 *Plan National Stratégique de lutte contre les IST/ VIH / Sida* (NSP) recognised ‘*populations prioritaires*’, including those at greater risk of HIV transmission. In the most recent iteration of the NSP 2020 – 2024, the language and focus of the strategy has shifted to talk more specifically about ‘key populations’, with much of the strategy addressing these groups specifically⁸, with some attention paid to disaggregating the different key population groups but without consider the gender specific needs of those groups. The *NSP* also identifies *vulnerable populations* including young people, women, mobile populations, prisoners, and men in uniform. The notion of women as a homogenous category in the strategy will be addressed later in the report.

The new National Strategic Plan - NSP 2020 -2024 - now includes a strategic aim that relates specifically to “Human Rights, Gender and the Enabling Environment”. This new focus area presents a significant opportunity for increasing a focus on efforts to address VAWG and was noted by a number of key informants. The document makes a direct and explicit link between increasing access for women of reproductive age to STI and HIV prevention services with ensuring interventions integrate a focus on violence against women and girls. This explicit link provides enormous

⁶ <https://www.hrw.org/report/2017/04/23/your-destiny-stay-him/state-response-domestic-violence-algeria>

⁷ https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

⁸ A word search noted more than 134 mentions of key populations throughout the document.

opportunity for future support and programming and is as a result of intensive advocacy and evidence that have been shared by UN organisations and civil society. Whilst the new PNS does mention GBV, there is very little discussion of addressing the root causes of gender inequality and the social and gender norms that drive both these epidemics. For instance, young women and men are addressed together without any consideration of difference.

Furthermore, there is a specific strategy area that aims to eliminate stigma and discriminatory practices in health establishments through capacity building of stakeholders and the establishment of an alert system on the fight against HIV-related discrimination /AIDS in health care settings.

The main external funder of the HIV prevention programme, particularly the support to CSOs is the Global Fund. CSOs are the principal implementers of key population programmes and the community led response, which is funded through the Global Fund, and does not receive government support. Civil society organisations are part of the government's care system, and collaborate with the government run Referral Centres (CdR), despite not receiving financing from them. Agreements are in place between these associations and the Ministry of Health. The Global Fund is now transiting out of the Algeria, and the current 3-year transition grant is working with UNODC, IOM, UNFPA and UNAIDS and works with UNICEF on eMTCT, and supports civil society organisations. The end of this grant is of grave concern to all stakeholders.

All stakeholder groups, including those from government, reported that the national response to violence against women is less comprehensive. A National Strategy on addressing violence against women exists, developed in 2006, and sets out key areas of focus for the different stakeholder groups. The strategy acknowledges risk factors contributing to violence against women including high levels of social tolerance with regards to VAW, lack of support for survivors and their families, stereotypical images and ideas of women and girls, lack of protection mechanisms, and response services. According to the UNCT Gender SWAP a new strategy has been developed but has not yet been shared with the UN system (UNCT SWAP, 2020).

The strategy does not provide data on VAWG and indeed there are no official statistics published. There is no reference to particular groups of women who may be more at risk of violence, and no reference to HIV in the document. A government stakeholder confirmed that whilst data is collected and disaggregated by sex and age, they do not track data related to VAWG and have not yet identified any indicators for measuring stigma and discrimination. The last VAWG prevalence study was undertaken in 2006, and since then there has been no official data available on the extent of VAWG, apart from a few small studies and reports by civil society organisations.

There was a sense among key informants that due to the country's progressive legal framework for the protection and promotion of women which has seen a number of significant legal changes made over the last 5 – 10 years⁹, the government now believe that they have dealt with the issue and do not feel the need to discuss it further. There is still a huge silence that surrounds the issue of gender-based violence in the country and this hampers many interventions, including the UN's ability to advocate for greater focus and attention on this issue.

A study by the Directorate General of National Security in 2020 shows an increase in physical violence (71%) and an upsurge in femicides. In the first two months of 2020, 6 women were killed by their husbands and a further 19 from March to October (Aït-Zai, 2020). The majority of this violence was perpetrated by strangers (41%), followed by husbands (27%).

⁹ For example, the changes to the Penal Code in 2015 criminalising domestic violence, and in the same year a law criminalising sexual harassment

2. Methodology

The country case study took place between January and March 2021, and involved document review and key informant interviews. The country evaluation team consisted of a Core Team Member (Jo Feather), a National Consultant (Zahia Cherfi), and an Accountability and Advisory Group (TAAG) member (Nawel Lahouel). Stakeholders were identified in consultation with the UNAIDS Country Director, validated and added to by the evaluation team. The UNAIDS office provided the team with core documents for review, and further documents were sourced from the National Consultant and from key informants. A total of 31 documents were reviewed for the report (Annex 2)

A total of 42 individuals were interviewed as part of the case study. The National Consultant interviewed 12 members from civil society and three government representatives, while the TAAG member held two focus groups discussions with 13 representatives of women in their diversity, including a group of refugee women and women who identified as sex workers and people who inject drugs. The core team member interviewed 13 stakeholders from nine UN organisations, and one donor representative. A full list of stakeholders interviewed is included in Annex 3.

Table 3. List of key informant interviews

UN stakeholders (from 9 organisations)	13
Donors / other	1
Government	3
Civil Society	12
Representatives of women in their diversity	13
TOTAL NUMBER OF INDIVIDUALS	42

Once all interviews were complete the three members of the evaluation team met to discuss key findings. The Core Team member then wrote up the country report in English, and a summary was shared for review by the National Consultant and the TAAG member.

Limitations

The main limitation of this study relates to the inability to meet with many of the key informants in person due to the restrictions in place because of the COVID-19 pandemic. Whilst respondents made themselves available and showed willingness to speak virtually, this does not replace the benefits of being able to meet with people face to face to discuss these issues.

The time, and timeframe, available for country data collection was very limited which is likely to have resulted in evaluators missing some key civil society partners. Given more time, the evaluation team would have liked to have spoken to more representatives of women's rights organisations, working outside the focus of government identified key populations with more representative groups of women and girls in their diversity.

Difficulties in accessing evaluations and programme reports also hampered the ability to assess the effectiveness of any of the projects and interventions discussed below. It is likely that this is in large part due to the absence of multi-year interventions which may lend themselves more easily to evaluations and progress reports.

3. Findings

3.1 Outcome 1: The Joint Programme response to HIV integrates appropriate VAWG prevention and response

UNAIDS is the main UN organisation working on HIV prevention and response in Algeria, and whilst a number of co-sponsor organisations coordinate with UNAIDS many of them indicated that HIV was not a priority area for them. The context of limited resources for all UN organisations in Algeria has required the co-sponsors to prioritise interventions against their specific mandates.

Algeria does not have a country envelope allocation under the UBRAF, as detailed in table 1. Very few UN organisations provided examples of their own sustained HIV programming over the period addressed by this evaluation.

The care and treatment of people living with HIV is managed by the government and funded through domestic resources. 16 referral centres (*Centres de References*) across the country provide integrated care and treatment for STIs and HIV, all services at the centres are free.

All government stakeholders that were interviewed confirmed that there is no national programme addressing the linkages between HIV and VAWG, but that the linkages are understood and experienced at the health centre level.

“the intersections between HIV and VAWG are seen at the care and treatment centres, but there is no specific programme to address them” (government stakeholder)

The HIV programme addresses men and women without distinction but is mainly focused on key populations and vulnerable groups.

The UNAIDS country reports for 2016 and 2017, and JPMS reporting from 2018 - 2020 inclusive, provide a number of examples of the types of HIV interventions that UN organisations have been supporting, most of which are small scale and one-off events. These interventions largely fall into six main categories listed below. The linkages with VAWG prevention and response is not routinely addressed but there have been some recent promising examples of where HIV programming interventions have tried to raise awareness of the interlinkages.

Awareness raising and media campaigns: A range of awareness-raising and communications activities are detailed in the different reports and interviews with UN organisations, many of these activities centre around international days, such as World AIDS Day and more recently the 16 Days of Activism. In 2018, the JPMS reports on an awareness raising activity with young people and 20 artists were involved in an HIV prevention media campaign, although there is no mention of addressing violence against women in these events. Most recently a number of UN co-sponsor organisations¹⁰ came together to do a series of events and reports to mark the 16 Days of Activism against VAWG, 2020, which drew attention to the links between COVID-19, VAWG and HIV (Ait-Zai, 2020; Zertal, 2020). This was the first time that these issues were brought together in such a visible and concerted way.

¹⁰ This work involved UNDP, UNFPA, UNHCR, IOM, Aids Algérie and El Hayet

Training and capacity building: A key activity that UNAIDS and other co-sponsor organisations deliver is training and capacity both for government stakeholders as well as civil society groups. Examples of this include:

- Working with UNHCR to provide training to midwives in Tindouf refugee camps in Western Algeria, on HIV and STI prevention, from 2016 to 2018
- Together with IOM to provide training to health providers, CSOs and migrants on HIV prevention and response
- Numerous workshops with MoH and the country coordinating mechanism (CCM) addressing HIV prevention and response

A number of these more recent examples include elements of HIV programming that have also set out to address VAWG and unpack the linkages between them. Perhaps one of the most significant of these was Algeria's participation in the MENA Rosa and Frontline Aids programme **LEARN MENA**, which sought to understand the linkages between HIV and gender-based violence in the region. Participation in this project was primarily led by El Hayet, supported by UNAIDS (LEARN MENA, 2018).

Civil society strengthening: A small number of associations working in HIV in Algeria are supported by UNAIDS and other co-sponsor organisations. Examples of the way civil society is strengthened include, supporting them to develop concept notes and proposals for submission to donors, including Global Fund and Expertise France. It is not clear whether these submissions include both a focus on HIV and VAWG, however a number of the associations involved have been pursuing this agenda. In 2019, a workshop was organised by three NGOs to discuss the linkages between GBV and HIV, the recommendations from which have fed into the new National Strategic Plan (JPMS, 2019).

Policy and legislation support: One of the most significant achievements that UNAIDS and others have supported that illustrates the move to establish stronger linkages with HIV and VAWG is the support to the development of the National Strategic Plan, 2020 – 2024 which now has a strong focus on human rights and gender-based violence. This significantly paves the way for more focused efforts to be made to address both these issues together. UNAIDS, together with civil society partners, and the Global Fund worked very closely with the Ministry to ensure this focus was made explicit. UNAIDS, UNICEF and WHO also provided support to the evaluation of the EMTCT national strategy, the findings from which fed into the new NSP (JPMS, 2019).

Guidance and protocol development: Various examples of support to guidance and protocol development was cited by stakeholders, including management of STIs, protocols for integrated management of sexual and gender-based violence, ePTCT guidance among others. With the exception of the SGBV guidance, none of them included a specific focus on the bi-directional linkages of HIV and VAWG.

Research and evidence generation: Another key area of support that UNAIDS has provided is in relation to research and evidence generation. This research largely addresses HIV prevention and response and includes: research on key populations (JPMS, 2018), mapping of testing and treatment centres across the country and a feasibility into the provision of PrEP. Many of these activities have actively involved civil society organisations, and community peer educators from amongst key population groups. Algeria's involvement in the Leadership and Research Now - LEARN MENA - programme highlighted the linkages between violence against women and HIV in the Middle East and North Africa. The programme was led by, with, and for women living with HIV.

Over the last few years there appears to have been a much a greater focus on integrating VAWG into HIV programme initiatives.

Many different stakeholders highlighted the issue of **stigma and discrimination** as a key barrier for people living with HIV, and key populations in accessing services. However, very few examples how this was being addressing were shared. The fact that the new PNS has identified it as a key issue is clearly a step in the right direction, but targeted interventions addressing this are few and far between. One example cited was a workshop that was held with support from CCM, MOH and CSOs on HIV discrimination in health settings, with participation from the UNRC and national Human Rights council (JPMS, 2019)

“Government sees intersections existing within stigma and its effects – they have addressed this through eMTCT and at the referral centres and at the level of associations” (Government stakeholder)

- 53% of the people questioned, with no noticeable difference between the sexes, had been refused a service at least once which has led to a reluctance to attend health facilities for fear of discrimination. (Stigma Index, 2015)
- 48% of PLWHIV expressed a reluctance to go to health centres for fear of the reaction of health personnel or fears of unfulfilled acts (Stigma Index, 2015)
- Among the key populations who reported avoiding seeking health care in due to stigma and discrimination, 81% were sex workers and 69% men who have sex with men. (KAP study, 2017, cited in PNS 2020-2014)

However, despite this apparent commitment by government, one key informant suggested that there was no specific mechanisms in place to address discrimination and a specific action plan needed to be put in place with all stakeholders, including the National Committee on prevention of HIV.

Work is currently underway on developing a National Strategy on Human Rights and HIV, supported by UNDP and UNAIDS which should create an important opportunity to address both HIV related stigma and discrimination and violence against women and girls more broadly, especially in relation to HIV.

UNICEF's focus is on prevention of parent to child transmission (ePTCT) and does not address any aspects of VAWG specifically. However, the programme is looking at issues of stigma and discrimination in health care in so far as it is limiting access to services. According to stakeholder interviews an evaluation of the ePTCT programme¹¹ looked at issues of gender equality more generally but did also address aspects of violence within health centres. It is widely acknowledged by xxx that women have difficulty accessing health services, due to their lack of mobility and limited freedom, and women living with HIV experience even more barriers if they eventually make it to the clinics.

“HIV-positive pregnant women have difficulties linked to the stigmatisation of childbirth, the national strategy for mother-to-child transmission does not specifically mention them and the stigma is still strong in health care structures.” (CSO stakeholder)

UNODC's HIV programme focuses on people who inject drugs and supporting them to access prevention and treatment services. This programme is implemented through three civil society organisations, AIDS Algeria, ANISS and APCS, in three pilot sites. Community health workers provide support to HIV prevention through distributing information materials, clear syringes and condoms to PWID in their communities. There is no focus on violence against women in this programme.

¹¹ The document was requested but the evaluation team have not received it.

IOM – works exclusively with migrants, and while not part of the Joint Programme they are working with El Hayet on running HIV awareness raising sessions at their welcome centre. They are currently considering how to integrate on focus on violence and rights in these sessions.

Civil society. A common view expressed by stakeholders from all the different groups is that the intersections of VAWG and HIV are being addressed by the associations, in particular those working in HIV and with women living with HIV and key populations in particular.

Learn MENA programme

Learn MENA programme explored the links between HIV and VAWG in the MENA region. It involved participatory research and community -led dialogues with women in their diversity. National workshops and community dialogues took place in 2018 and in 2019 there was a final workshop to explore the lessons learnt and findings (Zertal and Belacel, 2019).

The programme explored five areas: gender norms; women in their diversity; influence of power; the definition of violence against women and the identification of links between gender; violence against women and HIV.

The workshop looked at the links between violence and HIV and identified three key groups where these links are significant in Algeria:

- PWID
- Migrant populations – refugees
- Female sex workers

The research found that:

- rates of violence against women is increasing;
- the number of new HIV infections remains high;
- there is a lack of knowledge on the link between violence against women and HIV which is increasing HIV in the region;
- there are few structures dedicated to dealing with violence against women and HIV.

Linkages between HIV and Gender based violence in the Middle East and North Africa: key findings from the learn MENA project, Nov 2018. Frontline AIDS / MENA Rosa / UNAIDS

“The key populations are not organised into a network but are involved in associations implementing the national program financed by the Global Fund. The key people are peer educators and community workers.” (government stakeholder)

3.2 Outcome 2: UN VAWG programming integrates appropriate HIV prevention and response

Given the challenging institutional context for addressing violence against women and girls and the limited funding available, examples of long-term sustainable interventions to address violence against women and girls were limited. As with HIV programming, much of the work is small scale and short term.

“Strong taboos in the country exist when talking about HIV, STIs and GBV, religion and historical context make this very difficult to do.” (UN stakeholder)

Many respondents mentioned the departure of UN Women as a significant reason for the decrease in emphasis and programming in this area, being the main UN organisation tasked with addressing violence against women and gender equality. However, UNFPA has now taken on much of that mandate.

UNFPA in Algeria addresses three priority areas: i) reproductive health, ii) population issues and iii) gender equality. They report that violence against women is integrated throughout their programme, however in the absence of any evaluations or programme documentation it is difficult for the evaluation to confirm this. HIV is addressed through its work on reproductive health, but they acknowledge that it is not a big part of their programme.

They have been working with female religious advisors, *Moshidets*, who provide community outreach and referrals for maternal health and family planning. The programme is coordinated with the MoH and the Ministry of Religious Affairs. There is a lot of stigma around family planning and many women are unable to access these services. HIV is not explicitly integrated in their outreach activities, but it is expected that once referrals are made women will be able to access HIV prevention and response services from the health facilities as required.

A few years ago, UNFPA had a small programme working with Imams on HIV prevention, where they developed a training guide on how to integrate these conversations into sermons. The Imams have expressed an interest in receiving more support and training from UNFPA on VAWG and HIV.

In 2016-2017, UNFPA, UNAIDS and a number of NGOs came together to do a Knowledge, Attitudes and Practices (KAP) study which looked across a range of reproductive health issues including HIV.

At the end of 2020, UNFPA commissioned research to explore violence against women and girls in the context of the COVID-19 pandemic in Algeria, and to better understand how services were affected during the pandemic mitigation measures. The research, used both qualitative and quantitative methods, and highlighted an increasing number of cases of psychological, emotional, physical and socio-economic violence against women and girls at the hands of husband and family members. The research was done with UNAIDS and also looked at service provision for women living with HIV (Aït-Zaï, 2020).

UNODC and UNFPA have developed a concept note for funding from the Netherlands Embassy that aims to build the capacity of national stakeholders to support survivors of violence. The programme addresses the multisectoral response to VAWG looking specially at the judicial system and wider national support system for women who experience violence. Whilst the programme is not explicitly addressing HIV, one stakeholder explained that will explore the links between violence and HIV. They will be working with police and judicial services to improve the reception women get at police stations and providing training on how to avoid re-victimisation. UNFPA is leading on sensitisation and advocacy with civil society partners. This programme, if funded, provides a strong opportunity for these two UN organisations to strengthen their work to address these bi-directional linkages.

“these links are very interesting, but we don’t have the funds to look at HIV specifically. We are looking at women and how they are being treated, we are trying to have a comprehensive approach, this is not a project targeting that population, we understand there is a certain vulnerability of women living with HIV but we are not focusing on these linkages at the moment.” (UN stakeholder)

UNHCR works exclusively with refugees and addresses issues of sexual and gender-based violence (SGBV¹²), predominately through follow-up medical care and referrals to psychosocial support. They are supporting integrated service provision for survivors of SGBV. The integrated management of rape and violence is central to how they are addressing HIV - any woman presenting at these centres is systematically offered voluntary counselling and testing for HIV. UNHCR works closely with UNAIDS and WHO as well as the Ministry of Health and Ministry of National Solidarity. They also work with the Global Fund on supporting people in humanitarian contexts with both HIV prevention and GBV support. SGBV is being mainstreamed through all their programmes, including those with a strong women’s empowerment focus. Work at community level includes gender training, where they aim to discuss root causes of violence and the denial of women’s basic rights. According to one key informant, they have noticed a change in attitudes and awareness around violence against women over the period of their programming, but the evaluation is not able to verify that assertion due to lack of evidence and documentation.

IOM. Whilst not working specifically on VAWG, IOM notice high risk and high levels of violence among the migrant populations that they service. This violence occurs both on their journeys to Algeria and when they arrive, with marital rape being very common. Women are often scared to access health care as they are not sure on their rights and lack information on how to access services. These experiences were further reinforced by the women we spoke with in the focus groups. One of these groups represented women migrants and reported on the high levels of violence women experience both in their home countries and now in Algeria, with very little access to support.

“The fact of having left my hometown and coming to Algiers because I had nothing to help me, I was a victim of violence several times, I asked for help from the police but without result, even I went to associations for battered women but without help, so there is no support for us” (focus group participant)

3.3 Gender Transformative Programming

Whilst most of the UN organisations that we spoke with were keen to stress that gender equality is mainstreamed throughout their programmes, there was a lot less information about how that was done in practice and whether their interventions were designed in a gender transformative way. Many of the organisations considered programming for all people, without discrimination and therefore they were addressing the needs of both women and men, without distinction.

“The national programme is egalitarian and non-discriminatory, it address men and women, girl and boys equality. Gender is taken into account but not formally written” (Government stakeholder)

There were very few examples shared of gender transformative programmes, indeed some stakeholders confirmed that they are on the beginning of their ‘gender journey’.

¹² This is the terminology that UNHCR use for VAWG / GBV programming.

The HIV programme prioritises support for key populations and a distinction is not made as to the differing needs of men and women in their diversity in relation to prevention and response programmes. The gendered nature of the epidemic is largely not explored, other than among a few associations and in one off activities. Key populations are identified without reference to their gender, which may add to their marginalisation and experience of stigma and discrimination. Vulnerable groups are identified as adolescents, women, men in uniform – this blanket coverage of women here does nothing to support a targeted and appropriate response. Women living with HIV are not identified as a specific group within the strategy, creating a further vacuum in relation to their rights and needs.

The recent UNCT Gender SWAP points out the challenging institutional environment for addressing issues of gender equality and gender-based violence, and also identifies the challenge of focusing on vulnerable populations, without distinction to gender and diversity:

It is important to point out that gender equality and gender-based violence are very sensitive issues for the Government, despite the fact that protection and promotion of women are included in the development agenda and all official documents (constitution, CEDAW report, Ministry program). The frequent changes in the Minister of National Solidarity and the priorities of the sectors have had an impact on gender issues, which have been buried in the care of vulnerable populations. This instability at the institutional level has impacted on decision-making with respect to the cooperation program. There is a need to build government capacities in the area of gender equality policy. (UNCT SWAP, 2020)

The table below provides illustrative examples of transformative programming for VAWG and HIV in Algeria. Gender transformation requires a critical examination of gender norms and dynamics, and to challenge existing power structures at institutional, society, community and family level. This type of work requires long term engagement. The nature of the UN systems' planning cycle and funding flows in Algeria make this type of engagement very challenging to achieve.

Gender transformative approach	Illustrative examples from Algeria
Support for community led organisations particularly women led	<p>A number of UN co-sponsors are working with and supporting a small number of civil society organisations, some of whom are women-led, women’s rights organisations, such as El Hayet, Reseau Wassila and FARD.</p> <p>Much of this support is for small, one-off activities, which are difficult to sustain and not providing the core support that these WROs need to scale up their support to women and girls in their diversity.</p>
Supporting women and girls, in their diversity, affected by and living with HIV	<p>The Global Fund is the primary donor to civil society and is supporting five civil society organisation who are working with key populations, and other vulnerable groups including women living with HIV.</p> <p>A number of examples were provided where women in their diversity were convened in focus group discussions by civil society groups, to feed into various consultations and research. It is not clear what other kinds of support were provided following those interactions.</p> <p>Female sex workers and refugee women, and women living with HIV appear to be the groups most likely to be engaged in this activity. It was harder to find examples of interventions to support LBT women.</p> <p>As above, support is often small scale and short term.</p>
A focus on gender norms and unequal power relations including relations based on gender	<p>UNFPA provided some examples of media campaigns where they have sought to address gender norms. However, many people emphasised the difficulty of addressing the gender inequality and violence rooted in patriarchal and gender norms due the sensitivity of these issues.</p> <p>Very few examples, and no evidence, was provided to illustrate working in this way.</p>
A focus on accountability to communities and in particularly women and girls	<p>The UNJP relies on their CS partners to feedback and engage with women and girls in their diversity. The small number of CSOs who work with the UN appear to be well connected with these groups. The CCM has not been functioning for a few years but it is in process of being re-established. There was a sense from the CSO and women representatives that the accountability and involvement of women is mainly with a few individuals and does not represent wide reaching accountability.</p>
High-level and multisectoral commitment to addressing violence against women and girls in the HIV response	<p>Evidenced in the National Strategic Action Plan 2020 – 2024 (PNS), however tangible commitment by government was not demonstrated. The Ministry of National Solidarity, and Women (MSNFC), are at present showing little commitment to these issues and domestic financing for the community response is severely limited.</p>

<p>Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education</p>	<p>UNHCR has a programme on women’s empowerment (documentation unavailable)</p> <p>Some work is being undertaken with UNESCO and UNFPA on comprehensive sexuality education, however government will only allow this to be addressed at (upper) secondary school level (lycee / college) rather than primary school or lower secondary where it would be most useful, protective and relevant.</p>
<p>Working with men and boys towards gender equality</p>	<p>UNHCR mentioned some gender training which may include men separately, but mostly their community work is done with mixed sex groups rather than single sex ones. No examples shared where this type of programme is being undertaken. CSOs interviewed reiterated that the “VAWG programme does not involve women in their diversity and nor does it involve men.”</p>
<p>Addressing the structural causes of violence</p>	<p>No examples of this</p>

3.4 Outcome 3: Enhanced national ownership of VAWG and HIV response and accountability to women and girls

The bio-medical response to HIV is owned, funded and managed by the Ministry of Health, with technical support from UN organisations. UNAIDS 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. This is clearly valued by government stakeholders and civil society alike. There were examples shared of joint awareness raising and communication events undertaken by MoH and various UN organisations and civil society groups, for example celebrating international days (Country Summary Report, 2016 and 2017). However, implementation of these policies and plans at the community level, was identified as a major gap.

“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 stakeholder)

The strengthened focus on violence against women and girls in the CdCS (UNDAF) as well as in the PNS is cited as an example of UN's advocacy and influencing work with the government.

The important role that community-based organisations play in delivering the community response to both HIV and VAWG was highlighted by all stakeholder groups. There is little doubt that their contribution, especially in working with key populations is seen as critical to being able to address the needs of these vulnerable groups. However, the context for their continued engagement is challenging, due to shrinking external funding, the exiting of the Global Fund and the lack of domestic resources for the community-led response (Country report, 2017). All of these factors combine to make their interventions small scale and difficult to sustain. Coverage across the country is also seen to be patchy, with some areas almost entirely missing out of support.

A particular challenge that was highlighted by a number of UN and civil society informants was with regards the involvement of the Ministry of National Solidarity, Family and Women (MSNFCF *Ministère de la solidarité nationale de la famille et de la condition de la femme*). The evaluation tried to speak with a representative from that Ministry but evaluators were unable to identify anyone who was able to speak with the team. A number of personnel changes have resulted in the Ministry being less involved in the twin issues of VAWG and HIV. The Ministry oversees the National Commission on Violence against Women, and they are also a member of the National AIDS Committee (*CNLS - Comite National Pour la Lutte contre le SIDA*), however these connections do not appear to have been maximised.

Whilst government stakeholders reported favourably on the role of the UN in providing technical support for planning and programming, for evaluations and supporting the participation of national associations in international events, they did identify some areas for improvement:

“UN agencies carry out ad hoc activities, such as reporting on social protection, conducting a workshop on HIV with women leaders, work on STI / HIV” (government stakeholder)

One respondent suggested that inter-agency coordination could be strengthened to support more long-term, strategic support in line with the SDGs, according to their individual UN organisations' mandates but collaborating across them. Meetings between government and UN organisations appear to be more periodic rather than routine. The Global Fund Country Coordinating Mechanism (CCM) could be strengthened to ensure greater collaboration and participation of a range of stakeholders.

Civil society engagement

“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 partners)

Civil society organisations are viewed as essential delivery partners to ensure the UN mandates are achieved. They are addressing the needs of key populations and vulnerable groups, in terms of both HIV and VAWG. There is strong recognition of the important role they play in ensuring services are available for these groups. UN stakeholders generally reported favourably with regards the role of civil society organisations, recognising their flexibility and deep connections at the community level.

Funding for HIV focused organisations mainly comes from the Global Fund with some ad hoc funding through UNAIDS and other UN organisations. There is no domestic funding available to support HIV prevention programmes of the community response.

For civil society organisations, a different picture was reported depending on whether they were in regular receipt of UN financing. There are approximately 3 or 4 organisations who regularly benefit from funding from the UN whilst the others feel that they are neglected and missed out. Some of these organisations complained of a lack of transparency with how funding decisions are made.

“There are many associations working on HIV in existence, but it is always the same ones that are requested by the Joint Programme, making the other associations invisible. The choice of associations by the Joint Programme lack transparency.” (CSO stakeholder)

A few other associations explained that they were frequently asked to be involved in UNAIDS interventions and were engaged with them from inception through to implementation. Occasionally they approach UNAIDS for support for particular activities, which they then develop together. However, they concluded that *“other agencies get little funding for HIV”* (CSO stakeholder).

One of the most common challenges reported by a number of civil society respondents was related to the “one-off actions” that are their most common interaction with the UN, many of them had participated in one study or another, gathering their participants and community groups together in a focus group discussion, or bringing people to attend a workshop or meeting, but that these do not represent sustainable or meaningful engagement:

“One off actions do not make it possible to judge sustainability” (CSO stakeholder)

Meaningful involvement

Women and girls in their diversity and key population groups are consulted with and brought into many activities and research events, largely facilitated by their membership of various associations. There were no mentions of any more meaningful mechanisms for participation.

The CCM which is one of the principal ways to ensure meaningful civil society engagement has not functioned for some time, this is being revitalised with UNAIDS’ support.

Government stakeholders suggested that key populations are mostly involved as peer educators, and are at the heart of the Global Fund programme. One stakeholder suggested that men who have sex with men are better networked and more vocal in Algeria, whilst women, and women living with HIV are particularly marginalised, despite the number of women living with HIV increasing in the country.

Stakeholders reflected that certain groups are involved in programmes as recipients, or beneficiaries but not necessarily as meaningful participants.

*“No, a woman [living with HIV] has never been part of her decisions because of the stigma and the discrimination she confronts - she is never free to make her own decisions in this life”
(focus group participant)*

3.5 Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

Collaboration among UN organisations working on HIV is reported to work very well. Without exception, all UN stakeholders reported that UNAIDS coordinated the work well, and that they felt informed and updated. They have a joint plan and each organisation brings its own budget which mainly comes from their respective headquarters, and the budgets are brought together to support the joint plan. The allocations from the UBRAF are very small and not all co-sponsors are in receipt of those funds. There were examples cited of joint work undertaken by various UN organisations, particularly during international days, such as the most recent set of activities that were coordinated for 16 days of activism, that brought together UNDP, UNFPA, UNAIDS and UNHCR.

“Our general experience with ‘One UN’ and the JP is that it works very well for us. It is coordinated by UNAIDS very well. The way we work with HIV and gender works very well and this could be a model that could be shared with other thematic areas in the country. We have also done joint visits with UNFPA, UNICEF, WHO and UNAIDS. There is a good level of collaboration” (UN co-sponsor organisation, Algeria)

The coordination among health agencies appears to work very well, according to one key informant. Organisations including UNAIDS, UNFPA, UNICEF and WHO all work together to ensure integrated services, many of them are collaborating together with the Ministry of Health.

One area that could be improved according to one stakeholder was to bring agencies together that are working on all aspects of human development, rather than just health to ensure a more holistic and integrated response.

The Gender Thematic Working Group had been coordinated by UN Women until they left the country in 2018. A leadership vacuum of the gender agenda was left by their departure. The group is now well coordinated by UNFPA and the Resident Coordinator’s office now co-chair the group. The workplan for the thematic group has identified a number of small-scale joint initiatives to improve coordination with regards to gender equality. The only mention of VAWG is in relation to joint plans for the 16 Days of Activism.

4. COVID-19 context

During the COVID-19 pandemic a number of issues were reported with regards to the delivery of the HIV programme, in particular accessing HIV treatment was a challenge as many people were not leaving the house to get their treatment from the hospitals. Referral Centres (CdR) continued working to provide care and treatment of people living with HIV, with COVID-19 secure spaces, but many people did not want to attend these hospitals. Transport between Wilayas was interrupted for many months, which further impacted on people’s access to these services. Civil society associations were able to manage the supply of ARVs through mobile units. UNODC for example contracted three civil society organisations (AIDS Algeria, ANISS, and APCS) who supported 150 outreach workers 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. More than 1,000 people

who use drugs were able to access essential harm reduction services that had been impacted due to COVID-19.

Research commissioned by UNFPA (Ait-Zai, 2020) on the availability of GBV services during COVID-19, showed that the majority of services being offered by associations were not interrupted. 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. These included 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. But it also underlined the importance of ensuring a continuity of funding for these essential services such as reception centres, refuges for women survivors, and telephone helplines.

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.

UNFPA supported MOH to develop three radio / TV spots on integrated services SRH during COVID-19, including for young people. A number of virtual prevention activities were undertaken.

5. Conclusions

HIV and VAWG programming are largely delivered separately in Algeria. However there have been some recent examples of work which explore these intersections, and some indication that there is an increasing awareness and recognition of the importance of integrating these issues. HIV programming is largely delivered through the health system and the community led response is inadequately, and precariously funded by the Global Fund who is transitioning out of the country. Much of this work is being pushed to civil society organisations, who have very little funding with which to address these issues.

The Government shows strong leadership for the HIV response, but the national response to violence against women and girls is less comprehensive.

The focus on key populations does not take into account the gendered nature of the HIV epidemic and issues of VAWG that affect women in their diversity. A greater understanding of how women in their diversity who are also members of key population groups are affected by these issues is critical to ensure a gendered and transformational approach to both HIV and VAWG prevention and response.

The expertise and technical support provided by UNAIDS and other UN organisations is highly valued by government partners and civil society organisations alike. Coordination and collaboration among stakeholders is generally strong, but hampered by a lack of resources to work together on more than just one-off awareness raising or training events.

Civil society organisations working in HIV prevention and response appear to be very well connected with women in their diversity, including key populations. However, these associations are not present in all locations in the country, therefore some women in their diversity are not supported. This coupled with the fact that a number of associations do not receive any support from UN or Global Fund. There are a handful of CSOs that are seen as trusted allies by UN agencies, with capacity to deliver whilst other organisations appear to be unable to access support, either due to the limited resources available or a lack of understanding of how funding decisions are made.

UNAIDS could play a strong role in bringing together organisations with different levels of capacity to work together, thereby supporting a strong platform from which to advocate and strengthen these linkages.

The short term nature of the UN systems' planning cycle and funding flows in Algeria make longer term gender transformative engagement challenging to achieve.

6. Considerations and future opportunities

Better data is required on the prevalence and types of violence against women and girls. The last national prevalence survey was conducted in 2006, and there have been a few small-scale studies conducted more recently, which mostly rely on focus group discussions and surveys. These do however, point to a significant epidemic of VAWG across the country. Having robust national data would strengthen stakeholders' ability to advocate and respond to this.

Gender and intersectionality could to be better addressed in the focus on key populations. The HIV programme prioritises support for key populations however, there is little evidence of how it accounts for the differing needs of women in their diversity in relation to prevention and response programmes. The gendered nature of the epidemic is largely not explored, other than among a few associations and in one off activities, which results in issues of vulnerability and experience of violence being neglected.

Strengthen the understanding of stigma and discrimination as a form of VAWG. The upcoming development of a national strategy on stigma and discrimination should consider how to ensure the meaningful involvement of all key stakeholders, including unpacking the nature of stigma and discrimination as a form of violence against women and girls in their diversity.

Explore opportunities to support longer term, multiple year programmes that provide secure funding for community-led, women's rights organisations working at the intersections of VAWG and HIV, through ongoing resource mobilisation work. This could include consultation around a more transparent and open process for funding allocations among civil society organisations, or supporting coalition building among like-minded organisations to deliver more transformative approaches at a greater scale.

Build Internal capacity across UN organisations to improve understanding and awareness of gender transformational approaches and the intersections of HIV and VAWG to support greater integration of these twin issues into programmes.

Consider how to maximise the available entry points for greater integration of HIV into VAWG programmes and vice versa that exist across many of the co-sponsor organisations, whether in small-scale, one-off training and capacity events, or larger programmes working with key populations (i.e. prisoners, migrants, refugees, women living with HIV etc). Raising awareness among co-sponsors and implementing partners of these opportunities could help deepen this focus on integration.

Address the evidence gap. There is need to improve the monitoring and documentation of programme implementation, and achievements in order to meaningfully assess the effectiveness and results achieved.

Annex 1. Key HIV data

New cases

	2010	2015	2019
New HIV cases (women)	<500	760	900
New HIV cases (men)	610	920	1100

90-90-90

	First 90: percentage of people living with HIV who know their status	Second 90: percentage of people who know their status who are on treatment	Third 90: percentage of people living with HIV on treatment who are virally suppressed	Viral load suppression: Percentage of people living with HIV who are virally suppressed
Women (15+)	79	87	74	55
Men (15+)	73	85	74	46

https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

Key Populations ⁱ

	Sex workers (2019)	Men who have sex with men	People who inject drugs
HIV prevalence	7.21%	2.3%	2.2%

i. IBBS study referenced in the PNS 2020-2024

Annex 2. List of documents reviewed

1. Algeria Country Summary Report, 2016
2. Algeria Country Summary Report, 2017
3. JPMS Algeria country reports, 2018
4. JPMS Algeria country reports, 2019
5. JPMS Algeria country reports, 2020
6. Algeria - Joint Plan 2018 - 2019 revision
7. Algeria 2020-21_ Joint UN Plan
8. ALGERIA 2020-2021 Joint UN Plan: One-page summary
9. UNCT SWAP gender scorecards Report Algeria 2020 -FINAL 18 dec 2020
10. Cadre de cooperaton strategique (CDCS) Algerie, 2016 - 2020
11. Cadre de cooperaton strategique 2019 - 2021
12. *Plan National Strategique pour la lute contre IST / HIV, 2016-2019*
13. *Plan National Strategique pour la lute contre IST / HIV, 2020-2024*
14. *Strategie nationale de lutte contre la violence à l'égard des femmes*
15. Stigma Index, 2015
16. UNAIDS Data, 2019. https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf
17. La Violence sexuelles a l'encontre des adolescentes en Algerie, 2015 (MSNFC)
18. Etude CAP en santé de la reproduction et de planning familial et IST/VIH- 2017
19. Enquête par grappes à indicateurs multiples MICS 4- 2012-2013 –
20. Rapport- Algeria - Analyse rapide - Cartographic VBG-VIH-COVID 19. AIDS Algeria, 2020
21. Situational analysis and mapping of interventions for women living with HIV and sex workers who experience GBV in the context of COVID
22. Ait-Zai, Nadia (2020) *Prise en charge des Femmes et des Filles Victimes de Violence Basee sur le Genre Durant la Pandemie COVID-19*. UNFPA / Groupe Thematique Genre
23. Ait-Zai, Nadia (2020) *Prise en charge des Femmes et des Filles Victimes de Violence Basee sur le Genre Durant la Pandemie COVID-19: Enquete rapid en ligne realisee pour le FNUAP, November 2020*
24. Zertal, Amel and Bourbouba, Othmane (Dec 2020) *Dialogues Communautaires avec les femmes victims de violence base sur le genre liee aux IST / VIH dans le context COVID-19*
25. Zertal and Belacel, 2019 *Project "LEARN' MENA. Atelier d'orientation sur le lien entre la violence base sur le gendre et le VIH. Rapport de l'atelier*. El Hayet, ONSIDA, Frontline Aids, MENA Rose, Aids Algeria, Dec 2019
26. *Linkages between HIV and Gender based violence in the Middle East and North Africa: key findings from the learn MENA project*, Nov 2018. Frontline AIDS / MENA Rosa / UNAIDS
27. Presentation-Analyse rapide GBV-28 dec 2020
28. Note conceptuelle FGDs-VBG-VIH-COVID19-29112020
29. Rapport final FGD –VBG- 16 jours d'activisme
30. 16 jour campagne conjointe SNU_15 oct 2020
31. <https://www.mei.edu/publications/algeria-war-against-women>
32. Proposition de programme conjoint UNFPA-UNODC en appui aux efforts nationaux contre la violence faites aux femmes et aux filles

Annex 3. List of key informants

Type of stakeholder	Organisation/ institution	Name	Job title/ role
UN	UNAIDS Country Office	Adel Zeddami	Country Director
UN	Resident Coordinator's Office	Eric Overvest	Resident Coordinator
UN	Resident Coordinator's Office	Jenny Andersson	Coordinator- Gender Thematic group co-lead
UN	UNFPA	Badia Hadouche	HIV focal point
UN	UNFPA	Ouahiba Sakani	Representative and Gender Thematic Group co-lead
UN	UNHCR	Wafa Khemri	Gender Focal point
		Chafik Meziani	HIV Focal Point
UN	UNICEF	Ilyes Kessal	HIV Focal point
UN	UNODC	Samia Chouchane	Head of Office
UN	IOM	Kheira Djoudi Flavia Giordani	Gender Focal Points
UN	UNDP	Karima Osmani	HIV Focal Point
UN	UNAIDS Regional Support Team (MENA)	Simone Salem	Regional Adviser
Global Fund	Global Fund	Lilian Pedrosa	Portfolio Manager
Government	Ministry of Health	Dr Hammadi Samia :	Directrice des maladies transmissibles
Government	Ministry of Health	Dr Sid Mohand Hakim :	Chargé du programme IST/VIH/Sida
Government	Ministry of Health	Pr Amrane Achour :	Président du CCM
Civil Society	AIDS Algérie: Association pour l'Information sur les Drogues et le Sida	Mr Othmane Bourouba	President
Civil Society	AnisS: Association de lutte contre le SIDA	Mme Traidia Nadjla	President
Civil Society	APCS: Association de protection contre le sida en Algérie	Mr Tadjeddine Abdelaziz	President
Civil Society	El Hayet Association des PVVIH	Mme Nawel Lahoual	President
Civil Society	FARD : Femmes Algériennes revendiquant leurs droits	Mme Boufenik Fatma	President
Civil Society	Réseau Wassila/Avife : Association contre les violences faites aux femmes et aux enfants)	Mme Abed Aicha	Member
Civil Society	Solidarité AIDS: Association de prévention et de lutte contre le Sida	Mr Boufenissa Hacene	President
Civil Society	Rev+: association de femmes vivant avec le VIH	Mme Azzi Ahlem	President
Civil Society	Collectif TBD Sfindja	Mme Chebboub Lina	President
Civil Society	El Hayet	Dr Zertal Amel	Consultante
Civil Society	AIDS Algérie	Mme Mahiddine Lynda	GBV helpline manager / responsable de la

			cellule d'écoute pour la VBG
Civil Society	AIDS Algérie	Mme Kaddour Mériem	Mediator Médiatrice de la cellule d'écoute VBG
Representatives of Women in their diversity	Refugee women	Michel, Nadia, Tinumo, Scovia, Atema, Zina and Charlotte	
Representatives of Women in their diversity	Representatives of key population groups, female sex workers and people who use drug	Asma, Radia, Akila, Maya, Houda, Hadjer	

Annex 4. Evaluation Matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>

<p>O4. Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response</p>	<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>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p>
<p>COVID-19 context</p>	<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>

Argentina Review Report

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Executive Summary

The purpose of the independent evaluation of the work of the UNAIDS Joint Programme on preventing and responding to violence against women and girls is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. The evaluation uses nine country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Argentina.

Country Context

HIV: According to the Ministry of Health of Argentina, each year there are 6,500 new cases of HIV. This had remained stable over the last ten years, but recently there has been some variation, including an increase in new cases among women aged 45-59 and among men aged 15-24.¹³ In 2019 there were an estimated 44,000 women living with HIV compared to 91,000 men, and a prevalence rate of 0.4% among adults aged 15-49. Among sex workers (estimated population 74,900), prevalence is 5.4%. An estimated 6,300 people in Argentina use drugs (this figure is not disaggregated), and there are approximately 5,400 transgender people according to UNAIDS statistics.¹⁴

VAWG: Official statistical data on gender-based violence is a pending issue in Argentina. The data that has been collected is fragmented, diverse and unreliably collected. Both the Committee of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women and the Committee of the Convention on the Elimination of All Forms of Violence against Women are calling on the government of Argentina to provide reliable data on violence, and one activity under the Spotlight Initiative will be to conduct a national prevalence survey on violence against women and girls.¹⁵ To give an indication of the rates of violence, data gathered in 2015 shows 26.9% of women experience physical and/or sexual intimate partner violence in their lifetime, and 12.1% experience non-partner violence in their lifetime.¹⁶ Argentina also has high rates of femicide, with one woman killed every 32 hours, according to the Women's Office of the Supreme Court of Justice. In 2018, the hotline created to assist women experiencing violence received 169,014 calls. Eight out of every 10 women calling the hotline reported they had been abused over a period of more than one year; four out of 10 reported that they had been the silent victims of violence for over five years.¹⁷

¹³ Evaluación MECNUD 2015-2020 <https://argentina.un.org/sites/default/files/2020-12/INFORME%20FINAL-EVALMECNUD.pdf>

¹⁴ <https://www.unaids.org/en/regionscountries/countries/argentina>

¹⁵ Spotlight Initiative to eliminate violence against women and girls (2018) Country Programme Document Argentina. November 2018

¹⁶ Ministerio de Justicia y Derechos Humanos de la Nación. 2017. Primer Estudio Nacional sobre Violencias contra la Mujer 2015, Basado en la International Violence Against Women Survey (IVAWS), 1a ed. Ministerio de Justicia. Ciudad Autónoma de Buenos Aires: Ediciones SAIJ, cited in <https://evaw-global-database.unwomen.org/en/countries/americas/argentina?formofviolence=b51b5bac425b470883736a3245b7cbe6#1>

¹⁷ Valent, R (2020) Tackling femicide in Argentina: a UN Resident Coordinator blog, January 17, 2020. <https://news.un.org/en/story/2020/01/1055452>

Current data on violence against women living with HIV is also lacking: the most recent study on this was in 2012 by civil society organisation FEIM, which found that 86% of women living with HIV had experienced violence, many at a very young age, and in 2017 FEIM noted that ‘the responses are still inadequate and there is a great lack of attention to violence given its role in relation to HIV among women’.¹⁸ The 2021 Stigma Index highlights that violence against women living with HIV in all their diversities is an ongoing problem.¹⁹ Sex workers and trans women are among the key population groups particularly affected by violence. Trans people as a collective have been systematically excluded from formal education systems, which in turn excludes them from both formal and informal labour markets. As a direct consequence, 90% of trans women make their living through sex work, and are exposed to high levels of male violence, including from police.²⁰ Trans people in Argentina have a life expectancy of 35 to 41 years.²¹

Methodology

The evaluation team consisted of a core team member, a national consultant and an Accountability Advisory Group member. In total, 36 people were interviewed, from national and provincial government organisations, co-sponsors, academia, civil society, and women living with HIV and from key populations. In addition, 48 documents were reviewed.

The evaluation is based on four outcome areas identified in the evaluation theory of change, and an additional area of examination of Covid-19 adaptations.

Headline findings by outcomes

Outcome 1 – Does the Joint Programme response to HIV integrate appropriate VAWG prevention and response, and is it gender transformative?

The Joint Programme has a strong focus on addressing inequalities based on sexual orientation and gender identity and expression. It has done ground-breaking work to promote human rights, such as in its work on the rights of trans children and young people, and access to decent work for trans people. Concrete examples of integration of the links between HIV and VAWG can be found in specific projects and programmes in Argentina, such as the recent Stigma Index 2.0 report, which uniquely in Stigma Index history includes a section on women, HIV and violence, and the University of Cuyo’s Joint Programme-supported post-graduate diploma in human rights and HIV. There are many more examples of UN programming to addresses stigma and discrimination against trans women, sex workers and other key populations by changing norms, and practices and increasing access to rights. Programming with key populations promotes access to rights and does not always appear to explicitly address HIV or the links between HIV and VAWG. The work of the Joint Programme on HIV is transformative in terms of sexual orientation and gender identity and expression. There is less evidence of a focus on addressing the links between HIV and violence against women and girls, or the intersectional power inequalities and gender norms that drive gender inequality as it impacts on women in key populations and women and girls living with HIV (including those who are cis and heterosexual).

¹⁸ FEIM (2017) VIH y violencia de género: dos caras de la misma moneda. <http://feim.org.ar/2017/12/04/vih-y-violencia-de-genero-dos-caras-de-la-misma-moneda/>

¹⁹ RAJAP et al (2021) Índice de Estigma y Discriminación hacia las personas con VIH en Argentina 2.0. <https://www.ar.undp.org/content/argentina/es/home/library/poverty/IndiceEstigmaDiscriminacion.html>

²⁰ Akahatá et al (2016) Informe CEDAW: situación de los derechos humanos de las travestis y trans en la Argentina https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/ARG/INT_CEDAW_NGO_ARG_25486_S.pdf

²¹ Redacción La Tinta (2018) Ser trans en Argentina <https://latinta.com.ar/2018/03/ser-trans-argentina/>

Outcome 2 – Does UN VAWG programming integrate appropriate HIV prevention and response and is it gender transformative?

Most of the UN's VAWG work in Argentina is under the Spotlight Initiative, which focuses on femicide. There is some key population representation on the Spotlight civil society reference group. However, HIV is not a specific theme of the programme, and it does not address the bidirectional links between VAWG and HIV, or work to reduce violence against women living with and affected by HIV (including sex workers, trans women, women detainees, women who use drugs and women from other population groups particularly affected by HIV). UNAIDS is not a Spotlight partner, although there is coordination with the Joint Team through the gender working group, and UNAIDS was involved in the programme design. Generally, UN work on VAWG in Argentina aims to be gender transformative and change laws, policies, norms and practices related to gender inequality, but does not address the links between HIV and VAWG, and generally does not include networks of women living with HIV.

Outcome 3 – Does the UN programme enhance national ownership of the VAWG and HIV response, and accountability to women and girls?

The UN's support to the national VAWG and HIV responses is welcomed and well-regarded. National legislation is progressive, with supportive laws on gender identity, violence against women and girls, and the recent approval of the abortion law. Implementation of these laws can be challenging and varies from one part of the country to another. There is a particular role for the UN in supporting the implementation of progressive national legislation at provincial level and in areas where more conservative attitudes are found.

Civil society activism and agency is strong in Argentina, and often it is civil society and organisations, including organisations of women and girls, that lead the way and set the agenda, despite an acute lack of funding. The sustainability of the community response to HIV is extremely fragile, and there is no explicit UN strategy to build the sustainability of civil society and women-led organisations. Enhanced UN accountability to women and girls for work on HIV, VAWG, and the links between these, could be achieved through greater transparency in relation to funding, prioritisation and focus, and more deliberate accountability feedback mechanisms to women and girls in their diversity living with HIV and from key populations.

Outcome 4 – Does the UN programme enhance collaboration among Joint Programme organisations working on HIV and VAWG prevention and response?

Collaboration among Joint Programme partners is reported to work well. There are active inter-agency groups on HIV, gender, and zero discrimination which are valued by UN stakeholders. There is broad support for work on HIV and VAWG across the UN system, though there are missed opportunities to address the links between HIV and VAWG. The UNAIDS Argentina staff team is highly regarded by all UN respondents. This small team of five people covering four countries (Argentina, Paraguay, Uruguay, Chile) achieves a remarkable amount considering the challenges of staffing and funding it faces.

Covid-19 adaptations

While it was not possible to assess the size, scale and coverage of the UN response to COVID-19, interviewees from UN and civil society felt that UNAIDS and co-sponsors were able to react quickly and provide support to organisations of people living with HIV and key populations during the lockdown, including through medication and food distribution. UNAIDS also mobilised to ensure that sex workers and trans people were covered by Covid-19 social protection measures. VAWG programming also reacted to the changing circumstances, by increasing VAWG hotline capacity,

including the hotline for men involved in situations of violence against women and girls. There was also work by UNHCR and IOM to support mobile populations (particularly Venezuelans, but also people stranded in Argentina when borders closed and travel restrictions were imposed), including violence prevention and response, and linking people to HIV services.

Considerations emerging from the findings

1. Collection of data and up to date research on violence against women and girls living with HIV in all their diversities:

- The last study on violence against women and girls living with HIV was the FEIM study conducted in 2011-2012. The evaluation team notes that UNFPA has recently approved US\$20,000 to support ICW Argentina to apply the methodology used in a recent regional study of violence against women and girls living with HIV in 7 countries in Latin America and the Caribbean. This will be a useful contribution to the data, enabling HIV and VAWG programme planning and advocacy to focus on specific priorities and needs of women and girls living with HIV in all their diversities.
- UNDP could ensure the forthcoming national survey on violence against women and girls specifically includes women living with and affected by HIV and HIV/VAWG links.

2. Entry points for greater integration of HIV into VAWG programmes and vice versa exist across many of the co-sponsor organisations, whether in small scale one off training and capacity events, or larger multi-year programmes, e.g.:

- Actively integrate HIV/VAWG links into Spotlight programming.
- Explicitly include both HIV/VAWG links in ongoing UN work on masculinities, and ongoing work with trans and other LGBTI+ women, sex workers, prisoners, women who use drugs, migrants, refugees, Indigenous women, and other groups.
- Explicitly integrate VAWG in work with women living with HIV in their diversities.
Development of some agreed minimum standards for bi-directional integration of HIV and VAWG programming could help. For example, one minimum standard could be for work on VAWG to explicitly consider the specific impact of VAWG on women and girls living with HIV in all their diversities, including how VAWG impacts their relationships, their SRHR, access to HIV treatment, prevention of vertical transmission, respectful maternity care, mental health and well-being, livelihoods, etc. Another could be for work on masculinities to include exploring men's reactions to women getting a positive HIV test result, how male violence can prevent women accessing HIV care, treatment and support, etc.

3. Development of a joint action plan on the links between HIV and VAWG in Argentina. Among different UN organisations within the Joint Programme, there are different priorities and different understandings of the links between HIV and VAWG. The development of a joint plan of action on the links between HIV and VAWG in Argentina would enable greater integration of these twin issues into programmes, and increase mutual accountability for work at the intersections of HIV/VAWG within the Joint Programme. This could build on work done by WHO on the four pathways linking HIV and VAWG,²² the Consolidated Guideline on SRHR of Women

²² See WHO and UNAIDS (2013) Sixteen ideas for addressing violence against women in the context of HIV epidemic: a programming tool
http://apps.who.int/iris/bitstream/handle/10665/95156/9789241506533_eng.pdf;jsessionid=A42AB89B3A6251BED4F8494C1D5A8002?sequence=1

living with HIV²³ (which integrates violence in all its manifestations), and UNAIDS's ALIV[H]E framework.²⁴

- 4. The Joint Programme could explore external opportunities to support longer term, multiple year programmes that provide secure funding for women's rights organisations working at the intersections of VAWG and HIV.** Civil society is active and has agency in Argentina, but is lacking in financial resources with consequences for continuity and sustainability. The major HIV donors such as PEPFAR and the Global Fund do not operate in Argentina, so funding is a huge issue, with much of the work of civil society actors taking place on an unpaid basis and fitting around paid work in other areas. The Joint Programme could undertake consultation around a more transparent and open process for funding allocations among civil society organisations, or supporting coalition building among like-minded organisations. It could also lead the development of a UN strategy to build the sustainability of civil society and women-led organisations working at the intersections of HIV and VAWG, and advocate for international funding to support this.

- 5. Transparency and accountability. Making information publicly available about the funding allocations, expenditure and grants to civil society of UNAIDS and Joint Programme co-sponsors would increase transparency.** The Joint Programme could also explore with women and girls living with HIV and women and girls from key populations how to increase UN accountability to them.

²³ WHO et al (2017) Consolidated guideline on sexual and reproductive health and rights of women living with HIV. <http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf?sequence=1>

²⁴ UNAIDS et al (2017) Action Linking Initiatives on Violence Against Women and HIV Everywhere, ALIV(H)E framework https://www.unaids.org/en/resources/documents/2017/ALIVHE_Framework

List of acronyms Argentina

AMMAR	Asociación de Mujeres Meretrices de Argentina (Argentina Association of women sex workers)
ATTTA	Asociación de Travestis Transexuales y Transgéneros de Argentina (Argentina Association of Transvestites, Transsexuals and Transgender people)
CO	Country Office
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
LAC	Latin America and the Caribbean
ECM	Early and child marriage
eMTCT	Elimination of mother to child transmission of HIV ²⁵
EU	European Union
FEIM	Fundación para Estudio e Investigación de la Mujer
GBV	Gender based violence
GFATM	Global Fund to fight AIDS, TB and Malaria
HIV	Human immunodeficiency virus
ICW	International Community of Women living with HIV
IFI	International Financial Institutions
ILO	International Labour Organisation
IMF	International Monetary Fund
INADI	National Institute Against Discrimination, Xenophobia and Racism
IOM	International Organisation for Migration
JPMS	Joint Programme Monitoring System
LGBTI+	Lesbian, gay, bisexual, transgender, intersex, and other non-binary gender identities
LBTTTIQ+	Acronym used in Argentina for lesbian, gay, bisexual, transgender, transsexual, intersex, queer and other non-binary gender identities and expressions
MECNUD	Marco Estratégico de Cooperación del Sistema de Naciones Unidas para el Desarrollo, República Argentina (United Nations Strategic Cooperation Framework for Development, Republic of Argentina)
MIC	Middle Income Country
PEP	Post-exposure prophylaxis

²⁵ Note: the evaluation team uses the term 'vertical transmission' rather than 'mother-to-child transmission', in line with the preferences of networks of women living with HIV.

Plan ENIA	Plan Nacional de Prevención del Embarazo No Intencional en la Adolescencia
PMTCT	Prevention of mother-to-child transmission of HIV ²⁶
PrEP	Pre-exposure prophylaxis
RADAUD	Red Argentina para los Derechos y Asistencia de las Personas con VIH (Argentina Networks for the Rights and Support of People with HIV)
RAJAP	Red Argentina de Jóvenes y Adolescentes Positivos (Argentina Network of Young People and Adolescents with HIV)
RCO	Resident Coordinator's Office
R4V	Coordination group for support to Venezuelan Refugees and Migrants
SDG	Sustainable Development Goals
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
TAAG	The Accountability Advisory Group for this evaluation
UCD	UNAIDS Country Director
UN	United Nations
UBRAF	UNAIDS Unified Budget Results and Accountability Framework
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	UNAIDS Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence against women and girls
WB	World Bank
WFP	World Food Programme
WHO/PAHO	World Health Organisation / Pan-American Health Organisation

²⁶ Idem.

1. Introduction

1.1 About this evaluation

The purpose of the independent evaluation of the work of the Joint Programme on preventing and responding to violence against women and girls is to assess the Joint Programme’s accountability to end VAWG, including in humanitarian settings, and how it addresses the bi-directional nature of VAWG and HIV. This includes assessing the results achieved and resources invested; identifying lessons learned; and developing practical recommendations to support learning and evidence-based decision making for future programming.

The evaluation focuses on Joint Programme efforts to support countries to implement transformative approaches for addressing gender equality, HIV and VAWG, in collaboration with women’s and adolescent girls’ and young women’s groups and relevant civil society networks. It focuses at country level on the bi-directional linkages between HIV and VAWG in different contexts, among different groups and different types of violence in various settings, and the extent to which they are gender transformative.

The evaluation uses country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Argentina.

1.2 Joint programme on HIV in Argentina

The UN Joint Programme in Argentina supports the Government of Argentina and its partners in the national AIDS response. UNDP, UNFPA and WHO/PAHO are allocated Joint Programme country envelope funding. Other UN organisations also participate in the HIV inter-agency group coordinated, facilitated and led by UNAIDS.

In 2018-2021 country envelope allocations were as below:²⁷

Argentina	Country Envelope			
Agency	2018	2019	2020	2021
UNDP	52,000	52,000	51,900	51,000
UNFPA	41,000	41,000	42,100	41,500
WHO	87,000	87,000	86,000	87,500
TOTAL	180,000	180,000	180,000	180,000

²⁷ Data provided by Elmer Pagdilao of UNAIDS

The work of the Joint Programme is carried out under the Argentina 2016-2020 Strategic Framework for United Nations Cooperation for Development²⁸ (the MECNUD in its Spanish acronym) which sets out five areas of cooperation:

- Inclusive and sustainable economic development, which includes commitments to decent work policies, particularly for young people, as well as elimination of all forms of discrimination and promotion of gender equality.
- Protection of and universal access to essential services, which includes a focus on maternal, child and adolescent health (including around adolescent pregnancy), communicable and non-communicable chronic diseases, particularly among the most vulnerable populations, reducing the digital divide, and ensuring access to quality services, with a focus on gender and populations who experience significant discrimination.
- Citizenship and promotion of human rights, including public policy to reduce inequality and all forms of discrimination and/or violence on the basis of gender, age, sexual orientation, ethnicity, nationality and disability.
- Environment.
- Sustainable development cooperation.

UNAIDS was lead organisation for Results Area 3: Citizenship and promotion of human rights. The MECNUD 2016-2020 has been evaluated, and found that the most significant achievements had been in this area. The UN contributed to the development of public policies and regulatory frameworks aimed at reducing inequalities, discrimination and violence based on gender, age, sexual orientation, ethnicity, nationality and disability. In addition, it facilitated access to justice for different vulnerable groups and to a lesser extent contributed to the protection of cultural diversity.²⁹ See Annex 4 for relevant extracts of the MECNUD evaluation in English.

The MECNUD includes two indicators that refer specifically to HIV, namely:

- Indicator 4.3: Percentage of people with HIV receiving antiretroviral treatment (Baseline (2013): 52,034 (47%); Goal (2020): 90,720 (90%)).
- Indicator 7.1: Degree to which public policies incorporate human rights, gender, life course and intercultural approaches, and focus on the LGBTI collective, people deprived of liberty, people with HIV, people who use drugs, refugees and asylum seekers, ethnicity, nationality and disability. This is within Results Area 7 (3.1): Implementation of public policies to prevent, address and reduce inequalities and all types of discrimination and/or violence on the basis of gender, age, sexual orientation, ethnicity, nationality or disability.

The Joint Programme is also guided by the 2016-2021 UBRAF, which is designed to be:

- Strategic – supporting the Fast-Track approach and focusing on a limited number of measurable results;
- Catalytic – addressing critical capacity gaps and structural challenges; leveraging funding from different sources;
- People-centred – the Joint Programme promotes a people-centred response, leaving no one behind.³⁰

²⁸ Naciones Unidas (2015) Marco Estratégico de Cooperación del Sistema de Naciones Unidas para el Desarrollo, República Argentina, 2016-2020 (MECNUD).

²⁹ Univ Nacional de San Martín (2020) INFORME FINAL SDP NRO. 06/19 Evaluación Final del MECNUD 2016-2020 de Argentina, Mayo 2020 <https://argentina.un.org/sites/default/files/2020-12/INFORME%20FINAL-EVALMECNUD.pdf>

³⁰ UBRAF 2016-21

In Argentina, it has three high priority areas: HIV testing, treatment and prevention of vertical transmission; HIV prevention among key populations; and human rights, stigma and discrimination.

Argentina has also adopted a Fast-Track Cities approach, looking for innovative ways to offer programmes to key populations in Buenos Aires, the city of Mendoza, Cordoba, Godoy Cruz, Guaymallen, Rosario and 22 municipalities in the country.³¹

In 2019, the country envelope budget for Argentina included only US\$3,000 for SRA5 Gender inequality and GBV, allocated to UNDP. The total budget was allocated against Strategic Results Areas as follows:³²

Strategic Result Area	WHO	UNFPA	UNDP
SRA 1: HIV testing and treatment	20000		
SRA 1: Humanitarian emergencies			
SRA 1: Cities fast-track HIV services			5000
SRA 2: eMTCT	25000	15000	
SRA 3: HIV prevention among young people	10000	15000	15000
SRA 4: HIV prevention among key populations	10000		15000
SRA 5: Gender inequality and GBV	<u>None</u>	<u>None</u>	<u>3000</u>
SRA 6: Human rights, stigma and discrimination			15000
SRA 7: Investment and efficiency			10000
SRA 8: HIV and health services integration	20000		2000
Totals	85000	30000	65000

Activities in the 2020-2021 Joint Programme plan are as follows:

1. Regional strategy eMTCT Plus - \$37,015
 - a. HIV and syphilis rapid testing
 - b. Integration of healthcare services
 - c. Communication of algorithms and protocols
 - d. Civil society engagement
2. Combination prevention - \$70,470
 - a. Strategic information
 - b. Focusing on key populations
 - c. Community leaders engagement
3. Human rights, gender, stigma and discrimination - \$58,880
 - a. Stigma Index 2.0 recommendations implemented
 - b. Follow-up of discrimination cases reported

³¹ UNAIDS (2018) Advancing towards 2020: progress in Latin America and the Caribbean <http://www.onusidalac.org/1/images/advancing-towards2020-eng032020.pdf>

³² Data recorded in the JPMS. Note that while the total of US\$180,000 matches the figures provided by Elmer Pagdilao of UNAIDS, the split between organisations is not the same.

4. Access to treatment - \$48,034
 - Prevention and treatment cascades improved
 - Promotion of community-led services implementation
 - Strengthening the pandemic response for key populations

1.3 Country context

Argentina is a federal republic, with an estimated population of 44.5 million, 92% of whom live in urban areas. With a gross national income per capita of US\$11,200 in 2019, Argentina is categorised as an upper middle-income economy, and in the very high human development category (ranked 48th out of 189 countries in 2018). In addition, Argentina is a G-20 major economy and an Official Development Assistance (ODA) recipient, mainly from European Union Institutions, Germany and France.³³

Gender inequality: Argentina's gender inequality index (GII) was 0.358 in 2018, ranking it 81st out of 160 countries and positioning it as the lowest performer in terms of GII compared to other countries with very high human development. The country scored 44.7 out of 100 on the Political Parity Index, mainly because of the low presence of women in the ministerial cabinet or in high-ranking positions in the public administration. The gender gap is even greater in the private sector, where women only hold 25% of the high-ranking positions. Employment rates for women are 20% below men. Argentina has introduced numerous laws to promote and protect human rights and the rights of women including sexual and reproductive rights, the right to a life free of violence, and the rights of domestic workers. LGBTI rights have also gained ground with laws on gender identity and marriage equality. However, there are still challenges in terms of access to these rights throughout the whole country.³⁴

HIV: In 2019, there were 140,000 people with HIV in Argentina. Of these, 44,000 were women, 75% of whom were on treatment. There were 1,794 pregnant women who received ARV to prevent vertical transmission. There were an estimated 5,400 transgender people, 74,900 sex workers, and 6,300 people who use drugs (gender not specified). HIV prevalence in prisons was 2.7% and ARV coverage in prisons 87.4%.³⁵ People aged 13 and over are able to consent to non-invasive interventions, including HIV testing and access to non-invasive SRH including condoms and non-surgical contraceptives.³⁶

During the period covered by the evaluation, Argentina experienced an economic and political crisis. As part of its obligations with IMF, government cuts downgraded 11 out of 22 ministries, including the main counterpart for the implementation of the UBRAF, the Ministry of Health, which was absorbed by the Ministry of Social Development as a secretariat. The head of the National AIDS Programme resigned, stating that the 2019 NAP budget was insufficient to ensure the purchase of antiretrovirals for all patients already enrolled in treatment programmes, and, therefore, would prevent new patients being offered treatment initiation.³⁷

³³ <http://web.undp.org/evaluation/evaluations/adr/argentina.shtml>

³⁴ MECNUD, 2016-2020

³⁵ <https://www.unaids.org/es/regionscountries/countries/argentina>

³⁶ Área Derechos Humanos y Soc. Civil, Dirección de SIDA y ETS Min. Salud de la Nación (2018) Formación en DDHH, diversidad sexual, género y VIH, slides 10,11, 12

³⁷ JPMS, Joint Plan 2018-2019 Revision

VAWG: Argentinian law defines violence against women as *'Any conduct, act or omission, including by the State and its agents, that directly or indirectly, in the public or private sphere, based on an unequal power relationship, affects life, liberty, dignity, and physical, psychological, sexual, economic or patrimonial integrity/autonomy, or personal safety. Indirect violence means any conduct, act, omission, provision, criterion or discriminatory practice which disadvantages women in comparison to men'*.³⁸ Violence against women and girls is a pressing national issue for the government of Argentina in light of high rates of femicide, with one woman killed every 32 hours according to the Women's Office of the Supreme Court of Justice. Good statistical data on violence against women and girls is a pending issue in Argentina, and the data that has been collected is fragmented, diverse and unreliably collected,³⁹ but by way of indication, a 2015 study shows 26.9% of women experience physical and/or sexual intimate partner violence in their lifetime, and 12.1% experience non-partner violence in their lifetime.⁴⁰ In 2018, the hotline created to assist women experiencing violence received 169,014 calls. Eight out of every 10 women calling the hotline reported they had been abused over a period of more than one year; four out of 10 reported that they had been the silent victims of violence for over five years.⁴¹

While violence against women and girls is a government priority, there is also strong pushback among conservative groups in Argentina, who have come together to challenge recent progress on gender equality, abortion rights, gender mainstreaming policies, Comprehensive Sexuality Education and other actions that come under their heading of 'gender ideology'. Movements such as 'no te metas con mis hijos' ('don't mess with my kids') have spread across the country, particularly in the provinces. Different Evangelical and Catholic churches, companies and foundations have been financing activism to challenge gender policies and the promotion of the rights of women and girls.⁴²

The global UNAIDS strategy 2016-2021 recognises the violence women face in different dimensions of their lives (social, cultural, economic and political), and acknowledges that violence and violations of women's rights continue to render women and girls more vulnerable to HIV and prevent them from accessing services and care. Target 7 of the UNAIDS strategy aims that '90% of women and girls live free from gender inequality and gender-based violence to mitigate the risk and impact of HIV.'

While there is a lack of current data on violence against women and girls living with HIV, a 2012 study by civil society organisation FEIM found that 86% of women and girls living with HIV had experienced violence, many at a very early age. FEIM also produced a manual on how to explore this link and how to programme for it (CSO interview), and has worked consistently to draw attention to the links between violence against women and HIV. Nevertheless, in 2017, FEIM stated that 'the responses in Argentina are still inadequate and there is a great lack of attention given to violence despite its links to HIV among women.'⁴³

³⁸ National Law n. 26485 on Integrated Protection to Prevention, Sanction and Eradicate Violence against Women in Interpersonal Relationships, la Ley Nacional n° 26485 de Protección Integral para Prevenir, Sancionar y Erradicar la Violencia contra las Mujeres en los Ámbitos en que Desarrollen sus Relaciones Interpersonales.

³⁹ Spotlight Initiative to eliminate violence against women and girls (2018) Country Programme Document Argentina. November 2018

⁴⁰ Ministerio de Justicia y Derechos Humanos de la Nación. 2017. Primer Estudio Nacional sobre Violencias contra la Mujer 2015, Basado en la International Violence Against Women Survey (IVAWS), 1a ed. Ministerio de Justicia. Ciudad Autónoma de Buenos Aires: Ediciones SAIJ

⁴¹ Valent, R (2020) Tackling femicide in Argentina: a UN Resident Coordinator blog, January 17, 2020. <https://news.un.org/en/story/2020/01/1055452>

⁴² Source: Spotlight (2020) Argentina Annual Narrative Progress Report 1 January 2019 – 31 December 2019.

⁴³ FEIM (2017) VIH y violencia de género: dos caras de la misma moneda. <http://feim.org.ar/2017/12/04/vih-y-violencia-de-genero-dos-caras-de-la-misma-moneda/>

Since then, the most recent National Plan of Action on Gender Based Violence (2020-2022) takes a holistic and intersectional approach to gender-based violence against women, girls and LGBTI+ people, and includes HIV status as an identity factor related to violence. There are also widespread health, institutional and professional practices that violate the rights of women and girls living with HIV and that constitute violence against women and girls as defined in the law.

The Stigma Index report launched in April 2021 notes that in spite of legal and policy advances, the response to HIV in Argentina is inadequate in terms not only of ending the epidemic and achieving HIV-related goals and targets, but also in terms of eliminating gender inequality and all types of violence against women and girls, which increase vulnerability to HIV and ability to manage it after diagnosis. Taking an intersectional approach, the report finds that many women face 'double stigma' because they have HIV and are also part of a marginalised group. Women and girls living with HIV continue to experience violence within relationships, families, communities, workplaces and services. 31% of women surveyed said they had been verbally attacked because of their HIV status. This was more acute among women who have sex with women and lesbians (47%), migrant women (48%) and women belonging to Indigenous populations (54%). Young women experienced more verbal attacks (35%) compared to other age groups. In health services, women living with HIV, and particularly Indigenous women, face violence, disrespect, violation of confidentiality and denial of services. There is still pressure from health workers not to get pregnant; this particularly affected Indigenous women, being mentioned by 23% of those surveyed. The report notes a particular concern around the invisibility of economic violence, obstetric violence, and violence affecting sexual and reproductive freedom – reported to be the types of violence that most heavily impact on women living with HIV.

2. Methodology

The country case study took place between January and April 2021, and involved document review and key informant interviews. The country evaluation team consisted of a core team member (Fiona Hale), a national consultant (Mariana Iacono) and a member of the Accountability Advisory Group (TAAG) (Cecilia Rodriguez).

Stakeholders were identified in consultation with the UNAIDS Country Director and the Community Mobilisation, Human Rights and Gender Advisor for Argentina, Chile, Paraguay and Uruguay, who is based in the Argentina UNAIDS office. Documents for review were suggested by key informants and/or identified by online searches by the evaluation team.

A total of 48 documents were reviewed and 36 people interviewed as part of the case study. The Core Team member interviewed HIV and gender technical staff in UN agencies working in Argentina, and a programme lead at the University of Cuyo. The National Consultant interviewed representatives from government agencies and representatives of civil society organisations and community led networks, with the TAAG member interviewing further civil society representatives and women activists. The evaluation team also presented the methodology and some early findings to UN staff working at the regional level. A full list of stakeholders is in the Annex.

Table 1: Key informant interviews

UN stakeholders (from 9 organisations)	13
Government (national and provincial)	8
Academia	1
Civil society	9
Representatives of women in their diversity	5
Total number of individuals	36

Once most of the interviews were complete the three members of the evaluation team met to discuss key findings. The Core Team member then wrote up the country report which was reviewed in draft form by the National Consultant and the TAAG member.

Limitations:

- The timing of the evaluation was a challenge for data collection in Argentina. January and February are holiday months. The interview process was extended to ensure as much opportunity to interview key informants as possible, drawing a line on March 9, 2021 to enable timely completion of the report. A meeting with UN stakeholders at LAC regional level took place on March 15, 2021, and as a follow-up to this, written input was sought from one further UN respondent. Even so, a number of key stakeholders were not available or did not respond to interview invitations. **A major gap is the lack of an interview with the World Health Organisation (WHO)**, given its role in the Joint Programme particularly in terms of vertical transmission, testing and treatment, and health service integration. The team was also unable to interview INADI (a funded partner of the Joint Programme), and two civil society organisations who are part of the Spotlight Initiative. Representatives of the Ministry of Women and provincial governments of Salta and Jujuy were also contacted for interview, but were not available. After the presentation to regional UN staff, UNHCR was invited to contribute written comments, but at the time of finalising the report had not been received.
- A further challenge was that the evaluation worked in both Spanish (interviews and discussions among the country team) and English (writing of country case study report and inputs to global evaluation). Working across languages caused some challenges for the evaluation team, and translation took time.
- Very few documents or links were shared with the evaluation team, who sought out evaluations, reports, strategies and plans online. This took time, and means that key documentation may have been missed.

See Annex 1 for documents reviewed and Annex 2 for stakeholders interviewed.

3. Findings

3.1 Outcome 1: Does the Joint Programme response to HIV integrate appropriate VAWG prevention and response?

'UNAIDS plays a very important role, and keeps strengthening, and reporting, and pushing. HIV is not just health, but much wider than that – it's about access to rights, stigma and discrimination, institutional violence. In Argentina, we have to keep extending this and working on it, overcoming the 'health' perspective on HIV.' (UN respondent)

Framework for the work of the Joint Programme: The United Nations National Strategic Cooperation Framework for Sustainable Development of Argentina 2016-2020 provides the framework for Joint Programme work. At the time of the evaluation, a new framework was being signed with the Ministry of External Affairs for 2021-2025.⁴⁴

Human rights and a gender perspective are key elements of both frameworks. Interviews reflected UNAIDS's multidimensional approach to HIV, which sees it not so much as a public health issue as a discrimination issue (UN respondent).

Joint Programme priority population groups: The Joint Programme prioritises key and other vulnerable populations (young people, migrants, transgender people, gay men and other MSM, sex workers, prisoners, and people living with HIV). In collaborative Joint Programme work to promote the rights of these population groups, it is interesting to note that HIV is not always mentioned, which may mean missed opportunities to address the links between HIV and VAWG or other forms of GBV (see Table 2 below).

Joint Programme work areas: The work of the co-sponsors for 2020-2021 addresses testing, treatment, health service strengthening (WHO) prevention of vertical transmission (WHO and UNICEF), combination prevention including the female condom (UNFPA), training in prevention and stigma reduction (UNFPA), responding to Covid-19 (UNFPA), access to justice support for trans populations and sex workers (UNDP). While none of these use the terms 'VAWG' or 'GBV', stigma reduction and access to justice address some manifestations of VAWG.

UNAIDS capacity: The UNAIDS team in Argentina is relatively small (3 technical staff, 1 administrative assistant and a driver), and covers four countries in the sub-region (Argentina, Paraguay, Uruguay and Chile). With the limited staffing and budget it has, it covers a lot of ground, and is recognised by stakeholders from other UN agencies, government bodies and civil society as having advanced a progressive agenda on HIV, human rights, gender identity and sexual orientation.

⁴⁴ United Nations and the Ministry of External Affairs, Argentina (2020) [Marco Estratégico de Cooperación de las Naciones Unidas para el Desarrollo Sostenible de Argentina 2021-2025](#)

Table 2: Examples of areas of support under the Joint Programme that address the links between VAWG and HIV⁴⁵

(Note that in some cases, the links are between VAWG and discrimination against key populations)

Areas of work	Examples
<p>Advocacy</p>	<ul style="list-style-type: none"> ▪ Addressing economic violence against sex workers through UNAIDS direct advocacy for this group to be covered by state social protection measures under Covid-19. ▪ UNAIDS advocacy with other UN organisations and government partners on the importance of HIV as an entry point for advancing human rights and Universal Health Coverage (UHC). UNAIDS recently led a series of four national dialogues related to UHC, and are currently developing a report of this process which will be used to guide UHC policy development nationally (UN interview), and according to UNAIDS there is considerable interest in using thinking around UHC to bring together gender, HIV and emergency situations like the COVID-19 pandemic. Note: it is not clear how or if VAWG is an explicit part of these discussions. ▪ UNAIDS has supported dialogues led by the sex worker organisation AMMAR at provincial level as part of advocacy for the withdrawal of Article 86 which penalises the offering of sex on the streets. These dialogues were successful in addressing this manifestation of structural and institutional violence in three Provinces, Mendoza, Santa Fe and Santiago del Estero (UN respondent). However, civil society interviewees from the sex worker community noted that there was little UN work on some forms of institutional violence, for example in eviction cases affecting sex workers (CSO respondent) ▪ UNAIDS provided support to the first visit to Argentina of the Independent Expert on Sexuality and Gender Identity in 2017,⁴⁶ who noted that while there are a number of progressive laws and policies at the federal level, ‘at ground level is the key issue of comprehensive implementation and enforcement. Violence and discrimination are major concerns in many localities. Killings, assaults, harassment and other human rights violations take a major toll among transgender women in particular. Violence against lesbians, often invisible, was also raised as an issue, compounded by the insecurity felt by some with regard to their right to have and retain children. The Independent Expert highlighted the nexus between the situation of lesbian, gay, bisexual or transgender persons and that of other groups, such as women, migrants, migrant workers, refugees, children, youth, the ageing population, persons with disabilities, persons with HIV, detainees,

⁴⁵ The examples listed in Table 2 were identified through interviews with UN, government, academic, civil society organisations and women’s networks, as well as through the document review. All examples are from the evaluation period of 2016-2020.

⁴⁶ <https://daccess-ods.un.org/TMP/7039985.65673828.html>

	<p>indigenous peoples, minorities and people of African descent, and produced some specific recommendations for Argentina that included violence and hate crimes.’</p> <ul style="list-style-type: none"> ▪ UNAIDS also supported the 2016 visit of the Special Rapporteur on VAWG, which made recommendations related to trans women’s lack of access to services.⁴⁷
<p>Trans rights</p>	<ul style="list-style-type: none"> ▪ UNAIDS supported advocacy by trans organisations resulting in a law reserving a 10% quota of public service posts for trans people.⁴⁸ ▪ The Integrated Programme for Trans Inclusion in the province of Santa Fe was a three year partnership between the Under-Secretary for Sexual Diversity Policies, which is part of the Santa Fe Ministry for Social Development, along with the Lesbian, Gay, Bisexual and Trans Federation of Argentina (Federación Argentina de lesbianas, gays, 52bisexuales y trans, FALGBT), UNDP, UNAIDS, ILO and UNFPA. This work is seen as innovative, creating trans inclusion policies, LGBTI community centres, a day centre for trans people, employment and social protection programmes, education protocols for gender diverse people, hormone therapy and gender affirmation services. In 2019 with support from UNAIDS and UNICEF, it published guidance on support to trans and gender non-conforming children and young people.⁴⁹ Note however that this guidance does not mention HIV or violence. ▪ In 2020, under the title ‘Contratá Trans’ (Employ Trans), UNAIDS, UNFPA, and UNDP joined together with the NGO Impacto Digital and the Mocha Celis Trans Secondary School to offer free online training to promote trans inclusion and diversity in the world of work. A first online meeting on May 18 2020 brought together over 1000 people from all corners of Argentina and human resources teams from numerous companies. The training was supported by the Dutch Embassy and the Swedish Embassy.⁵⁰ Note however that documentation reviewed did not find any explicit reference to HIV. This appears to be a missed opportunity to address workplace links between violence and HIV. ▪ UNAIDS in Argentina has been instrumental in advancing the rights of trans and gender non-conforming children and adolescents, and has opened up the policy space and political buy-in to a trans rights agenda, including among UN agencies.

⁴⁷ <https://digitallibrary.un.org/record/1301193?ln=en>

⁴⁸ <https://www.argentina.gob.ar/justicia/derechofacil/leysimple/cupo-laboral-personas-travestis-transexuales-transgenero>

⁴⁹ Subsecretariado de Políticas de Diversidad Sexual, Gobierno de Santa Fe (2020) Infancias y adolescencias trans y de género variable: Orientaciones para su acompañamiento. <https://www.unicef.org/argentina/media/7316/file/Infancias%20y%20Adolescencias%20Trans.pdf>

⁵⁰ <https://www.ar.undp.org/content/argentina/es/home/presscenter/articles/2020/ContrataTRANS.html>

	<ul style="list-style-type: none"> Many UN respondents used gender-neutral language (e.g. niños, niñas, nines) in interviews, indicating their support for trans and gender non-conforming people.
National policy and legislation	<ul style="list-style-type: none"> UNAIDS currently supports the coalition for a new law on HIV, STIs and hepatitis⁵¹ involving networks of people living with HIV and women's networks. Note: It is not clear whether UNAIDS has actively promoted the inclusion in this law of violence against women in relation to HIV, though women living with HIV came together to provide inputs on VAWG, without funding and in a series of meetings held on Sundays so women who work during the week could participate (CSO respondent). UN Women supported the Ministry of Women, Gender and Diversity in developing the National Plan of Action on Gender Based Violence 2020-2022. This plan addresses intersectionality, and includes women living with HIV alongside other groups such as LGBTI+ women, migrants, people of African descent, Indigenous people, people with disabilities, detained people, people on the street, pregnant people. UN Women is also the lead partner on implementation of two aspects of the plan (see Outcome 3 of this evaluation report).
CSE	<ul style="list-style-type: none"> UNFPA was a key actor in getting the law for CSE in the country. The CSE curriculum focuses on rights and gender, and includes violence and abuse, HIV and other STIs (UN respondent).
Prevention of vertical transmission	<ul style="list-style-type: none"> While VAWG is not part of the work UNICEF is mandated for under the UBRAF (UN respondent), the document review identified that 2019 end of year results summary for UNICEF Argentina⁵² which notes results related to respectful maternity care that could potentially have an impact on institutional VAWG in vertical transmission programmes, or provide a building block for this: On International Week for Respecting Childbirth, i) awareness has been raised on the rights of mothers and their families at childbirth, according to Law 25.929, ii) an agreement with the National University of La Plata was signed to introduce a rights-based approach in the education of future health professionals; iii) advocacy actions were taken for the approval of a bill governing the professional practice of obstetricians in the House of Representatives, iv) two studies were initiated to document the implementation of right-based practices in maternities and v) three residence for mothers were open to support mothers during their newborn hospital stay.

⁵¹ Fundación GEP (2018) El proyecto para una nueva ley de VIH, Hepatitis e ITS vuelve al Congreso <https://www.fgep.org/el-proyecto-para-una-nueva-ley-de-vih-hepatitis-e-its-vuelve-al-congreso/>

⁵² UNICEF (2020) 2019 end of year results summary http://files.unicef.org/transparency/documents/ARGENTINA_2019_COAR.pdf

	<ul style="list-style-type: none"> ▪ At provincial level, UNICEF supported training of health workers that resulted in two situation analysis on perinatal health programs in Misiones and Salta; 8 maternities in Salta and Jujuy developed a strategic plan to strengthen the implementation of right-base practices. Four provinces (Córdoba, Santa Fe, Jujuy, and Corrientes) developed situation analysis on vertical transmission of HIV, Syphilis, Hepatitis B and Chagas, to inform policy making.
<p>Research</p>	<ul style="list-style-type: none"> ▪ The Joint Programme supports work by the National Institute against Discrimination, Xenophobia and Racism (INADI, Instituto Nacional contra la Discriminación, la Xenofobia y el Racismo) to map discrimination across the provinces and municipalities of the country based on HIV status, sexual orientation, gender identity, socio-economic background, skin colour and other characteristics (UN interview)⁵³ which will inform the national plan for the elimination of discrimination. ▪ UNAIDS and UNDP funded the Stigma Index 2.0 in an exercise that included many civil society organisations and a number of government institutions including the National AIDS Programme and INADI. (The Joint Programme is also supporting follow-up advocacy work). The exercise was interesting for three reasons: <ul style="list-style-type: none"> – 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 on women of discrimination, stigma and self-stigma 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. (UN interview) <p>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:</p> <p><i>‘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</i></p>

⁵³ See <https://www.argentina.gob.ar/noticias/reunion-del-grupo-de-trabajo-cero-discriminacion-2030>.

	<p><i>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.'</i></p>
<p>Professional training</p>	<ul style="list-style-type: none"> ▪ UNAIDS and UNFPA, in partnership with the Health and Social Sciences Program of FLACSO – Argentina and the Faculties of Medical Sciences and Political and Social Sciences of the National University of Cuyo, have launched a post-graduate diploma on HIV and STIs for healthcare professionals and others. The course is based on human rights, sexual diversity and intercultural approaches, and is unique in Latin America. It challenges discriminatory and exclusionary attitudes that persist on the basis of gender, sexual orientation, gender identity, ethnicity, HIV status, socio-economic situation, etc, and that can be inadvertently promoted in medical training that does not recognise, value and respect people’s rights, including the right to diversity. The course includes modules on: <ul style="list-style-type: none"> ▪ Introduction to HIV and STIs: 32 hours / 8 weeks. <ul style="list-style-type: none"> – HIV and rights: 32 hours / 8 weeks. – Gender and HIV: 32 hours / 8 weeks. – Diversities and adversities: 32 hours / 8 weeks – Violations and vulnerabilities: 32 hours / 8 weeks – Participatory approaches to health: 32 hours / 8 weeks – Transformative practice: 40 hours / 10 weeks <p>The course was launched two years ago. Based on demands from civil servants working with young people, it will be updated this year to create a module on trans childhood, and to strengthen the violence and SHRH module to attract people from sectors other than health (UN and academic respondents).</p>
<p>Integration of HIV and VAWG services</p>	<ul style="list-style-type: none"> ▪ In 2017, UNAIDS and UN Women funded work in Merlo, which has the highest HIV rates in Argentina. This work made explicit the links between HIV, violence against women and girls, and gender equality,⁵⁴ and included support to civil society organisation FEIM, to establish integrated HIV and VAWG services. In this setting, when a woman presents as having experienced violence, she also receives HIV prevention, testing and support, and vice versa. There were initial challenges in that people working on VAW were unwilling to incorporate HIV into their work, but the idea was taken up, and is now an example of best practice, and continues to function as part of the municipal protocol for attention to violence against women. (CSO respondent).

⁵⁴ https://www.unaids.org/es/resources/presscentre/featurestories/2017/march/20170315_oraa

<p>Refugees and migrants</p>	<ul style="list-style-type: none"> ▪ There are an estimated 180,000 Venezuelan refugees and migrants in Argentina. The Joint Programme is part of the R4V platform, which is a sub-regional coalition supporting displaced Venezuelans, coordinated by UNHCR and IOM. Last year UN Women and UNDP ran training on gender for organisations working with migrants (UN respondent). IOM, UNHCR and UN Women collaborated on the publication of a manual for humanitarian actors working with migrants and refugees, especially Venezuelans but also other nationalities, on responding to GBV among migrants (UN respondent). ▪ The Regional Response Plan for Refugees and Migrants from Venezuela, 2021, seeks to strengthen local and national capacity to respond. The plan proposes 156 actions to reach 113,189 people with support for integration, health, education, protection, food security, housing, humanitarian transport, water and sanitation. The budget required for Argentina is US\$20m. The plan notes that In a survey conducted by an R4V partner in April 2020, 61 per cent of people identified as migrants living with HIV, indicated that they did not know of organisations or institutions they could turn to for information for help and 69 per cent did not know where to go in case of an emergency, including violence or discrimination for living with HIV/AIDS.⁵⁵ In line with this, the Regional Health Sector has identified the exchange of information, community empowerment and awareness raising regarding the promotion of health as urgent priorities for the RMRP 2021.⁵⁵ ▪ The evaluation team was told at the presentation to UN staff working at regional level about forthcoming work by UNHCR under the R4V to provide online training on LGBTIQ+ rights and GBV for CSOs working with displaced people. It was not clear if HIV is also part of this training.
<p>Capacity building of networks addressing VAWG/HIV links</p>	<ul style="list-style-type: none"> ▪ Not all co-sponsors have a strong focus on building the capacity of CSOs. In some cases, capacity building focuses on training in UN administrative processes for grant accountability (UN respondent). ▪ The Spotlight programme has a strong civil society capacity building component (UN respondent), though this focuses on VAWG but not HIV. ▪ UNAIDS provided training for sex workers to address institutional violence by strengthening their participation and so that sex workers could be health promoters and the state could recognise the work they do – ‘work that the state itself does not do’ (CSO respondent). ▪ AMMAR presented a report on violations of the rights of sex workers, and UNAIDS provided support and facilitated links between AMMAR and different parts of Government (CSO respondent). ▪ UNAIDS supports ICW Argentina in their annual activities as a network of women living with HIV (UN respondent). In November 2019, UNAIDS also worked with ICW on training of trainers workshops in Santiago del Estero and Jujuy. These

⁵⁵ R4V (2020) Regional Response Plan for Refugees and Migrants from Venezuela, 2021 <https://r4v.info/es/documents/details/82927>

	<p>covered on human rights, sexual diversity of people with HIV, the LGBTI+ community, discrimination, and what to do in a situation of rights violations. The trainings were opened by the Provincial Vice Governor and brought together different professionals working in the fields of justice, health, education, organizations. This was a first in these areas (CSO respondents).</p> <ul style="list-style-type: none"> ▪ UNAIDS, UN Women, UNDP, UNFPA and ILO have all worked with the national association of trans people (ATTTA). However, one interviewee from the trans population noted that the UN has less focus on institutional violence and mechanisms for reporting this. They also felt there was little action on discrimination against trans children, despite the work by UNICEF, UNFPA and UNAIDS to create protocols for trans children and young people (CSO respondent). ▪ UNAIDS supports the Afro-Argentinian population with HIV and STIs, providing information and training on access to services (UN respondent). It is not clear to what extent this uses a gendered lens or addresses VAWG. ▪ UNAIDS supports the Red Argentina de Usuarios de Drogas (RADAUD), including support to activities, governance mechanisms, annual general assembly and work plan development. UNAIDS 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. UNAIDS confirmed that they are not doing any work on institutional violence within health settings against women who use drugs (written response). It is also not clear how much of a focus the Joint Programme overall has on women who use drugs: the document review and interviews with other stakeholders did not bring out work on HIV or VAWG with women who use drugs. This population was not represented in the list of civil society interviewees provided by UNAIDS, and was not mentioned in interviews by UN stakeholders. The National Consultant did interview a civil society representative of women who use drugs, who expressed a feeling among this population of being left out of the response (CSO interview). ▪ One UN interviewee said that UNAIDS has done a lot to visibilise women prisoners as a population group. <i>‘There was no data on treatments available in prisons, or access to them, until the Joint Team did a study on this in 2013 or 2014, and a follow up in 2019’</i> (UN interview). UNAIDS has worked with INADI since 2018 to offer training sessions in prisons on human rights, SRHR including HIV and gender identity and expression. In 2017, UNAIDS and INADI advocated for the creation of a special section within the prison for trans, non-binary and gender fluid women, lesbians and women sex workers, known as section 4, to protect them from sexual abuse and violence. Civil society respondents did not appear to be aware of this work, and mentioned women detainees as a group that was missing from the work of the Joint Programme.
<p>Work ON VAWG and HIV in other countries in the sub-region</p>	<ul style="list-style-type: none"> ▪ Paraguay: UNAIDS is currently finalising the first study on violence against trans women and barriers to health, work, education and housing. This will provide evidence to support policy influencing. An advocacy plan based on the findings of this study will be developed this year.

covered by UNAIDS staff in Argentina

- Chile: UNAIDS is part of the interagency team on women's rights and gender in Chile. Together with UNICEF, it is hoping to launch a study that will measure for the first time violence against women and girls living with HIV in the country. This study will use the same methodology as the recent Regional Study on violence against women living with HIV⁵⁶, which was based on face to face interviews with women in 7 countries, though this will depend on COVID-19 restrictions.
- Uruguay: UNAIDS supported civil society organisations to advocate in the recent referendum on removing the law that recognises trans women as women.

⁵⁶ Luciano D et al (2019). Estudio Regional sobre Violencia y Mujeres con VIH en América Latina. ICW Latina, Hivos, Development Connections y Salamander Trust.

3.2 Gaps in coverage

Based on the document review and interviews, there appear to be some gaps in the Joint Programme's approaches and coverage of population groups. Given the size of the UNAIDS secretariat team, the geographical area they cover, and the limited budget for the Joint Programme in Argentina from UBRAF and other funding, this is perhaps unsurprising.

***'At the moment, the focus is on trans populations. Sex workers have been left to one side.'* (CSO respondent)**

Overall, while the Joint Programme works to promote gender equality, advance the rights of people of different sexual orientations, gender identities and gender expressions, and reduce discrimination, it appears to have less specific focus on addressing the bidirectional links between HIV and VAWG, or violence against women living with HIV.

***On the links between VAWG and HIV, 'The Joint Programme is not doing any specific work on this.'* (Government respondent)**

There was a perception among civil society interviewees that UN support to HIV initiatives is often ad-hoc, short term and limited in budget terms. Interviewees noted that the UN is good at supporting studies, but not so good at supporting actions to respond to issues raised by those studies. Indeed the evaluation identified concrete examples of studies which did not lead to any follow-up by the UN agency in question.⁵⁷

Given the size and social, economic and geographical heterogeneity of Argentina, it is unsurprising that Joint Programme coverage is focused on some geographical areas. Gaps in coverage of other parts of the country were noted by civil society interviewees.

Obstetric violence, respectful maternity care, and violence against women living with HIV in health care settings appear to be a gap.

***'We are not working on obstetric violence against women living with HIV, though this is something we may seek to address given the data from the Stigma Index report.'* (UN respondent)**

There are an estimated 6,300 people who inject drugs in Argentina (compared to 5,400 transgender people).⁵⁸ The evaluation found something of a lack of integration of and focus on women who use drugs in the work of the Joint Programme in Argentina. None of the UN key informants interviewed mentioned women who use drugs, and there was a notable lack of reference to women who use

⁵⁷ This was the case with a study published in 2014 on workplace discrimination against people living with HIV, supported by ILO and conducted by the Red Bonaerense de Personas con VIH. It was also an issue with the 2012 study on violence against women living with HIV conducted by FEIM.

⁵⁸ UNAIDS (2019) Country factsheets: Argentina <https://www.unaids.org/en/regionscountries/countries/argentina>

drugs in the documents reviewed.⁵⁹ The list of suggested interviews provided by UNAIDS did not include a civil society organisation representing people who use drugs – this was added by the evaluation team.

The evaluation also found little work with Indigenous women. There is some work though Spotlight, and Indigenous women were included in the Stigma Index. WHO is covering posts in some hospitals in Salta (Northern Argentina) to support translations for Indigenous people in relation to printed materials on prevention and information on medical interventions including HIV and SRH. UN respondents noted that there are plans to do more with this population.

⁵⁹ UNODC was not interviewed for this evaluation. An internet search did not reveal any UNODC work on links between HIV and violence, though there was some work on women and drug use in the form of a training in November 2019 by UNODC and partners including PAHO/WHO for 35 participants on the management of substance use and substance use disorders during pregnancy. It appeared to focus exclusively on mother and baby health, and it is not clear how or if it addressed health provider attitudes or violence, disrespect and abuse in maternity settings. Source: <https://www.issup.net/knowledge-share/news/2019-11/unodc-who-training-argentina-management-substance-use-substance-use>.

3.3 Outcome 2: Does UN VAWG programming integrate appropriate HIV prevention and response?

The UN in Argentina does a significant amount of work to increase access to rights, using the kind of multi-level, integrated, cross-sectoral interventions that are known to successfully address VAWG and promote sexual and reproductive health and rights.⁶⁰ Examples include the work on trans children and adolescents (UNAIDS and UNICEF), masculinities (ILO, UN Women, UNDP), reducing child labour by addressing basic needs such as access to water (ILO), access to secondary education and comprehensive sexuality education (UNFPA), access to justice (UNDP), and laws and policies (UNDP). All these are likely to have positive indirect impacts on HIV prevention and response, and SRHR more broadly by addressing deeply rooted norms around gender inequality.

Across the Joint Programme in Argentina there is a shared understanding among co-sponsors that inequality on the basis of sex, gender, gender identity, gender expression, sexual identity and other characteristics such as race, ethnicity, poverty, educational level, etc, is a root cause of gender based violence. Addressing these root causes is a key framing for UN work on socio-economic laws, rights and policies; the educational curriculum in primary and secondary schools; and sexuality education.

However, as explained by interviewees and supported by the document review, the link between VAWG and HIV is not always explicit in UN work in Argentina.

Much of the UN's work on VAWG in Argentina is under the Spotlight Initiative, and this has been an important source of funding for the UN in Argentina (UN interview). The total approved budget is US\$5,875,803, of which US\$5,400,000 is from Spotlight (EU), and US\$475,803 contributions from the UN partners involved (UNDP, ILO, UN Women and UNFPA).⁶¹ The programme is a partnership with Government, and began in 2018. It is coordinated by the Office of the Resident Coordinator, with the involvement of UN Women, the UN Development Programme (UNDP), the UN Population Fund (UNFPA) and the International Labour Organisation (ILO). UNICEF also joined as an associated agency. The programme covers three provinces with high rates of femicide (Buenos Aires, Jujuy and Salta).

UNAIDS has engaged with Spotlight from the design stages and provides input to the programme through the inter-agency gender and human rights group. However, it is not a Spotlight partner and does not receive Spotlight funding or implement Spotlight activities. Civil society informants to this evaluation feel that despite the advocacy carried out by UNAIDS, HIV is a gap in the Spotlight programme. UN interviewees were also consistent in stating that Spotlight does not specifically address the bidirectional links between HIV and VAWG.

This is also reflected in how Spotlight funding is allocated. The only civil society organisation listed in the Spotlight Annual Report 2019⁶² as a partner that focuses on HIV is RAJAP, the network of young people living with HIV. It received US\$5,000. Other than this, the evaluation team found no evidence of Spotlight funding supporting women living with HIV. However, it is worth noting that Spotlight grant funding is very oversubscribed: a call for proposals launched in August 2019 received 70 responses and funded seven – a success ratio of 1:10.⁶³

⁶⁰ Heise, L. and McGrory, E. (2016) 'Violence against Women and Girls, and HIV: Report on a high-level consultation on the evidence and implications 12–14 May 2015, Greentree Estate, New York. Greentree II

Kerr-Wilson, A., Gibbs, A., McAslan Fraser E. et al (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to prevent violence among women and girls global Programme, Pretoria, South Africa

⁶¹ Spotlight (2020) Argentina Annual Narrative Progress Report 1 January 2019 – 31 December 2019.

⁶² Spotlight (2020) Argentina Annual Narrative Progress Report 2019.

⁶³ <https://argentina.unfpa.org/es/Spotlight-financiera-siete-proyectos-de-la-sociedad-civil-para-prevenir-la-violencia-contra-mujeres-y-ni7as>

This seems to be a missed opportunity. There are some aspects of the initiative which touch on HIV and could be built on to strengthen work on the links between HIV and VAWG, e.g.:

- Spotlight worked with UNAIDS to provide leadership training in 2019 for young people in RAJAP (the national network of young people with HIV).
- Spotlight supported a workshop on SRHR and violence against women with disabilities, including Deaf women, and women with restricted vision, some of whom were LGBT+ women. For many participants, this was the first time they had an opportunity to ask about SRHR, HIV and STIs (UN respondent).
- The civil society advisory group includes representation of young women (Nayla Procopio, REDNAC National Youth Network for Sexual and Reproductive Health) and sex workers (Elena Reynaga, RedTraSex). Note however, that one CSO informant reported that some pushback from UN co-sponsors to including a sex worker network on the advisory group, and UNAIDS came to the fore to support their appointment to the group (CSO respondent).
- In Salta and Jujuy, Spotlight works with LGBT organisations, and there have also been activities with trans organisations. Spotlight is also now starting to work with Indigenous groups in Salta (UN respondent).

***'The work of our organisation on the Spotlight Initiative has not addressed the intersections between HIV and VAWG.'* (UN respondent)**

There is some UN work on VAWG outside the Spotlight Initiative, though none was identified that is focused on the links between VAWG and HIV. There could be possible opportunities to strengthen the integration of work to address VAWG links with HIV in the following examples:

UN Women's new project #UnaVictoriaLlevaALaOtra (One Victory Leads to Another). This is a partnership between UN Women and the International Olympic Committee, with the Government of the City of Buenos Aires, FEIM, Fundación SES and Women Win. It supports adolescents and girls aged 12-18, using physical activities, games and workshops on gender and rights, to develop skills in four areas:

- Be yourself: self-esteem and leadership
- Be healthy: sexual and reproductive health and rights
- Empower yourself: your rights and the elimination of violence against women and girls
- Plan your future: financial education and professional objectives

While the project addresses both SRHR and VAWG, it is not clear whether it addresses the bidirectional links between HIV and VAWG, and this is an aspect that could be strengthened.

ILO: Also outside of Spotlight, ILO is addressing different types of VAWG using a gender analysis, but without a specific link with HIV. This includes ILO's work on child labour, trafficking, and a current study on forced labour in the textile sector. It also includes work in Argentina under the *generación única* programme, in which ILO, UNICEF and others are working to ensure adolescents in rural areas can finish their education using technology, and promote and evaluate connectivity in 5500 schools. This will benefit 340,000 adolescents that have not had connectivity during Covid, with future impacts on access to decent work and reduction of exposure to violence. (UN interview) These projects could also present opportunities to integrate the links between VAWG and HIV.

UNDP: UNDP is working with a University to conduct a national prevalence survey on violence against women (UN respondent and Spotlight Country Programme Document⁶⁴). They have also worked with the Supreme Court's office on Domestic Violence to give technical assistance to women who experience GBV. They are now starting to replicate and adapt a model of integrated attention to VAWG in the province of Cordoba. A recent evaluation of UNDP Argentina found that it has promoted greater access to justice for disadvantaged groups, including victims of gender-based violence. However, '*expanding the integration of a gender perspective and rights-based approach across all sectors of intervention remains a challenge.*'⁶⁵ UNDP's (2020) publication on gender based violence⁶⁶ lists HIV as a health consequence of GBV, but does not integrate it further. In all these cases there could be opportunities to address the bidirectional links between VAWG and HIV.

UNFPA's (2020) publication on the impact of COVID-19 on access to contraceptives⁶⁷ contains no mention of HIV or VAWG. UNFPA's (2019) report on the achievements and results of the national plan to prevent unintended pregnancy in adolescence (Plan ENIA Embarazo No Intencional en la Adolescencia)⁶⁸ includes prevention of abuse and violence, but contains only one mention of HIV. Again, this could be an entry point for strengthening work on the bidirectional links between HIV and VAWG.

UNICEF's (2019) publication on access to justice in cases of sexual abuse and forced pregnancy in girls and adolescents under 15⁶⁹ contains no reference to HIV. Work on unintended and forced pregnancy could be another opportunity to strengthen work on the links between VAWG and HIV.

Overall, the Joint Programme co-sponsors have a significant amount of work on VAWG in Argentina, and in many cases there could be scope to strengthen the integration of the links between VAWG and HIV.

⁶⁴ Spotlight Initiative to eliminate violence against women and girls (2018) Argentina Country Programme Document

⁶⁵ UNDP Independent Evaluation Office (2019) Independent Country Programme Evaluation: Argentina <http://web.undp.org/evaluation/evaluations/adr/argentina.shtml>

⁶⁶ UNDP (2020) Violencia de Género: Conceptos, marco normativo y criterios de actuación en el ámbito de la salud https://www.ar.undp.org/content/argentina/es/home/library/womens_empowerment/VDGenSSalud.html

⁶⁷ UNFPA (2020) El impacto de COVID-19 en el acceso a los anticonceptivos en Argentina. <https://argentina.unfpa.org/sites/default/files/pub-pdf/unfpa-covidanticonc-mf1.pdf>

⁶⁸ UNFPA (2019) Plan ENIA. Recorrido, logros y desafíos <https://argentina.unfpa.org/es/Plan-ENIA-Recorrido-logros-y-desafios>

⁶⁹ UNICEF (2019) Acceso a la justicia: abusos sexuales y embarazos forzados en niñas y adolescentes menores de 15 años <https://www.unicef.org/argentina/media/7211/file/Acceso%20a%20la%20Justicia.pdf>

3.4 Is work on HIV and VAWG gender transformative?

Table 3 provides illustrative examples of transformative programming for HIV and VAWG in Argentina. Gender transformation requires a critical examination of gender norms and dynamics, and challenges to existing power structures at institutional, society, community and family levels.

In Argentina, gender and human rights are seen as fundamental to the work of the UN, and the UN stakeholders interviewed stressed the importance of gender-transformative approaches. The work of Joint Programme co-sponsors in Argentina often aims to address gender inequalities 'upstream' and in a multisectoral way. Much of the work on VAWG uses gender transformative approaches, but often misses out the links to HIV. Much of the work on HIV is transformative in terms of understandings of sexual orientation and gender identity and expression, but there is less evidence of a focus on addressing intersectional power inequalities and gender norms that drive gender inequality as it impacts on women in key populations, and women and girls living with HIV (including those who are cis and heterosexual). In a gender transformative approach, both are vital, as both are a product of patriarchy.

Table 3: Gender transformative programming examples

Gender transformative approach	Illustrative examples from Argentina
<p>Support for community led organisations particularly women led</p>	<p>UN co-sponsors are working with and supporting civil society and community-led organisations, including women-led, women’s rights organisations.</p> <p>The Spotlight Initiative supports women-led and feminist community organisations working on VAWG, though HIV is not a focus.</p> <p>UNAIDS provides much-valued symbolic, moral and technical support to community-led organisations including women-led organisations, but financial support is usually for small, one-off activities which are difficult to sustain and do not provide the core support needed. Argentina does not have access to the main HIV funders, making resourcing a real issue. Everyone is trying to do a lot with a little.</p>
<p>Supporting women and girls, in their diversity, affected by and living with HIV</p>	<p>There is very little funding in Argentina for organisations of women and girls living with or affected by HIV in all their diversities. However, the support and advice of the UNAIDS team is highly valued, as is their role in championing the rights of women living with HIV and women from key populations. Work on the multiple forms of violence experienced by women and girls living with HIV in all their diversities could be strengthened. Examples given by respondents of areas to be strengthened included: 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. These could be addressed in both HIV and VAWG programming.</p>
<p>A focus on gender norms and unequal power relations including relations based on gender</p>	<p>Under the UN’s Strategic Framework in Argentina, there is a strong focus on gender norms, gender equality and unequal power relations, supported by progressive federal legislation on this issue. UNFPA, UN Women, ILO, UNAIDS and UNICEF all provided examples of work to address gender norms and unequal power relations based on gender, gender identity, sexual orientation and other factors, however the links to HIV could be strengthened.</p>
<p>A focus on accountability to communities and in particularly women and girls</p>	<p>UNAIDS staff make themselves available to women and girls from key populations and/or living with HIV, and there is good communication and technical assistance. However, the evaluation did not find evidence of any formal accountability mechanisms outside those related to the funding provided to organisations of women and girls for small, one-off activities. There is a demand from civil society organisations and networks for more UN transparency and accountability, including through co-sponsor dissemination of programme reports to women and girls and their organisations and networks.</p>

<p>High-level and multisectoral commitment to addressing violence against women and girls in the HIV response</p>	<p>Human rights and stigma and discrimination are well addressed in the HIV response, and this has overlaps with violence against women and girls. There is little commitment by international donors to addressing HIV in Argentina: there is no PEPFAR funding, and the GFATM has transitioned out. It is not clear whether or not the Joint Programme is doing any high level advocacy to address this situation, or to ensure that other types of funding integrate HIV. The fact the financial crisis meant the Government was forced to downgrade the Ministry of Health in response to IFI conditionalities was unfortunate, though the Ministry has now been reinstated. VAWG is addressed in the Spotlight Initiative and other initiatives of co-sponsors. It would be good to see more naming of – and addressing – VAWG in the HIV response. It would also be good to see more consideration of the links between HIV and VAWG and the forms and manifestations of violence against women and girls with HIV in all their diversities in the UN’s VAWG response.</p>
<p>Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education</p>	<p>In Argentina there is a lot of attention to these factors, and a supportive national framework. Attitudes can be more conservative in some provinces and communities. The Joint Programme addresses the multiple factors in the lives of women and girls from key populations and women living with HIV. Beyond the Joint Programme, UN organisations address multiple influences and factors, including work, health, economics, education and decision-making, and could strengthen this work by considering the bidirectional links between HIV and VAWG.</p>
<p>Male involvement</p>	<p>There were numerous examples of work to engage men in relation to violence against women. However, the evaluation team found no evidence of any of this work addressing HIV. Nevertheless, the following examples could be entry points for integrating the links between VAWG and HIV:</p> <p>In the province of Córdoba, UNFPA supports the provincial Ministry of Women to provide a telephone line for men who use violence against women. Calls to the phone line increased by 82% during the COVID-19 restrictions, with 99.4% of men who used it having been referred after having perpetrated violence against a current or former partner.</p> <p>UNFPA has worked with the Ministry of Tourism and Sport to develop protocols for attention to cases of violence in football clubs and teams.</p> <p>Under the Spotlight Initiative, in 2020 UNFPA ran various media campaigns for men addressing violence and masculinities.</p> <ul style="list-style-type: none"> ▪ ‘Amigo, Dáte Cuenta’ (Friend, think about it) was aimed at young men of 12-17 years, to promote healthy masculinities challenge sexism, violence and discrimination, and highlight harassment and consent in intimate relations. ▪ ‘Yo me ocupo’ (I’ll take care of it) responds to the finding of the national household survey that women and girls do 65% of domestic tasks, with men and boys doing only 35%. The campaign was based on the idea that being a ‘helper’

	<p>is not enough, and neither is it good enough to wait to be asked to do something as the mental load then remains the responsibility of women.</p> <ul style="list-style-type: none"> ▪ 'Sin Mochila' (Without a Backpack) is aimed at children and their carers. The objective is to invite people to take off the 'backpack' we carry that is full of prejudice and intolerance, and to highlight the fundamental role that adults play in educating new generations in a more inclusive and respectful way, to overcome violence against women, girls and the LGBTQ + population. <p>ILO, UNDP, UN Women and others are working with men to change norms, attitudes and behaviours and address hegemonic masculinity.</p>
<p>Addressing the structural causes of violence</p>	<p>There are numerous examples of this in UN work in Argentina, and in the Joint Programme that addresses structural causes of stigma, discrimination and violence against key populations. The University of Cuyo postgraduate diploma on HIV and human rights is an example of work that addresses the structural causes of violence as it links to HIV, as are the examples of advocacy and research support to networks of women living with HIV and women from key populations, the Stigma Index 2.0 research findings which will guide activities to address structural causes of violence against women living with HIV, training of trainers in HIV and human rights in Chubut, Santiago del Estero and Jujuy, the work to influence a new HIV law, the work on trans rights.</p>

3.5 Outcome 3: Does the UN enhance national ownership of VAWG and HIV response and accountability to women and girls?

National ownership of VAWG and HIV response

The Government of Argentina has a broadly supportive legal framework for sexual and reproductive health and rights and reduction of discrimination against diverse population groups, including women, transgender people and the LGBTI+ community.

VAWG has been a priority issue for the previous and current administrations. As one respondent said, *'The government is setting the agenda, and we just follow it'* (UN interview). Argentina has a National Action Plan to Prevent and End Violence against Women, a Femicide Registry that was created in 2015 and that drew on methodologies developed by UN Women in Mexico⁷⁰, and a Federal Council for combating Trafficking and Exploitation and for victim protection and assistance.⁷¹

UN support to national government VAWG efforts include support by UN Women⁷² to the Ministry of Women, Gender and Diversity's National Plan of Action on Gender Based Violence 2020-2022.⁷³ This plan takes an intersectional and holistic approach, and includes women living with HIV alongside other population groups particularly affected by violence, such as women and LGBTI+ migrants, people of African descent, Indigenous people, people with disabilities, detained people, people on the street, pregnant people, and victims of trafficking and exploitation. (Note that this National Plan of Action does not refer to sex workers.) UN Women's support focuses on the creation of an integrated system for recording cases of gender based violence (see page 209 of the plan), and the redesign of Phonenumber 144 to incorporate intersectionality (see page 210 of the plan).

In terms of the HIV response, the work of the UN is aligned with the priorities of the National HIV, STI and Hepatitis Plan 2018-2021, produced jointly by the national HIV Directorate (Dirección de Sida, ETS, Hepatitis y TBC, the DSETSHyT), UNAIDS, WHO and UNICEF.⁷⁴

Government interviewees at all levels 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 were pleased to be asked for their input to this evaluation. Government interviewees valued support by UNFPA and UNAIDS for a study on the acceptability of the female condom, and were very positive about civil society involvement in HIV testing, counselling and support among the trans population, information provision, and linkages to services. 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 respondent)

⁷⁰ See Ministry of Women, Gender and Diversity (2019) National plan of action on gender based violence 2020-2022, page 58 https://www.argentina.gob.ar/sites/default/files/plan_nacional_de_accion_2020_2022.pdf

⁷¹ <https://www.unwomen.org/en/get-involved/step-it-up/commitments/argentina>

⁷² UN Women's Argentina office was set up in 2018-2019, at the request of the Government. The Ministry of Women, Gender and Diversity was created in 2019, in response to advocacy by feminist and women's movements and the LGBTI+ community.

⁷³ Ministry of Women, Gender and Diversity (2019) National plan of action on gender based violence 2020-2022 https://www.argentina.gob.ar/sites/default/files/plan_nacional_de_accion_2020_2022.pdf

⁷⁴ Dirección de Sida, ETS, Hepatitis y TBC de la Secretaría de Salud de la Nación (2018) Plan Estratégico Nacional 2018-2021 <https://bancos.salud.gob.ar/recurso/respuesta-al-vih-sida-e-infecciones-de-transmision-sexual>

One government respondent urged the UN to do more on intersectionalities and the gendered impact of these on health inequalities. Another felt that in a country where violence against women is highly prevalent, concrete actions are what matter, more than the advocacy which is the UN's role.

Provincial government interviewees suggested that decentralisation of the UN response would ensure it is tailored to the varying needs of different parts of the country. They could see opportunities for more joined up work with UN organisations (Government respondent).

Accountability to women and girls

UNAIDS is recognised by other UN organisations and Government respondents for its work to meaningfully involve affected populations. This is something other Joint Programme co-sponsors do to varying (but lesser) degrees. *'It is important to mention how UNAIDS works in Argentina. They work collaboratively with the most affected people. They work with the people who live it. This is really important'* (UN respondent).

Civil society 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'*. There are close and warm relationships between civil society actors and UNAIDS staff. Particularly worthy of note is the advice, information 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 co-sponsors the issues of people living with HIV and key populations.

Joint Programme co-sponsors are seen as playing an important role in strengthening the capacity of civil society organisations, and creating dialogue spaces that include civil society. Some respondents noted that co-sponsors tend to work with a small number of favoured organisations (Government and CSO respondents).

However, there are frustrations among civil society organisations of women and girls, including:

- Accountability to women and girls is principally through newsletters and publications that are shared on the websites or newsletters of the different UN organisations in Argentina. 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 co-sponsor work on VAWG and HIV (CSO respondent).
- Lack of transparency around decision-making, particularly with regards to strategic prioritisation (CSO respondent).
- A perception that the focus of activities is largely or in part decided by the particular interests of whoever is in post (CSO respondent).

A particular source of frustration was the lack of publicly available information on UNAIDS and Joint Programme funding, expenditure, and financial support to civil society organisations and networks of women and girls living with HIV and from key populations. Civil society respondents also mentioned the limited amount of UN funding available for civil society organisations.

'There needs to be an increase in funding to make the participation of CSOs more meaningful. I'm talking about basic funding, for example money to get around and do home visits to women. It's important to visibilise the work all our women are doing at community level.' (CSO respondent)

'The UN gives us a couple of thousand dollars and expects us to work miracles for that money.' (CSO respondent)

They also highlighted that UN payment processes are cumbersome and bureaucratic.

'There are some factors that is a weakness of the UN system, which is that we can't work with some small organisations because they don't have the capacity to meet the requirements we have for project implementation. That determines who we can work with it. It's a shame, because sometimes there are organisations that have interesting work, but don't have an administrative structure, so we try to make them partner with other organisations.' (UN respondent)

'Working with [a co-sponsor] was not a good experience for us. We had to use our own money to fund activities, and they reimbursed us two, three or four months later. We do not have the resources to be able to work like this.' (CSO respondent)

3.6 Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

Joint Programme organisations come together in three inter-agency working groups:

- The HIV working group includes PAHO, UNICEF, UNFPA, UNDP, and others. This meets regularly and is coordinated, facilitated and led by UNAIDS. *‘The Joint Programme is one of the most consolidated joint teams – all the agencies take part, they all have an active role, and the UBRAF money has allowed us to expand the work’* (UN respondent).
- The Interagency Group on Gender and Human Rights (known by the Spanish acronym GIGyDDHH) was the key for sharing information on the Spotlight Initiative’s activities and main lines of action on a quarterly basis. It also enabled other UN organisations to provide Spotlight with wider support and technical expertise.

‘UNAIDS has been in the country a long time and is part of the gender interagency group. This group is very valuable, not just because of the programmes that come out of it, but because of the mutual strengthening that comes out of it’ (UN respondent).

- The Zero Discrimination Working Group operates under the MECNUD and provides technical and financial assistance to INADI to reach the SDG goal of zero discrimination by 2030. This group brings together UNAIDS, OHCHR, IOM, ILO, UNFPA, and PAHO/WHO.⁷⁵

The evaluation of MECNUD 2016-2020 found interagency collaboration to be very strong. It noted that ‘collaboration under the Spotlight Initiative between the EU and the UN is not only beneficial for the achievement of programmatic results, but has a strategic impact on interagency dynamics. [...] The Spotlight Initiative has established synergies between the different UN agencies that will contribute to reducing gender-based violence and sexual abuse. They have worked together to support the National Plan of Action for the Prevention, Assistance and Eradication of Violence against Women, and the various awareness raising campaigns on violence. This synergistic working will facilitate the application of comprehensive measures to eradicate violence. The federalisation of activities has ensured access to justice and prevention of discrimination (through campaigns, studies etc.), supporting the rights of young people in the justice system, survivors of gender-based violence and sexual abuse, and more than 9,600 people in situations of social vulnerability.’

The MECNUD evaluation also looked at the Argentina Joint Plan on HIV, financed through the Envelope modality, and found that ‘there are also some achievements in terms of strengthening joint planning processes, alignment with the SDGs and standardisation of accountability criteria. However, problems persist in terms of implementation, management capacities and weaknesses in the use of financial resources and decision-making processes.’⁷⁶

Respondents to this evaluation of the work of the Joint Programme on VAWG and HIV reported that collaboration among UN organisations working on HIV works well. While not all UN respondents were part of the Joint Programme, there was agreement that UNAIDS coordinates well, and co-sponsors feel informed and updated. Allocations from the UBRAF are small, however, and UN resources and staffing are stretched. This affects continuity and the ability to work together on longer-term programmes.

⁷⁵ Ministerio de Justicia y Derechos Humanos, Inadi (2020) Reunión del Grupo de Trabajo Cero Discriminación a 2030 <https://www.argentina.gob.ar/noticias/reunion-del-grupo-de-trabajo-cero-discriminacion-2030>

⁷⁶ Univ Nacional de San Martín (2020) INFORME FINAL SDP NRO. 06/19 Evaluación Final del MECNUD 2016-2020 de Argentina, Mayo 2020 <https://argentina.un.org/sites/default/files/2020-12/INFORME%20FINAL-EVALMECNUD.pdf>

'There is a lot of interaction between the HIV and gender groups, even if sometimes not the real connection we need' (UN respondent).

While all UN interviewees appreciated the work of UNAIDS to coordinate efforts and support collaboration among co-sponsor organisations, a key suggestion was for UNAIDS to advocate for more work on the cross-over between HIV and VAWG:

'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 respondent).

Given that the GFATM has transitioned out of Argentina, and there is no PEPFAR funding here, there is scope for UNAIDS and other co-sponsors to do more funding advocacy to support work on human rights in relation to HIV, and the bidirectional links between HIV and VAWG.

'In terms of resources, if we didn't have Spotlight, there would be a huge problem' (UN respondent).

'70% of the global poor live in MICs. The IFIs have a big role – they should have human rights at the centre but they don't – they look at social and environmental impact, but not human rights impact. I hope UNAIDS will open the discussion more about extending their remit' (UN respondent).

'UNAIDS needs to make the funders understand that there is a rise in new infections because of discrimination. It is not just about providing condoms and ARVs' (UN respondent).

3.7 Covid-19 context

In Latin America and the Caribbean, an online regional survey by UNAIDS on the impact of Covid-19 on people living with HIV received 2,300 responses from people in 28 countries. A key finding was that 56% feared physical, psychological or verbal violence during the pandemic due to their HIV status. 40% did not know where to get help if they experienced violence or discrimination due to their HIV status. Fear of discrimination meant 3 in 10 people did not access services during the lockdown.⁷⁷

In Argentina, there is an agreed framework for UN cooperation for the Covid-19 response and socio-economic and environmental recovery.⁷⁸

Government bodies worked with civil society organisations and networks of people living with HIV to deliver ARVs to people, with UNAIDS and WHO providing support to the civil society organisations involved (Government respondent).

UNAIDS has been key in protecting against institutional economic violence against sex workers and trans women in Argentina during the Covid-19 restrictions, writing to the Ministry of Social Affairs to facilitate their integration into social protection. As a result of this, sex workers have access to three programmes: labour, health and social benefits to housing and food. Trans women are supported through a Government programme of cash transfers and job creation (UN respondent).

UN Women collaborated with civil society organisations and networks of people living with HIV to support women living with HIV during the Covid-19 emergency, including providing food and basic needs, distributing ARVs, and supporting adherence.⁷⁹ It was not possible to assess the scale and coverage of this support from the document review.

IOM prioritised vulnerable groups of migrants, such as children, pregnant women, female-single-headed household, older persons, persons with disabilities, indigenous communities, LGBTI+ communities who are increasingly vulnerable to GBV, trafficking and other forms of exploitation, abuse and/or violence.⁸⁰ The Regional Refugee and Migrant Response Plan for Refugees and Migrants from Venezuela (2021) coordinated by UNHCR and IOM ensures access to SRHR, HIV and GBV services after Covid-19 border closures resulted in a rise in the use of unsafe and irregular land routes, increasing exposure to possible trafficking, gender-based violence, and other forms of exploitation and abuse.

⁷⁷ UNAIDS (2020) [Encuesta muestra que muchas personas carecen de tratamiento para el VIH para varios meses en América Latina](#)

⁷⁸ Naciones Unidas Argentina (2020) Marco de las Naciones Unidas para la respuesta y recuperación socioeconómica y ambiental al COVID-19 <https://argentina.un.org/es/96338-marco-de-las-naciones-unidas-para-la-respuesta-y-recuperacion-socioeconomica-y-ambiental-al>

⁷⁹ UN Women (2020) [Mujeres viviendo con VIH reciben apoyo en pandemia](#), 1 de dic de 2020

⁸⁰ IOM (2021) Regional Refugee and Migrant Response Plan https://crisisresponse.iom.int/sites/default/files/appeal/pdf/2021_Regional_Refugee_and_Migrant_Response_Plan_for_Refugees_and_Migrants_from_Venezuela_2021.pdf

4. Conclusions

The Joint Programme and its co-sponsors has good interagency collaboration and works well with government counterparts at national, provincial and municipal levels in priority areas. It also works with civil society, through contracting, grant funding, and dialogue. Co-sponsor programming has a strong focus on gender identity, gender equality and gender-based violence.

HIV programming integrates gender identity and violence through work on stigma and discrimination. The gendered impact 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 should be strengthened, as highlighted in the Stigma Index 2.0.

VAWG programming generally takes a gender-transformative approach. However, it tends not to explicitly integrate HIV and the bidirectional links with VAWG, and this should be strengthened.

The civil society sector is strong in Argentina, and community-led organisations working on both HIV and VAWG have a great interest in addressing the bidirectional links between the two. Civil society networks and organisations of women living with and affected by HIV in all their diversities are crucial to this, but very under-resourced. The sustainability of the community response to HIV is extremely fragile, and there is no explicit UN strategy to build the sustainability of civil society and women-led organisations.

5. Considerations and future opportunities

1. Collection of data and up to date research on violence against women and girls living with HIV in all their diversities:

- The last study on violence against women and girls living with HIV was the FEIM study conducted in 2011-2012. The evaluation team notes that UNFPA has recently approved US\$20,000 to support ICW Argentina to apply the methodology used in a recent regional study of violence against women and girls living with HIV in 7 countries in Latin America and the Caribbean. This will be a useful contribution to the data, enabling HIV and VAWG programme planning and advocacy to focus on specific priorities and needs of women and girls living with HIV in all their diversities.
- UNDP could ensure the forthcoming national survey on violence against women and girls specifically includes women living with and affected by HIV and HIV/VAWG links.

2. Entry points for greater integration of HIV into VAWG programmes and vice versa exist across many of the co-sponsor organisations, whether in small scale one off training and capacity events, or larger multi-year programmes, e.g.:

- Actively integrate HIV/VAWG links into Spotlight programming.
- Explicitly include both HIV/VAWG links in UN work on masculinities, work with trans and other LGBTI+ women, sex workers, prisoners, women who use drugs, migrants, refugees, Indigenous women, and other groups.
- Explicitly integrate VAWG in work with women living with HIV in their diversities.

Development of some agreed minimum standards for bi-directional integration of HIV and VAWG programming could help. For example, one minimum standard could be for work on VAWG to explicitly consider the specific impact of VAWG on women and girls living with HIV in all their diversities, including how VAWG impacts their relationships, their SRHR, access to HIV treatment, prevention of vertical transmission, respectful maternity care, mental health and well-being, livelihoods, etc. Another could be for work on masculinities to include exploring men's reactions to women getting a positive HIV test result, how male violence can prevent women accessing HIV care, treatment and support, etc.

3. Development of a joint action plan on the links between HIV and VAWG in Argentina. Among different UN organisations within the Joint Programme, there are different priorities and different understandings of the links between HIV and VAWG. The development of a joint plan of action on the links between HIV and VAWG in Argentina would enable greater integration of these twin issues into programmes, and increase mutual accountability for work at the intersections of HIV/VAWG within the Joint Programme. This could build on work done by WHO on the four pathways linking HIV and VAWG,⁸¹ the Consolidated Guideline on SRHR of Women

⁸¹ See WHO and UNAIDS (2013) Sixteen ideas for addressing violence against women in the context of HIV epidemic: a programming tool
http://apps.who.int/iris/bitstream/handle/10665/95156/9789241506533_eng.pdf;jsessionid=A42AB89B3A6251BED4F8494C1D5A8002?sequence=1

living with HIV⁸² (which integrates violence in all its manifestations), and UNAIDS's ALIV[H]E framework.⁸³

- 4. The Joint Programme could explore external opportunities to support longer term, multiple year programmes that provide secure funding for women's rights organisations working at the intersections of VAWG and HIV.** Civil society is active and has agency in Argentina, but is lacking in financial resources with consequences for continuity and sustainability. The major HIV donors such as PEPFAR and the Global Fund do not operate in Argentina, so funding is a huge issue, with much of the work of civil society actors taking place on an unpaid basis and fitting around paid work in other areas. The Joint Programme could undertake consultation around a more transparent and open process for funding allocations among civil society organisations, or supporting coalition building among like-minded organisations. It could also lead the development of a UN strategy to build the sustainability of civil society and women-led organisations working at the intersections of HIV and VAWG, and advocate for international funding to support this.

- 5. Transparency and accountability.** Making information publicly available about the funding allocations, expenditure and grants to civil society of UNAIDS and Joint Programme co-sponsors would increase transparency. The Joint Programme could also explore with women and girls living with HIV and women and girls from key populations how to increase UN accountability to them.

⁸² WHO et al (2017) Consolidated guideline on sexual and reproductive health and rights of women living with HIV. <http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf?sequence=1>

⁸³ UNAIDS et al (2017) Action Linking Initiatives on Violence Against Women and HIV Everywhere, ALIV(H)E framework https://www.unaids.org/en/resources/documents/2017/ALIVHE_Framework

Annex 1. Evaluation matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>

<p>O4. Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response</p>	<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>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p>
<p>COVID-19 context</p>	<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>

Annex 2. List of respondents

Number	Type of stakeholder	Organisation/institution	Name	Job title/ role
#	UN/ Gov/CSO /Women	Name of org/ institution	If agreed to be named – otherwise 'key informant'	If agreed to be named – or expressed preference
1	UN	UNAIDS	Alberto Stella	Country Director
2	UN	UNAIDS	Manuel da Quinta	Community Mobilisation, Human Rights and Gender Advisor
3	UN	Resident Coordinators Office	Roberto Valent	Resident Coordinator
4	UN	Resident Coordinators Office	Valeria Serafinoff	Spotlight Initiative Coordinator
5	UN	Resident Coordinators Office / OHCHR	Valeria Guerra	Human Rights Advisor
6	UN	UNICEF	Fernando Zingman	Health Specialist
7	UN	UNICEF	Magali Lamfir	Consultant
8	UN	UNFPA	Mariana Isasi	Oficial de Enlace
9	UN	UNDP	Alejandra Garcia	Gender Analyst
10	UN	ILO	Javier Ciccaro	Gender Specialist
11	UN	ILO	Gustavo Ponce	Human Rights Specialist
12	UN	IOM	Laura Estomba	Protection Specialist
13	UN	UN Women	Carla Majdalani	Gender Specialist
14	Government	Dirección Nacional de VIH	Cecilia Santamaria	Directora nacional

15	Government	Dirección Nacional de VIH	Juan Sotelo	Equipo técnico
16	Government	Dirección Nacional de VIH	Julia Rechi	Equipo técnico
17	Government	Government of the Province of Jujuy – Consejo de la Mujer	Agustín Garlatti	Director de Equidad y Promoción de Derechos
18	Government	Government of the Province of Jujuy – Consejo de la Mujer	Alejandra Martínez	President
19	Government	Provincia de Mendoza	Laura Chazarreta	Diputada
20	Government	Dirección de Prevención de VIH, ITS y Hepatitis Virales, Province of Santa Cruz	Lic. Lida Santa Cruz	Directora de línea
21	Government	City of Buenos Aires Coordinación Salud Sexual VIH e ITS	Adriana Durand	Coordinadora área VIH
22	Academia	University of Cuyo	Renzo Molini	Inclusion of people with HIV programme lead
23	CSO	FEIM Fundación Estudios e Investigación de la Mujer	Mabel Bianco	President
24	CSO	Red Bonaerense de Personas con VIH	Catalina Castillo	
25	CSO	IPP LGTBIQ+ (Instituto de Políticas Públicas LGTBIQ+)	Esteban Paulon	President
26	CSO	Casa Fusa	Daniel Giacomazzo	
27	CSO	ATTTA	Marcela Romero	
28	CSO	RedTrasex / Fundación por una Sociedad Empoderada	Elena Reynaga	Fundadora y coordinadora regional / President
29	CSO	AMMAR	Georgina Orellano	President
30	CSO	AMMAR	Julieta Mendive	
31	CSO	RADAUD	Veronica Ruso	

32	Women	ICW	Mariana Iacono	
33	Women	ICW	Cecilia Rodriguez	
34	Women	Chubut (Patagonia)	Graciela Awad	
35	Women	Santiago del Estero	Key informant	
36	Women	Jujuy	Key informant	
Evaluation meeting with UN regional staff				
1	UN	UNAIDS Regional Support Team Latin America & Caribbean	Guillermo Marquez	Senior Advisor, Community Support
2	UN	UNHCR Bureau of the Americas	Valentina Duque	GBV Officer
3	UN	UNAIDS Caribbean Sub-Regional Office. Jamaica	James Guwani	Director
4	UN	UNDP Bureau for Latin America and the Caribbean	Karin Santi	Regional Team Leader HIV, Health and Development
Contacted but not available/no response				
	UN	PAHO/WHO	Marcelo Vila	
	UN	World Bank	Luis Orlando Perez	
	UN	UNHCR	Luciana Marchen	Durable Solutions Officer
	Government	Ministerio de las Mujeres, Géneros y Diversidad	Eduarne Cardenas	Directora General de Relaciones Institucionales
	Government	Instituto Nacional contra la Discriminación (INADI)	Ornella Infante	Director of Policies against Discrimination
	CSO (Spotlight partner)	Organización Juanita Moro		

	CSO (Spotlight partner)	Fundación Runas		
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Annex 4. HIV and VAWG in the evaluation of the Argentina 2016-2020 Strategic Framework for United Nations Cooperation for Development (MECNUD 2016-2020)⁸⁴

The work of the Joint Programme is carried out under the Argentina 2016-2020 Strategic Framework for United Nations Cooperation for Development⁸⁵ which sets out five areas of cooperation:

- Area 1: Inclusive and sustainable economic development, which includes commitments to decent work policies, particularly for young people, as well as elimination of all forms of discrimination and promotion of gender equality.
- Area 2: Universal access to essential services, which includes a focus on maternal, child and adolescent health (including around adolescent pregnancy), communicable and non-communicable chronic diseases, particularly among the most vulnerable populations, reducing the digital divide, and ensuring access to quality services, with a focus on gender and populations who experience significant discrimination.
- Area 3: Citizenship and promotion of human rights, including public policy to reduce inequality and all forms of discrimination and/or violence on the basis of gender, age, sexual orientation, ethnicity, nationality and disability.
- Area 4: Environment.
- Area 5: Sustainable development cooperation.

UNAIDS was the lead organisation for MECNUD Results Area 3: Citizenship and promotion of human rights.

Key conclusions of the evaluation:

The most significant achievements were those related to promotion, protection and access to rights. In this area, the UN offers a differential contribution that is highly valued by national partners and has been integrated across all areas of cooperation.

The achievement of the 2030 Agenda requires mechanisms that identify complementarities between agencies and strengthens the construction of a common identity, agenda and ways of working that enables agile and flexible collaboration. Therefore, it is important to identify the most appropriate mechanisms for interagency work. The MECNUD evaluation shows some alternatives to explore:

- The coordinated participation of agencies, funds and programs in projects or global financing mechanisms generally enabled joint action, resource mobilisation and achievement of results. It enhances and scales interagency work.
- More structured joint programs contribute to coordination on specific issues.
- Interagency collaboration on very specific problems (child labor, prevention of adolescent pregnancy, access to work for migrant populations, etc.) and critical situations (the social and health crisis in Salta, COVID-19) has been agile, coordinated and complementary.
- The circulation of the same group of officials in the different specific working groups allowed the development and ownership of a common agenda.

⁸⁴ Univ Nacional de San Martín (2020) INFORME FINAL SDP NRO. 06/19 Evaluación Final del MECNUD 2016-2020 de Argentina, Mayo 2020 <https://argentina.un.org/sites/default/files/2020-12/INFORME%20FINAL-EVALMECNUD.pdf>

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Recommendations include:

Capitalise on the added value of the UN in terms of human rights and gender in the next MECNUD

- The experience gained in this area could contribute to the development of a strategy for government to incorporate the human rights approach, moving from a response approach to a transformative approach, including early warning and prevention actions which consider gender and intergenerational social determinants in all policy areas.
- The "leave no one behind" approach should be positioned as an overarching theme of the MECNUD, including Indigenous peoples and other vulnerable groups, given the heterogeneities that impact of them and affect the achievement of the results.

Specific findings:

New HIV diagnoses in Argentina have remained largely unchanged over the last 10 years at around 6,500 per year. There have been some variations recently: an increase in diagnoses among women aged 45-59, and in men aged 15-24. In this context, access to HIV testing and quality of attention to service users has been improved in Buenos Aires through setting up 220 rapid testing centres, installation of two new MRI scanners with a third in the process of installation. Around 60% of hospitals use user-centred service practices.

Citizenship and the promotion of human rights: the UN contributed to the development of public policies and regulatory frameworks aimed at reducing inequalities, discrimination and violence based on gender, age, sexual orientation, ethnicity, nationality and disability. In addition, it facilitated access to justice for different vulnerable groups and to a lesser extent contributed to the protection of cultural diversity.

The most notable results in this area are linked to initiatives aimed at four specific population groups: a) populations vulnerable to HIV, b) migrant and refugee populations, c) boys, girls and adolescents and d) women. The UN supported the elaboration and implementation of the National Strategic Plan for HIV and STIs 2017-2021, which includes human rights and gender as key areas in the Multi-year Program.

Universal access to essential services: health, education and protection system: Reports show US \$ 161,967,439 for this budget. (Of this, U\$153.039.752 was classified as 'regular resources' and U\$8.927.687 as 'other resources'.) Expenditure was concentrated under 2.2 Education, with 49%, followed by 2.1 Access to Health with 27%, and then 2.3 Protection and Social Inclusion. For example, 90% of the regular resources budgeted were used for actions on sexual and reproductive health, child maternal health and adolescent, and more than 100% of the funds corresponding to other sources. Regular resources spent on for HIV / AIDS and STIs exceeded the budget by 1.470% Protection and social inclusion activities used US \$39,022,542.

Inter-agency collaboration: The collaboration under the Spotlight Initiative between the EU and the UN is not only beneficial for the achievement of programmatic results, but has a strategic impact on interagency dynamics. The initiative is funded by the European Union, which is supporting multilateralism by funding to the United Nations System

Rather than a particular agency. This has led to the development of inter-institutional multi-level coordination mechanisms. These have enabled the agencies to agree on operational approaches and criteria, and share staff expertise on issues that are central to the MECNUD.

In particular, building a common "brand" such as "Spotlight" offers a vision that goes beyond the particular identities of the agencies and shows the United Nations as a single actor, facilitating communication both to the general public and national partners.

The Spotlight Initiative has established synergies between the different UN agencies that will contribute to reducing gender-based violence and sexual abuse. They have worked together to support the National Plan of Action for the Prevention, Assistance and Eradication of Violence against Women, and the various awareness raising campaigns on violence. This synergistic working will facilitate the application of comprehensive measures to eradicate violence.

The federalisation of activities has ensured access to justice and prevention of discrimination (through campaigns, studies etc.), supporting the rights of young people in the justice system, survivors of gender-based violence and sexual abuse, and more than 9,600 people in situations of social vulnerability.

The annual work plans of the Interagency Group on Gender and Human Rights succeeded in building an agenda that cuts across the work of all agencies, funds and programs. Given the themes included in Area 3, this group had a substantive function as a coordination space for this thematic area. Coordination of activities related to gender and gender-based violence largely happened within this working group. This experience was reinforced by the development of the Spotlight Initiative that involved a significant coordination effort.

Looking at as the Argentina Joint Plan on HIV, financed through the Envelope modality, there are also some achievements in terms of strengthening joint planning processes, alignment with the SDGs and standardisation of accountability criteria. However, problems persist in terms of implementation, management capacities and weaknesses in the use of financial resources and decision-making processes.

Sustainability: The MECNUD evaluation lists actions which support sustainability, including:

- Laws and policies: such as the National Strategic Plan for HIV, AIDS and Hepatitis 2018-2021, National Plan for the Prevention of Unintentional Pregnancy of Adolescents (Plan ENIA), National Plan of Action on Human Rights.
- Generation of evidence: Seventeen studies and publications have been produced during the period of the MECNUD 2016-2020, including analyses, evaluations, reviews and reports on gender in the business environment, care policies, social and workplace inclusion of transgender people, political parity, gender-based and sexual abuse, HIV stigma, epidemiological windows in drug use and prevention of addiction, integration of migrants and refugees, health and LGBTI adolescents.
- Institutional arrangements (mechanisms, processes and technologies): Twenty-two mechanisms ensuring access to justice and protection of rights of vulnerable populations (children and adolescents, migrants and refugees, women, gender diversities, homeless people).
- Social norms: Fifteen communications campaigns took place, including campaigns addressing discrimination, gender violence and child abuse.
- Awareness and training of human resources: More than 180 meetings, seminars, workshops and other training instances were held for public officials from State bodies responsible for gender violence, diversity, equality, interculturality and transparency in public management.

Gender: In addition to the actions carried out within MECNUD Area 3 to prevent gender -based violence, all Results Areas reported activities related to gender. Beyond the indicators, the mainstreaming of the gender perspective can be verified in the initiatives of the different UN agencies, many of which were carried out jointly. Each agency individually or through interagency actions developed awareness campaigns; training for officials, civil society organisations and companies; and technical assistance to public institutions. It is worth mentioning again the Spotlight Initiative that emerged towards the midpoint of the MECNUD and which has been highly valued for its coordinating potential. In addition, it should be noted that:

- In Area 1, actions promoted the formalisation of female domestic workers and the adoption of regulations on workplace violence and harassment. In addition, training was provided to unions and businesses to promote gender equality in the workplace, and information materials and awareness campaigns developed on discrimination in the world of work.
- In Area 2, the consolidation of the National Plan for the Prevention of Unintentional pregnancy (PENIA) has empowered adolescents to make informed decisions and exercise their sexual and reproductive rights. In addition, the Plan has also contributed to improving access to higher education, with a focus on gender and special emphasis on the most discriminated groups (reaching a secondary education rate above 57.8%, with 57.5% of the total students and 61.5% of those finishing secondary education being women).
- In Area 3, support and assistance mechanisms were strengthened for survivors of gender-based violence and sexual abuse. Access to justice was facilitated for survivors of gender-based violence. An Inter-Institutional Protocol was developed to respond and guarantee access to justice for survivors of sexual abuse, and technical assistance provided to expand the litigation support services of the Lawyers for Survivors of Gender-Based Violence group.

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List of Acronyms Cambodia

AIDS	Acquired immunodeficiency syndrome
CSE	Comprehensive sexuality education
CSM	Civil Society Marker
CSO	Civil society organisation
eMTCT	Elimination of Mother to Child Transmission of HIV and Congenital Syphilis
FoNPAM	Joint Forum of Networks of People living with HIV and MARPs
GBV	Gender-based violence
GEM	Gender Equality Marker
GFATM	Global Fund to fight AIDS, TB, and Malaria
HIV	Human immunodeficiency virus
ILO	International Labour Organisation
JPMS	Joint Programme Monitoring System
KII	Key informant interview
LGBTQI	Lesbian, gay, bisexual, transgender, queer/ questioning, and intersex
MARP	most-at-risk populations
MoEYS	Ministry of Education, Youth, and Sports
MoWA	Ministry of Women's Affairs
NAA	National AIDS Authority
NAPVAW	National Action Plan to Prevent Violence Against Women
NCHADS	National Center for HIV/AIDS, Dermatology & STD
NMCHC	National Maternal and Child Health Center
PEP	Post Exposure Prophylaxis
PEPFAR	The President's Emergency Plan For AIDS Relief
PMTCT	Prevention of mother to child transmission
RGC	The Royal Government of Cambodia
SGBV	Sexual and gender-based violence
SOP	Standard operating procedure
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TAAG	The Accountability and Advisory Group

TWGG	Technical Working Group on Gender
TWGG-GBV	Technical Working Group on Gender - Gender Based Violence
UBRAF	UNAIDS Unified Budget Results and Accountability Framework
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
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
VAC	Violence against children
VAWG	Violence against women and girls
WLHIV	Women living with HIV

Executive Summary

The purpose of the independent evaluation of the UNAIDS Joint Programme on preventing and responding to violence against women and girls (VAWG) is to assess the Joint Programme's accountability to ending violence against women and girls and addressing the bi-directional nature of VAWG and HIV. This report focuses on Cambodia.

Country context

Cambodia has been successful in reducing the national HIV prevalence rate among general population since having one of the most rapidly growing HIV epidemics in Asia in the mid-1990s (CPN+, 2019). However, HIV remains concentrated among key populations, and HIV related stigma, discrimination and violence continue to exist (ibid.). At the same time, VAWG remains endemic, and sexual and gender minorities face high levels of discrimination and violence (WHO, UN Women and RGC, 2015 and RoCK, 2019). In Cambodia, women's social status as subordinate to men, women's limited power to negotiate safer sex, and high levels of VAWG, are aspects that contribute to women and girls being exposed to HIV. While social norms prescribe women and girls to abstain from sex before marriage and not talk openly about sexuality, social norms allow men to express and explore their sexuality, with sexual experience being perceived as a defining trait of masculinity (MoWA, 2014a). For young people, additional drivers of HIV risk are limited comprehensive knowledge on HIV, risky sexual behaviours, and alcohol and drug use (ibid). Addressing both HIV and VAWG, and the multifaceted and complex linkages between the two, will be a necessity in Cambodia's efforts to advance gender equality, end AIDS as public health threat, and end violence and discrimination against women in their diversity, including women living with HIV.

Methodology

The evaluation team consisted of a Core Team Member from Social Development Direct, a National Consultant and two members of the Accountability and Advisory Group (TAAG). The team conducted a total of 34 interviews with stakeholders from the UN, the government, civil society and representatives of groups of women living with HIV. In addition, 61 documents were reviewed. The evaluation is based on four outcome areas identified in the evaluation Theory of Change and an additional area on examining COVID-19 adaptations.

Headline findings

Outcome 1: The Joint Programme's response to HIV integrates appropriate VAWG prevention and response and is gender transformative

- Since 2016, the Joint Programme has supported a number of interventions which have addressed HIV/ VAWG linkages – demonstrating consistent awareness and commitment to address these in an integrated way at multiple levels, from policy level to supporting communities living with and affected by HIV.
- The Joint Programme has supported several high-level policy and strategy processes in which UNAIDS and co-sponsors have advocated for recognising HIV/ VAWG linkages, and have actively included women living with HIV and key populations in these processes.
- There are some efforts to address stigma, discrimination and violence against women living with HIV in the health sector (mainly through the PMTCT programme) however, other efforts that address discrimination and stigma in healthcare settings appear to have less focus on the gendered aspect of this and the rights of women living with HIV.

- There are examples of how the Joint Programme has addressed stigma and discrimination against people living with HIV and key populations, however, it is less clear how ‘gendered’ these efforts are, i.e., if the interventions have addressed intersecting HIV related stigma and gender related discrimination – with a few notable exceptions.
- The Joint Programme includes elements of gender transformative approaches, e.g., supporting the leadership and advocacy efforts of women living with HIV and key populations; advocating for high-levels commitments to address HIV/ VAWG linkages; and providing holistic and rights-based support to women living with and affected by HIV and key populations, i.e., not only taking a public health/ medical approach.

Outcome 2: UN VAWG programmes integrate appropriate HIV prevention and response and are gender transformative

- The Joint Programme has contributed to the integration of HIV in the health sector response to VAWG, primarily through supporting the development of guidelines and manuals. It is less clear to what extent these guidelines are effectively implemented at a health facility level.
- There has also been integration of VAWG/ HIV services in youth-friendly SRH services.
- VAWG/ HIV linkages are addressed through comprehensive sexuality education (CSE) programming, which has been integrated into the national health education curriculum.
- Several UN agencies have been involved in campaigns and awareness raising to promote gender equality and end violence against women in their diversity, as well as LGBTQI people.

Outcome 3: Enhanced national ownership of HIV and VAWG prevention and response and accountability to women and girls

- The Joint Programme has contributed to building high level commitments to address VAWG/ HIV linkages, and has supported the participation of representative groups and civil society in such spaces, with the view to ensure that issues affecting women living with HIV and women from key populations are recognised and included in national policies and plans.
- The Joint Programme’s support to developing guidance and SOPs, primarily in the health sector, has contributed to enhancing national ownership, however, the extent to which service providers “owns” them and have effectively integrated them into practice is less clear.
- UNAIDS is part of national technical working groups on both VAWG and HIV, and appears to be strategically placed to address VAWG/ HIV linkages and coordination of response along with other co-sponsors. While the VAWG focused working group has provided entry points for UNAIDS to address HIV and engage civil society actors working on HIV issues, it is less clear to what extent HIV working groups have addressed VAWG issues.
- UNAIDS and co-sponsors play an important role in bridging civil society and government actors on VAWG and HIV issues, and have built strong relationships with civil society partners, including CSOs representing key populations and women living with HIV. However, this has not included any network representing women living with HIV, as the previously existing one has disappeared due to lack of external funding in recent years.
- While there are good examples of engagement of civil society on policy processes, assessments, and campaigns and awareness raising, the terms of engagement can be improved, e.g. through ensuring more time for consultations, greater transparency of the processes, and wider community participation.
- More can be done to improve accountability to women living with HIV in programmes and service provision, including by ensuring that existing accountability mechanisms in HIV services adopt a gender perspective; and by exploring opportunities to support networks or groups of

women living with HIV with the view to engage them more actively in national joint networks for people living with HIV and key populations, as well as making sure that existing networks include and support the leadership of women living with HIV.

- The Joint Programme contributes to national ownership and sustainability of efforts that address HIV/ VAWG linkages, and has prioritised supporting sustainability of the national HIV response. While there is a recognition of the role of civil society and key populations networks in a sustainable HIV response, there could be a stronger recognition of the role of women living with HIV and the importance of representative networks for this constituency.

Outcome 4: Collaboration among co-sponsors working on HIV and VAWG prevention and response

- Collaboration among Joint Programme partners is reported to work well and several of the achievements seen in relation to addressing HIV/ VAWG linkages were described as the results of joint efforts by several UN agencies.
- Internally, the UN Theme Group on Gender and the UN Theme Group on Human Rights provides platforms for collaboration, in addition to the coordination that takes place through Joint Team on HIV/AIDS meetings and planning.
- Civil society organisations and government stakeholders that work with UN agencies shared examples of good coordination among UN agencies (e.g. coordinating their geographical coverage of VAWG response) as well as areas where they suggested the UN can coordinate their efforts better (e.g. strengthening coordination of the support to the health sector).

COVID-19 adaptations

- UNAIDS has supported the adaptation of the national HIV response to the COVID-19 context, including planning how outreach services can shift from physical outreach to virtual outreach.
- UNAIDS and co-sponsors have supported several assessments to understand the impact of COVID-19, to inform the response. This includes assessments of the impact of COVID-19 on people living with HIV and key populations including female entertainment workers.
- UNAIDS and co-sponsors have successfully advocated for the inclusion of people living with HIV in the government's emergency cash transfer programme.

Key country level considerations for the future

- The attention to the bi-directional linkages between HIV and VAWG can be strengthened, with increased attention to violence as a result of HIV status/ disclosure, including in women's intimate partnerships and in healthcare settings.
- The work with key populations and people living with HIV could be more 'gendered' and take a stronger intersectional approach. Planning, reporting and assessments should systematically pay attention to the differing needs of key populations and people living with HIV of all genders, and account for the needs and experiences of women in their diversity.
- Explore opportunities to support revitalising the network of women living with HIV, and recognise the role and risks facing networks and organisations representing women living with HIV as part of the sustainability planning and analysis.
- Increase accountability to women and girls in their diversity living with HIV, for example by supporting involvement in programmes and monitoring of HIV and VAWG services.
- Continue raising awareness of VAWG against women and girls in their diversity and sexual and gender minorities with government stakeholders – building on the recognition of violence against diverse women and women from key populations in the third National Action Plan to Prevent Violence Against Women (NAPVAW).

- Explore within the Joint Team what ‘meaningful engagement’ of women in all their diversity means and develop a common understanding/ approach across co-sponsors. This could build on the existing definitions provided by the Civil Society Marker (CSM), but further elaborate on the quality and terms of consultations.
- Address the insufficient documentation and follow up of VAWG survivors who access healthcare facilities following violence, including monitoring to what extent survivors access HIV services and comprehensive VAWG services.
- Build on existing good examples and practice in gender transformative programming, including the holistic approaches to working with affected communities, and supporting leadership and advocacy efforts based in priorities identified by communities themselves.

1. Introduction

1.1 About the global evaluation

The purpose of the independent evaluation of the Joint Programme on preventing and responding to violence against women and girls (VAWG) is to assess the Joint Programme's accountability to end VAWG, and addressing the bi-directional nature of VAWG and HIV. This includes assessing the results achieved; identifying lessons learned; and develop practical recommendations to support learning and evidence-based decision making for future programming.

The evaluation focused on Joint Programme efforts to support countries to implement transformative approaches for addressing gender equality, HIV and VAWG, in collaboration with women's and adolescent girls' and young women's groups and relevant civil society networks. It focused at country level on the bi-directional linkages between HIV and VAWG in different contexts, among different groups and different types of violence in various settings, and the extent to which they are gender transformative.

The global evaluation uses country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Cambodia. The evaluation looks at the period 2016 to end of 2020.

1.2 The Joint Programme on HIV and AIDS in Cambodia

The Joint United Nations Programme on HIV and AIDS Cambodia (hereafter the Joint Programme) represents the collective efforts of the UN to support the Royal Government of Cambodia (RGC), in close partnership with civil society partners, communities affected by HIV/AIDS and development partners, to achieve the national vision and objectives on HIV/AIDS. The Joint Programme is aligned with and supports Cambodia's Fifth National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS (2019-2023), and Strategic Plan for HIV and STI Prevention and Control in the Health Sector (2021-2025).

The national HIV response has made significant strides towards eliminating HIV over the past two decades; in 2017 Cambodia became one of seven countries globally to have achieved the 90-90-90 targets⁸⁶ (United Nations Cambodia, 2019). The United Nations Development Assistance Framework (UNDAF) 2019-2023 recognises that *"this success, while driven by the RGC and civil society, has been heavily dependent on external financial and technical support. HIV disproportionately affects key populations in Cambodia, including people who inject drugs, female entertainment workers, men who have sex with men and transgender people. With Cambodia's HIV response being at the crucial stage of ending AIDS by 2025, maintaining the gains and sustaining the response in the medium and long term is of critical importance"* (United Nations Cambodia, 2019, p. 27).

Outcome indicators related to HIV in the UNDAF include to increase domestic funding for the AIDS response (from 17% to 30%), increase the percentage of people living with HIV who are on treatment, prevent HIV among key populations, and support data generation on discrimination against people living with HIV. Under sub-outcome 4.3, the UNDAF states that elimination of HIV-related stigma and discrimination is a priority in the UN's work to raise public knowledge and awareness of laws and policies related to human rights. According to the UNDAF, UN's support also sets out to strengthen access to healthcare for youth, particularly sexual and reproductive health (SRH) information and services, including for HIV and sexually transmitted infections (STIs), and to

⁸⁶ The 90-90-90 target sets out that 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and; 90% of all people receiving antiretroviral therapy will have viral suppression (see <https://www.unaids.org/en/resources/909090>)

support to comprehensive sexuality education (CSE) as well as other social behavioural change interventions.

The Joint Programme in Cambodia mainly works at a policy and strategic level, where it provides technical and financial support to the RGC to develop policies, strategies and standard operating procedures (SOPs). A key objective of the Joint Programme is also to support civil society engagement at various levels in the national HIV response, from policy level to implementation.

In the period between 2016 to 2020, the Joint Programme in Cambodia has been broadly organised around three priorities: 1) HIV prevention (with focus on key populations); 2) access to HIV testing (with immediate linkages to treatment, care and support); and 3) human rights, stigma and discrimination (promoting an enabling environment). Sustainability is another priority.

In 2020, the Joint Programme in Cambodia for the first time benefited from the UBRAF country envelope funding of 150,000 USD. The tables below show the Joint Programme's total budget for 2018 and 2020; all funding sources included (2019 budget data was not accessed by the evaluation team).

Table 1: Joint Plan Budget 2018 (USD)

Agency	Co-sponsor supplement. funds	Co-sponsor core UBRAF allocation (HQ)	Co-sponsor non-core (own) funds	Secretariat core UBRAF allocation	Secretariat non-core funds	Total
UNAIDS Secretariat		843	49,680	90,832	17,801	109,476
WHO-PAHO	105,573					105,573
UN Women		206,834				206,834
UNDP		4,320	49,680			54,000
Grand total						475,883

Table 2: Joint Plan Budget 2020 (USD)

Agency	Co-sponsor supplement. funds	Co-sponsor core UBRAF allocation (HQ)	Co-sponsor non-core (own) funds	Co-sponsor country envelope	Secretariat core UBRAF allocation	Secretariat non-core funds	Total
UNAIDS		1,500			295,000		31,000
WHO-PAHO	43,014			32,671			75,685
UN Women				17,280			17,280
UNDP				21,600			21,600
UNFPA	125,280			41,040			166,320
UNODC				37,409			37,409
Grand total							349,294

Source: JPMS extracts

1.3 UN co-sponsors VAWG programming

The UN in Cambodia supports the RGC's efforts to prevent and respond to VAWG. The UNDAF (2019-2023) delineates the focus of the support: *"to ensure that multi-sectoral gender-inclusive policies are strengthened and implemented. Women's voices, including survivors of gender-based violence and sexual harassment, need to inform laws and policies so that they prevent and respond to such violence and harassment. /.../ Further, the UN will assist in the development and implementation of multi-sectoral prevention, protection and support strategies and services to effectively respond to violence, including violence against children and sexual and gender-based violence"* (United Nations Cambodia, 2019, p. 51).

Related outcome indicators include increasing the existence of referral mechanisms for GBV⁸⁷, to increase the number of survivors of violence who are reached by health services, and to support the availability of government-owned evidence related to discrimination, stigma and violence against women, persons with disabilities, children, youth, LGBTQI people, people living with HIV, key populations and others (United Nations Cambodia, 2019).

The National Action Plan to Prevent Violence Against Women (NAPVAW), which was approved in December 2020, (2019-2023) provides the following analysis of Cambodia's VAWG prevention and response: *"prevention efforts remain underfunded and not coordinated. Prevention efforts are still project based and limited in scope. Minimum service standards have been approved or are in progress for essential services, health, mediation, referral, media, and others. These are significant steps toward improving the quality of services, however, training to build capacity for their implementation is limited to a few pilot provinces, so prevention and response services are still limited in scope and quality"* (Ministry of Women's Affairs, 2020, p. 5).

Several UN agencies are involved in VAWG programming in partnership with the RGC and civil society. For the work at a national policy and strategic level, several UN agencies are members of the Technical Working Group on Gender-Gender Based Violence (TWGG-GBV), which is the national coordination group for GBV efforts and is co-chaired by UN Women, UNFPA, and Ministry of Women Affairs (MoWA). There are also sub-working groups on GBV at province level.

The UN's work on VAWG prevention and response is largely led by two co-sponsors – UN Women and UNFPA, while other agencies such as UNICEF, ILO, and UNODC also address different aspect of VAWG. WHO contributes to the health sector response to VAWG, while UNDP does not focus on VAWG directly but has a large programme focusing on gender, including supporting gender mainstreaming into all sectoral ministries and programmes.

1.4 Country context – HIV and VAWG

Cambodia has been successful in reducing the national HIV prevalence rate among general population since having one of the most rapidly growing HIV epidemics in Asia in the mid-1990s (CPN+, 2019). However, HIV remains concentrated among key populations, and HIV related stigma, discrimination and violence continue to exist (ibid.). At the same time, VAWG remains endemic, and sexual and gender minorities face high levels of discrimination and violence (WHO, UN Women and RGC, 2015 and RoCK, 2019). In Cambodia, women's social status as subordinate to men, women's limited power to negotiate safer sex, and high levels of VAWG, are aspects that contribute to women and girls being exposed to HIV. While social norms prescribe women and girls to abstain from sex before marriage and not talk openly about sexuality, social norms allow men to express and explore

⁸⁷ This evaluation focuses on VAWG, which includes violence against women in their full diversity, as well as gender diverse, non-binary and trans people. The report generally 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.

their sexuality, with sexual experience being perceived as a defining trait of masculinity (MoWA, 2014a). For young people, additional drivers of HIV risk are limited comprehensive knowledge on HIV, risky sexual behaviours, and alcohol and drug use (ibid).

HIV

Cambodia's estimated HIV prevalence rate among adult general population aged 15-49 has decreased slightly from 0.8% in 2010 to 0.5% in 2019. In 2019, there were an estimated 36,000 women living with HIV compared to 33,000 men (aged 15+) (UNAIDS, 2020a). The HIV prevalence is significantly higher in key populations⁸⁸, including female entertainment workers, men who have sex with men, transgender people, and people who use drugs (ibid.) Women who inject drugs are believed to have the highest risk of HIV infection of all groups of women in Cambodia, with 2017 data indicating that 21.7% of women who inject drugs live with HIV (compared to 12.8% for men who inject drugs) (Mun, Yi and Tuot, 2018).

In 2014, 19.4% of women aged 15 to 49 years living with HIV have reported experiencing discriminatory attitudes (UNAIDS 2020a). There has been only a small reduction in reported experiences of discriminatory attitudes since 2015 but a significant reduction has been seen since 2005 (31.8%). However, the figures for 2015 and 2005 are for men and women, with no recent data on discrimination against women living with HIV being identified. The Stigma Index for Cambodia (2019) reports that 75% of men and 72% of women hide their HIV status from others (CPN+, 2019). For an overview of the legal and policy context and HIV services see Annex 5.

Violence against women and girls

A national survey in 2015 found that 21% of women who had ever been in a relationship had experienced physical or sexual violence at least once, and 32% had experienced emotional abuse (WHO, UN Women and RGC, 2015). Almost half of women who had experienced physical or sexual violence never talked about it with anyone. 14% of women aged 15-64 reported physical violence by a non-partner in their life, and 4% reported non-partner sexual violence (ibid.). Studies of men's perpetration of VAWG in Cambodia have found similarly high levels of violence – a regional multi-country study by the UN found that 33% of men in Cambodia reported perpetrating physical and/or sexual violence against an intimate partner in their lifetime, and one in five men reported raping a woman or girl – one of the highest recorded rates in the region (Fulu et al., 2013).

Women and girls who experience intersecting forms of discrimination are at high risk of violence. Although there is limited data available to shed light on this, there are some exceptions. For instance, 24% of transgender women in a national survey reported having experienced physical violence; 39% reported experiencing sexually abuse or assault; and 11% had been arrested by the police (Yi et al., 2019). Other groups that are known to be at high and intersecting risks of VAWG and HIV are female entertainment workers and female sex workers. It should be noted that there is often an overlap between female sex workers and entertainment workers, as many women who sell sex operate out of entertainment establishments. Street-based sex workers are recognised as at particularly high risk of violence, including perpetrated by the police (UN KII). Other groups of women who key informants recognised as being at high risk of VAWG are women in prison and women who use drugs (UN KIIs). However, there is no data available on this.

CPN+, a network organisation of people living with HIV in Cambodia, has highlighted that women living with HIV experience multiple forms of violence and discrimination, including risk of

⁸⁸ In Cambodia, people who inject drugs, female entertainment workers, men who have sex with men and transgender people are considered the main key populations (UNAIDS KII)

abandonment, isolation, being thrown out of home, and various forms of violence in their families and communities (ICRW, GTZ, WHO, 2007). Women living with HIV also face human rights violations and abuses by healthcare providers including negative attitudes, violations of the right to privacy and confidentiality, and being denied information and the right to make informed choices about reproductive life and health, for instance leading to forced sterilizations (AUA, 2016). For further evidence on violence against women and girls in their diversity, see Annex 6.

2. Methodology

The country case study took place between January and March 2021. The evaluation team consisted of one Core Evaluation Team Member from Social Development Direct, one National Consultant, and two members of the Accountability and Advisory Group (TAAG); a representative group of women with a diversity of geographies, ages and identities, who were engaged to ensure the accountability of the evaluation process to networks of women and girls across the global evaluation, and who led the work with connecting with network of women and girls living with or affected by HIV in the 9 evaluation countries.

The UNAIDS Secretariat in Cambodia shared a list of key stakeholders to the Joint Programme with the evaluation team for validation and finalisation. UNAIDS also shared a set of initial documents to review, including key national policy documents, Joint Plan documents, and other key UN strategic documents. Further documents were identified through desk-based research and sourced from key informants. For a full list of documents reviewed for this case study, see Annex 2.

The Core Team Member interviewed HIV and gender technical staff from 8 UN agencies working in Cambodia and representatives of two donors supporting in-country work on HIV and VAWG. The National Consultant interviewed representatives from the government involved in the national HIV and VAWG programmes, and civil society organisations working in the areas of HIV and VAWG. The TAAG members interview four representatives of women in their diversity from community led networks. The country case study report was shared with UCO for validation and discussion of findings. For a full list of stakeholders interviewed, see Annex 3.

Stakeholder type	No.
UN stakeholders	14
Donors	2
Government	4
Civil Society	10
Representatives of women in their diversity	4
Total number of individuals interviewed:	34

Limitations

The main limitations of this study relate to the COVID-19 pandemic. Many key informant interviews (KII) had to take place virtually, although some face-to-face meetings in Phnom Penh were possible – adhering to government guidelines. Some challenges in terms of connection issues were encountered during the virtual interviews, and it should also be recognised that some non-verbal communication and rapport that can be built during face-to-face meetings likely got lost in the virtual meetings.

The data collection took place within a relatively short amount of time. Although most identified key informants were available within the timeframe; given more time, the evaluation team would have liked to interview more stakeholders involved in VAWG prevention, and a wider range of civil society organisations and networks representing women and girls in their diversity.

Another limitation relates to the limited availability of evaluations and evidence of reach and impact of many of the examples discussed in this report. In some cases, evaluations and monitoring data were said to not be available, in other cases it had to do with the interventions/ examples being relatively recent and therefore not yet evaluated or reviewed.

3. Findings

The findings of this case study are presented by each outcome area in the evaluation theory of change, with outcome 1 (Joint Programme HIV response integrates VAWG prevention and response and is gender transformative) and outcome 2 (UN VAWG programming integrates HIV prevention and response and is gender transformative) being combined as HIV and VAWG efforts are sometimes integrated and cannot be strictly categorised as a VAWG or HIV programme, followed by outcome 3 (enhanced national ownership and accountability to women and girls in their diversity) and outcome 4 (enhanced UN collaboration). The case study uses four illustrative examples to highlight Joint Programme and wider UN efforts that have contributed to several outcome areas.

Illustrative case studies:

- **Illustrative example 1:** Joint UN support to the third NAPVAW formulation
- **Illustrative example 2:** Integration of CSE into the national health education curriculum
- **Illustrative example 3:** Training law enforcement officers in human rights, gender and non-discrimination
- **Illustrative example 4:** Transformative leadership development of women living with HIV

Outcome 1 and 2: Addressing the bi-directional linkages between HIV and VAWG

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

Since 2016, the Joint Plans include a number of intervention areas which offer opportunities to address HIV/ VAWG linkages; demonstrating consistent awareness and consideration of the linkages.

Box 1: Summary of HIV/ VAWG linkages in Joint Plans 2016-2020

The Joint Plan 2016-2018 recognised that ‘persistent gender inequalities and GBV contribute to women’s HIV risk and vulnerability’, and further that ‘stigma, discrimination and other human rights violations continue to impede progress in the AIDS response, increasing risks and vulnerabilities and deterring many people living with HIV and key populations from seeking essential services’. There are a number of activities related to VAWG in the plan, including:

- Strengthen sub-national NAPVAW implementation;
- Ensure NAPVAW implementation includes and addresses the needs of vulnerable groups;
- Support civil society and vulnerable groups for advocacy on SGBV;
- Advocacy and monitoring for addressing human rights violations for key population and people living with HIV;
- Facilitate workplace policy and programme for vulnerable women, garment and entertainment industries.
- Provide technical assistance to ensure integration with and implementation of SGBV services into the health sector response.

The Joint Plan 2018-2019 maintains a similar focus on SGBV services in the health sector response; addressing stigma, discrimination and human rights related barriers in the HIV response; and support groups' advocacy around SGBV issues, with these activities continuing to be particularly focused around vulnerable groups, key populations, and people living with HIV, however, without defining who are considered 'vulnerable' and without explicitly mentioning women and girls. A new addition to the Joint Plan is the Gender Equality Marker (GEM) which self-scores these activities 2 to 3, having gender equality/ empowerment of women and girls as a significant (2) or principal (3) objective. The Joint Plan also has a Civil Society Marker (CSM), where all these activities are self-marked 1 – suggesting the need for more consultation and engagement with civil society/community.

The Joint Plan 2020-2021 continues to target discriminatory practices and policies that block effective access to HIV services, and with a strong emphasis on supporting the capacity of people living with HIV, key populations, and LGBTQI people to act as effective advocates and implementors in the AIDS response. The Joint Plan has sub-activities under the headings of 'advocacy for LGBTQI rights'; 'capacity building of people living with HIV, key populations, and LGBTQI people's networks'. In addition to a more pronounced focus on LGBTQI people, the plan includes activities targeting women living with HIV in a community in Roka, Battambang, with focus on transformative leadership and livelihoods support. The activities in the plan have few explicit references to GBV/ VAWG, however, the human rights focus and supporting affected communities remain at the centre.

The HIV/ VAWG linkages largely appear in four categories: i) policy support; ii) strengthening services (through guidance and SOPs development; training and capacity building) iii) awareness raising and campaigns; and iv) supporting capacity and advocacy efforts of people living with HIV, key populations, and LGBTQI people. The sections below explore how HIV/ VAWG linkages have been recognised and addressed in the first three areas, while the fourth is addressed under outcome 3.

I. Policy support – HIV/ VAWG linkages

A key avenue through which the Joint programme has addressed HIV/ VAWG linkages is support to national policy and strategies related to gender, VAWG and HIV. These joint efforts are crucial to promote national ownership and sustainability, and have also been used as opportunities to engage civil society in the response (outcome 3). The support to national policy formulation also sheds light on collaboration between UN agencies (outcome 4) as this support is largely taking place through technical working groups which several UN agencies are engaged in. The support to the third NAPVAW is used as an illustrative example that demonstrates the contribution to several of these outcomes.

HIV policies/ strategies: Cambodia's national strategy and guiding policy frameworks for responding to HIV recognise gender equality as a central principle and prerequisite for effectively addressing HIV. The link to VAWG has, according to a UN key informant, been present in HIV policies for several years, and is 'part and parcel' of the response (UN KII). The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023) states that a key strategy for a multisectoral HIV response is to ensure that the national gender strategy "includes HIV prevention and treatment and addresses VAW" (National AIDS Authority, 2019, p. 27).

Gender policies/ strategies: Gender strategies and action plans in Cambodia commonly recognise women living with HIV among the 'vulnerable groups'. UNAIDS and co-sponsors have in recent years provided support to the development of Cambodia's first National Gender Policy (2020-2030). The policy aims to provide an overarching framework for gender equality in the country, which will be approved at a higher level than the MoWA's 5-year strategic plans for Gender Equality and the

Empowerment of Women in Cambodia. UNDP has provided technical backstop to the process and ensured that the policy has been consulted among civil society actors, including women groups and networks, and networks of people living with HIV (UN KII). According to 2019 JPMS reporting: *“UNAIDS provided inputs to the draft policy to ensure that it is HIV sensitive and WLHIV, other KPs are well reflected in the draft policy”* (JPMS, 2019). The policy is still in drafting and it remains to be seen how it will recognise HIV and VAWG linkages.

UNAIDS and co-sponsors have also supported the process of developing MoWA’s new 5-year strategy for Gender Equality and the Empowerment of Women. In preparation for the development of the new strategy, a Country Gender Assessment was conducted under the leadership of MoWA, with technical support from the UN. According 2019 JPMS reporting: *“UNAIDS has actively engaged and provided inputs in drafting section on Gender and Health (including HIV) and Gender and Vulnerable Women where WLHIV, KP and LGBTI are included”* (JPMS, 2019a).

VAWG policies/ strategies: The NAPVAW (2019-2023) recognises that *‘women who are stigmatised and are neglected or ignored in their communities or in society occupy a very vulnerable position, which increases their risk of human rights abuses, including violence’* – these groups include women with disabilities, women living with HIV, lesbian, bisexual, and transgender women, women migrant workers, entertainment workers, sex workers, garment factory workers and other female workers, women who use drugs or their partners use drugs, women in prisons, indigenous women and women from religious or ethnic minorities (Ministry of Women’s Affairs, p. 44). Preventing and responding to violence against these groups is one of three priority areas of the NAPVAW. The contribution of the Joint Programme and co-sponsors to the third NAPVAW formulation is summarised below.

Illustrative example 1: Joint UN support to the third NAPVAW formulation

Since 2018, several co-sponsors have provided technical and financial assistance to MoWA to develop Cambodia's third NAPVAW, through what is described as a 'rigorous consultative process with other line ministries, CSOs, and development partners' (JPMS, 2019a). Most notably among the co-sponsors is the coordinated support provided by UNAIDS, UN Women and UNFPA through the Technical Working Group on Gender – GBV (TWG-GBV). The support towards the formulation of the third NAPVAW started with an assessment of the second NAPVAW. Following the assessment, the co-sponsors started mobilising their civil society partners, including representatives of the LGBTQI community and women living with HIV. A key informant from the UN noted that progress has been seen in terms of engagement of activists and different voices of civil society in the third NAPVAW formulation, and that the UN played an instrumental role in supporting this, which is at the same time a result of increasing demand from civil society to be in those spaces:

The driving force to engage the different population groups, can be seen as an influence from the joint efforts of the UN agencies, and also the demand from the civils society organisations, that it needed to be a transparent and participatory process. At subnational level, through the support of UN agencies, women living with HIV were also invited to the consultations. (UN KII)

Key informants from the UN describe that UNAIDS played a critical role in engaging civil society groups and key populations, drawing on its existing partnerships and relationships with NGOs working on HIV issues, and ensuring that women living with HIV were consulted. Various UN key informants hold the NAPVAW process as an example of UN collaboration on a policy level, supporting the RGC to formulate an action plan for addressing various forms of violence against women in their diversity in a consultative manner. Key informants from civil society recognise the UN's role in ensuring that representatives from different groups, such as LGBTQI people and female entertainment workers, were included in the third NAPVAW process and that the document considers violence against diverse women and girls and gender diverse people.

However, civil society key informants highlighted that there are still steps to take to ensure a wider and more meaningful participation by affected groups. See Outcome 3 for further discussion on this.

Source: UN and civil society KIIs

II. Sector specific HIV/ VAWG linkages

The health sector

The health sector is the area where most key informants identified HIV/ VAWG linkages. The focus is on response to GBV and HIV, providing integrated testing, treatment and care. The main ways which UNAIDS and co-sponsors have supported this area of work is through developing guidance, strengthening referral systems, and supporting capacity building with the view to enhance the implementation of guidance/ SOPs.

Health sector response to VAWG: UN Women and UNFPA have supported the health sector response to GBV through the partnership in support of Essential Services for Survivors of VAWG. The support to ensuring essential services to VAWG survivors started under the II NAPVAW, where the 'Minimum Standards for Essential Services for Women and Girl Survivors of Gender-Based Violence' (GBV) was drafted in 2017. Key results in the JPMS (2019a) related to the joint support of essential services including revising the guidance for the forensic examination in cases of rape and training 15 Forensic Examination Committees around the country, and strengthening of referral systems on a local level including the District Based Multi-Sectoral Networks (DBMSNs), the Commune Committee

for Women and Children (CCWC) and various local stakeholders (including DPOs). Evidence suggests an increased uptake of GBV services, and that the majority of survivors who accessed services (78%) were satisfied with the support (ibid).

In 2019, seven referral hospitals were reportedly functioning as VAW responsive facilities (JPMS, 2019a). UNFPA supports the work to strengthen referral systems at provincial level, however, a lack of capacity and resources at provincial level was noted in the 2019 JPMS, impeding the response to VAW:

The provincial VAW/GBV referral network has limited capacity to respond to multiple needs at the local level, thus creating delays in responding to some cases. /.../ In addition, the allocation of institutional resources to VAW/GBV networks is reported to be inadequate to fully perform their function and support VAW/GBV survivors. UNFPA will continue to advocate with the government for the increased national and provincial budget for VAW/GBV issues. (JPMS, 2019a)

UN Women, UNFPA and UNDP have conducted joint advocacy under the Essential Services partnership, including to influence the RGC to commit to Cambodia's Domestic Violence legislation in 2019 and to provide forensic examinations to survivors of sexual violence for free in government healthcare facilities (JPMS, 2019a).

Integrating VAWG and HIV services: Several UN agencies have supported the integration between GBV and HIV services, mainly through supporting the development of guidelines. The 2018-19 Joint Plan activity describes that WHO, UNAIDS, UNFPA, and UN Women set out to: 'ensure integration /implementation of SGBV services into health sector response to address HIV and STI vulnerabilities and exposure' (JPMS, 2019a).

Key UN informants talked extensively about the Joint Programme's efforts to integrate VAWG and HIV services. For instance, UNFPA and UNICEF's support to the health sector response to VAWG has integrated 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 Violence Against Children (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 roll out, to ensure that the roll out on provincial, hospital level also includes an HIV focal point. (UN KII)

Integration of VAWG/ HIV services has focused on response to VAWG, with focus on ensuring that HIV testing and post-exposure prophylaxis (PEP) is available in government healthcare facilities. Support by the UN has focused on the development/ updating of national guidelines in this regard. In 2019, joint efforts by FHI360/LINKAGES, UNAIDS, WHO and US-CDC to NCHADS resulted in the development of PEP guidelines for provision and monitoring of PEP for GBV survivors who have been exposed to HIV transmission (JPMS, 2019a). The guideline was disseminated in September 2019 for implementation at subnational level (JPMS, 2019a).

While guidelines have been developed, several key informants raised concerns around the lack of implementation of the guidelines at service provision level. Implementation gaps related to insufficient coordination of stakeholders, lack of survivor-centred approaches and inadequate data and monitoring systems (Civil society KIIs). For example, a key informant from civil society expressed concerns around lack of respect for survivor privacy and confidentiality in healthcare settings and the need for further capacity building to implement existing guidance (Civil society KII). Cambodia does not have a one-stop approach for VAWG response services (however, one-stop-services are

planned at some referral hospitals), with survivors sometimes forced to visit several healthcare departments to receive comprehensive services (Civil society KII). For instance, PEP might be provided in one place while emergency contraception is provided elsewhere – this was explained as being due to different donors financing different departments. Weak linkages between the health sector response, legal response, and social support services were further highlighted as a major challenge, with little follow up of what support and protection survivors receive after they have been discharged (Civil society KII). The lack of comprehensive support to VAWG survivors and referrals was also highlighted in a recent study (UNICEF et al, 2020).

There have also been attempts to integrate VAWG guidelines (identification and referrals) in HIV service provision in pilot provinces, with UNAIDS and other donor support. However, key informants highlighted challenges around this as guidelines are reportedly not being implemented as they should, and referral systems are not working in practice. For example, in relation to index testing, the SOPs in full reportedly include three questions on violence to identify if a client might experience violence. However, several key informants reported that the questions are often being asked, but that service providers have limited capacity to respond to this (Civil society KII; Donor KII). For example, one said that: *“if the questions suggest that there has been violence, there is no further questions, full stop at the moment, and no link to further services”* (Donor KII).

Key informants across all stakeholder groups highlighted issues around information and monitoring systems, resulting in limited information on what services and support VAWG survivors access, including HIV services. Similarly, there appear to be no systematic monitoring or follow-up on the response to VAWG survivors who are identified by HIV service providers. This leads to gaps in understanding what support survivors receive, and the quality of the services – meaning that little is known of whether guidelines and SOPs are followed in practice.

PMTCT: UNAIDS has worked with WHO and key partners including the National Center for HIV/AIDS, Dermatology & STD (NCHADS) and the National Maternal and Child Health Center (NCMCH) to develop the National Roadmap for Elimination of Mother to Child Transmission of HIV and Congenital Syphilis (eMTCT)⁸⁹, which was approved in 2018. The eMTCT roadmap recognises the existence of stigma, discrimination and risks of GBV, abuse and coercive practices against women, including pregnant women and women living with HIV, and key populations in relation to HIV testing (Ministry of Health, 2018). The roadmap sets out to overcome this by ensuring four standards are met: human rights in SRHR; gender equality; community engagement; and removing human rights barriers.

The development of the national roadmap included a rapid assessment supported by UNAIDS and involving civil society networks of people living with HIV. The assessment found a poor understanding of gender equality and non-discrimination among service providers, lack of meaningful involvement of women in the PMTCT programme, and a lack of accountability mechanisms for reporting and redress for human rights violations in healthcare settings (UN KII). Following the assessment, the national roadmap identified the need for capacity building of healthcare providers in non-discriminatory and rights-based approaches, as well as active engagement of people living with HIV, including women and key populations to ensure their needs are understood and met and that there is increased accountability (UN KII). Another outcome of the eMTCT roadmap is the reactivation of a network/ unit for women living with HIV within the broader network for people living with HIV, aiming to increase women’s participation in PMTCT (UN KII). However, it is not clear whether this has materialised, as representatives of women living with HIV highlighted a lack of support to networks of women living with HIV.

⁸⁹ Preferred term in this evaluation: ‘vertical transmission’

The PMTCT programme has recognised VAWG/ HIV linkages in healthcare settings and sets out steps to increase accountability and meaningful engagement of women living with HIV and key populations. WHO is reportedly supporting the revision of the training curriculum for healthcare providers to include a stronger focus on issues of gender equality and non-discrimination (UN KII). WHO and UNAIDS provide ongoing support to this by supporting NMCHC/ NCHADS to conduct annual workshops to review progress of the eMTCT roadmap implementation (Joint Plan 2020/21).

Adolescent/Youth Friendly Health information and services: UNFPA has focused on improving SRH information and services for youth and adolescents through a health system strengthening approach (JPMS, 2019a). The work builds on the national guidelines on adolescent and youth-friendly SRH services, which follow WHO recommendations, and integrate both HIV prevention and response, and VAWG response, the latter through focus on counselling and care following sexual abuse and violence. UNFPA focuses this work in 8 priority provinces. Key results from 2019 JPMS include training healthcare providers (with pre- and post-training evidence showing enhanced knowledge), and orientation of the national guidelines to key stakeholders.

The education sector

Comprehensive sexuality education (CSE): CSE has been part of UNFPA Cambodia's last three country programmes, including the current, and is one of UNFPA's key contributions to the Joint Programme. The work to develop the CSE curriculum and support its integration into Cambodian primary and secondary schools demonstrates outcomes in several areas of interest to this evaluation; addressing HIV and VAWG linkages (outcome 1 and 2) and national ownership and sustainability (outcome 3). Several UN agencies have contributed to CSE programming in Cambodia; however, the illustrative example focuses on the role of UNFPA which is largely leading this work.

Illustrative example 2: Integration of CSE into the national health education curriculum

The integration of CSE into the national Health Education curriculum builds on achievements across several programme cycles. In 2011-2015, UNFPA supported the development and implementation of CSE as extra-curricular in 9 provinces, reaching 438,640 students. Following this, UNFPA continued advocating for its integration into the national education system to make it a mandatory subject. In 2016, the RGC announced that Health Education would become obligatory; and CSE would be incorporated as one component, comprising 35% of the total hours of Health Education.

In 2016-2018, UNFPA supported a group that has been tasked to develop the National Curriculum Framework of General and Technical Education, focusing on the Health Education and CSE component. This entailed technical support to developing syllabus, learning standards and textbooks. UNFPA provides technical support to ensure that the Health Education Curriculum and the CSE component are in line with international standards and global best practice, while being tailored to the Cambodian context. It is not clear exactly how VAWG sits in the new curriculum (as this was not accessed by the evaluation team), however, topics on HIV and gender are reportedly 'fully integrated' and will address underlying root causes to VAWG (UN KII).

In 2020, continued advocacy efforts with the Ministry of Education, Youth and Sport (MoEYS) resulted in the Education Minister announcing that the CSE is 'well integrated' into the national curriculum and that the RGC is committed to rolling this out nationwide for grades 5-12 (that corresponds to ages 10 to 17). The RGC will allocate budget for the roll out, with an anticipated start in 2022. In 2021, UNFPA is continuing the work with training teachers on Health and CSE.

Source: UN KIIs and internal project documentation

The law enforcement sector

Violence and discrimination by law enforcement officers remain a serious threat to women and girls in Cambodia, particularly against female sex workers, entertainment workers and transgender women. Key informants in this evaluation described that women who sell sex or who are believed to sell sex are frequently harassed and arrested by the police, and carrying a condom is seen as 'proof' of selling sex which leads many to avoid carrying condoms, putting women at increased risk of HIV exposure which can be seen as a form of structural violence (UN KIIs).

Key informants also highlighted that drug use is not uncommon among sex workers, and that women who inject drugs are highly vulnerable to HIV. However, they described a lack of gendered approaches in programmes targeting people who use drugs (UN KIIs), for example:

People who use drugs are very vulnerable to HIV, and females who inject drugs are more vulnerable than males. But when we look at current programmes, we don't see that outreach workers include women, only men are currently hired, so the people that they reach are mostly males. They don't have many women team members to go to the field to identify women. (UN KII)

UNODC reported that they have advocated for government counterparts and implementing NGOs to revisit their strategies, to encourage female participation in their programmes. Suggested approaches include revisiting the operating hours of services, drop-in centres and outreach activities so that they are more aligned to the working hours of sex workers and entertainment workers, and also providing training to programme staff on the situation and needs of women who use drugs, as currently a 'standard approach' is reportedly being adopted for both men and women (UN KII). Encouragingly, the Needle and syringe programme for 2021-2023 is adapted to respond to gender needs, including recruiting female outreach workers in proportion to the number of women who inject drugs (UN KII).

There appears to be a widespread awareness of the intersecting HIV and VAWG risks women who are sex workers, entertainments workers, and who use drugs face, however, UN key informants highlighted what appears to be a gap in programming that addresses the intersecting HIV and gender related stigma, discrimination and violence. An exception from this is described in *illustrative example 3*. The evaluation team did not access any evaluation or reported results from this project, nevertheless, it stands out as an example that attempt to address stigma, discrimination and structural violence with a gender lens. This is related to outcome 1 and 2 as well as 4 (UN collaboration).

Illustrative example 3: Training law enforcement officers in human rights, gender and non-discrimination

UNODC, in a joint effort with UN Women, is working to support national law enforcement and border agencies in Cambodia 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.

In a series of events and trainings in March 2019, female and male law enforcement officers in Cambodia were sensitised on the importance of human rights, non-discrimination, and a gender-sensitive and ‘victim-centred’ approach in their work. 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 mainly 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, e.g. people who use drugs – raising awareness about the impacts of stigma and discrimination, and the particular social stigma that women who use drugs face.

UNODC highlighted the awareness raising on drug use disorders 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

HIV/ VAWG linkages in workplaces

ILO programmes include a focus on HIV (e.g. thorough supporting HIV/ AIDS workplace committees) as well as addressing sexual harassment at work (e.g. through the Decent Work Programme), however, there appears to be limited attention to the bi-directional linkages between VAWG/ HIV and addressing this in an integrated way. This may be related to the fact that ILO Cambodia has reportedly not had a HIV focal point since 2014. Nevertheless, it appears that ILO staff have continued providing some technical support to the Ministry of Labour and Vocational Training, including on the implementation of Prakas no. 086, a legal provision on the establishment of HIV/AIDS Committees in workplaces, and Prakas no. 194 which regulates occupational safety and health in entertainment establishments (JPMS 2019a; JPMS 2018).

III. Awareness raising and campaigns

Several UN agencies have been involved in public campaigns and awareness raising 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 UNAIDS and co-sponsors have jointly supported several LGBTQI rights campaigns. UNAIDS have also run zero discrimination day campaigns (JPMS, 2019a; JPMS 2018).

In addition to awareness raising efforts targeting the public, the UN also plays a role in awareness raising within institutions and working groups. A UN key informant described that in their role in technical working groups on GBV in provincial level, they have noted the need to raise awareness among key stakeholders on various forms of VAWG and challenging attitudes held against certain groups of women. For example, there was a case where members of the working group did not believe that women who sell sex can be subject to sexual violence, *“because the role of sex worker is to provide sex”* (UN KII). A civil society stakeholder noted that the UN can do more to expand government stakeholders’ understanding and definitions of VAWG (Civil society KII).

IV. Gender transformative approaches

The Joint Programme’s response to HIV and co-sponsors’ VAWG programming addresses HIV/ VAWG linkages and include elements of gender transformative approaches. Gender transformative approaches necessarily require paying strong attention to underlying gender inequalities, social norms and power relations that underpin VAWG and contribute to gendered dimensions of the HIV epidemic, and seeking to support community led organisations (especially women led) and women living with HIV to be at the centre of the response. Other critical aspects include providing holistic support to affected communities, and advocate for high-level commitments to address HIV and VAWG, as well as a focus on accountability to communities, in particular women and girls. The evaluation’s understanding of gender transformative approaches is outlined in Annex 1, which provides a table with examples of transformative approaches used in HIV and VAWG programming in Cambodia.

One of the Joint Programme’s demonstration of gender transformative approaches lays in its long term support to networks of people living with HIV and key populations, including female key populations (i.e. transgender women, female entertainment workers and female sex workers). The UNAIDS Secretariat and UN Women are also supporting Cambodia’s LGBTQI community more broadly. It is evident that the Joint Programme has been instrumental in supporting the capacity of networks and their participation in policy dialogues, assessments and consultations, as well as in campaigns and awareness raising. However, it is less clear how ‘gendered’ this support in in terms of addressing intersectionality of e.g. HIV related stigma, minority stigma, and gender related

discrimination and violence. For instance, activities related to supporting key population networks in the Joint Plan 2018-19 self-mark 1 on the GEM scale - *limited contribution to gender equality and/or the empowerment of women and girls* - indicate that it does not have a strong gender focus. Considering that female sex workers, female entertainment workers and trans women are all part of key populations in Cambodia – it is possible that the Joint Programme’s work with key populations contributes to gender equality objectives. However, this is not well articulated in the Joint Plans and working with women does not necessarily mean that the work is gender transformative, for instance, it can still lack an analysis of how gender inequality contributes to vulnerability to HIV or creates barriers to accessing services for diverse women and girls.

In contrast to the lack of systematic attention to intersectionality and overlapping forms of discrimination in programming and plans, key UN informants had a strong understanding of intersecting inequalities and how certain groups of women and girls are subsequently at higher risk of VAWG and HIV exposure. Nevertheless, the question remains if this is sufficiently reflected in programming.

While the Joint Programme has focused on addressing HIV related stigma and discrimination, for instance through campaigns and awareness raising, and there is an intention to address this in the PMTCT programme, it is less clear whether these have integrated gender perspectives and the voices of women in their diversity living with HIV. Existing accountability mechanisms in HIV service facilities similarly do not appear to have integrated a gender focus (see more on this in outcome 3). Furthermore, the Joint Programme does not appear to have directly supported national networks of women living with HIV in the evaluation period. As such, important gaps remain in terms of addressing stigma and discrimination against women living with HIV, and supporting their representative organisations. However, on a smaller scale, a UN Women led project in Battambang is supporting a local network of women living with HIV and providing holistic support, entailing multiple aspects of gender transformative approaches. All the illustrative examples in this report include elements of gender transformative approaches: the support to the third NAPVAW by enhancing high level commitment to VAWG (including a focus on women living with HIV and women from key populations); the UNODC/ UN Women project with law enforcement officers by addressing structural violence as well as stigma and discrimination affecting women; and the CSE example by addressing drivers of HIV and VAWG; and the mentioned UN Women project to support women living with HIV.

Outcome 3: Enhanced national ownership of VAWG and HIV response and accountability to women and girls

- National ownership and alignment with country priorities and needs
- Collaboration with civil society, key populations, and networks of women and girls
- **Meaningful engagement and accountability**
- **Sustainability**

I. National ownership and coordination

The Joint Programme works with both government stakeholders and civil society to support national ownership of programmes that address VAWG and HIV in Cambodia. The Joint Team’s work on a policy level, as noted under outcome 1 and 2, is a notable contribution to building high level commitments to addressing VAWG (e.g. through support to the third NAPVAW and the forthcoming Gender Policy) and HIV linkages.

The Joint Team's support to developing guidance and SOPs in full, primarily in the health sector response to VAWG and HIV, is another contribution to enhancing national ownership, as these are rolled out to government service providers and is aligned with national priorities to strengthen HIV and GBV services integration (Ministry of Health and NCHAIDS, 2020). However, the extent to which government service providers "owns" them and have effectively integrated them into their practice is less clear, partly due to insufficient monitoring and data collection at service provision level.

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 (UN KII). Although the impact of the nationwide role out is yet to be seen, this provides a significant opportunity to address an important country need given the declining trends in youths' comprehensive HIV knowledge (see e.g. Noij, 2017).

Supporting national and sub-national coordination: In addition to supporting national policy frameworks and guidance, various co-sponsors support the coordination of the national VAWG and HIV response, which mainly takes place through technical working groups which include key ministries, UN agencies and other development partners, as well as civil society.

The implementation of the third NAPVAW is coordinated through the sub-technical working group on gender-GBV (TWGG-GBV) which was established under the second NAPVAW, and has been maintained as the coordinating mechanism for the national VAWG response. The group gathers relevant government ministries, development partners, and CSOs, and is co-chaired by UN Women and MoWA. Several UN key informants testified that the TWGG-GBV is well-functioning.

The national HIV response is coordinated through several mechanisms. While there used to be one coordinating mechanism, the coordination now takes place in several Technical Working Groups. For instance, there is a government-donor joint technical working group on HIV consisting of development partners and the government, and other HIV related working groups including the Sustainability Working Group, the Prevention Working Group, HIV testing service Working Group, and the Treatment and Care and Support Working Group, as well as few others.

The UNAIDS Secretariat is a member of both TWGs 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. For example, one UN key informant commented on UNAIDS achievements with ensuring that CSOs and networks working on HIV are part of the group: "*among the members of TGW on GBV, 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). While there appear to have been space to incorporate focus on HIV and issues affecting people living with HIV and key populations in national GBV spaces; it is less clear to what extent national HIV coordinating groups have integrated a focus on VAWG. Several UN stakeholders said that they rarely see discussions on gender in the HIV TWG's, let alone the linkages to VAWG (UN KIIs). A civil society stakeholder suggested that the integration of HIV and VAWG issues still appear in silo; that actors on both sides recognises the overlaps, but that they are still discussing them separately:

The public health meetings talk about HIV, prevention, policy, stigma, counselling, etc. Then you have the gender, GBV, women's equality spaces, which includes LGBT now, talk about GBV. You see the two paths – they both talk about the crosscutting issues, they write about the crosscutting issues, holistic approaches etc. But you still discuss in in two paths without a conjunction. (Civil society KII)

II. Collaboration with civil society and networks of key populations, women and girls, and LGBTQI people

It is evident from the interviews that UNAIDS and co-sponsors have established solid relationships with civil society and the UN is seen as an important 'bridge' between civil society and government stakeholders. The civil society stakeholders interviewed engaged in various forms of partnerships with several UN agencies, including receiving technical and financial support, and providing technical advice and guidance to the UN. A key aspect of UNAIDS' work with civil society is strategic partnerships – several civil society stakeholders that did not receive direct funding from UNAIDS or other UN agencies still highlighted that they had good relationships with the UN and valued them as a strategic partner. Civil society stakeholders generally described their collaboration with the UN in positive terms, however, there is room for improvement, including strengthening the role of networks of women living with HIV or CSOs representing women living with HIV, more regular engagement and meetings, engaging a wider group of civil society stakeholders, and improving accountability mechanisms to account for the experiences of women and girls in their diversity.

Supporting networks of key populations and people living with HIV: UNAIDS supports established Joint Forum of networks of key populations and people living with HIV at national and district level including through supporting meetings, providing advice, and capacity building. UNAIDS appears to have mainly directed support to the umbrella network for networks of people living with HIV and key populations, the Joint Forum of Networks of People living with HIV and MARPs (FoNPAMs) which involves various groups, including people living with HIV, female entertainment workers, transgender people, and people who use drugs. The national and subnational forums are funded by the Global Fund, and UNAIDS mainly play an advisory role and provides technical support. UNAIDS has also supported individual networks including sex workers networks, the national network of Entertainment Workers (EUNET), LGBTQI networks, and a network for people who use drugs (UN KII; Civil Society KII). In 2020, the national network for people who use drugs elected new Executive Members, which included one female representative (out of five members in total). UNAIDS, KHANA and HACC supported this process (UN KII).

Several UN representatives said that the UNAIDS' supported networks are valuable partners for the UN and effective platforms for engaging key populations for various programming, policy and advocacy purposes – not only HIV focused initiatives, for example:

The work with ID poor mechanism⁹⁰ has been very effective when we have the networks 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. (UN KII)

In 2020, UNAIDS funded an assessment to understand what capacity is needed to ensure meaningful involvement of and accountability to affected groups in the national HIV response. The 2020 JPMS results states that the assessment is going to inform the design of capacity building package to strengthen community engagement and implementation of the HIV response (JPMS, 2020). It is not clear to what extent this included analysis of potential capacity building needs of networks of women living with and affected by HIV.

⁹⁰ A government mechanism to identify poor households. See <https://www.giz.de/en/worldwide/17300.html>

Support to women networks / women living with HIV: UNAIDS support organisations representing female key populations, including female sex workers, entertainment workers and trans women. However, civil society representatives suggested that while people living with HIV and key populations' networks in general have been strengthened, networks of women living with HIV have not been as clearly present in the UN support to civil society. A representative of women in their diversity said that:

Women network living with HIV across the country has lost its voice. Five years passed without help to reactivate [the network for women living with HIV]. If we have such kind of network, we can raise awareness of VAWG. They only come to do survey and get ideas, but no activities done with women living with HIV which is a big network (Representative of women in their diversity, KII)

Another representative from women in their diversity who was interviewed highlighted the same issue – “in recent years some women’s networks have been cut off from the community [of wider network of people living with HIV]”. Representatives of women in their diversity, acknowledged that while the UN has involved women living with HIV in programming and consultations, there has been little support directed to networks of women living with HIV.

UNAIDS confirmed that in the past, there used to be a separate network of women living with HIV, however, this has not been active since 2015, due to the decline in external funding for Cambodia’s HIV programming. A UN key informant explained that currently, women living with HIV are engaged through CPN+, the national network of people living with HIV, as well as a CSO which are currently led by women living with HIV, although they are not a representative organisation for this constituency.

One project by UN Women, implemented under the Joint Programme, has provided support directly to women living with HIV. Although it is a relatively small-scale project, it is an example of where HIV/ VAWG linkages are addressed with women living with HIV at the centre.

Illustrative example 4: Transformative Leadership Development of Women living with HIV

In 2014, there was an outbreak of HIV in a community in Roka 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 support 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

Engaging LGBTQI networks and groups: The Joint Programme's work with key populations includes working with transgender women as one group that is at high risk of both HIV and VAWG. UNAIDS and UN Women also described a longstanding engagement with the wider LGBTQI community. The main components of this work have been raising awareness on LGBTQI issues among the public and institutions, and high level policy dialogues with key ministries to address priorities identified by the LGBTQI community. This has sometimes included direct focus on GBV and HIV, but also contributes to addressing HIV/ VAWG linkages by addressing structural drivers of violence and intersecting areas of discrimination, including negative attitudes, discriminatory legal and policy provisions, poverty and barriers to accessing services. The range of activities and results reported in JPMS suggest that the Joint Programme takes a holistic approach to supporting LGBTQI communities, paying attention to the intersecting forms of discrimination and challenges, and supporting the LGBTQI community to advocate for rights and equality on multiple frontiers.

III. Meaningful engagement and accountability

Supporting civil society engagement in policy processes and advocacy: As noted under outcomes 1 and 2, civil society stakeholders recognised the UN's contribution to ensuring civil society participation in various policy processes, as exemplified by the recent process to develop the third NAPVAW. The involvement of civil society in the NAPVAW process is described as a result of UNAIDS and other agencies efforts over time to support and build relationships with civil society networks and organisations, and bridge them with government stakeholders. Reflecting on the third NAPVAW process, a key informant from a UN agency said that:

The success is part of the UN advocacy to the government in this area – we worked so strongly with local NGOs. This is a result of long-standing work on that area, and UNAIDS is great in this area (UN KII)

Key informants from different stakeholder groups 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 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. It is not clear if civil society and affected communities have been further supported to engage in review or other monitoring of the implementation of policy commitments and implementation. However, the UN has supported reviews of policy implementation, for instance UN Women and UNFPA supported the midterm review of the previous NAPVAW (conducted in 2014) (UN KII; Hosking, 2016).

Meaningful engagement: UNAIDS and co-sponsors have supported the involvement of civil society networks, including key populations and LGBTQI+ networks, in policy processes and dialogues, assessments and consultations, and campaigns and awareness raising. Without undermining the importance of this support, there were two areas in particular where civil society actors highlighted that the UN could do more to enhance accountability, transparency and meaningful engagement. One is to review the terms of the engagement when civil society actors and communities are consulted, the other is to enhance the role of civil society and affected communities in implementation of programmes. Indeed, there are fewer examples of where networks of affected groups, in particular women living with HIV, have been directly involved in implementing and/ or monitoring programmes.

All but one of the activities in the 2018-19 Joint Plan were self-categorised 1 on the Civil Society Marker (CSM)⁹¹, with the exception of activity 3.2.3. 'support civil society and vulnerable groups for advocacy in addressing SGBV' – which is marked 3, indicating that it involved civil society in the design/ conceptualisation. The 2020-2021 has a wider mix of scoring, having several activities that are marked 2, while still no 3. While there are plenty of examples where communities have been consulted/ engaged, and some where communities have been supported to identify and set their own priorities through community consultations – a more nuanced picture appears when asking civil society actors what 'meaningful engagement' means and whether they have been meaningfully engaged.

⁹¹ The CSM has the following categories: 0 - No consultation with civil society/community and no engagement with civil society/community; 1 - Consultation and engagement with civil society/community; 2 - Consultation and engagement with civil society/community and civil society/community is responsible for implementing the activity (i.e. receives direct funds from Joint Programme); 3 - Conceived and designed by civil society/community, and civil society/community is responsible for implementing the activity (i.e. receives direct funds from Joint Programme)

One CSO stakeholder associated meaningful engagement with not only being consulted for planning purposes, but also have a clear role in the implementation – which appears to be aligned with how the CSM scale is designed. The key informant said that:

We joined the planning, like UNAIDS introduced us its strategic planning, but we only provided inputs, whether or not the inputs become the result, we don't know, it doesn't turn our role into the implementer. We want to run a project, once it runs – we have a voice, not just a symbolic organisation (Civil society KII)

This nature of engagement might be related to the fact that the Joint Programme is mostly working upstream with the government, and has a limited role in implementation of HIV interventions. However, it is worth noting that this type of one-side engagement infrequently involves feedback loops and may be perceived by civil society actors as lacking meaningful involvement. Other CSOs also commented that they are often consulted, asked to provide inputs, and invited to join meetings and workshops, however, it is not always clear what the outcomes of this are. They also noted that such requests were often short-term and rapid, with less opportunities to be part of longer term projects (Civil society KIIs).

Furthermore, one CSO representative commented that it is not always transparent which civil society actors have been involved in consultations and policy processes, stressing that transparency, as well as greater effort to ensure participation of a wider range of civil society actors, can be enhanced. Likewise, 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 diverse women and from key populations, the key informant suggested that more could be done to recognise the intersectionality within key populations and women in their diversity, 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.

Civil society stakeholders noted that many consultations are rapid in nature, limiting meaningful and broader engagement of communities; and that there is sometimes a lack of feedback and time for review after initial inputs have been provided. This challenge was also reflected in the JPMS reporting in the case of the NAPVAW, where the coincidence with the national election in Cambodia and a time-consuming approval process led to limited time for written comments from civil society (JPMS, 2019b).

Accountability mechanisms: Civil society stakeholders stated that UNAIDS and UN Women generally communicate well and exchange information with them in relation to programmes/ partnerships (no other UN agencies were specifically mentioned), although a few expressed that they would like to see more regular communications and meetings.

In terms of direct feedback mechanisms between people living with HIV and service providers, the 2019 JPMS reporting stated that UNAIDS provided technical support towards finalising a 'Patients Satisfaction Feedback tool' for use in government-run HIV services, which were being piloted in eight ART sites in four provinces. This is now being scaled up to more provinces with the support of the Global Fund (UN KII). UNAIDS provided technical support to developing the tool, and the feedback coming in is regularly analysed and fed back to the service providers for discussion. There has not yet been any analysis of specific stigma and discrimination reported by women living with HIV,

including from key populations, but only based on feedback from people living with HIV in general (UN KII).

In 2019, UNAIDS supported #Uproot Scorecard with support from UNAIDS, KHANA, UNYAP, young PLHIV and key populations. The consultation evaluated progress and challenges in achieving commitments made in the 2016 Political Declaration on HIV/AIDS, and identified areas of improvement especially in regard to youths' access to HIV and SRH services (JPMS, 2019b).

IV. Sustainability

Becoming a lower middle-income country and achieving the 90-90-90 targets in 2017 have impacted donor support towards the national HIV response in Cambodia. The 2019 JPMS reporting described that *“the national HIV response is faced with a continued decline in technical and financial assistance from external resources with only two major main donors remained, GFATM and PEPFAR”* (JPMS, 2019b). Supporting the sustainability of the HIV response is a priority for the Joint Programme and the UNAIDS Secretariat has provided technical and financial support for this. A transition readiness assessment was carried out in 2018, followed by the development of a sustainability road map, and a Sustainability Working Group was created. The Sustainability Roadmap recognises several risks pertaining to civil society, one of them being reduced resources and capacity of civil society in a context of declining donor support (National Aids Authority and UNAIDS, 2018). While the Sustainability Roadmap recognises the role of civil society and key populations networks in a sustainable HIV response, there is no analysis of the role of, and risks facing networks of women living with HIV. The formerly existing network of women living with HIV in Cambodia has reportedly not received any support in the last few years (Representatives of women in their diversity; UN KII).

Civil society stakeholders also highlighted risks related to declining funding and suggested that the UN has a role to play in advocating for increased government allocation of funds to civil society actors working on HIV and VAWG issues. Several civil society actors also saw continued UN support to bridging civil society and the government as a key aspect of building sustainability of the national HIV and VAWG response. Civil society key informants further highlighted support to leadership and advocacy as areas where the UN could do more, in addition to its current reportedly strong focus on the 'supply side'. This was also linked to sustainability – without continued support to civil society and strengthening the 'demand side', the service provision will only go so far in addressing the rights of people living with HIV and key populations, including women and girls in their diversity.

UN lack attention to leadership strengthening. I see this point has not been attempted; they mostly focus on system strengthening, like the supply side but not the demand side. The UN has a big responsibility: right to health, right to information, right to participate, right to freedom of expression, etc. all need to be addressed (Civil society KII)

The UN Women project supporting women living with HIV in Battambang 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).

A significant demonstration of how the Joint Programme has contributed to building sustainability of HIV/ VAWG efforts at national level is the scaling up of UN supported programmes, such as CSE, to integrate it in national structures. Several health sector guidelines and curriculums that address HIV/ VAWG linkages have also been developed and integrated into the national health sector and implemented in government healthcare facilities, with example of good practices such as involving HIV focal points from the government as trainers for the role out, in order to promote sustainability

and ownership. As noted earlier, the Joint Programme's support to national policy processes is another major contribution to building sustainability.

Outcome 4: Enhanced national ownership of VAWG and HIV response and accountability to women and girls

- Coordination between UN agencies
 - How is the Secretariat promoting leadership, partnership, coordination & collaboration?
 - How are UN organisations working together to provide a coherent, complementary and adaptable set of actions?

UN coordination: Most UN stakeholders were of the view that the coordination between UN agencies works well and many of the achievements seen in relation to addressing HIV/ VAWG linkages were described as the results of joint efforts by several UN agencies. For example, the support to the third NAPVAW process, the health sector response to VAWG and HIV, and the project on training law enforcement officers are all examples of joint efforts by several UN agencies. Specific projects or joint initiatives appear to offer opportunities for UN agencies to collaborate, and the coordination of specific projects seem to work well.

Wider collaboration and coordination among co-sponsors takes place through Joint Team on HIV/AIDS and UN Theme Groups. For the focus areas of this evaluation, the UN Theme Group on Gender and the Human Rights Theme Group are the most relevant internal coordination mechanisms – UNAIDS are reportedly active members of both. These groups were described as important platforms for the UN to coordinate and were reported to be active and well-functioning (UN KIIs).

The UNAIDS Secretariat and co-sponsors coordinate the Joint Programme through the Joint Team on HIV/AIDS. The Joint Team is described to meet regularly to discuss priorities and plans, and follow up on the implementation of the joint plans. One UN key informant described that strategic discussions around positions in policy processes and advocacy efforts towards the government often takes place in the Joint Team, stressing the importance of speaking as 'one UN' (UN KII). Another UN stakeholder argued that the co-sponsors can still have a stronger unified voice in regard to HIV/VAWG linkages, saying that the advocacy efforts seen so far have not brought as strong attention to the situation of women living with HIV as it could do, and that the government subsequently has showed little practical commitment to supporting the rights of this group.

CSOs and government stakeholders that work with UN agencies shared examples of good coordination among UN agencies as well as areas where they suggested the UN can coordinate their efforts better – resulting in a mixed picture. It is difficult to draw any wider conclusions from these examples as they may be specific to the partnerships/ programmes that they derive from.

For example, one civil society stakeholder suggested that the coordination of UN VAWG efforts appears to work very well, highlighting the coordination of geographical coverage. The evaluation team has not come across any documentation that outlines how interventions are coordinated across geographical areas, and cannot assess this aspect.

UN Women, UNFPA and WHO generally work well together in VAWG, for instance, the division of working location to respond to violence, like UNFPA works in a province, then UN women works in another province, not to duplicate work. Or they might cooperate accordingly, for instance they need to work together in an area. They work well. (Civil society KII)

One government stakeholder said that there is room for the UN to improve coordination among agencies in their work with partners, especially when they work on the same or overlapping issues:

Sometimes, it's hard for us to work with different UN agencies on the same issues. They should reform a working group on gender and start working together to find a common or shared vision and methodologies on addressing and responding to VAWG/ HIV (Government KII).

One civil society stakeholder and a strategic partner to UNAIDS implied that the coordination of UN HIV and VAWG efforts in the health sector can be improved to ensure a more comprehensive response:

It crosses all these agencies (responding to HIV and VAWG), and each agency may do a little on their own, but because there is no coordination, you will never get a cohesive response and you will never get comprehensive services set up (Civil society KII)

Some stakeholders further suggested that UN agencies as well as government agencies with mandates to focus on children and young people have not played a strong role in addressing HIV/VAWG linkages in the health sector – which they highlighted as a missed opportunity to strengthen the response to GBV survivors who are underaged, including young key populations, which have been highlighted by various key informants as a hard-to-reach group with services, at the same time, experiencing high intersecting HIV and GBV risks (UN KII; Civil Society KII). A recent UN study of the integration of VAWG and violence against children (VAC) policies, programmes and services does however shed light on entry points to enhance integration and coordination between VAWG and VAC services in the health sector, which may also present learnings and entry points for the Joint Programme to enhance its collaboration with e.g. UNICEF (UNICEF et al., 2020).

4. COVID-19 adaptations

The evaluation team did not identify data or evidence on the impact of COVID-19 on VAWG and HIV in Cambodia. However, UN key informants shared anecdotal evidence that VAWG cases have increased during the pandemic in Cambodia, as has been the case in countries across the globe following lockdown measures (UN KIIs). UNAIDS and co-sponsors have adapted their programming and supported several assessments to understand the impact of COVID-19 of people living with HIV and key populations, and planning of the response. Examples of this include:

- UNAIDS has supported a rapid assessment to understand challenges of key populations and people living with HIV during COVID-19. The evidence was used to discuss with national partners how to address the needs of these groups during the pandemic (UN KII).
- UNAIDS has supported the national HIV response to adapt to COVID-19 to the continuation of services, for instance by assessing how outreach services can shift from physical outreach to virtual outreach, and scale up of Multi-Month Dispensing of ARV drugs. The support has included providing guidance around COVID-19 measures, supporting the roll out of prevention measures, including distributing face masks (UN KII).
- UNFPA has supported MoEYS to adapt CSE for distance learning (UN KII).
- UNICEF has worked with UN Women, UNFPA, and UNHCR, to develop guidelines to ensure human rights protection and GBV risk mitigation in COVID-19 quarantine facilities. This has been endorsed by the government counterpart and is planned to be disseminated (as of March 2021) in all COVID-19 quarantine facilities (UN KII).

- UNFPA, IOM, UNICEF, UN WOMEN, and UNAIDS undertook a rapid assessment of the impact of COVID-19 on returning migrants to understand their challenges, access to essential health services, and vulnerability to GBV during the pandemic (JMPS, 2020).
- UNAIDS has provided technical support to a formative assessment of the situation of female entertainment workers and sex workers during the pandemic (JMPS, 2020). It is recognised 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.
- UNICEF, UNDP, and ILO, UNAIDS supported the development of 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 with 2,542 households with people living with HIV 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 specifically target female entertainment workers, which as noted above, have been severely impacted by the situation (UN KIIs). However, UNAIDS highlighted that female entertainment workers who are covered by IDPoor would automatically be covered by this scheme, but there is currently no disaggregated data available to track this.

5. Conclusions

The Joint Programme in Cambodia has demonstrated a consistent awareness and commitment to address HIV/ VAWG linkages since 2016 to date. Intervention addressing these linkages have appeared from policy level to service provision, and have also manifested in relatively small-scale but significant projects to support women living with HIV (*illustrative example 4*), and address discrimination and structural violence against women at high risk of HIV exposure and VAWG (*illustrative example 3*).

The UNAIDS Secretariat, UN Women and UNFPA have showed particular leadership in addressing linkages between HIV and VAWG, both within the UN system and in relation to their work with national stakeholders. Other co-sponsors such as UNODC and WHO also contributed to addressing linkages to some extent although not as comprehensively but rather through focused efforts.

The Joint Programme has contributed to the integration of HIV/ VAWG services in the health sector, primarily by supporting development and roll out of guidelines and manuals that integrate provision of HIV services to VAWG survivors, focusing on response to VAWG and HIV. Efforts to address violence against women living with HIV in the health sector appear to be more limited, however, the PMTCT strategy communicates that there is an intention to address this and increase the accountability to women living with HIV.

UNAIDS and co-sponsors have played an instrumental role in supporting networks of people living with HIV and key populations (including trans women, female entertainment workers and sex workers), as well as the wider LGBTQI community. UNAIDS role as a ‘bridge’ between civil society organisations/ networks and the government through supporting inclusive policy dialogues has been recognised as a key achievement. Nevertheless, it has been noted that the meaningful engagement of civil society and communities can be strengthened, as issues of rapid consultations and insufficient time to provide inputs; over-reliance on a smaller number of CSOs; and sometimes a lack of feedback on the outcomes of consultations and inputs that have been provided, have been reported. While civil society networks and affected groups appear to regularly be consulted on issues that affect them, the evaluation noted that it appears less common that community

networks/ groups are involved in the design or implementation of interventions, with a few exceptions.

The Joint Programmes efforts to address HIV/ VAWG linkages include crucial elements of gender transformative approaches (see annex 1 for examples); however, the direct support to networks of women living with HIV appears to have been insufficient during the evaluation period. Furthermore, it is less clear to what extent UNAIDS and co-sponsors engagement with key populations and networks of people living with HIV has been 'gendered', i.e., if it systematically recognises intersecting HIV related and gender forms of discrimination and violence, and whether the Joint Programme contributes to a holistic response to address these issues.

6. Country level considerations for the future

Although the primary aim for this case study is to feed into the global evaluation, there are some considerations emerging which the Joint Programme in Cambodia may consider for the future:

- **The attention to the bi-directional linkages between HIV and VAWG can be strengthened.** While the Joint Programme has supported interventions addressing HIV risk as a consequence of VAWG (primarily focusing on SGBV), there appears to be less focus on violence as a result of HIV status/ disclosure, including in women's intimate partnerships and healthcare settings.
- **The work with key populations and people living with HIV could be more 'gendered' and take a stronger intersectional approach.** The Joint Programme prioritises support to key populations and people living with HIV, however, it is less clear to what extent this work recognises and addresses intersecting HIV related and gender related stigma, discrimination and violence, as well as other possible intersecting factors that may contribute to HIV/ VAWG vulnerability. Planning, reporting and assessments should systematically pay attention to the differing needs of key populations and people living with HIV of all genders, and account for the needs and experiences of women in their diversity.
- **Explore opportunities to revitalise networks of women living with HIV,** for example by supporting advocacy efforts of women living with HIV and explore opportunities to influence donor support to civil society networks. In the absence of such network, the Joint Programme should continue supporting the representation and voice of women living with HIV in CPN+ and CSOs that work with people living with HIV. Sustainability planning and analysis should recognise the role and risks facing networks and organisations representing women living with HIV, in the context of declining external support.
- **Increase accountability to women and girls in their diversity living with HIV,** for example by supporting involvement in programmes and monitoring of HIV and VAWG services. This could include strengthening existing accountability mechanisms to include a gender analysis of patient feedback and reports in HIV services.
- **Continue raising awareness of VAWG against diverse women and girls and sexual and gender minorities with government stakeholders** – building on the recognition of violence against diverse women and women from key populations in the third NAPVAW. This should include raising awareness of stigma and discrimination as forms of VAWG, as well as drivers of the same.
- **Explore within the Joint Team what 'meaningful engagement' means and develop a common understanding/ approach across co-sponsors.** This could build on the existing definitions provided by the Civil Society Marker, but further elaborate on the quality and terms of consultations and what the Joint Programme can do to move towards more diverse forms of engagement with civil society, including further involvement of civil society in design and implementation of HIV interventions, whether the implementation is led by the UN or government counterparts.

- **Address the insufficient documentation and follow up of VAWG cases in healthcare facilities,** including understanding what HIV services and comprehensive services that survivors access, and the extent to which existing VAWG guidelines, e.g. for identification of survivors during index testing, are implemented in HIV services. The current lack of data impedes the understanding of the extent of VAWG in Cambodia as well as the extent to which guidelines and protocols that have been developed with support from the Joint Programme are being implemented in rights-based and survivor centred ways by health care providers.
- **Build on existing good examples and practice in gender transformative programming,** including the holistic approaches to working with women living with HIV in Battambang and the holistic engagement with the LGBTQI community, with strong emphasis on leadership development and supporting advocacy efforts based in priorities identified by communities themselves.

Annexes

Annex 1. Gender Transformative Approaches

Gender transformative approach	Examples
Support for community led organisations particularly woman led	Supporting individual key population networks (e.g. sex workers, female entertainment workers) and an umbrella network for key populations; supporting LGBTQI networks; however, no support directly to networks for women living with HIV. Community led organisations and networks have been supported to strengthen their capacity as well as participate in advocacy efforts and policy dialogues, raising their priorities and experiences in public as well as with policy makers and programmers.
Supporting women and girls affected by and living with HIV	Funding for networks of women living with HIV has not been a priority in the evaluation period. The Joint Programme engages women living with HIV through the national network of people living with HIV in Cambodia. The Joint Programme supports a group/ network of women living with HIV in an affected community. Women living with HIV have been consulted in various assessment and policy processes supported by UNAIDS and co-sponsors. Accountability mechanisms in HIV services do not appear to apply a gender analysis.
A focus on gender norms and unequal power relations including relations based on gender	Addressed through several campaigns and awareness raising efforts. CSE includes a focus on SRH, HIV and gender relations, reportedly addressing drivers of VAWG and HIV. UNODC/ UN Women project focused on unequal power relations between law enforcement officer and women and key populations.
A focus on accountability to communities and in particularly women and girls	Supporting community participation in policy processes and recognition of issues affecting communities, e.g. diverse women and girls' experiences of violence in the third NAPVAW, enhances the RGC's accountability to these groups. More can be done to improve accountability to women living with HIV in programmes and service provision, including by ensuring that existing accountability mechanisms in HIV services adopt gender perspective. Not clear to what extent the intention to increase accountability set out in the eMTCT strategic plan has translated into action. Some examples of initiatives to involve young key population in assessing accountability of SRH services to youth.
High-level and multisectoral commitment to addressing violence against women and girls in the HIV response	UNAIDS and co-sponsors have supported several national policy processes which has contributed to recognition of women living with HIV, key populations, and women in their diversity (including from sexual and gender minorities) in the third NAPVAW. Multisectoral HIV policies recognise HIV/ VAWG linkages. eMTCT strategic plan recognises violence

	<p>against women living with HIV in healthcare settings, and includes commitment to human rights, gender equality and non-discrimination in services, and commitment to increased accountability to women living with HIV.</p>
<p>Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education</p>	<p>Project with women living with HIV in Battambang takes a holistic approach that pays attention to several influences – a good example where an initiative working with a specific group takes this approach and provides comprehensive support to women. Support to LGBTQI community similarly appears to take a comprehensive approach – an important point is that the UN support the communities to identify their own priorities through community consultations and support subsequent advocacy efforts, which holds the potential to address multiple influences rather than having a pre-determined focus. The CSE programme presumably addresses several influences in adolescents’ lives. The inclusion of people living with HIV, including women living with HIV in the emergency cash transfer programme addresses economic needs. It is not clear to what extent the health sector response to VAWG facilitates access to services beyond immediate medical response for VAWG survivors. The linkages to other services are described as weak.</p>
<p>Male involvement</p>	<p>Some public campaigns/ awareness raising appear to have targeted/ involved men and boys – details are not clear. The UN Women project supporting women living with HIV and addressing GBV included a component on men's role in eliminating GBV. Other examples of male involvement in VAWG and HIV prevention and response have not surfaced during the interviews or document review.</p>
<p>Addressing the structural causes of violence</p>	<p>Laws related to drug use and sex work are recognised as barriers but not yet addressed comprehensively by the UN. Violence perpetrated by law enforcement officers is largely not addressed due to sensitivity, however, project by UNODC and UN Women constitutes an exception as it has integrated focus on structural violence by the police (indirectly, not explicit aim) through capacity building on human rights, gender (including SOGIE), and non-discrimination, including in their encounter with key populations. It paid particular attention to female drug users, who otherwise appears as a largely invisible group in HIV/ VAWG programming. There appears to be limited attention to addressing institutional violence against women living with HIV in health care settings – this is recognised in the eMTCT strategy but not clear to what extent this has translated into action. Stigma, discrimination and gender inequality which underpins all violence against women living with HIV and female key populations appears to not have been sufficiently addressed – i.e. it is not clear to what extent initiatives to address HIV related discrimination and stigma have been ‘gendered’ and paid attention to intersectionality.</p>

Annex 2. Documents reviewed

UN Joint Plans

1. Cambodia_2020-21_Joint UN Plan
2. Cambodia - Joint Plan 2018-2019 Revision
3. Joint UN Team on HIV_Cambodia_Country Envelope 2021-23 Nov-Final submitted
4. UN Joint Programme of Support on HIVAIDS Cambodia 2016-2018

JPMS reporting

5. JPMS (2020) 2020 Country Summary Report for Cambodia [internal reporting]
6. JPMS (2019a) Cambodia: VAWG Results 2019 [internal reporting]
7. JPMS (2019b) 2019 Country Summary Report for Cambodia [internal reporting]
8. JPMS (2018) *2018 Country Summary Report for Cambodia* [internal reporting]

HIV epidemiological and socio-demographical data

9. AUA (2016) *Cambodia: Discrimination in Healthcare Settings Against People Living with HIV and Key Populations*, <http://auacambodia.org/wp-content/uploads/2016/07/3-Glossy-EN.pdf>
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11. Mun, P., Yi, S. and Tuot, S. (2018) "National Population Size Estimation, Integrated Biological and Behavioral Survey, and HCV among PWID and PWUD in Cambodia, 2017", *Presentation, May 21, 2018*
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14. UNAIDS (2020a) *UNAIDS Data 2020*, https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf
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18. Fulu, E., Jewkes, R., Roselli, T. & Garcia-Moreno, C. (2013) Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 1, e187-e207, <https://pubmed.ncbi.nlm.nih.gov/25104345/>
19. WHO, UN Women Cambodia & Royal Government of Cambodia (2015) *National Survey on Women's Health and Life Experiences in Cambodia*, <https://asiapacific.unwomen.org/en/digital-library/publications/2015/11/national-survey-on-women-s-health-and-life-experiences-in-cambodia>

20. WHO (2015) *Addressing violence against women in Cambodia: The health system response*, https://apps.who.int/iris/bitstream/handle/10665/201705/WHO_RHR_15.25_eng.pdf?sequence=1&isAllowed=y

UN documents

21. United Nations Cambodia (2019) *The United Nations Development Assistance Framework Cambodia 2019-2023*, <https://cambodia.un.org/en/38874-united-nations-development-assistance-framework-2019-2023>
22. United Nations Cambodia (2015) *UN Position Paper on Sexual Orientation, Gender Identity and Expression, and Non-Discrimination*
23. UN Women (2017) *Applying Gender Responsive Budgeting to the HIV response: A case study of Cambodia, Indonesia and Thailand*, <https://asiapacific.unwomen.org/en/digital-library/publications/2017/10/applying-gender-responsive-budgeting-to-the-hiv-response>
24. UN Women (2016) *HIV and Gender-based Violence: Preventing and responding to linked epidemics in Asia and the Pacific Region*, <https://asiapacific.unwomen.org/en/digital-library/publications/2016/11/hiv-and-gender-based-violence>
25. ROKA Project Narrative Report_UNWOMEN-Funded [internal UN Women document]
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27. Roka update final Aug 2018 [internal UN Women document]
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29. *Summary Three Country Programs' Achievements Youth and Comprehensive Sexuality Education (CSE)* [UNFPA internal document]
30. UNICEF, UNFPA and UN Women (2020) *Ending Violence against Women and Children in Cambodia - Opportunities and challenges for collaborative and integrative approaches*, <https://www.unicef.org/eap/media/7346/file/Ending%20Violence%20against%20Women%20and%20Children%20in%20Cambodia.pdf>
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33. *Increasing the Role of Women in Law Enforcement: Preventing and Mitigating the impact of terrorism, Trafficking and Transnational Crime through Women's Empowerment – Gender and Law Enforcement in Cambodia* [Project google sites with internal documentation – see below 35-37]
34. Presentations for Event 1: 'Consultation of Efforts to Increase the Role of Women in Law Enforcement and Protecting Communities' [Accessed on Project google sites]
35. Presentations for Event 2: 'Training on Insights and Skills to Collect Gender Dis-aggregated Data' [Accessed on Project google sites]
36. Presentations for Event 3: 'Workshop on Improving the Capacity of Law Enforcement Officers to Address the Needs of Women and Girls in Cross-Border Situations' [Accessed on Project google sites]
37. Partners for Prevention et al. (no year) Policy Brief: *"Shaping Our Future: Developing Healthy and Happy Relationships" Primary Prevention Intervention with Young Adolescents and Caregivers in Kampong Cham, Cambodia*

- 38.** Safe and Fair (no date) *Factsheet: Realizing Women Migrant Workers' Rights and Opportunities in the ASEAN Region*
- 39.** ILO (2020) *Sexual Harassment: Causes and Remediation Evidence from Better Factories Cambodia, Discussion Paper 38*, <https://betterwork.org/portfolio/discussion-paper-38-sexual-harassment-causes-and-remediation/>
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- 41.** Noij, F. (2017) *UNFPA Cambodia Country Programme Review Fifth Programme Cycle, 2016 – 2018*, Review Report, https://www.unfpa.org/sites/default/files/board-documents/Cambodia_Evaluation_Report_2016_2018_.pdf
- 42.** UNFPA (2014) *Literature Review on Sexual and Reproductive Health and Rights of Migrant Garment Factory Workers in Cambodia*, https://cambodia.unfpa.org/sites/default/files/pub-pdf/SRHRofGarmentFactoryWorkerLiteratureReview_2.pdf
- 43.** ILO (2018) *Better factories Cambodia Annual Report 2018: An Industry and Compliance Review*

National policies/ strategies / guidelines

- 44.** Ministry of Health and NCHAIDS (2020) *Strategic Plan for HIV and STI Prevention and Control in the Health Sector 2021-2025*
- 45.** National AIDS Authority and UNAIDS (2018) *Towards Ending AIDS in Cambodia: Sustainability Roadmap*
- 46.** Ministry of Health (2018) *National Roadmap for Elimination of Mother to Child Transmission of HIV and Congenital Syphilis (eMTCT) in Cambodia*
- 47.** National AIDS Authority (2019) *The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS*
- 48.** Ministry of Women's Affairs (2020) *National Action Plan to Prevent Violence Against Women (2019-2023)*
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- 54.** Ministry of Education, Youth and Sport (2019) *Education Strategic Plan 2019-2023*
- 55.** Provincial Administration of Ratanakiri (2017) *Provincial Action Plan to Prevent Child Marriage and Teenage Pregnancy in Ratanakiri (2017-2021)*

Other documents

- 56.** Committee on the Elimination of Discrimination against Women (2018) *Sixth periodic report submitted by Cambodia under article 18 of the Convention, due in 2017* [CEDAW/C/KHM/6], https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/KHM/CEDAW_C_KHM_6_716_2_E.pdf

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Annex 3. Stakeholders interviewed

Stakeholder group	Organisation/ institution	Name	Role
UN	UNAIDS	Mr Polin Ung	Community Support Adviser
UN	UNFPA	Key informant	N/A
UN	UNFPA	Key informant	N/A
UN	UNFPA	Key informant	N/A
UN	UN Women	Key informant	N/A
UN	UN Women	Key informant	N/A
UN	ILO	Key informant	N/A
UN	ILO	Ms Por Chuong	N/A
UN	UNICEF	Miho Yoshikawa	Child Protection Specialist
UN	WHO	Dr Deng Serongkea	Technical Officer for HIV, STI and Hepatitis
UN	WHO	Key informant	N/A
UN	UNDP	Ms Bou Amara	Program Analyst
UN	UNODC	Key informant	N/A
UN	UNODC	Key informant	N/A
Donor	CDC	Key informant	N/A
Donor	USAID	Mr Sopheap Sreng	Gender Specialist
Government	NAA	H.E Tia Phalla	Vice Chair
Government	NCHADS	Dr. Ngauv Bora	AIDS Care Unit Director
Government	NMCHC	Dr Kim Rattana	Director
Government	MoWA	Key informant	N/A
Civil society	FHI360	Dr. Steve Wignall	Director of EpiC
Civil society	FHI360	Mr Srun Rachana	GBV Focal point
Civil society	ROCK	Key informant	N/A
Civil society	KHANA	Mr Choub Sokchamreun	Executive Director
Civil society	CPN+	Mr Seum Sophal	Program Officer
Civil society	ARV User Association	Ms Han Sienghor	Executive Director
Civil society	CWPD	Mr Chhorn Ann	Programme Manager
Civil society	RHAC	Dr. Veth Sreng	Focal person HIV/ AIDS
Civil society	HACC	Mr Tim Vora	Executive Director
Civil society	CARE	Borina Morn	Senior Programme Manager
Women in their diversity	CPN+	Keo Komrong	N/A
Women in their diversity	Women's Network for Unity (WNU)	Pech Polet	Managing Director of Women's Network for Unity
Women in their diversity	Positive Women's Hope Organisation (PWHO)	Chea Sopheap	N/A
Women in their diversity	Positive Women's Hope Organisation (PWHO)	Chan Nary	N/A

Annex 4. Evaluation Matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>
<p>O4. Enhanced collaboration among Joint Programme organisations working on HIV</p>	<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>

and VAWG prevention and response	<p>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</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>

Annex 5. HIV context⁹²

HIV prevalence in key populations

Key populations	Sex workers	Men who have sex with men	People who inject drugs	Transgender people	Prisoners
HIV prevalence	3.2%	4.0%	15.2%	9.6%	1.6%

A 2017 IBBS found a HIV prevalence of 21,7% among women who inject drugs (Mun, Yi, and Tuot, 2018).

Legal and policy context

- Cambodia has laws criminalising the transmission of nondisclosure of or exposure to HIV transmission.
- Cambodia does have criminalisation or punitive regulation of some aspects of sex work.
- Same sex acts nor being transgender is criminalised, however, there are no legal frameworks in place to protect from discrimination (Equaldex, 2021).
- Compulsory detention for drug offences.
- There are no laws or policies restricting the entry, stay and residence of people living with HIV.
- Parental consent for adolescents younger than 18 is needed to access HIV testing (UN KII).
 - Spousal consent for married women to access SRH services is not needed and there is no mandatory HIV testing for marriage, work or residence permits or for certain groups.

Services

- Demand for family planning satisfied by modern methods – *data not given*
- A high percentage of female sex workers, transgender people and people who inject drugs have reported receiving at least two HIV prevention services in the previous three months compared to other countries in the region.
- High coverage of both needle–syringes programmes (457 needles and syringes per person who injects drugs per year) and moderate coverage of opioid substitution therapy services (22.1% of people who inject drugs) have been reported in Cambodia.
- Naloxone is available (2019) but not safe injection rooms.
- 203 people have received PrEP at least once during the reporting period (2019).

⁹² **Source:** All data is from UNAIDS (2020a) [Cambodia Country Data](#) unless other is stated

- 89% of pregnant women living with HIV are accessing antiretroviral medicine (2019), which is a big increase since 2010. Vertical transmission rates are 9%. Early infant diagnosis is 93.4%.
- Most services for key populations, including care and support for people living with HIV are delivered through CSOs (National AIDS Authority and UNAIDS, 2018).

Annex 6. VAWG context

Groups:

LBT people: A national survey with transgender women (2019) found that 24% had been physically abused, 39% had experienced sexually abuse or assault, and 11% had been arrested by the police and 25% feared being arrested (Yi et al., 2019). About 9% reported difficulties accessing HIV services as well as other health services, however, almost half had been reached by various community-based HIV services to a varying degree (ibid.). A 2019 qualitative study of lesbian, bisexual women and transmen's experiences of family violence found that the majority of respondents had faced violence perpetrated by family members, including emotional, physical and sexual violence (RoCK, 2019). An unknown number of lesbian, bisexual women and transmen in Cambodia live in forced marriages, which was also reported by a number of respondents in this study (ibid.).

Sex workers and female entertainment workers: Other groups that are known to be at high and intersecting risks of VAWG and HIV are female entertainment workers and female sex workers – both of which are key populations in Cambodia's HIV response. It should be noted that there is often an overlap between female sex workers and entertainments workers, as many women who sell sex operate out of entertainment establishments. There are also street-based sex workers, who are recognised as at particularly high risk of violence, including from the police (UN KII). Prominent risks faced by female entertainment workers and sex workers include high levels of sexual harassment and various forms of violence in the workplace, including coercion to sell sex; high levels of alcohol use associated with the duty to encourage clients to buy alcohol; and high levels of substance abuse (MoWA, 2014b).

Adolescent girls: Child, early and forced marriage remains a pressing issue in certain provinces in Cambodia, despite the overall trend of decreased rates of child marriage over the last two decades (UNICEF, 2017). In 2014, 19% of girls aged 20-24 had married before reaching age 18. The prevalence varies significantly between urban and remote rural areas. For example, in Ratanikiri in northeastern region of Cambodia, 36% of women reported being married before turning 18, compared to 5% in Phnom Penh (ibid.).

Women in prisons: No data found.

Women who use drugs: No data found.

Democratic Republic of Congo (DRC) Review Report

Produced for: UNAIDS

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Authors: Florianne Gaillardin and Mary Shadie

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Acronyms DRC

AFEMDECO	Association des Femmes pour le Développement Communautaire
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral treatment
CEFIDE	Centre Féminin de Formation de l'Information pour le Développement
CI	Confidence interval
CISM	Integrated Multisectoral Service Centres
CCM	Country Coordination Mechanism
CODESA	Health Zone Development Committees
COVID 19	Corona virus Disease
CSO	Civil Society Organisation
CSW	Commercial Sex Worker
DHS	Demographic Health Survey
DRC	Democratic Republic of the Congo
FGD	Focus Group Discussion
GBV	Gender Based Violence
GEM	Gender Equity Marker
GFATM	Global Fund for AIDS TB and Malaria
HIV	Human immunodeficiency virus
HQ	Head Quarters
IGA	Income Generating Activity
ILO	International Labour Organisation
IPV	Intimate Partner Violence
LGBTIQ	Lesbian, Gay, Bisexual, Transgender/transsexual, Intersex, Queer/questioning
MONUSCO	United Nations Organization Stabilization Mission in the DR Congo
MSM	Men who have Sex with Men
NAP	National Action Plan
NGO	Non-governmental Organisation
OHCR	Office of the High Commissioner for Human Rights
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan For AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNMLS	National Multisectoral Plan to fight AIDS
PWID	People who inject drugs

RENADEF	Réseau National Des ONGs pour le Developpement de la Femme
PrEP	Pre-exposure Prophylaxis
SDG	Sustainable Development Goal
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWAP	System-wide Action Plan on Gender Equality and the Empowerment of Women
TAAG	The Accountability and Advisory Group
TB DOTS	Tuberculosis Directly Observed Treatment, Short-course
UN	United Nations
UBRAF	UNAIDS Unified Budget Results and Accountability Framework
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
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
WB	World Bank
WFP	World Food Programme

Executive Summary

The purpose of the independent evaluation of the UNAIDS Joint Programme on preventing and responding to violence against women and girls is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. This report focused on the Democratic Republic of Congo (DRC).

Country context

The operating context of the DRC is particularly complex, given the ongoing insecurity in the Eastern Region despite the official end of the war in 2003 and the pockets of internal civil conflict around the control of mining resources and ethnic tensions in Kasai region (since 2016) and Mai-Ndombe province (since 2018) respectively. According to the UNHCR, in 2019 there were 524,193 refugees in the DRC, 3,275 internally displaced persons, 5,014,253 returnees, 2,134,349 returnees, and 23,861 asylum seekers.⁹³

Estimated HIV prevalence rates among people aged 15-49 in the DRC have decreased slightly from 1.2% in 2013 (HDS 2013-2014) to 0.8% in 2019 (UNAIDS SPECTRUM Estimations). The HIV epidemic in the DRC is feminised; in 2019 there were an estimated 330,000 women living with HIV compared to 120,000 men living with HIV. There are also more new HIV cases among women compared to men: in 2019, 11,000 women and 3,700 men contracted HIV. Overall incidence decreased by 39% between 2010 and 2019, and AIDS-related death dropped by 61% in the same period. Data on the burden of HIV amongst key and vulnerable populations remains unreliable, but available data showed significantly higher burdens of HIV amongst men who have sex with men (MSM) (7.1%), commercial sex workers (CSW) (7.5%), people who inject drugs (PWID) (3.9%) and prisoners (1.6%) (IBBS 2019-2020) as compared to the general adult HIV prevalence.

Data availability on violence against women and girls (VAWG) in the DRC is patchy, as the last national socio-demographic survey dates back to the 2013-2014 demographic health survey (DHS) survey. According to the most recent WHO published results in 2018, 47% of women had experienced intimate partner violence (IPV) in their lifetime, and 36% in the past 12 months.⁹⁴ Interestingly, the higher reported prevalence of VAWG are not in the Kivu region as may be expected given the longstanding conflict and insecurity situation. The highest rates of sexual violence were reported in Mai-Ndombe (30.1%) and Sankuru (35.1%). National data on VAWG prevalence among 'key population' is not available.

Methodology

In the DRC, the evaluation followed a regional approach to highlight the different operational contexts that affected both the types of violence and vulnerabilities and the response from the international partners and United Nations (UN) co-sponsors. Three regions were selected: central DRC (Kasai region), southern region (Haut Katanga), eastern region (North and South Kivu).

The evaluation team consisted of a Core Team Member, a National Consultant and an Accountability and Advisory Group (TAAG) member. In total, 42 people (24 women and 18 men) were interviewed,

⁹³ <https://data2.unhcr.org/en/documents/download/79256>

⁹⁴ Violence Against Women Prevalence Estimates, 2018 Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women WHO, 2021
<https://who.canto.global/pdfviewer/viewer/viewer.html?share=share%2Calbum%2CKDE1H&column=document&id=tfgc8uqvuh0b1157tevomtch1j&suffix=pdf>

20 women in their diversity participated in focus group discussions, and 78 documents were consulted.

The evaluation is based on four outcome areas identified in the evaluation theory of change and an additional area on examining COVID-19 adaptations.

Summary of findings

Outcome 1 – The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative

- The Joint Programme integrates VAWG and HIV programming to a large extent in humanitarian areas but less so in other settings.
- The programme addresses the rights of PLHIV women and of ‘key populations’, but some gaps remain regarding the intersection with VAWG programmes especially with regards to prevention of mother to child transmission (PMTCT) and other SRH services.
- The Joint Programme includes elements of gender transformative approaches in community mobilisation work on HIV.
- Advocacy efforts by UN co-sponsors have supported the development of an enabling legal framework on HIV that integrates VAWG, rights and gender considerations. However, the Joint Programme could do more to emphasise the rights of ‘key populations’ in relation to HIV and VAWG.

Outcome 2 – UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

- Co-sponsors’ VAWG programmes address linkages with HIV to a limited extent.
- Women living with HIV and from ‘key populations’ are not systematically targeted in VAWG programmes.
- A good practice was highlighted, the ‘One Stop Centres’ integrating services for sexual violence survivors including HIV services. This has worked in conjunction with an awareness and sensitisation programme on VAWG and HIV.
- Co-sponsors have contributed to the development of a gender responsive legal framework on VAWG, however there are missed opportunities to integrate HIV concerns within it.
- VAWG programming in humanitarian areas has included some gender transformative aspects. This has been limited as the bulk of the VAWG response has focussed on immediate medical attention to survivors.
- Efforts focus on sexual violence in conflict affected areas, at the expense of other VAWG issues such as child marriage and sexual exploitation, and other regions where VAWG is highly prevalent.

Outcome 3 – Enhanced national ownership of VAWG and HIV response and accountability to women and girls

- The Joint Programme focus on addressing holistic services for VAWG survivors in humanitarian areas responds to a major priority in the DRC. The geographical focus of the Joint Programme also contributes to national priorities, but leaves out large portions of the country.
- A clear strategy exists to reach saturation of services for HIV treatment, but there is no similar ambition for VAWG services. There are important opportunities for better alignment among international partners working on HIV and VAWG, such as the PNMLS/GFTAM supported strategy

on gender and human rights barriers to HIV service and the European Union funded Spotlight Initiative on VAWG. Despite advocacy efforts, sustainability and Government funding remain the major challenge for HIV and VAWG services.

- The UN organisations have engaged effectively on capacity building with Government at central and provincial levels on gender, HIV and VAWG linkages.
- The UNAIDS Secretariat and co-sponsors have promoted CSOs as a key interlocutor for the Government on HIV and VAWG issues.
- There are good practice examples in terms of partnership with CSOs on HIV and VAWG programmes. However, there is no explicit strategy for improving the sustainability of women's organisations and women PLHIV organisations.
- More can be done to promote accountability to women and girls in VAWG and HIV programmes, as well as their participation in decision-making processes in the Joint Programme.
- The do-no-harm principle is insufficiently upheld, with no mechanism for monitoring and addressing potential harmful consequences of several HIV and VAWG programmes.
- Male engagement activities have been conducted on HIV and VAWG prevention, but they are limited in scale and not sustained.
- Intersectionality between gender and other vulnerability factors is not systematically addressed, and there is a need for specific interventions targeted at 'key populations'.
- The membership networks of women in their diversity are insufficiently represented among the CSO partners of the Joint Programme. There is a role for the UNAIDS Secretariat and the co-sponsors to support the development of networks and their federation in platforms for 'key populations'.

Outcome 4 – Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

- The Joint Plan has promoted the development of joint activities among co-sponsors, but the reporting on collaborative work could be improved.
- The coordination between agencies is more structured in humanitarian areas, although there are challenges for integrated approaches. Outside humanitarian areas, coordination mechanisms are weaker and the presence of the co-sponsors is more scattered geographically.
- A number of obstacles have been identified in terms of enhancing collaboration: co-sponsors' capacity on gender equity and the empowerment of women; the level of financial and human resources in relation to Joint Programme-stated objectives; in the provinces UNAIDS Secretariat' presence on the ground is too thin to play its role as a coordinating body effectively; and insufficient availability of comprehensive and reliable data on VAWG.

COVID-19 context

- COVID-19 poses both population-level and operational challenges in relation to VAWG and HIV programmes.
- The Joint Programme has adapted to the pandemic situation with a high level of reactivity and coordination.
- COVID-19 has been dealt with using a humanitarian crisis intervention model, with flexibility in terms of funding and programming activities. Lessons could be learnt from the rapid and coordinated COVID-19 data collection, analysis and responsive programming for other areas of the co-sponsors' work.

Conclusions and considerations for the Joint Programme in DRC

Conclusions

Coherence

- VAWG interventions are well integrated in the Joint Plan at country level, and includes some aspects of gender transformative approaches. Important gaps remain in terms of prevention of VAWG and protection of vulnerable women, especially women living with HIV and from key populations.
- VAWG programmes by co-sponsors include very little focus on HIV and the tendency is for this to reduce.
- The Joint Programme is largely aligned to national priorities on HIV and VAWG. There is a good coordination of key partners (Government, Global Fund/PEPFAR, and UN agencies) in the field of HIV in the frame of the 90-90-90 targets, but coordination seems less effective in relation to VAWG. Outside humanitarian areas, resources are more scattered, and coordination is less effective.
- Although some aspects of intersectional vulnerabilities are catered for in the Joint Programme (for example gender/age, or gender/HIV status) intersectional vulnerabilities of key populations are insufficiently taken into consideration, leading to potential gaps in the response.

Effectiveness

- Key achievements of the co-sponsors on VAWG and HIV include the model of 'One Stop Centres' for VAWG survivors. This model has been effectively implemented in humanitarian areas. However, important aspects of protection, legal support and economic support are often overlooked, as well as the community and stakeholders mobilisation and awareness aspects of the broader programme.
- Another achievement is legislative change on HIV and VAWG to address discrimination and gender equity aspects. Gaps remain in terms of access of young people to testing services, the legal recognition of the 'key populations' and the implementation of the legal dispositions.
- A major obstacle for the programme implementation is the level of resources compared to the needs in DRC. This is compounded by the lack of comprehensive and reliable data on VAWG adequately disaggregated by sex and key vulnerability factors (HIV status, key populations).

Sustainability

- There has been a strong coordination and partnership approach with the Government on HIV, gender and rights. Despite sustained efforts by co-sponsors and other partners, the Government's financial contribution to the VAWG and HIV response remains too limited for programmes to achieve scale and sustainability.
- The co-sponsors have insufficiently engaged with networks of women in their diversity, favouring partnerships with a small number of established CSOs with higher delivery capacity, but no downwards accountability to women and girls. Resources provided have focussed on delivery of concrete activities although some organisations have benefitted from capacity development efforts, especially in terms of advocacy.
- The Joint Programme has been highly reactive and responsive in the context of COVID-19, and has been able to reallocate resources in a timely manner to continue delivering some activities.

- The role of the UNAIDS Secretariat as a coordinating agency on HIV/AIDS is well recognised centrally, but the capacity in the provinces is too light to be able to coordinate effectively. UNAIDS provincial offices have engaged in delivering punctual activities on limited budgets.

Considerations

Coherence

- **Co-sponsors could consider developing a joint plan or roadmap for gender transformative VAWG and HIV programming across the UN system based on the good practices identified through piloted activities in the Joint Plan on AIDS**
- There is a role for the UNAIDS Secretariat and the co-sponsors in mobilising in-country UN higher-level management to address the integration of HIV and VAWG within their core mandate activities, and developing a gender transformative approach to programming addressing intersectional vulnerability factors.
- Joint Programme reporting should better reflect the catalytic nature of the programme, by: i) setting clear joint outcome measures and decision process to decide whether piloted activities should be taken forward; ii) identifying the extent to which the programme has contributed to the alignment of the co-sponsors' programmes on the bi-directional links between VAWG and HIV; and iii) making better use of the Gender Equity Marker (GEM) and Civil Society Marker (CSM) to clearly outline and plan for gender transformative approaches within the programme.
- A joint plan/roadmap should seek to: i) harmonise geographical areas of interventions to deliver integrated VAWG/HIV programmes where each agency adds value in their area of specialisation/mandate; and ii) identify joint targets, putting logistical resources in common and planning joint evaluations.
- Complementarity and linkages with the Global Fund 5 year plan on human rights and gender barriers to HIV services⁹⁵ as well as with the EU funded Spotlight Initiative should be explored.

Effectiveness

- **In non-humanitarian areas, co-sponsors could consider scaling-up the 'one stop centre' model for VAWG survivors as a good practice, while strengthening the legal, protection and economic support components and ensuring that services are embedded in a comprehensive programme addressing gender norms, VAWG and HIV.**
- **In humanitarian areas, co-sponsors could consider further focussing on the Joint Programme's value added in the frame of the triple nexus approach by:**
- Developing gender transformative and VAWG/HIV prevention and protection programmes in collaboration with women and girls' networks.
- Addressing more comprehensively the protection and rights of women, and especially PLHIV women in relation to VAWG in SRH services, PMTCT programmes and partner involvement/disclosure.

Sustainability

- **Co-sponsors and UNAIDS to pursue advocacy efforts with Government on:**
- Ensuring that programmes are partly funded by Government, and that funding to Government activities is conditioned to gender responsive, inclusive and anti-discrimination safeguards.

⁹⁵ Leave no one Behind! A five-year plan for removing human rights and gender-related barriers to HIV and TB services in the Republic of Congo (DRAFT--30.12.20)

- Using the entry point of HIV to advocate for the recognition and protection of ‘key populations’ to be enshrined in the law and its application.

- **UNAIDS and co-sponsors to review their partnership and accountability approach with women and girls in their diversity by:**
- Supporting the creation of a platform or platforms of membership organisations from women and girls in their diversity and ‘key populations’, and providing capacity building support to those networks through the platforms.
- Broadening their partnership base to include networks of women in their diversity as well as networks of key populations.

- **UNAIDS Secretariat’s role as a coordinating body on HIV and VAWG integration could be enhanced at provincial level**
- UNAIDS Secretariat to consider refocusing its activities on the coordination, convening, technical guidance and advocacy functions rather than funding activities directly on VAWG and HIV
- More resources are needed at regional level for the UNAIDS Secretariat to effectively play this coordination role.

1. Introduction

Country context

The Democratic Republic of the Congo (DRC) is the largest sub-Saharan country (over two million square kilometres), and counts a population of over 100 million people. The DRC is rich in natural resources and hosts an important mining industry (copper, gold, diamonds, cobalt and other rare minerals) notably around its second and third largest cities Lubumbashi and Mbuji-Mayi. However, political instability, commercial and colonial extraction, corruption and lack of infrastructures have meant that the people of the DRC have not benefitted from these natural resources. The DRC ranked 175th out of 189 countries in the 2020 Human Development Index⁹⁶.

Since the mid-1990s, the DRC has experienced decades of conflict. The First and Second Congo Wars officially ended in 2003 with the creation of a transitional government. However, the conflict in the Eastern Region, intertwined with regional conflicts with neighbouring countries of Rwanda, Uganda and Sudan has continued, together with on-going hostilities in the Kivu and Ituri provinces. There have also been pockets of internal civil conflict around the control of mining resources and ethnic tensions in Kasai (since 2016) and Mai-Ndombe province (since 2018) respectively. According to the UNHCR, in 2019, there were 524,193 refugees in the DRC, 3,275 internally displaced persons, 5,014,253 returnees, 2,134,349 returnees, and 23,861 asylum seekers.⁹⁷

To date, the DRC is still affected by widespread insecurity and conflict, food insecurity and epidemics including an Ebola outbreak (2018-2020) and the onset of the COVID-19 pandemic (2020-present). The democratic transition created hope for the stabilisation of the security situation despite the on-going humanitarian crisis.

Types of violence against women and girls⁹⁸

The Revised National Strategy on Gender Based Violence (GBV)⁹⁹ outlines four main categories of violence against women and girls (VAWG) prevalent in the DRC, aligned to the typology of GBV conducted by CERED_GL¹⁰⁰ that was created from the Demographic Health Survey II (DHS 2013-2014)¹⁰¹:

- Sexual violence linked to armed conflict (including rape, mass rapes, forced marriages, early pregnancies, killing, maiming, displacement and dislocation of communities and families, use of HIV transmission as a weapon of war) as well as outside conflict affected areas, highlighting especially the context of mining communities and areas where there are harmful cultural practices, including forced and incestuous marriages, forced and child prostitution, early marriages, female genital cutting/mutilation;
- Physical violence categorised between severe and less severe physical violence;

⁹⁶ <http://hdr.undp.org/en/content/latest-human-development-index-ranking>

⁹⁷ <https://data2.unhcr.org/en/documents/download/79256>

⁹⁸ In this Report, we will use the terminology of Violence Against Women and Girls (VAWG), unless the official documents use the terminology of Gender Based Violence (GBV) or Sexual and Gender Based Violence (SGBV).

⁹⁹ Stratégie Nationale de Lutte Contre les Violences Basées sur le Genre révisée (SNVBG révisée), Ministère du Genre, de la Famille et de l'Enfant Cellule d'Etudes et de Planification de la Promotion de la Femme, de la Famille et la Protection de l'Enfant « CEPFE », 2019

¹⁰⁰ « Typologie et Cartographie des Violences Sexuelles et basées sur le Genre en RDC », Study conducted by the CERED-GL at the request of the Ministry of Gender, Family and Children and UNWOMEN

¹⁰¹ République Démocratique du Congo Deuxième enquête démographique de santé (EDS-RDC II 2013-2014), Ministère du Plan et Suivi de la Mise en oeuvre de la Révolution de la Modernité et Ministère de la Santé Publique, 2014
https://reliefweb.int/sites/reliefweb.int/files/resources/FR300_0.pdf

- Emotional or psychological violence;
- Economic and social violence, such as: deprivation of resources, denial of inheritance, abuse/purification of widows and orphans, food prohibitions for women, marital control, repudiation, marital authorisation, lack of access to land and other means of production, sexual harassment in school and work environment, which were not included in the typology produced by the CERED_GL.

VAWG situation and vulnerable groups

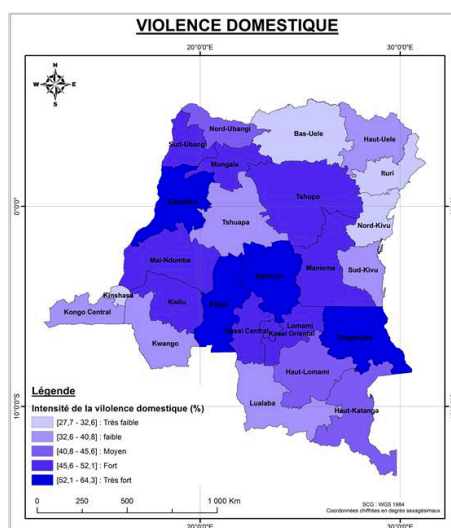
VAWG is widely prevalent in DRC. According to the most recent WHO published results in 2018, 47% of women had experienced intimate partner violence (IPV) in their lifetime, and 36% in the past 12 months¹⁰².

According to the DHS 2013-14, the latest nationally-representative survey data available¹⁰³, 13% of women who were or had been pregnant had experienced violence during pregnancy. Among women who experienced violence of any form, 49% did not seek help and did not tell anyone about their problems.

In terms of sexual violence, among women who had ever had sex, more than one in four (27%) had been sexually abused at any time in their life, and almost one in six (16%) suffered sexual abuse in the twelve months before the survey. Overall, 12% of women reported having experienced their first experience of sexual violence before the age of 18 and 4% before the age of 15.

Surprisingly, the highest rates of reported violence, including sexual violence, are not found in the eastern provinces affected by conflict, as shown in the map below:

Figure 1: Lifelong experience of domestic violence by women (based on DHS 2013-14 data)¹⁰⁴



¹⁰² Violence Against Women Prevalence Estimates, 2018 Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women WHO, 2021

<https://who.canto.global/pdfviewer/viewer/viewer.html?share=share%2Calbum%2CKDE1H&column=document&id=tfgc8uqvuh0b1157tevomtch1j&suffix=pdf>

¹⁰³ At the time of this work, the Ministry of Gender, Family and Children and the UNFPA were working to produce actualised estimates of SGBV for DRC, but these were not made available for this evaluation.

¹⁰⁴ Typologie & cartographie des violences sexuelles et basées sur le genre en RD.Congo UNWOMEN

Indeed, the proportion of women reporting having been forced to have unwanted sexual intercourse has been the highest in Mai-Ndombe (30.1% of women) and Sankuru (35.1%) provinces, located in Western and Central DRC respectively, compared to lower proportion in North Kivu (3.8%) and Kasai (9.4%).

A key element in relation to this is that VAWG in the DRC cannot be reduced to the conflict problematic and is a multi-faceted issue that presents varying characteristics according to cultural, socio-economical and contextual (conflict, mining, urban/rural...) factors. Overall, the key factors associated with increased risk of violence among women and girls in the CERED_GL analysis are age (age group 25-44), low education level, employment in the agricultural sector (which represents 70% of women employment), and to some extent poverty, although violence concerns all socio-economic categories of women.

In conflict-affected areas, where rape and mass rape have been used as weapons of war, important efforts have been put in place to address protection issues and provide care services to sexual violence survivors. A landmark evaluation of SGBV programmes in the DRC commissioned by UNFPA in 2019¹⁰⁵ notes that *“The issue of gender-based violence against women in the DRC, and especially sexual violence in conflicts is widely known. The number of incidents is decreasing because of the efforts made by the government and the international community. The number of incidents of sexual violence committed by the army and the police, which have long been a great concern, is also declining. However, violence, including domestic violence, is still prevalent and further efforts should be made to end the culture of impunity.”*

Data availability on VAWG in the DRC is patchy, and does not allow for a finer analysis of the situation in vulnerable groups that are identified as ‘key populations’ with regards to HIV¹⁰⁶; that is lesbian, gay, bi-sexual, transgender/transsexual, intersex and queer groups (LGBTIQ), commercial sex workers (CSW), and people who inject drugs (PWID), nor specifically for men and women living with HIV (PLHIV). In this respect, the only nation-wide data source that this evaluation could identify is the 2017 Stigma Index, which focussed on ‘key populations’¹⁰⁷, as a unique category. The Index reports having collected data on experiences of sexual violence, but does not report any result in this respect, although it does report experiences of harassment and physical violence related to sexual orientation. Another form of violence reported is discrimination including by health workers, and denial of sexual and reproductive health (SRH) services (although it does not report specific information regarding HIV services).

¹⁰⁵ Evaluation conjointe des programmes de lutte contre les violences sexuelles en République Démocratique du Congo 2005-2017 Rapport d’Évaluation, UNFPA, 2019

https://reliefweb.int/sites/reliefweb.int/files/resources/rapport_devaluation_eva_lutte_contre_les_vs_lattanzio.pdf

¹⁰⁶ Évaluation des sexospécificités liées au VIH et à la Tuberculose en République Démocratique du Congo, RDC Fonds Mondial, 2017 <https://elsamanghi.com/2020/10/26/etude-genre-vih-et-tuberculose-en-rdc/>

¹⁰⁷ Index de stigmatisation et de discrimination des populations clés en RDC, Rapport d’enquête 2017, PNMLS/PNUD

Table 1: Stigma Index 2017. Experience of physical aggression among LGBTIQ, PWIDs and CSW. From left to right the cities of Lubumbashi, Kinshasa, Matadi and Kikwit.

Agression physique				
Jamais subie (A)	46,9%	54,4%	15,3%	86,2%
Subie (B)				
Une fois	27,7%	17,5%	8,9%	3,8%
Quelques fois	10,3%	14,2%	38,7%	6,2%
Souvent	15,0%	14,0%	37,1%	3,8%
Sous Total (B)	53,1%	45,6%	84,7%	13,8%
Total (A) + (B)	100,0%	100,0%	100,0%	100,0%

This table shows that physical aggression (which in the four cities was related in great majority to sexual orientation) is highly prevalent (from a low of 14% of respondents in Kikwit to a high of 85% in Matadi) in Lubumbashi, Kinshasa, Matadi, and to a lesser extent in Kikwit.

In terms of violence against women living with HIV, data is equally scarce, and data on experience of violence among PLHIV is not sex disaggregated. The 2019 Stigma Index on PLHIV and affected persons revealed that 20.9% of respondents reported human rights violations in health care settings, 33.3% on occasion of HIV testing and diagnosis, and 17.9% reported breach of confidentiality and unauthorised disclosure of their HIV status¹⁰⁸. These numbers reveal a decrease in reported stigma occurrences by about one third compared to in the 2012 Stigma Index.

More information on the HIV/AIDS epidemic and the 'key populations' for HIV (LGBTIQ, CSW, IDUs) in the DRC can be found in Annex 2.

The Joint Programme in DRC

Armed conflict and displacement in the DRC affect provinces primarily in the North, East and South East DRC, while the central Kasai region continues to recover from conflict and destabilization. Through programmes supported by cosponsors in these regions, the Joint Programme on HIV has provided continued guidance and support towards advocacy, training, monitoring, community partnerships and service delivery. Target groups mentioned for the programme are internally displaced people, refugees, women, adolescent and young women and men, SGBV survivors, CSW, LGBTIQ, and PLHIV. The programme works to reduce the gap in HIV prevention and SGBV services, and includes a nutrition component. It also targets access to ARV treatment and PMTCT and paediatric HIV services in conflict affected areas where coverage has dropped under 15%, as insecurity has provoked the disruption of health services and community support groups have been disorganised.

Co-sponsors included in the Joint Plan 2020-2021 are UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNWOMEN, WFP, and WHO. The total co-sponsor country envelope (fund allocated by the UNAIDS Secretariat) is \$300,000 for 2021. The catalytic funding is linked to other funding sources as illustrated in the table below:

¹⁰⁸ Index de Stigmatisation et de discrimination des personnes vivant avec le VIH en RDC Edition 2020, Ministère de la Santé Publique/PNLS, 2020

Table 2: UBRAF funding in US\$ by co-sponsor (2020-2021)

Sum of total	Column Labels			
Agency	Cosponsor core UBRAF allocation (HQ)	Cosponsor country envelope (CE)	Cosponsor non-core funds ¹⁰⁹	Grand Total
2020	-	299 994	-	299 994
UNDP	-	39 999		39 999
UNESCO		34 999	-	34 999
UNFPA		35 000	-	35 000
UNHCR		34 999	-	34 999
UNICEF		69 999		69 999
UNWOMEN		10 000	-	10 000
WFP		34 999		34 999
WHO-PAHO		39 999	-	39 999
2021	390 000	300 000	710 000	1 400 000
UNDP	10 000	40 000		50 000
UNESCO		35 000		35 000
UNFPA		35 000		35 000
UNHCR	165 000	35 000	650 000	850 000
UNICEF	180 000	60 000	50 000	300 000
UNWOMEN		25 000		10 000
WFP		30 000		35 000
WHO-PAHO	35 000	40 000	10 000	85 000
Grand Total	390 000	599 994	710 000	1 699 994

¹⁰⁹ At the time of writing this report, not data was available to breakdown this column

The Joint Programme in the DRC is organised around four priority areas as outlined in Box 1 below. COVID-19 related interventions were included under each of the priority areas (see Section 4).

Box 1: Joint Programme 2020-2021 summary of interventions

- To accelerate HIV response and ensure nutritional support for PLHIV in Joint Programme high priority geographical areas (target: reach 90 - 90 – 90, targeting in particular the 51,9% of PLHIV that are malnourished at the start of the treatment and whose specific nutritional needs are not catered for) Under this area, the joint programme has worked to develop targeted testing tools and training services providers and community agents in humanitarian and high-prevalence settings to use them; conducted advocacy work to promote the testing of pregnant women and their partners; supported the elaboration of a guide for quality HIV services and set up quality teams in selected health care centres; worked to develop person-centred surveillance in pilot areas; and provided specialised nutritional products according to PLHIV and trained health care providers on nutritional support protocols.
- To contribute to improving PMTCT service provision, utilisation and quality and the paediatric HIV care and integration of nutrition in PMTCT (target: 19 health zones in the provinces of Maniema, Kasai, Kasai Oriental and Kasai central offer a complete package of PMTCT and paediatric HIV care). This was done through the provision of a complete package of PMCT and HIV paediatric care services in the 19 health zones covered by the programme and the integration of HIV services in maternity and emergency obstetric and neo-natal services.
- To promote PLHIV treatment adherence and prevention in humanitarian context, focussing especially on sexual violence survivors (target: 70% of sexual violence survivors receive holistic care and support services). This was done through providing a complete package of integrated services including HIV services and ARV provision, SRH services, human rights and gender equity promotion and nutritional services. In addition, the programme worked with judiciary, lawyers, community workers, legal clinics and health care providers to develop their capacity to include HIV interventions in their work and address stigma and discrimination. This was supported through a web-based app Yeba Mibeko (“Know your rights”) to support knowledge around legal and psychosocial support for vulnerable groups and key populations. Community awareness work included the promotion of positive masculinity and the dissemination of laws that are conducive to gender equity and the protection of vulnerable people. The programme also worked to improve access of PLHIV to viral load monitoring through the operationalisation of viral load devices.
- To improve access by young people and adolescents to SRH information and services, including HIV/AIDS prevention, testing and management (At least 90% of young people and adolescents aged 10-19 in the 19 targeted Health Zones) In this priority area, the programme targeted young people and adolescents aged 10-19 so that they had access to SRH information and services including prevention, screening and management of HIV/AIDS and STIs and psycho-social care and economic reintegration support. The programme also worked to set up the reference system between convivial spaces, youth support centres and health care providers for the screening and treatment of STIs and HIV/AIDS.

2. Methodology

Approach

This country case study forms part of the broader evaluation of the work of the Joint UN Programme on HIV/ AIDS (UNAIDS) on preventing and responding to violence against women and girls, see the overall evaluation matrix in Annex 1.

The evaluation approach is described in more detail in the inception report of the overall evaluation. This case study has sought to respect the principles of human rights and gender equity in evaluation as outlined in the UNEG guidelines on Gender and Human Rights Integration in Evaluation¹¹⁰, through the inclusion of key stakeholder groups of the programme, seeking the participation of affected women and girls to the extent possible (see limitations), and using a mixed-method approach and the triangulation of different data sources to produce credible findings.

In the DRC, the evaluation followed a regional approach in order to highlight the different operational contexts that affected both the types of violence and vulnerabilities and the response from the international partners and UNAIDS co-sponsors. Three regions were selected in discussion with the UNAIDS country office and co-sponsors to reflect the key operational contexts of the programme. These were: central DRC (Kasaï region), southern region (Haut Katanga), eastern region (North and South Kivu) The Central region (Kasaï) was selected as an example of a mining context with the related socio-economic issues; the Southern region (Haut Katanga) was selected to illustrate specific socio-cultural dynamics that affect VAWG and HIV outside the conflict affected areas, and the Eastern Region (North and South Kivu) was selected as an example of the entrenched conflict context where the humanitarian response had been operating the longest. The national level was also included to reflect advocacy and coordination work with government and development partners centrally.

Scope

This case study focuses on the recent period from 2016 onwards, although some historical examples have been included to show the evolution of the integration of HIV and VAWG in the co-sponsors' programmes. The evaluation focuses on the work of the joint programme (in the framework of the UBRAF), but also considers linkages to other programmes implemented by the co-sponsors that relate to HIV and VAWG.

Data sources

The evaluation relied on a mix of primary and secondary data sources. Secondary sources analysis consisted in a documentary review including: programme documentation relating directly to the joint programme; documentation of co-sponsors' programmes relating to VAWG and HIV including technical and normative guidance produced; relevant national policies, strategies and laws; relevant epidemiological and socio-demographic studies; and other analysis documents (evaluations, academic papers) relating to VAWG and HIV in the DRC. A complete list of documents reviewed can be found in Annex 3.

¹¹⁰ Integrating Human Rights and Gender Equality in Evaluation -Towards UNEG Guidance, UNEG, 2016
<http://www.uneval.org/document/download/1294>

The evaluation collected primary data through individual interviews and focus group discussions. Annex 4 presents a complete list of stakeholders consulted disaggregated by region.

- Individual interviews were conducted with: United Nations (UN) and international partners (19), government partners (6) and civil society partners (8) that worked with the Joint Programme of HIV and VAWG related initiatives. A total of 24 females and 18 males were interviewed, which represents a good representation of both sexes. Given that both men and women were present in the group interviews, contributions were not analysed through a gender lens.
- Six Focus Group Discussions (FGDs) were conducted by the evaluation's Accountability and Advisory Group (TAAG) member, including 20 female participants that belonged to networks of women and girls in their diversity: women living with HIV, survivors of SGBV, commercial sex workers and transgender women. Two of the focus groups were conducted in person in Kinshasa following relevant COVID-19 protection measures, and the four remaining focus groups were conducted via teleconference using the mobile app WhatsApp. Data bundles and transport expenses were reimbursed to all FGD participants to a level of USD20 per person.

Analysis and validation process

Findings were obtained through triangulating different stakeholders' views as well as comparing and compiling documentary sources and evaluation participants' contributions in relation to each evaluation question.

A Joint Programme core group of co-sponsors and the UNAIDS Secretariat has been regularly in touch at the different stages of the evaluation in the DRC to support quality assurance during data collection. The overall evaluation team has also held meetings to discuss emerging findings. Following a first round of consultation with the core co-sponsor group in the DRC to provide feedback on the interpretation of emerging findings, a meeting with all evaluation respondents was held to discuss the case study findings and conclusions for the Joint Programme in the DRC. A regional meeting was also held to gather the feedback of the co-sponsors at regional level on emerging findings.

Limitations

A key limitation for this case study was that in the context of COVID-19 pandemic it was not possible for the local consultant and TAAG member to visit the provinces and interviews and discussions had to be conducted remotely, except for two FGD in Kinshasa. This has been mitigated to the extent possible through the use of remote conferencing facilities. Where connection issues have hampered the discussion, some of the interviews have taken place over several sessions and complementary information has been provided by email.

In addition, the contribution of the local consultant was limited as she experienced a period of illness and computer challenges during data collection. The evaluation team attempted to mitigate this by conducting some of the planned interviews in her absence, and although all interviews scheduled could not be conducted the planned sample size was reached for all categories of stakeholders.

Another important limitation is that this case study by design does not address efficiency or impact considerations. While integration of HIV and VAWG can be described at activity level, the evaluation cannot comment on the scale and impact of those in relation to needs. This limitation is partly addressed in the way findings and conclusions are caveated and focussed on process and delivery. Where possible, the evaluation has attempted to identify the programme's contribution to outcome level changes.

3. Findings

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

The Joint Programme integrates VAWG and HIV programming to a large extent in humanitarian areas, less so in other settings

The Joint Programme in DRC largely focuses on the humanitarian and conflict affected areas. Given the focus of the international community including UN agencies on sexual violence issues in the DRC, the programme integrates HIV and VAWG to a large extent, especially under its third priority area 'To promote the continuity of treatment for PLHIV as well as prevention in humanitarian contexts'. There are many examples of integration of HIV and VAWG in the activities of the co-sponsors. UNDP offered PMTCT services in health centres in humanitarian areas serving many VAWG survivors; the WFP carried out an assessment of nutritional needs in relation to HIV, gender and human rights; and income generating activities (IGA) programmes were put in place for women survivors of sexual violence and women living with HIV. Reallocation of UBRAF funds (envelope allocation) to UNWOMEN, increased from USD10,000 to USD25,000 from 2020 to 2021, shows the priority given to VAWG and gender aspects.

Outside humanitarian areas, the integration of VAWG and HIV programming is less effective. A civil society partner in Southern DRC commented that *"efforts must be made to better coordinate HIV and GBV programmes, because HIV activities are developing in parallel and we want the coordination of these activities to be done in the same circle as the GBV programming. There are bridges at the level of medical support for survivors of GBV, but the other aspects are not taken into account in joint coordination."*

The Joint Programme addresses the rights of PLHIV women and key populations, but some important gaps remain regarding the intersection with VAWG

Discrimination is a form of violence. The promotion of the rights of women living with HIV in relation to access to health care and non-discrimination by the authorities has been well articulated in the Joint Programme.

However, this integration is not systematic in all aspects of the programme, and gender blind programming could potentially compound the issue. This is especially the case for the PMTCT programmes. PMTCT coverage remains largely insufficient in the DRC, with low access to paediatric ARVs. In order to reach the 90-90-90 targets, pregnant women are tested systematically where the option is available, but informed consent procedures are not systematically followed. According to a woman from a PLHIV network *"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."* Given that male partners are less likely than women to be tested, HIV positive pregnant women are encouraged to disclose their status and bring their partners for voluntary testing and counselling. Co-sponsors mentioned the heightened risk of violence for HIV positive women at the time of disclosure, and the link between VAWG and pregnancy is well documented, compounded by cultural and social norms that foment gender inequality: *"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."* (UN co-sponsor respondent) and *"It was found in some homes that if the woman is tested positive during pregnancy she gets beaten. And the man refuses to take the test"* (civil society respondent). **PMTCT services and partner involvement may be a major missed opportunity to**

address the linkages between HIV prevention and treatment and VAWG. Key entry points for this are the PMTCT services, HIV testing services and ARV/nutrition programmes to better articulate the protection of PLHIV women against VAWG.

The Joint Programme includes elements of gender transformative approach in community mobilisation work on HIV

The programme is gender sensitive, and activity reports are generally well disaggregated by sex, although gaps exist for some age groups and 'key populations'. On the Gender Equity Marker (GEM), the Joint Programme activities obtain a score 2 'significantly contributing to gender equality and/or the empowerment of women and girls' for most activities, and a score 3 'the principal objective is to advance gender equality and/or the empowerment of women and girls' under priority 3 on HIV response in humanitarian context. Please note that scores are self-attributed by the joint team on AIDS. There are examples of gender transformative interventions (See Annex 5). For example, the UNAIDS Secretariat works to promote women leadership on HIV sensitisation and rights related issues and UNDP and UNWOMEN work on positive masculinity and addressing gender norms and VAWG with adolescents and young people (under Priority Area 4).

The community mobilisation strategy integrating VAWG and HIV prevention to support access to integrated services in humanitarian areas of central and oriental Kasai regions (Kananga, Mbuji-Mayi, Tshikapa) constitutes an example of good practice in HIV/VAWG integration. UNFPA provides PEP kits and dignity kits to VAWG survivors in the area. At community level, the UNFPA programme integrates HIV, GBV and family planning sensitisation activities together with condom promotion campaigns. UNWOMEN also in Central Kasai ensures the provision of PEP kits and psychosocial support to women and girl survivors of SGBV, and trains multisectoral executives on gender, HIV and human rights. The evaluation cannot comment on the scale and sustainability of these interventions.

It is noteworthy that the programme has also integrated a focus on key populations in the humanitarian context, distributing male and female condoms, lubricants, and providing syndromic management of STIs to these population groups. This study cannot comment on the coverage and sustainability of these activities; however, it is clear that the **HIV and VAWG services and prevention activities have been taken closer to the community which has contributed to improving services uptake.**¹¹¹

In Tanganyika province in 2019, UNDP supported the HIV-SRH-Gender and Human Rights project with the Stepping Stones/PARCOURS approach. Men, women, young girls and boys including a special focus on LGBTIQ and CSW were engaged in the programme, leading to a strong reduction in stigma and discrimination and an increase in demand for HIV testing and treatment services. Several cases of sexual violence were denounced and the survivors, including PLHIV and members of the 'key populations' victims of discrimination or arbitrary arrest, were supported with legal, psycho-social and collective income generating activities.

Advocacy efforts support the development of a conducive legal framework on HIV integrating VAWG, rights and gender considerations

The Joint programme has made important contributions to update the legal framework relating to HIV to include gender, women and girls and sexual minorities rights and PLHIV's rights. The law on the Protection of People Living with HIV and Affected People 08/011 of 07/14/2008 provides a

¹¹¹ Evaluation conjointe des programmes de lutte contre les violences sexuelles en République Démocratique du Congo 2005-2017 Rapport d'Evaluation, UNFPA, 2019
https://reliefweb.int/sites/reliefweb.int/files/resources/rapport_devaluation_eva_lutte_contre_les_vs_lattanzio.pdf

strong legal basis or protection of PLHIV, and instructs the State to make treatment and HIV testing available for free.

Co-sponsors continue to address important issues in the legal framework, such as addressing legal provisions criminalising PLHIV or violating their right to privacy: Article 45 of Law 08/011 penalises wilful transmission of HIV/AIDS; Article 41 requires that HIV positive persons immediately inform their partners of their HIV status, and if the patient refrains from doing so, the doctor may waive the professional secret.

Also, the law subjects the screening of minors to parental authorisation. Adolescent girls and young women face compounded legal and socio-cultural barriers to address 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.”*¹¹². Co-sponsors work on legislative change in this respect, acknowledging that changes take time: *“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”*, highlighting how long legislative change takes.

There is a role for the Joint Programme to advocate for the rights of ‘key populations’ in relation to HIV and VAWG

The legal status of so-called ‘key populations’ in DRC is a barrier to access of HIV services. Same sex relations are not illegal in the DRC, but sexual diversity is not recognised either. Hence, rights violations against these groups are not recognised as such, on example provided was the arbitrary arrest of transgender people. Membership associations cannot formally register or openly exist. A co-sponsor noted: *“The challenge in relation to associations of key populations (MSM, CSW) is that even if they are not illegal and they are tolerated, there is a limit. There cannot be a legal association of an MSM network with government documents, it will not happen. There aren't really any organisations for them. It is always other people who work for them.”* A membership organisation respondent explained that *“if we apply to have papers, the Ministry understands that you are promoting homosexuality.”* Drug use remains criminalised, fuelling discrimination and abuse against people who use or inject drugs particularly on the part of health care workers and the police, and limiting what HIV interventions can be implemented, especially in relation to harm reduction.

The only entry point for the rights of ‘key populations’ currently is HIV, as they are mentioned and recognised in the National HIV/AIDS Plan 2020-2023. The NAP 2020-23 explicitly identifies CSWs, MSM, PWIDs, transgender and prisoners among the priority targets of the plan. A membership organisation respondent commented, *“The Constitution of the DRC does not recognise that gender diverse people and sexual minorities exist. So the country does not recognise them. The only way to get papers is through HIV initiatives.”* **Several respondents from both non-governmental organisation and membership organisations highlighted that international partners working on HIV could use this entry point to specifically address stigma and discrimination, legal context, and services for sexual minorities, male and female CSW and PWIDs. There is an important role to play for the Joint Programme in terms of advocacy in this respect.**

¹¹² Evaluation conjointe des programmes de lutte contre les violences sexuelles en République Démocratique du Congo 2005-2017
Rapport d’Evaluation, UNFPA, 2019

The implementation of anti-discrimination legislation on HIV and VAWG remains a major challenge

Although the legal framework on HIV in DRC has included gender, rights and protection considerations, national implementation of the framework remains a challenge. An HIV civil society organisation noted that *“The DRC has a law on the protection of PLHIV, it is an anti-discriminatory law which qualifies acts that are discriminatory as an offense but it is not implemented.”* UNAIDS co-sponsors like ILO, UNDP and UNFPA, as well as the UNAIDS Secretariat have conducted important capacity building activities to support the implementation and dissemination of protective laws for PLHIV 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 evaluation cannot comment on the scale and sustainability of these activities.

Outcome 2: UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

Co sponsors’ VAWG programmes address linkages with HIV to a limited extent

Beyond the Joint Programme, HIV-related funding is scarce and human resources for HIV programming are dwindling in most co-sponsor agencies. Some agencies have no HIV-specific funding or have ceased to do so. ILO has no activities in relation to HIV in the past 3-4 years in DRC, and UNESCO has no HIV specific activity since 2019. UNICEF continues to add own funds for HIV activities to complete the UBRAF envelope, but these funds are under threat: *‘HIV funding has fallen sharply over the past 5 years. For us, this remains a priority especially as adolescents, and the age group 10-15 years old are very vulnerable. So we are using our regular funds, but thematic funds have fallen sharply.’* A co-sponsor noted that there had been a marked decline in the agencies’ HIV funding in the last years: *“In 2014-2016 the WHO, UNICEF, UNFPA really had an HIV budget. UNFPA led on GBV but they had small HIV interventions. Since 2018 HIV is no longer a priority, the priorities are elsewhere.”*

There are some examples where co-sponsors conduct VAWG, gender equity and human rights related initiatives in which they include or link in HIV aspects beyond the UBRAF funding. Where HIV is integrated, it is more often in terms of medical attention to survivors of sexual violence (e.g. offering Post Exposure Prophylaxis (PEP), testing and treatment). Some examples include:

Box: Examples of co-sponsors VAWG related programmes including an HIV component

- **The World Bank** regional programme started in 2014 addressed the needs of SGBV survivors, of which USD 74 million targeted 500,000 women in Eastern DRC. A new programme was initiated in 2019 that offers integrated health services to women in emergency settings, including PEP, psychosocial support, HIV prevention and treatment services.
- **WFP’s** Country Strategic Plan for 2021-24 states that it will “assists people living with HIV undergoing ART or TB-DOTS by providing products to improve their nutritional status and increase the beneficial effects of their medical therapy. WFP will support the Government in integrating nutrition activities into the 2021–2025 national strategy for the elimination of parent-to-child transmission of HIV. The organisation will also contribute to national measures for the prevention of GBV and the provision of social protection for HIV-positive women through targeted activities promoting resilience and economic well-being for these women.”
- **UNFPA** implements a large programme active up to 2024 that integrates maternal and neonatal health, family planning and gender based violence, which integrates HIV in some

aspects, for example through community based distribution of condoms and integrating HIV testing and PMTCT in ante-natal visits.

- **UNWOMEN** is responsible for mainstreaming gender equity and the empowerment of women across UN organisations, and includes women PLHIV and LGBTIQ in their target groups. UNWOMEN supported the development of a training module on mainstreaming gender into humanitarian programs addresses HIV, and during field monitoring missions it works with other agencies to ensure that women PLHIV and LGBTIQ are included in community activities.

Women living with HIV and from 'key populations' are not systematically targeted in VAWG programmes

Women living with HIV are not systematically included as a target of VAWG programmes, and a major gap remains in terms of addressing SGBV in key populations, and the intersectionality between different factors of vulnerability. Whereas in HIV this has been better taken into account, in VAWG programmes the mention of the 'key population groups' is much less systematic. In addition, intersectional factors of vulnerability such as gender and HIV status are not sufficiently taken into account; A government stakeholder remarked that *'It is important to put prevention at the forefront, in particular by intensifying awareness by emphasising the link between violence against women and girls in connection with HIV.'* Co-sponsors called for UNAIDS country office to do more on the link between HIV status, gender and violence: *"In North Kivu although there is an HIV working group, I have not yet heard of an HIV programme. This is why UNAIDS must participate in the meetings of the GBV sub-cluster, and share information on targeting strategies for beneficiaries."*

In this respect, there is an opportunity to use the experience of the UNAIDS and HIV/AIDS programming on community mobilisation and targeting PLHIV women and vulnerable groups and applying it to VAWG programming. This could be a role for the Joint Programme according to a co-sponsor: *"UNAIDS has a lot of experience in HIV prevention, it needs to be extended to SGBV in partnership with Government and NGOs."*

A good practice: the integrated services for sexual violence survivors include HIV services and legal support in 'One Stop Centres'

Medical attention for sexual violence survivors in Eastern Congo constitutes a longstanding priority for international partners, governmental and civil society actors. Given the enormity of needs and the complex operating context, medical care for SGBV survivors in conflict affected areas remains patchy, and the scarce evidence points to largely unmet needs. One co-sponsor commented that in Eastern DRC *"Many localities do not have mechanisms to respond to violence against women and girls, there are logistics, accessibility and security issues with incursions and clashes between armed groups. The government has no control over these localities. It has been a long time, but the funding for SGBV is shrinking. We see a lot of HIV infections due to the prevalence of SGBV, but many facilities do not have PEP kits."*

Furthermore, the needs of survivors are more complex than immediate medical attention, which calls for a holistic approach integrating medical, psycho-social, legal, protection and economic support. The 'legal clinics' model constitutes a good practice in this respect. They offer integrated health services to survivors with attention protocols including PEP and HIV testing and linkages to HIV treatment and nutrition, as well as legal, psychosocial and economic support.

Box: 2 "Tupinge Ubakaji", a programme on prevention and care for VAWG survivors

The UNDP-led Joint Programme "Tupinge Ubakaji" (2013-2018) is a hallmark programme of USD18 million funded by the Canadian Government, which aimed to fight impunity, and support women victims of SGBV through holistic assistance. This programme supported 17 legal clinics and 3 Free Consultation Offices, and police units specialising in the protection of women and children against sexual violence. Services for survivors were grouped in "One Stop Centres", and medical structures were supported in terms of equipment and operating resources. As part of this programme, the World Bank and WFP supported the well-known Panzi hospital to offer a package of support services to survivors of sexual violence, including income generating activities and nutritional support. The service component was completed by community sensitisation and training for police and legal officers on VAWG. A 'ligne verte' or hotline was put in place to direct survivors to the services. These interventions lead to increasing access to justice for SGBV survivors. In particular, there was an increase in successful prosecutions of SGBV cases including prosecutions for the use of SGBV as a 'weapon of war' against high ranking officials in the military and internal security services in North Kivu; and there was increased reporting of human rights violations, including SGBV, through the collaboration between the government and technical partners, particularly UNFPA and the Bureau Conjoint des Nations Unies aux Droits de L'homme.

The UBRAF (envelope funds) has continued to provide catalytic funds to support these integrated clinics and co-sponsor agencies such as UNFPA, UNDP and the World Bank have contributed own 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. A government official commented *"For the future, the institutionalisation of Integrated Multisectoral Service Centres (CISMs) is the way forward. Their implementation in the experimental phase has shown that this is the best approach for the holistic management of GBV. However, for these CISMs to be fully satisfactory, reforms will have to be pursued. These CISMs should benefit from the utmost attention from the public authorities in order to provide them with all the necessary resources, particularly in terms of inputs, in order to offer services free of charge to the population. It will also be necessary to pay particular attention to the most vulnerable categories, including people living in conflict zones, mining areas, working on the roads and in prisons."*

Some components of the integrated response are less developed, especially access to legal redress, psycho-social support and economic empowerment of survivors. Civil society partners also worry about the sustainability and scaling up of the model: *"The big recommendation is what the UNDP is already doing, but it is not enough. What they are doing is not consistent, they need to increase their contribution in view of the needs and the vastness of the country. The support has reduced for the legal clinics, only one clinic supported by UNDP has been kept in the country, the others are no longer supported. It is really limited."* (KII respondent, Government)

Co-sponsors have contributed to the development of a gender responsive legal framework on VAWG

The legal framework on VAWG, gender and rights is well developed in the DRC. The Government's new operational framework includes a Gender Thematic Group to harmonise sectoral actions and support gender strategies at national, provincial and local level, in particular the National Strategy on Sexual and Gender-Based Violence, the National Action Plan for implementing the Resolution 1325 and the National Gender Policy. UNWOMEN supported the revision of the National Strategy on Gender Based Violence (adopted in 2020), the first iteration of which dated back to 2009. A main area of advocacy was to broaden the strategy beyond sexual violence to encompass all forms of VAWG. A mapping and typology exercise were realised in order to identify the different types of violence across the territory.

A gap remains in terms of diffusion of the legal framework so that women are aware of their rights, perpetrators may be prosecuted, and the law enforcement and judiciary system may respect the rights of women in their diversity. A CSO partner commented: *"There are already texts that are good, the legal arsenal is not bad. But the monitoring of the implementation is lacking. Geographically the areas covered are very limited, often a single city in a province. We have good slogans and good texts at the government level, but the government does not support the implementation to scale."* UNDP has worked to strengthen the dissemination and implementation of the legal framework at provincial level through the training of magistrates and law enforcement officers on human rights and VAWG, an effort sustained for the last 7 years that has been cited as a major contribution by government respondents.

There are missed opportunities to integrate HIV concerns within the VAWG legal and policy framework

The National Strategy on Gender Based Violence (2009) mentions gender inequality as a root cause of HIV vulnerability. However, the revised SNVBG from 2019 only mentions HIV in relation to the testing and treatment of sexual violence perpetrators and as part of the service package for survivors. The National Action Plan for the Implementation of United Nations Security Council resolution 1325 on Women, Peace and Security 2020-2023 (PAN II) does not include any mention of HIV, although HIV was one of the 10 thematic areas covered in the PAN I. Vulnerable groups mentioned in the document include young women, refugees and displaced people, and indigenous people, people living with a disability. It is noteworthy that there seems to be a lack of alignment in terms of who are considered vulnerable groups, key populations, marginalised people between different strategic document on HIV and VAWG.

ILO has worked to promote the application of the Convention #190 on violence and harassment in the world of work, based on an analysis of structural factors and power imbalances at the root of gender inequalities, different types of violence, and discrimination. Although the link between violence and harassment at work and health outcomes is acknowledged, there is no specific mention of HIV vulnerability. This could be an entry point to better link HIV prevention, fight against discrimination and the application of the 190 Convention, especially in the context of the mining and transport sectors in the DRC.

VAWG programming in humanitarian areas has included some gender transformative aspects

Ongoing efforts by civil society, government and international partners including UN agencies specialising in humanitarian interventions such as UNHCR, UNICEF and the MONUSCO have helped protect the rights of women and girls in Eastern DRC. There is emerging evidence that in areas that have been affected the longest by the conflict, violence against women and girls by governmental

armed forces may be decreasing¹¹³, and, although respondents are cautiously optimistic given the volatility of the situation and the paucity of reliable data, this could be attributed to the efforts undertaken to reduce impunity and sensitise the army and police on SGBV. According to a UN respondent working in humanitarian context: *“The human rights section reports a reduction of sexual violence occurrence over the last 15 years. Senior officials have been on trial, military justice has surely had an impact... Within the framework of the protection of civilians, strengthening of military justice has resulted in prosecutions, investigations and judgment against senior officials and armed groups for violence against women.”*

In a context of protracted humanitarian crisis and cyclical conflict situations, co-sponsors have undertaken community level initiatives addressing gender inequalities as root causes of VAWG:

Box 3: Examples of gender transformative approaches in VAWG programmes (see also Annex 5 p199)

- **UNESCO** intervention in schools 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.”
- **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.”
- **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.”

¹¹³ See for example the 2019 Lattanzio evaluation « Les contributions des bailleurs à la protection ont été plus significatives entre 2010 et 2014 et ont contribué à intégrer la lutte contre les violences sexuelles dans le fonctionnement des FARDC et de la PNC et dans le processus DDR.”

However, this has been limited as the humanitarian VAWG response focuses on immediate medical attention to survivors

VAWG issues are compounded by insecurity and the significant risk of recurrence which leads to violence being increasingly normalised, in turn reducing reporting and aggravating the issue in the communities. In this context, the lack of protection of women and girls seems to still be a reality since the 2019 UNFPA evaluation¹¹⁴: *“The response to sexual violence in the DRC has been more reactive than proactive. Addressing the root causes of inequalities between women and men would significantly reduce VAWG.”* A co-sponsor also mentioned that *“we need to allocate resources to prevention of violence, at the moment we are talking above all about care. We need to work more with the Ministry of Gender and Social Protection, not have so much emphasis on the health component. For the moment, the priority is the health issue.”*

The protection and reintegration of SGBV survivors in the communities after they seek help is a weak aspect of the response, which leads to many cases not reaching services. A government stakeholder highlighted the need for greater emphasis on the protection of women and girls after they disclose the abuse: *‘The big problem is the reporting of cases of sexual violence. The lives of victims are truly transformed once they speak out against these abuses, so most don't report.’* Many cases are not being prosecuted as families are pressured into or offered money for amicable settlements: *“The taboo issue is very complex, when there are economically poor families, rapists offer money that alleviates poverty, it is difficult for families to seek redress in justice that will further affect.”*

A respondent from a women's organisation highlighted the tendency for efforts to increasingly concentrate on the service provision itself at the expense of community mobilisation: *“The populations are not sufficiently informed about the behaviour they should have in case of SGBV. Women and girls who are victims of sexual violence do not know where to turn to. They behave as if nothing has happened, and suffer the consequences.”* **Step change on addressing VAWG can happen as part of the triple nexus (humanitarian/peace/development) approach, by integrating longer term, community based prevention and reintegration support rather than focussing exclusively on an emergency orientated, medical approach of attention to victims. There is a need for continued service provision for sexual violence survivors within coherent programming addressing social norms and economic factors. SGBV work fails to be gender transformative when it focuses exclusively on attention to the victims.**

Efforts focus on sexual violence in conflict affected areas, at the expense of other areas where VAWG is highly prevalent

The typology and cartography of SGBV in the DRC¹¹⁵ reveals that SGBV is a widespread and multi-faceted issue across the country, as is also outlined in the revised SNVBG. A co-sponsor noted, *“At the beginning we were more focused on the eastern zone, but in 2013 we carried out a study and unfortunately the results clearly showed that in non-conflict zones customs and traditions fuelled SGBV practices, war is not the main factor.”* In the Kasai region, where the Joint Programme focuses, there are many intersecting factors of vulnerability such as the context of mining sites where a lot of commercial sex work happens, including: the sexual exploitation of minors; the high poverty level; and harmful traditional practices and cultural norms that perpetuate inequalities between men and

¹¹⁴ Evaluation conjointe des programmes de lutte contre les violences sexuelles en République Démocratique du Congo 2005-2017 Rapport d'Evaluation, UNFPA, 2019

https://reliefweb.int/sites/reliefweb.int/files/resources/rapport_devaluation_eva_lutte_contre_les_vs_lattanzio.pdf

¹¹⁵ Typologie & cartographie des violences sexuelles et basées sur le genre en RD.Congo UNWOMEN

women, including denial of inheritance and education for girls. One key concern is the situation of young girls in forced marriages and sexual exploitation. The numbers from programme data are on the rise and according to a co-sponsor: *“in villages in mining centres where artisanal mining takes place, sexual exploitation is highly developed, including with underage girls who sometimes come from neighbouring countries.”*

Outcome 3: Enhanced national ownership of VAWG and HIV response and accountability to women and girls

The Joint Programme’s focus on addressing holistic services for VAWG survivors in humanitarian areas responds to a major priority in the DRC

VAWG and HIV services are still severely underfunded despite the Government’s commitment and the international partners’ contributions. A co-sponsor noted *“The coverage of the response in terms of prevention and access to services is relatively low in relation to the needs. There are lots of HIV cases due to the prevalence of SGBV, but many facilities do not have PEP kits.”* As the MONUSCO withdraws from some of the conflict-affected provinces, there is a strong need to scale up prevention, protection and holistic services for SGBV survivors. One key informant from a UN agency noted *‘The biggest challenge when the mission leaves is that the agencies have to raise funds independently, we try to keep a bridge to make a period of transition, through joint projects. The biggest challenge is to ensure the continuity of the work of the agencies. When a peacekeeping mission withdraws, it is necessary to mount development projects, and avoid this abyss when the mission withdraws.’*

In the context of the transition, there is a key role to play for the co-sponsors to support the government on holistic care for VAWG survivors embedded in sustainable community mobilisation and empowerment programmes, including legal support and socio-economic reintegration. According to a government official in Kivu, there is need for the UNAIDS to step up the coordination of HIV and VAWG programmes in this context: *“We suggest that UNAIDS take the lead between the structures working between HIV and VAWG. The consultation framework must be revitalised to improve the coordination of interventions.”*

The geographical focus of the Joint Programme is aligned to national priorities, however many geographical areas are left out

The Joint Programme’s geographical focus on the Kasai region and Maniema province, which are conflict-affected areas that have not been so much at the centre of attention as the Eastern region. This largely aligns with national priorities and country needs. Joint Programme 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.

Given the vastness of the country, many areas are left out from donor support although some of the higher prevalence of VAWG and HIV can be found outside conflict-affected areas. 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.

A clear strategy exists to reach saturation of services for HIV treatment, but there is no similar ambition for VAWG services

The emphasis of HIV programming on the 90-90-90 targets has led to improvements in treatment coverage nationally in the DRC, with a doubling of PLHIV on ARV treatment between 2015 and 2018. The large HIV funding agencies, Global Fund and PEPFAR, have conducted a rationalisation of their presence in the DRC in 2017, dividing the geographical areas between themselves for ART provision, while the responsibility of providing supplies was given to the Government in three health zones. However, it seems that the UN agencies did not partake in this exercise, and their role seems to be focussing of strengthening access to HIV services in the humanitarian context. PEP kits are funded by the Global Fund, IMA/USAID and the UNFPA. According to funding agencies, the coverage of post-rape kits over the territory is adequate, although only those supported externally include the PEP component, and gaps exist for the legal support and psycho-social components.

Despite the positive trends nationally on HIV treatment availability, women living with HIV that participated in the FGD as well as other respondents from civil society highlighted that there are still many inefficiencies on ART distribution, and major gaps in terms of paediatric ARVs availability, access to viral load and opportunistic infection treatment. **The Observatories¹¹⁶, formed by PLHIV in the provinces and charged with monitoring and reporting ART stock-outs, have constituted an effective mechanism to improve supply chain issues, which could be extended to other aspects of HIV and VAWG services availability.**

In terms of VAWG services, a similar rationalisation exercise does not seem to have taken place, and it is unclear whether international partners within the Gender and Gender 1+1 working groups have developed a strategy to reach saturation of comprehensive VAWG protection and care services. Although a mapping of integrated services clinics exists, the actions to support them are not fully coordinated. An example of this is the development of several hotlines or survivors ('ligne verte') across the territory, with each funding agency creating a separate phone number and strategy for diffusion, possibly causing substantial inefficiencies and confusion for users. The hotline strategy is now under review at the Global Fund that envisages reducing the coverage of their hotline to catchment areas of the VAWG clinics only.

There are important opportunities for better alignment among international partners working on HIV and VAWG. An HIV focussed opportunity for collaboration is the Human Rights and Gender Plan¹¹⁷ lead by PNMLS/GFTAM, which mainstreams gender, equity and discrimination concerns in human rights work in relation to HIV. The Plan clearly outlines the causal relationship of SGBV and HIV: *"Extremely high levels of SGBV perpetrated against women and girls (and less frequently against men and boys) have serious, cross-cutting effects on health seeking behaviour, particularly where there are limited or no services to support survivors, where there are high levels of stigma and shame, and where there is relative impunity for the perpetrators of these crimes who remain in control of certain regions."* A VAWG focussed initiative is the European Union funded programme Spotlight, which is implemented in the DRC by UNWOMEN in collaboration with 11 CSO partners across 7 provinces. In DRC, the UNAIDS country office is not part of the Spotlight Initiative. **It would be interesting for the UNAIDS country office and co-sponsors not currently engaged to define potential implications and linkages with these major opportunities in the DRC in order to better integrate HIV and VAWG programmes.**

¹¹⁶The HIV / TB Observatory is based on the collection of data relating to users' access to care services and the quality of care offered to them. It is a community based mechanism implemented by UCOPLUS, the national association of PLHIV.

¹¹⁷ Leave no one Behind! A five-year plan for removing human rights and gender-related barriers to HIV and TB services in the Republic of Congo (DRAFT--30.12.20)

Despite advocacy efforts, Government funding remains the major challenge for the sustainability of HIV and VAWG programmes

On HIV, advocacy efforts have focused on increasing domestic resources for the national response and good governance of the resources, for the implementation of the National HIV legislation including the elimination of user fees for HIV treatment and services, and for the elimination of stigma and discrimination. The Sustainability Index and Dashboard (SID) Process led by PEPFAR and started 2019 in collaboration with UNAIDS, Global Fund, WHO and other UN partners under the coordination of the PNMLS contributes to securing sustainable resources for the full coverage of ART needs in the DRC.

In general, the sustainability of programmes through the mobilisation of domestic resources remains disappointing with regards to the level of need and the commitments taken. A co-sponsor commented: *“Funding does not cover all needs and the bulk of funding comes from external partners, which poses a problem in terms of sustainability because the state budget allocated to these issues is very little. HIV interventions are funded externally at 90%. It is a continuous work to ask the government to take charge of their share.”* Similarly, a CSO partner explained that, *“The partners demand that the government contribute up to 5%, to make the government accountable by insisting on this counterpart. But for this 5% to be made available, we in civil society fight each time so that the Government honours their commitments... we do marches, radio broadcasts.”*

External support still tends to displace government investment. A civil society partners sum up *“Activities work when there is funding. As soon as funding ends, government partners tie everything to the availability of resources.”* This dynamic has been described in the evaluation of the UNDP-led Tupinge Ubakaji programme: *“The conditions for implementing the program, characterised by the total absence of formal constraints from national counterparts, do not a priori serve the sustainability of Tupinge Ubakaji. Better still, they have tended to allow a wait-and-see attitude to flourish, which expects everything from the financial partners, on SGBV-related issues that are nevertheless as sovereign as justice and security.”*

There are some success stories locally, thanks to the joint involvement of international partners and civil society organisations. In Katanga, the provincial government has committed for the first time to fund HIV and VAWG activities, and added a budget line for this.

The UN organisations have engaged effectively on capacity building with Government at central and provincial levels on gender, HIV and VAWG linkages

Government stakeholders at all levels have appreciated the work of the Joint Programme especially on raising the issue of VAWG and conducting advocacy and capacity development work with the Government. A government stakeholder remarked that, *“As technical partners, United Nations agencies play an important role in the implementation of activities to combat VAWG and HIV. They support the Government in most of the activities to combat violence against women and HIV, in terms of resource mobilisation, capacity building and technical support.”* Another government respondent noted: *“The UNAIDS Secretariat brings together the four agencies working on the issue of HIV. UNAIDS accompanies us in many things, with its own funds or by mobilising other UN agencies, we have a good collaboration with them, we are preparing the World Day Against Discrimination and Stigma, and we talk about the consequences of VAWG within that.”*

Box 4: An example of a co-sponsor's capacity building strategy with government:

"Our approach is participatory, we pride ourselves on ensuring that when the time comes, we can transfer skills to organisations... From the national counterpart we insisted that different departments of the Ministry participate as facilitators. We conducted several capacity building sessions for the members of the Prevention and Protection working group. During the life of the project, these trained people did the training and we did the coaching. At the end of the project, at the level of the Department in charge of women and youth, the gender experts were able to provide training on behaviour change on gender."

The Joint Plan on AIDS includes several capacity development activities, including technical guidance and trainings for health services providers on HIV (targeted testing, PMTCT, 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 rights¹¹⁸ 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 UNWOMEN 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.

The UNAIDS Secretariat and co-sponsors have promoted civil society as a key interlocutor for Government on HIV/VAWG issues

Government and civil society partners alike noted that the UNAIDS Secretariat and the co-sponsors worked to promote the role of civil society with Government. A government partner noted *'UN partners provide technical and financial support to networks of women and key populations. The mechanism put in place ensures the participation of community and population leaders to ensure accountability. It creates synergy between established state programs and human rights NGOs working to prevent VAWG.'* A network member explained *"With the government, we have very good relations, the door is open, the Minister is receptive. It is not the will of the government alone. UNAIDS calls on the government and pushes them to recognise us and work with us. With the other partners also they put this forward, highlight our added value, the importance of what we do in forums with the Government. This is what prompted the government to get us involved."*

There are good practice examples in terms of partnership with CSOs on HIV and VAWG programmes

The main areas where local CSOs are engaged are delivery of community level mobilisation and sensitisation activities and sometimes services delivery; and engaging in advocacy work with the Government.

Membership organisations and CSOs commented positively on the partnership approach of the UNAIDS Secretariat. A UNAIDS respondent commented, "UNAIDS tries to take catalytic actions to empower civil society as we did on HIV." This vision is shared by partner organisations, for example "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." In general, CSOs

¹¹⁸ Module Formation VIH, Genre et Droits Humains, Ministère de la Santé Publique, Programme National de Lutte contre le SIDA et les IST (PNMLS)

have valued the partnership with UNAIDS Secretariat: “UNAIDS is the model for civil society participation, it is a very conducive framework, civil society has easy access to the Country Director compared to other agencies. UNAIDS is doing what it can to give everyone their place.”

In terms of accountability to civil society partners, the UNHCR engages women in baseline and needs identification, and works to develop the capacity of community structures to monitor services, and manage activities and participate in cause analysis and also accountability. UNESCO works with youth groups and consults them when developing concept notes to get their feedback on the programmes using WhatsApp groups. Accountability to CSO partners and beneficiaries was not systematically built in interventions across all the co-sponsors, however.

A civil society partner describes a positive partnership experience with the Joint Programme: *“UNAIDS started activities with their establishment in the province for 8-9 years. They also brought us capacity building, in terms of staff and in relation to target groups. They support our activities, but with a focus on key populations, supervision with CSWs, clients, MSM, and specific groups: artisanal miners, truckers that go to southern Africa. UNFPA gives the condom, UNAIDS allows us to go to key groups, it is a good symbiosis. It allowed us to take root more in the community, they trained us on advocacy and we are in the process of making the provincial government accountable, a mechanism for sustainability. We mobilise resources from mining companies that support worker screening and awareness activities. We are able to carry out activities with other non-UN structures, we are able to find other funding. We rely on activities at the community level by people who live in their environment - activities that take place 600Km from Lubumbashi, where people continue to carry out activities with the same approach in their community.”*

There is no explicit strategy for improving the sustainability of women’ and women PLHIV’s organisations

Several women associations, whether specifically PLHIV or not, have been supported by the co-sponsors. Examples include RENADEF, CEFIDE, AFEMDECO, Femmes Plus. However, sustainability aspects in partnerships are not always clearly outlined. A co-sponsor noted: *“For the empowerment of women we have small projects, but there is no continuity, there 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.”* One CSO 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.

There is a lack of a coherent strategy to build the capacity of women PLHIV and ‘key populations’ networks in a sustainable manner, beyond what is needed for the implementation of concrete projects. Capacity building support often consisted of ensuring that the CSO was able to deliver concrete activities and provide reports, rather than seek to leave capacity on the ground to sustain work beyond the project period. The engagement is not through the project cycle, but concentrates on specific campaign dates such as the 16 days of activism on VAWG. This evaluation cannot comment on the level of financial resources directed to women organisations by the co-sponsors.

More can be done to promote accountability to women and girls in VAWG and HIV programmes and the participation of women and girls in decision-making processes

More could be done to systematically target women when conducting HIV-related community mobilisation activities, and even on VAWG services planning and monitoring. A 2017 study on

gender specificities¹¹⁹ noted that there is a low participation of women on HIV programmes, that parity or planned quotas are not respected and data is not systematically sex disaggregated, and seldom analysed by sex, which leads to an unbalanced gender representation. A co-sponsor also shared that they were working to address the issue of women's representation in community engagement work: *"We worked a lot with Health Zone Development Committees (CODESA). But the representativeness of women in these committees is very low. The voice of women was not heard at this level in Kasai, which is linked to cultural habits and customs. We are going to insist on parity in these committees, I admit that we have not developed that much...The same goes with trying to have the opinion of women and girls in the design of projects: What do they think of the mechanisms for reporting sexual violence? It is important to have their feedback on the clinical management of rape. We are going to hire an NGO specialising in GBV to think about how to address SGBV transversally, to better integrate their opinion on the approach."*

Gender equity and accountability to women do not permeate all aspects of the interventions especially when activities are not targeted exclusively at female beneficiaries. A co-sponsor suggested that this was a major gap that should be at the forefront of all external funding in the DRC, making of the integration gender and rights a condition for funding: *"We should influence actual implementation of gender equality promoting measures and assess human rights abuses by Government services, to ensure that funding does not inadvertently perpetuate further the issue... Contracts must be subject to these conditions. In programs funded by us, there are 90% of males, sometimes there are no women. It is the responsibility of donors to change the game, and it is possible to reverse the trend."*

Accountability to women and girls' networks involved in partnerships is sometimes one-sided, that is to say there is no downwards accountability. This creates difficulties for civil society organisations that get called in to participate in concrete campaigns (16 days of activism, World AIDS day), but cannot rely on sustained support and programmes, and struggle to obtain information on the international partners' long term priorities. *"As a local NGO, we want to be involved in the development of the agencies' programmes as we know the needs on the ground. If there is the possibility of financing projects, they should take into account local structures. Improve communication, information. We are caught off guard. It would be good if there was a little coordination and a framework for consultation with local NGOs. Certain information is not given to us, for example the mapping of interventions in the province, but also there is a general lack of capacity in relation to documentation, data collection and analysis."*

The do-no-harm principle is insufficiently upheld

Emergency-focused agencies have important experience and protocols in terms of protection of vulnerable women in humanitarian/displacement situations. For example, WFP works to deliver its assistance as closely as possible to settlements so women do not have to travel long distances and put themselves at risk; UNHCR also ensures that their help is targeted at all women, including those in polygamous marriages that are treated individually as heads of household. However, there are areas where the co-sponsors' programmes of HIV and VAWG may not sufficiently address the do-no-harm principle, namely: PMTCT and partner involvement programmes; protection and reintegration of SGBV survivors; and both HIV and VAWG programmes not taking into account an analysis of intersectional factors of vulnerabilities for the so-called key-populations (age, gender, HIV status, sexual orientation etc). The 2019 UNFPA evaluation of SGBV programmes in the DRC highlighted that insufficient attention was paid to monitor and address potential harmful consequences of the

¹¹⁹ Évaluation des sexospécificités liées au VIH et à la Tuberculose en République Démocratique du Congo, RDC Fonds Mondial, 2017 <https://elsamanghi.com/2020/10/26/etude-genre-vih-et-tuberculose-en-rdc/>

programmes on women and girls: *“There is no mechanism for evaluating and monitoring the possible perverse effects of interventions at the level of the Ministry of Gender or at the level of coordination mechanisms.”*

Male engagement activities have been conducted on HIV and VAWG prevention, but they are limited in scale and not sustained

Male engagement in HIV programmes has been motivated by the feminisation of the epidemic in the DRC, and the issue of partner disclosure during PMTCT programmes. Co-sponsors have used male involvement in community mobilisation strategies to address issues of human rights and gender in relation to HIV (See Annex 5). The Stepping Stones approach implemented in 2013 by the UNDP in 5 provinces helped to bring men on board on HIV and VAWG issues. However, it is noteworthy that in the DRC international partners including the Global Fund have discontinued programmes using the Stepping Stones approach. Reasons given included the fact that the methodology may not be appropriate to the DRC context and the lack of resources to implement the programme over a sufficient time period. Other activities on male engagement as part of the Joint Plan include the sensitisation of young men on women's rights and the different types of gender-based violence; conducting awareness activities during the 16-days activism campaign; and the establishment of clubs of men and boys on women's rights.

Another key strategy for VAWG and HIV prevention implemented by UNFPA has been the work with uniformed forces. A government stakeholder highlighted the efficacy of this strategy: *“UNFPA works with men in the uniformed force on gender, VAWG and HIV. In all the armed forces this is a problem, UNFPA must not be alone, the others must focus more on the men.”*

Intersectionality between gender and other vulnerability factors is not systematically addressed

Some aspects of intersectionality are taken into account in the programmes, such as age/gender, and HIV status/gender. **However, a gender lens is often not applied to ‘key populations’ such as commercial sex workers, gay and lesbians and gender diverse people, or people who inject drugs.** A co-sponsor highlighted how ignoring intersectionality of gender dynamics and marginalisation misses out important linkages between HIV and VAWG: *“We work with women who use drugs and we see clearly a link with VAWG. There is a very high level of stigmatisation for drug users living with HIV, and when it comes to women the judgment is much stronger. You are expected to justify how you got HIV, including among women living with HIV. PWID women are much more stigmatised than men by the police officers. It is very easy to abuse HIV positive, homeless, PWID women. The threshold of violence is much lower.”*

An example of this is the Stigma Index 2017, where sex disaggregation is not available for most of the variables considered, and it is unclear how gender is determined (male, female, transgender, not specifying whether transgender people self-identify as male or female). It is unclear how people are categorised in different ‘key populations’ between CSWs, PWIDs, and LGBTIQ, as there could be overlap between those categories. The Stigma Index 2019¹²⁰ partly addresses this issue by presenting a disaggregation of the sample by sex (male/female/transgender) including for the key populations. However, it is concerning that although a few variables are sex disaggregated in the report, no gender analysis is presented in any of the conclusions or recommendations, nor is there mention of specific issue associated with belonging to a key population. **Overlooking intersectional vulnerability factors can have important implications in terms of programming.** For example, it is unclear that the Priority Area 4 of the Joint Plan, which focuses on adolescents and young women

¹²⁰ Index de Stigmatisation et de discrimination des personnes vivant avec le VIH en RDC Edition 2020, Ministère de la Santé Publique/PNLS, 2020

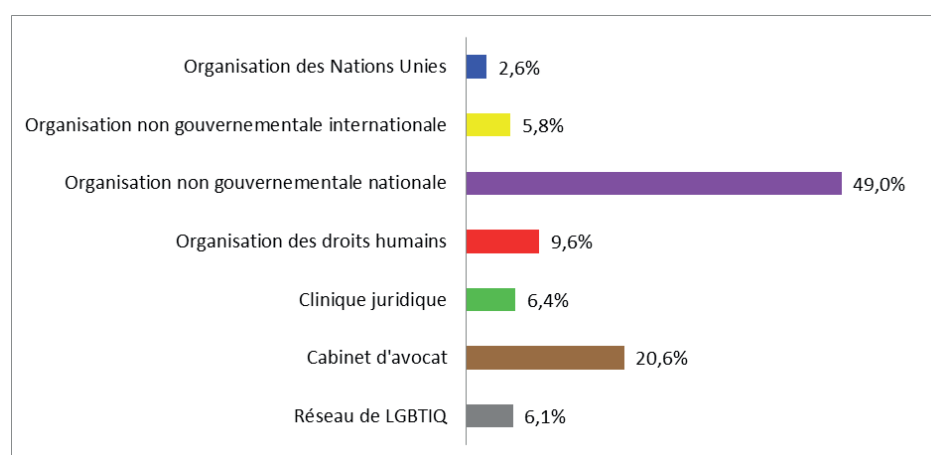
and men, address the issue of vulnerable groups within this population, for example transgender children. Other gaps can be noted around boys and men survivors of SGBV¹²¹, lesbians, female PWIDs.

There is need for specific interventions targeted at the ‘key populations’

The meaningful involvement of ‘key populations’ is lacking. A membership organisation respondent explained that *“We have specific needs, and we have LGBT people and we don’t have the same issues, we have several broad targets. Transgender people don’t have the same problems.”* A memo was shared by the LGBTIQ representative on the CCM where the actual lack of engagement with the LGBTIQ community among international partners is highlighted. The memo calls for specific interventions targeted at sexual minorities, CSW and PWIDs, rather than attempting to get those groups to access the mainstream services as an entry point: *“The service extensions intended for key populations in integrated health centres will only worsen the situation because most of the health facilities do not have a good reputation within our community. We have several pieces of evidence of stigmatisation and discrimination in integrated health centres and referral structures.”*

‘Key populations’ trust local civil society organisations as the entry point to address their problems. The graph below shows that the majority of key populations (LGBTIQ, PWIDs and CSW) seek help from national non-governmental organisations (49%) in cases of stigma or discrimination.

Graph 1: Stigma Index 2017. Where to seek help in case of rights abuse



Membership networks in their diversity are insufficiently represented in the partnerships

The issue of legal registration of ‘key populations’ membership organisations has been raised previously. **In general, the level of engagement of membership organisations, whether of women PLHIV or of key populations, is deemed limited.** One network member commented *“They work for young girls and women, they do things but without directly involving us. And so they encounter difficulties on the ground. Because a PLHIV talks better with other PLHIV.”* A woman from a PLHIV network noted *“Usually, the input of UN agencies is a bit limited because they have a few civil society organisations, and apparently they have been the same since the dawn of time; we are not trying to expand the field of action. The organisations with which they evolve support PLHIV, but they*

¹²¹ Although the Protocole National de prise en charge médicale des survivants de violence sexuelle, Ministère du Genre, de la Famille et de l’Enfant, 2012 does have a specific chapter on male survivors of SGBV

themselves do not meet us. We've been living with HIV for four decades, but they just speak for us. If we ask the question, they answer that members haven't studied much and they do not have the capacity. However, we are better placed to share our experience instead of NGO professionals. The UN must consider PLHIV, and PLHIV must speak out and take action instead of waiting for others to do it for them."

Members of women and girls' networks have 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."*

Criteria for funding can be restrictive and grant management processes too cumbersome for many organisations that do not have capacity or experience in grant writing and management. This results in few organisations trusting the funds, and lacking downwards accountability mechanisms. This issue was mentioned in several of the focus group discussions. For example, one female CSW explained that she had been denied access to ARV treatment because she has refused to sign a receipt for her transport reimbursement that exceeded what she was actually given. Other participants in the group testified of similar pressures.

"Why not create a platform with all the diversity, and have actions in continuity, not one-off actions?" Role for the co-sponsors to support the development of networks and their federation in platforms

More can be done by the Joint Programme to facilitate networking among CSOs and membership organisations. A CSO partner noted that there was need to *'Identify the right allies in the implementation, work with the champions and put the women at the centre who must be in the foreground. Civil society networks must work together, the UN must encourage more networking within civil society. We consider that we are working with a network, but the beneficiaries are not all represented.'*

The co-sponsors could support the creation of consortiums or platforms of membership organisations that could gather women and girls and other vulnerable groups in their diversity, whether officially registered or not, so that they could benefit jointly from capacity building support and funding as a group, and conduct joint advocacy initiatives. Different membership networks focussing on thematic issues can work together, since intersectional vulnerability factors mean that people can belong to different 'key populations' simultaneously. One PLHIV network member commented, *"We have among our members the associations of CSW living with HIV. Key populations are not labelled in specific ways as MSM or lesbians. They are there not because of their sexual orientation but as PLHIV. They are accepted, we respect everyone, but we are in direct and permanent partnership with the LGBT identity organisations with which we collaborate."*

One CSO respondent commented *"The ideal is to support the key populations to create a platform. UNAIDS should help key populations to build a platform as they did with PLHIV. Right now, everything goes through two large structures and the small structures must align. But we can have several networks, we need real membership networks, instead of creating another bureaucracy of intermediaries."* A government respondent also highlighted the need for more structured representative networks: *"The work can be done in consortium, it is necessary to set up consortia*

with a steering committee, to support civil society for more transparency, and it is necessary to strengthen the capacities of organisations which are very committed, but which have no support. They must be put together for more synergy.”

Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

The Joint Programme has promoted the development of joint activities among co-sponsors, but the reporting on collaborative work could be improved

The UBRAF catalytic function has allowed the co-sponsors to pilot joint activities and mobilise further funding from their agency.

Box 5: Example of the catalytic fund mechanism used to mobilise further resources

UNWOMEN used UBRAF catalytic funds (the envelope funds) to work on HIV, VAWG and COVID-19 in North Kivu, to address the issue of adolescent girls exploited in brothels in Goma. UNWOMEN worked with OHCHR and UNAIDS to remove the children from living in the streets 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 and UNWOMEN was able to mobilise additional funding¹²².

However, the reporting on how the agencies coordinate and align the rest of their programming on HIV and VAWG with Joint Programme is unclear, since the reports only include activities funded through the UBRAF (country envelope). Information is lacking on how other programmes support the objectives, which is an issue since the Joint Plan’s purpose is precisely there to promote alignment in the co-sponsors’ programmes.

A good achievement in this respect is that from 2021, the Joint Programme’s financial set up includes the country envelopes, but also other funds for the co-sponsors under each activity line (including their own funds). **This should be consolidated showing the total contribution of each partner by activity to give a good idea of the magnitude of the effort and the extent of coordination on the different HIV activities.** To date the Joint Programme annual activity report shows number of beneficiaries reached under different priority areas, but it is not clear how these related to the overall contribution of the co-sponsors (with other sources of funding) to show the actual magnitude of the response. Another opportunity for strengthening reporting on gender and VAWG aspects of the Joint Programme are the Gender Equality Marker (GEM) and the Civil Society Marker (CSM). A key use of the GEM marker is to promote the tracking of financial resources (allocated and spent) dedicated to gender equality activities as their principal objective (score 3),

¹²² Total amount of funding is currently unknown to the evaluation team.

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 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 assurance¹²³). Currently there does not seem to be specific use for these markers in terms of analysis, evaluation and planning at country level in DRC.

In keeping with the catalytic fund notion, the primary objective should be to influence the practice and priorities of the co-sponsors and the way they design and leverage their resources more broadly, rather than deliver concrete activities with the UBRAF/envelope funds. In this respect, **it would be helpful for the reporting to include a section on how the programme has influenced the activities and funding of the co-sponsors in prioritising HIV and VAWG successfully.** This part of the reporting is absent, and although the report does at times mention inter-agency collaborations on specific activities, it fails to demonstrate in what ways co-sponsors have aligned other resources, whether restricted or unrestricted, to support the joint objectives of the UBRAF.

In addition, this evaluation has not identified a clear assessment process that informs decision-making on whether activities piloted through Joint Programme are successful and should be scaled up or not through the co-sponsors broader programmes. This would be instrumental in defining the value added of UBRAF and the co-sponsors' work on VAWG and HIV in relation to other big players such as PEPFAR and GFTAM.

Coordination between agencies is more structured in humanitarian areas, although there are challenges for integrated approaches

In conflict-affected areas, especially in the Eastern region, humanitarian actors have been present for a long time and have strong coordination structures and mechanisms in place. A co-sponsor explains how coordination works on SGBV and protection in humanitarian areas *"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. We develop briefing notes, multi-sectoral evaluations on GBV and on access to services for GBV. There are performance indicators in the Humanitarian Plan 20-21 related to this and actors must include them in their action plans."*

Despite these mechanisms there are vertical approaches, with each agency focusing on its mandate: *"At the moment I am still vertical, in advocacy I only talk about HIV with the Government, but it may not be the right approach. The value added would be to have an integrated approach, but UN agencies are still protective of their mandate although they all target the same population groups."* A civil society respondent noted that *"UNAIDS has the coordination mandate of HIV but the challenge of competitiveness among UN agency for visibility weakens the results, because resources are squandered in many initiatives... There is a lack of synergy in actions that does not promote sustainability."* A CSO partner noted *'Agencies continue the war of the flags, more discipline is needed for agencies to stop working in isolation, they do not always collaborate very well.'*

¹²³ <https://unsdg.un.org/sites/default/files/UNDG-Gender-Equality-Marker-Guidance-Note-Final-Sep-2013.pdf>

Outside humanitarian areas, coordination mechanisms are weaker and the presence of the co-sponsors is more scattered geographically

Anecdotal evidence from programme documentation and interviews suggests that coordination is less efficient outside humanitarian/conflict-affected areas. There is a strong contrast between the Eastern provinces of Kivu where the MONUSCO and OCHA have been operating and various thematic clusters are in place and other non-emergency contexts where activities seem to be less strategically integrated. A co-sponsor noted: *“In the provinces, each agency works on its own, partners do what they want where they want. There are different degrees of involvement in different provinces. The provinces where the coordination works well are North Kivu, there are a lot of humanitarian workers, a lot of NGOs. Almost all the agencies are represented, and the collaboration is very perfect between the sponsors and the government, the same in Ituri and Haut Katanga... As soon as you get out of there... Sometimes we do not even know which agencies are carrying out which intervention. Collaboration works best where there is a humanitarian crisis.”* Some actors mentioned that the ‘One UN’ principle was more on paper than in reality. *“UBRAF/envelope we divide that and each one leaves with it to finance its programme, but it would be necessary to do the opposite: to finance only one or two joint projects.”*

As a result, the integrated legal clinic model which has been described earlier has not worked as well outside the conflict-affected areas: A civil society respondent from the Southern region noted *“The integrated service centres were piloted in the East, and we are trying to set them up in Lubumbashi with the support of UNFPA. There are efforts to be made in relation to the coordination of the response. PLHIV and survivors of violence need holistic support, but it is still done on a sectoral basis. VAWG and HIV do not have a common coordination framework, they should be brought back into the same framework.”*

In addition, the geographical distribution of the co-sponsors seems less rationalised outside humanitarian areas: *“Depending on the priorities of each agency, the geographical areas differ, we conducted advocacy work with other agencies for years to attract them to the Tanganyika. But each agency has its areas of intervention, and so some provinces do not have many co-sponsors.”* **There is need for more coordination to deepen engagement in selected areas through joint programmes, as it has been done in humanitarian context** *“The selection of provinces should be concerted at the level of the joint team, it should not be sprinkled everywhere, interventions are scattered. We should think together about the priority provinces; we should have common selection criteria in order to be able to have integrated programs.”*

Obstacle 1: Co-sponsors’ organisational capacity on gender equity and the empowerment of women

In terms of staff capacity, the evaluation has not established the level of internal mainstreaming of gender equality and rights within the co-sponsors, although this is a key element of capacity to deliver gender transformative programming on VAWG and HIV. A co-sponsor mentioned that such work was undertaken both internally and with partners: *“We ourselves at the head office strengthen our capacities, online training for the staff. The human resources representative requires all staff to take these trainings. We have a gender awareness programme with our staff and our beneficiaries. With our partner organisations we organise capacity building sessions so that they can convey messages to beneficiaries on VAWG and women’s rights.”* In other agencies, female staff commented that there was a big gender imbalance, especially in higher management within their organisation.

In this respect, UNWOMEN has developed the System-wide Action Plan on Gender Equality and the Empowerment of Women (SWAP) and the UNCT SWAP tools that did not seem to be widely applied among the co-sponsors at the level of DRC. A co-sponsor noted *“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.”

Obstacle 2: Insufficient level of financial and human resources in relation to UBRAF/Joint Plan stated objectives

The decrease in co-sponsor HIV-related funding has been noted previously. This limits the ability of the UBRAF/country envelope to play a catalytic role. A major challenge cited by a great majority of respondents is the level of resources, also highlighted in UBRAF 2020-2021 Programme report: *“The major challenge remains the available resources (Country Envelope of 300,000 USD for the DRC considered as a continent). Certain pilot strategies and interventions will be scaled up with the agencies’ own contribution, but for others due to lack of substantial resources we will be forced to prioritise.”* A co-sponsor agreed: *“The bigger recommendation is more resources. If we are not careful, the fact of not funding HIV / AIDS activities could bring us back to the starting point. The envelope must be revised upwards. Our allocation for a year, that's a sprinkle. The idea of providing a multisectoral intervention is a very good idea, but cannot be effective if the agencies do not have the means for their policy. The other donors do not know the contents of the envelope and they deprioritise the issue of HIV. UNAIDS must talk to other donors.”*

Obstacle 3: In the provinces UNAIDS’ presence on the ground is too thin to play its role as a coordinating body effectively

The role of the UNAIDS Secretariat as a coordinating agency on HIV/AIDS is well recognised centrally, but the capacity in the provinces is too light to be able to coordinate effectively. A co-sponsor commented *“At the provincial level, the fact is that UNAIDS is not established everywhere, is not at all permanent. When there are specific interventions, it is UNFPA and WHO that try to reframe the HIV response to offer a holistic package of services.”*

At provincial level, the UNAIDS has nearly no funding for activities: *“We have small residual funds, we are developing activities to focus on certain targets, to encourage partners to go and intervene in certain places and have data to present to cluster meetings. We try to showcase how to integrate HIV prevention and the management of SGBV. The big problem that arises is that UNAIDS does not put enough effort into addressing the ground level. The funds remain at the central level, in global strategies, workshops, but in the field there is no fund, the amounts are tiny. At the local level the needs are enormous, but there are no resources. It's like a drop of water in the ocean.”* In Southern DRC, resources for coordination consists in one person based in Lubumbashi that covers the four Katanga provinces, an area that is the size of Spain with 10 million inhabitants.

Although this evaluation does not comment on efficiency aspects of the programme, it has been noted that given the level of resources available, the UNAIDS Secretariat should focus on its role of technical support on HIV to other agencies, and not deliver concrete activities on minimal budgets. A co-sponsor noted: *‘UNAIDS should act as a secretariat and engage other UN agencies much more actively to incorporate their HIV expertise and advocate for others to integrate HIV in their plans. UNAIDS should not channel funds through big NGOs that already receive money from PEPFAR and Global Fund. They are a coordinating structure, they must support the agencies to be relevant and provide timely services. We have a very good relationship, but their operational way is costly.’*

There is a role to play for the UNAIDS Secretariat on providing a framework for the integration of HIV and VAWG programmes across the co-sponsors, using the UBRAF/joint planning mechanism and envelope funding to initiate joint actions and advocate for other agencies to integrate HIV transversally in their rights, SRH and VAWG related activities. A co-sponsor recommended: *“There is need to strengthen the coordination of interventions for the Joint Programme, even in the*

mobilisation of resources we have to work jointly. There needs to be a framework for the preparation of joint field visits and cost-sharing, it is more efficient. The same as OCHA does with humanitarian funds that agencies must apply for. When we do it together, we have a lot more impact, each agency carries out actions specific to its mission. We can have a joint mid-term evaluation so that we can see together whether we are going in the right direction.”

Obstacle 4: Availability of comprehensive and reliable data on VAWG

There is a lack of comprehensive, reliable and up-to-date data to guide the VAWG response. To date, the latest nationally representative data on VAWG dates from the DHS survey of 2013-14. One international partner working in humanitarian context highlighted the paucity of SGBV related data: *“Mobile populations in the East are very difficult to survey. It is a huge challenge, and in the West it is worse. There is no infrastructure where there is no extractive industry, there is not even a road or a waterway and no information about what is happening on the ground.”* Moreover, given the high levels of stigma faced by VAWG survivors, the figures reported are largely underestimated. There is slow progress on collecting, reporting and making data public, including at provincial level.

Where VAWG data is available, it is not fully disaggregated: there is need for sex disaggregation for data on SGBV survivors, as anecdotal evidence points to a largely unreported problem of sexual abuse of boys and men in conflict affected and mining areas; for different age group and including children and the elderly; for PLHIV; and for ‘key populations’. **Co-sponsors could advocate for these dimensions to be covered in the next edition of the DHS.**

4. COVID-19 context

COVID-19 has posed a series of population-level and operational challenges for VAWG and HIV programmes

The evaluation could not access conclusive epidemiological data on COVID-19 impact on VAWG and HIV in the DRC. Partners reported anecdotal evidence of increased VAWG cases and teenage pregnancies due to girls dropping out of school. One co-sponsor reported: *“During COVID-19, schools were closed, the youngsters were under parental supervision all day during lockdown. It was found that cases of violence increased. At the level of the provincial Government of South Kivu, 19% of girls in school became pregnant during the period of confinement. Early pregnancy rates have really increased. This is because young people have unprotected sex, and also expose themselves to HIV.”* Another co-sponsor noted that there was a drop in services attendance: *“COVID affected our interventions: there was a psychological effect, people had very little money and it reduced the use of services, there was a lot of recourse for sexual violence.”*

In terms of the co-sponsors’ operations, many community level activities planned for 2020 were cancelled, which caused important financial losses. *“In March we had everything planned, but then we had to work remotely, there was a reduction of the number of participants, activities were postponed, but the logistical preparation was already done. When we cancel activities, we lose money.”* There was a shift in donors’ priorities to COVID which deprioritised HIV and VAWG funding: *“The focus of all potential donors has been put on COVID. We have not received any HIV or GBV funding... COVID took precedence over all other health issues including HIV. We are not talking enough about it and that causes people to forget HIV.”* Activities have also been adapted to operate in the COVID 19 context *“The confinement slowed down the activities. We supported partners in the application of barrier measures, they were given masks, encouraged to meet remotely where possible and reduce the number of people to the strict minimum in in-person meetings.”*

The Joint Team on AIDS has adapted to the pandemic situation with a high level of reactivity and coordination

The Joint Programme has adapted to COVID-19 to a great extent. Under each high priority area, the team has explained how they adapted their activities to COVID-19. Up to 50% of UBRAF resources could be used by partners for this purpose. Examples include: piloting the community distribution of medicines as a contingency plan for COVID-19; organising, planning and evaluation meetings on a 3 monthly basis so that the plan could be adapted more frequently than on an annual basis; ramping up the prevention activities on VAWG in response to the COVID-19 confinement, sensitisation of 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.

The DRC has been featured in the COVID-19 Global Coalition for Evaluation issue on Gender equality¹²⁴ 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.

COVID-19 has been dealt with using a humanitarian crisis intervention model, which could benefit from more emphasis on sustainability

The DRC was to an extent 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. The community level mobilisation and experience with Ebola could be harnessed. *“There is experience in Congo, the last was the 10th Ebola epidemic, we had already dealt with it, and most of the providers had already been trained in previous epidemics on barriers measures. For COVID it also went very quickly because it is the same epidemic context.”*

Partners reported that donors were flexible in terms of rescheduling activities, and shifting funds to COVID-related activities. A co-sponsor 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 terms of sustainability, lessons could be learnt from focussed data collection and rapid analysis and responsive programming in a coordinated fashion to permeate to other areas of work of the co-sponsors. However, in the case of the COVID-19, this was greatly facilitated by the availability of flexible financial resources.

¹²⁴ <https://www.covid19-evaluation-coalition.org/documents/Lesson-from-evaluation-issue-5.pdf>

5. Conclusions and considerations for the joint programme

Conclusions

Coherence

- VAWG interventions are well integrated in the joint plan/UBRAF and include some aspects of gender transformative approaches. Important gaps remain in terms of prevention of VAWG and protection of vulnerable women, especially women living with HIV and from key populations.
- VAWG programmes by co-sponsors include very little focus on HIV and the tendency is for this to reduce.
- The Joint Programme is largely aligned to national priorities on HIV and VAWG. There is a good coordination of key partners (Government, Global Fund/PEPFAR, and UN agencies) in the field of HIV in the frame of the 90-90-90 targets, but coordination seems less effective in relation to VAWG. Outside humanitarian areas, resources are more scattered, and coordination is less effective.
- Although some aspects of intersectional vulnerabilities are catered for in the Joint Programme (for example gender/age, or gender/HIV status) intersectional vulnerabilities of key populations are insufficiently taken into consideration, leading to potential gaps in the response.

Effectiveness

- Key achievements of the co-sponsors on VAWG and HIV include the model of 'One Stop Centres' for VAWG survivors. This model has been effectively implemented in humanitarian areas. However, important aspects of protection, legal support and economic support are often overlooked, as well as the mobilisation and awareness aspects of the broader programme.
- Another achievement is legislative change on HIV and VAWG to address discrimination and gender equity aspects. Gaps remain in terms of access of young people to testing services, the legal recognition of the 'key populations' and the implementation of the legal dispositions.
- A major obstacle for the programme implementation is the level of resources compared to the needs in DRC. This is compounded by the lack of comprehensive and reliable data on VAWG adequately disaggregated by gender and key vulnerability factors (HIV status, key populations).

Sustainability

- There has been a strong coordination and partnership approach with the Government on HIV, gender and rights. Despite sustained efforts by co-sponsors and other partners, the Government's financial contribution to the VAWG and HIV response remains too limited for programmes to achieve scale and sustainability.
- The co-sponsors have insufficiently engaged with networks of women in their diversity, favouring partnerships with a small number of established CSOs with higher delivery capacity, but no downwards accountability to women and girls. Resources provided have focussed on delivery of concrete activities although some organisations have benefitted from capacity development efforts, especially in terms of advocacy.
- The Joint Programme has been highly reactive and responsive in the context of COVID-19, and has been able to reallocate resources in a timely manner to continue delivering some activities.
- The role of the UNAIDS Secretariat as a coordinating agency on HIV/AIDS is well recognised centrally, but the capacity in the provinces is too light to be able to coordinate effectively. UNAIDS provincial offices have engaged in delivering punctual activities on limited budgets.

Considerations

Coherence

- **Co-sponsors could consider developing a joint plan or roadmap for gender transformative VAWG and HIV programming across the UNCT based on the good practices identified through UBRAF piloted activities**
 - There is a role for the UNAIDS Secretariat and the co-sponsors in mobilising in-country UN higher-level management to address the integration of HIV and VAWG within their core mandate activities, and developing a gender transformative approach to programming addressing intersectional vulnerability factors.
 - Joint UBRAF reporting should better reflect the catalytic nature of the programme, by: i) setting clear joint outcome measures and decision process to decide whether piloted activities should be taken forward; ii) identifying the extent to which the programme has contributed to the alignment of the co-sponsors' programmes on the bi-directional links between VAWG and HIV; and iii) making better use of the Gender Equity Marker (GEM) and Civil Society Marker (CSM) to clearly outline and plan for gender transformative approaches within the programme.
 - A joint plan/roadmap should seek to: i) harmonise geographical areas of interventions to deliver integrated VAWG/HIV programmes where each agency adds value in their area of specialisation/mandate; and ii) identify joint targets, putting logistical resources in common and planning joint evaluations.
 - Complementarity and linkages with the Global Fund 5 year plan on human rights and gender barriers to HIV services ¹²⁵ as well as with the EU funded Spotlight Initiative should be explored.

Effectiveness

- **In non-humanitarian areas, co-sponsors could consider scaling-up the 'one stop centre' model for VAWG survivors as a good practice, while strengthening the legal, protection and economic support components and ensuring that services are embedded in a comprehensive programme addressing gender norms, VAWG and HIV.**
- **In humanitarian areas, co-sponsors could consider further focussing on the Joint Programme's value added in the frame of the triple nexus approach by:**
 - Developing gender transformative and VAWG/HIV prevention and protection programmes in collaboration with women and girls' networks.
 - Addressing more comprehensively the protection and rights of women, and especially PLHIV women in relation to VAWG in SRH services, PMTCT programmes and partner involvement/disclosure.

Sustainability

- **Co-sponsors and UNAIDS to pursue advocacy efforts with Government on:**

¹²⁵ Leave no one Behind! A five-year plan for removing human rights and gender-related barriers to HIV and TB services in the Republic of Congo (DRAFT--30.12.20)

- Ensuring that programmes are partly funded by Government, and that funding to Government activities is conditioned to gender responsive, inclusive and anti-discrimination safeguards.
 - Using the entry point of HIV to advocate for the recognition and protection of ‘key populations’ to be enshrined in the law and its application.
- **UNAIDS and co-sponsors to review their partnership and accountability approach with women and girls in their diversity by:**
 - Supporting the creation of a platform or platforms of membership organisations from women and girls in their diversity and ‘key populations’, and providing capacity building support to those networks through the platforms.
 - Broadening their partnership base to include networks of women in their diversity as well as networks of key populations.
- **UNAIDS Secretariat’s role as a coordinating body on HIV and VAWG integration could be enhanced at provincial level**
 - UNAIDS Secretariat to consider refocusing its activities on the coordination, convening, technical guidance and advocacy functions rather than funding activities directly on VAWG and HIV
 - More resources are needed at regional level for the UNAIDS Secretariat to effectively play this coordination role.

Annex 1. Evaluation matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>
<p>O4. Enhanced collaboration among Joint Programme</p>	<p>EQ9 How are UN organisations working together to provide a coherent, complementary and adaptable set of actions on the linkages between HIV and</p>

<p>organisations working on HIV and VAWG prevention and response</p>	<p>VAWG and gender transformative approaches in the context of UN Sustainable Development Cooperation Frameworks? (C4)</p> <p>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p>
<p>COVID-19 context</p>	<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>

Annex 2. HIV context

The HIV epidemic¹²⁶

Situation

Estimated HIV prevalence rates among people aged 15-49 in DRC have decreased slightly from 1.1% in 2010 to 0.8% in 2019. In 2019 there were an estimated 330,000 women living with HIV compared to 120,000 men living with HIV. New HIV cases are decreasing among women and men, from 0.49/1000 to 0.22/1000 between 2010 to 2019. There are more new HIV cases among women compared to men: in 2019, 11,000 women and 3,700 men contracted HIV. Overall incidence decreased by 39% between 2010 and 2019.

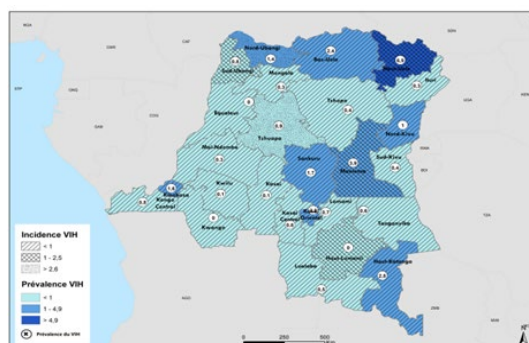
AIDS related death dropped by 61% in the same period.

New cases

	2010	2015	2019
New HIV case (women 15+)	18000	15000	11000
New HIV cases (men 15+)	5800	4800	3700

There were significant variations by region (see **Figure 1 from PEPFAR COP 2020¹²⁷**), with HIV prevalence reaching as high as 6.9% in Haut-Uele, and 3.9% and 2.8% in Maniema and Haut-Katanga, respectively. Elsewhere it was lower at 1% or less (0.8% in Congo Central, for example).

Figure 2: Estimated HIV prevalence by province (2018)



¹²⁶ Unless otherwise specified, data in this section comes from https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf and <https://aidsinfo.unaids.org/>

¹²⁷ Democratic Republic of the Congo Country Operational Plan (COP) 2020 Strategic Direction Summary March 9th, 2020 PEPFAR <https://www.state.gov/wp-content/uploads/2020/07/COP-2020-DRC-SDS-FINAL.pdf>

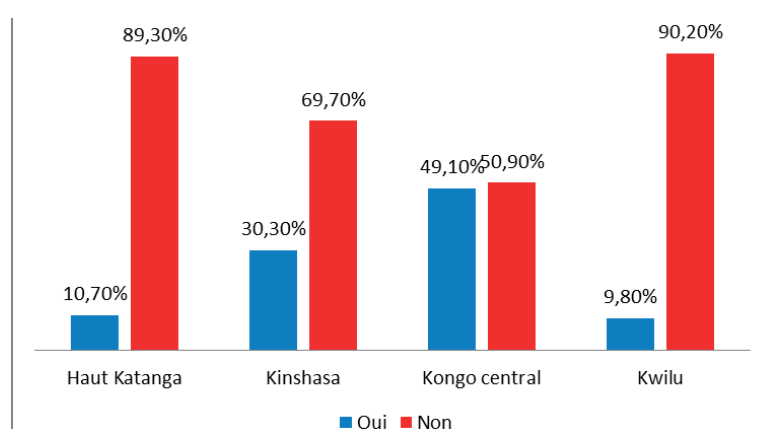
Key populations

Data on the burden of HIV amongst key and vulnerable populations remained inadequate to reliably estimate prevalence trends or uptake and retention on HIV treatment. Available data showed significantly higher burdens of HIV amongst MSM, sex workers, PWID and prisoners as compared to the general adult HIV prevalence: (IBBS 2019-2020)

	Sex workers	Men who have sex with men	People who inject drugs	Transgender people	Prisoners
HIV prevalence (2019)	7.7	7.1	3.9	n/a	1.6

Stigma, discrimination in health services or 'key populations'¹²⁸:

Graph 2. Denial of SRH services for key populations



This figure illustrates the denial of sexual and reproductive health service. Matadi has the highest levels at 49.1% followed by Kinshasa at 30.3%.

AIDS-related deaths are higher among women than men – 6600 women and 2700 men in 2019.

	2010	2015	2019
AIDS-related deaths (women, 15+)	20 000 [15 000–22 000]	14 000 [8500–14 000]	6800 [4800–8700]
AIDS-related deaths (men, 15+)	7000 [5200–8000]	6000 [3900–6500]	2800 [2000–3400]

Some of these estimates are derived from programme data, however, and represent proportions of beneficiaries who were HIV-positive and not true HIV prevalence figures (which may be much higher in some cases). No comprehensive data are available on uptake and retention in HIV services. When programme data are compared against recently completed population size estimates for key populations, however, coverage of ART and other services appears to be very low (only 6% of the total estimated number of HIV-positive MSM are on ART, for example). By the beginning of 2020, significant efforts had been made to address the significant data gaps for key populations through new integrated bio-behavioural and seroprevalence (IBBS) surveys. However, the validated results have not yet been released.

¹²⁸ Stigma Index 2017

Legal and policy background

DRC criminalises sex work and HIV transmission/non-disclosure or exposure to HIV. Does not criminalise transgender and same sex.

Funding for HIV/AIDS

Domestic / public expenditure - US\$ 174 572 249 (2017)

	Domestic private	Domestic public	International: PEPFAR	International: Global Fund	International: all others	Total
Report: 2014	\$303 330	\$30 383 681	\$40 330 212	\$38 728 196	\$15 841 111	\$125 535 741
Last available report: 2017	US\$ 600 897	US\$ 18 662 067	US\$ 60 388 722	US\$ 79 284 139	US\$ 5 177 947	\$174 572 249

Services

On other key metrics of epidemic control, despite progress DRC's progress remained significantly below national and global fast-track targets.

- 22.5% of women aged 15–49 years who have their demand for family planning satisfied by modern methods (2020) SDG 3.7.1 source: [https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/proportion-of-women-of-reproductive-age-\(aged-15-49-years\)-who-have-their-need-for-family-planning-satisfied-with-modern-methods](https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/proportion-of-women-of-reproductive-age-(aged-15-49-years)-who-have-their-need-for-family-planning-satisfied-with-modern-methods)
- 1000-1500 people are current PrEP users (2020). First PrEP programme in DRC rolled out in 2018 with 350 clients from key populations. In 2020 PrePWATCH mentions 1000- 1500 people on PrEP, with a PEPFAR target of 5970 for 2020¹²⁹.
- Naloxone and safe injection rooms are not available (2019)
- 45% of pregnant women living with HIV are accessing antiretroviral medicine (2019) big increase since 2010 at 6%. Vertical transmission rates are 25%. Early infant diagnosis 16%.

	2010	2019
Percentage of pregnant women living with HIV accessing antiretroviral medicines	6% [4–7%]	45% [33–58%]
Final vertical transmission rate including during breastfeeding	36% [34–39%]	25% [21–29%]
Early infant diagnosis	2.5% [1.9–3.3%]	16.0% [12.5–21.5%]

¹²⁹ <https://www.prepwatch.org/country/democratic-republic-congo/>

	People living with HIV who know their status (2019?)	People living with HIV on treatment	People living with HIV who are virally suppressed
Women	53% [42–65%] 174 000	51% [41–63%] 169 648	–
Men	72% [58–87%] 89 000	72% [58–87%] 88 962	–

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Annex 4. List of stakeholder consulted

Key informant interviews and Focus Group Discussions (FGD)

	UN and International Partners	Government Stakeholders	Civil Society Organisations	FGD with women and girls in their diversity
National level	<p>Amanda Mejía Cañadas, Roger Nkambu, Mavinga and Fatime Christiane Ndiaye, ILO</p> <p>Andre Mukatshung Kapend, Guillian Makhana, Marcel Lumbala, Mira Nkpanyi Muya Nkebeledio, Judith Samba, Odette Butsitsi, Rosine Sara, Yaovi Dodji Sodjadan, UNHCR</p> <p>Bintou Naboundou Toure-Fadiga, Paul Chick and Brigitte Kouacou Monnet, GFTAM</p> <p>Freddy Salumu, UNICEF</p> <p>George Biock, Sabine Woube, UNDP</p> <p>Jean Lambert and Harriet Sefu, CORDAID</p> <p>Jolie Masika, UNESCO</p> <p>Jules Mulimbi, UNWOMEN</p> <p>Linda Mobula, Michel Muvudi, World Bank</p> <p>Marco Kalbusch, MONUSCO</p> <p>Natalie Marini Nyamungu, UNAIDS</p> <p>Patrice Badibanga, WFP</p> <p>Pierrel Shamwol, UNFPA</p> <p>Zhuldyz Akisheva, UNODC</p>	<p>Bernard Bossiky, Melia Bossiky, Bijou Mutalimbo, Yves Obotela, PNMLS</p> <p>Cécile Mbotama Motanda Sisi, Ministère de la Santé, Direction de Formation Continue</p> <p>Florence Boloko, Ministère du Genre, de la Famille et de l'Enfant</p> <p>Lis Lombeya Lisomba Bola, Ministère de la Santé, Programme National de Santé au Travail</p>	<p>Ange Mavula, UCOPUS</p> <p>Jean-Ben Madiana, Congolese Children of the Future (CCF)</p> <p>Marie Nyombo Zaina, RENADEF</p> <p>Mary Shadie, AFI Santé</p> <p>Serge Tamundele, Clinique Juridique CEDHUC-ONG</p> <p>Thérèse Kabale Omari, FEMMES PLUS</p>	<p>Kinshasa</p> <p>PLHIV group 7 participants</p> <p>Key Populations (commercial sex workers and transgender women) 4 participants</p>

Eastern Region	Benjamin Tshzubu Mutombo, UNAIDS Cheikh Tidiane Mbow, MONUSCO Christelle Seri, UNFPA	John Muzige, Ministère de la Santé, Programme National de la Santé de la Reproduction	Gertrude Ndaya, CEFIDE	PLHIV group 2 participants Commercial Sex Worker 1 participant
Central Region	Thomas Batuli Itofo-Batombo, UNAIDS	Jean Carret Manshimba, PNMLS		Mixed group PLHIV and CSW 3 participants
Southern Region	Raoul Ngoy Mukulumpe, UNAIDS		Adelard Mutombo, World Protection	Mixed group PLHIV and CSW 3 participants

Annex 5. Examples of gender transformative approaches by the Joint Programme co-sponsors in DRC`

Gender transformative approach	Illustrative examples
Support for community led organisations particularly woman led	<p>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. They offer psycho-social support to get out of clandestinity, over time they have associated sexual violence around 2001. Rape victims were referred to Femmes Plus for testing, integration of sexual violence and HIV. Then they integrated gender-based violence, beyond just rape. 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. Femmes Plus formed observance clubs where a social worker explained HIV, ARVs, how to adhere to treatment.</p> <p>Femmes Plus has also started work on treating opportunistic infections and tuberculosis. In 2012-2014 TB was integrated and Femmes Plus won the Engage TB Project to improve TB detection (funded by WHO / BMS 'Secure The Future'), an experience published as a good practice in Global Union. They received another 5 year funding from USAID 'Challenge TB', and now another TB project with USAID. <i>"HIV funding is decreasing, we must seek sustainability. We must become transversal, but we must not lose the focus."</i></p> <p>In 2021, Femmes Plus participates in advocacy work on the law concerning victims of sexual violence and the delegation of tasks. So far it was only the doctor who could declare rape cases. Femmes Plus participated in the campaign "Président et députés, engagez vous!" calling for political candidates to integrate HIV and Sexual Violence into their programmes of action.</p>
Supporting women and girls affected by and living with HIV	<p>To a limited extent. Funding for female PLHIV organisations is not a priority.</p> <p>Through the Joint Programme, the resilience of HIV-positive women heads of households in the context of COVID-19 has been strengthened by setting up an IGA for the production and sale of the masks and COVID-19 prevention kits were distributed.</p>
A focus on gender norms and unequal power relations including relations based on gender	–
A focus on accountability to communities and women and girls	–

<p>High-level and multisectoral commitment to addressing violence against women and girls in the HIV response</p>	<p>Under UBRAF, the combined action of UNHCR, UNAIDS, UNDP in Kasai has enabled the implementation of an HIV integration project and the inclusion of humanitarian populations in provincial development programmes through workshops and support of all kinds (technical assistance, capacity building, inputs, money, food, etc.) under the leadership of the authorities, the PNLs and PNMLS.</p> <p>The design, implementation, evaluation and reporting of this project were done in partnership with government authorities, the Global Fund and UN agencies and contribute to sustainability and ownership by government and development actors. Thus 542 actors (141 healthcare providers, 107 women victims of sexual violence and PLHIV, 68 community intermediaries, 61 community leaders, 25 key people, 56 PLHIV, 84, Adolescents / young people) were trained on Human Rights and HIV, the SRH, Gender and Nutrition to ensure the continuity of the offer of HIV services in the context of COVID-19. 109 victims of sexual violence and other human rights abuses have benefited from psychological and legal support from lawyers and social workers at the legal clinic. The implementation of the "YEBA MIBEKO" web and mobile application made it possible to create a communication interface between actors and users of legal clinics, facilitating the collection and management of qualitative and quantitative data on the service offer.</p>
<p>Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education</p>	<p>Under the Joint programme of work in 2020, there was the socio-economic reintegration of 1,260 unmarried mothers through 12 vocational training centres located in 3 cities: Kinshasa, Lubumbashi and Goma. 160 teachers from 160 schools were trained to provide training courses on gender equality and prevention of SGBV. Comprehensive sexuality education was promoted through the supply of teacher's textbooks and 25,000 students benefited from this education.</p>
<p>Male involvement</p>	<p>Under Priority Area 3 of the Joint Plan/UBRAF Promoting positive masculinity using the Stepping Stones approach and the dissemination of laws that are conducive to gender equity and the protection of vulnerable people.</p>
<p>Addressing the structural causes of violence</p>	<p>Under the UNDP-led programme, Tupinje Ubakaji, training of 440 men, women and young girls, community intermediaries on gender mainstreaming, human rights fight against violence and abuse against adolescent women and young girls (Prevention, community mobilisation, stigma, discrimination, sexual violence in times of COVID-19).</p> <p>Thousands of magistrates and police officers were sensitised on gender and trained on providing support to VAWG survivors.</p>

Haiti Review Report

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Executive Summary

The purpose of the independent evaluation of the work of the UNAIDS Joint Programme on preventing and responding to violence against women and girls is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. The evaluation uses nine country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Haiti.

Country Context

HIV: Haiti has a generalised HIV/AIDS epidemic. Vertical transmission is the second most common route of transmission of HIV in Haiti, after heterosexual transmission: vertical transmission services cover 86% of those who need them. Drivers of the epidemic include poverty, low educational levels, certain cultural and religious practices, intergenerational sex and gender inequalities.¹³⁰ In 2019, an estimated 160,000 people were living with HIV (86,000 women, 62,000 men and 8,300 children under 15).¹³¹ Of these, 72% know their status, 71% are on antiretroviral treatment, and 56% have suppressed viral loads. There are an estimated 72,000 orphans due to HIV under 18. There are an estimated 70,300 sex workers, with an HIV prevalence of 4.3%. Knowledge of HIV prevention among young people aged 15-24 is 36.2% among young men and 38.3% among young women. Discriminatory attitudes against people living with HIV are widespread.

VAWG: Haiti ranked 152 in the Gender Inequality Index. There are high levels of sexual and gender-based violence, including rape and domestic violence against women and girls at home, in public places, de facto IDP camps, and gang-influenced areas. Thirty-four per cent of women in couples are survivors of domestic violence. Child marriage prevalence is 17.5%. Women have very little confidence in the justice system, which means that cases of sexual violence are often underreported in Haiti.¹³² Data on violence against women living with HIV, and the links between HIV and VAWG are difficult to find. People living with HIV face stigma and discrimination in schools, workplaces and hospitals because of their HIV status. Transgender women experience high levels of violence, including arrest, imprisonment and physical violence from police. They also experience economic, housing and food insecurity. Sex workers are vulnerable to violence from clients, partners, families, and communities. Legal, social, and economic vulnerability remain important barriers to reducing HIV prevalence among sex workers: the lack of legal protections leaves them more vulnerable to violence, discrimination and economic vulnerability leave them less able to prevent VAWG and HIV and access services, treatment and support.¹³³

¹³⁰ United Nations (2017) Haiti Cadre de Développement Durable / Haiti Sustainable Development Framework, 2017-2021. <https://haiti.un.org/fr/637-cadre-de-developpement-durable-2017-2021-undaf>

¹³¹ UNAIDS website, country data: <https://www.unaids.org/en/regionscountries/countries/haiti>

¹³² UNDP (2019) Human Development Reports, Table 5, Gender Inequality Index <http://hdr.undp.org/en/composite/GII>

¹³³ USAID (2017) Programmatic Mapping and Size Estimation of Key Populations in Haiti, final report April 2017. (The PLACE study) <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-haiti-size-key-populations-april-2017.pdf>

Methodology

The evaluation team consisted of two core team members, a national consultant and an Accountability Advisory Group member. In total, 31 people were interviewed, from co-sponsor organisations, civil society, national and provincial government, and women activists. In addition, 50 documents were reviewed.

The evaluation is based on four outcome areas identified in the evaluation theory of change, and an additional area of examination of Covid-19 adaptations.

Headline findings by outcomes

Outcome 1: Does the Joint Programme response to HIV integrate appropriate VAWG prevention and response, and is it gender transformative?

UNAIDS has had a change of Director during the evaluation period. The current Director is seen as a feminist. There was praise for UNAIDS from UN, government and civil society respondents to this evaluation, particularly for their work to champion the rights of people with HIV, LGBTI+ people, women, and sex workers, and for what they do despite the funding limitations in the face of huge needs and a challenging environment. There is some integration of VAWG within the Joint Programme in Haiti, though links are sometimes made only vaguely. However, programming tends to be geographically concentrated in some areas of the country. Some civil society organisations are well-supported and integrated into UN programming on HIV. These are mainly in the capital. Many others, including networks of women living with and affected by HIV, are addressing HIV and VAWG in their communities but do not meet the capacity criteria for funding. UN work on HIV and VAWG is often done under separate programmes, so do not always make the link in terms of the violence experienced by women and girls living with HIV and the impact of VAWG on access to ARV adherence and HIV-related services, or the fact that an HIV diagnosis can expose women and girls to further VAWG including in institutional settings (eg in health settings, law enforcement settings etc). There are some gaps in terms of populations supported: there is some work with women in prison, but this could be strengthened. There appears to be less work with women who use drugs, and women and girls with disabilities. Women and girls living with and affected by HIV are usually involved in programme activities, or sometimes implementation, but rarely at programme design stage.

Outcome 2: Does UN VAWG programming integrate appropriate HIV prevention and response and is it gender transformative?

Haiti's Spotlight programme was launched in late 2020 as a collaboration between UNFPA, UNICEF, UN Women and UNDP (all co-sponsors of the Joint Programme), with funding from the EU. It focuses on ending domestic violence, rape, incest, sexual harassment, physical and psychological violence and other restrictions on the rights and freedoms of women. So far UNAIDS itself has not been part of Spotlight because of lack of capacity. Activities are affected by the ongoing crisis, so it is not clear to what extent it will integrate the bidirectional links between VAWG and HIV, and the impact of VAWG on women and girls living with HIV. Co-sponsors see HIV as a cross-cutting issue, and assure that co-sponsor work on VAWG, SRHR, maternal and child health all integrate HIV. Humanitarian work and work with migrants, refugees and returnees addresses some aspects of HIV and VAWG, but this is not systematic and does not focus on the bidirectional links. There have been numerous small-scale evidence generation exercises on different aspects of VAWG among different population groups of women living with and affected by HIV, but intersectional approaches and more structured data would strengthen the work. There is much to do to advocate for the rights of women and girls

in their diversities including LGBTI+ women, sex workers and women and girls with HIV, but work on legal reform is hindered by political instability.

Outcome 3: Does the UN programme enhance national ownership of the VAWG and HIV response, and accountability to women and girls?

Haiti is classified as a challenging operating environment, and the ongoing political and economic crisis may undermine national ownership and sustainability of the response. Co-sponsors coordinate with the relevant Ministries, but the Joint Programme may not always be visibilised in this coordination. Moreover, government budgets are low, domestic resourcing for HIV and gender equality minimal, and as a result inter-Ministerial work can be difficult. There is a focus by the Joint Programme on civil society involvement, and significant resources have been invested in building the capacity of the bigger organisations, with a focus on LGBTI+, people living with HIV and women. Other organisations and networks of women living with and affected by HIV have not had the same degree of support: smaller organisations outside the capital in particular struggle for resources. Joint Programme accountability to civil society, including to women and girls, is not formalised. Enhanced accountability to civil society could be achieved through more deliberate feedback mechanisms. Coordinated efforts to advocate for sustainable support to civil society could help to ensure continuity.

Outcome 4: Does the UN programme enhance collaboration among Joint Programme organisations working on HIV and VAWG prevention and response?

The UNAIDS team is small but achieves a lot despite constraints around staffing, resourcing, and the challenges of the environment. UN respondents reported that the Joint Team meets regularly and is well-coordinated. However, this does not always ensure that co-sponsors are mutually accountable to each other for UBRAF activities. The interagency gender working group is active, and there is general support for the integration of both HIV and VAWG as cross-cutting issues across the UN system. In practical terms though, the strict division of labour between UN organisations appears to make integration of bidirectional HIV and VAWG links, mutual accountability of co-sponsors, and person-centred approaches a challenge.

Covid-19 adaptations

Haiti is in a protracted crisis, and COVID-19 is just one more crisis. In this context where there are extremely limited resources for health, the COVID-19 pandemic is seen to have brought 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 USD28,816,450 for implementation of the UN COVID-19 socio-economic response framework, and repurposed existing funding, leaving a funding gap for implementation of the socio-economic response framework of USD117,254,610.¹³⁴ There have been sharp rises in violence against women and girls since the beginning of the pandemic: an analysis by OCHA noted an enormous increase of 377% in the number of cases of gender-based violence (GBV) reported to and identified by health institutions between January and September 2020 (1,778) compared to twelve months of 2019 (247).¹³⁵ UN programming adapted to provide multi-month dispensing of ARVs and a rapid shift to a community delivery system and hotlines to provide psychological support. There were efforts to ensure continuity of maternity

¹³⁴ UN COVID-19 Data Portal, Haiti Socio-Economic Response https://data.uninfo.org/Home/_CountryProfile/Haiti

¹³⁵ OCHA (2021) Aperçu des besoins humanitaires Haïti https://reliefweb.int/sites/reliefweb.int/files/resources/hti_hno_2021-fr.pdf

services, and 53% of PrEP sites remained active. There was an increased need for support for migrants and returnees on the border, including pregnant women. Hygiene supplies and food were distributed to the most vulnerable, and some associations of women living with HIV, sex workers, and women in Cabaret prison were supported to produce masks.

Considerations for the Joint Programme emerging from the findings

'UNAIDS's work is very important for the country and communities, and without UNAIDS there would be a gap' (UN respondent).

UNAIDS has achieved a lot with little funding and a tiny staff team, in the face of huge needs, a challenging environment, and some staff turnover during the evaluation period, including a new Director.

UN, government and civil society respondents to this evaluation particularly noted UNAIDS's work to champion the rights of people with HIV, LGBTI+ people, women, and sex workers, as well as their work to promote the meaningful involvement of civil society and to advocate for HIV as a national priority. *'The biggest contribution of UNAIDS is awareness-raising, not just of populations but also of partners, government, how to advocate for this to be a government priority, how to participate not in an isolated way, but in a regional and global context'* (UN respondent).

The Joint Programme should continue to work to support ownership and active participation of Government and civil society in the response to HIV and VAWG. It may also be helpful for the Joint Programme to work on increasing its visibility with Government partners.

The Joint Programme should also continue to support a decentralised response. Violence and HIV happen in all parts of the country, and it is important to ensure government is strong across the country and has operational support to prevent and respond to HIV and VAWG in all 10 departments (provinces) of the country. The Joint Programme should continue to hold trainings, meetings, dialogues etc in the provinces, so that its work continues to strengthen HIV and VAWG prevention, response, information, services and support in the different parts of the country.

While clearly the Joint Programme has to prioritise to make best use of its resources and capacity, the evaluation finding suggest a number of considerations:

- 1) Entry points for greater integration of HIV into VAWG programmes and vice versa** exist across many of the co-sponsor organisations, whether in small scale one off training and capacity events, or larger programmes working with key populations. The Spotlight initiative is an opportunity to further integrate HIV into VAWG programming. The same is true for different UN programmes with trans women, women sex workers, prisoners, migrants, refugees, etc. Work with women living with HIV could do more to integrate VAWG, including institutional and structural violence.

Development of some agreed minimum standards for bi-directional integration of HIV and VAWG programming could help. For example, one minimum standard could be for work on VAWG to explicitly consider the specific impact of VAWG on women and girls living with HIV in all their diversities, including how VAWG impacts their relationships, their SRHR, access to HIV treatment, prevention of vertical transmission, respectful maternity care, mental health and well-being, livelihoods, etc. Another could be for work on masculinities to include exploring men's reactions to women getting a positive HIV test result, how male violence can prevent women accessing HIV care, treatment and support, etc.

- 2) **Intersectional, rights-based approaches** are important. The Joint Programme co-sponsors sometimes focus on particular aspects of women’s experiences, putting them into categories based on a single identity factor (being transgender, doing sex work, etc). There is little focus on how these identities intersect with other experiences, such as experiences of drug use, disability, pregnancy, age and life stage, and how they combine to intersect with VAWG and HIV. Intersectional approaches would enable better consideration of the multifaceted experiences and priorities of women and girls in their diversity in relation to HIV and VAWG, including the impact on SRHR. Consideration is needed on how to better integrate these intersectional approaches into HIV programming, and how to integrate HIV into VAWG programming.
- 3) **Building alliances across movements reflecting the intersection and indivisibility of human rights** is an area that could be strengthened. Other studies have pointed out that beyond ‘timid and occasional contact’ between certain organisations in LGBT+ communities, women’s organisations and human rights organisations, there is no clear interconnection between movements and organisations focusing on women’s rights, LGBT rights, HIV, worker’s rights, economic justice, migrant rights, etc, and there is ‘no sense of a movement against exclusion and discrimination in general’, or promoting human rights for all.¹³⁶
- 4) **The Joint Programme could be more accountable to women and girls living with and affected by HIV in all their diversities.** The Joint Programme could undertake consultation around a more transparent and open process for being held accountable by women and girls in civil society, including by making information more easily available about their funding allocations, expenditure and grants to civil society by UNAIDS and co-sponsors.
- 5) **The Joint Programme could support more meaningful involvement of women and girls living with and affected by HIV in all their diversities:** UNAIDS is recognised for its work to champion the involvement of affected populations. Other Joint Programme co-sponsors could strengthen the involvement of women and girls living with and affected by HIV in planning, programming, implementation, advocacy, decision-making and evaluation. *‘In general, if UNAIDS is not at the table, others will literally not include people living with HIV. It seems they think associations of people living with HIV can only be partners to UNAIDS’* (UN respondent). One civil society respondent suggested that UNAIDS should do a mapping of civil society actors on HIV and/or VAWG, and if this does not already exist it could be a good next step.
- 6) **The UN could develop a joint plan on HIV and VAWG:** Among different UN organisations within the Joint Programme, there are different priorities, understandings and definitions of violence against women and what constitute transformational approaches. The Joint Programme’s integration of HIV and VAWG is not felt by all co-sponsors, or by all Government and civil society respondents. There could be more focus on integrating VAWG, gender equality, gender-transformative approaches, and the priorities and rights of women and girls living with and affected by HIV in all their diversities as cross-cutting issues in all UBRAF activities and relevant activities of co-sponsors outside UBRAF. The development of a joint plan or road map for action on the links between HIV and VAWG in Haiti would enable the development of collaborations to support greater integration of these twin issues into programmes, and increase mutual accountability for work at the intersections of HIV/VAWG within the Joint Programme and in other relevant work by co-sponsors, including Spotlight and the humanitarian response. This

¹³⁶ COC Netherlands (2017) A country context analysis on the human rights and health situation of LGBT
http://www.iidh.org/wp-content/uploads/2018/09/1ade23_3ac408e866b34b298f255f396c970307-1.pdf

could build on work done by WHO on the four pathways linking HIV and VAWG,¹³⁷ and the WHO Consolidated Guideline on SRHR of Women living with HIV¹³⁸ which integrates violence in all its manifestations.

- 7) Virtual inductions for new staff working with the Joint Programme could emphasise the links between HIV and VAWG:** Staff who have joined the Joint Programme or co-sponsor organisations in the last two years (since the 2019 peyi lok¹³⁹ and COVID-19 in 2020) may not have had much physical contact with the UNAIDS team or the interagency groups. It may be useful for UNAIDS staff to connect virtually with new UN and Joint Programme staff members. This could be informal to share information, and/or more formally by developing new induction processes that are adapted for remote working. The links between HIV and VAWG should be part of conversations with new staff.
- 8) The UN Joint Team meetings could be used more strategically:** This group meets every month, and informants reported there are really good discussions. This would be a natural venue for discussions about integrating HIV and VAWG bidirectional links across the UBRAF and possibly in other work on VAWG outside the UBRAF. The Joint Programme team meetings should be used to ensure good collaboration, information sharing, reporting and mutual accountability among co-sponsors, and to check that person-centred programming is not undermined by the division of labour.
- 9) The Joint Programme should ensure there is follow up on research findings and pilot projects:** There have been a number of initiatives to create new knowledge and understanding and gather evidence. However, these are not always followed up or used to inform action. In terms of the links between HIV and VAWG in Haiti, there have been numerous small scale studies on different aspects or different population groups, but there is a lack of systematic and up to date evidence, and this should be addressed. Emerging insights from pilot initiatives and evidence generation on HIV and VAWG should be systematised, shared, and applied. Drawing on experiences from elsewhere, consideration should be given to either a) conducting a study on violence against women and girls living with HIV in Haiti, perhaps using the methodology used in ICW studies elsewhere in Latin America and the Caribbean including the Dominican Republic,¹⁴⁰ b) following the approach used in Argentina to include a specific section on women in the Stigma Index,¹⁴¹

¹³⁷ See WHO and UNAIDS (2013) Sixteen ideas for addressing violence against women in the context of HIV epidemic: a programming tool

http://apps.who.int/iris/bitstream/handle/10665/95156/9789241506533_eng.pdf;jsessionid=A42AB89B3A6251BED4F8494C1D5A8002?sequence=1

¹³⁸ WHO et al (2017) Consolidated guideline on sexual and reproductive health and rights of women living with HIV.

<http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf?sequence=1>

¹³⁹ On September 16 2019, massive demonstrations against the increased cost of petrol products, the high cost of life and corruption sparked in Port-au-Prince. This led to a complete lock-down of the country and entirely halted socio-economic activities for the rest of the year. The civil unrest situation further aggravated existing problems and challenges facing the most vulnerable. Scarcity of food, fuel, health services and access to potable water and education were highly affected by the unpredictable events from one week to the other. Ongoing difficulties for hospitals and medical services were among the most acute problems and limitation during this time. People continued to face adversity and their health was severely affected by the limited accessibility to adequate and timely services. Some hospitals were closed due to insecurity or a lack of fuel and/or medicine and personnel. Source: International Federation of the Red Cross (2020) Haiti: Civil Unrest (MDRHT017) DREF Final Report <https://reliefweb.int/report/haiti/haiti-civil-unrest-mdrht017-dref-final-report>

¹⁴⁰ Luciano et al (2019). [Estudio Regional sobre Violencia y Mujeres con VIH en América Latina](#). ICW Latina, Hivos, Development Connections y Salamander Trust.

¹⁴¹ RAJAP et al (2021) Índice de Estigma y Discriminación hacia las personas con VIH en Argentina 2.0.

<https://www.ar.undp.org/content/argentina/es/home/library/poverty/IndiceEstigmaDiscriminacion.html>

and/or c) using the WHO ALIV[H]E framework (Actions Linking Initiatives on Violence and HIV Everywhere) to explore and address the bidirectional links between HIV and VAWG, as used by UNAIDS MENA RST and partners.¹⁴²

10) The Joint Programme should advocate for more funding for the response: More funding for both HIV and VAWG, and prioritisation of work to address the bidirectional links between them, is needed to meet the needs of the country. This should include continued advocacy for domestic resources. *'It's very important that the Joint Programme should continue with advocacy, jointly, so the government puts in place much more sustainable responses, and more awareness-raising. I think it's very difficult, but really in 10 years it would be good to be stronger in Haiti, have more support from the UN, and the country to be more independent'* (UN respondent).

Co-sponsors could also strategise on how to advocate for more funding and sustainability also for civil society organisations so they can do gender-transformative work on HIV and VAWG. The UN should also continue to support civil society organisations to develop financial autonomy, including through information-sharing, advice, technical support, advocacy around social protection for women and girls living with and affected by HIV, and through UN advocacy for funding for gender-transformative, intersectional civil society work on HIV and VAWG.

¹⁴² UNAIDS, Frontline AIDS, MENA Rosa (2020) Violence is Everywhere: Addressing the links between gender-based violence and HIV in the Middle East and North Africa. <https://frontlineaids.org/resources/violence-is-everywhere/>

List of acronyms Haiti

CCM	Country Coordinating Mechanism for the Global Fund to Fight AIDS, TB and Malaria
CO	Country Office
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DAP	Departement d'Administration Penitentiare (Prison Administration Department)
LAC	Latin America and the Caribbean
ECM	Early and child marriage
eMTCT	Elimination of mother to child transmission of HIV ¹⁴³
EU	European Union
FOSREF	Fondation pour la Santé Reproductrice et l'Éducation Familiale (Haitian CSO)
GBV	Gender based violence
GHEKIO	Groupe Haïtien d'Etude du Sarcome de Kaposi et des Infections Opportunistes (Haitian CSO)
GTG	Groupe du Travail Genre
KAY FANM	Organisation haïtienne de promotion et de défense des droits de femmes
GFATM	Global Fund to fight AIDS, TB and Malaria
HIV	Human immunodeficiency virus
IDP	Internally displaced people
ILO	International Labour Organisation
IOM	International Organisation for Migration
JPMS	Joint Programme Monitoring System
LGBTI+	Lesbian, gay, bisexual, transgender, intersex, and other non-binary gender identities
MAST	Ministère des Affaires Sociales et du Travail (Ministry of Social Affairs and Work)
MCFDF	Ministre à la Condition féminine et aux Droits des Femmes (Ministry for the Status of Women and Women's Rights)
MJSP	Ministère de la Justice et de la Sécurité Publique (Ministry of Justice

¹⁴³ Note: the evaluation team uses the term 'vertical transmission' rather than 'mother-to-child transmission', in line with the preferences of networks of women living with HIV.

	and Public Security)
MPCE	Ministre de la Planification et de la Coopération Externe (Ministry for Planning and External Cooperation)
MSP	Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population)
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PEP	Post-exposure prophylaxis
PMTCT	Prevention of mother-to-child transmission of HIV ¹⁴⁴
PrEP	Pre-exposure prophylaxis
SDG	Sustainable Development Goals
SOFA	Solidarité Fanm Ayisyèn (Haitian CSO)
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
TAAG	The Accountability Advisory Group for this evaluation
UCD	UNAIDS Country Director
UN	United Nations
UBRAF	UNAIDS Unified Budget Results and Accountability Framework
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	UNAIDS Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence against women and girls
WFP	World Food Programme
WHO/PAHO	World Health Organisation / Pan-American Health Organisation

¹⁴⁴ Idem.

1.1 About this evaluation

The purpose of the independent evaluation of the work of the Joint Programme on preventing and responding to violence against women and girls is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. This includes assessing the results achieved and resources invested; identifying lessons learned; and developing practical recommendations to support learning and evidence-based decision making for future programming.

The evaluation focuses on Joint Programme efforts to support countries to implement transformative approaches for addressing gender equality, HIV and VAWG, in collaboration with women's and adolescent girls' and young women's groups and relevant civil society networks. It focuses at country level on the bidirectional linkages between HIV and VAWG in different contexts, among different groups and different types of violence in various settings, and the extent to which they are gender transformative.

The evaluation uses country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Haiti.

1.2 Joint programme on HIV in Haiti

The UNAIDS Country Director (UCD) leads and manages the UNAIDS Joint Programme at country level, supported by the UNAIDS Director, Regional Support Team (RST). In Haiti, the UNAIDS Secretariat is part of the UN Development and Resident Coordinator System and the UCD is a member of the UN Country Team (UNCT) led by the Resident Coordinator/ Humanitarian Coordinator (RC/HC). There was turnover of the UCD position during the evaluation period. The Joint Team staff capacity is listed in the Joint Programme Monitoring System (JPMS) as:

ILO: 1 UNAIDS: 4
UNDP: 1 UNESCO: 1
UNFPA: 3 UNICEF: 2
WHO/PAHO: 1

Country envelope allocations for 2018-2021 are as follows (USD):

Haiti	Country Envelope			
Agency	2018	2019	2020	2021
UNICEF	75,750	69,600	50,000	49,200
UNDP	41,000	32,100	35,000	35,100
UNFPA	68,000	58,800	40,000	40,000
UN Women		40,000	35,000	35,000
ILO		-	40,000	40,000
UNESCO	35,000	32,100	40,000	40,700
WHO	80,250	67,400	60,000	60,000
TOTAL	300,000	300,000	300,000	300,000

Priorities for each of the co-sponsors are as follows:

Co-sponsor	Joint Programme activities
UNICEF	Prevention of vertical transmission and HIV prevention among adolescent girls and young women. UNICEF appears to have no mandate for gender-based violence as part of the Joint Programme. UNICEF has a gender focal point, but this role falls completely outside the Joint Programme, and has specific funds for gender that come either from donors or core UNICEF funding (UN respondent).
UNDP	1) Training on rights, HIV prevention and access to treatment for target groups (LGBTI, sex workers, female detainees in Cabaret prison) and relevant stakeholders. (For example, in 2019, UNDP ran four workshops for community leaders and police officers, to reflect on HIV, and encourage them to support the fight against discrimination, respect minority rights to health, respect SOGI populations, and encourage better approaches to responding to violence against SOGI populations. 2) Advocacy on reformulation of laws and policies to improve the HIV response.
UNFPA	a) Maternal health, reproductive health, young people and adolescents. b) Gender and human rights. c) Population and development. d) Humanitarian. Activities under UBRAF: 1) Linkages between PMTCT structures and satellite clinics established; 2) Sexual rights, reproductive health, and HIV tools targeting young people are standardised.
UN Women	1) Support to the youth platform, with support from relevant ministries; 2) Generation of data on youth and sexual and reproductive health to inform the design of services for youth; 3) Training on rights, HIV prevention and access to treatment for target groups (LGBTI, sex workers, female detainees in Cabaret) and relevant stakeholders. There was no allocation in 2018 for administrative reasons ¹⁴⁵ , though UN Women did participate in the Joint Team.
ILO	Integration of HIV into workplace programming, including formal and informal workplaces.
UNESCO	Support to the youth platform.
PAHO/WHO	Provision of normative guidance and support to the Ministry of Public Health in ensuring service delivery, including prevention of vertical transmission.
WFP	WFP was not allocated funds from the Joint Programme Country Envelope, but in 2020 it had US\$28,890 in co-sponsor supplementary funds.

¹⁴⁵ 'UN Women has always been involved, had an HIV focal point, and participated in Joint Team meetings. In the last UBRAF envelope they did not receive funds due to a transition from one head to another, without nomination of a focal point, so they were absent in that process and did not receive funds. It was merely an administrative issue.' (UN respondent)

1.4 Country context

Haiti is a low-income country with a gross national income (GNI) of \$780 per capita (World Bank 2016) and a gross domestic product (GDP) of \$739.6 per capita (2016), which makes it the poorest country in the Western Hemisphere. An estimated 53.9% of the country's approximately 10.8 million people live on less than one dollar a day and cannot afford the higher quality healthcare provided in private clinics.¹⁴⁶ In 2019 Haiti's population was 11,403,000 people, with women making up over half (50.7%). Haiti's population is young, with over 30% of the population under 30 years of age.

Haiti is classified as a challenging operating environment. During the evaluation period, the country has faced ongoing challenges including the aftermath of the 2010 earthquake and Hurricane Matthew in 2016 and a deteriorating socio-political-economic situation. In 2018-2019, the country had three changes of Prime Ministers, fuel shortages, street violence, and a severe devaluation of the local currency,¹⁴⁷ leading to the 'péyi lok' shut-down of 2019.¹⁴⁸ This was followed by the Covid-19 pandemic, and the 2021 constitutional crisis.¹⁴⁹

The number of households headed by women is estimated at 45%. Over one in four women (27.7%) aged fifteen or over have a disability. There is no official or reliable data available on minority groups such as members of the LGBTI community: this community is not legally recognised in Haiti.

HIV: Haiti has a generalised HIV 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 prison populations.¹⁵⁰ Vertical transmission is the second most common route of transmission of HIV in Haiti, after heterosexual transmission: vertical transmission services cover 86% of those who need them.¹⁵¹

Drivers of the epidemic include poverty, low educational levels, certain cultural and religious practices, intergenerational sex and gender inequalities.¹⁵² In 2019, an estimated 160,000 people were living with HIV (86,000 women, 62,000 men and 8,300 children under 15).¹⁵³ Of these, 72% know their status, 71% are on ART, and 56% have suppressed viral loads. There are an estimated 72,000 orphans due to HIV under 18. Knowledge of HIV prevention among young people aged 15-24 is 36.2% among young men and 38.3% among young women.

Transgender identities in particular are still taboo in Haiti, and there is little understanding of the size of the transgender population in Haiti. HIV prevalence is high, with a 2017 study showing prevalence of about 27% among 109 transgender women. The study also found transgender women experience high levels of violence: 76.5% had ever been forced to have sex against their will or without a condom; 32% had experienced physical violence in the last 12 months; 26% had experienced intimate partner violence in the last 12 months; 16.6% had ever spent a night in prison;

¹⁴⁶ PEPFAR (2019) PEPFAR Haiti 2019 Responsibility Matrix Narrative <https://www.state.gov/wp-content/uploads/2020/04/Haiti-RM-2019.pdf>

¹⁴⁷ PEPFAR (2019) Country Operating Plan 2019. https://www.state.gov/wp-content/uploads/2019/09/Haiti_COP19-Strategic-Directional-Summary_public.pdf

¹⁴⁸ International Federation of Red Cross and Red Crescent Societies (IFRC) (2020) Haiti: Civil Unrest (MDRHT017) DREF Final Report <https://reliefweb.int/report/haiti/haiti-civil-unrest-mdrht017-dref-final-report>

¹⁴⁹ UN News (2021) Haiti needs 'democratic renewal' top UN representative tells Security Council <https://news.un.org/en/story/2021/02/1085432>

¹⁵⁰ PEPFAR (2019) PEPFAR Haiti 2019 Responsibility Matrix Narrative <https://www.state.gov/wp-content/uploads/2020/04/Haiti-RM-2019.pdf>

¹⁵¹ World Vision, UNICEF, Ministère de Santé Publique et Population (2019) Funding request form, allocation period 2020-2022. Multicomponent funding request. Available at <https://data.theglobalfund.org/investments/documents>

¹⁵² United Nations (2017) Haiti Cadre de Développement Durable / Haiti Sustainable Development Framework, 2017-2021 <https://haiti.un.org/fr/637-cadre-de-developpement-durable-2017-2021-undaf>

¹⁵³ UNAIDS website: Haiti country data <https://www.unaids.org/en/regionscountries/countries/haiti>

9.2% had ever been beaten by a police officer. In addition, in the last 12 months 48.9% were not able to pay basic expenses, 23.7% had been homeless, and 32.1% did not always have enough to eat.¹⁵⁴

There are an estimated 112,300 sex workers in the ten departments of the country. HIV prevalence among 990 formal and informal sex workers surveyed in 2017 was 7.7%. Sex workers are vulnerable to violence from clients, partners, families, communities and service providers: the 2017 survey found that 6.2% had been mistreated by healthcare worker or avoided seeking care for fear of discrimination; 31% had experienced physical violence in the last 12 months; 31.5% had experienced intimate partner violence in the last 12 months; 54.8% had ever been forced to have sex against their will or without a condom; 13% had ever spent a night in prison; and 7.5% had ever been beaten by a police officer. Legal, social, and economic vulnerability remain important barriers to reducing HIV prevalence among sex workers: the lack of legal protections leaves them more vulnerable to violence, discrimination and economic vulnerability leave them less able to prevent VAWG and HIV and access services, treatment and support.¹⁵⁵

In 2017, the Haitian Government (MSPP/PNLS) and partners, with support from UNAIDS and the US Centers for Disease Control, carried out a survey of 1089 people in 10 departments of the country on attitudes and behaviours towards people living with HIV and stigma and discrimination against people living with HIV, MSM and women and children in situations of violence.¹⁵⁶ Discriminatory attitudes were prevalent: 74.3% would not buy fresh vegetables from someone living with HIV, 67.4% would not hire a person living with HIV for a job, and 46% would be ashamed if anyone in their family was living with HIV. There were plans to conduct a Stigma Index survey in 2019-2020, with findings informing strategies addressing stigma and discrimination against people living with HIV and minority groups.¹⁵⁷ It appears this did not take place.

In 2019 and 2020, PEPFAR noted that retention in care remains the single greatest barrier to achieving epidemic control in Haiti, and stated that the program must urgently address gaps in HIV care to stem patient loss.^{158,159}

Domestic funding for health is extremely limited, and there is a severe shortage of health workers, low retention of nurses and doctors, and gaps in services across all levels of the health system.¹⁶⁰ The biggest funders of the HIV response are PEPFAR (with USD102m in 2020, and USD120m for 2021) and the Global Fund.¹⁶¹

¹⁵⁴ USAID, PEPFAR, Linkages (2017) Programmatic Mapping and Size Estimation of Key Populations in Haiti (the PLACE Study: Priorities for Local AIDS Control Efforts) <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-haiti-size-key-populations-april-2017.pdf>

¹⁵⁵ Integrated Bio-Behavioral Survey (IBBS) (2014), cited in USAID (2017) (the PLACE study) <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-haiti-size-key-populations-april-2017.pdf>

¹⁵⁶ Ministère de la Santé Publique et de la Population (MSPP) (2017) Enquête sur les attitudes de la population adulte sur la stigmatisation et la discrimination envers les personnes vivant avec le VIH et les groupes vulnérables en Haiti <https://mspp.gouv.ht/site/downloads/Rapport%20Final%20Sondage%20Opinion%20%20Stigmatisation%20discrimination%20%20SEFIS%20PNLS%20ONUSIDA%20CDC.pdf>

¹⁵⁷ PEPFAR (2018) Country Operating Plan 2019 <https://www.state.gov/wp-content/uploads/2019/08/Haiti-1.pdf>

¹⁵⁸ PEPFAR (2019) Country Operating Plan 2019. https://www.state.gov/wp-content/uploads/2019/09/Haiti_COP19-Strategic-Directional-Summary_public.pdf

¹⁵⁹ PEPFAR (2020) Haiti Country Operational Plan (COP/ROP) 2020 Strategic Direction Summary April 1, 2020 <https://www.state.gov/wp-content/uploads/2020/07/COP-2020-Haiti-SDS-FINAL-with-Appendix-C.pdf>

¹⁶⁰ PEPFAR (2019) PEPFAR Haiti 2019 Responsibility Matrix Narrative <https://www.state.gov/wp-content/uploads/2020/04/Haiti-RM-2019.pdf>

¹⁶¹ PEPFAR (2019) PEPFAR Haiti 2019 Responsibility Matrix Narrative <https://www.state.gov/wp-content/uploads/2020/04/Haiti-RM-2019.pdf>

Gender inequality and violence against women and girls are significant issues in Haiti, which is ranked 152 in the Gender Inequality Index. Even before the COVID-19 pandemic, there were high levels of sexual and gender-based violence, including rape and domestic violence against women and girls at home, in public places, de facto IDP camps, and gang-influenced areas. Thirty-four per cent of women in couples are survivors of domestic violence, and in 37% of cases, this violence has caused serious injury. Child marriage prevalence is 17.5%. Women have little confidence in the justice system, which means that cases of sexual violence are often underreported in Haiti.¹⁶² COVID-19 has made the situation worse. Shockingly, an analysis by OCHA noted an increase of 377% in the number of cases of gender-based violence (GBV) reported to and identified by health institutions between January and September 2020 (1,778) compared to twelve months of 2019 (247).¹⁶³

Data on violence against women living with HIV, and the links between HIV and VAWG are somewhat patchy, though there have been some small-scale studies exploring different aspects of violence and/or different population groups. People living with HIV face stigma and discrimination in schools, workplaces and hospitals because of their HIV status, and the 'indifference of the Haitian state towards this marginalised group contributes to ongoing discrimination against them',¹⁶⁴ including violence. There is some data on violence against sex workers, trans women,¹⁶⁵ and LGBTI+ populations who are largely invisibilised in Haitian society and legislation.

Adolescent girls and young women (10-24 years): Adolescent girls and young women account for nearly 14.7% of the total population, and 12% (17,837/153,532) of the population living with HIV in 2019. HIV prevalence among young women aged 20-24 years is twice as high as among young men (2% compared to 1%), because of inequalities in socioeconomic power between men and young women, cross-generational sexual relationships, limited bargaining power in sexual relations and around condom use, gender-based violence and sexual abuse of all kinds. Legal constraints prohibit minors under 18 from accessing services without an adult.

In October 2017, the government launched a National Action Plan on VAWG for 2017–27.¹⁶⁶ This recognises physical, verbal, sexual, psychological, economic, violence, murder, kidnapping and obstetric violence, in intimate partner relationships, families, communities, and institutional settings. However, it refers to HIV only in passing as a possible consequence of VAWG, and there is no mention of women living with HIV, or women from key populations such as sex workers, or LGBTI+ women and girls.

Despite years of effort by the women's movement, the legal framework on VAWG has many critical gaps, including a law on domestic violence and a sexual violence law that includes a clear definition and specifies the inclusion of sexual violence in marriage. Comprehensive and concrete actions to prevent VAWG have been scarce.

¹⁶² UNDP (2019) Human Development Reports, Table 5, Gender Inequality Index <http://hdr.undp.org/en/composite/GII>

¹⁶³ OCHA (2021) Aperçu des besoins humanitaires Haïti https://reliefweb.int/sites/reliefweb.int/files/resources/hti_hno_2021-fr.pdf

¹⁶⁴ Défenseurs Plus (2016) Contribution des organisations haïtiennes des Droits de l'Homme au Conseil des Droits de l'Homme pour l'Examen Périodique Universelle d'Haïti, octobre 2016 https://www.upr-info.org/sites/default/files/document/haiti/session_26_-_novembre_2016/js3_upr26_hti_f_main.pdf

¹⁶⁵ USAID, PEPFAR, Linkages (2017) Programmatic Mapping and Size Estimation of Key Populations in Haiti (the PLACE Study: Priorities for Local AIDS Control Efforts) <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-haiti-size-key-populations-april-2017.pdf>

¹⁶⁶ Gouvernement d'Haïti Comité de coordination de la Concertation nationale contre les violences faites aux femmes (2017) PLAN NATIONAL 2017-2027 DE LUTTE CONTRE LES VIOLENCES ENVERS LES FEMMES (3ème plan) <https://americatlagenera.org/newsite/includes/fichas/politica/HAITI.pdf>

2. Methodology

2.1 Data collection

The country case study took place between January and April 2021, and involved document reviews and key informant interviews. The country evaluation team consisted of a core team member (Fiona Hale, with language support from a second core team member, Florianne Gaillardin), a national consultant (Michele Maignan) and a member of the Accountability Advisory Group (TAAG) (Esther Boucicault).

Stakeholders were identified in consultation with the UNAIDS Community Support Advisor. Documents for review were suggested by key informants and identified by the evaluation team through online searches.

A total of 50 documents were reviewed, and 31 people were interviewed as part of the case study. The Core Team members interviewed HIV and gender technical staff in UN agencies working in Haiti, and representatives of a donor organisation. The National Consultant interviewed representatives from government agencies, civil society organisations and community led networks, and organisations and groups of women living with HIV in their diversity. The TAAG member was interviewed and provided guidance, advice and feedback. The evaluation team also presented the methodology and some early findings to UN staff working at the regional level. A full list of stakeholders is in the Annex.

Table 1: Stakeholders interviewed

UN stakeholders (from 9 organisations)	14
Government	2
Donors (from 1 organisation)	2
Civil society	9
Representatives of women in their diversity	4
Total number of individuals	31

Once most of the interviews were complete, the lead Core Team member and the National Consultant met to discuss key findings. The lead Core Team member then wrote up the country report which was reviewed by the National Consultant with input from the TAAG member.

Limitations:

- The January-February timing of the evaluation was a challenge for data collection in Haiti because of the constitutional crisis of February 7, 2021 and related unrest. The interview process was extended to ensure as much opportunity to interview key informants as possible. Even with these changes, the team was unable to interview some key stakeholders, particularly Government representatives.
- COVID-19 also posed some challenges, and meant all interviews were conducted remotely, either online or by telephone.
- Very few documents or links were shared with the evaluation team, who sought out evaluations, reports, strategies and plans online. This took time, and means that key documentation may have been missed.
- A further challenge was that the evaluation worked in French (interviews and discussions among the country team) and English (writing of country case study report and inputs to global evaluation). The evaluation process and methodology had not planned for a translation stage, and the country case study was produced in English.

See Annex 2 for documents reviewed, and Annex 3 for stakeholders interviewed.

3. Findings

3.1 Outcome 1: Does the Joint Programme response to HIV integrate appropriate VAWG prevention and response?

The Joint Programme integrates HIV and VAWG and HIV programming to an extent

UNAIDS has had a change of Director during the evaluation period. The current Director is seen as a feminist. There was praise for UNAIDS from UN, government and civil society respondents to this evaluation, particularly for their work to champion the rights of people with HIV, LGBTI+ people, women, and sex workers, and for what they achieve with a very small team, little funding, huge needs and a challenging environment.

There is some integration of VAWG within HIV programming in Haiti. This is often through training or awareness raising, as is the case in work with the law enforcement and justice sectors on 'key populations', and life skills training among young people. ILO work integrates HIV and VAWG in formal and informal workplace settings. There is also some work on linkage to VAWG services such as in the work of WHO on networking ('reseautage') services into referral networks. See Table 2 for examples of work that integrates HIV and VAWG.

The Joint Programme in Haiti also endeavours to address institutional violence in its support for user-friendly HIV testing and treatment facilities that are free of stigma and discrimination, HIV training for midwives, and the Joint Programme in Haiti's focus on HIV testing and treatment, and access to quality care and treatment for adults and children living with HIV.

There are a number of examples of co-sponsor programming integrating particular forms of VAWG in the context of HIV, or that address violence against certain population groups affected by HIV. UNAIDS advocates for the importance of integrating HIV and VAWG in co-sponsor programming. However, not all co-sponsors were aware of this: *'The Joint Programme work is quite restricted to operational aspects. It is very interesting to see these wider dimensions being discussed with reference to the Joint Programme'* (UN respondent).

There was agreement that more could be done to strengthen the integration of HIV/VAWG links in Joint Programme work. 'I did not have the impression that UNAIDS has a mandate to work on the issue of VAW but rather HIV. There is evidence that there is a link between VAW and HIV, but these are not yet well defined in the work of the Joint Programme. The United Nations must at all costs meet with civil society organisations and stakeholders to see how to concretely, programmatically and financially integrate HIV and VAW into national priorities' (CSO respondent).

There are structural challenges to the integration of VAWG in HIV programming

Interviews for this evaluation showed a shared understanding among co-sponsors that prolonged crises, poverty, gender inequality and the geography of Haiti are factors in the prevalence of and response to both HIV and VAWG, and a shared commitment to addressing VAWG, which is a priority acknowledged by all respondents.

However, there appear to be some key structural challenges to work on the links between HIV and VAWG in the Joint Programme's response:

- a) A striking feature of interviews with co-sponsors was the strict division of labour within the UN. While there are joint initiatives between co-sponsors, there is a huge awareness of where the lines are drawn between the responsibilities of each, which appears to be a challenge for integration of HIV and VAWG.
- b) The ongoing political crisis in Haiti makes for some challenges in the Joint Programme's work to support the Haitian Government. The context means that co-sponsors do not have strong government partners. Ministry budgets are small, and the budget of the MDCF is 'a pittance' (Government respondent). Gender equality is not seen by CSOs to be a high priority for the Government. Inter-Ministerial work can be challenging, and the approaches are siloed. Ministries may not always be familiar with the Joint Programme, even if they have relationships with co-sponsor organisations.
- c) The HIV response in Haiti is more than 90% externally funded and extremely reliant on international support. Respondents indicated that a significant amount of the donor funding and focus of HIV programming in Haiti is on 'key populations', particularly LGBTI+ people, MSM, women in Cabaret prison, and youth. It goes without saying that this is all absolutely vital, particularly in view of the violence and discrimination faced by LGBTI+ people in Haiti including transgender women.¹⁶⁷ 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).

Respondents felt more funding needed to be allocated to UNAIDS and the Joint Programme to enable more work on HIV/VAWG links: '*UNAIDS must now be much more assertive in the issue of GBV and show the obvious link that this has to HIV. Much more funding should be allocated to UNAIDS to experiment with certain approaches and learn from them*' (CSO respondent).

Respondents were also keen for UNAIDS to do more advocacy with donors on the importance of addressing the links between VAWG and HIV: '*The big donors like PEPFAR and the Global Fund hardly fund HIV prevention programmes – they are more interested in PreP for example, and are not*

¹⁶⁷ Research Directorate, Immigration and Refugee Board of Canada (2020) Haiti: The situation of sexual and gender minorities, including legislation, treatment by society and the authorities, state protection and support services (2018-June 2020) <https://www.justice.gov/eoir/page/file/1314576/download>

really funding strategies like condom negotiation, negotiation of sexual relationships, rape prevention’ (UN respondent).

‘Through the Global Fund there is a lot of work on stigma and discrimination, but the relation between VAW and HIV not strong. You find activities are proposed, and sometimes UNAIDS are not included or invited to talk about the co-relation between HIV and VAW’ (UN respondent).

‘We must push for the link between HIV and VAW to be taken into account in funding. We can see the link, but the operational planning of this aspect is not so obvious’ (CSO respondent).

Intersectionality is not a strong feature of the work of the Joint Programme

The Joint Programme tends to focus on particular aspects of women’s experiences. UNAIDS has worked hard to highlight the importance of attention to the experiences of LGBTI+ people, sex workers, women living with HIV, and the diversities of other experiences that relate to VAWG and HIV among women and girls. While there may be challenges to ensuring a consistent, effective and rights-based programming and support for these groups, there is a shared understanding that they must be considered in the work of co-sponsors. However, across the Joint Programme there is less focus on other experiences of women and girls in their diversity, for example drug use, being a migrant or returnee (including stateless returnees, who were born to Haitian parents in the Dominican Republic), disability, ageing, being an orphan, etc, and how these intersect with VAWG and HIV. The programming that exists is often short-term and ad-hoc – this was mentioned in the case of women in prison. The Joint Programme could benefit from stronger use of intersectional and gender-transformative approaches.

There is still much to do to integrate HIV and VAWG services

A stronger application of intersectional approaches would also improve HIV and VAWG services, which are not always tailored to women and girls in all their diversities. UN respondents told the evaluation team that women and girls who have experienced sexual violence may not have access to services, and referral pathways can be weak between different services such as HIV, contraception, pregnancy, VAWG, particularly outside the cities. Respondents also mentioned sometimes unsupportive environments in health care facilities, including poor reception by care providers, corruption, lack of confidentiality, untrained providers, lack of refresher training in comprehensive TB/HIV care packages, generic non-personalised HIV counselling (UN and CSO respondents).

The Joint Programme could provide more structured support to civil society organisations

Community-led networks and organisations have a vital role to play in the HIV response, and in addressing the links to VAWG. In the Haitian context of political instability, insecurity, and movement restrictions because of political and pandemic-related lockdowns, the work of locally-based civil society organisations, community-led and peer support networks is very important. However, programming and infrastructure tends to be geographically concentrated, making services and support difficult to access for many women and girls who live in rural areas. The Joint Programme could work with CSOs and community-led networks and associations to further decentralise HIV and VAWG services and support. This is discussed under Outcome 3.

While there is some integration of VAWG in HIV programming, some important gaps remain

The integration of HIV and VAWG is not systematic in all aspects of the Joint Programme. An example of this is in vertical transmission programming. In order to reach the 90-90-90 target, pregnant women are tested where the option is available. However, vertical transmission coverage remains insufficient in Haiti, and there is low access to paediatric ARVs. The link between pregnancy and VAWG is well documented¹⁶⁸ and antenatal HIV testing can expose women who test positive to a heightened risk of violence at the time of disclosure. As co-sponsors leading on vertical transmission programming in Haiti, WHO and UNICEF do not appear to focus on this. UNICEF does not have a mandate to address VAWG in their work within the Joint Programme, so while they train healthcare providers in addressing vertical transmission among women and girls living with HIV, they do not include how to recognise sexual violence. While the evaluation team was told that other partners are doing this kind of training, it is not clear if it includes providers of vertical transmission services, nor is it clear whether any vertical transmission service providers are accredited by the MoH to give the certification needed to confirm sexual violence (UN respondent).

It is also not clear to what extent obstetric violence against women and girls living with HIV is addressed or how much co-sponsor programming around general midwifery and maternity services addresses HIV, though some good practice was highlighted (see Table 2). There appears to be a potential opportunity to strengthen the linkages between HIV, pregnancy, and VAWG. Key entry points for this include vertical transmission services, HIV testing services, and maternity and midwifery services. Co-sponsor programmes such as UNFPA's *Saj Fanm pou Fanm* work may be entry points to increased integration of HIV and VAWG in antenatal and maternity care, including addressing institutional violence and improving respectful maternity care in maternity settings.

The national legal and policy framework on HIV and VAWG in Haiti is weak

'In the Joint Team, UNDP has taken on specific responsibilities for the legal framework, but it's a small amount of funding' (UN respondent).

National laws and policies in Haiti are often weak or silent with regard to freedom from discrimination and violence and access to rights for people living with HIV, women and girls, sex workers and LGBTI+ people. Work on legal reform is not possible in the current political context (UN respondent), but there are significant areas of structural and institutional violence because of the legal and policy framework.

UBRAF co-sponsors like ILO, UNDP and UN Women, as well as the UNAIDS Secretariat have conducted capacity building activities to support the implementation and dissemination of supportive policies and programmes including on gender-based violence, HIV, and LGBTI+ rights. This includes training and awareness-raising for magistrates through the national magistrates' school. It also includes work by UN Women with the DAP (Direction de l'Administration Pénitentiaire), and training by UNDP for women within the police force to staff a unit to receive women who have experienced SGBV, and of law enforcement officers on HIV and the rights of minorities and 'key populations'. (The evaluation cannot comment on the scale, impact and sustainability of these activities.)

The legal status of so-called 'key populations' in Haiti is a barrier to access of HIV services. Same sex relations are not illegal in Haiti, but social attitudes are highly negative and there is no legal protection for these populations. In 2018, UNDP led an analysis of the legal environment on HIV,

¹⁶⁸ World Health Organisation (2011) Intimate partner violence during pregnancy Information sheet https://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf

looking at policies addressing the rights of ‘key populations’, gaps, and next steps. However, because of the political crisis, the report has not yet been validated and there has been no follow-up action. This appears to be a key area for further work by the Joint Programme to address structural violence and the links between VAWG and HIV.

The issue of legal age of consent for health care can also pose problems for addressing HIV/VAWG links among adolescent girls, who need parental consent and accompaniment to get an HIV test if under 18. With pregnant adolescents there is some flexibility as they are considered ‘mature minors’, but the evaluation team was told there is still the expectation they will be accompanied by an adult. The pre-test screening is done directly between the provider and the adolescent, but with an adult close by. In the case of a child who has experienced sexual violence, they must be accompanied by an adult, and the result of the test is given in the presence of the adult. This can be a challenge (UN respondent). None of the UN respondents mentioned work to reform this age requirement for access to health services, but this is an important structural barrier to services and support for HIV and VAWG.

Age: The Penal Code limits access to health care services for young people aged under 18 years, unless accompanied by their parents or guardians. However, a significant proportion (12.5 percent) of girls aged 15-19 years have their first sexual encounter before the age of 15 and are exposed to HIV and other STIs. Although this barrier concerns the health care system as a whole, the problem is more pronounced in the HIV program because of the stigma and discrimination surrounding the disease, which require a certain degree of confidentiality. To improve access to HIV services for young people aged under 18 years, the MSPP, together with its implementing partners, has found alternatives such as (i) the concept of “**independent young people**” which enables young people in this category to be offered STI screening, diagnosis and treatment services in the absence of parents/guardians/adults. and (ii) the concept of the “**adolescent clinic,**” to provide ART, TB monitoring and family planning services to adolescents and young people. (GFATM proposal 2021-2023)

Haiti is one of the few countries in the region that does not provide comprehensive sexuality education in primary and secondary schools. Comprehensive sexuality education 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.¹⁶⁹ In a good example of work integrating HIV and VAWG, the Joint Programme has been providing sexuality education covering HIV prevention, VAWG and SRH to young people (see Table 2 examples of awareness-raising and training for young people). There is a further role for the Joint Programme to advocate for national policies on CSE.

¹⁶⁹ UNAIDS (2018) Miles to go: The response to HIV in the Caribbean
https://www.unaids.org/sites/default/files/media_asset/miles-to-go_caribbean_en.pdf

Table 2: Examples of HIV/VAWG links made in Joint Programme activities

Areas of work	Examples
<p>Awareness-raising and training for young people</p>	<ul style="list-style-type: none"> ▪ Sensitisation on HIV prevention, GBV and SRH in relation to HIV for the youth platform in Jeremie (UN Women, UNESCO). ▪ Support to FOSREF’s work with young people in Nippes, South East, NorthWest, Miragoane and the South, addressing SRH, HIV prevention and STIs, pregnancy, contraception, HIV testing (18+), and referral for care and treatment (UNFPA). ▪ Life skills training for adolescent girls: In 2019, 5,804 adolescent girls aged 10-19 received life skills training, sexual and reproductive health information, gender based violence prevention and information (UNFPA).¹⁷⁰ ▪ In 2017-2018, Haiti was one of the AA-HA! (Accelerated Action on Health of Adolescents) ‘early adopter countries’ that conducted systematic processes of needs assessment, landscape analysis, national prioritisation and programming for adolescent health to inform their national adolescent health strategies and plans. Haiti held an AH-HA! training over 4 days, and the team in Haiti organised subregional orientation workshops with district authorities prior to the national workshop.¹⁷¹ ▪ UNFPA, funded by Canada, supports 2 Ministries (MCFDF, MSPP) and 2 CSOs (HAGN¹⁷², GHESKIO¹⁷³) to strengthen the Haitian Youth Observatory (Observatoire de la Jeunesse Haitienne) jointly with Ministry of Youth and ONPES/MPCE. Training covers advocacy, SRH and gender. The programme advocates for health facility provision for girls who have experienced violence, and protection services for girls in relation to early and forced marriage/union (UN respondent).
<p>Maternity care</p>	<ul style="list-style-type: none"> ▪ The Joint Programme for Integrated Health Services for Adolescent Girls and Women in the Greater South of Haiti aims to build the capacities of health institutions in the region, which has the country’s lowest coverage of sexual, reproductive and child health. Funded by Canada and implemented by UNFPA, UNICEF, PAHO, WHO and UNAIDS, the programme started in 2018 and will run through March 2023. It centres around 12 accredited ‘smile clinics’ providing quality maternal and newborn health care, complemented by comprehensive sexual and reproductive health care to meet the needs of women, adolescent girls, and children in their communities. The project will strengthen government institutions’ capacities for management,

¹⁷⁰ UNFPA Haiti (2018) Key results 2018 https://www.unfpa.org/sites/default/files/HT_UNFPA_Results_07_27.pdf

¹⁷¹ WHO (2019) Accelerated Action for the Health of Adolescents (AA-HA!): a manual to facilitate the process of developing national adolescent health strategies and plans.

¹⁷² Haiti Adolescent Girls Network <https://hagn.devhaiti.org/#:~:text=The%20Haiti%20Adolescent%20Girls%20Network,to%20reach%20their%20full%20potential> – see also <https://www.abundance.org/empowerment/hagn/>

¹⁷³ GHESKIO’s three-part mission includes clinical service, research, and training in HIV/AIDS and related diseases. The Haitian Global Health Alliance provides financial support for Les Centres GHESKIO (guess-key-oh) in Port-au-Prince and its network of clinics throughout Haiti. Founded in 1982 and directed by HIV pioneers and experts, GHESKIO is the world’s first institution dedicated to fighting HIV/AIDS. <https://www.gheskio.org/about/>

	<p>coordination and follow-up in delivering services to women, adolescent girls, and children¹⁷⁴ (Document review). This also includes infant care, and takes an integrated approach to HIV and VAWG (UN respondent).</p> <ul style="list-style-type: none"> ▪ The UNFPA HIV team is working to improve the treatment of women living with HIV in mother and child health, working with the National AIDS Programme (PNLS), UNAIDS and UNICEF to address findings of an analysis in the South and the North West. ▪ Canada also funds Saj Fanm pou Fanm (Midwives for Women), a collaboration between UNFPA and the MSPP. This programme aims to address maternal mortality and 1) produce and train midwives, 2) deploy and retain them and 3) work on legislation and policies related to the midwifery profession. The work covers in Nippes, SE, NW and GrandAnse. It includes the ‘Alo Saj Fanm’ telephone hotline, a free service to provide pregnant women (especially those living in rural areas, and young women and adolescents) with instant access to reliable information about their pregnancy and labour, and encourage them to seek facility-based maternity care.¹⁷⁵ It is not clear how/if this integrates HIV and VAWG – it could be an entry point to more integration of these aspects. ▪ UBRAF performance reporting gives an example of good practice in terms of health system strengthening and addressing institutional discrimination and violence related to HIV in maternity settings, where 41 health care providers were assessed for HIV skills, with 29 receiving training to improve vertical transmission services.¹⁷⁶
<p>Building the evidence base</p>	<ul style="list-style-type: none"> ▪ Regional study on GBV, key populations and HIV: Globally, UNDP has laid out a strong foundation for addressing GBV within the context of HIV, health and development and has contributed to increased awareness and evidence base on the linkages between GBV and HIV. In 2017, UNDP, in partnership with the LINKAGES project and the University of the West Indies, completed a regional study on GBV, key populations and HIV that included Haiti. The findings show that laws and policies remain a challenge in eliminating violence directed at key populations.¹⁷⁷ ▪ UNDP BLIC project review of regional needs of people with HIV, sex workers, trans women.

¹⁷⁴ UNFPA: Integrated Health Services for Adolescent Girls and Women in the Greater South of Haiti <https://www.unfpa.org/integrated-health-services-adolescent-girls-and-women-greater-south-haiti>

¹⁷⁵ UNFPA (2020) Lancement officiel en Haïti de la plateforme téléphonique « Alo Saj Fanm <https://haiti.unfpa.org/fr/news/lancement-officiel-en-ha%C3%Afti-de-la-plateforme-t%C3%A9l%C3%A9phonique-%C2%AB-alo-saj-fanm-%C2%BB>

¹⁷⁶ UNAIDS (2018) UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF) Performance Monitoring Report 2016-2017: Organizational Reports https://www.unaids.org/sites/default/files/media_asset/20180612_UNAIDS_PCB42_Performance-Reporting-Org-Reports_EN.pdf

¹⁷⁷ UNAIDS (2018) UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF) Performance Monitoring Report 2016-2017: Organizational Reports https://www.unaids.org/sites/default/files/media_asset/20180612_UNAIDS_PCB42_Performance-Reporting-Org-Reports_EN.pdf

Supportive workplace environments for HIV	<ul style="list-style-type: none"> ▪ ILO leads this area, working mainly with UNAIDS and UNICEF, with programming including: ▪ Work with associations of young people living with HIV, providing vocational training and business development support. ▪ Offering a day of free medical consultations for 2000 male and female workers at the Metropolitan Industrial Park, including voluntary and confidential HIV testing.¹⁷⁸ ▪ The ILO project on HIV in the workplace, which strengthens capacity to address HIV and HIV-related discrimination in the workplace, and providing prevention and treatment to all workers.¹⁷⁹ ▪ A project in 2020 with pregnant women in factories (UN respondent). These women do not have good health insurance, and ILO provided access to HIV testing, antenatal care, and ultrasounds, with paid time off to attend appointments. This is an example of work to address a form of institutional violence against women in the workplace in relation to HIV. ▪ A collaboration with UNFPA to address unwanted pregnancy and HIV among young factory workers (KII interview). <i>‘Of every 100 women workers, there will be 20 pregnant every year, and when they have to leave work to look after their child, they complain that this leaves them without negotiating power so they become exposed to violence because they can’t feed themselves or buy what they need. So there is an impact on domestic violence when they can’t work’</i> (UN respondent).
Economic justice	<ul style="list-style-type: none"> ▪ UN Women’s work on economic justice explores how women can be financially resilient and sustainable in their businesses in the context of HIV and VAWG. This is an example of work to address structural economic violence in the context of HIV.
Clinical management of rape & sexual violence in humanitarian emergencies	<ul style="list-style-type: none"> ▪ UNHCR provides and supports services for the clinical management of rape and sexual violence in humanitarian emergencies. UNHCR promotes access to sexual and gender-based violence (SGBV) prevention, redress mechanisms and SRH services, including through the provision of the MISRP for reproductive health at the onset of the emergencies. This includes the provision of Postexposure Prophylaxis (PEP) and other health services for survivors of sexual violence in conflict, violence prevention and care, psychosocial support and mental health services for survivors.¹⁸⁰
Access to justice and security	<ul style="list-style-type: none"> ▪ UNAIDS jointly funded a 2018 UNDP mapping of the legal and justice framework for HIV in Haiti. (The validation of this document and implementation of recommendations has been delayed by the political situation of the country.) This will be useful for addressing structural, institutional and legal violence in the context of HIV.

¹⁷⁸ OIT (2019) La lettre d’information de l’OIT en Haïti, Numero 4, Mai 2019. https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---sro-san_jose/documents/publication/wcms_703205.pdf

¹⁷⁹ OIT (2019) La lettre d’information de l’OIT en Haïti, Numero 4, Mai 2019. https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---sro-san_jose/documents/publication/wcms_703205.pdf

¹⁸⁰ UNAIDS (2018) UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF) Performance Monitoring Report 2016-2017: Organizational Reports https://www.unaids.org/sites/default/files/media_asset/20180612_UNAIDS_PCB42_Performance-Reporting-Org-Reports_EN.pdf

- UNAIDS, UNDP and UNICEF are working to bring conditions in Cabaret prison up to international standards for detention of women. HIV and VAWG are cross-cutting aspects of this work.
- UN Women and UNDP provided training with the Direction de l'Administration Pénitentiaire (DAP), training women within the police force to be gender focal points and have a unit to respond to victims of VAW and rape. Note: It is not clear whether this included HIV, or VAW against sex workers, trans women, women who use drugs and other key populations.
- UN Women provided support to the political participation of women at all levels of government, including a scan of discriminatory laws, advocacy, and provision of technical support in writing legislation.
- UNDP provided four workshops for community leaders and police officers, to reflect on HIV, and encourage them to support the fight against discrimination, respect minority rights to health, respect LGBTI+ populations, encourage better approaches to responding to violence against LGBTI+ people.
- UNDP supported a hotline for trans women, run by trans women, to provide referrals, because they are subjected to all sorts of violence, including housing violence.
- Since 2017, UNDP has worked with police to provide human rights training and build their capacity to better understand, build capacity and access to justice, through the Magistrates School. The modules have been written for HIV, and include also gender, non-discrimination of LGBTI+ people. The magistrates school uses these modules to provide the training.

3.2 Outcome 2: Does UN VAWG programming integrate appropriate HIV prevention and response?

Co-sponsors try to integrate HIV as a cross-cutting issue in all their work

HIV-related funding is scarce, but co-sponsors do what they can to integrate HIV in all their work. *‘Our contribution to the Joint Plan work is conditioned by funding, but HIV crosses our other work too’* (UN respondent)

The Spotlight Initiative could provide entry points for better integration of VAWG and HIV

The EU-funded Spotlight Initiative is a key source of funding in Haiti for VAWG work. This programme started in November 2020, with US\$14 million going to implementation in Haiti between 2020 and 2022, focusing on ending domestic violence, rape, incest, sexual harassment, physical and psychological violence, as well as other restrictions on the freedoms and rights of women and girls. It also aims to provide holistic care to women and girls who are survivors of violence.

It is implemented by four United Nations agencies, namely UNFPA, UNICEF, UN Women and UNDP, in partnership with the MDCF, the Ministry of Planning and External Cooperation, and civil society organisations. It will benefit more than 1,225,000 women, men, girls and boys in four departments including West, Grand’Anse, South and Northeast.¹⁸¹

The Spotlight Initiative has six pillars of work:

- norms and laws
- institutional capacity
- social norms
- integrated services
- data and evidence
- participation of civil society organisations and beneficiaries in all interventions

Unfortunately, Spotlight activities have been delayed because of the political crisis. *‘We are blocked at the moment and can’t work on this, we can’t make progress on the reform of laws and policies. There is no motivation among the actors, and no decision-making’* (UN respondent).

UNAIDS itself is not part of the Spotlight Initiative due to lack of capacity. However, Spotlight partners assured that the initiative will consider HIV as a cross-cutting issue: *‘In Spotlight we work on all the issues you are talking about, upstream and downstream. Through all this, there is always the integration of GBV and HIV’* (UN respondent). The Joint Programme should engage with the Spotlight Programme to ensure it addresses the links with HIV throughout.

Co-sponsors see both VAWG and HIV as cross-cutting issues, but programmes do not always explicitly address the links between the two

Many UN respondents stated that both VAWG and HIV are part of all their work: *‘In all our priorities, HIV is cross-cutting and we integrate both HIV and GBV in any intervention’* (UN respondent).

For example, work on SRHR is led by UNFPA and includes prevention and response to HIV. This fills some of the gaps left by the lack of HIV funding in Haiti. UNFPA promotes UHC and approaches

¹⁸¹ UN Women, UNDP, UNICEF, UNFPA (2019) Spotlight Initiative Country Programme Document, Haiti <http://mptf.undp.org/factsheet/project/00119133>

based on choice and rights to reproductive health. Their work aims for zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence and harmful practices. They have a strong focus on vertical transmission, condom promotion, prevention in adolescents and young people, voluntary testing among young people so they know their status and are referred for care. UNFPA assures that all their SRHR work integrates VAWG, building knowledge of providers in how to care for VAWG survivors and people with HIV.

However, this evaluation document review found that the links between VAWG and HIV were not always made explicit. Women and girls living with HIV, and women and girls from key populations including sex workers and LGBTI+ women are generally only mentioned when they are the particular focus of programming.

Is HIV/VAWG mentioned in recent evaluations of UN work?

The document review for this evaluation found that HIV and VAWG are not always mentioned in UN programme documentations. Two examples are provided here.

- 1) The 2020 [Rapport Final-Évaluation Finale Projet Cohesion Sociale Jeremie-PNUD 25Mai2020.pdf](#)¹⁸² covers a joint programme of UNDP, UN Women and ILO focused on young people. The programme included work on gender equality, empowerment of young women and girls, positive masculinity, and reducing violence against young people, including VAWG. From the evaluation report:

- Weaknesses – Local actors (such as local authorities and youth organisations) are inexperienced in addressing gender equity and human rights, and project cycles are too short to achieve the expected results.
- Lessons learned – A longer timeframe to enable further strengthening of local capacity, and specific activities for young people who are not covered so far (those who are seen as delinquents or gang members) would produce better social cohesion and peaceful conflict resolution and reduce violence, particularly GBV in local communities in Jérémie.
- Recommendations – Continue to focus on gender equality and women’s empowerment to reduce violence and particularly GBV in Jérémie

Note: A search of the report by the evaluation team found **no mention of HIV or SRH**, or of sexual and gender minorities, sex workers, or other KPs.

- 2) The 2020 UNDP Evaluation of the Project “Increasing Human Security in the Face of Disaster Risks in Haiti”¹⁸³ acknowledged that VAWG rises in disaster situations, but found numerous shortcomings in terms of gender:
 - It noted that ‘Gender mainstreaming requires understanding the structural inequalities in society and tackling them in a holistic way. While the project produced valuable knowledge about the differences between how disasters impact men and women differently, that **knowledge was not necessarily put into action when it came to interventions in schools, or for the database**, etc. The role of women in implementing the Family Emergency Plans and their networking capacities were strengthened but more **targeted interventions would have been optimal** in all interventions.’

¹⁸² Satyr, D (2020) Évaluation Finale: Projet Appui a la Resolution des Conflits et a la Promotion de la Cohesion Sociale dans la Ville de Jeremie a travers les Organisations de Jeunes <https://erc.undp.org/evaluation/documents/download/17988>

¹⁸³ Tadjbakhsh, S and Mathieu, J (2020) Evaluation of the Project “Increasing Human Security in the Face of Disaster Risks in Haiti” Final Report https://info.undp.org/docs/pdc/Documents/HTI/PID96183_SECURITE%20HUMAINE_FINAL%20EVALUATION_MAY%202020_0.pdf

Note: A search of the evaluation report by the evaluation team found **no mention of HIV**. There is one mention of STIs in a finding that the project led to more women expressing a need for STI prevention. Pregnant women are mentioned as a vulnerable category due to reduced mobility.

Humanitarian work sometimes addresses HIV and/or VAWG, but this is not systematic

'The Central Emergency Response Fund funds humanitarian work (CERF) and we have mobilised a lot of humanitarian funding. Haiti is practically supported by humanitarian funding, Humanitarian work always integrates SRH, family planning, GBV, and HIV' (UN respondent).

The Haiti humanitarian needs analysis overview for 2021 reveals that more than 4.4 million Haitians, or about 40% of the population, will require humanitarian assistance in 2021. During the 2019-2020 school year, 4 million children were deprived of access to school and often left on their own, exposing them to increased protection risks. The analysis notes that 'people living with HIV and sex workers are vulnerable from all points of view, and need particular attention to ensure their survival.'¹⁸⁴ Respondents from UN humanitarian actors gave an example of a short-term project of food distribution to women living with HIV and post-distribution monitoring by WFP. 'We put a post-distribution monitoring system in place, and follow-up with the beneficiaries to ask them what happened after the distribution, were there any problems with targeting, post-distribution, etc.' A baseline report on this is forthcoming.

WFP is also developing a strategy on social norms, especially in school feeding programmes. This will cover roles and responsibilities in the household, school and community, nutrition, and child protection. WFP is also advocating for a law on children's rights. While there is plenty of awareness of both HIV and VAWG among humanitarian actors, there is not always the funding to integrate these in longer-term work. 'The collaboration is good, we are always informed of everything, the recommendations for the country, the UBRAF. There is a meeting calendar that is shared, so we participate actively, even though we don't have funds for HIV, but we are there, we are part of the exchanges between different agencies' (UN respondent). 'There are demands for work on gender, we need more funding, more human resources for gender, but we don't have funding for the cross-cutting issues' (UN respondent).

The UN has supported numerous small-scale studies that provide data on particular aspects of the links between HIV and VAWG in Haiti

There is some research on violence against women and girls living with and affected by HIV in Haiti. A 2017 report emphasised the stigma and discrimination people living with HIV face in schools, workplaces and hospitals because of their HIV status, and noting the passivity and indifference of the Haitian state towards this marginalised group which contributes to ongoing discrimination against them. There is some data on violence against sex workers and trans women in the 2017 'PLACE' study, and some data on LGBT populations who are largely invisibilised in Haitian society and legislation.

Transgender women and female sex workers were also part of a study on GBV and HIV among key populations. In this study supported by UNDP, qualitative semi-structured interviews were conducted by peer data collectors with 89 female sex workers (52 brothel-based and 37 street-

¹⁸⁴ OCHA (2021) Aperçu des besoins humanitaires Haïti
https://reliefweb.int/sites/reliefweb.int/files/resources/hti_hno_2021-fr.pdf

based), and 44 transgender women in Port-au-Prince, Ouanaminthe, and Jacmel. High levels of violence were reported.¹⁸⁵

In terms of gender inequality, UNDP is conducting a ‘census of vulnerability’, to update the quantitative data around the causes of inequality, including poverty, gender inequality, lack of access to decent work, low capacity of institutions to respond to the needs of women and deliver essential services, all of which have an impact on HIV and VAWG.

COVID-19 has exacerbated an already challenging situation in terms of VAWG. An analysis by OCHA noted an increase of 377% in the number of cases of GBV reported to and identified by health institutions between January and September 2020 (1,778) compared to twelve months of 2019 (247).¹⁸⁶ A rapid assessment by CARE and UN Women on the gendered impacts of COVID-19 also found sharp increases in the levels of VAWG: interviews with community organisations responding to women and girls experiencing violence indicated an increase in cases of domestic violence and rape during the period of the health crisis. One women’s organisation in the North had recorded a 40% rise in monthly cases of violence reported to them.¹⁸⁷ The assessment also found that women were not accessing essential services, and awareness of VAWG services was extremely low. The report stressed the need to take into account specific needs of pregnant women, women living with HIV, informal traders (Madan Sara), women with disabilities, migrants, women who have experienced VAWG, women prisoners, sex workers, older women, and LGBTI+ women.¹⁸⁸

Better data and more consistent use of data would enable the Joint Programme to integrate gender equality and the links between HIV and VAWG across all programming and advocacy.

Co-sponsors should also continue to advocate in their VAWG programming for the rights and freedom from violence of LGBTI+ people

‘There is complementarity between BLIC (Being LGBT in the Caribbean), Spotlight, and UBRAF, but each agency has a mandate and an issue they focus on’ (UN respondent).

The last Universal Periodic Review of human rights in Haiti was on the 7th of November 2016. In the presentation made by the Haitian government, violence based on sexual orientation was not taken into consideration. In addition, LGBTI+ people as a category of the citizenry of Haiti was not mentioned.¹⁸⁹ (There was a section in the review dedicated to violence against women and girls, though this evaluation has not reviewed this for intersectionality and links to HIV.) The next review will take place in November 2021 – the Joint Programme could advocate for the inclusion of a section that uses an intersectional approach to explore human rights and the links between HIV and VAWG among women and girls in all their diversities.

¹⁸⁵ USAID et al (2018) Gender-Based Violence, HIV, and Key Populations in Latin America and the Caribbean Haiti Country Report <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-haiti-gbv-country-report-october-2018.pdf>

¹⁸⁶ OCHA (2021) Aperçu des besoins humanitaires Haïti https://reliefweb.int/sites/reliefweb.int/files/resources/hti_hno_2021-fr.pdf

¹⁸⁷ CARE, ONU Femmes (2020) Analyse Rapide Genre – COVID-19 Haiti, p. 36. <http://www.careevaluations.org/wp-content/uploads/ARG-Covid-19-Haiti-CARE-ONUFemme-Rapport-version-01-Oct-2020-finale.pdf>

¹⁸⁸ CARE, ONU Femmes (2020) Analyse Rapide Genre – COVID-19 Haiti <http://www.careevaluations.org/wp-content/uploads/ARG-Covid-19-Haiti-CARE-ONUFemme-Rapport-version-01-Oct-2020-finale.pdf>

¹⁸⁹ COC Netherlands (2017) A country context analysis on the human rights and health situation of LGBT http://www.iidh.org/wp-content/uploads/2018/09/1ade23_3ac408e866b34b298f255f396c970307-1.pdf

There has been work on maternity care that considers women living with HIV

In 2013 UNFPA did a study on pregnancy among women living with HIV. 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, HIV managers (note these were not reviewed for this evaluation). UNFPA supported the Ministry of Public Health and Population (MSPP) and the Ministry of 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 (PNLS), UNAIDS and UNICEF to address the findings of the analysis in the South and the North West.

For the last 3 years, UNFPA has been ensuring transport costs are covered for women to get to ANC, care for the infant, care for the mother, ultrasound, routine appointments. Women living with HIV can access this support and it is recognised that they are more vulnerable to violence than others (UN respondent).

Table 2 contains information on work on maternity care that integrates VAWG and HIV.

UN support to migrant, refugee and returnee women addresses VAWG and HIV

IOM works on safe migration for the benefit of all, and has activities on the Haitian border working with migrants and Haitians crossing the border for work and trade. A six month project has just finished funded by the UN Department of Political and Peacebuilding Affairs, which involved working on rehabilitation and resettlement in the North West of the country and equipping a women's shelter run by a women's organisation. There was also an awareness raising campaign last year on VAWG. IOM has provided support through civil society partners to women experiencing violence, in the form of education, income generation, etc. IOM also developed a registration form that records the health needs of migrants, including HIV. This enables them to be referred to services and CSO support, and supports epidemiological monitoring at the border.

IOM also has funding from the US and Canada to support border welcome centres. IOM provides transport for police, and conducts training for police officers, encouraging the participation of women officers to maintain gender balance. The trainings cover GBV, technical training, human rights, protection. They are now planning a training on protection of migrants, including migrants who have experienced rape or other forms of VAWG. Because of the political situation this has been delayed. IOM also developed operational procedures for attention and protection of LGB people in Ouanaminthe on the border.

'Our focus is migration. That's why we give priority to organisations working at the border with women and children. We have also worked on setting up a resource centre at each of the crossing points – that's a project we've done with the National Organisation of Migration (ONM).' (UN respondent)

(Note: It was not clear how co-sponsors are working to address VAWG and HIV specifically in the context of stateless migrants.)

3.3 Is HIV/VAWG work gender-transformative?

Most of the UN organisations that we spoke with were keen to stress that gender equality and gendered approaches to HIV and VAWG are mainstreamed throughout their programmes, though it was not always clear how that was done in practice and whether interventions were designed in a gender transformative way. Some stakeholders confirmed that they are on the beginning of their 'gender journey', and Haiti has a challenging social and institutional environment for addressing issues of gender equality and violence against women, girls and LGBTI+ people.

One tool for monitoring gender mentioned by UN respondents is the use of the gender marker to look at whether each activity takes gender into account in planning, implementation and monitoring. The (self-rated) marker goes from 0 – 3, with 0 being gender blind, and 3 being gender-transformative. During the implementation phase, there are regular review meetings which include analysis of whether gender is being taken into account. Reports include a section on gender. Until now, there has not been an evaluation of the work of the Joint Programme in relation to gender. However, understanding of gender-transformative approaches was varied. Some respondents considered any activity that provides a full package of services to women to be gender-transformative. Gender transformation requires a critical examination of gender norms and dynamics, and to challenge existing power structures at institutional, society, community and family level. This type of work requires long term engagement. The underfunding of the HIV response, the lack of domestic resources, and the economic, political, social and environmental challenges Haiti faces make this type of engagement difficult to achieve.

Table 3 below provides illustrative examples of transformative programming for VAWG and HIV in Haiti.

Table 3: Examples of gender transformative programming in Haiti

Gender transformative approach	Illustrative examples from Haiti
Support for community led organisations particularly women led	<p>There has been a lot of investment in UN training and capacity building for CSOs in the last five years.</p> <p>A number of UN co-sponsors are working with and supporting women-led, women’s rights organisations. It seems that only UNAIDS is supporting organisations led by women living with HIV, with other co-sponsors supporting their own partners including women-led civil society organisations that do not have a specific focus on HIV. Much of the support is for small, one-off activities, which are difficult to sustain and not providing the core support that these WROs need to scale up their support to women and girls in their diversity.</p>
Supporting women and girls, in their diversity, affected by and living with HIV	<p>There is a focus on supporting young people (including young women) to know their rights, for example through the Youth Platform (see Table 2). There is also work to promote the rights of incarcerated women, LGBTI+ people and people living with HIV by training service providers and magistrates (see below).</p>
A focus on gender norms and unequal power relations including relations based on gender	<p>The Joint Programme’s work to raise awareness and provide training for young people, magistrates and law enforcement officers are examples of work focusing on changing gender norms and unequal power relations.</p> <p>SASA! has been used in Haiti (though this was not mentioned by respondents) and Spotlight includes a focus on addressing gender norms.</p> <p>Many respondents emphasised the difficulty of addressing the gender inequality and violence rooted in patriarchal and gender norms due to the sensitivity of these issues. There is resistance among the Haitian population to gender equality and the rights of women, girls, people living with HIV, LGBTI people and sex workers. The Joint Programme champions the importance of rights and access to services in often difficult circumstances.</p>
A focus on accountability to communities and in particularly women and girls	<p>The co-sponsors of the UN Joint Programme rely heavily on the CCM and civil society partners to feedback and engage with women and girls in their diversity. There was a sense from CSO respondents that accountability to and meaningful involvement of women and girls living with and affected by HIV is limited, in part due to the small numbers of women who are willing to participate because of stigma, and in part due to the lack of funding and capacity for women’s rights organisations and networks of women living with HIV. There do not appear to be clear Joint Programme accountability mechanisms to communities in general, or to women and girls in particular.</p>

High-level and multisectoral commitment to addressing violence against women and girls in the HIV response	This is evidenced in the National Strategic Action Plan (PNSL). However domestic financing for the community response is severely limited, and Ministries tend to have a very defined division of responsibilities and very limited budgets. A number of civil society respondents referred to a lack of government commitment to gender equality.
Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education	<p>There are serious challenges to addressing health, economics, decision-making and education in gender-transformative ways in Haiti. There are significant funding gaps in international aid and national budgets, and an ongoing political and constitutional crisis.</p> <p>Social attitudes are intolerant of comprehensive sex education, particularly at primary school level where it would be most useful, protective and relevant.¹⁹⁰ The Joint Programme does valuable work to provide this kind of information and education, including through its work with young people.</p>
Working with men and boys towards gender equality	The work with young people includes training and awareness-raising with young men and boys as well as young women and girls.
Addressing the structural causes of violence	UN and civil society respondents felt strongly that the Joint Programme addresses the structural causes of violence. Work on supportive legal and policy environments faces challenges because of the ongoing political instability. There is work addressing rights and unequal power relations through the work with young people, training in Cabaret prison, training with magistrates, law enforcement, and midwives, friendly clinics, and training and capacity building of civil society organisations.

¹⁹⁰ Ministère de la Santé Publique et de la Population (MSPP) (2017) Enquête sur les attitudes de la population adulte sur la stigmatisation et la discrimination envers les personnes vivant avec le VIH et les groupes vulnérables en Haïti
<https://mspp.gouv.ht/site/downloads/Rapport%20Final%20Sondage%20Opinion%20%20Stigmatisation%20discrimination%20%20SEFIS%20PNSL%20ONUSIDA%20CDC.pdf>

3.4 Outcome 3: Does the UN enhance national ownership of VAWG and HIV response and accountability to women and girls?

3.4.a) Does the UN enhance national ownership of the VAWG and HIV response?

Government respondents to the evaluation were unequivocal about the contribution of the UN programme to the national HIV response. There was less certainty among respondents about national ownership of VAWG prevention and response and the UN's role in supporting and enhancing this.

'We would like a much more solid partnership with government and department authorities for the work' (UN respondent)

Examples of UN support to Government include:

- The UN provides support to MSPP and the (very under-resourced) MDCF for work on HIV and VAWG.
- The UN is also developing a good partnership with the Ministry of Social Affairs and Work (MAST) through work with MAST and MSPP on social protection, focusing on the development of documentation, and technical support for the Haiti National Social Protection Policy.
- UN organisations work with provincial health departments and the HIV coordinator at provincial level, organising periodic meetings for planning and data review etc.
- The Joint Programme has built capacity of the MSPP staff through a ToT on gender discrimination and HIV, and provided training for MAST staff on discrimination, violence, gender.
- ILO partners with Government on the employment code. Currently employees can be dismissed on the basis of a positive HIV test result, and some public institutions demand a test result as a criteria for employment. ILO is working with the MAST, MSPP, union representatives, employers, WHO, and UNAIDS to address this.
- In 2020 the Joint Programme provided training for inspectors and judges on discrimination on HIV and gender, and trained judges on the conventions, laws of Haiti related to violence against the person in the workplace, in coordination with the Ministry of Justice.

There are some structural challenges to UN work to enhance the national response to HIV and VAWG

Multisectorality is seen to be a challenge in Haiti. Ministries have small budgets, most of which are from international donors. Annual budget cuts complicate this further. Ministries also tend to have very clear dividing lines. *'The big problem in Haiti is multisectorality and this limits the ability of the United Nations to obtain good support for the coordination of programs in Haiti'* (CSO respondent). Co-sponsors work hard to facilitate coordinated interventions, but at local level it is particularly difficult to ensure good multisectoral coordination between Ministries and partners.

Other challenges identified by respondents to the ability of the UN to enhance the national response included:

- Political instability, budget constraints and low salary levels mean there is a high turnover of Government employees. For example, the Ministry of Health had a focal person on women's issues, but the focal person left and has not been replaced.
- Dialogue with the MoH is through the Groupe Sectorielle Santé (Sectoral Group on Health). However, this group has other priorities because of COVID-19.
- Policy development is weak, and does not take account of the needs of different population groups living with and affected by HIV and VAWG. Gender equality, for example, is not seen a

priority of the Haitian government. *'Gender equity is not one of the priorities of the Haitian State. There is no alignment between the UN and the Haitian Government'* (CSO respondent).

Co-sponsors focus on areas of the country with highest HIV and VAWG prevalence, however many geographical areas are left out

The geographical focus of UN programming was raised in interviews. There are some zones that are underserved, and particularly in the current situation this was described by one UN respondent as 'catastrophic' for women, particularly those in rural areas. The WHO-led work on networking services ('reseautage') is seen as vital as a result.

The main areas of focus of HIV programming have been Port au Prince, Jacmel, Cap Haitien, Saint Marc, Gonaives, Les Cayes, and Jeremie. Co-sponsors make efforts to ensure that meetings, trainings and other activities are decentralised to the programme areas, and not just held in the capital or the main cities. However, there is a concern about the areas of the country that are not well-covered by services and other kinds of support: *'Everyone goes to the same areas because of the HIV prevalence. But prevalence is rising in other areas as well. There is a huge need for the government to stand up and say we have to spread out, but this would require a strong lead from the MSPP'* (UN respondent). This issue has apparently been raised in Pefpar and Global Fund meetings, but there has been no action.

'The United Nations can sit down with us to analyse the evolution of the problems, identify where the gaps lie and together find sustainable strategies to fill these gaps' (Government respondent).

The UN should do more advocacy to influence on funding flows for HIV and VAWG

A recurring theme of the interviews with UN agency staff was the challenge of working in a context with very little domestic resourcing of health and HIV, and the heavy reliance on international funding for this at a time when globally funding for HIV is on the decline. Two respondents from UN organisations expressed the view that the Covid pandemic had actually brought additional outside funding into the health system.

The Haitian National Multisectoral Plan to respond to HIV (PSNM) had a funding gap in 2018 of US\$19m, and a further gap of US\$13m in 2019, after taking into account the contributions of the Global Fund, Pefpar, the UN system, other donors, and the (minimal) domestic resources allocated to it. Most of the spend appears to be on medical attention for HIV.

Donors in Haiti include the EU, GFATM, US government, Canadian government, French embassy, and the Spanish government.

3.4.b) Is the UN response accountable to women and girls and does it meaningfully involve them?

There is a lack of clarity around accountability to women and girls and little UN focus on this

Accountability was seen by some UN respondents in terms of civil society accountability for funding: *'Planning and implementation is done jointly with civil society. During the year, we have meetings with them to evaluate performance, field visits, and termly we send the money, and look at the performance to be sure that all the interventions they are doing lead to strategic outputs.'* (UN Respondent)

There was little focus on work to increase UN or Government accountability to civil society and women and girls in particular: *'How does UNAIDS ensure accountability to civil society? There is everything to build there. We need to create good regulations with regard to accountability and the partnership framework'* (CSO respondent).

Co-sponsors focus more on 'involving' civil society than accountability to civil society and women and girls

Civil society in Haiti can be categorised as follows:

- A small number of organisations are well-resourced, institutionally strong, and well connected with the Joint Programme and other large donors such as PEPFAR and the GFATM.
- A much larger number are small organisations or community-led networks with little funding and weak capacity, with consequences for continuity and sustainability. These are often outside the main cities.

Civil society organisations who are implementing partners were generally extremely positive about the relationship with the UN: *'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 respondent).

UN respondents usually felt their organisations do a good job of involving civil society, and are positive about their efforts to leave no-one behind: *'With CBOs, we work with civil society and try to support organisations of people living with HIV, we work with women's and LGBT organisations, sex workers, with disabled people's organisations – we try to leave no-one behind'* (UN Respondent).

The disparity in UN and funding support between 'key populations' and people living with HIV is apparent in the involvement, leadership and representation of different groups

Organisations of key populations particularly value UNAIDS's championing of their involvement: *'UNAIDS is a loyal partner in terms of collaboration and opening spaces'* (CSO respondent).

However, some people living with HIV feel they have received less support from the Joint Programme to develop their leadership: *'How has civil society been strengthened due to the UN? The engagement of key populations has been greatly funded and strengthened over the past five (5) years. The quality of the key population leaders that have emerged is different from that of the people living with HIV leaders and it is painful, because the most important thing in everything related to HIV is people living with HIV themselves'* (CSO respondent).

The CCM is seen by UN co-sponsors as a key space for dialogue with civil society but there are issues of representation and leadership within this forum

While UN respondents referred to the CCM as one of the key ways co-sponsors interact with CSOs, some civil society respondents expressed concern about the functioning of the CCM, the need for stronger communications and leadership within the CCM, and issues of representation and disparities in the capacity of different CCM 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 respondent).

Women and girl-led organisations are critically underfunded, and are rarely involved in decision-making

The majority of civil society organisations however, including associations of women and girls living with HIV, have little or no funding, and huge challenges with sustainability. Yet these organisations and networks may be doing vital peer support and community work. They have little access to dialogue, discussion and decision-making spaces, and if they are involved in HIV and/or VAWG prevention and response it is in the activities themselves, or at times the implementation, rather than in the decision-making, planning, or evaluation. *'There is active participation of the most affected populations in activities, but not in programme design'* (CSO respondent).

Some civil society respondents felt that not only did they have little involvement in planning Joint Programme interventions, but that they were not required to integrate VAWG into the implementation of Joint Programme activities, and if they do this it is because of their own initiative and understandings of priorities. *'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 respondent).

One respondent suggested there should be a mapping of civil society organisations, networks and groups working on HIV and/or VAWG, including community-led organisations, to ensure the inclusion of these organisations in UN programming. *'In theory there is involvement of civil society, but not enough in reality. Consideration should be given to carrying out a national survey of existing organisations, especially in remote areas that are doing excellent work in their communities, and an organisational assessment with the possibility of strengthening. Better involvement of CSOs can contribute to the success of programs since they know the Haitian reality and the real needs of beneficiaries'* (CSO respondent).

UNAIDS is trying to support the involvement of women living with and affected by HIV, but few are comfortable being open about their status because of stigma, discrimination and violence

A challenge for the meaningful involvement of women and girls living with HIV and/or women and girls who have experienced violence is that there are few women in Haiti who want to be open about their experiences. *'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 respondent).

Civil society respondents feel that gradually women are becoming more willing to be open, and UNAIDS is seen to be doing a good job to support this. The few prominent women living with HIV have also done advocacy with the associations of women living with HIV, suggesting that women

who are presidents of an association need to come forward and stop hiding. However, for some women (such as LBT women) social attitudes, discrimination and violence make this extremely difficult (CSO respondent).

Co-sponsors provide training and capacity-building for civil society, but not all CSOs benefit from this

There has been a lot of investment in this in the last five years. UNAIDS and co-sponsors training and capacity building for CSOs includes:

- Training in effective participation in different country dialogues with donors and government
- Technical training and capacity-building, eg on implementation of VAWG work, VAWG in humanitarian settings, etc
- Training for managers
- Training in logistics

Not all CSOs had received training or capacity building: *'We have never received training or capacity building or other organisational support'* (CSO respondent).

Civil society are not always well-informed about the role of UNAIDS and co-sponsors

There was a feeling that people from civil society don't really understand the role of UNAIDS, and that UNAIDS should communicate their role better. There was also a sense that UNAIDS should have a much bigger role: *'We need more involvement of UNAIDS in Haiti and more involvement of civil society'* (CSO respondent).

The Joint Programme could explore opportunities to advocate for support for longer term, multiple year programmes that provide secure funding for women's rights organisations working at the intersections of VAWG and HIV.

While the national AIDS plan (PSNM) relies on the involvement of civil society and associations of people living with HIV, and talks about the importance of strengthening civil society organisations, it is not clear where the funding is for this. Women's organisations and CSOs working with women who were interviewed for the evaluation were severely underfunded, under-supported and under-recognised.

'UNAIDS does advocacy for funding, but doesn't provide funding itself. Other UN organisations may give us a little funding for a media spot, a session of ToT or leadership development, or a certain package of services – but it's limited, sporadic and short-term' (CSO respondent).

The Joint Programme could undertake consultation around a more transparent and open process for funding allocations among civil society organisations.

The Joint Programme could also monitor that Global Fund funding and processes in Haiti provide more and better support for civil society organisations to address the linkages between HIV and violence against women and girls. Until now, civil society organisations have felt there was no donor support for this kind of activity.

‘Through the GFATM we have funding, but the amount has reduced and now we have more for drugs, but nothing for awareness-raising. There is nothing for violence support. No donors are doing that kind of support’ (CSO respondent).

Haiti’s funding request to the Global Fund for the allocation period 2020-2022¹⁹¹ confirms that this has previously been the case. The request notes that the country ‘has not held a mass awareness campaign on HIV for several years, and that the level of comprehensive knowledge about HIV prevention is low’ (p. 33).

It highlights a general context in which ‘stigma is evident even within health centres, hindering access to services. This often takes the form of a failure to respect medical confidentiality and invasion of privacy, rejection, verbal and physical violence, and intolerant attitudes shown toward patients by health workers’ (page 27), and recognises that violence against women affects HIV, TB and malaria programming (page 28).

With regard to vertical transmission, it notes that ‘barriers and inequities related to PMTCT are often linked to physical and psychological violence against women’ (page 50). In response, the request notes that ‘male involvement in ANC and family planning activities will be strengthened in order to increase women’s attendance at these clinics’ (page 50). It is not clear how the issue of violence against women will be addressed through strengthening male involvement in ANC and family planning activities, and there is no obvious funding for civil society and women’s organisations to provide violence support.

The new funding request for 2020-2022 prioritises: (i) Prevention, (ii) PMTCT, (iii) Testing services, (iv) Treatment and (v) Reducing barriers. It proposes a number of measures to address VAWG. It will:

- provide capacity building for sex workers and their community on GBV (page 58)
- develop tools, implement and sustain strategies to reduce HIV- and TB-related stigma, discrimination and violence against key populations (including transgender people, sex workers, people living with HIV, and adolescent and young girls) in families, communities, educational settings, workplaces and health care facilities (page 62)
- improve the capacity of community-based organizations to use community monitoring data for advocacy and engagement with local authorities to reduce levels of stigma, discrimination and violence against people living with HIV, former TB patients and members of key populations (page 63)
- organise educational talks with a focus on the concepts of human rights and gender- based sexual violence (GBSV) including for transgender people, sex workers, people living with HIV, prison inmates, and adolescent and young girls (page 63)
- implement the integrated service model in response to cases of human rights abuses and other GBSV in a health care facility (page 63)
- eradicate stigma and discrimination in health care settings by providing health care providers with information, tools and skills to protect and promote their rights and the rights of patients. These activities aim not only to build the capacity of providers but also of users/patients of the services concerned (page 63)

¹⁹¹ World Vision, UNICEF, Ministère de Santé Publique et Population (2019) Funding request form, allocation period 2020-2022. Multicomponent funding request. Available at <https://data.theglobalfund.org/investments/documents>

It will be important for the Joint Programme to support community organisations to monitor the funding and implementation of these activities, and to ensure that gender inequalities and the bidirectional links between HIV and violence against women and girls are well addressed through these actions.

3.5 Outcome 4: Does the UN enhance collaboration among Joint Programme organisations working on HIV and VAWG prevention and response?

'UNAIDS has influence, legitimacy and accountability. UNAIDS talks about the rights of people and communities. Unfortunately, they don't have a dime and don't implement a single programme' (CSO respondent).

The Joint Programme has a joint plan and regular meetings, but mutual reporting on UBRAF activities needs to be strengthened

The Joint Programme in Haiti has:

- A Joint Plan, which sets out the Joint Programme's activities and the lead co-sponsor for each theme.
- A Joint Team of 12 focal points. This group meets regularly every month.

UN respondents were generally positive about the collaboration within the Joint Team and UNAIDS's role in coordinating this. However, information sharing and mutual reporting on UBRAF activities within the Joint Team are areas that require strengthening.

UNAIDS and co-sponsors participate in other inter-agency working groups

Other key working groups for HIV and VAWG are:

The **Technical Working Group on Gender** (GTT Genre): UNAIDS participates in every planning phase within the gender working group coordinated by UN Women, and tries to ensure that the issues of women living with HIV are part of the plans and taken into account.

The **Technical and Financial Partners Group on Gender** (PTF Genre - Partenaires Techniques et Financiers) is a very large platform of UN, Canadian, French, Brazilian Embassy, EU and other international NGOs working on women's issues and GBV. For the past 2 or 3 years, UN Women has hosted the secretariat of this platform. Last year Canada was president and USAID was vice president. It focuses on women's health and rights, girls health and rights, access to basic needs, education, etc. The last meeting was in November 2020.

The **Sectoral Round Table on Gender** (Table Sectorielle Genre) is led by the MDCF. This is where the Minister would lead discussions on her priorities. It brings together the people from the GTT Genre and the PTF Genre. The group is inactive and the PTF Genre has been trying to reactivate it, but so far without success. This is because of political instability and the under-funding of the MDCF. There has been lobbying for them to have a larger budget but without results. It relies very much on foreign funding, from the UN, embassies etc.

Continuity and staff turnover have been a challenge

The UNAIDS team in Haiti is small (4 people) and there has been staff turnover in Haiti within UNAIDS and in the Joint Programme co-sponsors. During the evaluation period, there has been a

change of UCD, a new UNAIDS Programmes Officer, and a number of new staff in key positions as gender focal points in Joint Programme co-sponsors. Combined with the instability and lockdowns of 2019-2020, this has made for challenges of continuity.

The continuity issue is reflected in some perceived weaknesses around impact assessment, learning and reflection. Respondents mentioned a number of frustrations about initiatives that were not adequately followed up, particularly pilot projects, research and studies.

Coordination and integration of HIV and VAWG is hampered by a siloed approach to the UN division of labour

In the effort to avoid duplication, the UN appears to have a very siloed approach to work in Haiti, which when added to the challenges to inter-Ministerial working in Government makes integration difficult. Many respondents went to some lengths to explain exactly where their work began and ended, and which aspects were covered by other UN co-sponsors. From a person-centred perspective this is not the best approach: it means the things that are important, say, to a 17-year old woman living with HIV who is pregnant, in a violent relationship, and is experiencing disrespect, abuse and discrimination in maternity services, are under the responsibility of a number of different co-sponsors, who may not address the issues in a coordinated and seamless way. *'The coordination with different organisations should be better, we need to have a clear message, speak in the same voice, one message, one UN approach, would be a much stronger message, and we should also coordinate better our programming, go along together to strengthen the capacity of the Ministries, and the availability of funding'* (UN respondent).

HIV and VAWG conversations happen across multiple programmes and partnership, and the links are not consistently made

The conversations about HIV and violence do not all happen in the same place: they may take place under HIV joint programme, or within the PEPFAR DREAMS project, or the Spotlight Initiative, or the humanitarian response. This can make it challenging to address the HIV/VAWG intersection in a consistent way across UN programming. A more strategic and integrated approach would help to ensure that there is a coherence and a consistency to these conversations, wherever they occur. *'I'd say we are working tactically on VAWG, not strategically. We should link what we do on Spotlight with what we do on HIV'* (UN respondent).

The UBRAF envelope funding could be used more strategically to catalyse action and response to the links between HIV and VAWG. *'The UBRAF funds could help the co-sponsors to integrate HIV into their other work such as Spotlight work on VAWG, or humanitarian responses. It's not one crisis in Haiti, it's a succession of crisis. We must think about this humanitarian-development nexus in everything we do. The humanitarian actors need to be involved – for women living with HIV too, and for women experiencing violence at the border and everywhere. UBRAF could be a way of bringing this all together, but we need to think strategically about how to use this funding. It could transform the way we work in Haiti'* (UN respondent).

Better collaboration among co-sponsors would facilitate more intersectional approaches to HIV and VAWG

As one respondent said, 'there is a programme for everything', but the links between programme areas are not always strong. Seeing people as one thing – a sex worker, a trans woman, a woman in prison, a migrant – can mean failing to address them as people with multifaceted experiences and a range of priorities. *'This disjointedness of the United Nations makes the intersectional dimension a problem sometimes because not all women experience the same oppressions. The programming is too specific'* (CSO respondent).

A greater application of intersectional approaches would be an important way to strengthen the work of the Joint Programme and co-sponsor work outside UBRAF.

3.6 COVID-19 context

'So far in Haiti COVID 19 is the least of many worries. If we were to face a new wave in Haiti, I would fear the worst' (CSO respondent).

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 USD28,816,450 for implementation of the UN COVID-19 socio-economic response framework, and repurposed existing funding, leaving a funding gap for implementation of the socio-economic response framework of USD117,254,610.¹⁹²

UNHQ authorised a reprogramming of 50% of UN funds in Haiti. The EU allowed reallocation of 25% of the Spotlight budget to Covid activities to address women's needs. This funded a communication campaign, and supported CSOs to address the needs of women and girls. Canadian funds were also reallocated to pandemic responses, and supported the multisectoral COVID-19 commission with logistic, health centre support and tracking and care in the border area.

Coordination of the COVID-19 response in Haiti was through the Gender Technical Working Group (the GTG), which requested a rapid assessment of gender and Covid. This assessment found that women were not going to health services because of the COVID-19 lockdown, and that the consequences of the pandemic were far worse for women than men.

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.

UNAIDS organised translation of documentation produced in Geneva on how to protect against COVID-19, and shared this widely with associations of people living with HIV. Some associations of women living with HIV, sex workers and women in Cabaret prison were supported and funded to produce masks for people living with HIV. Hygiene supplies and food were distributed to the most vulnerable, including single women

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.

¹⁹² UN COVID-19 Data Portal, Haiti Socio-Economic Response <https://data.uninfo.org/Home/CountryProfile/Haiti>

Emerging challenges include:

- COVID-19 is secondary to Haiti's many other problems, and communities are disengaged, assuming there will not be a real outbreak. COVID-19 awareness has gone down, which is dangerous since there is still the possibility of a resurgence (CSO respondent)
- There are no systems for gathering statistics on aspects such as how many people with HIV have had COVID-19.
- There is a need to address the ongoing impact of COVID-19 on women and girls, including VAWG such as early forced marriage, domestic violence, sexual assault, rape, and femicide, and the impact of this on girls' education.
- Women traders experienced loss of earnings, and were exposed to significant violence, including on the way to market in the dark, in unlit streets. They need support, including financial and social protection support, and support with improving safety.
- Women are reluctant to report violence as they don't have confidence in the system.
- Digital exclusion is a key challenge. Many women, girls and communities do not have access to electricity and internet. It is important to continue to ensure communications, information and services can be accessed by phone and in person where possible.
- There are women who dedicate themselves to supporting people in their communities, but they don't have resources themselves. They need support, and they don't get it (UN respondent).

4. Conclusions and considerations for the Joint Team

'UNAIDS's work is very important for the country and communities, and without UNAIDS there would be a gap' (UN respondent).

UNAIDS has achieved a lot with little funding and a tiny staff team, in the face of huge needs, a challenging environment, and some staff turnover during the evaluation period, including a new Director.

UN, government and civil society respondents to this evaluation particularly noted UNAIDS's work to champion the rights of people with HIV, LGBTI+ people, women, and sex workers, as well as their work to promote the meaningful involvement of civil society and to advocate for HIV as a national priority. *'The biggest contribution of UNAIDS is awareness-raising, not just of populations but also of partners, government, how to advocate for this to be a government priority, how to participate not in an isolated way, but in a regional and global context'* (UN respondent).

The Joint Programme should continue to work to support ownership and active participation of Government and civil society in the response to HIV and VAWG. It may also be helpful for the Joint Programme to work on increasing its visibility with Government partners.

The Joint Programme should also continue to support a decentralised response. Violence and HIV happen in all parts of the country, and it is important to ensure government is strong across the country and has operational support to prevent and respond to HIV and VAWG in all 10 departments¹⁹³ (provinces) of the country. The Joint Programme should continue to hold trainings, meetings, dialogues etc in the provinces, so that its work continues to strengthen HIV and VAWG prevention, response, information, services and support in the different parts of the country.

¹⁹³ Haiti is divided administratively into 10 geographical departments: Artibonite, Centre, Grand'Anse, Nippes, Nord, Nord-Est, Nord-Ouest, Ouest, Sud-Est, Sud.

While clearly the Joint Programme has to prioritise to make best use of its resources and capacity, the evaluation findings suggest a number of considerations:

- **Entry points for greater integration of HIV into VAWG programmes and vice versa** exist across many of the co-sponsor organisations, whether in small scale one off training and capacity events, or larger programmes working with key populations. The Spotlight initiative is an opportunity to further integrate HIV into VAWG programming. The same is true for different UN programmes with trans women, women sex workers, prisoners, migrants, refugees, etc. Work with women living with HIV could do more to integrate VAWG, including institutional and structural violence.

Development of some agreed minimum standards for bi-directional integration of HIV and VAWG programming could help. For example, one minimum standard could be for work on VAWG to explicitly consider the specific impact of VAWG on women and girls living with HIV in all their diversities, including how VAWG impacts their relationships, their SRHR, access to HIV treatment, prevention of vertical transmission, respectful maternity care, mental health and well-being, livelihoods, etc. Another could be for work on masculinities to include exploring men's reactions to women getting a positive HIV test result, how male violence can prevent women accessing HIV care, treatment and support, etc.
- **Intersectional, rights-based approaches** are important. The Joint Programme co-sponsors sometimes focus on particular aspects of women's experiences, putting them into categories based on a single identity factor (being transgender, doing sex work, etc). There is little focus on how these identities intersect with other experiences, such as experiences of drug use, disability, pregnancy, age and life stage, and how they combine to intersect with VAWG and HIV. Intersectional approaches would enable better consideration of the multifaceted experiences and priorities of women and girls in their diversity in relation to HIV and VAWG, including the impact on SRHR. Consideration is needed on how to better integrate these intersectional approaches into HIV programming, and how to integrate HIV into VAWG programming.
- **Building alliances across movements reflecting the intersection and indivisibility of human rights** is an area that could be strengthened. Other studies have pointed out that beyond 'timid and occasional contact' between certain organisations in LGBT+ communities, women's organisations and human rights organisations, there is no clear interconnection between movements and organisations focusing on women's rights, LGBT rights, HIV, worker's rights, economic justice, migrant rights, etc, and there is 'no sense of a movement against exclusion and discrimination in general', or promoting human rights for all.¹⁹⁴
- **The Joint Programme could be more accountable to women and girls living with and affected by HIV in all their diversities.** The Joint Programme could undertake consultation around a more transparent and open process for being held accountable by women and girls in civil society, including by making information more easily available about their funding allocations, expenditure and grants to civil society by UNAIDS and co-sponsors.

¹⁹⁴ COC Netherlands (2017) A country context analysis on the human rights and health situation of LGBT
http://www.ijdh.org/wp-content/uploads/2018/09/1ade23_3ac408e866b34b298f255f396c970307-1.pdf

- The Joint Programme could support more meaningful involvement of women and girls living with and affected by HIV in all their diversities: UNAIDS is recognised for its work to champion the involvement of affected populations. Other Joint Programme co-sponsors could strengthen the involvement of women and girls living with and affected by HIV in planning, programming, implementation, advocacy, decision-making and evaluation. *'In general, if UNAIDS is not at the table, others will literally not include people living with HIV. It seems they think associations of people living with HIV can only be partners to UNAIDS'* (UN respondent). One civil society respondent suggested that UNAIDS should do a mapping of civil society actors on HIV and/or VAWG, and if this does not already exist it could be a good next step.

- **The UN could develop a joint plan on HIV and VAWG:** Among different UN organisations within the Joint Programme, there are different priorities, understandings and definitions of violence against women and what constitute transformational approaches. The Joint Programme's integration of HIV and VAWG is not felt by all co-sponsors, or by all Government and civil society respondents. There could be more focus on integrating VAWG, gender equality, gender-transformative approaches, and the priorities and rights of women and girls living with and affected by HIV in all their diversities as cross-cutting issues in all UBRAF activities and relevant activities of co-sponsors outside UBRAF. The development of a joint plan or road map for action on the links between HIV and VAWG in Haiti would enable the development of collaborations to support greater integration of these twin issues into programmes, and increase mutual accountability for work at the intersections of HIV/VAWG within the Joint Programme and in other relevant work by co-sponsors, including Spotlight and the humanitarian response. This could build on work done by WHO on the four pathways linking HIV and VAWG,¹⁹⁵ and the WHO Consolidated Guideline on SRHR of Women living with HIV¹⁹⁶ which integrates violence in all its manifestations.

- **Virtual inductions for new staff working with the Joint Programme could emphasise the links between HIV and VAWG:** Staff who have joined the Joint Programme or co-sponsor organisations in the last two years (since the 2019 peyi lok¹⁹⁷ and COVID-19 in 2020) may not have had much physical contact with the UNAIDS team or the interagency groups. It may be useful for UNAIDS staff to connect virtually with new UN and Joint Programme staff members. This could be informal to share information, and/or more formally by developing new induction processes that are adapted for remote working. The links between HIV and VAWG should be part of conversations with new staff.

¹⁹⁵ See WHO and UNAIDS (2013) Sixteen ideas for addressing violence against women in the context of HIV epidemic: a programming tool

http://apps.who.int/iris/bitstream/handle/10665/95156/9789241506533_eng.pdf;jsessionid=A42AB89B3A6251BED4F8494C1D5A8002?sequence=1

¹⁹⁶ WHO et al (2017) Consolidated guideline on sexual and reproductive health and rights of women living with HIV.

<http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf?sequence=1>

¹⁹⁷ On September 16 2019, massive demonstrations against the increased cost of petrol products, the high cost of life and corruption sparked in Port-au-Prince. This led to a complete lock-down of the country and entirely halted socio-economic activities for the rest of the year. The civil unrest situation further aggravated existing problems and challenges facing the most vulnerable. Scarcity of food, fuel, health services and access to potable water and education were highly affected by the unpredictable events from one week to the other. Ongoing difficulties for hospitals and medical services were among the most acute problems and limitation during this time. People continued to face adversity and their health was severely affected by the limited accessibility to adequate and timely services. Some hospitals were closed due to insecurity or a lack of fuel and/or medicine and personnel. Source: International Federation of the Red Cross (2020) Haiti: Civil Unrest (MDRHT017) DREF Final Report <https://reliefweb.int/report/haiti/haiti-civil-unrest-mdrht017-dref-final-report>

- **The UN Joint Team meetings could be used more strategically:** This group meets every month, and informants reported there are really good discussions. This would be a natural venue for discussions about integrating HIV and VAWG bidirectional links across the UBRAF and possibly in other work on VAWG outside the UBRAF. The Joint Programme team meetings should be used to ensure good collaboration, information sharing, reporting and mutual accountability among co-sponsors, and to check that person-centred programming is not undermined by the division of labour.
- **The Joint Programme should ensure there is follow up on research findings and pilot projects:** There have been a number of initiatives to create new knowledge and understanding and gather evidence. However, these are not always followed up or used to inform action. In terms of the links between HIV and VAWG in Haiti, there have been numerous small scale studies on different aspects or different population groups, but there is a lack of systematic and up to date evidence, and this should be addressed. Emerging insights from pilot initiatives and evidence generation on HIV and VAWG should be systematised, shared, and applied. Drawing on experiences from elsewhere, consideration should be given to either a) conducting a study on violence against women and girls living with HIV in Haiti, perhaps using the methodology used in ICW studies elsewhere in Latin America and the Caribbean including the Dominican Republic,¹⁹⁸ b) following the approach used in Argentina to include a specific section on women in the Stigma Index,¹⁹⁹ and/or c) using the WHO ALIV[H]E framework (Actions Linking Initiatives on Violence and HIV Everywhere) to explore and address the bidirectional links between HIV and VAWG, as used by UNAIDS MENA RST and partners.²⁰⁰
- **The Joint Programme should advocate for more funding for the response:** More funding for both HIV and VAWG, and prioritisation of work to address the bidirectional links between them, is needed to meet the needs of the country. This should include continued advocacy for domestic resources. *'It's very important that the Joint Programme should continue with advocacy, jointly, so the government puts in place much more sustainable responses, and more awareness-raising. I think it's very difficult, but really in 10 years it would be good to be stronger in Haiti, have more support from the UN, and the country to be more independent'* (UN respondent).

Co-sponsors could also strategise on how to advocate for more funding and sustainability also for civil society organisations so they can do gender-transformative work on HIV and VAWG: The UN should also continue to support civil society organisations to develop financial autonomy, including through information-sharing, advice, technical support, advocacy around social protection for women and girls living with and affected by HIV, and through UN advocacy for funding for gender-transformative, intersectional civil society work on HIV and VAWG.

¹⁹⁸ Luciano et al (2019). [Estudio Regional sobre Violencia y Mujeres con VIH en América Latina](#). ICW Latina, Hivos, Development Connections y Salamander Trust.

¹⁹⁹ RAJAP et al (2021) Índice de Estigma y Discriminación hacia las personas con VIH en Argentina 2.0. <https://www.ar.undp.org/content/argentina/es/home/library/poverty/IndiceEstigmaDiscriminacion.html>

²⁰⁰ UNAIDS, Frontline AIDS, MENA Rosa (2020) Violence is Everywhere: Addressing the links between gender-based violence and HIV in the Middle East and North Africa. <https://frontlineaids.org/resources/violence-is-everywhere/>

Annex 1. Evaluation matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<p>EQ1. To what extent is HIV programming gender transformative? (C1)</p> <p>How is HIV programming addressing the multiple and intersecting forms of discrimination and the link between VAWG with HIV?</p> <p>EQ2. To what extent are results achieved – disaggregated by type of intervention and by population group? (E1)</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<p>EQ3. To what extent is VAWG programming gender transformative? (C1)</p> <p>To what extent is VAWG programming integrating HIV prevention and response?</p> <p>EQ4. To what extent are results achieved – disaggregated by type of intervention and by population group? (E1)</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>
<p>O4. Enhanced collaboration among Joint Programme organisations working on HIV and VAWG</p>	<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>prevention and response</p>	<p>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p>
<p>COVID-19 context</p>	<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>

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Annex 3. List of key informants

Number	Type of stakeholder	Organisation/ institution	Name
#	UN/ Government/ Civil society/ Women in their diversity	<i>Name of org/ institution - or expressed preference</i>	<i>If agreed to be named - otherwise 'key informant' or expressed preference</i>
1	UN	UNAIDS	Valerie Toureau
2	UN	UNAIDS	Antony Monfiston
3	UN	ILO	Andre Hudson Necence
4	UN	WHO	Dr Harry Geffrard
5	UN	UNDP	Guerda Benjamin
6	UN	UNFPA	Ndundula Robert Ngalula
7	UN	UNFPA	Nahomy Antoine
8	UN	UNFPA	Marie Jose Salomon
9	UN	UNICEF	Leonard Kouadio
10	UN	UNICEF	Fredine Cantave
11	UN	UN Women	Dede Ekoue
12	UN	WFP	Myrlande Norelia
13	UN	WFP	Judy Phuong
14	UN	IOM	N Mesidor
15	Donor	Ambassade du Canada en Haiti	Valerie Potvin
16	Donor	Ambassade du Canada en Haiti	Omilty Dorval
17	Government	PNLS	Steve Mc Allan SMITH
18	Government	MDCF (Ministry of Women)	Eunide Innocent
19	CSO	FOSREF	Fritz Moise
20	CSO	KONESANS FANMI	Marie Antoinette Toureau
21	CSO	REF-Haiti	Novia Augustin
22	CSO	FEBS	Esther Boucicault
23	CSO	Housing Works	Naike Ledan
24	CSO	SOFA	Sabine Lamour
25	CSO	Fondation Toya	Nadine Louis
26	CSO	KRIFA	Guerlyne Resido
27	CSO	ODELPHA	Soeurette Policar
28	Women	ACLPH	Emmanuel Merilien
29	Women	AFIAVIH	Marie Malia Jean
30	Women	LUFIAVIH	Marie Rose Verneret
31	Women	FACSDIS	Edmide Joseph

Annex 4. Links between HIV and violence against women and girls

The links between HIV and VAWG are complex and multifaceted, comprising both direct and indirect pathways. WHO's *16 Ideas for addressing violence against women and girls in the context of the HIV epidemic* describes four pathways that link VAWG and HIV.²⁰¹

- **Gender inequality is a common determinant of VAWG and HIV.** Gender inequitable attitudes at individual, community and societal levels 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.** The experience of violence may make safer sex difficult for women and girls. Women who experience IPV are more likely to experience mental health issues, substance use, transactional sex and have less control over adopting protective behaviours and practices.
- **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 and transgender women. Some contexts see particularly high rates of sexual violence, including humanitarian contexts.
- **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.

The evaluation considers violence against women and girls in the context of HIV to include: Intimate partner violence; Sexual violence; Physical violence; Psychological and emotional violence; Economic and financial violence; Structural and institutional violence .

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, 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, early and forced marriage
- Child sexual abuse
- Workplace violence
- Homophobic and transphobic violence

The evaluation focuses in each country case study on where the linkages between VAWG and HIV are the strongest, and examines what the Joint Programme is doing to address these linkages.

²⁰¹ 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.
https://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/

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Executive Summary

Introduction

The purpose of the independent evaluation of the work of the Joint Programme on preventing and responding to violence against women and girls (VAWG) is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. This includes assessing the results achieved and resources invested; identifying lessons learned; and developing practical recommendations to support learning and evidence-based decision making for future programming.

Country context

Indonesia is categorised as a low concentrated epidemic. Latest estimates are that there are 540,000 people living with HIV in Indonesia, with 49,000-50,000 new HIV cases in 2019.²⁰² Cases are concentrated among key populations (drug users, men who have sex with men, sex workers, people in prisons and trans people). However, HIV cases in Indonesia are now the fastest growing in Asia with an increasing number of HIV transmissions among heterosexuals. Women living with HIV represent about 38% of the total people living with HIV, and this figure has remained constant since 2010. Over 50% of HIV diagnoses are made when people already have AIDS. Stigma and discrimination and gender inequality are still strong barriers in prevention and treatment.

Women living with HIV, female sex workers and injecting drug users face high levels of violence, abuse and sexual harassment including by intimate partners, within communities and coercion and discrimination in health services and by law enforcement. Such violence and control within intimate relationships constrains women's ability to get the services they need, particularly those living with and affected by HIV.

Methodology

The country case study took place between January and March 2021, and involved a document review and key informant interviews with 41 stakeholders from 11 UN agencies, 3 donors, 10 CSOs, 4 networks and 3 government agencies. The country evaluation team consisted of a Core Team Member (Emma Bell), a National Consultant (Baby Rivona), and an Accountability and Advisory Group (TAAG) member (Ayu Oktariani).

Summary of findings

Key findings - Outcome 1: The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative - The UN has a small funding pot for work on VAWG and HIV and more broadly gender and human rights. This is shared between agencies which only enables them to fund small scale, short-term, pilot projects. As a result, the UN efforts on VAWG/HIV links are not widely known about among CSOs. The UN efforts centre on the development of strategies, guidelines, training modules and standard operating procedures to influence the broader work of others including the national government. Dissemination of findings and guidelines as well as implementation remains patchy. Training becomes a 'quick technical fix', insufficient to comprehensively and adequately address the issue of VAWG and HIV links.

²⁰² Data provided by UNAIDS Secretariat.

Some initiatives have been taken up by the government such as the Life Skills programme and the IPV protocol in the partner notification form for those who test positive for HIV. Whether the government will be able to provide the full range of services needed by women, girls, and gender diverse people in the context of HIV and VAWG is unlikely given the low priority given to the issue in the national response and the likely end of Global Fund funding in 2024 due to Indonesia's Upper Middle-Income status. However, UN Women, UNFPA and UNAIDS, in particular, are supporting civil society organisations to coordinate and provide this role in the future.

The UN activities on addressing human rights and gender barriers to HIV-related services (under which VAWG sits) focus predominantly on key populations and responds to the stigma and discrimination they face and is not necessarily gendered. This is largely about getting more people tested and treated. There is limited recognition of overlapping identities and key populations are approached in a siloed way depending on which UN agency has 'charge' of a particular group. Trans women do not receive sufficient priority and support.

Activities are only partially gender transformative. There is limited attention given to the drivers of the linkages between VAWG and HIV such as damaging gender norms and power inequalities, there are constraints in accessing support for community/-led initiatives and a comprehensive approach embedded across sectors and institutions is lacking. However, the UN, with support from CSOs, has made some headway gaining political recognition and commitment of the importance of addressing gender and VAWG/GBV in the national response to HIV and to some extent have supported the rights of women and girls living with and affected by HIV.

Key findings - Outcome 2: UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative - There is a stronger consideration of drivers of VAWG and gender inequality in efforts to address VAWG and some programmes integrate a focus on both VAWG and HIV, for example UNICEF's Life Skills training module, ILOs Better Work Programme and the GBV Service Providers Forum. The UN's activities on VAWG offer a number of opportunities for better integration including addressing HIV-related stigma and discrimination, awareness raising and providing services. The women's movement and anti-discrimination movement in Indonesia provide an important entry point to address gender inequality and HIV-related stigma and discrimination against women and girls living with and affected by HIV.

Key findings - Outcome 3: Enhanced national ownership of VAWG and HIV response and accountability to women and girls - Although the UN agencies have a good working relationship with some government ministries and have influenced certain policies and programmes, including the current National HIV Strategy on VAWG, the government does not prioritise addressing the links between VAWG and HIV, and HIV is not really addressed at all outside the Ministry of Health. A lack of institutional wide approaches to embedding a gender transformative approach to HIV and VAWG undermines the sustainability of UN (and others) activities. The crisis response mechanism is possibly a step in the right direction but an accountability mechanism is needed that addresses 'everyday' gendered discrimination and abuse faced by women and girls living with and affected by HIV in all their diversities and that are currently normalised in society and does not necessarily channel people into a criminal justice response.

Multi-stakeholder coalitions and working groups often facilitated by UN agencies aid learning and action. However, CSOs and networks have expressed some concern about whether the UN's receipt of Country Funds from the Global Fund limits their ability to influence the government to be more gender-transformative. Given the hostile environment for the rights of women and girls living with and affected by HIV, the UN could play a stronger role advocating for their rights with government and other stakeholders.

Some UN agencies such as UN Women, UNFPA and UNAIDS do support women/community-led organisations and involve them throughout project lifecycles and to some extent support their advocacy efforts. However, financial support is low and intermittent. Some UN agencies consult with CSOs and networks to inform their discussions with different stakeholders but CSOs can feel that relationship as one way and they do not consistently hear back regarding how the information they provide is used. UN agencies could do more to act as a bridge between CSO and decisionmakers / funders – this would enhance ownership and sustainability.

Key findings - Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response - UN agencies have good relationships with each other but addressing the links between VAWG/HIV links are not coordinated across agencies nor embedded in most agencies' work. If an agency does not support a specific activity it can lead to a vulnerable group getting left out of that initiative. There is confusion among government representatives and CSOs regarding which agency is responsible for what.

There are some good flagship programmes, but more attention could be paid to ensuring that learning on connecting HIV, VAWG and gender inequality carries over from one flagship programme to another – for example addressing sexual harassment in the workplace that includes a focus on HIV is likely have lessons for subsequent programmes in the employment sector. The revival of a UN country plan for HIV (drawing on UNAIDS new global strategy and commitment to community-led responses) could aid a comprehensive approach and integration through the UN's programme of work.

COVID-19 adaptations: UN agencies have provided support for some COVID-19 adaptations with relevance to VAWG / HIV links, but 2020 budget lacked flexibility.

Considerations for UN agencies for the future

- **Gendering' key populations.** The HIV programme prioritises support for key populations and addressing the stigma and discrimination they face as a barrier to HIV-related services. Addressing gender inequality including violence against women and girls across this area of work as well as across the UN HIV programme as a whole using an intersectional approach, could better address the needs of women and girls including within key populations.
- **Facilitating relationships with donors and decision-makers.** UN agencies could strengthen their focus on supporting the meaningful involvement of, and support for, women and girls living with and affected by HIV (and the organisations they lead) in policy making, programming and monitoring of the government and donor response to HIV, VAWG and non-discrimination in Indonesia.
- **Explore opportunities to support longer term, multiple year programmes that provide secure funding for women's rights organisations working at the intersections of VAWG and HIV.** This could include consultation around a more transparent and open process for funding allocations among civil society organisations, or supporting coalition building among like-minded organisations. Bringing civil society organisations and networks together that wish to build a movement around shared goals (e.g. gender equality and non-discrimination) could help deliver more transformative approaches.
- **Better data is required on the prevalence and types of violence against girls.** To date there have been small scale studies, which rely on focus group discussions and surveys. These point to a significant epidemic of VAWG across the country including against women and girls living with and affected by HIV. Having robust national data would strengthen stakeholders' ability to advocate and respond to this.

- **Internal capacity building** across UN organisations to improve understanding and awareness of gender transformational approaches and the intersections of HIV and different types of VAWG (including institutional violence) to support greater integration of these twin issues into programmes as well as to strategise on a cross or shared agency response.
- **Entry points for greater integration of HIV into VAWG programmes and vice versa** exist across many of the co-sponsor organisations, whether in small-scale one-off training and capacity events, or larger programmes working with key populations (i.e. prisoners, migrants, refugees, women living with HIV etc)
- **Knowledge management.** Improved documentation of programme implementation, achievements and evaluations would better ensure that lessons are learned and carried forward and across into different programmes and approaches of the co-sponsors.

1. Introduction

1.1 About this evaluation

The purpose of the independent evaluation of the work of the Joint Programme on preventing and responding to violence against women and girls (VAWG) is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. This includes assessing the results achieved and resources invested; identifying lessons learned; and developing practical recommendations to support learning and evidence-based decision making for future programming.

The evaluation focused on Joint Programme efforts to support countries to implement transformative approaches for addressing gender equality, HIV and VAWG, in collaboration with women's and adolescent girls' and young women's groups and relevant civil society networks. It will focus at country level on the bi-directional linkages between HIV and VAWG in different contexts, among different groups and different types of violence in various settings, and the extent to which they are gender transformative.

The evaluation used country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Indonesia.

1.2 Joint Programme on AIDS [HIV] in Indonesia

UNAIDS led the development of a Joint Support Programme on AIDS, which represents the combined United Nations (UN) efforts to support the Government of Indonesia and its partners in the national AIDS response. The Programme responds to Indonesia's identified priorities within the national strategic plan, with particular focus on ensuring increased access to antiretroviral therapy. It aims to maximize the impact of the UNs' collective response, harmonise and better coordinate co-sponsor programming, financing and reporting, and reduce duplication and transaction costs.²⁰³

The Government / United Nations Partnership for Development Framework (UNPDF) 2016 – 2020 highlights the importance of improving the social and legal environments especially at the level of service delivery in the districts that fail to protect people in the context of HIV and/or block effective HIV responses. Further, Indonesia's Fast Track response aims to 'Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020'.

UN Women and UNAIDS provide technical support to develop policy guidance, support advocacy and feasible actions to be taken to address occurring human right violations including gender-based violence (GBV) and linkages to HIV and health services. Various UN co-sponsors are also involved in this programme of activities which is based around a Global Fund led programme to address human rights barriers to HIV services, with strong relevance to the focus of this evaluation.

²⁰³ UNAIDS website <https://www.unaids.org/en/resources/presscentre/featurestories/2014/may/20140512indonesia>

Table 1: The Joint Programme Country Envelope budget for 2018-2019

	2018 (USD)	2019 (USD)	Grand (USD)	2020
WHO	165,000	165,000	330,000	Comes from dif. source
UNODC	105,000	105,000	210,000	125,900
UN Women	75,000	75,000	150,000	59,400
UNICEF	60,000	60,000	120,000	88,900
ILO	55,000	55,000	110,000	68,500
UNFPA	40,000	40,000	80,000	73,200
UNDP				32,700
UNHCR				27,400
Total:	500.000	500.000	1,000,000	

Source: [Country envelopes analysis 2018-2019.docx](#) and [2020 CE and BUF combined final.xlsx](#)

The budget is approximately the same for 2020 and 2021 (Source: Indonesia 2020/2021 Joint UN Plan).

1.3 UN Co-sponsors VAWG programming

The Government - United Nations Partnership for Development Framework (UNPDF) 2016 – 2020 commits the UN to jointly supporting the cross-cutting priority of Gender, including through promotion of joint activities around GBV.²⁰⁴

The UN, in particular UN Women Indonesia, UNFPA and UNDP works with a range of stakeholders to increase awareness of the causes and consequences of violence against, while also building the capacity of partners to prevent and respond to this violence. They advocate for changing norms and behaviour as a prevention strategy to tackle violence against women as well as supporting the response for survivors. UN Women are the lead on addressing the links between VAWG and HIV in the work of the Joint Programme.

²⁰⁴ It also commits to supporting the capacity development of the Ministry of Women Empowerment and Child Protection (MOWECP) and other ministries in facilitating the implementation in all sectors of plans of action of CEDAW and Beijing+20, and supporting UN organisations in promoting gender mainstreaming.

1.4 Country context – HIV and VAWG

HIV - Indonesia is categorised as a low concentrated epidemic. Latest estimates are that there are 540,000 people living with HIV in Indonesia, with 49,000-50,000 new HIV cases in 2019 (UNAIDS, 2016; UNAIDS, 2020). The mean prevalence of HIV in Indonesia is 0.41% but there is a ten-fold difference in the prevalence in different regions with the highest in Papua (5%, 33,485 cases) (Riono and Challacombe, 2020; Update from the MoH, 2019).

Cases are concentrated among key populations (see table). However, HIV cases in Indonesia are now the fastest growing in Asia with an increasing number of HIV transmissions among heterosexuals. HIV has spread throughout Indonesia and has been reported in 34 provinces and 308 (61%) of 504 districts/cities.²⁰⁵ Indonesia will struggle to make the 95-95-95 targets by 2030 and may not even reach 25% of people on treatment and virally suppressed (KII UN).

Women living with HIV represent about 38% of the total people living with HIV, and this figure has remained constant since 2010 (UNAIDS, 2019). According to the National Action Plan for HIV 2020-2024 a total of 16,405 ‘housewives’ had HIV in 2018.

Over 50% of HIV diagnoses are made when people already have AIDS. Stigma and discrimination are still strong barriers in prevention and treatment (Riono and Challacombe, 2020).

Table 2: HIV prevalence and expenditure by key population

	Sex workers	Men who have sex with men	People who inject drugs	Transgender people	Prisoners
HIV prevalence (most recent data)	5.3%	25.8%	28.8%	24.8%	1%
Overall country expenditures in US\$ (2018) ²⁰⁶	647 600	2 824 600	936 000	0?	0?

Source: UNAIDS, 2020

Table 3: Women / men living with HIV who know their status

	Women 15+	Men 15+
Who know their status (2020)	120 817	194 089

Source: UNAIDS, 2020

Violence against women and girls – A national wide survey (2016) revealed that two in five Indonesian women, or just over 41 per cent, have experienced at least one of four types of violence (physical, sexual, emotional and economic) in her lifetime. Sixteen per cent had experienced one of these types of violence in the last year. Over 33 per cent of women, aged 15 to 64 years old, had experienced physical and/or sexual violence in her lifetime.²⁰⁷ 35% of women aged 15-49 years think that a husband/partner is justified in hitting/ beating his wife/partner under certain circumstances

²⁰⁵ ILO website - https://www.ilo.org/jakarta/whatwedo/projects/WCMS_737618/lang-en/index.htm#:~:text=UNAIDS%20estimated%2037.9%20million%20people%20globally%20are%20living%20with%20HIV.&text=In%20Indonesia%2C%20there%20were%20an,cases%20are%20the%20productive%20ages.

²⁰⁶ Domestic private, domestic public, PEPFAR, Global Fund, all others

²⁰⁷ UNFPA website - <https://www.unfpa.org/fr/node/16015>

(UNICEF, 2019). Throughout 2017, based on the data collected by LBH Masyarakat (Community Legal Aid), there were 973 individuals who were victims of stigma, discrimination and violence based on sexual orientation, gender identity and expressions outside the heteronormative binary. Based on their observations, transwomen ranked first as victims of violence at a rate of 715 out of 973 people.²⁰⁸

Fourteen percent of women 20-24 years were married or in union before age 18 and nearly half of girls under the age of 12 have undergone some form of FGM/C. (UNICEF, 2019)

The intersection between VAWG and HIV Women living with HIV, female sex workers and injecting drug users face high levels of violence, abuse and sexual harassment including by intimate partners, within communities and coercion and discrimination in health services. Control within intimate relationships constrains women's ability to get the services they need, particularly those living with and affected by HIV (Global Fund, 2019).

Intersectionality between violence against women and HIV clearly impacts on wellbeing of women living with HIV, according to research with women living with HIV in Papua Province (UN Women, 2019). The study found that many of the policies enacted to prevent the spread of HIV were discriminatory towards women, reflecting gender-biases that lead to the criminalisation of women. Practices and policies where this is evident include:

- a narrowing interpretation of reproductive health, focusing mostly on HIV and STI testing,
- the closure of large brothels across Indonesia without anticipating its impact, and criminalisation of sex workers,
- lack of sustainability on accessing health care (UN Women, 2019).

Over two thirds (68.7%) of women living with HIV aged 15 to 49 years reported discriminatory attitudes towards them (2017) (UNAIDS, 2020).

An assessment of gender and human rights supported by UNDP also highlighted that violence against women is normalised, the lack of knowledge among young people related to HIV and their SRHR, patriarchal norms that limit women and girls access a range of services and rights, the stigma and discrimination faced by women from key populations to get universal health care services, discriminatory policies particularly at local levels particularly against key populations and it is difficult to track budgets for their gender spend. (UNDP, undated)

Take up of HIV tests in ANC services is low at 10-15% and this is thought to be partly because of the fear of reactions by their intimate partners if they tested HIV positive. In 2010 only 3% coverage of pregnant women living with HIV accessed medicines to prevent HIV transmission to their baby. This has risen to 15% in 2018 (UNAIDS, 2019) possibly as a result of provider-initiated testing (PIT) in antenatal care.

UNODC has supported studies on the needs of women who use drugs and who are in prison which recognises the intersecting relationship between prison, drug use, violence and HIV (Indonesian Drug Users' Network, 2016; UNODC, undated²⁰⁹). The percentage of women with HIV in Indonesian prisons is more than five times higher than for men.

²⁰⁸ Australian Human Rights Institute - <https://www.humanrights.unsw.edu.au/news/epidemic-violence-against-transgender-women-indonesia-when-government-fails-protect-its>

²⁰⁹ Mapping report on women's rights and health in Indonesian prisons – no full reference available for this document including date and author.

2. Methodology

The country case study took place between January and March 2021, and involved document review and key informant interviews. The country evaluation team consisted of a Core Team Member (Emma Bell), a National Consultant (Baby Rivona), and an Accountability and Advisory Group (TAAG) member (Ayu Oktariani).

Stakeholders and documents were identified in consultation with the gender and human rights adviser for UNAIDS. A total of 35 documents were reviewed for the report (Annex one) and multiple websites (see footnotes).

A total of 42 individuals were interviewed as part of the case study. The Core Team Member interviewed a total of 20 HIV and gender technical staff in eleven UN agencies working in Indonesia and representatives of three donors supporting work on HIV and violence against women and girls. The National Consultant interviewed three representatives from government agencies and ten representatives of civil society organisations. The TAAG member interviewed four representatives of community led networks. A full list of stakeholders interviewed is included in Annex 2.

Table 4: List of key informant interviews

UN stakeholders (from 11 organisations)	20
Donors / other	3
Government	3
Civil Society	10
Representatives of women in their diversity	4
TOTAL NUMBER OF INDIVIDUALS	42

Once all interviews were complete the three member of the evaluation team and the global TAAG member met to discuss key findings. The Core Team member then wrote up the country report which was reviewed by the National Consultant and the TAAG member and members of the core team.

Limitations

The main limitation of this study relates to the inability to meet with many of the key informants in person due to the restrictions in place because of the COVID-19 pandemic. Whilst respondents made themselves available and showed willingness to speak virtually, this does not replace the benefits of being able to meet with people face to face to discuss these issues and to reach more people through focus group discussions.

The time, and timeframe, available for country data collection was extremely limited which is likely to have resulted in missing key civil society partners, in particular representatives of women's rights organisations, working outside the focus of government identified key populations with more representative groups of women and girls in their diversity.

Difficulties in accessing evaluations and programme reports also hampered the ability to assess the effectiveness of any of the projects and interventions that are discussed below. It is likely that this is in large part due to the absence of multi-year interventions which may lend themselves more easily to evaluations and progress reports.

3. Findings

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

Until 2018 the Indonesian HIV programme did not specifically address women’s vulnerability toward HIV, including trans women. Existing programmes mostly focused on increasing access to HIV testing and ARV therapy, without considering gender aspects of the programmes, including appropriate VAWG prevention and response. Power relations or other aspects that may play a role in differential access to services were not considered. Civil society organisations have been the driving force behind initiatives to integrate VAWG prevention and response into health services and are beginning to get support from donor agencies, including the UN. However, few CSOs interviewed were aware of any work by the UN addressing the links between VAWG and HIV (KII CSOs).

Since 2018 a priority area of the co-sponsors’ HIV programme is advocating for the right to health of all key populations and vulnerable groups. This priority area is guided by the Global Fund led programme to address human rights and gender barriers to HIV services which has a strong focus on key populations.²¹⁰ Most of the activities under this initiative are relevant in that the activities focus strongly 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.

Of note is 2018/2019 activity 4.8 undertaken by UNAIDS and UN Women – ‘Redress mechanisms identified to support LGBT, sex workers, people living with HIV and other key populations whose human rights are violated in 23 priority districts with expansion plan to all priority districts by 2020.’ This involves ‘technical support to develop policy guidance and feasible actions to be taken to address occurring human right violations or gender-based violence including linkages to HIV and health services.’ This is the only budget line on explicitly addressing the links between HIV and VAWG. UNFPA is strongly supportive of these efforts – although they are particularly focused on the rights of female sex workers (UNFPA Evaluation Office, 2020). UNDP is now (2020-2021) taking a greater role in supporting the Joint Programme’s work on HIV, human rights, gender and VAWG.

UN funding for the above activities on VAWG and HIV comes from the UBRAF core funds and occasionally individual agency’s core resources.²¹¹ The Global Fund funds some of the activities and LINKAGES²¹² supports service provider training. As a result of being a subrecipient of Global Fund funding to work with female sex workers, most of UNFPA’s work related to HIV focuses on this group (Indonesia’s national sex worker network (OPSI) is a sub-sub-recipient). Financial support for HIV, GBV (and SRHR) has been declining in Indonesia²¹³ and this has led to increased competition for funds (Ooms et al, 2019). Global Fund funding for Indonesia is due to end in 2024.

Table 5 below provides further details of how the Joint Programme is addressing the links between HIV and VAWG.

²¹⁰ UNAIDS, together with UNJT, particularly WHO, UNFPA, UN Women, ILO, and UNICEF are very involved in the Global Fund HIV country programme, from facilitating and providing technical assistance for the designing the country proposal to monitoring the implementation of the programme. UNAIDS in particular has been chairing the HIV-Technical Working Group that has the mandate to design and supervise the Global Fund Programme.

²¹¹ Exact amounts of country envelope funds for the main activities addressing VAWG/HIV links are given in annex 4.

²¹² LINKAGES is a USAID-funded project conducting a range of activities to reduce HIV transmission among key populations—sex workers, men who have sex with men, transgender persons, and people who inject drugs—and to improve their enrolment and retention in care.

²¹³ Particularly now the Partnership to Inspire, Transform and Connect the HIV response (PITCH), a strategic partnership between Aidsfonds, Frontline AIDS and the Dutch Ministry of Foreign Affairs, programme has ended (UN KII)

Table 5: The main areas of support under the Joint Programme that focus on addressing the links between HIV and VAWG

Area of work	Examples
Research	<p>UN Women supported a research study on violence against women living with HIV in Papua (2019). UNODC has also supported a mapping of the priorities and needs of women who use drugs and who are in prison that includes a look at the links between drug use, prison, HIV and violence (Indonesian Drug Users’ Network, 2016; UNODC, undated). In 2013 UNFPA supported a study on violence against sex workers in one province (as part of a UNFPA regional study). Although the study took place in 2013 subsequent advocacy took place later in 2016. The study involved the Indonesian sex worker network, OPSI and involved sex worker in writing, analysis and research. As a result of the studies stakeholders recognised that GBV and HIV linked and needed to be addressed strategically (KII UN). In 2017 UN Women supported a gender assessment of HIV policy and programmes in four cities with PPH Atmajaya. More recently (2019-2020), UNDP consultants did an assessment on gender and human rights issues in HIV/AIDS in Indonesia.</p>
Advocacy	<p>UN Women with support from other agencies, in particular UNAIDS, work with CSOs and networks to address discriminatory regulations such as requiring an HIV test to register for marriage, criminalizing of LGBTI communities and regulations that put sex workers at risk from violence and abuse (KII UN). They advocated around the family resilience bill which aimed to impose traditional family values and categorise homosexuality as sexual deviance and initiate mandatory rehabilitation. UNAIDS set up a small ad hoc advocacy alliance to focus on the bill and engage prominent legal scholars. Recently it was confirmed that the bill has been removed from national legislative programme. UNAIDS and UN women are now focusing on advocating for the passage of the Anti-Sexual Violence Bill and have designated IPPI as the main advocacy focal point (KII UN). They are also seeking to get support for a more comprehensive legislative framework to protect everyone from discrimination particularly around sexual identity and expression, sex work and HIV status. They set up the Coalition Against Stigma and Discrimination consisting of CSOs working on HIV and HR and representatives of key population groups, including IPPI, OPSI and the Women’s Drug User Network²¹⁴ (KII UN, KII Networks and NGOs). Coalition activities are currently on hold. UN women has also supported OPSI to feed into the Indonesian CEDAW shadow report (KII UN; KII Networks; KII CSO).</p> <p>UN Women worked closely with the Ministry of Health to ensure the HIV Strategic Plan 2021-2024 integrated gender. (KII UN) (Before 2016 UN Women supported gender mainstreaming in the national HIV response budget).</p>
Support to get funding	<p>UN Women also helps influence donors and conducts gender and human rights training for the Global Fund CCM HIV TWG members and implementers of Global Fund supported programmes so they can address gender in their proposals to the Global Fund. UN Women have been instrumental in ensuring that women living with HIV, transgender women and female sex workers are represented on the CCM. This is important given that the Global Fund is a significant funder of HIV programming in Indonesia and the key funder for priority area 4 - Advocate for Right to Health of all key populations and</p>

²¹⁴ There is an anti-stigma and discrimination coalition against HIV-related stigma and discrimination, made up of CSOs and NGOs, set up as a result of this activity which includes some focus on VAWG in its advocacy. (Anti-Stigma and Discrimination Coalition, Undated), The focus of their efforts is on involving men to prevent GBV, revoke requirement that couples seeking to register their marriage need to take an HIV test, training paralegals and health workers to respond to reports (which in turn is expected to encourage women to report) and passing of the Anti-Sexual Violence bill and fulfil sexual and reproductive health rights.

	vulnerable groups. UN Women have also supported the application of gender responsive budgeting to the HIV response (2017). UNAIDS , as part of the steering committee of the CRM (see below), has been supported resource mobilization for the mechanism through donor engagement.
Crisis response mechanism (CRM):	<p>UNAIDS is part of the CRM Consortium, which is a coordination mechanism at the national level formed in 2018. Since early 2020, a secretariat has been established to run day to day administration and request for assistance. CRM has the function of preventing and managing crisis response, and mobilizing support for LGBTIQ communities in Indonesia. The CRM Consortium consists of five organizations, namely Arus Pelangi (a national network of LGBTI community in Indonesia); LBH Masyarakat (community legal aid institute); Sanggar Swara (a community-based organization of transgender women); GWL-INA (a national network of gay men, MSM, and transgender community-based organization); and UNAIDS Indonesia. UNAIDS, as part of the steering committee of the CRM, has been supporting CRM with technical assistance and resource mobilization through public support and donor engagement.</p> <p>Since its establishment, CRM has been responding to various cases of violence and persecution against LGBTI community across the country. CRM mobilizes support as accordance to the needs of LGBTI individual victim of violence, for example, legal assistance (collaborating with LBH Masyarakat), hospital cost, and evacuation. In late 2020, CRM supported the evacuation of 6 persecuted human rights defenders from Aceh to Jakarta. In early 2020, CRM also able to bring justice to the murderer of a transgender woman, which resulted the perpetrators to serve 10 years of jail time (previously such action was committed with impunity). <i>'LGBT issues are very sensitive issue in Indonesia back in 2016, we [trans women] felt left behind. No one helped us out, but thanks to this initiative we are now back on track. Because there is monthly forum meeting to discuss about our challenges, but there has to be more support both from NGO's/ CSO's and UN agencies.'</i> (KII CSO)</p>
Integrating HIV and GBV services:	<p>Before 2016 (2013-2015) UN Women had funding from UN Trust Fund to End Violence against Women to integrate GBV service and HIV services and provided some support to the Association of Indonesian Positive Women (IPPI). These activities were also supported through Global Fund Funding in 2016 - 2017 to conduct the assessment in 8 provinces and IPPI continued to get funding for integration in 2019 and 2020 from the Global Fund under the Indonesia AIDS Commission in some districts (KII UN).</p> <p>UN Women works with the Service Providers Forum (FPL) with members in 34. It aims to support service providers to work better with women living with HIV and challenge stigma and discrimination in health services. Guidance for integration was developed by the UN at regional level in 2016.</p> <p>UNODC has supported training of health service providers to better recognise and support women who use drugs. (KII UN).</p>
Integration into the work sector	<p>ILO also has an HIV/AIDS Programme in the World of Work which 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 UN²¹⁵). 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).</p>

²¹⁵ ILO website - https://www.ilo.org/jakarta/whatwedo/projects/WCMS_737618/lang--en/index.htm

<p>Training module for health workers, GBV service providers and implementing partners</p>	<p>UN Women in collaboration with Asia Justice and Rights (AJAR) in 2019 conducted a study on Violence among Women Living with HIV in Papua Province, followed by two batches of trainings with NGO Rifka Annisa in Yogyakarta on the integration of HIV and VAW services. The first batch training was provided for government service providers while the second was community service providers. ‘The trainings were appreciated as it helped participants to understand the intersectionality of violence against women and HIV and capacity has strengthened in dealing with clients.’ (UNJT annual report of 2019 and 2020). In 2020, UN Women together with Service Provider Forum (FPL) revised this module to include materials based on input and discussion with IPPI, OPSI and other members of FPL. The purpose of this module is to train the NGO and government VAW Service Providers focusing on the vulnerability, needs and rights of women living with HIV as well as the principles and stages of handling GBV cases in women living with HIV. The revised module has already been piloted in five cities with members of the FPL and there are plans to expand it further. The aim is also to build the referral mechanism and strengthen the network among NGO who working in HIV response and with the VAW service providers.</p>
<p>IPV and partner notification</p>	<p>UN Women and UNFPA collaborated to ensure that SGBV (as well as SRH) is integrated into the intimate partner notification (IPN) model they developed with partners in government and civil society partner (UNFPA Evaluation Office, 2020). UN Women and UNFPA jointly supported training to increase the capacity of outreach workers and peer support to understand and respond to VAW/GBV and its intersection with HIV (including first line response and referrals for support) for the integration of the IPN-IPV standard operating procedures in five cities. They worked with a range of networks and CSOs to implement the pilot. (UNJT annual report of 2019 and 2020, UNFPA, date?)</p> <p>UN Women supported an evaluation of the implementation of these pilots in 2019.²¹⁶ UN Women, supported by UNAIDS and UNFPA ran dialogues with partners the Kotex Foundation, IPPI Jakarta, Indonesia family health planning organisation (PKBI) Jakarta and Yayasan Pesona Jakarta (YPJ) to:</p> <ol style="list-style-type: none"> 1. Obtain experience information from partner notification implementing officers in identifying violence against clients; 2. To improve understanding of the partner notification outreach workers regarding GBV and violence against women, their ability to identify violence and provide basic counselling; and 3. Trial the revised IPV SOP to get input from the outreach worker who implement it. (UN Women, 2020a). <p>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. The integrated partner notification programme with SRH, FP and GBV is postponed to next year due to Covid-19 pandemic (Indonesia Country report 2020).</p>
<p>Male involvement</p>	<p>UNFPA with the Ministry of Women’s Empowerment and Child Protection (MOWECP) developed the National Framework on Male Involvement for GBV Prevention and Reproductive Health Programme as well as training modules at provincial and district levels. They also worked with OPSI on capacity building and coaching to increase understanding of HIV prevention and power relations with clients and partners. (UNFPA, undated; KII UN)</p>

²¹⁶ UN Talent website - <https://untalent.org/jobs/national-consultant-to-build-capacity-of-intermediary-organization-to-implement-intimate-partner-violence-ipv-screening-as-part-of-hiv-intimate-partner-notification-partner-notification>

Capacity building of networks	<p>Funding tends to be small scale, project based and short-term (KIIs Networks, KIIs CSOs). Additional technical and funding support from different UN agencies to build the capacity building of some (mainly national) networks and community led CSOs and their members over the last 5 years (KII UN and CSOs), include:</p> <ul style="list-style-type: none"> ▪ Fundraising and communications efforts by UNAIDS have provided some support for IPPI activities including provision of psychosocial support and a symposium for women living with HIV. In 2018 UNAIDS funded IPPI to evaluate the impact of their SRHR programme (KII UN and Network). ▪ UN Women supported IPPI PMTCT training based on the Community Book that IPPI developed (Arumi Adventure Book) in Riau Island. The availability of this book strengthened IPPI and their members to better access PMTCT services. (KII UN). IPPI appreciates the support that UN women has provided over the last three years (KII CSO/Network). ▪ UNAIDS has in the past provided funding for a network and safe space/shelter for young people from key populations and hope to do more to help them including addressing SRHR (KII UN). ▪ UNODC has previously provided funding for the Indonesian Women’s Drug User Network to conduct advocacy and support women who use drugs around HIV and rights (KII UN). ▪ UNFPA has provided funding to OPSI (from UBRAF and core resources) to develop OPSI’s capacity to provide support to female sex workers, referrals to GBV services, coaching and mentoring for female sex workers who work as peer leaders, wider community and service awareness and outreach and to conduct advocacy – the focus is largely on testing and treatment. However, UNFPA funding is a small part of the funding OPSI receives and it is mainly focused on paralegal support (KII networks). UN Women has also supported OPSI to feed into the Indonesian CEDAW shadow report (KII UN). This support was welcomed by OPSI (KII CSO). ▪ UN Women set up the Gender Learning Forum representing a diversity of women and men from key populations to increase their knowledge on SRHR, gender, GBV and violence against women and their advocacy capacity and writing skills for documenting cases. The aim is to have gender advocates to influence HIV response in Indonesia in the future. Members of the Gender Learning Forum have become leaders in organisations, involved in important meetings related to the HIV response and sit on the Country Coordinating Mechanism (CCM)²¹⁷. For example, the CCM Thematic Working Group (TWG) on HIV had its first transwomen as chair. UN Women and The Indonesia AIDS Coalition produced a book about women and transgender experiences as activist in the HIV response - "Mata Perempuan ODHIV / the Eyes of Women Living with HIV" (KII UN; IAC and UN Women, Undated). ▪ UN Women conducted a Feminist Leadership Training in 2016 to increase the capacity of women living with HIV and women from key population (including women who use drugs, female sex workers, and transgender women) and young key population. (KII UN).
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²¹⁷ Country Coordinating Mechanisms are national committees that submit funding applications to the Global Fund and oversee grants on behalf of their countries. They are a key element of the Global Fund partnership.

High level UNPDF indicators do not assess progress on addressing or achieving results on HIV and VAW links for example, a reduction in violence against women living with or affected by HIV or how many women are linked with or uptake VAWG support services (Government of the Republic of Indonesia and United Nations in Indonesia Partnership for Development Framework (UNPDF) 2016 – 2020). An improvement in access to services is tracked but this does not reveal much about whether violence against women and girls living with and affected by HIV has been effectively addressed (KII UN). There is an ‘absence of a proper data collection system [and UN coordination mechanism] to ensure effective measurement of the impact of programmes responding to the needs of women and girls living with and affected by HIV’ (UNJT annual report of 2019).

An evaluation of the pilot for the integrated partner notification programme with GBV (UN Women, 2020a; Jaringan Indonesia Positif (JIP), 2019) found that outreach workers were not sufficiently trained to address GBV. Focus group discussions conducted evaluations of activities addressing stigma and discrimination suggest that discrimination against key populations, such as female sex workers, within HIV-related services is decreasing and there is believed to be a subsequent increase in service access. (KII UN)

Key achievements of the UN are largely to do with securing government commitment to integrate a particular strategy or approach or address discriminatory legislation. For example:

- As a result of support from **UN Women and UNFPA**, 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 the Global Fund programme to 171 districts in 12 Provinces in 2021.
- **UNAIDS** supported advocacy around the Family Resilience Bill which aimed to impose traditional family values and categorise homosexuality as sexual deviance. UNAIDS facilitated the formation of the CSO coalition (including SRHR, human rights and LGBTI groups) and collaboration with prominent legal scholars to produce an advocacy journal against the adoption of the Bill. Recently the Bill was removed from the national legislative programme because of advocacy by UNAIDS and civil society.
- **UNFPA** with the Ministry of Women's Empowerment and Child Protection (MOWECP) developed:
1. The National Framework on Male Involvement for GBV Prevention and Reproductive Health Programme; 2. SOPs for 6 themes: GBV Prevention, Family Planning, HIV/AIDS, Youth, Humanitarian and Maternal Health. (KII UN)
- **UN Women's** advocacy with the Ministry of Health led the inclusion of VAWG and stigma and discrimination in the National Action Plan. Follow up work is needed to ensure that the National Action Plan is translated into activities.

While these are recent achievements, they are the accumulation of work going back sometimes several years. However, little progress has been made addressing human rights and gender in the HIV response in Indonesia – certainly not yet sufficient to address the very low level of HIV testing and treatment in the country (KII UN).

Outcome 2: UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

Indonesia has a vibrant and strong civil society and human right institutions focusing on gender equality and violence against women. The government has implemented several programmes to address violence against women and girls (KII CSOs). Yet services and activities addressing violence against women and girls are generally not well-equipped to address violence, discrimination and the needs of women living with and affected by HIV (KII UN). Different UN agencies provide varying levels of support for their efforts (KII UN).

Several UN agencies have programmes and activities that address violence against women and girls and most UN agencies operating in Indonesia have HIV focal points. However, few integrate HIV in any significant way. The two CSOs that work on VAWG funded by UN agencies and were interviewed for the evaluation do not include HIV within their activities (KII CSO).

Examples of VAWG (and sector) programmes/activities that have included a focus on HIV:

UN Women have a strong focus on addressing violence against women and girls including within the HIV response (with support from UNAIDS). However, they are at the early stages of trying to get buy-in from the government. UN Women also raise the awareness of service providers and others they work with to provide a ‘victim’ centred approach and to change their gender bias and negative stereotypes including of women living with and affected by HIV (UN KII).

UN Women developed a module working with the Service Provider Forum (FPL), networks of women’s crisis centers and legal aid providers and nongovernmental service providers and providers of psychosocial support for survivors of violence (and more recently they have revised the module with IPPI, OPSI and other members of the FPL). The module is aimed at sensitizing services to cater for women living with HIV and transgender women and are working with the National Women’s Commissions. Guidance has been developed and contains COVID -19 protocols. Capacity building was conducted in five cities. Training on violence in health care is also planned for 2021 (KII UN).

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, stigma and discrimination, nutrition, health and relationships (The Muhammadiyah Sorong University of Education (UNIMUDA, 2019). The Ministry of Education now plan to train all teachers cross Indonesia (KII UN).

ILO’s Better Work Indonesia (BWI) programme (second strategic phase 2017-22) initiated a programme that promotes awareness about gender-based violence, including HIV - Respectful Workplace Programme (RWP).²¹⁸ The programme involves commitment at all company levels from the CEO to the supervisors and workers. It provides a “good understanding about equality, violence, sexual harassment and ways to prevent or solve them as part of the company’s programme”.²¹⁹

UNAIDS is trying to create a partnership with the National Human Rights Commission and work with UN Women to ensure integration of attention to HIV into the violence against women programme in general. The Ministry is supporting safe houses for survivors of violence through the national budget, but access is difficult for women living with HIV and transgender women who still face stigma within such services.

²¹⁸ ILO website - https://www.ilo.org/jakarta/info/public/pr/WCMS_760688/lang--en/index.htm

²¹⁹ ILO website - https://www.ilo.org/jakarta/info/public/pr/WCMS_760688/lang--en/index.htm

UNFPA - HIV is integrated to a limited extent - their work to support sex workers and male involvement in HIV prevention which is closely linked to the Joint Programme is featured in previous section. UNFPA advises the government on the relevance of HIV to gender-related policies, such as the penal code. They supported the adaptation and adoption of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations Guidelines to secure a high degree of integration of HIV, adolescent reproductive health and SGBV services in humanitarian settings. The MISP guidelines were developed through a global initiative of the Inter-Agency Working Group on Reproductive Health in Crises, of which UNFPA is a member (UNFPA Evaluation Office, 2020).

UN Women and UNAIDS support advocacy on the Anti-Sexual Violence bill (The Government of Indonesia, 2017). The draft bill was not passed in the last parliamentary sitting as conservative groups strongly argued against the clauses on the criminalization of marital rape. However, the bill is still included in this year's priority list of the national legislation programme. Since 2019, IPPI is one of the leading organizations in the HIV response advocating for the Bill. The massive support from civil society groups for the bill does increase its likelihood of passing and brings hope to the fight for ending gender-based violence in Indonesia including for women living with and affected by HIV.

Opportunities:

UN agencies could encourage partners engaged in VAWG activities to integrate HIV. The non-discrimination movement more broadly in Indonesia, including disability and religious minorities and to some extent women, provides a good opportunity to ensure that leave no-one behind messages include rights around non-discrimination based on HIV and other statuses such as involvement in sex work, gender identity, sexuality and drug use (KII UN). IPPI already find the women's movement a more welcoming entry point than the HIV sector.

UNFPA is formally committed to integrating its support to the HIV response within the broader context of SRHR, population dynamics, gender equality (including SGBV) and human rights, in the Country Programme Action Plan but there is little follow through in practice (UNFPA Evaluation Office, 2020).²²⁰ A recent evaluation found that UNFPA SRHR initiatives did not involve any significant degree of advocacy or policy development for linkages and integration between SRHR, HIV and SGBV. As such, they constitute missed opportunities or exemplify the difficulties attached to making progress on integration in Indonesia. The exception is the work around the MISP Guidelines (UNFPA Evaluation Office, 2020), which were adopted and adapted to secure a high degree of integration of HIV. UNFPA are also not focused on comprehensive sexuality education in Indonesia despite their portfolio to contribute to gender equality and respect for woman and address VAWG. Only 10 or 11% of young people have comprehensive knowledge of HIV transmission making SRHR in schools critical (KII UN).

- Work on migration, trafficking and with refugees by ILO, UN Women, UNHCR and IOM includes limited focus on HIV. There are some efforts to integrate testing and link people who test HIV positive to services. Previous efforts to addressing migration and trafficking of women and girls linked with HIV [it is not clear what happened to lessons learned]. Now the Safe and Fair programme funded by the EU does not include HIV (KII, UN). UNAIDS is currently conducting a research on HIV and people on the move which include migrants and refugees which will aid developing UNAIDS programmatic strategies and interventions on HIV response for people on the move in Indonesia. The study report will be published in June 2021. (KII UN)
- The World Bank's social accountability initiatives could include a specific focus on violence against women and girls and links with HIV, for example disrespect and abuse against women living with and affected by HIV in maternity care settings. The World Bank has supported a pilot

²²⁰ UNFPA website - <https://www.unfpa.org/data/transparency-portal/unfpa-indonesia>

in three districts, 'Citizen Voice and Action for Government Accountability and Improved Services: Maternal, Newborn, Infant and Child Health Services' (2014-2018) (Ball and Westhorp, 2018; World Bank, 2020a). The World Bank also has a programme to improve social accountability to women in health insurance schemes (2020b). It includes support for an organisation, Fatayat NU, that helps domestic violence survivors. They have advocated on several cases for women and children who experience domestic violence and sexual abuse because these cases are not covered by the insurance.

See annex 5 for VAWG programmes that integrate HIV.

Gender Transformative Programming

Table 6 provides illustrative examples of transformative programming for VAWG and HIV in Indonesia. Gender transformation requires a critical examination of gender norms and dynamics, and to challenge existing power structures at institutional, society, community and family level.

Activities (2018-19) under most of the UN priority areas supported by the UBRAF country envelope state that gender equality and the empowerment of women and girls is a principle or significant objective. The key activity to address the bidirectional links between HIV and VAWG is the integration of IPV into the intimate partner notification (IPN) model and support for its roll-out (see table 4 and box 1).

However, interviewees felt that in general human rights and gender are not integrated throughout the response to HIV and do not directly recognise violence against women and girls as a barrier to achieving the aim of the activities or as possibly exacerbating women and girls' vulnerability to violence (KII UN): *'We need gender mainstreaming in HIV sector across services and not put in box of GBV and stigma and discrimination.'* (KII UN)

One CSO interviewee pointed out *'Theoretically, UN agencies has their own frameworks to addressing VAWG, but it seems unclear when it comes to women living with HIV. Even if they're conducted a training for instances, 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.'*

By focusing on specific key populations and with a weak gender and intersectional lens, the UN co-sponsors are arguably missing an opportunity to help build a cohesive movement around the rights of women, girls and gender diverse people living with HIV and to include other cross-cutting issues such as disability and youth (KII CSO).

Certain efforts such as advocacy around the Anti-Sexual Violence Bill, the Gender Learning Forum and the Coalition Against Stigma and Discrimination are potentially important UN supported initiatives to build a movement that addresses the links between VAWG and HIV, gender equality and discrimination.

Box 1: Evaluation of the Intimate Partner Violence (IPV) - Partner Notification pilot and next steps

The evaluation of the IPV-Partner Notification pilot (JIP, 2019) found that health care workers struggle with the requirement to support women who had experienced violence, emphasizing the

need to strengthen the capacity of health care workers, as well as referral pathways and set-up a data collection system. UN Women will provide more support in the next phase from 202x. JIP and Spirita foundation will implement the partner notification programme with initial screening of GBV in 140 districts in 22 provinces (KII CSO) (possibly with Global Fund funding).

Organisations have also been identified to provide peer support and help with partner notification, including IPPI, who already act as abridging organisation between outreach worker and service provider and GBV services. (KII UN²²¹). It is too early to tell how smoothly such organisations will work with health services and organisations specialising in services supporting women and girls who are living with HIV and experience violence. (KII CSO). Women living with HIV, sex workers and men who have sex with men are included in this area of work because of the involvement of specific UN agencies, but not other key groups such as women who use drugs. (KII CSO). The ILO will ensure that this initiative is integrated into their HIV programming in male dominated employment sectors. (JPMS).

²²¹ IPPI is developing a referral system that will guide women living with HIV who have been subjected to violence to women-led organization for legal advice and support. IPPI is also part of a national coalition that connects women and girls, including women living with HIV, to emergency services, including the police and justice and social services. https://www.unaids.org/en/resources/presscentre/featurestories/2021/march/20210308_gender-inequalities-asia-pacific?fbclid=IwAR0fzpiB4MOttKdQohFyN0j0cRIR-Pw6KqJs_RKIBTbpl0yCjqizc76NAIc. Jaringan Indonesia Positif (JIP) and other organisations are involved in linking people who test positive to other services such as SRH.

Table 6: Gender transformative programming

Gender transformative approach	Illustrative examples from Indonesia
Support for community led organisations particularly women led	<p>The UN provides technical and financial support for community-led organisations and networks including IPPI, the Women’s Drug Using Network and OPSI. Funding tends to be short-term, project based and is insufficient to provide the full range of support needed for women and girls living with and affected by HIV across provinces in Indonesia. Yet it is community organisations that aim to provide holistic support to their members with and without funding and when donor priorities change – community-led efforts are key to a sustainable response (KII Networks and CSOs)</p>
Supporting women and girls, in their diversity, affected by and living with HIV	<p>There is insufficient HIV-tagged funding from the UN targeting women and girls. HIV responses in Indonesia largely focus on key populations (UNJT annual report of 2019) and addressing the stigma and discrimination they face. Although there has been little UN funding support for trans women the UN have raised the issue of trans women’s rights (although CSOs dispute how much the UN has supported trans right in dialogues with government). However, the activities addressing stigma and discrimination against key populations do not necessarily address GBV (KII, UN). UN activities centre on training of health care workers, those in the justice sector, supporting access to paralegals and advocacy.</p> <p>There are few programmes that are aimed at or inclusive of female partners of people living with HIV and key populations, women and girls from key populations, women and girls living with HIV, young women and adolescents, including addressing gender-based violence and ensuring the sexual and reproductive health and rights of women and girls living with and affected by HIV (UNJT annual report of 2019). There is insufficient attention to the rights of young people, although UNICEF is trying to address the age of consent for accessing SRH services and have developed the Life Skills education curriculum.</p>
Addressing gender norms and unequal power relations including relations based on gender	<p>UN supports important efforts to improve the rights of gender diverse people and sexual minorities. However, there could be a stronger focus on the gender norms and structural inequalities that drive violence against women and girls (including trans women) within their work on HIV.</p> <p>UN funded activities largely centre around ensuring that women who test positive for HIV and who experience violence are identified and subsequently supported. Testing for HIV still largely centres on pregnant women and so a focus on IPV is integrated in the partner notification protocol. Testing for HIV during this time and testing first in a family within the social context of women’s lack of power in relationships and vulnerability to violence can be traumatic. Interviewees from one UN agency and a few CSOs and networks said there has been little systematic efforts to really address the root causes of this challenge or indeed women’s rights.</p> <p>There are some wider efforts on gender norms and unequal power relations through activities on violence against women and girls, for example in the Life Skills curriculum (see outcome 2). Both areas of work would benefit from improved integration – VAWG activities to include HIV-related stigma and discrimination and services and HIV work to address norms and structural inequalities that underpin VAWG and ensure GBV-related services.</p>

<p>A focus on accountability to communities and in particularly women and girls</p>	<p>UNAIDS, as part of the steering committee of the CRM, has been supporting CRM with technical assistance and resource mobilization through public support and donor engagement. The CRM focuses on violence faced by LGBTI+ populations within different sectors (health, work, criminal justice) rather than violence against women and girls more broadly.</p> <p>The World Bank has initiated accountability mechanisms to improve women’s voice in health services and represents a good opportunity to integrate VAWG and HIV in these efforts, for example disrespect and abuse faced by women living with and affected by HIV in maternity care settings.</p> <p>The UN itself provides opportunities for CSOs and networks to input into their programme development and sometimes facilitates links between CSOs/networks and decision-makers (KII CSOs, networks and UN).</p>
<p>High-level and multisectoral commitment to addressing violence against women and girls in the HIV response</p>	<p>UN Women, UNFPA and UNAIDS have worked closely with government ministries and service providers to improve their understanding of the links between VAWG and HIV as well as support networks and CSOs to do so. Further, the UN has supported initiatives that have then become integrated into government activities such as the IPV-PN protocol. However, there is a low capacity and commitment of the government and the main implementers on addressing gender inequality and violence against women and girls and gender diverse people in their HIV prevention and response programmes as well as a lack of capacity and understanding by health care and outreach workers regarding violence against women and girls living with and affected by HIV and their SRHR. (UNJT annual report of 2019; KIIs CSOs, networks and UN)</p>
<p>Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education</p>	<p>UN support for community-led networks such as OPSI and IPPI helps them provide a range of different support for women from their communities.</p> <p>UN supported activities that integrate HIV and VAWG into different sectoral activities. E.g., UNICEF has introduced a life skills curriculum into the education sector and ILO has integrated HIV and stigma and discrimination into the ‘Decent Work’ initiative and GBV and HIV into the ‘Better Work’ programme. However, there appear to be more opportunities where this integration could be strengthened including with health and HIV responses more broadly.</p> <p>The Country Envelope / UBRAF activities that focus on women living with HIV tend to be linked to prevention of mother to child transmission and PMTCT programmes focus on the health of the baby not the health and well-being of the mother.</p>
<p>Working with men and boys towards gender equality</p>	<p>There is currently no UN support for programmes encouraging male involvement in addressing the bidirectional links between VAWG and HIV, however, the ILO programme encouraging male workers to test for HIV and the Life Skills curriculum may have indirect effects on violence against women and girls.</p> <p>UNFPA has developed SOPs and training modules for government on male involvement in HIV prevention focused largely on sex workers.</p> <p>ILO has a focus on encouraging men to test for HIV, so women are not always the first to test in the family. However, this does not address the underlying factors that lead to VAWG for women and girls living with and affected by HIV.</p>

<p>Addressing the structural causes of violence</p>	<p>UN has sought to change laws and policies that lead to discrimination and abuse including violence against key populations and women and girls, including policies that can violate the rights of women and girls living with HIV.</p> <p>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.</p> <p>The CRM Consortium mandates are limited to responding human rights crisis faced by LGBTIQ+ community in Indonesia. The support also includes paralegal accompaniment and legal aid services.</p>
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Outcome 3: Enhanced national ownership of VAWG and HIV response and accountability to women and girls

The government does not prioritise the rights of women and girls living with and affected by HIV, despite the high levels of violence against women [and girls?²²²] living with and affected by HIV driven by HIV-related stigma and discrimination and damaging gender norms. The human rights and gender agenda is driven by the UN and CSOs. Yet due to the little funding that UN agencies have for HIV, investment remains low and focused (with some exceptions) within the health sector and more specially within antenatal, perinatal and postnatal care for women living with and affected by HIV. UN programming on the links between VAWG and HIV are not really 'felt' by civil society (KII CSOs).

According to interviews with community-led CSOs and networks, very little of their funding comes from UN agencies. The main help they receive from the UN is short-term, project specific funding and technical support (KII Networks; KIIs CSOs). Interviewees suggested that there should be improved strategising and prioritising over where UBRAF funding goes and there could be more flexibility on supporting populations vulnerable to HIV and VAWG such as refugees. Better linking UBRAF funding to activities on gender (and non-discrimination) could help ensure that HIV needs are not forgotten as the funding crisis for HIV deepens (in Indonesia?) (KII UN).

There is also a question of geographical reach as Indonesia is a big country made up of many small islands. 'We have received many requests of support and technical assistance from communities at local level on GBV/VAW issues. Unfortunately, we could not accommodate those requests due to our limitations in terms of budget and human resources' (KII UN).

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

CSOs and the government recognise the UN's role in bringing different stakeholders together and to work on planned programmes (KII Networks; KII Gov), for example through the Gender Learning Forum and the Coalition Against Stigma and Discrimination as well as influencing the Global Fund CCM. These UN working groups are less well-equipped to deal with issues that require a rapid and flexible response (KII Gov). UN agencies helps to facilitate a number of working groups at national and regional level but the groups are not always actively working (KII NGOs; Regional meeting). The attention on specific key populations by each UN agency arguably has limits UN agencies' ability to develop partnerships with other coalitions or networks of key populations. (UNFPA Evaluation Office, 2020; KII UN)

The government response is with the Ministry of Health, and they are a principal recipient for Global Fund money, which narrows the focus on the health sector (KII UN). The situation for a coordinated response to HIV in Indonesia 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. The Global Fund CCM serves this role alongside a Technical Working Group on HIV (TWG-HIV). The difficulty with this arrangement is the narrow and specific focus of the Working Group. It focuses on the coordination of the Global Fund-financed programme of work, not the overall national HIV response. In addition, staff of agencies participating in the CCM in Indonesia indicate they are limited in their ability to use the mechanism as a forum for advocacy because of their reluctance to challenge the national Government (UNFPA Evaluation Office, 2020).

²²² Given that young people cannot access SRHR-related services without parental permission it is unlikely their needs are being met.

Interviewees (one of whom had sat on the TWG-HIV for years) remarked that the TWG-HIV rarely discuss gender or VAWG issues despite the presence of a programme on human rights and gender. UN Women and UNAIDS proposed a Community, Rights and Gender (CRG) dialogue platform under the TWG-HIV to discuss these issues, but the members refused to have another platform. They said the TWG-HIV can accommodate the issues but in reality, it does not cover them. In the past there was a Gender Technical Working Group managed by the National AIDS Commission (NAC) which became inactive when the NAC was dissolved in 2016. There is an ad hoc team to develop the Human Rights Modular (under which addressing violence against women and girls sits) for the Global Fund proposal but discussions on human rights for the proposal are separate to the overall discussion on the proposal development. (KII UN)

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?

UN agencies support some awareness raising among service providers, ministers, CSOs, networks and other implementers of the links between gender, violence against women and girls and HIV. The UN agencies coordinate their activities with government (and non-governmental stakeholders) through working groups to ensure national buy-in and ownership. With UN support, advocacy efforts are making some head way to improve the rights of women and girls, protect them from violence and to some degree have brought about improvements in addressing stigma and discrimination against key populations including women and girls within those key populations.

Until 2018 the Indonesian HIV programme did not specifically address women's vulnerability toward HIV, including trans women. Existing programmes mostly focused on increasing access to HIV testing and ARV therapy, without considering gender aspects of the programmes (Nevendorff et al, 2018). In a short space of time UN agencies in partnership with civil society organisations have 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 supports 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. As outlined under outcome 1, the UN has supported the inclusion of IPV in partner notification protocols, the development of the Life Skills curriculum that all teachers will eventually be trained in and SOPs on male involvement in SRHR (which includes HIV and GBV).

UN Women were able to persuade the Ministry of Health that violence against women is a public health issue. They work closely with the Ministry to mainstream gender and VAWG prevention into HIV prevention policies and that currently includes the next HIV Strategic Plan 2021-2024 (KII UN). (see box 2). Current national laws and policies do not include HIV (KII UN). However, IPPI is involved in advocacy to include HIV in the draft Bill to Eliminate VAW (KII UN).

Box 2: Violence against women and girls and gender in the National HIV Strategic Plan 2021-2024

The following interventions are included:

- Strengthening the referral system for PLHIV as well as key and affected populations who experience violence and or discrimination in order to create an enabling environment for the prevention and control of HIV AIDS and STIs
- Working with healthcare networks and other health units relating to violence and human rights (P2TP2A/women's support centre, Women Crisis Centre, Witness Protection Agency)
- Updating training materials, and providing training to health workers at all levels on medical ethics and gender in health care

However, HIV infection is seen as a *gender* issue only as it relates to prevalence among 'housewives', rather than recognising gender norms and inequality that drive the links between HIV and violence against women, girls and gender diverse people or addressing the gendered vulnerabilities of key populations.

However, gaps in awareness on gender-related issues remain among all stakeholders, including government, HIV response implementers and community. Interviews confirmed that such challenges remain at all levels but particularly district and provincial – the government has not prioritised addressing human rights and gender issues as a vital part of the HIV response and certain key populations are labelled as 'people with social welfare problems' such as transgender women (KII CSOs). The national environment remains largely unfavourable towards the rights of key populations, including their SRHR, that heighten experiences of violence and violations (UNFPA evaluation, 2020) emphasising the continued need for research, piloting, advocacy and awareness raising (KIIs).

Some CSO interviewees felt that UN *programmes* do not align with government programming. '*But all the support from UN agencies doesn't integrate with government programmes, it seems that they're walking together but not in the same lane.*' The government currently does not support any programmes that integrate VAWG and HIV (KII CSO). Therefore, due to the lack of priority given to rights by the government some CSOs felt that the UN should support CSO activities directly on rights issues. Other CSO representatives expressed a view that most UN agencies 'play it safe' and do not sufficiently advocate on related rights issues. The UN also supports the war on drugs, which criminalises certain activities and undermines the rights of people who use drugs (KII CSO).

Another challenge that limits the development of national ownership and institutional capacity is the limited support for particularly approaches that are evidence-based (Kerr-Wilson et al, 2020; Heise and McGrory, 2016). Embedding an approach to addressing the bidirectional links between VAWG and HIV and the inequalities that underpin these links needs to go beyond a focus on one off trainings, publishing guidelines and developing SOPs. It requires institutional standards and codes of conduct that are promoted by leadership, known to service providers, service users and communities, as well as well-publicised and accessible mechanisms and support to ensure they are met (Frontline AIDS, 2020). Further broader community education and mobilisation has proven successful in addressing the links between gender inequality and HIV-related discrimination in other contexts (Heise and McGrory, 2016).

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? The UN provides technical and financial support for community-led organisations and networks including IPPI, the Women's Drug Using Network and OPSI. Each activity under the Co-sponsors' programme of work is assigned (by UN staff itself) a civil society marker (see box 3) as part of the UN commitment to support civil society led action.

Box 3: Each activity of the co-sponsors self-assigns a **Civil Society Marker** to each activity. It ranks from:

1. Consultation and engagement with civil society/community
2. Consultation and engagement with civil society/community and civil society/community is responsible for implementing the activity (i.e. receives direct funds from Joint Programme)
3. The principal objective is to advance civil society engagement.

Under the UN Priority area 4 - Advocate for Right to Health of all key populations and vulnerable groups (2018-2019) are scored as one – none are scored as 3 which is problematic given the importance of the leadership of community led organisations in ensuring the rights of key populations, including trans people and women and girls living with and affected by HIV. Four are scored as two, but none of these activities directly address VAWG.

Yet UN funding tends to be short-term, project based and is insufficient to provide the full range of support needed for women and girls living with and affected by HIV across provinces in Indonesia and UN efforts to address the links between VAWG and HIV are not well known among CSOs. It is community organisations that aim to provide holistic support to their members with and without funding and when donor priorities change – community-led efforts are key to a sustainable response (KII Networks and CSOs).

Due to their need to secure funding from other sources such as the Global Fund the UN are, to some degree, in competition with the very community-led networks that have the links to and trust from key communities. (KII CSOs; KIIs Networks). The UN argues that there previously existed no civil society organisation that could manage a response at scale and bring different groups together. Spiritia now is a principal recipient and other NGOs are being supported to take on that role as well (KII UN).

Interviewees from CSOs/networks called for the UN to strengthen their role linking civil society and government to ensure the ownership and sustainability of programmes – *‘If the UN facilitates, CSOs can lead’*. *‘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.’* (KII CSO) Yet interviewees questioned how the UN can provide a bridging function between CSOs and government on rights issues when they are also looking to get country funds (GF funds) for their own programmes (KII CSO/Networks. *‘They have to become a bridge between the community and the government, if they’re still accessing the country funds how can the face the government, how can they become the bridge?’* (KII CSO).

‘We hope that the UN Agencies can become our partners who are equal to the community, and facilitate dialogue between the community and government so that the government can design innovative programmes according to the needs of the community, through recommendations and directions obtained from the community and conveyed to the government.’ (KII CSO).

UNFPA global? used its solid relationships with several key actors in the nation’s HIV programme to create the opportunity for UNFPA Indonesian to build the capacity of OPSI to engage at national level in policy dialogue and advocacy. UNFPA ensured wide participation of key groups when developing guidelines for the female sex worker programme outreach. The female sex worker programme has close connections with other government and non-government actors and offers potentially wider opportunities to involve other key population groups. (UNFPA Evaluation Office, 2020). The UNFPA has also supported CSO monitoring of government commitments funding OPSI to develop the CEDAW Shadow Report.

UN agencies encourage and support community members to attend forums nationally and internationally – people are happy to be invited but as one CSO representative said, *‘it doesn’t*

change anything'. (KII CSO). They often ask directly or indirectly, for opinions on certain issues from the networks, but networks do not always know what is then done with these contributions (KII CSO). One interviewee from a network gave the example of being asked for contributions by the UN to inform a meeting with government but was shut out of the meeting itself. Another spoke about the UN asking what they were doing to support trans rights but not offering support themselves.

One senior manager of a CSO interviewed for an evaluation of UNFPA noted that, as subrecipients, many UN agencies work closely with governments, but they are not necessarily close to key communities and community groups in the HIV response. *'This is particularly worrisome, as Indonesia is short of actors willing and able to engage in advocacy with the Government on sensitive issues of human rights and the role and value of the community in the HIV response.'* (UNFPA Evaluation Office, 2020).

In terms of UN accountability to civil society, CSOs and networks tend 'not to feel' the presence of the UN (KII CSO). However, networks and CSOs did report 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. There also exist good relationships between UN staff and networks such as OPSI, IPPI and the Women's Drug User network.

Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

Most UN agencies said they had a good working relationship with other UN agencies. The UN Joint Team on HIV has regular meetings which enable coordination and a working division of labour, including the provision of regular updates and brainstorms. *'It often takes time to consolidate the implementation of activities as each UN Agency has its own output or outcome. Yet there is solidarity among UN agencies and the UNAIDS Secretariat brings agencies together'* (KII UN). Since 2015 there has not been a joint HIV strategy at country level but UN agencies are now discussing developing one.

There are a number of activities in priority area 4 of the UN Joint Plan? where more than one UN agency is responsible (See Annex four). For example, UN Women run the UN Gender Working Group, a platform for all UN agencies to coordinate regarding gender diversity in all UN programmes, including working with partners. As the lead on addressing VAWG within the HIV portfolio, UN women coordinate with other agencies such as UNAIDS, ILO, UNDP and UNFPA on various activities.

The delineation of population groups between different UN agencies can be problematic for implementing partners and undermines a coordinated, comprehensive programme. *'There is a lack of synergetic work among the UN agencies. For example, if we are talking about women living with HIV, we also have to think about the children's issue that cannot be separated. So it is supposed to be 3 UN agencies that work on these areas - UNAIDS, UN Women and UNICEF. But the fact is, that they have approached [us] with their own programmes, so we have to integrate those programmes by ourselves, but the gaps are still wide open if we don't have comprehensive integration.'* (KII CSO). Women who use drugs have been left out of the partner notification programme because of UNODC's non-involvement (KII CSO).

An evaluation of UNFPA work in Indonesia concludes that: 'agency roles are delineated by KP [key population] group in contradiction to [their] global agreement. This has resulted in the reinforcement of "siloes" and vertical approaches and has diminished the opportunity for UNFPA and other members of the JUNTA [Joint United Nations Team on AIDS] to support integrated programming. In this configuration, UNFPA is not realizing its comparative advantage in terms of

providing technical input, evidence and advocacy for comprehensive HIV prevention and for rights-based integrated SRHR, HIV and SGBV services' (UNFPA Evaluation Office, 2020). UN agencies are trying to break the silos they work in, but they also must be careful not to overlap too much and they have to be able to justify and clarify their focus to other stakeholders including government and civil society (KII UN).

The way the UBRAF country envelope money is split, with each co-sponsor 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).

Internal obstacles and corrective action: UN Women and UNAIDS have a focus on addressing the linkages between HIV and violence against women and girls, in their diversity and have provided important leadership at national level and within the UN system on the issue. However, the issue is relegated to a few programmes that do not address the root causes of the linkages and largely fail to ensure an approach that is integrated across the UN programme of work on HIV, VAWG and within different sectors.

- A lack of funding and transparency about where existing funds go – the UN helps build relationships between community led organisations and those in decision-making positions and provide technical support to a range of networks and CSOs. However, CSOs believe they can make more of their relationship with government and advocate more strongly for the rights of women and girls living with and affected by HIV.
- Addressing the links between VAWG and HIV is not embedded across the UN programme of work and in terms of funding is largely relegated to a couple of activities. 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 programme on safe migration 'Safe and Fair' (Spotlight, UN Women and ILO, undated).
- There is a siloed approach to key populations with different agencies responsible for supporting different key groups. Working groups and coalitions aim to facilitate cross-learning and working.
- Competing for funding with CSOs – this has not been addressed. At a staff level, UN staff tend to be facilitative of community members who are activists and provide technical support beyond funding.
- A lack of a mechanism to track implementation of programmes (KII Gov). There are different UN tracking mechanisms, but they do not currently collect disaggregated data by key population and for women and girls living with HIV.
- Research and evaluations are not shared widely which undermines understanding, advocacy on and commitment to the issues the UN agencies support (KII CSO, KII Gov). It is not clear what is being done to address this.

4. COVID-19 context

UN agencies have made efforts to maintain and adapt services in the context of COVID-19.

Adaptations and support include:

- **UNFPA** supported the government to revise protocol with multi-sectoral integrated services for SGBV case management.
- **UNFPA** supported the Positive Indonesia Network (**JIP**) to conduct a survey to capturing the implication of Covid-19 pandemic for women living with HIV and partners of people living with HIV. Based on the survey, they are updating the partner notification guideline for this pandemic period.
- **UNDP's** priority is to strengthen public institutions, including medial and judicial, to help women and children who experience violence. They have worked to make sure services remain open during COVID-19 to help survivors and service provides. Did services remain open?
- **UNDP** carried out an assessment which highlighted an increase in GBV and interrupted access to services and justice.
- **UN Women** is working with IPPI to support with PPE Kits and also include information on IPV, VAW service providers such as safe houses and hotlines to the women living with HIV and peer support for WLHIV in 12 provinces. They provided 1405 packages for them.

UNAIDS provided support to:

- The CRM in mobilizing public support to provide food, hygiene kit, and rent allowances for more than 3.000 transgender community affected by the COVID-19. Some part of the support was also given to lesbian community in Makassar, South Sulawesi that were evicted from the landlord for sheltering other lesbian member of the community.
- The CRM in conducting a survey with 300 LGBTIQ respondents to see the social, economic, and legal impact that the pandemic has had on their lives. Summary of results of the survey (video) can be accessed through this link:
<https://drive.google.com/file/d/1uMwfWIHxzsyq2Ym9JhzXyHe0mtnWgFJH/view?usp=sharing>
- Jaringan Indonesia Positif/JIP (the national network of PLHIV) to conduct community surveys for evidence generation on COVID-19 impacts and needs of PLHIV and key populations.

UNAIDS Indonesia, together with **ILO, UNDP, and UNHCR** have developed a joint programme under the support of the United Nations COVID-19 Response and Recovery Multi Partner Trust Fund (UN COVID-19 MPTF) for the recovery and improvement of economy and livelihood of vulnerable groups of people who are most affected by the pandemic, including women, youth, refugees, migrant workers, people living with HIV, key populations most vulnerable to HIV and people living in disadvantaged regions. The programme started in January 2021 and was expected to conclude in December 2021.

It is not clear whether UN agencies are supporting organisations to adapt and incorporate virtual methods yet this is key to working with communities and is particularly a challenge in remote areas (KII CSOs). Key populations are hard to reach without outreach efforts and communications are currently being conducted through WhatsApp. Virtual ways of working are difficult, and no money was set aside for this in the initial UBRAF budget approved last year (KII UN).

5. Conclusions and considerations for Country Teams

Key findings - Outcome 1: The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative

The UN has a small funding pot for work on VAWG and HIV and more broadly gender and human rights. This is shared between agencies which only enables them to fund small scale, short-term, pilot projects. As a result, the UN efforts on VAWG/HIV links are not widely known among CSOs. The UN efforts centre on the development of strategies, guidelines, training modules and standard operating procedures to influence the broader work of others including the national government. Dissemination of findings and guidelines as well as implementation remains patchy. Training becomes a 'quick technical fix', insufficient to address the issue of VAWG and HIV links.

Some initiatives have been taken up by the government such as the Life Skills programme and the IPV protocol in the partner notification form for those who test positive for HIV. Whether the government will be able to provide the full range of services needed by women, girls and gender diverse people in the context of HIV and VAWG is unlikely given the low priority given to the issue in the national response and the end of Global Fund funding in 2024. However, UN Women, UNFPA and UNAIDS, in particular, are supporting civil society organisations to coordinate and provide this role in the future.

The UN activities on addressing human rights and gender barriers to HIV-related services (under which VAWG sits) focus predominantly on key populations and responds to the stigma and discrimination they face and is not necessarily gendered. This is largely about getting more people tested and treated. There is limited recognition of overlapping identities and key populations are approached in a siloed way depending on which UN agency has 'charge' of a particular group. Trans women are largely neglected.

Activities are only partially gender transformative. There is very little attention given to the drivers of the linkages between VAWG and HIV such as damaging gender norms and power inequalities, there is limited support for community/-led initiatives and a comprehensive approach embedded across sectors and institutions is lacking. However, the UN, with support from CSOs, has made some headway gaining political recognition and commitment of the importance of addressing gender and VAWG/GBV in the national response to HIV and to some extent have supported the rights of women and girls living with and affected by HIV.

Key findings - Outcome 2: UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

There is a stronger consideration of drivers of VAWG and gender inequality in efforts to address VAWG and some programmes integrate a focus on both VAWG and HIV, for example UNICEF's Life Skills training module, ILOs Better Work Programme and the GBV Service Providers Forum. The UN's activities on VAWG offer a number of opportunities for better integration including addressing HIV-related stigma and discrimination, awareness raising and providing services. The women's movement and anti-discrimination movement in Indonesia provide an important entry point to address gender inequality and HIV-related stigma and discrimination against women and girls living with and affected by HIV.

Key findings - Outcome 3: Enhanced national ownership of VAWG and HIV response and accountability to women and girls

Although the UN agencies have a good working relationship with some government ministries and have influenced certain policies and programmes, including the current National HIV Strategy on VAWG, the government does not prioritise addressing the links between VAWG and HIV, and HIV is not really addressed at all outside the Ministry of Health. A lack of institutional wide approaches to embedding a gender transformative approach to HIV and VAWG undermines the sustainability of UN (and others) activities. The crisis response mechanism is possibly a step in the right direction, but an accountability mechanism is needed that addresses 'everyday' gendered discrimination and abuse faced by women and girls living with and affected by HIV in all their diversities and that are currently normalised in society and therefore does not channel people into a criminal justice response.

Multi-stakeholder coalitions and working groups often facilitated by UN agencies aid learning and action. However, CSOs and networks have expressed some concern about whether the UN's receipt of Country Funds limits their ability to influence the government to be more gender-transformative. Given the hostile environment for the rights of women and girls living with and affected by HIV, the UN could play a stronger role advocating for their rights with the government and other stakeholders.

Some UN agencies such as UN Women, UNFPA and UNAIDS do support women/community-led organisations and involve them throughout project lifecycles and to some extent support their advocacy efforts. However, financial support is low and intermittent. Some UN agencies consult with CSOs and networks to inform their discussions with different stakeholders but CSOs can feel that relationship as one way and they do not hear back about how the information they have given has been used. UN agencies could do more to act as a bridge between CSO and decisionmakers / funders – this would enhance ownership and sustainability.

Key findings - Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

UN agencies have good relationships with each other but addressing the links between VAWG/HIV links are not coordinated across agencies nor embedded in most agencies' work. There is a lack of understanding of the links between VAWG and HIV within UN agencies with some expectations. If an agency does not support a specific activity it can lead to a vulnerable group they are seen as responsible for, getting left out of that initiative. This has implications for an integrated and comprehensive approach. There is confusion among government representatives and CSOS regarding which agency is responsible for what.

There are some good flagship programmes, but more attention could be paid to ensuring that learning on connecting HIV, VAWG and gender inequality carries over from one flagship programme to another. The new UN biennial Country plan on HIV for 2022-2023 (drawing on UNAIDS' new global strategy and commitment to community-led responses) could aid a comprehensive approach and integration through the UN's programme of work.

COVID-19 adaptations: UN agencies have provided support for some COVID-19 adaptations with relevance to VAWG / HIV links, but last year's budget lacked flexibility.

Considerations for UN agencies:

- **Gendering' key populations.** The HIV programme prioritises support for key populations and addressing the stigma and discrimination they face as a barrier to HIV-related services. Addressing gender inequality including violence against women and girls across this area of work as well as across the UN HIV programme as a whole using an intersectional approach, could better address the needs of women and girls including within key populations.
- **Facilitating relationships with donors and decision-makers.** UN agencies could strengthen their support for the meaningful involvement of women and girls living with and affected by HIV (and the organisations they lead) in policy making, programming, and monitoring of the government and donor response to HIV, VAWG and non-discrimination in Indonesia.
- **Explore opportunities to support longer term, multiple year programmes that provide secure funding for women's rights organisations working at the intersections of VAWG and HIV.** This could include consultation around a more transparent and open process for funding allocations among civil society organisations, or supporting coalition building among like-minded organisations. Bringing civil society together that wish to build movement around shared goals could help deliver more transformative approaches.
- **Better data is required on the prevalence and types of violence against girls.** To date there have been small scale studies, which rely on focus group discussions and surveys. These point to a significant epidemic of VAWG across the country including against women and girls living with and affected by HIV. Having robust national data would strengthen stakeholders' ability to advocate and respond to this.
- **Internal capacity building** across UN organisations to improve understanding and awareness of gender transformational approaches and the intersections of HIV and different types of VAWG (including institutional violence) to support greater integration of these twin issues into programmes as well as to strategise on a cross or shared agency response.
- **Entry points for greater integration of HIV into VAWG programmes and vice versa** exist across many of the co-sponsor organisations, whether in small-scale one-off training and capacity events, or larger programmes working with key populations (i.e., prisoners, migrants, refugees, women living with HIV etc)
- **Knowledge management.** Improved documentation of programme implementation, achievements and evaluations would better ensure that lessons are learned and carried forward and across into different programmes and approaches of the co-sponsors.

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UNICEF (2019) Indonesia Statistical Profile on Female Genital Mutilation

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UNJT (2019) Country Summary report 2019

UNJT (2020) Country Summary report 2020

UNODC (undated) Mapping report on women's rights and health in Indonesian prisons – no full reference available for this document including date and author.

UN Women (2020a) *Report on Workplan Activities UN Women January - March 2020*

UN Women (2020b) *UN Women Indonesia COVID-19 Response*

https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/06/un%20women%20indonesia%20covid-19%20country%20brief_20200619_rc%20edit.pdf?la=en&vs=1914

UN Women (2017) *Applying Gender Responsive Budgeting to the HIV response: A case study of Cambodia, Indonesia and Thailand*

<https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2017/10/un-women-grb-full-021017.pdf?la=en&vs=4617>

World Bank (2019) *Engaging with Civil Society in The Health Sector In Indonesia*

The World Bank (2020a) 'Women's Voices in the Monitoring and Improvement of Indonesia's Universal Health Care Insurance Services' *Project Information Document/ Identification/Concept Stage (PID)*

The World Bank (2020b) *Stakeholder Engagement Plan GPSA Indonesia: Women's Voices in the Monitoring and Improvement of Universal Health Care Insurance Services*

Anti-Stigma and Discrimination Coalition (Undated) Position Paper Strengthening Of A Comprehensive National Protection Framework On Discrimination Against People Living With HIV And Aids (PLHIV) And Key Populations

The National Commitment and Policy Instrument (NCPI) (2018) Indonesia: National Commitment Policy Instrument Report 2018: reporting period 2016-2018

Annex 2. Evaluation Matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>
<p>O4. Enhanced collaboration among</p>	<p>EQ9 How are UN organisations working together to provide a coherent, complementary and adaptable set of actions on the linkages between HIV and</p>

<p>Joint Programme organisations working on HIV and VAWG prevention and response</p>	<p>VAWG and gender transformative approaches in the context of UN Sustainable Development Cooperation Frameworks? (C4)</p> <p>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p>
<p>COVID-19 context</p>	<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>

Annex 3. List of key informants

Type of stakeholder	Organisation/ institution	Name	Job title/ role
UN/ Government/ Civil society/ Women in their diversity	Name of org/ institution - or expressed preference	If agreed to be named - otherwise 'key informant' or expressed preference	If agreed to be named – or expressed preference
UN	UNAIDS	Purba, Yasmin	Human Rights & Gender Adviser
		Boonto, Tina	
		Silalahi, Ingri	
	WHO	Nisa, Tiara	HIV Officer
		Sukma Dwi, Adriana	Gender Equality office
	UN Women	Putri, Sindi	HIV Focal Point
		Nunik Nurjanah	Gender
	UNDP	Lesmana, Arry	HIV Focal Point
		Arinii, Rachel	Gender
		Widjaja, Yenny	Gender and Results Office
	UNFPA	Mukuan, Oldri	HIV officer
		Kori, Risy A.	Gender Program Specialist
	ILO	Nuriana, Early Dewi	HIV Focal Point
	World Bank	Harimurti, Pandu	HIV Focal Point
	UNICEF	Camellia, Artha	HIV specialist
	UNODC	Aulia, Ade	
	UNHCR	Firdha Amalia, Rei	
Adriani, Retno			
IOM	Shirak, Patrik		
	Ayunindya, Shafira		
Government	National Commission on Violence Against Women	Yentriyani, Andy	Chair
	National Commission on Human Rights	Ulung Hapsara, Beka	Coordinator of Human Rights Advocacy Subcommission / Education & Counseling Commissioner
	Ministry of Health, Communicable Disease Directorate	Informant	Head of HIV/AIDS Sub-Directorate
CSOs	Indonesia AIDS Coalition	Wardana, Aditya	Executive Director
	IPPI (Indonesian Positive Women Network)	Oktariani, Ayu	National Coordinator

	JIP Jaringan Indonesia Positive	Sebayang, Meirinda	Chair
	Indonesian Sex Workers Network (OPSI)	Andriyani, Liana	National Coordinator
	Inti Muda	Sepi, Maulana (Davy	Chair
	Sanggar Swara	Vinaa, Kanzha	Chair
	Aksi Keadilan	Karlina, Rosma	Chair
	Yayasan Pulih	Informant	Coordiantor
	Kalyanamitra CP. Listyowati	Lilis	
	Sapa Institute CP Srimulyati	Sri Mulyani	
Networks	Indonesia Transgender Network (JTID)	Rebecca	Program Manager
	IPPI	Hermawan	Provincial coordinator Jakarta
	Indonesian Sex Workers Network (OPSI)	Ivana	Project Officer
	PERTIWI	Fatmawati	Coordinator
Donors	Embassy of Canada	Wetmore, Colin	First Secretary (Political and Public Affair)
	CCM-TWG	Sebayang, Meirinda	Chair of CCM-TWG HIV
	PACT/LINKAGES	Ria Ningsih	Enabling Environment Officer

Annex 4. Information for activities that address the links between HIV and VAWG – 2018-2019

Deliverables by 2019	Short description of activities 2018 - 2019	GEM	Lead co-sponsor (first in the list) and contributing agencies	Financial programmatic resources available (excluding human resources, operational costs and country envelopes) 2018	Financial programmatic resources available (excluding human resources, operational costs and country envelopes) 2019
4.1 Mechanism to monitor occurrences of rights violations and barriers to HIV services in place in 23 priority districts.	Technical support to conduct reviews of barriers to services building on the baseline conducted by GF to inform programs on situation of supportive environment for HIV services for key populations, PLHIV and vulnerable populations.	2	UNAIDS, UN Women, UNICEF, UNFPA	\$14,200	\$109,600
	a. Development and Empowerment of the Indonesian Women's Drug User Network	3	UNODC	\$30,000	\$0
	b. Strengthening criminal justice responses to enhance community-based rehabilitation health services for people who inject drugs and come into the criminal justice system	1	UNODC	\$110,000	\$110,000
4.2 TA partners provide enhanced support to implementing partners engaged in CSS and Human Rights activities funded by the GFATM in 23 priority districts.	Technical support to identify TA to address challenges and bottlenecks in scaling up CSS and rights-based programs in 23 priority districts.	2	UNAIDS	\$17,930	\$124,070
4.3 Legal aid and paralegal service made accessible for PLHIV, KAP and other vulnerable population in 23 priority districts.	Technical support to enhance capacity of legal aid workers and paralegal officers as well as increase number of legal aid workers to ensure full service in 23 priority districts.	2	UNODC, UNAIDS	\$0	\$0
4.4 Community based monitoring system (with input from PLHIV and KAPs) in place and functioning for extracting data to recommend improvements to program design and delivery models in 23 priority districts.	Technical support to strengthen and optimize on-line community-based monitoring system to receive feedback and user comments on HIV services.	3	UN Women, UNAIDS, UNDP	10000	
4.5 Increased number of KAP, PLHIV and vulnerable groups accessing national health insurance scheme (BPJS) in all priority districts.	Technical support to conduct baseline survey of number of KAP, PLHIV and vulnerable populations currently accessing national health insurance scheme (BPJS) as well as list of factors that impede or block access.	1	ILO, UNDP, UNAIDS		

4.6 Redress mechanisms identified to support LGBT, sex workers, PLHIV and other key populations whose human rights are violated in 23 priority districts with expansion plan to all priority districts by 2020.	Technical support to develop policy guidance and feasible actions to be taken to address occurring human right violations or gender-based violence including linkages to HIV and health services.	3	UN Women, UNAIDS (13700)		13700
4.7 Stigma and discrimination in health care setting strengthened, scaled up and documented in 23 priority districts.	Provide technical support on survey methodology, sample size, questionnaire for Spiritia (GF Principal Recipient) to conduct Stigma Index under the upcoming GF HIV grant to provide baseline for advocacy and elimination of stigma and discrimination in 23 priority districts. Includes other on-going support in this area that is being conducted by individual agencies.	2	WHO, UNDP, UNAIDS, USAID		34300
4.8 Sub-Working Group on Human Rights and Gender established under the umbrella coordinating mechanism of the Ministry of Coordinating Affairs for Human Resource and Culture (accountable for overall coordination of HIV response after dissolution of National AIDS Commission).	Technical support to PMK (Coordinating Ministry) to establish and maintain the Sub-Working Group on Human Rights and Gender including development of workplan and concrete activities to address human rights and gender incidents.	3	UN Women, UNAIDS, UNODC		
4.9 Training module for health workers and implementing partners to address Gender-Based Violence in health care setting services developed and trainings conducted in 23 priority districts.	Technical support to develop training modules for health workers and implementing partners including convening workshops and consultations to seek inputs on recommendations for priority training needs. (includes address discrimination against FSW)	3	UN Women, UNFPA		
4.10 Report from national review of human rights and gender specific barriers for scaling up of HIV programs and services for all key populations finalized and disseminated and used as baseline to design priority programmes to address needs in this area in 23 priority districts.	Technical support to carryout needs assessment for programs to address human rights and gender barriers for all key populations to scale-up HIV programs and services and develop essential training modules for improving access for women key populations including women drug users, transgender, and gay men.	3	UNODC, UN Women		

Annex 5. Programmes addressing violence against women and girls

UN Agency	Programme	Integration of HIV
UN Women	UN Women Indonesia works with a range of stakeholders to increase awareness of the causes and consequences of violence against women, while also building the capacity of partners to prevent and respond to this violence. They advocate for changing norms and behaviour as a prevention strategy to tackle violence against women.	They are the lead addressing the bi-directional links
	Safe and Fair Migration: promotes gender responsive labour migration policies and increase the capacity of service providers to respond to violence experienced by women migrant workers. They provide skills training to migrant women on safe and fair migration, and produce data to improve information and access assistance for migrant women. This is under the EU funded Spotlight Initiative's Safe and Fair programme, created to advance the rights of women migrant workers in the ASEAN region. Since January, Safe and Fair and its partners (including the Indonesia Union for Migrant Workers (SBMI) organization) have provided services to more than 4,300 Indonesian women migrant workers. ²²³	Does not include a focus on HIV and is a missed opportunity given the relationship between migration and HIV
	Safe Cities: develops, implements, and evaluates practical tools, policies, and comprehensive approaches to tackle violence against women and girls in public spaces. This work includes, but is not limited to, identifying relevant issues and interventions through data collection, advocating for gender aware policy in urban planning, and strengthening intervention and prevention responses to violence against women. ²²⁴	
UNAIDS	As well as supporting the VAWG work under the country envelope UNAIDS Hollaback! Jakarta ²²⁵ which is part of the global movement to end harassment in public spaces. Hollaback! Jakarta works with ride-hailing app companies, public transport services, schools and campuses to provide training on gender-based violence. For several weeks in September 2019, students, activists and young people took to the streets of major cities in Indonesia to demand the passing of the Anti-Sexual Violence draft bill. Hollaback! Jakarta was part of the core team for the campaign, creating a social media buzz, mobilizing people and meeting with parliamentarians.	
UNFPA	UNFPA has supported programmes on: <ul style="list-style-type: none"> ■ VAW national survey ■ harmful practices such as child marriage and FGM/C, including developing a national strategy on the prevention of child marriage, an evidence-based survey in provinces with the highest rates of FGM/C and a multisectoral advocacy strategy and road map to 2030 on FGM/C, ■ responding to SGBV in emergency situations, including a collaborative effort to develop a strategy on a comprehensive response and MISP guidelines – see example below, ■ the government on multisectoral services for GBV and the health sector response (including a COVID-19 response), 	HIV is integrated to a limited extent - their work to support sex workers and male involvement in HIV prevention which is closely linked to the Joint Programme is featured in previous section. UNFPA will advise the government

²²³ Spotlight website - <https://www.spotlightinitiative.org/news/darkness-light>

²²⁴ UN Women website - <https://asiapacific.unwomen.org/en/countries/indonesia>

²²⁵ UNAIDS website - https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200303_hollaback

	<ul style="list-style-type: none"> ■ a young person’s empowerment programme that includes a focus on SGBV, ■ advocacy around Indonesia’s Penal Code and on the sex work and violence law including providing advice on HIV relevance. ■ in Papua UNDP, UNAIDS, UNV and UN Women supported a study on positive masculinities. UNFPA led on implementation to sustain this approach in 2 villagers. Subsequently the government in Papua extended the approach to GBV prevention to another area with their own budget. ■ setting up a National Reference Group that includes government, NGOs and others on preventing GBV as the previous government focus was on response. This reference group now has government buy-in and the secretariat of the NRG sites under the Ministry of Women’s Empowerment and Child Protection. ■ during the tsunami response UNFPA shared their gender transformative approach with the government on their request. It includes SGBV and HIV prevention but focuses on supporting a broad gender perspective in government budgeting and planning for rehabilitation and reconstruction. <p>Over the next 5 years UNFPA plans to support the government to provide services that are more comprehensive and inclusive and cross cutting with HIV, including the provision of services that do not discriminate against service users from different backgrounds.</p>	on the relevance of HIV to gender-related policies, such as the penal code.
	Worked on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations Guidelines, which were adopted and adapted to secure a high degree of integration of HIV, adolescent reproductive health and SGBV services in humanitarian settings. The MISP guidelines were developed through a global initiative of the Inter-Agency Working Group on Reproductive Health in Crises, of which UNFPA is a member. (UNFPA Evaluation Office, 2020).	Had a high degree of integration of HIV, SRH and SGBV
UNDP	UNDP’s global project Ending GBV and Achieving the Sustainable Development Goals (2018-2020) supports efforts to test new tools and approaches that reduce GBV and intensify progress towards other development goals, such as health, social cohesion and economic empowerment. The project is currently being undertaken in seven countries – Bhutan, Indonesia, Iraq, Lebanon, Moldova, Peru and Uganda.	It is not clear if this programme includes HIV
	UNDP aims to strengthen mechanisms for the prevention of VAWG and developing a framework and advocacy. Their priority before COVID-19 was assisting the government, local governments, CSOs and community to develop action plans on GBV prevention and implementing them through local village action plans.	No integration of HIV unless raised by village.
	UNDP has a project in Papua and partners with local NGOs and CSOs including work with women’s organisations and child organisations in Papua. They engage the community-based reporting channels and institutions at village level to address VAWG.	does not include HIV
UNODC	They address violence and discrimination against sex workers but this mainly comes under HIV programming	
IOM	Incorporates some HIV testing and SGBV service provision in their programming on safe migration.	
ILO	ILO’s Better Work Indonesia (BWI) programme (second strategic phase 2017-22) initiated a programme that promotes awareness about gender-based violence, including HIV - Respectful Workplace	Good integration of HIV/VAWG

	Programme (RWP). ²²⁶ “This programme involves commitment from all levels leadership of the company from the CEO, supervisors and the workers themselves. This programme provides a good understanding about equality, violence, sexual harassment and ways to prevent or solve them as part of the company’s programme.”	
UNHCR	Incorporates some HIV testing, awareness raising and SGBV service provision in their programming for refugees.	
The World Bank	Gender is high on the World Bank’s agenda (as reflected in its Country Partnership Framework), for example they have a corporate requirement to include gender assessment in their main business lending operation and financial support to government. They include gender and related issue including VAWG in their project documents starting from preparation to implementation. They have a gender tagging requirement for current operations.	Does not integrate HIV into their work on GBV.
	The World Bank supported a pilot in three districts of NTT province in Indonesia: Kupang, Sikka and Timor Tengah Utara (TTU) - ‘Citizen Voice and Action for Government Accountability and Improved Services: Maternal, Newborn, Infant and Child Health Services’ (2014-2018) (Ball and Westhorp, 2018; World Bank, 2020a). An evaluation found that hearing women’s voices in decision making processes represented a shift in gender relations in (largely patriarchal) Indonesia.	There is not currently a focus on violence, abuse, stigma, discrimination nor HIV including HIV-related D&A in services.
	The World Bank also support a programme to improve social accountability to women in health insurance schemes (2020b). This programme supports an organisation, Fatayat NU, that helps domestic violence survivors. They have advocated on several cases for women and children who experience domestic violence and sexual abuse because these cases are not covered by the insurance (BPJS).	There is an opportunity to support women living with and affected by HIV who experience GBV.
UNICEF	UNICEF worked with the Ministry of Education on 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 includes information on HIV/STI prevention, nutrition, health and relationships (UNIMUDA, 2019). The Ministry of Education will now train all teachers. (KII UN)	Includes HIV/STI prevention

²²⁶ ILO website - https://www.ilo.org/jakarta/info/public/pr/WCMS_760688/lang--en/index.htm

Tajikistan Review Report

Produced for: UNAIDS

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Executive Summary

The purpose of the independent evaluation of the UNAIDS Joint Programme on preventing and responding to violence against women and girls is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. The evaluation uses nine country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Tajikistan.

Country Context

Eastern Europe and Central Asia is the only region in the world where the annual rate of HIV infections continues to rise. In Tajikistan HIV prevalence has increased by more than 45%²²⁷ over the last 10 years, with a 40%²²⁸ increase in the proportion of women among newly registered cases.

Levels of violence are high with 19% of ever-married or partnered women aged 15–49 years reporting they have experienced physical or sexual violence from a male intimate partner in the past 12 months (2019). Conservative legislation coupled with a political and cultural shift towards religious traditionalism provides barriers to effective programming for HIV and VAWG and fuels stigma and discrimination²²⁹. Article 125 of the Criminal Code criminalizes HIV with far reaching consequences, particularly for women who are often the first to discover their status through testing as part of prevention of vertical transmission programmes and or female sex workers who are subjected to mandatory testing.

Methodology

The Evaluation team consisted of a core team member a national consultant and an Accountability and Advisory Group member. In total, thirty two people were interviewed (Annex 2) from cosponsors, CSOs, government and women activists. In addition, thirty documents were reviewed (Annex 3).

The Evaluation is based on four outcome areas identified in the evaluation theory of change and an additional area of examination on COVID-19 adaptations.

Headline findings by outcomes

Outcome1: The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative

Integration of the twin issues of VAWG and HIV can largely be found in joint UN efforts to address legal reform, particularly on Article 125 which criminalizes HIV but also on the Domestic Violence law. Most HIV programming is for key populations, and, while it targets women, it tends to homogenize them failing to account for their diversity and how this increases or reduces their vulnerability to and/or experience of violence.

²²⁷ National report to Global AIDS Monitoring, 2020

²²⁸ National report to Global AIDS Monitoring, 2020

²²⁹ Legal and regulatory environment assessment for HIV/AIDS in the Republic of Tajikistan. Dushanbe – 2017

Outcome 2: UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

A CEDAW shadow report was developed in close partnership with the Tajikistan network of Women with HIV; this resulted in a range of recommendations including issues of VAWG particularly for HIV positive women, sex workers and women injecting drugs.

Victim Support Rooms²³⁰ in maternity clinics have been established to offer multisectoral advice and referrals to women experiencing violence. While training is provided to the health workers in these clinics, the perception among HIV CSOs is that the services are not accessible to women with HIV. Early child marriage is addressed through public health fairs, campaigns and work with traditional and religious leaders and information is also provided to these groups around HIV and GBV.

Work on gender equality in general, VAWG, women's economic empowerment and voice and agency routinely includes women with HIV. Recent Hakathons (collaborative events to find innovative mobile and information technology approaches addressing gender inequality), and transformative leadership training focused explicitly on women with HIV.

Outcome 3: Enhanced national ownership of VAWG and HIV response, and accountability to women and girls

There is good evidence to support the fact that CSOs representing women and the network for women living with HIV have been facilitated to participate in critical planning and policy processes including law reform. Enhanced accountability to these groups could be achieved through more deliberate feedback mechanisms which continue discussion on next steps after activities have been implemented. Given the high risk associated with HIV positive women speaking out, greater use could be made of high-level advocacy, both nationally and regionally, to mitigate the risk by public statements of support.

Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

Collaboration among Joint Programme partners (UNAIDS and co-sponsors) is reported to work well although visibility of the JP, of HIV and of UNAIDS itself has been hampered by the lack of a UNAIDS country manager for more than a year. This is being addressed by the new UNAIDS Country Manager (UCM). The Spotlight Initiative provided an opportunity for co-sponsors to collaborate, and internally the UN gender theme group is active with multiple focal points representatives of CSOs and other partners sharing experiences, good practices and challenges. The UN HIV thematic group, however, has been inactive. It is envisaged it will be revitalised by the UCM, and consideration is also being given to integrating HIV issues into the broader UN gender thematic group.

COVID-19 adaptations:

Hotlines and peer counselling networks have been established which include support and referrals to women with HIV. During the period, and with UN support, Tajikistan has managed to increase its coverage of ART, one of only four countries globally²³¹. A regional report on HIV women and COVID-19 has been published highlighting increased incidences of VAWG²³².

²³⁰ UNFPA Country Programme Evaluation 2019

²³¹ https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201016_covid-impact-on-hiv-treatment-less-severe-than-feared

²³² <http://www.ewna.org/wp-content/uploads/2020/11/Women-HIV-and-COVID-19.pdf>

Considerations emerging from the findings

- **Mapping the response to HIV/VAWG.** Given the contextual challenges of working on VAWG/HIV in Tajikistan, and the overall paucity of data relating to the bidirectional nature of both issues, a gender and HIV assessment would strengthen the evidence base for the next planning phase. This exercise would build on the recently completed regional study on HIV, women and COVID-19.
- **Reaching the missing populations of women and girls at risk of HIV and VAWG.** Children and adolescents, migrant labourers and partners of male migrants are currently not well served by the Joint Programme with its current focus on key populations and consideration is needed on how better to reach them.
- **Integrating VAWG into existing HIV programmes:** there are opportunities for enhanced integration of VAWG into existing HIV programmes which will require more in depth attention to the gender dimensions of the response: for example work with women and men drug users; work with prisoners; coordination with IOM on its migrant health and HIV programme to include VAWG.
- **Integrating HIV into VAWG programmes:** current work with Victim Support rooms could be strengthened to increase their acceptability to women living with HIV.
- **Internal capacity building** for coherence. Internal capacity building for the joint team on AIDS on definitions and types of violence against women and transformational approaches to respond to them would strengthen the joint team response and reporting of the issues. This could form part of a revised UN joint gender and HIV theme group.
- **Civil society:** Given the critical role of civil society both in advocacy and service delivery more attention to building coalitions for change within civil society would maximise investments which are currently individualised. This would also help in delivering transformative approaches at greater scale than is currently the case.
- **High level advocacy** in support of women living with HIV has been an effective way of raising the visibility of sensitive issues. Leveraging the influence of the Resident Coordinator's office could help strengthen UNAIDS' profile and improve advocacy for HIV, however, further attention to implementation and follow up of issues is required for greater effectiveness.
- **Knowledge management:** better and more considered use of the gender and civil society markers and more systematic reporting and dissemination of results could help promote gender transformative approaches.

List of Acronyms Tajikistan

AIDS	Acquired immunodeficiency syndrome
CEDAW	Convention for Elimination of All Forms of Discrimination against Women
CO	Country office
CPD	Country programme document
CSO	Civil Society Organisation
EECA	Eastern Europe and Central Asia
ECM	Early Child Marriage
FLA	Free Legal Aid
GBV	Gender Based Violence
GFATM	Global Fund for AIDS TB and Malaria
HIV	Human immunodeficiency virus
ICPE	Independent Country Programme Evaluation
ILO	International Labour Organisation
JPMS	Joint Programme Monitoring System
LAC	Legal Aid Centre
MoHSPP	Ministry of Health and Social Protection of Population
PMTCT	Prevention of Mother to Child Transmission
PWID	Person who injects drugs
PWD	Person with disability
SALAC	State Agency Legal Aid Centre
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
TAAG	The Accountability and Advisory Group
UCM	UNAIDS Country Manager
UN	United Nations
UBRAF	UNAIDS Unified Budget Results and Accountability Framework
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
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
WB	World Bank
WFP	World Food Programme

1. Introduction

1.4 About this evaluation

The purpose of the independent evaluation of the UNAIDS Joint Programme on preventing and responding to violence against women and girls is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. This includes assessing the results achieved and resources invested; identifying lessons learned; and developing practical recommendations to support learning and evidence-based decision making for future programming.

The evaluation examines the Joint programme's efforts to apply transformative approaches to gender equality, HIV and VAWG²³³, and the extent to which it collaborates with women's and adolescent girls' and young women's groups and relevant civil society networks. It includes different country contexts, different groups and different types of violence in various settings.

The evaluation uses country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme (JP). This report focuses on Tajikistan.

1.5 Joint Programme on AIDS Tajikistan

The Joint Programme, led by UNAIDS, is guided by the Unified Budget, Results and Accountability Framework (2016-21) which is designed to be:

- Strategic – supporting the Fast-Track approach and focusing on a limited number of measurable results
- Catalytic - addressing critical capacity gaps and structural challenges; leveraging funding from different sources;
- People-centred - the Joint Programme promotes a people-centred response -leaving no one behind.²³⁴

It has three high priority areas in Tajikistan: HIV testing, treatment and PMTCT; HIV prevention among key populations and Human Rights, Stigma and Discrimination.

The Programme aligns with the country UNDAF Focus Area Social Development, Inclusion and Empowerment Outcome 5: 'Women, youth, children, people with disabilities and other vulnerable groups are protected from violence and discrimination, have a voice that is heard and are respected as equal members of society'. Examples of major outputs expected include 'developing new knowledge, skills, and tools amongst government bodies to prevent and respond to violence and discrimination - including effective referral and counselling services - especially at sub-national/ local level; support for coordinated efforts of the key partners, including civil society organisations, to monitor the quality and effectiveness of advocacy and service delivery for prevention of violence and discrimination against vulnerable groups, with particular focus on gender based violence and discrimination'.

The JP also aligns with the National Strategic plan for HIV²³⁵ and has the following targets:

²³³ This evaluation focuses on VAWG, which includes violence against women and girls in their full diversity, as well as gender diverse, non-binary and trans people. The report generally 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.

²³⁴ UBRAF 2016-21

²³⁵ National Programme to fight HIV in the Republic of Tajikistan 2017-20

- By the end of 2021, the new HIV infection among new-borns and children reduced by 70%
- By the end of 2021, coverage of HIV comprehensive prevention programmes among key populations increased by 20%.
- By the end of 2021, capacity of the networks of people living with HIV and key populations built to address and prevent all forms of HIV stigma and discrimination.

The budget envelope under UBRAF for Tajikistan has been \$150,000 since 2018 with the following allocations.

Agency	2018	2019	2020	2021
UNICEF	65,000	65,000	28,000	30,300
UNDP			36,000	28,000
UNFPA	10,000	10,000	10,800	12,200
UNODC	37,000	37,000	24,700	25,700
UN Women			21,000	22,000
WHO	38,000	38,000	29,500	31,800
TOTAL	150,000	150,000	150,000	150,000

It should be noted that the UNAIDS country manager position was vacant for ca. 18 months before being filled in December 2020.

Tajikistan is a EU-UN Spotlight Initiative country with four recipient UN organizations (UNDP, UNICEF, UNFPA and UN Women) and a budget envelope in Phase I of \$4,900,000 with UN contributions of USD 667,037²³⁶. Addressing the bidirectional nature of HIV and VAWG is not core to the programme although mention is made of including women’s HIV networks as community mobilisers against GBV²³⁷. Implementation is currently on hold awaiting government approval.

1.3 Country Context

Eastern Europe and Central Asia is the only region in the world where the annual rate of HIV infections continues to rise. In Tajikistan HIV prevalence has increased by more than 45% over the last 10 years, with sexual transmission accounting for the majority of these infections. In 2019 there was an estimated 14,798 people with HIV in the country. Of particular significance is the increasing proportion of women among newly registered cases which has risen from 30.9% in 2011 to 41.5% in 2019²³⁸.

Knowledge of HIV or AIDS among women in Tajikistan continues to be low. According to DHS 2017 only about half of women age 15-49 (53%) are aware of HIV or AIDS and 38% know that using condoms is a way to prevent HIV transmission²³⁹.

²³⁶ <https://info.undp.org/docs/pdc/Documents/TJK/Tajikistan%20Spotlight%20Country%20Programme-FINAL-signedDSG.pdf>

²³⁷ *ibid*

²³⁸ UNAIDS UCO Update. PPT presentation 2021

²³⁹ <https://dhsprogram.com/publications/publication-fr341-dhs-final-reports.cfm>

While the HIV epidemic in Tajikistan has affected people who inject drugs the hardest, harm reduction service coverage remains low and where it does exist the services offered do not take into consideration the specific needs of women client²⁴⁰. Furthermore, data for injecting drug users is rarely presented in disaggregated form.

Antiretroviral treatment coverage and viral suppression rates of those on treatment have improved over the last two years at 63% and 73% respectively ²⁴¹.

High rates of migration also present issues: ‘According to official figures, in 2019 more than 500.000 Tajiks left the country for working abroad. The proportion of the Tajik migrants among new registered HIV cases in Tajikistan increased from 10.1 percent in 2014 to 18.8 percent in 2018 ²⁴². UNAIDS supported a study on the migrant population in Tajikistan²⁴³ estimated to be between 800,000 and 1 million. 3,500 migrants participated in a bio-behavioral sentinel surveillance study²⁴⁴ which found an HIV prevalence of – 0.4%. Given that the number of new registered cases of HIV across the entire population is 1,320 (in 2019), this prevalence has serious implications in terms of numbers.

Conservative legislation provides barriers to effective programming VAWG and fuels stigma and discrimination. Article 125 of the Criminal Code of the Republic of Tajikistan criminalizes HIV with far reaching consequences, particularly for women who are often the first to discover their status through PMTCT testing and or female sex workers who may be subjected to mandatory testing if apprehended for selling sex. According to JPMS data²⁴⁵ there have been incidences where HIV positive mothers have been charged under Article 125 for breastfeeding as wilful transmission of HIV. In 2017 a LGBTQI ‘registry’ was established which further stigmatised sexual minorities and impeded efforts to reach them. It is unclear whether this registry is still in operation.

Domestic Violence is largely perceived to be a private matter not to be discussed publicly. Rates of violence against women and girls are high. According to DHS²⁴⁶ data 24% of ever-married or partnered women aged 15–49 years have experienced physical or sexual violence from a male intimate partner in the past 12 months (2019). This is an increase from an estimated 15.42% in 2012. Violence against women living with HIV is also high with 75.3% of women aged 15 to 49 years living with HIV have reported discriminatory attitudes; 20.1% of women have had confidentiality breached by a health professional and 21.1% have been denied health services because of their HIV status at least once in the last 12 months.²⁴⁷

While policies to sanction domestic violence exist (‘Law on the Prevention of Domestic Violence 2013²⁴⁸ and State Program for the Prevention of Domestic Violence for 2014-2023) their implementation is challenging particularly when violence occurring in the home is deemed to be a private matter. According to the Asian Development Bank²⁴⁹ spousal abuse occurs in approximately one-third of all marriages in Tajikistan, with physical abuse being most common followed by emotional abuse. Economic violence women are exposed to includes prevention from financial

²⁴⁰ UNAIDS. 2020 Global AIDS report (p204)

²⁴¹ *ibid* (p349)

²⁴² <http://afew.org/tag/tajikistan/>

²⁴³ UNAIDS UCM Update ppt 2021

²⁴⁴ ICAP/CDC 2018 Report on the results of integrated bio-behavioral study on HIV and estimation of the number of sex workers and people, who inject drugs in the Republic of Tajikistan

²⁴⁵ https://jpms-external.unaids.org/planning/joint_program/079bcdfb-dd64-477b-b47f-5e5bfe4936e7/view/

²⁴⁶ GoRT DHS 2017

²⁴⁷ UNAIDS 2020 Global AIDS report.p 57

²⁴⁸ Law on Prevention of Domestic Violence No. 954 of 19 March 2013 available at: http://base.mmk.tj/view_sanadhoview.php?showdetail=&sanadID=291&language=ru

²⁴⁹ [Tajikistan: Country Gender Assessment | Asian Development Bank \(adb.org\)](#)

decision-making and from agency around income generation. Crisis centres and experts on domestic violence also report a specific form of violence: driving women to suicide²⁵⁰.

Coupled with this is the increase in religious influence in the region which pushes women back into more traditional roles, challenging notions of what women's empowerment should actually be.

2. Methodology

The methodology for the Evaluation included document review and key informant interviews.

The team was made up of a Core Team member (Kate Butcher), a National consultant (Maria Boltaeva) and an Accountability Advisory Group (TAAG) member (Takhmina Khaydarova.) Stakeholders were identified in consultation with the UNAIDS Country manager (UCM), the National Consultant and the Accountability Advisory Group (Annex 2). Thirty documents were reviewed some provided by the UCM and co-sponsors based on interviews as well as being sourced by the Team members (Annex 3).

All nominated interviewees were approached by the UCM and informed of the Evaluation and questions semi structured format was used by the evaluators based on the Evaluation outcome areas (Annex 4).

The National Consultant interviewed twelve informants from Civil Society and five from nominated government agencies, while the TAAG member interviewed four women activists from HIV and women's networks. The core team member interviewed eleven informants from ten UN agencies. For those who were not available for interview (ILO, WB, CDC/PEPFAR) a request was made for a written response.

Once all interviews were complete the three members of the evaluation team and a global TAAG member met to discuss key findings. The Core Team member then wrote up the country report which was reviewed by the National Consultant and the TAAG member.

²⁵⁰ *ibid*

3. Findings

3.1 The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative

The Joint Programme in Tajikistan has three outcome areas: 1. HIV testing, treatment and PMTCT 2. HIV prevention among key populations 3. Human rights, stigma and discrimination. Over the Evaluation period (2016-20), representative examples of HIV programming which addresses VAWG are:

UNAIDS/UNDP supported the review of legislation around HIV²⁵¹ in 2017 which has provided a platform for further discussions on law reform, particularly of Article 125 but also with regard to the Act on Domestic Violence. The review highlights the twin issues of HIV and violence as mutually reinforcing with examples of reported mandatory testing of women sex workers, for couples before marriage and for potential employees when looking for a new job in certain specialties and when applying to certain educational institutions.

From 2016-18 UNDP supported Free Legal Aid through the State Agency Legal Aid centre. In 2020 seven cases of women living with HIV were supported with legal cases, relating to the criminalisation of HIV transmission²⁵².

In 2019 a Regional Judges' Forum supported by UNDP was held in Moldova specifically to explore how the law can better protect the rights of people living with HIV, key populations at higher risk of HIV and those affected by tuberculosis. It also looked at the social and structural factors that increase the vulnerability of these populations and the development of jurisprudence on HIV and TB related cases. This was followed up in 2020 by the second Regional Forum held in Tajikistan, which focused specifically on issues related to criminalization of HIV transmission, exposure, and non-disclosure.

In 2020, UNDP supported the Supreme Court of the Republic of Tajikistan to conduct analysis of judicial practice in relation to application of Article 125 of the Criminal Code on criminalization of HIV. This analysis identified key shortcomings in the judicial system that lead to unnecessarily aggressive legal proceedings against PLHIV and their discrimination. Furthermore, based on this analysis, there is agreement of national partners to develop a draft Supreme Court Plenum Resolution on HIV criminalization, which will provide further guidance to judges on how to correctly interpret and apply laws and mitigate the negative impacts on PLHIV and KPs.

UNDP, as Principal Recipient of the GFATM, provides support for HIV prevention and treatment to key populations including women in prisons, sex workers and women who use drugs. UNDP has built the capacity of government partners as well as civil society organizations to provide HIV prevention and treatment services for people who inject drugs (PWID). In 2020 ²⁵³: 14,223 PWID (389 female) were covered with prevention services out of them 10,137 PWID were tested for HIV and know their result, 7,725 sex workers were reached with prevention services and 5,054 have received HIV testing and know their result. In prisons, 10,131 inmates were covered with prevention programmes and 4,500 have received HIV testing and know their result. Data for prisoners is not recorded in disaggregated form. No evidence of the inclusion of VAWG in these programmes could be found.

²⁵¹ Legal and regulatory environment assessment for HIV/AIDS in the Republic of Tajikistan. Dushanbe – 2017

²⁵² Consultation with Regional Offices.

²⁵³ VAWG spreadsheet provided by cosponsors

UNDP supported CSO advocacy capacity for the removal of legal barriers and monitoring of rights violations. The capacity of 150 lawyers and judges on the specificities of court cases related to HIV and co-infections was strengthened in 2020. As a result, several strategic litigation cases related to the criminalization of HIV transmission were successfully supported with legal support provided to address 7 criminal and 3 civil cases in 2020.

UNFPA supports integrated Sexual and Reproductive Health (SRH) services and HIV prevention focusing on men who have sex with men and sex workers. The approach addresses VAWG indirectly through its attempt to overcome stigma and discrimination. In 2016 it supported 19 MSM/SW NGOs to be trained in case management, community outreach and empowerment. This was the foundation of the Trust Point Model, sites which sex workers and MSM could access without fear of stigma and with confidence. In 2017 UNFPA supported an assessment of the accessibility and quality of SRH services provided to SWs and MSMs by primary health level institutions which concluded that medical staff was poorly informed about HIV transmission paths, stigmatized SWs and MSMs, and had poor skills in the area of pre-test counselling and overall work with key populations'. This further supported the concept of the Trust Point model but the project ended in 2018.

Under the new 'business case' approach which discourages UNFPA from supporting direct service delivery there is major concern that these groups will not receive services at all. This, combined with the draconian laws punishing sex work and sexual minorities, poses a serious challenge to the principle of leave no one behind²⁵⁴.

The UNFPA Country Programme Evaluation²⁵⁵ found that the Ministry of Health and Social protection (MoHSP) had issued instructions that 'any surgical manipulation could only be provided if a patient had been recently tested for HIV and hepatitis. In addition, women were charged for the tests presenting a barrier to many women.' Given the high levels of stigma in Tajikistan revealed by the Stigma index (2015) together with women's economic inequality these directives and subsequent practices amount to VAWG and are experienced as such by the women service users.

UNICEF works in partnership with the Ministry of Health and Social Protection providing technical assistance to Elimination of Mother to Child Transmission (EMTCT) programmes. A study undertaken in 2015 highlights extremely high rates of HIV infection in children whose parents are negative²⁵⁶. It notes *'the discovery that children have contracted the HIV virus disproportionately affects female members of the family, and particularly mothers. Because of prevailing gender norms, some women were even divorced by their husbands after their children's HIV status was revealed'*.

Together with the MoHSP, UNICEF commissioned an 'Assessment of the impact of social allowances on the quality of life of children living with HIV'²⁵⁷ which revealed the extent to which gender stereotyping could disadvantage positive girl children and 'possibly lead to demotivation to continue ARV therapy and lack of virologic suppression. UNICEF addresses social norms through its adolescent programme 'Upshift' which works to empower young people through capacity building, innovation labs and national forums. Discussions have included Gender Based Violence and HIV separately.

Support was also provided in conjunction with NAC in full through the regional programme targeting adolescents with HIV 'Teenergizer'²⁵⁸.

UNODC: programmes focus on HIV prevention among PWID in the community and in prisons. Together with the Women's HIV network they have developed and run training courses for the police and prison staff on stigma and discrimination; in 2019 they conducted a training on "HIV

²⁵⁴ UNFPA Country Programme Evaluation 2019

²⁵⁵ ibid

²⁵⁶ Case Study Improving Quality of Life and Support to Children Living with HIV in Tajikistan 2015

²⁵⁷ UNICEF Impact of social allowances on the quality of life of children living with HIV in Tajikistan 2018

²⁵⁸ <https://teenergizer.org/en/2020/01/autumn-and-a-bit-of-winter-with-teenergizer-teams/>

infection, legislation on HIV / AIDS and expanding an access of people with HIV to therapeutic services" for 25 law enforcement officers jointly with the AIDS Foundation East-West in the Republic of Tajikistan (AFEW) and in the same year they conducted a training on "addressing the specific needs of women who inject drugs" for 25 NGO workers of the Republic of Tajikistan²⁵⁹. UNODC has also drafted clinical protocols for Opioid Substitution Therapy but does not currently respond to violence in its work.

UN Women addresses HIV through its support to women living with HIV in the spirit of 'leave no one behind'. They have a close working relationship with the network of women with HIV and work jointly with UNAIDS and UNDP on relevant law reform. In 2019²⁶⁰ UN Women conducted gender and anti-discrimination analysis of seven national HIV laws and policies of particular relevance to women and made further recommendations for their reform. UN Women supported the National Conference on HIV focusing on women with HIV and their children and organized by the Government of Tajikistan. In 2019 they organised a Hakathon, (a collaborative event to find innovative mobile and information technology approaches addressing gender inequality), with 60 HIV experts, to generate a breadth of innovative ideas and fresh perspectives to support economic empowerment opportunities for women with HIV including an electronic labour exchange, a professional skills development project and a mobile app. In 2020 they established the transformative leadership course for 30 women with HIV.

World Bank Although not interviewed the draft WB country gender assessment was reviewed revealing scant mention of HIV (6 instances) with no relation to GBV, although GBV is a critical objective of the proposed new country approach.

IOM Although not a cosponsor, in 2019 IOM launched a programme "Improving migrants' access to HIV services in Tajikistan"²⁶¹. It is not clear if this includes aspects of VAWG but is worth further investigation.

ILO activities on HIV in Tajikistan have been designed and implemented to strengthen gender equality, with emphasis on access for women living with HIV to labour market information, vocational training and employment. The Network of Women Living with HIV (TWN+) in Tajikistan has been strengthened and involved at all stages in the promotion and implementation of the Recommendation No. 200 concerning HIV/AIDS and the world of work. The TWN+ participated in the drafting of a National Policy Paper and its members were actively involved in the organization of ILO workshops and seminars, and in activities to promote access of HIV-positive women to vocational training and employment.

²⁵⁹ <https://www.unodc.org/centralasia/en/news/unodc--afew-tajikistan-conduct-training-on-hiv-prevention-for-law-enforcement-officers.html>

²⁶⁰ VAWG spreadsheet provided by co sponsors

²⁶¹ <http://afew.org/headlines/afew-international-afew-kyrgyzstan-and-iom-tajikistan-launched-a-project-for-tajik-migrants/>

3.2 UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

Tajikistan is a Spotlight country involving UNFPA, UNDP, UN WOMEN and UNICEF: plans have been developed and monies allocated but the programme is still awaiting government approval. There are political sensitivities around the issue of gender-based violence itself but also regarding the populations to be reached through the programme particularly sex worker and LGBTI communities. HIV is currently included in the initiative in a limited way through the inclusion of women's HIV networks as community mobilisers against GBV²⁶².

In 2018, **UN WOMEN, UNAIDS and UNDP** supported the Network of Women living with HIV to develop the shadow CEDAW report which was presented in Geneva. The report highlights the gender dimensions of criminalization of HIV transmission, including discriminatory practices against people living with HIV in educational institutions, as well as limited access to and experiences of discrimination in healthcare. Barriers to access to breastmilk substitutes to prevent vertical (mother-to-child) HIV transmission was specifically raised, as was discrimination and abuse of police towards girls who had been trafficked and sex workers.²⁶³

There was a mixed response about the effectiveness of the shadow report where co-sponsors mentioned it had 'put violence against women on government's radar', while CSO respondents were disappointed that the recommendations had not yet been implemented.

UNDP is working with the Committee of Women and Family Affairs under the Government of Tajikistan on harmful practices, particularly child marriage but HIV is not a core part of this programme of work. It also works with Imams, developing tailored information and handbooks on gender issues including GBV and HIV. In 2020 UNDP conducted a virtual Hakathon in 2020 called No Violence which attracted 84 participants. It focused on mapping out the social and legal pathways to access quality GBV services. Three teams were selected and rewarded for developing quick and innovative solutions to responding, warning and reporting on cases of domestic violence with one team receiving financial support to finalize and pilot the tool in 2021. In addition, UNDP established The National Forum on Rule of Law 2015 which has become a multi-disciplinary platform convening policymakers, lawyers, academia, CSOs and businesses to identify, discuss and prioritize policy measures to address emerging issues on rule of law and access to justice. This platform has resulted in the establishment of an Independent Agency on the Implementation of Judicial Decision under the Government concerning law enforcement in cases of domestic violence'²⁶⁴.

Over the Evaluation period the UNCT has provided technical assistance to the review and revision of several laws, policies and strategies addressing violence against women: the National Strategy on the Advancement of the Role of Women in the Republic of Tajikistan for 2011-2020; the Law on Domestic Violence; the State Programme on the Prevention of Violence in the Family and the corresponding Action Plan for 2014-2023 and the National Action Plan on the Security Council Resolution on Women, Peace and Security 1325 and 2122'.

²⁶² *ibid*

²⁶³ Tajikistan Network of Women Living with HIV. Alternative thematic report on implementation of CEDAW on the issues related to women living with HIV from the affected groups (women—former prisoners, women using injected drugs, women sex workers). 2018. Office of the High Commissioner on Human Rights, UN Treaty Body Database. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCEDAW%2fNGO%2fTJK%2f31230&Lang=en

²⁶⁴ ICPE 2020

UNFPA as noted in the UBRAF country report 2020 UNFPA continues to support health system efforts to respond to gender-based violence²⁶⁵.

Its contribution is made through development and review of national legal and strategic documents including aspects of VAWG²⁶⁶; building capacity of 400 specialists to provide right based gender sensitive SRH services to survivors of gender-based violence. It engages national stakeholders, including members of parliament, men and boys, and religious leaders in the promotion of gender equality largely through public campaigns (27 conducted between 2016-19).

UNFPA also delivers Public Health Fairs – bringing qualified health care professionals and legal experts from the capital to remote villages to offer screening and consultations on reproductive health and rights and legal issues to women in rural areas and establish community of educated clients to promote their rights to social and economic services and prevent GBV against women and girls. The fairs also raise the issue of early child marriage. More than 5000 women and girls have been reached through the Fairs²⁶⁷.

UNFPA has established Victim Support rooms²⁶⁸ in maternity clinics which serve as comprehensive multisectoral service points for survivors of violence; they also offer temporary shelter. Standard operating procedures (SOPs) for health, police and psycho-social sectors have also been developed together with relevant state agencies. Over the period of 2012-9, 860 women have been supported. HIV was nominally incorporated into this service in 2020 when UNFPA adopted the Minimal Initial Service Package²⁶⁹ which includes HIV prevention and response through counselling and referral although testing and Post Exposure Prophylaxis are not yet available.

Support centres in Tajikistan that offer assistance to women survivors of violence include a mixture of state and nonstate institutions. Among them are 110 state-run consultation centres, 18 supported women's resource centres, nine victim support rooms, and 33 crisis centres²⁷⁰. Levels of confidence among CSO respondents in the degree of sensitivity and appropriateness of these 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*' (KI CSO).

UNESCO provides technical support to Ministry of Education and Science and has developed a handbook on VAWG for journalists²⁷¹. Regional training has been provided. The handbook does not currently include HIV.

²⁶⁵ https://www.unaids.org/sites/default/files/media_asset/UNAIDS_PCB44_UBRAF_PMR_REG-COUNTRY_REPORT_EN.pdf

²⁶⁶ For example: State Youth Policy Strategy in the Republic of Tajikistan; Law concerning "Compulsory medical examination for youth before marriage"; 2017 Demographic and Health (DHS) Survey: State Programme on RH for 2019-2022

²⁶⁷ UNFPA CPE 2019

²⁶⁸ UNFPA CPE 2019 (mentions 8 rooms, KIIs mention variously 18 and 23)

²⁶⁹ [MISP-Reference-English.pdf \(rygn.io\)](#)

²⁷⁰ <https://www.hrw.org/report/2019/09/19/violence-every-step/weak-state-response-domestic-violence-tajikistan#>

²⁷¹ UNESCO reporting on violence against women and girls. [Reporting on violence against women and girls: a handbook for journalists - UNESCO Digital Library](#)

UNHCR response to VAWG is based on a rapid gender assessment undertaken by the Mercy Corps²⁷² which concluded that *'Women face continued gender-based violence - from partners and their husband's families in particular – discrimination and a rejection of anything that falls outside the view of a woman's household role. Along with a lack of mechanisms for protection, these issues remain some of the greatest barriers to gender equality in Tajikistan.'*

Responses include raising awareness within the refugee community around GBV and providing information on referral path ways both health and justice. It is understood that there is a significant under-reporting of VAWG in these communities. There is a shortage of shelters for women to flee to. Currently HIV is not incorporated into the programme.

UNICEF

Partnered with national NGO to work on juvenile justice with the Ministry of Justice to raise the issue of violence and young people, in particular sexual violence against girls – *'the problem has been raised, now it is necessary to solve it'* (KI, Cosponsor). UNICEF also works with the Ministry of Education to support children and adolescents who are survivors of sexual and gender based violence, in particular addressing subsequent mental health issues.

There are very few programs in general that have been targeted at child survivors of violence, and few programs for the rehabilitation of girls who have experienced violence.

WFP's Gender Results Network developed training materials on gender-based violence, and awareness sessions were organized for WFP staff and cooperating partners. During the November Orange campaign "16 days of activism against GBV", WFP organised a theatrical performance "Your rights are in Your hands" for higher-grade school children and staff members in Bokhtar city. This initiative was proposed by the Resident Coordinator's Office in partnership with the State Puppet Theatre. The performance was shown in number of towns and distant and remote areas.

The performance highlighted women's empowerment, gender equality, and girls' rights to education, and their positive impact at the household and community level. An "Orange Quiz" for staff members was also held to raise awareness on the importance of combatting GBV²⁷³.

Training for staff and beneficiaries on gender, gender equality, gender-based violence and accountability to affected populations was conducted in three field offices to raise awareness about these issues among staff, cooperating partners and beneficiaries.

ILO signed up for the second phase of the Decent Work Country programme in 2018 and is currently in discussion with the Government of Tajikistan on ratifying the Violence and Harassment Convention 190²⁷⁴. No linkages between this programme and HIV were noted.

²⁷² Mercy Corps. Rapid gender assessment Rudaki and Vardhat Districts Tajikistan. 2017

²⁷³ https://docs.wfp.org/api/documents/WFP-0000104233/download/?_ga=2.186731883.218361736.1615037834-1746642755.1615037834

²⁷⁴ https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:13310:0::NO::P13310_COUNTRY_ID:103547

3.3 Enhanced national ownership of VAWG and HIV response, and accountability to women and girls

Partners and Networks of women and girls

The Joint Programme has made good progress with partnering NGOs and building their capacity, particularly UNWOMEN, UNFPA and UNDP and UNAIDS. In 2018-2019 UNAIDS provided a special grant to the network of WLHIV to increase their capacity in management, reporting, monitoring, and using innovative technology. UN WOMEN respondents attested to this saying *'they (network of women living with HIV) used to be behind us but now we are behind them'*.

Most NGOs 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).

UNWOMEN was frequently noted for its support to women's networks and to women with HIV. Nevertheless, there is concern that support to networks and groups is somewhat piecemeal and that a more concerted effort to build coalitions would be more effective *"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.'* (KII CSO). This runs alongside a frequent comment that financial support to NGOs is often provided through 'umbrella organisations' established purposefully to ease the bureaucratic burden of grant disbursement which often had a damaging effect by excluding other CSOs. Most support was also seen to be skewed to urban based CSOs rather than those in more remote areas.

There is no doubt that the political sensitivity around sex workers, sexual minorities, and sexual and gender-based violence coupled with high levels of stigma and discrimination constrains support to CSOs representing these issues. UNFPA experience with its Trust Point Model, which was adversely influenced by the LGBTQI registry in 2017, demonstrates this challenge.

Accountability and sustainability

The extent to which government has been influenced to acknowledge VAWG and HIV is less clear. While domestic funding for HIV services is gradually increasing in line with reduced funding from USG and GFATM²⁷⁵ the inclusion of VAWG in the response is slow at best as evidenced by the stalling of Spotlight.

High level advocacy is perceived as working well in Tajikistan to raise the visibility of HIV and to provide space for women's voices to be heard. This is particularly the case as one KII noted because *"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 advice 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 organizations – International staff, as well as those who have come on a visit'*

Several examples were provided including the EECA regional envoy for UNAIDS Professor Michel Kazatchkine in 2019, the Regional Goodwill Ambassador and famous singer Vera Brezhneva who launched the Regional Information Campaign "Inspite" addressing the issues of women living with HIV, and VAWG.

²⁷⁵ http://www.healthpolicyplus.com/ns/pubs/17391-17709_TajikistanFundingHIVServices.pdf

The extent to which co-sponsors 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.'*

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 educated about the risks that may arise in her activity in the implementation of these or those programs.'* (HIV positive woman KII).

Meaningful involvement

Several examples could be found where co-sponsors had facilitated the involvement of the Women's HIV network and other CSOs in planning processes and collaboration with government and development partners: 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 NAC for the development of the new Funding request to GFs; a seat on the National Co-ordination Committee and involvement in GFATM planning. Furthermore, it is clear that informal consultation and collaboration occurs between UN representatives and some of the more established CSOs.

3.4 Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

The lack of a UNAIDS Country manager for over a year has been a challenge but nevertheless agencies have managed to retain a focus on HIV. Nevertheless, overseeing the various investments including GFATM and USG to ensure complementarity of effort remains an issue: the recently arrived UCM has already made headway addressing this, raising the issue of VAWG and gender inequalities with the Resident Coordinator and providing status updates on HIV to the UNCT.

Spotlight was cited as an excellent opportunity for enhanced collaboration for planning among UN partners although implementation of activities has not yet properly begun.

UNFPA, UNDP and UN WOMEN all noted high levels of collaboration internally. UN Joint Team meetings to discuss Joint Planning and UBRAF envelope allocation were providing opportunities for exchange, and the gender theme group has been proactive in including issues pertaining to women living with HIV. It should be noted that many respondents were not aware of the UBRAF framework.

Over the Evaluation period, the Gender theme group was noted as being extremely active. The HIV theme group, focusing on Heads of Co-sponsor agencies was reported as less active, although the UN Joint Team on AIDS comprising focal points of Co-sponsors was noted as working well together until COVID-19 interrupted progress.

It is the intention to revitalise the HIV theme group for efficiency's sake, to combine it with the gender theme group.

A key challenge in addressing the bidirectional nature of HIV and VAWG is the very light footprint of UNAIDS (1.5 staff) in country, its minimal budget and the general lack of technical capacity for gender across co-sponsors, particularly in promoting gender transformative approaches.

Violence is not explicitly mentioned in any of the JPMS reporting for 2020²⁷⁶ as reflected in the SWAP review of 2017 notes ‘Even though the Joint UN Communications and Advocacy Strategy - Tajikistan 2017-2020 includes, as part of its key principles and ground rules, the mention of Gender Equality and Domestic Violence as issues to be addressed, the UNCG Work Plan 2017 does not indicate any special activities focused on doing so. Neither is included, as part of its terms of reference, ensuring gender mainstreaming in its activities and promoting GEWE’. Nevertheless, for both 2016 and 2017, the UN put in place communication campaigns regarding gender issues, particularly connected to the UN Secretary Campaign 16 Days of Activism Against Gender Violence and SDGs.²⁷⁷

Documentation on the Joint Programme is somewhat inconsistent and scattered and thus difficult to assess with confidence. For example, it is unclear why all except one activity (t=10) under outcome area 1 are ranked GEM score 3 or why activities under area 3 which specifically relate to women’s empowerment are ranked as GEM 2 (3.4. HIV response to women issues based on their needs built on evidence-based data and visibility and empowerment of the WLHIV increased).

3.5 Gender transformative programming

Table 1 provides illustrative examples of transformative programming for VAWG and HIV in Tajikistan. It should be noted that there was no common understanding of what ‘gender transformative’ meant in practice. A frequent response was that transformative programming meant mainstreaming gender across all programmes. The UNDP Independent Country Programme Evaluation notes that *‘UNDP has done well in mainstreaming gender, making a notable contribution in the promotion of women’s rights and empowerment. There is evidence of transformative effects on women, especially from rural areas. However, very little effort has been made by the CO to collect and analyse the data at the outcome level to measure change in the lives and livelihoods of women.’*²⁷⁸

The interpretation of gender mainstreaming as equivalent to applying a gender transformative approach is also reflected in the World Food Programme *‘In March 2018, WFP Tajikistan joined the Gender Transformation Programme (GTP) to mainstream gender using a cross-functional participatory approach, with the engagement of all office units to enable WFP Tajikistan to deliver on its gender equality outcomes.’*²⁷⁹

²⁷⁶ https://jpms-external.unaids.org/planning/joint_program/079bcdfb-dd64-477b-b47f-5e5bfe4936e7/view/

²⁷⁷ UNCT. SWAP Score Card Tajikistan Anna Landa Ugarte 2017

²⁷⁸ ICPE 2020

²⁷⁹ https://docs.wfp.org/api/documents/WFP-0000104233/download/?_ga=2.186731883.218361736.1615037834-1746642755.1615037834

Table 1. Illustrative Examples of Gender Transformative approaches

Gender transformative approach	Illustrative examples from Tajikistan
Support for community led organisations particularly women led	<p>The UN provides technical and financial support for community-led organisations and networks. UNAIDS and UNWOMEN support the Tajikistan Network of women living with HIV, and have successfully advocated for the organisation as reference point in Technical working groups, national coordination committee and GFATM planning mechanisms.</p> <p>UNFPA developed the Trust Point Model with peer counsellors from SW and MSM community. It ran for 2 years in two provinces working with 19 CSOs.</p> <p>UNICEF supports communities of adolescents with HIV under the regional ‘Teenergiser’ programme.</p>
Supporting women and girls, in their diversity, affected by and living with HIV	<p>UN Women Hakathon widely cited as innovative and offering economic empowerment support to positive women but relatively small scale. <i>‘We have 4 initiatives of women with HIV setting up their own businesses’</i>.</p> <p>UN WOMEN provided transformative leadership training for 30 HIV positive women.</p> <p>UNWOMEN, UNAIDS UNDP supported the Network of Women with HIV to formulate and present the shadow CEDAW report in 2019 highlighting the fact that HIV positive women’s needs are neglected in the current legislation along with those of women from key populations.</p> <p><u>Limited appreciation of women in their diversity especially across Key pops programming. No evidence of LGBTI programming; limited support to adolescent girls; women drug users; transwomen, partners of migrants.</u></p>
A focus on gender norms and unequal power relations including relations based on gender	<p>Limited evidence of work on gender norms.</p> <p>UNICEF noted working with Mothers in law around child birth practices as well as with religious leaders. UNDP provided training and information for Imams and traditional leaders on GBV and HIV.</p> <p>UNESCO handbook on VAWG designed to challenge destructive stereotyping.</p> <p>WHO and UNFPA adapted CSE to healthy lifestyles training to address relationships and SRH issues in schools.</p>
A focus on accountability to communities and in particularly women and girls	<p>Close working relationship with the Network of Women with HIV UNW and UNAIDS UNFPA.</p> <p>Limited evidence of feedback loops to other CSOs; <u>suggesting they are engaged as implementers more than equal partners.</u></p>
High-level and multisectoral commitment to addressing	<p>CEDAW shadow report (2019) and Judges Forum (2020) offered high level visibility to the issue of discrimination under Article 125. However, recommendations in the shadow report remain outstanding and require heightened advocacy.</p>

violence against women and girls in the HIV response	Recent discussions with the new Resident Coordinator have raised the profile of HIV and violence; UNAIDS good will ambassadors helped raise visibility of HIV.
Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education	UNW supporting positive women in business development through its Hakathons and transformative leadership programme; advocacy for supplementary nutrition for lactating women in poverty; UNDP/UNAIDS advocacy for legislative reform which includes positive women's employment opportunities. UNHCR supported employment of women refugees: risen from 50 in 2015 to 400 in 2020 ²⁸⁰
Male involvement	UNFPA includes mention of engaging men and boys through public campaigns; both UNDP and UNFPA work with religious and traditional leaders to address normative change but overall <u>there is a lack of UN support for programmes encouraging male involvement in addressing the bidirectional links between VAWG and HIV.</u>
Addressing the structural causes of violence	UNCT has sought to change laws and policies that lead to discrimination and abuse including violence against key populations and women and girls. CEDAW shadow report. UNICEF social allowances for children with HIV; UNDP and UNODC provide training for correctional services and police around stigma and discrimination. Unclear is similar training happening for health workers/crisis and refuge workers. Training for judiciary in HIV and anti stigma. UNDP conducted an online Hackathon to map out the social and legal environment pathways for vulnerable women, including women living with HIV, who have experienced violence to improve their access to quality services.

²⁸⁰ <https://reporting.unhcr.org/sites/default/files/pdfsummaries/GR2017-Tajikistan-eng.pdf>

4. COVID-19 context

Significant efforts have been made to maintain services in the context of COVID-19. UNFPA, UNDP and UNAIDS commissioned a regional report 'Women HIV and COVID-19 (2020)²⁸¹' which identifies an increase in instances of VAWG. The main reasons for the increase in violence are social and economic in nature. They are related to a prolonged stay in the same space with violent men and to a degraded financial situation; this goes both for women from the general population and for women from the vulnerable groups. Police response to violence strongly depends on national laws. The fact that not all EECA countries ratified the Istanbul Convention and introduced laws against domestic violence before the pandemic affected women's vulnerability after the lockdown measures were introduced.' *"While previously the violence came from clients, now it is violence from family members. She doesn't work, she doesn't bring any money, she is the outcast²⁸²."*

Reporting on COVID-19 is regular and the UNFPA situation report (October 2020) notes that UN efforts including UNAIDS have enabled the country 'to provide continued provision of ARV therapy and other HIV services in the context of the COVID-19 pandemic, including the provision of OST, which were replenished by UNDP on a special flight in the context of the pandemic²⁸³. This is corroborated by UNAIDS data which shows *between January - July 2020, of the 22 countries in the world that reported changes in ARV coverage - 4 countries showed an increase in ARV coverage during the COVID-19 pandemic: Kenya, Ukraine, Togo and Tajikistan (www.unaids.org)*.

UNFPA is planning to expand the number of victim support rooms in different districts of the country to assist women and girls subjected to violence with medical and psychosocial support in response to the increase in incidence of violence during the pandemic.

Through the flexible reprogramming of HIV funds, UNDP, during the COVID-19 pandemic ensured access of individual protection kits to over 400 CSO staff working with KPs in 24 districts. In total, 7 NGOs with approximately 60 staff members including field workers, outreach workers and peer consultants supporting over 400 KPs were covered. Over 200 pregnant WLHIV and women caring for newborn babies received protection kits and nutritional support including food parcels.

UNWOMEN with financial and technical support from UNAIDS has supported hotlines for women at risk of violence under COVID-19 including legal advice and referrals to shelters or for medical care. The extent to which HIV is incorporated is unclear. However, they have also established six pilot COVID-19 Districts with peer counsellors to offer an integrated referral system for women at risk of Domestic Violence including positive women.

COVID-19 interrupted UNDP plans to conduct a population estimate of transpeople.

²⁸¹ Eurasian Network of Women with HIV. Women HIV and COVID 2020

²⁸² *ibid*

²⁸³ UNFPA COVID situation report Oct 2020

5. Conclusions

HIV and VAWG programming is essentially delivered separately in Tajikistan. The main point of intersection for the two issues is through legislative reform which principally engages UNAIDS, UNDP UNFPA and UNWOMEN. These efforts are significant and essential given the complex operating environment in Tajikistan.

In HIV programming the focus of effort for women is on key populations of sex workers, drug users and prisoners but there is little evidence to show the degree to which these programmes are gendered; how they address the diversity of these groups of women and their particular vulnerability to violence, both from partners, clients or institutionally or how they seek to change the gender norms which perpetuate violence.

Evidence of either VAWG or HIV programmes for partners of migrant labourers, transwomen could not be found although a new HIV programme under UBRAF supporting women with disability is noted.

VAWG programming through the health system response, for example the Victim Situation Rooms, is reported to include sensitisation training for health workers but it does not yet seem to be incorporating HIV effectively so that women with HIV feel able to access them.

Efforts to address the structural issues which place HIV positive women at greater risk of VAWG are being undertaken but at small scale, for example, through Hakathons or entrepreneurial workshops and training workshops.

The network of women with HIV and other CSO groups representing HIV positive women are included in key processes which embrace VAWG but it is important that these relationships are valued as more than transactional. Ensuring feedback mechanisms which keep continued communication with partners is one step towards this; for example after an event such as the CEDAW shadow report, continued dialogue with CSO participants on progress or impediments is essential. Engaging women's groups as shapers of programmes rather than solely implementation agents would avoid the sentiment *'we are involved as partners but often reports do not come back to us or are not published and we are not informed of next steps'*.

Given the sensitivity of the twin issues of VAWG and HIV in country and the competition for dwindling resources, joint consideration from the country team should be given to deliberate coalition building of women's networks, and leveraging the Regional Offices' power to advocate for strengthened responses for women living with HIV.

Tracking progress of gender transformational approaches to VAWG and HIV either separately or jointly was challenging because of a lack of joint understanding of what this means and subsequently a lack of consistent reporting. Violence is not directly mentioned in the JPMS reporting and there is little evidence to show any bidirectional programming for HIV/VAWG. Efforts tend to be separate, although programme support for women living with HIV is increasing. Furthermore, approaches, where they do exist tend to be small scale pilots, research reports or short term challenging an assessment of progress over time.

A better understanding of the gender dimensions of the epidemic including VAWG would be timely. Based on the 2013 gender assessment or more recent TB assessment, it would provide critical evidence of the urgency of the twin issues and provide a practical platform for advocacy. The COVID-19 situation can provide an entry point for this and the regional report Women HIV and COVID-19 can serve as a foundation for this.

Visibility of both the Joint Program and the UNAIDS office in these two areas is not always emphasized either by UN agencies or project implementers (NGOs and the Government), a change in approaches to increase the visibility of UNAIDS is necessary.

Despite the coordinating role of UNAIDS and the allocation of funds for gender aspects of HIV, including VAWG, the visibility of both the Joint Program and the UNAIDS office is relatively low. It is understood that this in large part due to the vacant UCM position. The time is now ripe to revitalize the internal HIV theme group, build a common understanding of the issues and how they interconnect. High level advocacy has been effective in the past at putting sensitive issues on the agenda and the UCM has already begun this process by leveraging the influence of the Resident Coordinator.

6. Considerations for the future

Mapping the response to HIV/VAWG. Given the contextual challenges of working on VAWG/HIV in Tajikistan, and the overall paucity of data relating to the bidirectional nature of both issues, a gender, HIV and VAWG assessment would strengthen the evidence base for the next response. This could include the impact of revised by-laws on women, raise the issue of migration in relation to violence and HIV and strengthen the case for a more intersectional approach to key population work drawing out the diversity of women within them. Mapping current support to HIV and VAWG would ensure complementarity across the country and also reveal critical gaps. The COVID-19 context provides an ideal entry point for this.

The new National AIDS strategy provides an excellent entry point for in depth discussions on streamlining the strategy with the Domestic Violence policy.

Civil society: Given the critical role of civil society both in advocacy and service delivery more attention to building coalitions for change within civil society would maximise investments and reduce the risk which individual HIV positive women take when speaking out about HIV.

High level advocacy can be an effective way of addressing sensitive issues as well as leveraging regional potential as has been shown in the past. Leveraging the influence of the new role of the Resident Coordinator's office to enhance advocacy for the bi directional nature of HIV and VAWG would strengthen the response and raise the visibility of UNAIDS.

Reaching the missing populations of women and girls at risk of HIV and VAWG. Children and adolescents, migrant labourers and partners of male migrants are currently underserved by the Joint Programme in terms of HIV/VAWG and consideration is needed on how better to reach them. Ensure that the new UBRAF HIV programme on disability led by UNFPA (Technical series of sessions for key pop Persons with Disability on HIV/STI prevention) explicitly addresses VAWG.

Integrating VAWG into existing HIV programmes: there are opportunities for enhanced integration of VAWG into existing HIV programmes which will require more in depth attention to the gender dimensions of the response: for example work with women and men who use drugs; work with prisoners; coordination with IOM on its migrant health and HIV programme to include VAWG is suggested.

Integrating HIV into VAWG programmes: current work with Victim Support rooms could be strengthened to increase their acceptability to women living with HIV.

Internal capacity building for coherence. Internal capacity building for the joint team on definitions and types of violence against women and transformational approaches to respond to them would strengthen the country team response and reporting of the issues. This could form part of a revised joint gender and HIV theme group of focal points.

Knowledge management: better and more considered use of the gender and civil society markers and more systematic reporting and dissemination of results could help promote gender transformative approaches.

Annex 1. HIV / VAWG Data tables

Data in this section from UNAIDS (2020) unless otherwise specified -

https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

1.HIV: Estimated HIV prevalence rates among people aged 15-49

New cases

	2010	2015	2019
New HIV case (women 15+)	200-500	<500	<500
New HIV cases (men 15+)	770	880	930

* prefer term 'new cases' to 'new infections'

Awareness, treatment and viral suppression (mixed sources)

	Estimated People living with HIV who know their status <i>Source: UNAIDS 2020 Global Aids data</i>	People living with HIV on treatment <i>Source: National AIDS Centre</i>	People living with HIV who are virally suppressed <i>Source: National AIDS Centre</i>
Women (15+)	97%	88.9%	91.8%
Men (15+)	48%	76.3%	76.3%

Key populations

	Sex workers	Men who have sex with men	People who inject drugs	Transgender people	Prisoners
HIV prevalence	2.9%	2.3%	12.1%*	-	-

*not disaggregated by sex. *Source: UNAIDS 2020 Aids data*

	Sex workers	Men who have sex with men	People who inject drugs	Transgender people	Prisoners
HIV testing and status awareness	98.8%
Antiretroviral coverage	74.4%		57.7%	-	97.4%
Condom use	76.6%	78.5%	36.6%	80.5%	-
Coverage of HIV prevention programmes	47.3%	---	67.2%	---	-
Expenditures in US\$ (2017)	904 513	786 423	2 627 652		

AIDS-related deaths are estimated to be higher among men than women 2010 2015,2019 estimated 100 women and 100, 200,200 men accordingly.

Source: UNAIDS 2020 Global AIDS Update: seizing the moment

2. Violence

- 19% of ever-married or partnered women aged 15–49 years have experienced physical or sexual violence from a male intimate partner in the past 12 months (2019). This is an increase from an estimated 15.2% in 2012.

Source: <https://evaw-global-database.unwomen.org/pt/countries/asia/tajikistan>

3. Violence against women living with HIV

- 75.3% of women aged 15 to 49 years living with HIV have reported discriminatory attitudes (2017) .
- % Health-care professional has ever told other people about their HIV status without their consent – 20.1% (2015)
- Denied health services because of their HIV status at least once in the last 12 months – 21.1%

Source: UNAIDS 2020. Global AIDS Update: seizing the moment

4. Legal and policy background

- Tajikistan criminalizes deliberate HIV transmission of other person (article 125, part1) and putting of other person at risk of HIV infection (article 125 part 2)
- Criminalization of sex work among consenting adults? UNCLEAR (No article in the criminal code)
- Only administrative punishment: high fines and in case of repeated detention by police for sex work - administrative arrest for 15 days is possible)
- No laws or policies restricting the entry, stay and residence of people living with HIV
- Parental consent for adolescents younger than 18 is needed to access HIV testing

- Spousal consent for married women to access sexual and reproductive health services is not needed
 - There is mandatory HIV testing for marriage, work or residence permits or for certain groups.
- Expenditures Last available report (2018). Domestic private - -----Domestic public - US\$ 823,242
International: PEPFAR - US\$ 443,594 International: Global Fund - US\$ 2,535 123 International: all others - US\$ 638,030 total: US\$ 638,030

Source: UNAIDS 2020. Global AIDS Update: seizing the moment

5. Services

- Unmet need for family planning: women 15-49 years who have their demand for family planning satisfied by modern methods 52.2%
- Use of sterile injecting equipment at last injection (2018) 55.6%
- needle–syringes distributed per person who injects (2018)- 200.
- 2.7% coverage of opioid substitution therapy
- Naloxone is available (2019) but not safe injection rooms
- Unknown how many people have received PrEP at least once during the reporting period (2019)- not started

Source: UNAIDS 2020. Global AIDS Data.

- Coverage of antenatal care for pregnant women before 12 weeks of gestation was 83.7%
- Total PMTCT coverage for 6 months 2020. amounted to 94.5%. If a pregnant woman is diagnosed with HIV, antiretroviral therapy is offered according to Option B +.
- Vertical route of HIV transmission - 4.0% among all new cases (2019), lower than in 2015 - 5.6%
- HIV transmission rate from mother to child – 2.7% (2019)
- 88% of pregnant women living with HIV are accessing antiretroviral medicine (2019) (cf 43% 2010) Vertical transmission rates are unknown. Early infant diagnosis rose from 8% in 2010 to 65% in 2019

Source: Data of National AIDS Center (2019)

Annex 2. List of key informants

Civil Society			
1	Tajikistan Network of women living with HIV	Takhina Khaydarova	Director
2	Outreach worker, Khujand city	Olga Gosteva	
3	NGO “Guli Surh”		Activist
4	‘Young Generation of Tajikistan , Khujand	Salomat Qurbonova,	Activist
5	“Young Generation of Tajikistan”	Malika Rustamova	member
6	“SCO Legal Initiative”	Gulchehra Rahmanova	member
7	Independent Gender expert	Dilbar Turahanova	Individual
8	Gender & Development	Nargis Saidova,	Head
9	Coalition of NGO “From de juro to de facto”	Guljahon Bobosadykova	Head
10	Activists of TG community		
11	SPIN PLUS	Rukhshona Ashrova,	member
12	League of disabled women ‘Ishtirok’	Saida Inoyatova	Director
TAAG network			
13-16	Four HIV positive women activists from Dushanbe and Tursunzade		
Government			
17	National Center on AIDS,	Tatyana Madjitova	Physician
18	National Coordination Committee on HIV,TB and malaria (NCC)	Zievutdin Avgonov	Executive Secretary
19	Dept. International Relations of the Committee on Women and Family Affairs under the Government of the RT	Representative	
20	Department for general education (primary schools, secondary schools and others	Representatives	
21	Ombudsman Office Department on protection of economic, cultural and social rights,and Commissioner for human rights in RT and Leading specialist in the area of prevention of violence	Representative	
UN Agencies			

22	UNAIDS	Nisso Kasymova	UCM
23	UNDP	Nargiza Saparova Sona Orbelyan	Prevention and scale up officer GFATM Programme manager GFATM
24	UNESCO	Sergey Karpov	GFP
25	UNFPA	Firuz Karimov Nilufar Bahromzade	GFP GFP
26	UNHCR	Navrusa Jalilova	GFP
27	UNODC	Vohidova Mutabara	GFP
28	UN Women	Aziza Hamidova Bonu Shambezoda	Chair GFP Programme Assistant
29	WFP	Zoirjon Sharipov	GFP
30	WHO	Shoira Yusupova	GFP
31	UNCT	Nargis Babaeva	Programme officer
32	UNAIDS	Maria Boltaeva	Former staff member

Annex 3. Documents reviewed

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Asian Development Bank (2016). Tajikistan Country Gender Assessment 2016

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Tajikistan Network of Women living with HIV, 2019. Alternative thematic report to CEDAW

UNCT United Nations Development Assistance Framework (UNDAF) for Tajikistan 2016-2020

UNAIDS 2018. Miles to go: closing gaps, breaking barriers, righting injustices

UNAIDS 2020. Seizing the moment. Global AIDS Update

UNAIDS 2020. Global AIDS data book

UNAIDS Unified Budget Results and Accountability Framework 2016-20

UNAIDS Joint Planning and Management System:

https://jpms-external.unaids.org/planning/joint_program/079bcdfb-dd64-477b-b47f-5e5bfe4936e7/view/

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UNDP, 2019. Final Evaluation of the of the UNDP Project *Promotion of Social and Economic Opportunities for Women and Youth in Zerafshan Valley of Tajikistan* July 2017 – December

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

https://www.tj.undp.org/content/tajikistan/en/home/library/hiv_aids/legal-and-regulatory-environment-assessment-for-hiv-aids-in-the-htm

UNDP Independent Country Program Evaluation Tajikistan 2016-19

UNESCO reporting on violence against women and girls. [Reporting on violence against women and girls: a handbook for journalists - UNESCO Digital Library](#)

UNFPA 2020. Eastern Europe and Central Asia Region COVID-19 Situation Report No. 9

UNFPA 2019. Country Programme Evaluation

UNFPA 2020. Minimum Initial Service Package for SRH

World Bank 2021. Gender assessment 2021. Draft

WHO/UNFPA How to address SGBV issues at individual level (undated) ppt

Annex 4. Evaluation Matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>
<p>O4. Enhanced collaboration among</p>	<p>EQ9 How are UN organisations working together to provide a coherent, complementary and adaptable set of actions on the linkages between HIV and</p>

<p>Joint Programme organisations working on HIV and VAWG prevention and response</p>	<p>VAWG and gender transformative approaches in the context of UN Sustainable Development Cooperation Frameworks? (C4)</p> <p>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p>
<p>COVID-19 context</p>	<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>

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List of Acronyms Tanzania

AGYW	Adolescent girls and young women
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARVs	Antiretroviral drugs
CEDAW	Convention for Elimination of All Forms of Discrimination against Women
CSE	Comprehensive sexuality education
CSM	Civil society marker
CSO	Civil society organisation
CTC	Care and Treatment Centres
GBV	Gender based violence
GEM	Gender Equality Marker
GFATM	Global Fund for AIDS TB and Malaria
GOPH	Gender Operational Plan for HIV and AIDS
GoT	Government of the United Republic of Tanzania
HIV	Human immunodeficiency virus
HSSP	Health Sector Strategic Plan
IPV	Intimate partner violence
JPMS	Joint Programme Monitoring System
KVP	Key and vulnerable populations
LGBTQI	Lesbian, gay, bisexual, transgender, queer/ questioning, and intersex
MOH	Ministry of Health
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MSM	Men who have sex with men
NMSF	National Multisectoral Strategic Framework for HIV and AIDS
NACP	Tanzania National AIDS Control Programme
NPA-VAWC	National Plan of Action for Violence against Women and Children
OSC	One Stop Centre
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of mother to child transmission
PSSN	Productive Social Safety Net
PWID	Person who injects drugs
RGoZ	Revolutionary Government of Zanzibar
SEAH	Sexual exploitation, abuse and harassment
SGBV	Sexual and gender based violence

SOP	Standard operating procedure
SRH	Sexual and reproductive health
STI	Sexually Transmitted Infection
TAAG	The Accountability and Advisory Group
TACAIDS	Tanzania Commission for AIDS
TASAF	Tanzania Social Action Fund
UBRAF	UNAIDS Unified Budget Results and Accountability Framework
UNDAP	UN Development Assistance Plan
VAWG	Violence against women and girls
VCT	Voluntary Counselling and Testing
WLHIV	Women living with HIV
ZNSP	Zanzibar National HIV and AIDS Strategic Plan

Executive Summary

The purpose of the independent evaluation of the UNAIDS Joint Programme on preventing and responding to violence against women and girls (VAWG) is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. The evaluation covers the period January 2016 to June 2020. This report focuses on Tanzania.

Country context

Tanzania has a generalised HIV epidemic, affecting all segments of society (Avert, 2020). The estimated HIV prevalence among people aged 15-49 decreased slightly from 5.1% in 2010 to 4.8% in 2019. Women and girls are disproportionately affected by HIV in all age groups. For example, young women aged 15-24 are about four times more likely to be living with HIV than their male peers (Avert, 2020). The gender dimension of the HIV epidemic in Tanzania is driven by persistent gender inequality and high levels of VAWG, leading to direct and indirect HIV risks and exposure (ibid.).

The HIV prevalence is lower in Zanzibar than in mainland Tanzania; with a general prevalence of less than 1% (Zanzibar Integrated HIV, Hepatitis, Tuberculosis and Leprosy Programme, 2018). In Zanzibar, the epidemic is concentrated among key populations, including people who inject drugs (PWID), men who have sex with men (MSM) and sex workers (ibid.).

Gender inequality, HIV related stigma, and a hostile environment towards key populations are key drivers of the HIV epidemic and act as barriers to an effective HIV response in Tanzania (Avert, 2020).

The Government of Tanzania (GOT) has put in place various national policies, legislation, plans and strategies to prevent and respond to HIV and VAWG. The Government collaborates with various stakeholders in the health sector. The clinical health facility-based management of HIV and VAWG normally addresses both VAWG and HIV treatment. On the side of HIV, the Care and Treatment Centres (CTC) and Prevention of Mother to Child Transmission of HIV (PMTCT) clinics run by the Ministry of Health (MOH) also provide VAWG counselling and treatment for WLHIV. While at the One Stop Centres (OSCs) run by MOH, the survivors of VAWG are provided counselling, testing and Post Exposure Prophylaxis (PEP) to protect them from HIV infection. Within the multi-sectoral response in the community, Tanzania Commission for AIDS (TACAIDS) in the mainland and Zanzibar AIDS Commission (ZAC) in Zanzibar work with the respective ministries for women and youth to lead stakeholders in Information, Education and Communication (IEC), Social Behaviour Change Communication (SBCC) and advocacy for addressing the linkages between HIV/VAWG. However, most of the projects outside of the health sector still operate in parallel silos which strictly address only HIV alone and VAWG alone.

Methodology

The evaluation team consisted of a two Core Team Members, a National Consultant and an Accountability and Advisory Group (TAAG) member. In total 42 people were interviewed, and 43 documents reviewed. The evaluation is based on four outcome areas identified in the evaluation theory of change and an additional area on examining COVID-19 adaptations.

Key findings

Outcome 1: The Joint Programme's response to HIV integrates appropriate VAWG prevention and response and is gender transformative

- Strong national HIV response is in place, led and owned by the government. Significant efforts have been seen in policy, legislation and programmes to address the issues of HIV and GBV/VAWG together
- The Joint Programme has addressed HIV / VAWG integration in five areas:
 - i) HIV/ VAWG linkages in national HIV policy and strategies;
 - ii) HIV/ VAWG linkages in health sector response;
 - iii) Adolescent girls and young women (AGYW) programmes;
 - iv) HIV in workplace interventions;
 - v) Addressing stigma and discrimination.
- A comprehensive gender assessment (2019-2020) of the National HIV response (mainland), which was coordinated by TACAIDS, and supported by UNAIDS and UN Women, and involved many stakeholders from the government and civil society as well as women living with HIV has led to the development of a new Gender Operational Plan (GOP) for the National HIV/AIDS Response as the previous GOP (2016-2018) has come to an end.
- Strong examples of integration present in AGYW programmes, CSE approach (although some opposition is noted among key government stakeholders).
- GBV within HIV programmes is often addressed as a driver of HIV rather than through an appreciation of the bi-directional linkages and common root causes.

Outcome 2: UN VAWG programmes integrate appropriate HIV prevention and response and are gender transformative

- A number of co-sponsors are implementing programmes addressing VAWG and they variously integrate elements of HIV prevention and response, but rarely comprehensively.
- At the national level neither the National Gender Policy nor the NPA-VAWC specifically address HIV.
- Some VAWG programmes address HIV directly, e.g. SASA! while others contribute to addressing underlying root causes.
- At the level of service delivery, the One Stop Centres (OSCs) integrate a focus on HIV prevention and response, however, the evaluation team did not identify any evaluations/ assessments of the quality and implementation of these services. A clear barrier to a survivor-centred approach in OSCs is the fact that survivors need to obtain a police form (PF3) before they can access the services.

Gender transformative approaches

- The understanding and application of gender transformative approaches is often equated with the idea of gender mainstreaming, where stakeholders refer to various tools, trainings, strategies and policies that are used to mainstream gender in programmes and operations.
- There is no common working definition or approach within or across UN agencies, and rarely these approaches address the bi-directional linkages of VAWG and HIV.
- The work on addressing key and vulnerable populations is generally inadequately gendered or intersectional in its approach. Key issues were highlighted around neglecting or inappropriately addressing the needs women with disabilities or considering domestic violence and stigma experienced by women living with HIV.

- Strong examples of HIV/ VAWG integration as well as examples of gender transformative approaches are seen across AGYW programmes and CSE programmes, for examples by addressing multiple influences in AGYW lives, focusing on gender norms and inequalities that contribute to intersecting VAWG and HIV risks, and some involvement of men and boys in programming.

Outcome 3: Enhanced national ownership of HIV and VAWG prevention and response and accountability to women and girls

- Numerous examples cited of how the UN has supported government policy, legislation and guidelines related to both HIV and VAWG, as separate issues.
- There is strong ownership by the government of the interlinked response of VAWG and HIV, however this appears to be mainly from one direction - GBV 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.
- Coordination among government stakeholders and UN generally seen to be working well, however some stakeholders reflected that there had been a restructuring of the working groups which has led to some coordination groups ceasing to meet. There appears to be an appetite among UN stakeholders to reinstate the UN cooperation meetings on HIV and gender equality, outside of the wider development partners groups (DPG).
- CSO and Government stakeholders reflected on the unpredictability of UN funding, the small scale and ad hoc nature of the funding it provides as a challenge to sustainability. Whilst it is recognised that the contribution of the UN to the overall HIV response is very small there is need to consider how to ensure that what funds are available to contribute to greater sustainability and play a more catalytic role.
- The CSO engagement strategy ²⁸⁴is a useful framework for supporting CSO engagement and capacity strengthening.
- Many examples of civil society involvement and consultation, but not clear how the feedback loops work, as many are invited for consultation but not clear how that is fed back and where the accountability lies. Where funding is more activity based, small scale and for more one-off activities this more consultative partnership approach is not as evident.
- Many of the working groups involve representation and leadership from key populations but there are many groups who are at high intersecting risk of HIV and violence which are still left out of these conversations, such as LGBTQI people and sex workers, in part due to the legal and political environment.

Outcome 4: Collaboration among co-sponsors working on HIV and VAWG prevention and response

- Many different platforms exist for UN coordination and this can result in siloed working.
- UNAIDS coordinates all partners under the UBRAF, and stakeholders report this works well. Joint planning is undertaken on an annual basis which is valued.
- The different working groups and stakeholder groups looking at violence against women and children do not cross over with the HIV groups, and issues related to HIV or the bi-directional linkages are not discussed in these fora.

²⁸⁴ November 2019. The United Republic of Tanzania Prime Minister's Office

Covid -19 adaptations

- Some services were hampered during COVID-19 but Tanzania did not experience a prolonged lockdown as some other countries did so most HIV and GBV services continued.
- UN provided PPE and other materials as required to partners.
- Flexibility in terms of project budgets and programme deliverables was accorded to a number of partners and some programme adaptations were made.

Considerations emerging from findings

Although the primary aim for this case study is to feed into the global evaluation, there are some considerations emerging which the Joint Programme in Tanzania may consider for the future:

- **The new UN country cooperation framework that is being developed presents an opportunity to strengthen joint working and joint activities around HIV and VAWG from the outset.** This could strengthen the position of the UN to be able to address issues of HIV and VAWG in a more integrated way.
- **Strengthen focus on the bi-directional linkages between HIV and VAWG,** including addressing violence against women and girls living with HIV (including stigma and discrimination, institutional violence and interpersonal violence) – moving beyond a focus on VAWG as primarily a cause of HIV. As the current NPA-VAWC comes to an end in 2021/22, the formulation of a new national plan of action for VAWC will present an excellent opportunity to strengthen this focus at national level – building on the findings and recommendations from the *Gender Assessment of the National HIV/AIDS Response*. A key priority to address in the upcoming strategic plans and dialogues for VAWG would be how to remove institutional barriers to a survivor-centred VAWG response, including the requirement that survivors need to obtain a police form 3 (PF3) to access services, through increased institutional capacity building of police and gender desks, or revisiting this requirement.
- **Build on the existing strong examples of gender transformative approaches and integration of VAWG/HIV in AGYW programming and CSE programming.** While these programmes inarguably address VAWG and HIV linkages in numerous ways, 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 – which to date has received only a small amount of HIV funding despite the recognition that this is the programmatic area where ‘most progress’ has been made in terms of HIV/VAWG integration (highlighted in the Gender Assessment, TACAIDS, 2020).
- **Explore in the Joint Team what ‘gender transformative approaches’ mean and develop a common understanding and approach across co-sponsors.** This could draw on the examples provided by e.g., UNICEF and UN Women, as well as explore how tools and resources that the Joint Programme and co-sponsors already have at hand (e.g. the Gender Equality Markers) can be used to enhance co-sponsors’ understanding of gender transformative approaches and support a more consistent use of the GEM within the programme.
- **Support civil society organisations, in particular women’s rights organisations and networks of women in their diversity, to be meaningfully involved throughout the project cycle from assessment, and planning through to implementation and monitoring/evaluation to support the sustainability of the project aims.** For example, the Civil Society Marker could be used more strategically to support co-sponsors to increase the involvement of CSOs and affected groups in the design and conceptualisation of programmes.
- **Continue efforts to address stigma and discrimination,** including HIV related stigma and discrimination but also intersecting gender-based sources of stigma and discrimination, with greater intersectional analysis. This should include recognising stigma and discrimination as

drivers of VAWG as well as forms of violence in itself. The new Stigma Index will provide an opportunity to shed stronger light on these issues in the HIV response, which should be approached with a strong gender lens; also when addressing stigma against key populations as this also is gendered in nature and there is a need to unpack the experiences of women and girls from key populations.

- **Build on the experience of responding to COVID-19 pandemic to increase uptake and commissioning of research** to better understand the full impact and challenges related to HIV and VAWG, in collaboration with civil society groups and networks of women in their diversity.
- **Improve knowledge management**, and commissioning of evaluations in particular of pilot initiatives, as well as more long-term interventions, to support further scale up. Examples are provided in the main report.

1. Introduction

1.1 About this evaluation

The purpose of the independent evaluation of the work of the Joint Programme on HIV/ AIDS (UNAIDS) on preventing and responding to violence against women and girls (VAWG) is to assess the Joint Programme's accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. At an overarching level, this includes assessing the results achieved; identifying lessons learned; and developing practical recommendations to support learning and evidence-based decision making for future programming.

The evaluation focused on Joint Programme's efforts to support countries to implement transformative approaches for addressing gender equality, HIV and VAWG, in collaboration with women's and adolescent girls' and young women's groups and relevant civil society networks. It focused at country level on the bi-directional linkages between HIV and VAWG in different contexts, among different groups and different types of violence in various settings, and the extent to which these interventions are gender transformative.

The evaluation uses country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Tanzania, including both Mainland and Zanzibar. The evaluation looks at the period 2016 to end of 2020.

1.2 The UN Joint Programme on HIV and AIDS Tanzania

The Joint Programme on HIV and AIDS Tanzania (hereafter 'the Joint Programme') represents the collective efforts of the UNAIDS Secretariat and UN co-sponsors to support the national HIV response in Tanzania (mainland and Zanzibar), in partnership with the government, development, and civil society partners to achieve the national vision and objectives on eliminating HIV. As such, the Joint Programme is aligned with and supports Tanzania's National Multisectoral Strategic Framework for HIV and AIDS 2018/19 to 2022/23.

The United Nations Development Assistance Plan (UNDAP II) 2016-2021 sets out the overarching priorities for UN's HIV programming, which falls under the Health Outcome. The overall HIV/ AIDS Outcome in UNDAP II is "*Improved, scaled up and equitable use of proven HIV/AIDS prevention, treatment, care and support interventions*" (p. 25). UNDAP II further sets out a focus on the fast-track targets of 90-90-90²⁸⁵ by 2020, with the long-term view to end AIDS by 2030. Programme strategies for fast tracking the HIV response include:

- Better collection and use of strategic information;
- Strengthened government, private sector and community leadership;
- Improved service delivery;
- Elimination of HIV/AIDS related stigma along with attention to the gendered dimensions of the pandemic.

UNDAP II recognises that these efforts must reach the population groups currently 'missed out' by HIV services, including infants, children, adolescents and young people who are exposed to or live with HIV, as well as pregnant and breastfeeding mothers living with HIV, and key populations (ibid.). It further sets out behaviour change communication and economic empowerment interventions as strategies in UN's HIV/ AIDS programming. The UNDAP II recognises that the national HIV response

²⁸⁵ 90% of all people living with HIV know their HIV status, 90% of people who know their status have access to treatment and 90% of people on treatment have suppressed viral loads.

has been heavily reliant on donor financing (97% at the time the plan was developed). Sustainability is also set out to be achieved by supporting the Tanzania Commission for AIDS (TACAIDS) and relevant line ministries, enhancing multi-sectoral and multi-stakeholder coordination of the response.

The Joint Programme is coordinated by the UNAIDS Secretariat in Tanzania and operationalised jointly by the Cosponsors, together making up the Joint UN Team on HIV (hereafter ‘the Joint Team’). The Joint Programme is guided by the Unified Budget, Results and Accountability Framework (UBRAF), with Joint Plans being developed in 2-year cycles that guide the Joint Team’s work in Tanzania. The Joint Plans define priority areas, divide responsibilities between co-sponsors, as well as identify areas of joint interventions and delivery. In the time period between 2018 to 2020²⁸⁶, the Joint Programme in Tanzania has been broadly organised around five priority areas: 1) HIV testing and treatment; 2) Elimination of Mother to Child Transmission²⁸⁷ (eMTCT) of HIV; 3) HIV prevention in adolescents and youth; 4) HIV prevention among key populations (with a focus on stigma and discrimination); and 5) sustainability.

Below is a summary of the Joint Programme budget per co-sponsor, 2018-2020, with a total country envelope of 700,000 USD per year. It is important to note that the UBRAF country envelope is only one source of funding for the JP, but a full breakdown of all co-sponsors funds was not available for the evaluation, which also includes human resources.

Table 1: UBRAF Country envelope allocation per cosponsor, 2018-2020²⁸⁸

Cosponsor	2018 (USD)	2019 (USD)	2020 (USD)
UNICEF	225,000	195,000	131,000
ILO	155,000	110,000	95,000
WHO	87,000	60,000	102,000
UNFPA	58,000	55,000	59,000
UNESCO	55,000	60,000	78,000
UN Women	35,000	65,000	40,000
UNODC	35,000	35,000	35,000
UNDP	30,000	40,000	38,000
World Bank	20,000	20,000	30,000
UNHCR		30,000	35,000
WFP		30,000	57,000
Total:	700.000	700.000	700.000

²⁸⁶ The evaluation team did not access to the 2016-18 Joint Plan.

²⁸⁷ Preferred term: ‘vertical transmission’

²⁸⁸ Data provided to evaluation team from UNAIDS Secretariate

1.3 Country context – HIV and VAWG linkages

Tanzania has a generalised HIV epidemic, affecting all segments of society (Avert, 2020). The estimated HIV prevalence among people aged 15-49 decreased slightly from 5,1% in 2010 to 4,8% in 2019. In 2019, there were an estimated 980,000 women living with HIV compared to 630,000 men living with HIV (aged 15+) (UNAIDS, 2020a). Women and girls are disproportionately affected by HIV in all age groups. For example, young women aged 15-24 are about four times more likely to be living with HIV than their male peers (Avert, 2020). The gender dimension of the HIV epidemic in Tanzania is driven by persistent gender inequality and high levels of VAWG, leading to direct and indirect HIV risks and exposure *ibid.*).

The HIV prevalence is lower in Zanzibar than in mainland Tanzania; with a general prevalence of less than 1% (Zanzibar Integrated HIV, Hepatitis, Tuberculosis and Leprosy Programme, 2018). On Zanzibar, the epidemic is concentrated among key populations, including people who inject drugs (PWID), men who have sex with men (MSM) and sex workers (*ibid.*).

The HIV prevalence is also higher in key populations in mainland Tanzania, however, there is a lack of reliable prevalence data for several groups. From the data that is available, the estimated prevalence rate (across mainland Tanzania and Zanzibar) among female sex workers is 15,4%, and 6,7% for prisoners (gender disaggregated data not available) (UNAIDS, 2020). In 2014, 35% of people who inject drugs (PWID) were estimated to be living with HIV, with a higher prevalence rate for women, 6% for women compared with 3.6% for men (Avert, 2020). Another group with high HIV prevalence is women who are mobile – those who travel five times or more per year are twice as likely to live with HIV than women who do not travel regularly from their home²⁸⁹ (*ibid.*).

Gender inequality, HIV related stigma, and a hostile environment towards key populations are key drivers of the HIV epidemic and act as barriers to an effective HIV response in Tanzania (Avert, 2020). In 2016, 29,6% of ever married/partnered women aged 15-49 reported experiencing physical or sexual intimate partner violence (IPV) in the past year (UNAIDS 2020a). Young women and girls are particularly exposed to power imbalances in intimate relationships with older men, which is in Tanzania seen to take place within the exchange of material goods and social advancement, leading to high risk of HIV exposure (Avert, 2020). HIV among young people is also driven by lack of adequate knowledge of how to prevent HIV, coupled with low levels of HIV testing; in 2016/17, 37% of young women and men demonstrated comprehensive knowledge of HIV and only half of the estimated number of young people living with HIV knew of their status (*ibid.*).

Key populations in Tanzania face an unfavourable legal and social environment. The situation for sexual and gender minorities has worsened during the last few years, with a nationwide crackdown on lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people and organisations affiliated with (Human Rights Watch, 2020). Same-sex sexual acts are criminalised, and while transgender people are not criminalised, they also face high levels of social stigma and threat of violence and discrimination. Sex work is criminalised, and sex workers face a high risk of discrimination and stigma in health care settings, leading many to not access services despite being subject to intersecting VAWG and HIV risks (*ibid.*).

At odds with the laws that criminalise certain key populations, the HIV and AIDS Act 2008 stipulates the rights of people living with HIV (Avert, 2020). However, high levels of stigma and discrimination against people living with HIV remains. In 2016/17, about one in four people in Tanzania's HIV Impact Survey demonstrated negative attitudes against people living with HIV (*ibid.*). Women and girls living with HIV are also at risk of violence, including intimate partner violence (IPV); marital rape; disinheritance; being forbidden to access ARVs and health services; and being forbidden to

²⁸⁹ [A 2018 study suggested that HIV prevalence of mobile populations could be as high as 14%, although it varies by location. \(Averty 2020\)](#)

work, do business or participate in social activities. For instance, a study found that around 20% of women living with HIV who had disclosed their status to their partner had experienced a negative reaction, and 10% reported that disclosing their HIV status had resulted in a fight or being blamed for having HIV (Avert, 2019).

National policies that address HIV and VAWG

The Government of Tanzania (GOT) has put in place various national policies, plans and strategies to prevent and respond to HIV and VAWG. The Government collaborates with various stakeholders in order to implement these. In Tanzania mainland, the policies include the National Multisectoral Strategic Framework for HIV and AIDS (NMSF) 2018/19-2022/21; the Gender Operational Plan for HIV and AIDS (GOPH); the Health Sector Strategic Plan (HSSP) 2015-2020; and the National Plan of Action for VAWG (NPA-VAWG) 2017/18-2021/22, the Sexual Offence Special Provision Act 1998 linking with VAWG, Penal Code Cap 16, in Tanzania mainland. The main policies in Zanzibar include Zanzibar National HIV and AIDS Strategic Plan (ZNSP); Health Sector Strategic Plan (HSSP); and the National Gender Strategy for Zanzibar.

A 2020 Gender Assessment of the national HIV response (Tanzania mainland) noted that while HIV policies and strategies address gender as a crosscutting issue, gender policies and the NPA-VAWG in particular, do not directly address linkages between HIV and VAWG (TACAIDS, 2020).

Several national service delivery and training manuals address the linkages between HIV/VAWG. Within the health sector, the clinical health facility-based management of HIV as well as VAWG normally addresses both VAWG and HIV treatment. On the side of HIV, the Care and Treatment Centres (CTC) and Prevention of Mother to Child Transmission of HIV (PMTCT) clinics run by the Ministry of Health (MOH) also provide VAWG counselling and treatment for WLHIV. While at the One Stop Centres (OSCs) run by MOH, the survivors of VAWG are provided counselling, testing and Post Exposure Prophylaxis (PEP) to protect them from HIV infection. Within the multi-sectoral response in the community, Tanzania Commission for AIDS (TACAIDS) in the mainland and Zanzibar AIDS Commission (ZAC) in Zanzibar work with the respective ministries for women and youth to lead stakeholders in Information, Education and Communication (IEC), Social Behaviour Change Communication (SBCC) and advocacy for addressing the linkages between HIV/VAWG. The Social Welfare Department has responsibility for responding to HIV related VAWG of adolescent girls under the age of 18. However, most of the projects outside of the health sector still operate in parallel silos which strictly address only HIV alone and VAWG alone.

2. Methodology

This country case study took place between January and March 2021. The evaluation team consisted of two Core Evaluation Team Members, one National Consultant, and one member of the Accountability and Advisory Group (TAAG); a group of women representing a diversity of geographies, ages and identities, who were engaged to ensure the accountability of the evaluation process to networks of women and girls in their diversity across the global evaluation. On a country level, the TAAG member led the work with connecting with and interviewing representatives of networks of women and girls in their diversity living with or affected by HIV.

The UNAIDS Secretariat in Tanzania shared a list of the Joint Programme key stakeholders with the evaluation team for validation and outreach. UNAIDS also shared a set of initial documents, including key national policy documents for HIV and VAWG, Joint Plans (2018-2021), JPMS reporting (2018-2020) and other key UN documents. Further documents were sourced through desk-based research and from key informants. See Annex 1 for a list of documents reviewed for this case study.

Interviews were conducted with key stakeholders identified by UNAIDS Country Team and verified with the national consultant and TAAG member. The Core Team Members interviewed HIV and gender technical staff from 11 UN agencies working in Tanzania (covering both Mainland and Zanzibar) and representatives of two international donors supporting work on HIV and VAWG. The National Consultant interviewed representatives from government agencies involved in the national HIV and VAWG response, and civil society organisations (CSOs) active in the areas of HIV and VAWG. The TAAG member interviewed seven representatives of networks of women in their diversity from community led networks. The evaluation did not interview direct programme beneficiaries or adolescent girls and young women directly. Upon completion of the data collection, this case study report was drafted based on the compiled findings from across the stakeholder interviews and the desk review.

Stakeholder type	Individuals interviewed	Mainland	Zanzibar
UN stakeholders	17	15	2
Donors	2	2	
Government	7	5	2
Civil Society	9	7	2
Representatives of networks of women in their diversity	7		
Total number of individuals interviewed:	42		

A full list of stakeholders interviewed can be found in Annex 2.

Limitations

The main limitation of this study relates to the inability to meet with many of the key informants in person due to the restrictions in place because of the COVID-19 pandemic. Whilst respondents made themselves available and showed willingness to speak virtually, this does not replace the benefits of being able to meet with people face to face to discuss these issues.

The time, and timeframe, available for country data collection was very limited which is likely to have resulted in missing key civil society partners, in particular those active in working on prevention and response to violence against women and girls. Given more time, the evaluation team would have liked to have spoken to more representatives of women’s rights organisations, working outside the focus of government identified key populations with more representative groups of women and girls in their diversity.

Difficulties in accessing evaluations and programme reports also hampered the ability to assess the effectiveness of any of the projects and interventions that are discussed below. It is likely that this is in large part due to the absence of multi-year interventions which may lend themselves more easily to evaluations and progress reports.

3. Findings

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

To what extent is HIV programming gender transformative?

- How is HIV programming addressing the multiple and intersecting forms of discrimination and the link between VAWG with HIV?

To what extent are results achieved – disaggregated by type of intervention and by population group?

- For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?

To what extent is the Joint Programme monitoring and document results (E2)

The Joint Programme recognises gender inequality and harmful social norms as drivers of bi-directional VAWG/ HIV linkages. This extract from the 2018/19 Joint Plan illustrates some of these linkages:

Gender inequality rooted in the social norms breeds gender-based violence and makes women and girls vulnerable to HIV infection and need additional effort to be addressed. The fear of violence also prevents women from disclosing their HIV status to their partners and family members. Gender based violence impacts on women's productivity, access to economic resources and services including HIV and reproductive health services (Joint Plan, 2018-2019, revisions)

Over the evaluation period (2016-2020), there are several examples where the Joint Programme has addressed VAWG within HIV programming. These are broadly grouped under the following headings: i) HIV/ VAWG linkages in national HIV policy and strategies; ii) HIV/ VAWG linkages in health sector response; iii) adolescent girls and young women (AGYW) programmes; iv) HIV in workplace interventions; v) addressing stigma and discrimination.

i) HIV/ VAWG linkages in national HIV policy and strategies

The Joint Programme has supported the development of a new Gender Operational Plan (GOP) for the National HIV/AIDS Response as the previous GOP (2016-2018) has come to an end. **UNAIDS** and **UN Women** provided technical and financial support to the process, which has involved carrying out a comprehensive gender assessment (2019-2020) of the National HIV response (mainland), which was coordinated by TACAIDS and involved many stakeholders from the government and civil society as well as women living with HIV. UN Women highlighted in the JPMS reporting that a strength of this process was that it engaged women affected by and living with HIV; 75 women were trained in data collection for the assessment and 70 women (who did not receive training) were involved as key informants in the early stages of the assessment, sharing their experiences of “*gender and HIV issues they face, such as structural gender inequalities, stigma and discrimination, violence against women and girls, and harmful practices*” (JPMS, 2019b).

The gender assessment report which was launched in late 2020 states the ambition of the assessment to “*push for gender-transformative planning, programming, budgeting and implementation*” (TACAIDS, 2020, p. 16). The Gender Assessment recognises HIV/ VAWG linkages; for example, recommendations include strengthening policy linkages between the NPA-VAWC and

HIV plans and policies; integrating HIV and GBV services; and addressing social norms and gender inequalities that are part of structural drivers of the HIV epidemic (ibid.). The assessment will inform the development of the new GOP, which the UN continues to support in collaboration with TACAIDS.

UNAIDS is also providing technical support to the development of a new Stigma Index, which was developed and received ethical approval in 2020, and will be conducted in 2021 in mainland, with Zanzibar hoping to get approval later in the year for their study. The 2020/21 Joint Plan states that:

Existing interventions and investment in reduction of stigma and discrimination are scarce. In the coming two years Joint UN Team will support the government to make available comprehensive data on stigma and discrimination at community and facility levels, on GBV and for key populations. This set of comprehensive data will be used to inform advocacy, policy design, programming and resource mobilization (Joint Plan 2020/21)

UN stakeholders likewise indicated that gender disaggregated data is limited at national level, and that the UN is trying to support the GOT to strengthen data and evidence to inform the national HIV response by conducting studies, and reviewing data and evidence to inform programming and policy (UN KIIs).

ii) Addressing HIV/ VAWG linkages in the health sector response

Within the health sector, the clinical health facility-based management of HIV as well as VAWG normally addresses both VAWG and HIV treatment. On the side of HIV, the Care and Treatment Centres (CTC) and Prevention of Mother to Child Transmission of HIV (PMTCT) clinics run by the Ministry of Health (MOH) also provide VAWG counselling and treatment for WLHIV. While at the One Stop Centres (OSCs) run by MOH, the survivors of VAWG are provided counselling, testing and Post Exposure Prophylaxis (PEP) to protect them from HIV infection. The multi-sectoral response for HIV is led by TACAIDS in the Mainland and ZAC in Zanzibar; the clinical responses are led by MOH under National AIDS Control Programme (NACP) in the Mainland and by Zanzibar Integrated HIV, Tuberculosis and Leprosy Programme (ZIHTLP) in Zanzibar. The VAWG work is led by the Ministries responsible for health and gender issues. Various lead Government agencies in the health, VAWG and social sectors have been supported by different UN agencies to develop national or sector policies, programs and plans that address the linkages between HIV and VAWG. For example, UNAIDS described that they have contributed to the review of the fourth Health Sector Strategic Plan with the view to inform the fifth plan, in order to ensure that HIV is fully integrated into the plan (UN KII).

UN and government stakeholders shared examples of how several co-sponsors have supported integration of SRH/ VAWG/ HIV in HIV service facilities. This has focused on providing support to developing guidelines, manuals and capacity building, including focusing on adolescents' SRH and PMTCT. The 2018 and 2020 JPMS reports highlight the following achievements:

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 (JPMS, 2018)

With UN support, 61, 322 and 59,355 young people from three regions in Tanzania mainland were reached with integrated ASRHR/HIV prevention information and services respectively (JPMS, 2020)

However, it is less clear to what extent guidelines and manuals are being implemented. A UN KII noted that the HIV/ VAWG response in the health sectors is “an area where we need to ‘walk the

talk' to make sure all health service providers at community level are equipped to respond in an appropriate manner" (UN KII).

As part of the integration of SRH/ HIV services, HIV service providers have also been supported by the Joint Programme to integrate cervical cancer screening in HIV services. Cervical cancer disproportionately affects women living with HIV (TACAIDS, 2020). The 2020 JPMS reported that the UN supported 64 HIV treatment clinics in mainland and 14 clinics in Zanzibar to provide integrated SRH/ HIV services, reaching 23,586 people living with HIV in mainland and 14,901 people living with HIV in Zanzibar (JPMS, 2020). A UN key informant described that the integrated focus on cervical cancer is part of the approach to ensure that women living with HIV have broad access to health services without stigma and discrimination, as it is not only their access to HIV services that is affected by stigma and discrimination, but also their access to other health services including cervical cancer screening (UN KII).

Within the refugee camps, **UNHCR** supports prevention and care programmes, addressing awareness raising and HIV counselling and testing, including provider initiative VCT, eMTCT and within ANC clinics. They also provide community follow up to support adherence. This programme supports the National HIV programme and is funded by the Global Fund, with some UBRAF support to help strengthen integration of HIV programme within these camp settings. UNHCR's VAWG services are covered under Outcome 2.

iii) Adolescent Girls and Young Women (AGYW) programmes

Co-sponsors shared several examples of how HIV and VAWG linkages are addressed in AGYW programmes, spanning across education, economic empowerment, SRH and awareness raising interventions. The examples that are linked to the Joint Programme are described under Outcome 1, while interventions that do not come under the UBRAF country envelope funds or Joint Team technical resources are described later under Outcome 2 – VAWG interventions that address HIV. However, these distinctions are not always obvious for AGYW programmes, as these are often multisectoral and aim to address multiple influences in AGYW's lives. These interventions are characterised by combining several approaches such as awareness raising on SRH including HIV, addressing harmful social norms and violence, and providing livelihoods support and social protection. The interventions are delivered in communities, schools and through various platforms such as community radios.

The evaluation team were only able to access a limited number of evaluations of these efforts and therefore unable to comment on their impact on HIV and VAWG, however, key informants drew strong conceptual linkages between HIV and VAWG in these programmes and highlighted that some of the interventions have evolved over years, building on successful projects and sometimes regional experience. The 2020 Gender Assessment found that AGYW programming is the area where most progress have been made in terms of integrating gender transformative approaches in the HIV response, stating that the evidence base for integrated AGYW programmes as *"quite strong and validates further investments within the response"* (TACAIDS, 2020). However, the assessment highlighted that this did not appear to be matched in terms of funding, as it found that only 3% of HIV funding (in 2017) was allocated to AGYW programming (ibid.).

Comprehensive sexuality education (CSE): UNESCO and other co-sponsors (**UN WOMEN, UNICEF and UNAIDS Secretariat**) have supported the Ministry of Education, Science and Technology to develop and implement CSE in primary and secondary schools in mainland Tanzania and Zanzibar, supporting the education sector response to HIV and GBV. The CSE reportedly integrates 'sexuality, HIV and gender education' (JPMS, 2019b). Key achievements in the evaluation period include integrating CSE in the Teacher's Education Curriculum in 2018, and training 1,635 teachers to teach CSE in 2019 (ibid.). The increase in number of trained teachers has led to an increase in the number of schools providing CSE – from 43.1% primary school and 48.4% secondary schools in 2017, to 58.5% of all schools in 2020 (ibid; JPMS, 2020). In 2020 JPMS, it was reported that about 7.5 million

learners in mainland Tanzania (Zanzibar not reported) were reached with quality CSE (JPMS, 2020). Other key achievements include improved quality of reporting on the implementation of CSE by regional and district monitoring systems; support to developing a National Life Skills Standard Guide; support to develop a Training Manual for out of school youth; and support provided to the Ministry of Education, Science and Technology and the Open University of Tanzania to roll-out a CSE online course (JPMS, 2018; 2019b; 2020). Despite significant steps taken to integrate CSE into the national education system and rolling it out in schools, the JPMS reporting highlights challenges of negative attitudes and a re-emerging opposition against CSE amongst government stakeholders (JPMS, 2020).

A UNESCO key informant explained that ensuring integration of HIV and GBV in relevant education policy is a key priority for UNESCO; for example, UNESCO participated to ensure that the Education Sector Development Plan 2017-2021 captures GBV and HIV issues (UN KII).

Addressing HIV and VAWG through mass media campaigns: Several co-sponsors including **UNESCO**, **UNFPA**, **UNICEF** have been involved in interventions delivered through radio programmes and drama series. These have integrated messages on SRH, HIV, violence, among other topics; aiming to tackle gender inequality, harmful social norms and promote positive behaviour among adolescents. UN key informants highlighted the radio shows as examples that address HIV and VAWG in an integrated way by addressing several key influences and drivers of these issues in adolescents' lives (UN KIIs).

Two radio programmes that have been broadcasted in the evaluation period are ONGEA (see box 1) and Sara Radio Programme. The latter was supported by **UNICEF** between 2016-2018, with primary school children aged 10-14 as the main target group. An evaluation found that in terms of HIV information, the majority of adolescents in target regions had heard of HIV/ AIDS (96%); radio was the third most cited source of information (17%). The evaluation highlights that while radio can be a source of information on HIV/ AIDS among adolescents, the majority learned about HIV in school, followed by parents/ guardians – warranting the need to employ a variety of approaches to raise awareness of HIV among adolescents. (CSR Group Africa Limited, 2019)

Box 1: The ONGEA radio show

UNICEF in collaboration with co-sponsors and TACAIDS/ZAC are implementing a radio programme which discusses issues encountered by adolescent girls and boys (15-19 years) in a holistic way, which includes addressing HIV and VAWG. The programme has been running over a few years in mainland Tanzania and Zanzibar and is in the process of being scaled up from 19 high-burden districts in 2019 to 27 in 2020-21. The 2020-21 Joint Plan reveals a particular focus on reaching adolescent boys in this programming cycle. The radio show is designed to integrate age and gender appropriate messages, aiming to enhance the listeners' understanding of the issues discussed and build skills to manage choices and problems related to SRH, HIV and violence, amongst other things. In 2020, ONGEA aired through 26 community radios, reaching about 240,000 adolescents on mainland and 148,000 on Zanzibar. UNICEF highlights that the ONGEA programme sets out to complement ongoing national and community interventions to improve adolescents' health and wellbeing.

Sources: JPMS reports 2018-2020; UNICEF (2021) [What is the ONGEA radio programme?](#)

Economic empowerment and social protection programmes: 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. **UNICEF** and **ILO** appear as the leading co-sponsors in economic empowerment/ HIV prevention programmes targeting youth. A UN key informant described that these interventions are part of a gender transformative approach: *"any HIV programme that doesn't look at the root cause, which could be GBV, rape, forced sex, early marriage, adolescents who are not aware of risks and getting into sexual relationships, getting infected – our programming is looking at all that"* (UN KII).

ILO has implemented several interventions where economic empowerment is used as a strategy to reduce HIV risks and exposure among ‘vulnerable groups’, including women, youth and migrant workers. One programme focused on Youth Employment, where the HIV component was linked to UBRAF, addressing HIV risk through structural interventions to empower girls and young women economically and in their relationships. *“When they are economically empowered, girls can better negotiate safer sex, and they have better knowledge”* (UN KII). The UBRAF funds reportedly allowed ILO to continue addressing the HIV component even after the completion of the first programme cycle, building on the good practice generated through the programme. ILO’s approach to tackle HIV vulnerability (which includes VAWG) through youth employment is described in the compendium *Delivering excellent decent work results in Africa: Working Together for a Better Africa* (2019)²⁹⁰.

ILO and UNICEF have both partnered with the Tanzania Social Action Fund (TASAF) to support adolescents and youth’ income generating activities (IGA), coupled with HIV and SRH education as well as access to services. The CASH+ intervention which falls under this partnership is summarised below, and focuses on UNICEF’s support to the programme as the lead cosponsor of this intervention under the Joint Programme.

Box 2: The CASH+ programme

Following support to the Tanzania Social Action Fund (TASAF), the Joint Programme with UNICEF as the lead cosponsor, has 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](#)

iv) HIV in workplace interventions

ILO is integrating a focus on HIV in their work in the World of Work, which is focused around non-discrimination and also gender; some of which explicitly or indirectly seek to address VAWG/ HIV linkages. ILO’s work in this area is primarily guided by the global ILO Convention no. 190 which speaks directly to addressing sexual harassment at work; the Employment and Labour Relations Act (2004); and the HIV and AIDS Act (UN KII). The interventions target workplaces (including informal sector), health care settings and higher learning institutions, and engages government institutions, the private sector, universities as well as labour unions.

²⁹⁰ See:

https://labordoc.ilo.org/discovery/fulldisplay?docid=alma995050091902676&context=L&vid=41ILO_INST:41ILO_V2&lang=en&search_scope=ALL_ILO&adaptor=Local%20Search%20Engine&tab=ALL_ILO&query=sub,exact,employment

HIV workplace policies and programmes: 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 (JPMS 2018; JPMS 2019b). In 2019, JPMS reported that eight companies had been supported to develop and implement HIV Workplace programmes and policies (JPMS, 2019b). JPMS reports do not reveal whether these efforts have integrated a gender focus and specifically addressed workplace discrimination against women living with HIV. This might potentially represent a missed opportunity for HIV/ VAWG integration – whether the gap is in regard to addressing these linkages in this area of programming or making them visible in reporting (if they are already there).

ILO support and built the capacity of government officials, including labour officers, and company focal points and committees to ensure that HIV and gender issues are addressed in workplace policies, plans and collective agreements (UN KII). Sustainability challenges were highlighted in relation to this work as there is reportedly a high turnover of focal points.

According to some civil society organisations the ILO sometimes addresses VAWG in their support to HIV workplace interventions. The linkages appear in their support to develop workplace policies, plans and programs on HIV, which offers some entry points to address VAWG as some policies talk about VAWG in relation to HIV (Civil society KII). However, the support provided by the UN to this area of work was described as *“a drop in the ocean”* considering the size of the country and the prevalence of VAWG in workplaces. Another challenge that was highlighted was the gap between policy and implementation, *“very few workplaces have implemented these policies and programs for GBV and HIV”* (Civil society KII).

The Joint Plan 2020/21 sets out to continue supporting the work to support labour officers to ensure that HIV workplace policies are implemented, with a specific mention of supporting their capacity to mainstream HIV and gender in the labour inspectorate work - \$50,000 has been allocated for this activity (Joint Plan, 2020/21).

HIV testing in workplaces: The Joint Programme and ILO also support Voluntary Counselling and Testing (VCT) in workplaces, known as the VCT@Work initiative, targeting sectors which with high HIV prevalence among workers, and which are male dominated (e.g. the mining sector and construction). The intervention aims to address the lower rates of men testing for HIV and knowing their status than women that are seen in Tanzania. This has been coupled by a campaign to promote men as change agents and engaging men in the HIV response (Joint Plan, 2018/19). The evaluation team has not come across information that suggest that the VCT@Work initiative has explicitly or deliberately integrated a VAWG focus (as have been the case elsewhere, e.g. in South Africa), however, a UN key informant described indirect linkages to addressing VAWG, for instance through the approach of promoting that couples access VCT services, or that the man in a heterosexual relationship is the first one to get tested for HIV – *“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). These linkages could be better articulated in planning, reporting, and learning frameworks, and this might provide an opportunity for ILO and the Joint Programme to strengthen the integration of VAWG in VCT services, drawing on evidence-based good practice from other countries.

Addressing HIV and GBV in higher learning institutions: In 2020, UNESCO, ILO and UNFPA initiated a joint programme 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 (Joint Plan, 2020/21) in response to the high HIV prevalence in youth and issues of GBV and SEAH in higher learning institutions, where for instance cases of sexual exploitation/ sextortion against students in

exchange for grades have received increased attention in Tanzania.²⁹¹ 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. The programme was initiated in three pilot universities in Tanzania last year, and it is expected that the CSE course will reach about 50,000 students in 2021. UN Women are also working to address violence in tertiary education in Kigoma (UN contributor).

Occupational safety in health care settings: In 2020, under the Joint programme (UBRAF country envelope funds), ILO and WHO initiated a joint intervention that seeks to address workplace stigma, discrimination and violence, as well as HIV risks and other occupational and environmental risks that are present in health care settings. The intervention uses the ILO/ WHO global tool 'Health Wise Toolbox' and worked with the Ministry of Health to customize it to the Tanzanian context. The intervention targets five regions with highest stigma index scores. According to 2020 JPMS reporting, the initiative reached 25 District Hospitals and about 2894 health care workers in 2020. A UN KII explained that the intervention addresses sexual harassment and violence against health care workers, including by patients and colleagues, which is especially experienced by the female workforce. It also seeks to reduce HIV related stigma and discrimination at work in health care settings (UN KII). The first year of implementation noted 'huge gaps' in terms of control of HIV related occupational risks, and a lack of support and routine follow up of health care workers who have been exposed to potential HIV transmission at work.

v) Addressing stigma and discrimination²⁹²

As noted earlier, 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 this is the case, and that most HIV grants are commodity driven, with limited funding for addressing social issues and especially stigma and discrimination (UN KII). One way that UNAIDS is trying to address this is through influencing the Global Fund and PEPFAR to include issues of stigma and discrimination in their operational plans (ibid.). UN key informants mentioned that the work to address stigma and discrimination has come further on in Zanzibar than in mainland Tanzania, and that stigma is increasingly discussed in various forums on Zanzibar – *"they (ZAC) have put a lot of emphasis on stigma and related interventions, they have realised that this is a game change"* (UN KII).

Despite limited efforts focusing on stigma and discrimination, there have been some efforts by UNAIDS and cosponsors to address stigma and discrimination within their HIV programming, including in health care settings, and in work with key populations, although this is often lacks and gender or intersectional analysis.

UNFPA support training for service providers on addressing stigma and discrimination in One Stop Centres and working with other partners that are addressing stigma and discrimination in SRH and HIV service provision. It is critical to address the issue of stigma and discrimination in care and treatment centres, both self-stigma as well as by service providers: *"you can't not address stigma and discrimination"* (UN KII).

UNHCR provides capacity building and mentoring around stigma and discrimination in health care facilities and communities in refugee camps, however, they had reportedly not observed any stigma and discrimination against people living with HIV or VAWG survivors in health care settings (UN KII).

UN Women addresses stigma and discrimination through its work with traditional leaders to challenge discriminatory practices that put women living with HIV into risks of violence. UN Women also addresses stigma and discrimination against women living with HIV through its work on

²⁹¹ See for instance <https://www.aa.com.tr/en/africa/tanzania-launches-campaign-to-deter-sexual-corruption/1775454>

²⁹² The evaluation considers stigma and discrimination as a form of violence against women and girls

integrating cervical cancer screening in HIV services (see under outcome1), and through support to networks of women living with HIV, although it appears to be on a small scale, supported women living with HIV in their advocacy for stigma-free HIV services:

With UN support, 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)

UNDP also has a focus on non-discrimination and stigma reduction, both at policy level and service provision level. UNDP works with UNAIDS to reduce stigma and discrimination faced by key populations and young women when they access services (UN KII). The evaluation team has not accessed any information on how many health care workers/ service providers have been reached by these interventions or reported impact.

UNDP also collaborates with the Commission on Human Rights in Tanzania on addressing HIV-related stigma. The work has completed a training of trainers within the institution, and the next step is to engage people living with HIV for the Commission to understand their experiences of stigma and discrimination and identify gaps in the government response. UNDP's work to address HIV related sigma appears to still be in an early stage (UN KII), and it is not clear whether this work takes a gendered approach to understand how women living with HIV experience discrimination and stigma – “[the work] is about non-discrimination and stigma reduction, but not specific on VAWG”.

Addressing discrimination and stigma against key populations: UNAIDS is involved in an 18-month programme that looks at creating a conducive environment for HIV programming for key populations and people living with HIV. One of the core areas of the programme is around awareness rising to address stigma and discrimination, including in relation to access to health services. The programme has organised multisectoral dialogues and supported a national campaign on anti-stigma led by TACAID. The campaign developed messages and averts which were displayed by national media. This appears to have focused on stigma against key populations as well as gendered dimensions of HIV related stigma.

Issues of HIV cannot be separated from stigma and discrimination, or from power dynamics. E.g. for women who are HIV positive, no decision/ power at homes, also will be a barrier for her to access services. These kinds of messages are gender transformative – addressing root causes (Donor KII)

A key informant described that it was initially challenging to get all necessary stakeholders onboard given the contextual challenges of working with key populations, especially LGBTIQ people and sex workers. Key informants described that the programme had to be framed around health aspects and the high HIV prevalence in key populations rather than around human rights; and later they could start focusing on barriers to an effective HIV response, including human rights and gender inequality (UN KII). The programme works closely with government institutions to enhance their capacity to work with key populations and address stigma and discrimination, which has reportedly built momentum among government counterparts. A key informant described the approach:

UNAIDS is working closely with TACAIDS. Their approach is to make sure that it is driven by key government institutions. Also to build capacity of national stakeholders to ensure increased national ownership and sustainability. It is the main way the programme is addressing this challenges, by making sure it's not only a UNAIDS driven programme but that it is TACAIDS and government institutions that is driving this (Donor KII)

The programme also integrates an aspect of VAWG response – resolving legal grievances and providing legal support to sex workers when they have experienced violence. The intervention also raises awareness around sex workers’ rights (KII). According to UN key informants, they have seen less police crackdown on key populations in some areas where the programme has been implemented, following the campaigning and stakeholder dialogues, which included stakeholders from the police (UN KII).

Family level violence related to stigma is a huge issue as highlighted in an interview with a representative of women in their diversity: *“In some families, if you’re living with HIV they do not consider you for inheritance, they count you as a dead-living person”* (representative of network of women in their diversity, KII).

It is unclear how this widespread violence and stigma against women living with HIV is explicitly addressed through the Joint Programme, as the focus is often on key populations where women living with HIV are often not included except by virtue of their potential membership of another key population group, such as female sex workers as seen above. The absence of an intersectional analysis when it comes to addressing stigma and discrimination faced by people living with HIV is further highlighted by this representative of women with disabilities.

People living with disabilities are easily forgotten when it comes to HIV programmes. Most people in our communities believe people living with disabilities are not sexually active, which is not true. We encounter violence and sometimes stigma, some of us are equally at risk for HIV like other community members.” (representative of network of women in their diversity, KII).

Outcome 2: UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

To what extent is VAWG programming gender transformative?

- To what extent is VAWG programming integrating HIV prevention and response?

To what extent are results achieved – disaggregated by type of intervention and by population group?

- For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?
- To what extent is the Joint Programme monitoring and document results

UNFPA supports both VAWG prevention and response. The prevention side focuses on social and behavioural change related to social norms. Interventions take place at community level, e.g. through awareness raising, community dialogues and engagement with religious and traditional leaders. The work is reportedly focusing increasingly on involving men and boys. UNFPA runs AGYW programming focusing on empowerment and building life skills. This includes focus on harmful practices that affect girls and young women, including FGM and more recently child marriage (UN KII).

The agency’s response to VAWG mainly takes place within the health sector response to GBV. This focuses on strengthening the capacity of services that address GBV – health care, police, institutional welfare, community development officers, protection committees – and improve coordination of efforts. UNFPA focuses on HIV integration within its SRHR and youth friendly service provision, as well as supporting government services in this regard.

UNFPA has no programme that specifically targets women living with HIV. The main integration between HIV and VAWG is seen in the Once Stop Centres (OSCs) where survivors of VAWG can

access all services under one roof, including VAWG, SRH and HIV services. There are currently 7 OCSs in Zanzibar and 13 in Mainland and more are planned to be established in 2021. These are largely run from hospitals and referral centres, and represent inadequate coverage in relation to the size of the country and scale of need. In Mainland Tanzania, there are national OSC guidelines and SOPs. UNFPA is supporting the OSCs through the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), for instance by establishing standards for the OSCs. The Gender Assessment of the HIV response describes the OSCs as the *“the most effective in offering a range of integrated, health, social and legal services, and scaling up of these would be beneficial”* (TACAIDS, 2020, p. 94). The evaluation team has not identified any evaluations or other evidence of the quality and implementation of services in OSCs. However, a clear and barrier limiting women and girls’ access to these services, and at odds with a survivor-centred approach, is the fact that survivors need to obtain a police form (PF3) before they can access the services (ibid).

UNFPA also addresses VAWG issues at a policy level, e.g. which has included coordination of the women and development policy. UNFPA is also part of joint UN initiatives to address VAWG (see the end of this section for more information on these).

UN Women undertakes several initiatives to prevent and respond to VAWG under the Ending Violence Against Women and Girls (EVAW/G) programme. The programme focuses on supporting the government to implement legislation and policies on ending VAWG; strengthening women’s voice for reforms and operationalisation of laws and policies; improving availability, accessibility and capacity of services to VAWG survivors; and increasing access to effective services, coordination and protection mechanisms in communities (UN Women, 2021). This work includes supporting the implementation and monitoring of the NPA-VAWC, and strengthening service provision by supporting Gender and Children’s Desks in police stations (UN KII). Gender and Children’s Desks handle cases of violence against women and children and offer legal aid and psychosocial support. The Gender Assessment of the HIV response highlights that the quality of the support provided varies, and that Gender and Children’s Desk are not yet rolled out across all police stations (there were 420 desks in 2020) nor linked to healthcare services (TACAIDS, 2020), or psychosocial support. While several representatives of networks women in their diversity noted that Gender and Children’s Desks are a resource for survivors of GBV that many (but far from all) are aware of, it was noted that the capacity of the desks can be further strengthened, for example saying that *“there is a need for a phase two programs that focuses on the capacity of these well build desks”* (Women in their diversity KII).

UNESCO’s implements several programmes that address GBV, which largely fall under the umbrella of AGYW programming – some of these with a stronger HIV focus have already been highlighted under outcome 1. Another AGYW joint programme focusing on empowerment through education is highlighted in the box below.

The Connect with Respect programme is a curriculum-based intervention for prevention and response to school related gender-based violence (SRGBV). It was developed by UNESCO’s regional office and has been piloted in 50 schools in Tanzania. In 2019, UNESCO provided support the Tanzania Institute of Education to implement the project in Ilala and Sengerema districts in mainland Tanzania. So far, the focus has been on understanding what forms of GBV children face in school, which has been done through supporting a baseline assessment, and subsequently planning programmatic approaches and adapting the programme material to the Tanzanian context (JPMS, 2019b). The piloting phase of this project is expected to reach about 15,000 learners. The programme has a strong focus on transforming social norms that underpin violence and discrimination in school, and support non-violent behaviour, positive norms and gender equitable relationships (UNESCO, 2020a) The programme broadly aims to reduce GBV and advance gender equality. It is not clear if the programme includes any direct focus on HIV such as through CSE or SRH information, however, it addresses underlying root causes to both GBV and HIV among adolescents.

Box 3: Joint Programme: Empowering Adolescents girls and young girls through education

UNESCO, UN Women and UNFPA collaborate on a programme that aims to promote gender equality and the empowerment of AGYW through holistic and comprehensive approaches to quality education. The programme focuses on keeping girls in schools and addressing barriers that prevent girls' from fulfilling their educational dreams. This includes addressing GBV in schools, homes and communities; increasing access to SRH services and information that is age and culturally appropriate; and transforming societal attitudes as well as institutions to create a more conducive environment for AGYW. The programme has established TUSEME clubs, which are safe spaces for peer-led activities on life skills. The programme also focuses on out-of-school girls, including increasing access to SRH information and services and supporting AGYW who are out of school with life skills development and livelihoods opportunities. The modules provided include focus on gender equality, SRH, HIV/ AIDS, human rights, as well as communication, literacy and numeracy skills. The programme reportedly works with boys and men – recognising that the issues AGYW are facing cannot be holistically addressed through only targeting AGYW.

Source: *UN KII and UNESCO (2020b) [UN Joint Programme Impacting Girls' and Adolescent Women's Lives in Tanzania](#)*

UNHCR provides VAWG prevention and response as part of Tanzania's refugee response. Integration of VAWG and HIV takes place within the multi-sectoral response services provided for VAWG survivors, under the umbrella of UNHCR's sexual GBV programme (SGBV) (UN KII). VAWG survivors receive integrated VAWG and HIV services (including testing, PEP and ongoing counselling) in GBV support centres and where necessary, referrals are made to care and treatment centres outside the camps. UNHCR recognises that the government policy on mandatory reporting of sexual violence in order to access free health services is a major barrier for VAWG survivors to access appropriate support in a survivor-centred way (UN KII).

It is less clear whether HIV services in refugee camps systematically integrate VAWG components such as identification of survivors and referrals to VAWG services. However, UNHCR appears to support capacity building in this regard. A UNHCR civil society partner that works in CTCs highlighted that UNHCR will support a training for the partner organisation on GBV and sexual exploitation, abuse and sexual harassment (SEAH).

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. UN Women is also using the SASA! approach in host community through CSOs partner focusing on ending violence against women.

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 violence against women, economic empowerment and livelihoods support, there is a challenge in faithfully implementing the methodology, as in some case they have had to adapt the methodology to account for increased mobility of the populations, often requiring it to be shortened. The other programmes mentioned, although not directly including HIV components or targeting women and girls living with HIV, also include elements of gender

transformative approaches that hold the potential to tackle 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 have yet been evaluated, despite being implemented for over three years (UN KII).

UNICEF is involved in several AGYW programmes, as noted under outcome 1, which integrate a focus on HIV and VAWG in various ways. Another programme that focuses on adolescent girls’ empowerment and SRH is the GRREAT initiative (Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania), which is implemented over 5 years (2019-2024) by UNICEF and UNFPA and aims to improve the sexual and reproductive health, rights and wellbeing among vulnerable adolescents in selected regions in mainland Tanzania and Zanzibar (UNICEF and UNFPA, 2020). A 2020 programme brief describes that the programme is multisectoral in nature and supports existing Government plans in various sectors, and seeks to strengthen government systems at national, sub-national and community levels. Other main pillars of the programme are to build demand for ASRH services and support evidence generation to inform policies and financing and increase accountability. The programme focuses on building girls’ assets in four domains: health, social, education and economic assess – the health component includes explicit focus on increasing knowledge about access to SRH and HIV services, while the combined efforts across the four domains addresses several drivers of VAWG and HIV risks. The programme also involves adolescent boys in activities (ibid.). The programme is at the early stages of implementation and therefore no results were available, but for planned results see UNICEF and UNFPA (2020) - for example, the programme plans to reach 290,000 adolescent girls and boys with ASRHR and nutrition services; and refer 30,000 adolescents to SRH, sexual and gender based violence, and nutritional services (ibid.).

UNICEF appears to have a strong focus on social and gender norms that drive AGYW’s vulnerability to VAWG and HIV in their work, in the GRREAT programme as well as other initiatives – addressing underlying root causes such as lack of livelihoods opportunities that coupled with gender inequality, underpin unequal power relationships between AGYW and their intimate partners. A UN key informant described:

(The programmes) empower women to be able to negotiate on sex and attain financial independence, so they are not dependent on men. Risks are also related to intergenerational sex, older men having sex with younger women, unequal relationships, which is reflected in decision making, negotiating sex and exposure to HIV (UN KII).

UNICEF also described that their GBV and AGYW focused programmes include components to involve boys and men (including fathers and other male gatekeepers), seeking to transform attitudes and norms around gender:

If we don’t have support from boys, in terms of how they understand HIV and are treating their partners, even looking at their sisters, eventually affect the way that they will be behaving when they are adults – part of gender transformative approaches (UN KII)

UNDP works on response to VAWG through its Access to Justice Programme which includes focus on SGBV cases. The programme, which is implemented in both mainland and Zanzibar, attempts to support SGBV survivors’ access to justice through improving the coordination of multisectoral

services (including the police, the national prosecution services, psychosocial support services, social welfare, shelter services) and strengthen the justice systems capacity to deal with SGBV, with the view to shorten the processing times of SGBV cases. The programme reportedly focuses on increasing access to justice for various groups, including women, children, people with disabilities, and people living with HIV/ AIDS (in mainland), however, there is no data on to what extent it reaches/ supports women from these different groups as disaggregated data is not systematically collected (UN KII).

ILO's work on AGYW programming and addressing HIV/VAWG linkages in workplaces has been highlighted under outcome 1. This focused on the work around HIV workplace policies and committees, which provide entry points to address stigma and discrimination against people living with HIV. As noted earlier, ILO's interventions in workplaces are grounded in Convention 190 to address sexual harassment at work. One group that ILO recognizes as being at high risk of workplace violence and sexual harassment is domestic workers, and ILO works to establish and support networks for domestic workers in Mainland Tanzania and Zanzibar. ILO is also working towards ratification of convention 189, the Convention on Domestic Workers, which includes provisions on protection from violence, harassment and abuse.

WHO's work in the health sector does not currently have strong linkages to VAWG: "we are experts in health and most of the time we don't make a direct linkage with medical aspects related to GBV – the first thing that comes out relates to injuries" (UN KII). Outside the health facilities, WHO is a technical partner to the PEPFAR funded AGYW programme DREAMS. DREAMS aims to address the structural factors that drive adolescent girls' risk of HIV, including poverty, gender equality, sexual violence, social isolation and lack of education.

The World Food Programme (WFP) integrates some VAWG and gender equality messages in behaviour change programming, but does not have focus on HIV/ VAWG linkages in programming. The agency's most focused effort on VAWG is reportedly in relation to the 16 Days of Activism Against GBV, during which they take part in sharing GBV messages with communities (UN KII). However, WFP integrates some focus on gender norms in households, especially related to food, for instance around 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).

Several UN agencies have supported campaigns and awareness raising activities linked to international days related to gender equality and ending VAWG such as the 16 Days of Activism Against GBV. This has been used as an opportunity to integrate messages around HIV and VAWG: 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).

Gender Transformative Programming

The Joint Programme's response to HIV and co-sponsors VAWG programming addresses HIV/ VAWG linkages and include elements of gender transformative approaches. Annex 4 provides a summary of illustrative examples of gender transformative approaches in Tanzania, including work that focus on social and gender norms and power relations, that address multiple influences in women's and girl's lives, and initiatives that involve boys and men.

When asked about their understanding and application of gender transformative approaches, several UN key informants turned their focus to gender mainstreaming in programmes – referring to various tools, trainings, strategies and policies that are used to mainstream gender in programmes and operations. In some cases, this came with an assumption that gender mainstreaming, or

focusing on gender, will have an impact on VAWG. However, there were no clear examples of how gender mainstreaming approaches are applied in gender transformative ways that would hold the potential to address root causes and drivers of VAWG and HIV.

All interventions and programmes need to show at what extent they mainstream gender, whether they are gender sensitive /.../ We have commitment on how to address gender issues, in one way or another impact on addressing violence, may not have specific components on violence in some interventions – but have an impact, we believe that if people are empowered, they will withdraw from violence (UN KII)

UN key informants who reflected more explicitly on gender transformative approaches mentioned aspects such as supporting women’s leadership, addressing social and gender norms, and power imbalances between women and men, and boys and girls in relationships, as key aspects of gender transformative programming. Although these emerge as common themes in some UN key informants’ understandings, there was no common working definition or approach within or across UN agencies, and rarely did these approaches address the bi-directional linkages of VAWG and HIV.

We have done work on women’s leadership and HIV – a gender transformative approach would necessarily continue to work on women’s leadership in the national HIV response, including the voices of women living with HIV, a crucial element. For a gender transformative approach, we need to see more interventions that try to create behaviour change among men – encouraging men to stop negative patterns of behaviour, violence, harassment, exclusion of women, stigma, denying women voice in decision making around HIV at any level (UN KII).

A key informant argued that ‘very few’ gender transformative programmes are seen among development partners that work in Tanzania:

For a gender transformative approach, need to see more interventions that try to create behaviour change among men – encouraging men to stop negative patterns of behaviour, violence, harassment, exclusion of women, stigma, denying women voice in decision making around HIV at any level (UN KII)

A representative of a network of women in their diversity similarly highlighted that more work is needed to engage men and boys alongside empowerment of women and girls:

Put emphasis on boys and men engagement, they need to be taught how to live with empowered women and girls. Not doing so can limit the impact (Representative of network of women in their diversity KII)

A major barrier to gender transformative programming which was highlighted by key informants is that UN agencies working on multi-sectoral VAWG response in Tanzania work within government structures that prescribes mandatory reporting to the police for accessing VAWG services, such as those offered in OSCs, which is at direct odds with a survivor-centred approach. To be able to be gender transformative, such structural barriers would need to be addressed.

Outcome 3: Enhanced national ownership of VAWG and HIV response and accountability to women and girls

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?

- Are the scale of the response and resources invested in line with HIV epidemic dynamics?

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

How effective is the JP 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?

- To what extent has the Joint Programme been able to influence budget and financial flows?

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?

- Has sufficient and adequate support been provided for their activities?
- How far is work with men and boys on VAWG and HIV done in a gender transformative way?

TACAIDS has the overall legal mandate to coordinate the national multisectoral response to HIV. UNAIDS is working closely with them to ensure the response is owned and driven by government, under the leadership of TACAIDS.

Across the UN their support is aligned to government policies and priorities and on both sides the partnership is seen as a supportive and facilitative one as illustrated by these stakeholders from UN and Government: *"we are not implementers but agencies supporting the government, offering technical and financial support"* (UN KII) and from government, *"I can say with confidence that we have very good support from the UN Family"* (government KII) and *"UN does very well, they help us a great deal"* (Government KII).

A number of government stakeholders detailed the areas of support they get from the UN including training and capacity building, support to development of policy guidelines and manuals, raising awareness at community level including through radio and other support, support to infrastructure development, advocacy at ministerial level, supporting assessments and research, and organising and recognising international days such as WAD or 16 Days of Activism²⁹³. Different UN organisations were cited for specific types of support according to their comparative advantages and mandates.

Some of the key achievements of the UN Government cooperation include:

- *Gender Assessment of the National HIV/AIDS Response*, TACAIDS 2020 (see below)
- Global Fund proposal, prioritising interventions for Adolescent Girls and Young Women, following advocacy by UN organisations
- 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.

²⁹³ No assessments or evaluations of these activities were available to the evaluation team.

- 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

The UN has supported the development of numerous policies and guidelines. A recent example of this was in the *Gender Assessment of the National HIV/AIDS Response (2020)* which was conducted by TACAIDS with support from UNAIDS and UN Women. This assessment has contributed significantly to deepening the understanding of the gendered dimensions of the HIV epidemic in Tanzania and has provided recommendations for how to ensure the HIV response is gender transformative. The report unpacks the drivers of HIV and considers different types of violence against women and girls in Tanzania and how this is both a “*cause and potential consequence of HIV*” (TACAIDS, 2020). Recommendations from this assessment are likely to be wide reaching. They are feeding into the development of the new Common Country Assessment, which is guiding the UN cooperation framework, as well as the new national Gender Operational Plan which is in development.

The National Multi-sectoral Framework, 2019-23, highlights GBV as a key priority and addresses this as a driver of HIV. Numerous UN organisations supported the development of this framework, including UNAIDS, UN Women, ILO and UNESCO. Whilst gender and VAWG are well integrated into the HIV response and housed within the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), much of this work is still happening through a bio-medical response, and more could be done to engage other sectors to ensure these issues become cross cutting. For example, 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. It is hoped that when the new VAWC strategy is developed there will be a stronger focus on the bi-directional linkages of HIV and VAWG, and UNAIDS confirmed their involvement in ensuring the findings and recommendations from the Gender Assessment are addressed. This is a significant opportunity to ensure that the linkages are made between violence against women and girls and HIV in this significant national policy document.

There is strong ownership by government of the interlinked response of VAWG and HIV, however this appears to be mainly from one direction – GBV as a driver of HIV. Several key informants mentioned that GBV 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. There is an important opportunity to advocate for an explicit focus on the linkages between HIV and VAWG in the development of the new NPA-VAWC.

This is the case in mainland as well as Zanzibar. The Zanzibar AIDS Commission is addressing the HIV response, whereas the MoH is in charge of the clinical components. Guidelines focus more on health aspects and prevention of violence is addressed only in so far as it is seen to increase HIV infections. However, there appears to be some integration at community level into health education and parent and child communication initiatives for example how to recognise signs of sexual abuse.

Care and Treatment Centres and One Stop Centres are in operation in both mainland and Zanzibar, and these are where HIV and GBV are addressed together however these are both clinical settings, and it is not clear how far issues of stigma and discrimination and institutional and structural violence are being addressed, or indeed understood.

The UN support to the Government of Tanzania is set out in the UN Development Assistance Plan, 2016-2021 (UNDAP II), where both HIV prevention, treatment, care and support and the prevention and response of VAWG are identified as key outcomes for the UNDAP II. Interestingly in a few of the government interviews respondents mentioned that they did not think the UNDAP was still in place: “*We used to have the UNDAP but nowadays it’s not there... I preferred it when we had that, and we could all see activities and not duplicate*” (Government KII).

Whilst it is clear that the UNDAP is still very much in place one reason suggested for why this perception may exist among some government stakeholders is to do with the restructuring of the working groups, which has meant that the quarterly UNDAP meetings have stopped. There are a great number of different platforms from which the UN and other development partners (DP) are engaging with Government and the UNDAP as a planning document is largely led through discussions with the Ministry of Finance, rather than in the wider DP groups which may mean that some stakeholders are not fully aware. It is to be hoped that with the new cooperation framework the common understanding of UN support will improve.

That said, there does seem to be an appetite, among stakeholders on both the CSO and government side, for more coordination meetings and opportunities to bring stakeholders together to share experiences and lessons learnt. One government stakeholder mentioned that two meetings a year were not enough, and there was a need for more peer meetings, stakeholder meetings and National KPs meeting. It is worth noting that some of this might be in relation to the current COVID-19 context where face to face meetings have been halted which has perhaps contributed to this desire for more contact.

Funding and sustainability

The Joint Programme's contribution to the national HIV response is not primary through resources²⁹⁴, 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.

Many stakeholders called on the UN to have more reliable, longer-term funding and cited the fact that both the Global Fund and PEPFAR are running 5-year funding cycles. It is important to note, as above, that the UN is not a donor like Global Fund or PEPFAR, however there appeared to be some uncertainty or lack of clarity around these different roles with one stakeholder suggesting that the ways of working among the UN were a challenge in themselves. While this is a view expressed by one stakeholder it is a sentiment echoed through numerous interviews, that suggest the ad hoc and unpredictable nature of UN funding is a significant challenge for transparency and sustainability: *"The UN does not help sustainability. There seems to be a modality of working with the UN that makes it ad hoc"* (Government KII).

Due to the size of the country, there is a need to prioritise in which regions programmes are focused: *"the country is big and the needs are big"* (Government KII). UN organisations are working closely with local government authorities as well as central government to ensure provision of services and interventions are rolled out across the country to those areas where GBV rates are highest. However, interventions are scattered across the country and there is a strong urban/ rural divide, with many rural areas neglected in terms of access to services, community outreach and awareness raising interventions. Stigma and discrimination is also an even bigger challenge and barrier to accessing services, in rural areas (UN KI).

Government stakeholders in Zanzibar reported a similar situation with regards to the challenge of ad hoc funding from the UN making it difficult to plan for the long term. They also mentioned the infrequency of meetings, which make coordination a challenge. There used to be quarterly UN meetings and they reflected that these are no longer happening. There is a strong desire to get everyone round the table again. A particular opportunity was highlighted for Zanzibar as they are

²⁹⁴ According to one key informant this is likely to be about 1 – 2 % of overall funding for the HIV response.

developing a toolkit to address Gender, HIV and GBV and have requested support to enable them to do that.

Whilst most respondents recognised the significant contribution the UN has made at policy level the biggest challenge remains with how these are implemented and supported at community level: *“most change and contribution has been at national level” (CSO KII)*.

Civil society engagement

A CSO engagement strategy (2019) was developed by TACAIDS with support from UNAIDS and PEPFAR. 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).

The strategy has identified four strategic objectives including: improving networking, collaboration and coordination among CSOs at all levels; establishing coalitions; ensuring meaningful involvement of CSOs in decision making forums; and focusing on the sustainability and funding of CSOs. The strategy sets out a theory of change for how to strengthen and engage CSOs to take a more meaningful role in the national HIV response, and proposes four CSO thematic coalitions, which mirror the priority areas in the NMSF.

Outside of that framework there are a number of different stakeholder groups which exist to enable civil society to engage with government, a few examples are shared in the box below.

Box 4: Civil society and key population working groups

- The UNESCO supported Adolescent and Young Adult Stakeholder Group (AYAS). This group is co-chaired by the Ministry of Education, the President’s Office and local government administration. UNICEF, UNESCO, UNAIDS and UNFPA are all members. Annual workplans address issues related to youth friendly SRH services, as well as HIV and GBV among this age group.
- UNICEF support a country-wide network of young people living with HIV, and a national level adolescent girls and young women’s forum (ADW).
- UNAIDS, and PEPFAR, support the Key and Vulnerable Populations (KVP) Forum – there is strong women’s leadership on this forum. With UN support, the Key Populations Forum succeeded to operate as a platform of exchange between government and development partner. 4 zonal and 1 national dialogues were held where structural policy and legal barriers to HIV prevention, care and treatment were identified. These findings have fed into the development of an action plan facilitated by the Commission of Human Rights and Good Governance. (JPMS 2020)
- UNAIDS is working with the National Council of NGOS (NACONGO)
- UN Women are supporting networks of women living with HIV under their HIV programme, where they work with women’s groups more broadly, they may involve women living with HIV but this is not explicit.
- UNDP and CHRAGG are planning consultation with people living with HIV to understand better how they are discriminated against and excluded. They expect to address issues of how these groups experience violence because of their HIV status – this is work in progress under the UBRAF 20/21
- Coordination platform on Norms and Values that involves UN and CSO along with Government stakeholders.

Key populations: Whilst many of these groups involve representation and leadership from key populations 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 network 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 set limitation to address them. There’s always violence to KVP 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 network of women in their diversity, KII)

This challenge was confirmed by a number of different stakeholders, where talking about GBV and creating platforms to discuss this is relatively easy, but when they bring key populations into the conversation and try to address specific issues related to these different groups *“we have to have discussion behind the curtains due to the political situation”* (Donor KII).

Some stakeholders reflected that the early focus on key populations was mostly on men from these different groups and in Tanzania 25% of new infections are now occurring among adolescent girls and young women (AGYW), and yet only 3% of the funding is allocated to interventions addressing their needs, including GBV and harmful socio-cultural norms (TACAIDS, 2020). This highlights the need to ensure the approach to addressing the needs of key populations takes a more gendered and intersectional analysis and considers how funding is allocated across different groups. This includes considering the differing needs of women with disabilities, as well as taking a lifecycle approach to addressing the needs of women and girls.

When addressing people with disabilities it’s important to note they have different needs depending on their specific disabilities, this does not leave behind people with autism (representative of network of women in their diversity, KII)

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 HIV and family planning services. Organisations reported a number of ways that UN co-sponsors 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. Generally, where organisations benefited from longer term projects, they experienced more interaction and closer relationships.

CSOs reported feeling more empowered when they were fully involved through the planning cycle from assessment, and planning through to implementation. Where funding is more activity based, small scale and for more one-off activities this more consultative partnership approach is not as evident, and organisations seem to prefer it when UN organisations, *“take time to support their full ownership of the programme over a longer period of time”* (CSO KII).

I believe the UN has strengthened the engagement of CSOs in various projects all over Tanzania. There has been an intentional engagement of local CSOs by UN agencies like UN

Women. I cannot say if these efforts have been successful, but they have been engaged. UN agencies have supported review of the CSO engagement strategies which demonstrates that they want to see things happening properly (CSO KII)

Funding for CSOs from UN is largely made through competitive selection processes and aligns to the UN organisations mandate and national policies. A big challenge noted by numerous stakeholders related to the availability of funds and the length of time projects received funding. This is illustrated in these two quotations from CSOs:

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)

Sustainability is a major problem. We are being told to sustain these projects and all the time we do this by linking with other partners to fund us. We also want the Government to fund us, but the government has their own priorities and funds shortage (CSO KII)

Whilst transparency around funding announcements was generally seen to be good, some groups reported that this accountability stopped after that, particular for groups representing women in their diversity and other key populations. Communities are asked for feedback, and sometimes respond to surveys but they often do not know what happens after that. There was also a sense from some respondents that the UN is working with the same groups of people / organisations and that it is now necessary for them to let other communities and organisations benefit from these programmes.

Despite those challenges with funding organisations appreciate the capacity building support 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 KIIs)

The support has been tremendous including their influence on the government. We value the support by UN agencies, their contributions to our community and impact are tremendous. (representative of network of women in their diversity)

There was also some indication of how these groups and peer educators have helped to increase community ownership and engagement through working with community champions: *“Engagement of CSOs has improved and also capacity has improved. Community members have taken control of their lives. Champions and peers are supported by UN” (CSO KII).*

Meaningful involvement

Representatives of networks women in their diversity generally 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 a network 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 network of women in their diversity).*

There were some examples shared of where these groups of women in their diversity were aware of where their inputs supported, for example on shared that the UNAIDS new strategic plan included a strong focus on gender diversity and VAWG which were directly fed into by community members (representative of network of women in their diversity, KII). However, other examples shared related to the fact that 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 network of women in their diversity).

Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

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?

- How is the Secretariat promoting leadership, partnership, coordination and collaboration?

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

- To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?

The UNDAP framework is the overall coordinating mechanism which sets out the common plan and framework under which UN organisations organise planning and reporting. It outlines outcomes and outputs and identifies which actors contribute to which interventions to try to minimise overlaps, along with government counterparts. Joint reporting and joint planning against identified priority areas are critical to this.

There are a number of different working groups and platforms where UN organisations and other development partners come together both for coordination and advocacy. Outcome working groups have been established under the UNDAP, and whilst there are clear advantages to this process, several UN stakeholders confirmed that this has led to a siloed approach to working, and a separation of work on VAWG and HIV as a result of these sitting in two different outcome areas.

Under the UNDAP 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 issue related to HIV are not generally discussed in this groups.

Within the UN, (there) is an outcome group on HIV and one on violence, and they are not necessarily talking to each other. Programmes on HIV is still a bit separate from programme on VAWG. If they are not brought together responses will not be effective (UN KII).

Similarly, the group that addresses HIV does not tend to routinely include a focus on violence:

If the UN continues to work in silos, will see siloed responses. (We) need all stakeholders involved to tackle the linkages between HIV and violence, not think of GBV as something separate, something that another agency does (UN KII).

There is a pillar on 'leave no one behind' which is coordinated by UNFPA and involves a number of UN organisations, including UNAIDS and UN Women. This might present a greater opportunity to integrate a focus on the bi-directional nature of HIV and VAWG programming.

At the higher level, however, there are Development Partners' Groups (DPG) which include international organisations, embassies and UN organisations. UNAIDS, along with all other UN organisations, is a member of the DPG Gender. It seems that the interagency (UN) gender group was phased out in favour of this wider DPG Gender Equality group. This group has been 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, GBV, FGM, and IPV. UNAIDS is a core member of this group, along with UN Women and UNFPA, and they are focused on actively 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. Some stakeholders reflected that it might be beneficial to revisit the interagency groups as coordination across UN organisations was easier when this group was in place.

UNAIDS coordinates all partners under UBRAF and stakeholders reflected that this works well. They come together for planning and reporting and have an annual retreat to discuss programmatic issues. This is highly appreciated by stakeholders. There was quite a bit of variety in responses around how far the HIV coordination group addressed gender issues and specifically a focus on GBV / VAWG, with some stakeholders feeling not enough focus was given to this area of work whereas others reported that gender issues were discussed at this forum, depending on the agenda. This difference of opinion is likely due to the organisations specific mandate and how much of an emphasis they themselves place on this. That said most stakeholders did acknowledge a siloed approach to addressing these issues, due to the fact that the UN organisations had different mandates and therefore are not always 'talking to each other'. The conflation of gender with violence against women and girls also contributed to this.

The situation in Zanzibar is slightly different as all the UN organisations work from one office and are more likely to attend the same meetings. UNFPA supports the Zanzibar AIDS commission alongside UNAIDS providing more opportunities for joint collaboration.

Examples of joint collaboration

As seen above, there are some good examples of joint UN collaboration addressing the bi-directional linkages of HIV and GBV, for example 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 reportedly 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 and issues of GBV and SEAH in higher learning institutions.

The development of the Global Fund concept note was cited by stakeholders in both mainland and Zanzibar as an example of effective collaboration among UN organisations. All UN co-sponsors contributed to those concept notes according to their expertise, *"(this was) done collaboratively, UNAIDS is still the convenor"*.

Challenges

According to some stakeholders, there is need for stronger coordination among UN organisations, they are seen as coordinated to some extent, but according to various stakeholders it can at times seem that they are competing:

Sometimes they work separately and even their plans are not joint. Agencies have separate plans and activities. They do not link together. We have many work plans – MTEFSs from various UN agencies. Challenge is UN does not come up with one joint plan (Government KII)

They do not seem to work as One UN, for example (agency) seems to work on its own (Government KII)

The regularity of meetings has ceased due to COVID, which has necessarily shifted focus.

4. COVID-19 context

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?

The situation with COVID-19 has been particularly challenging for Tanzania as the government stopped reporting on number of cases in June 2020 and lifted all restrictions having declared COVID-19 was no longer present in the country. There was no national lockdown in place, however many programmes were halted, or redesigned to adapt the situation.

As with many countries, the focus was on trying to maintain essential services, but many people stopped going to the clinics to collect their medication for fear of infection. There was a drop in new HIV diagnoses and therefore people initiated onto ART, however this recovered in June 2020 when early restrictions were lifted (KII).

A ministry-led task force was established to support the HIV response during the pandemic and brought together a range of stakeholders. According to interviews and JPMS reports this was an example of very good coordination and joint working, where roles were clearly divided, and funds were released for specific interventions. Community ART refill was scaled up and HIV services were included on the list of essentials services. UN Women supported a ministry led task force on the response to violence against women during the pandemic.

In Zanzibar, UNAIDS provided funding to conduct some research into COVID-19 and HIV, which focused mainly on how services had been impacted, in terms of reduced testing, lost follow-up and ARV refills. The research did not address the issues of GBV, which is a missed opportunity and there are many examples of countries that have used the COVID-19 situation to highlight these interlinked issues.

Many stakeholders reported anecdotally that they saw a direct increase in GBV as a result of COVID, whether this was to do with people not leaving their homes for fear of infection, a cessation of outreach activities, lack of access to services or loss of income. There were also reports from key informants of increasing number of girls dropping out of school and early pregnancies as well as an increase in FGM and child marriage due to school closures.

Some examples of CSOs responding to this include WILDAF developing an app for women to use to report incidences of GBV, as well as a toll-free number to report. Face to face meetings stopped but they were able to put in place an emergency response team to conduct some outreach work.

There is a significant opportunity now to integrate messaging on GBV, HIV and SRHR into COVID-19 prevention messaging. For example, UNAIDS reported numerous activities to address awareness raising of COVID-19 among people living with HIV, community health workers and community leaders in both mainland and Zanzibar, including a national COVID-19 call centre and radio spots and

IEC materials (JMPS, 2020). These could all have been opportunities to integrate messages and awareness raising around prevention and response to violence against women and girls.

The country was also awarded a Global Fund COVID-19 proposal of US\$ 600,000 for Zanzibar and US\$ 6,000,000 for mainland to support COVID-19 response. Whilst the evaluation was unable to explore the activities within those proposals there might be an opportunity to integrate VAWG within those activities to begin to address VAWG and HIV prevention and response more comprehensively.

5. Conclusions

The Joint programme has made significant contributions to addressing HIV and VAWG linkages in mainland Tanzania and Zanzibar, from policy level to service provision and project implementation, and through supporting networks of key populations and supporting women living with HIV. It has been noted that the Joint Programme's main contribution to the national HIV response is not monetary but rather through technical and strategic support to government partners; through collaborating with and influencing donors and development partners; and through supporting civil society with financial, strategic and technical support.

On a policy level, the UN has supported the development of various policies and guidelines, including the National Multi-sectoral Framework (2019-23) which highlights GBV as a key priority and a driver of HIV. However, it has been noted that VAWG policies and strategies do not address HIV to the same extent. The UNAIDS and UN Women supported *Gender Assessment of the National HIV/AIDS Response* (2020) presents a considerable opportunity to further strengthening HIV/ VAWG integration at a policy level, as it directly informs the development of the new GOP for the HIV response.

The Joint Programme has contributed to the integration of HIV and VAWG services in the health sector, including through supporting the One Stop Centers, Care and Treatment Centres and SRH services. The support is centred around development of guidelines, SOPs and manuals, as well as trainings for health care providers, including in issues of stigma and discrimination. However, the extent and quality of implementation of these have not been possible for this evaluation to assess. While the OCSs and CTSs provide critical services to respond to cases of VAWG and HIV when they have occurred, it is less clear how the bi-directional linkages between HIV/ VAWG are addressed and understood in the health care sector and more broadly – for instance if violence against women living with HIV is addressed, including in health care settings as well as in their intimate relationships and communities. It appears that to date, the HIV response has focused on addressing VAWG (primarily sexual violence) as a driver of HIV transmission, but not the bi-directional linkages between VAWG and HIV – where VAWG can also be an indirect factor of HIV risk as well as an outcome of HIV status and disclosure.

Strong examples of HIV/ VAWG integration are seen across cosponsors' AGYW programmes and CSE programmes, which commonly address multiple influences in AGYW lives and focuses on gender norms and inequalities that contribute to intersecting VAWG and HIV risks. Some of these include elements of gender transformative approaches, such as involvement of men and boys, and some have worked with government structures to build sustainability and national ownership. Nevertheless, sometimes the links to VAWG are not explicitly pronounced nor measured, which may impede a deeper understanding of how the programmes contribute to addressing VAWG/ HIV linkages, leading to missed opportunities to generate evidence of what works and advocate for scale up of these approaches.

UNAIDS and Cosponsors are reportedly coordinating their work well with the government as well as internally, and there are numerous examples of where multi-stakeholder coordination has taken

place to address HIV/ VAWG. However, the current structures of working groups and the way VAWG and HIV appear in the UNDP, are sometimes seen to lead to siloed approaches and not conducive for addressing the bi-directional linkages between HIV/ VAWG in a coordinated and holistic way.

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 in Zanzibar – despite the challenging environment surrounding some key populations. Some of this work has focused on addressing stigma and discrimination, however, it has been noted that the response is still too limited in relation to the problem, and it is not clear to what extent intersecting stigma and discrimination related to for instance HIV and gender, are addressed and how far the approach is gendered or intersectional in nature.

The evaluation found that there are many examples of where society networks and have been consulted with and involved in UN programme implementation, nevertheless, it has been noted that further engagement of civil society actors from the design stages, in particular women rights organisations and networks of women in their diversity, could contribute to more meaningful engagement, and indeed ensure that HIV/ VAWG programmes are closely aligned with affected groups' priorities and strategies.

6. Considerations for the country teams

Although the primary aim for this case study is to feed into the global evaluation, there are some considerations emerging which the Joint Programme in Tanzania may consider for the future:

- **The new UN country cooperation framework that is being developed presents an opportunity to strengthen joint working and joint activities around HIV and VAWG from the outset.** This could strengthen the position of the UN to be able to address issues of HIV and VAWG in a more integrated way.
- **Strengthen focus on the bi-directional linkages between HIV and VAWG**, including addressing violence against women and girls living with HIV (including stigma and discrimination, institutional violence and interpersonal violence) – moving beyond a focus on VAWG as primarily a cause of HIV. As the current NPA-VAWC comes to an end in 2021/22, the formulation of a new national plan of action will present an excellent opportunity to strengthen this focus at national level – building on the findings and recommendations from the *Gender Assessment of the National HIV/AIDS Response*. A key priority to address in upcoming strategic plans and dialogues for VAWG would be how to remove barriers to a survivor-centred VAWG response, including the requirement that survivors need to obtain a police form to access services, through increased institutional capacity building of police and gender desks, or revisiting this requirement.
- **Build on the existing strong examples of gender transformative approaches and integration of VAWG/ HIV in AGYW programming and CSE programming.** While these programmes inarguably address VAWG and HIV linkages in numerous ways, 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 – which to date has received only a small amount of HIV funding despite the recognition that this is the programmatic area where ‘most progress’ has been made in terms of HIV/ VAWG integration (highlighted in the Gender Assessment, TACAIDS, 2020).
- **Explore in the Joint Team what ‘gender transformative approaches’ means and develop a common understanding and approach across co-sponsors.** This could draw on the examples provided by e.g., UNICEF and UN Women, as well as explore how tools and resources that

the Joint Programme and co-sponsors already have at hand (e.g. the Gender Equality Markers) can be used to enhance co-sponsors' understanding of gender transformative approaches and support a more consistent use of the GEM within the programme.

- **Support civil society organisations, in particular women's rights organisations and networks of women in their diversity to be meaningfully involved throughout the project cycle from assessment, and planning through to implementation and monitoring/evaluation.** For example, the Civil Society Marker could be used more strategically to support co-sponsors to increase the involvement of CSOs and affected groups in the design and conceptualisation of programmes.
- **Continue efforts to address stigma and discrimination,** including HIV related stigma and discrimination but also intersecting gender-based sources of stigma and discrimination, with greater intersectional analysis. This should include recognising stigma and discrimination as drivers of VAWG as well as forms of violence in itself. The new Stigma Index will provide an opportunity to shed stronger light on these issues in the HIV response, which should be approached with a strong gender lens; also when addressing stigma against key populations as this also is gendered in nature and there is a need to unpack the experiences of women and girls from key populations.
- **Build on the experience of responding to COVID-19 pandemic to increase uptake and commissioning of research** to better understand the full impact and challenges related to COVID-19, HIV and VAWG, in collaboration with civil society groups and networks of women in their diversity.
- **Improve knowledge management,** and commissioning of evaluations in particular of pilot initiatives to support further scale up.

Annex 1. Documents reviewed

UN Joint Plans

1. Tanzania - Joint Plan 2018-2019 revision
2. Tanzania_2020-21_Joint UN Plan

JPMS reporting

4. JPMS (2020) *2020 Country Summary Report for Tanzania* [internal reporting]
5. JPMS (2019a) *Tanzania: VAWG Results 2019* [internal reporting]
6. JPMS (2019b) *2019 Country Summary Report for Tanzania* [internal reporting]
7. JPMS (2018) *2018 Country Summary Report for Tanzania* [internal reporting]

HIV data, VAWG data and socio-demographical data

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9. Avert (2019) *Tanzania study finds two-thirds of HIV positive women tell their partners*, News 18 April 2019, <https://www.avert.org/news/tanzania-study-finds-two-thirds-hiv-positive-women-tell-their-partners>
10. UNAIDS (2020a) *UNAIDS Data 2020*, https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf
11. Human Rights Watch (2020) *“Tanzania: Obstructions to LGBT Health, Rights: Discriminatory Health Policies, Raids, Arrests”*, News February 3, 2020, <https://www.hrw.org/news/2020/02/03/tanzania-obstructions-lgbt-health-rights>

UN documents

12. *UN Development Assistance Plan (UNDAP II), 2016-2021*
13. *UNCT Swap Gender Equality Scorecard*, Nov 2018. UN Tanzania
14. UNESCO (2020a) *Connect with Respect: Preventing Gender-based Violence in Schools Pre-intervention Data Report, April 2020*, <https://cse-learning-platform-unesco.org/digital-library/connect-respect-preventing-gender-based-violence-schools-pre-intervention-data>
15. UNICEF and UNFPA (2020) *Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania*, GRREAT Initiative Brief, August 2020
16. UNICEF and UNAIDS (2018) *Catalysing the HIV Response for Adolescents*, ALL IN Report, July 2018
17. UN Women (2021) *Women and girls live a life free of violence*, <https://africa.unwomen.org/en/where-we-are/eastern-and-southern-africa/tanzania/ending-violence-against-women-and-girls>
18. 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.
19. WFP (2020) *Community and Household Surveillance Survey in North Western Tanzania*, July 2020
20. ILO (2016) *Educated, Empowered, Inspired: Transforming lives through the response to HIV and AIDS in East and Southern Africa – Lessons from the Economic Empowerment Approach*, https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_456923.pdf
21. ILO (2019) *Eliminating Violence and Harassment in the World of Work: ILO Convention No. 190*, https://www.ilo.org/global/publications/meeting-reports/WCMS_721160/lang-en/index.htm
22. UNOJA – ONE UN in Tanzania (2018) *Newsletter No. 78_ English Version*, may – June 2018

23. NEWSPAPER ARTICLES HIV YOUTH EMPLOYMENT [document shared by ILO]
24. ILO (2018) "Today, I own my business and I know how to protect myself from HIV infection", *Our Impact, Their Voices*, 23 July 2018, https://www.ilo.org/global/about-the-ilo/mission-and-objectives/features/WCMS_635130/lang-en/index.htm
25. Celebrating success: Empowered, Independent young Women! [document shared by ILO]
26. UNICEF (2020) *HIV and AIDS*, Programme Factsheet, <https://www.unicef.org/tanzania/media/2436/file/HIV%20Programme%20Fact%20Sheet.pdf>
27. UNESCO (2020b) *UN Joint Programme Impacting Girls' and Adolescent Women's Lives in Tanzania*, <https://en.unesco.org/news/joint-programme-impacting-girls-and-adolescent-womens-lives-tanzania>
28. UNESCO (2020c) *Empowering Adolescent Girls and Young Women through Education in Tanzania*, <https://en.unesco.org/fieldoffice/daressalaam/koica-tanzania>

Evaluations and reviews

29. CSR Group Africa Limited (2019) *Final Report Formative Evaluation of the Sara Radio Programme (SRP) in Iringa DC, Iringa MC, Kilolo DC and Mufindi DC*
30. Tanzania Adolescent Cash Plus Evaluation Team (2020) *A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Midline Report, UNICEF Office of Research – Innocenti, Florence, 2020*

National HIV and VAWG policies/ strategies / guidelines

31. TACAIS (2020) *Gender Assessment of the National HIV / AIDS Response*
32. National Multisectoral Strategic Framework for HIV Aids 2018/19-2022/23
33. The Health Sector Strategic Plan (HSSP) 2015-2020
34. Zanzibar National HIV and AIDS Strategic Plan (ZNSP)
35. The National Gender Strategy for Zanzibar
36. Draft CSO Engagement Strategy for the National HIV Response, November 2019. The United Republic of Tanzania Prime Minister's Office
37. The HIV and AIDS Prevention and Control Act, 2008
38. HAPCA Regulations Review, Discussion with CSOs, June 2, 2020 (document supplied by UNAIDS)
39. A Bill to Enact the Anti-GBV Law, 2014
40. The National Plan of Action for VAWG (NPA-VAWG) 2017/18-2021/22

Other documents

41. DREAMS Fact Sheet
42. The Global Fund, Tanzania Application Draft 01_18052020

Annex 2. Stakeholder list

Stakeholder group	Organisation/ institution	Name	Role
UN	UNAIDS	Cathrine Spring	Strategic Investment Advisor
UN	UNAIDS	Leo Zekeng	Country Director
UN	UNAIDS	George Loy	National Programme Officer
UN	UNFPA	Enrica Hofer	Programme Analyst on Gender
UN	UNFPA	Azza Nofly	Programme Specialist SRH/HIV, Zanzibar
UN	UN Women	Jacob Kayombo	HIV Focal Person
UN	UN Women	Julia Broussard	Deputy Country Representative
UN	ILO	Getrude Sima	NPC HIV&AIDS
UN	UNICEF	John George Loy	HIV Specialist
UN	UNICEF	Carly Witheridge	Child Protection Specialist
UN	UNESCO	Anonymous key informant	n/a
UN	UNDP	Augustine Bahemuka	UNDAP Outcome Advisor – Governance, human rights and gender
UN	WFP	Juliana Muiruri	Head of Nutrition
UN	WHO	Mary Kessi	NPO-Safety & Gender
UN	WHO	Bhavin Jani	NPO-HIV
UN	UNHCR	Benon Odora Orach	SGBV Officer
UN	UNHCR	Miata Tubee Johnson	Public Health Officer
UN	World Bank ²⁹⁵	M. Yaa Oppong	Sector Leader -Social Dev & GBV
Donor	PEPFAR	Jessica Greene	Country Lead
Donor	Bilateral donor	Anonymous key informants	n/a
Government	Tanzania Commission for AIDS (TACAIDS)	Juma Issango	Director, Advocacy and Information
Government	Zanzibar AIDS Commission (ZAC)	Halima Mohammed Shamte	Director, Planning Admin and Human Resources
Government	Ministry of Health (MOH)	Gerald Kiwhele	Gender & Adolescent Health Coordinator

²⁹⁵ Comments received in writing

Government	National AIDS Control Programme (NACP)	Mastidia Ruthaiwa	Adolescent HIV Manager
Government	Kilindi District Council	Mwajina Lipinga	District Executive Director
Government	The Commission for Human Rights and Good Governance (CHRAGG)	Laurent Burillo	National Coordinator
Government	Zanzibar Integrated HIV Tuberculosis and Leprosy Programme (ZIHTLP)	Shaaban Haji	NACP Key Population Focal Point
Civil society	Engender Health	Katanta Simwanza	Senior Technical Advisor, Gender
Civil society	Pathfinder International	Isihaka Mwandalima	Technical Director
Civil society	Save the Children Zanzibar	Amanda Proctor	Zanzibar Representative
Civil society	Tanzania Health Promotion Support (THPS)	Dr Redempta Mbatia	Executive Director
Civil society	Tanzania Red Cross Society (TRCS)	Epimark Mmasy	Team Leader - Mtendeli Refugee Camp
Civil society	Trade Union Congress of Tanzania (TUCTA)	Kassim Kapalata	Director - Occupational Health, Safety, HIV & Gender
Civil society	Women in Law and Development in Africa (WILDAF)	Neema Samuel	Project Manager
Civil society	Zanzibar Association for People Living with HIV and AIDS (ZAPHA+)	Mussa Tanu Juma	Adolescents Coordinator
Civil society	National Council for People Living with HIV and AIDS (NACOPHA)	Joanitha	Legal and Human Rights Officer
TAAG	KIVULINI	Yasini Ally	Executive Director
TAAG	KIVULINI	Eunice Mayengela	Legal Officer
TAAG	KIWOHEDE	Emmanuel Yohana	Head of Programs
TAAG	TANPUD	Happy Assan	Coordinator
TAAG	Her Ability Foundation	Witness Raphael	

TAAG	Tanzania Network of Women Living with HIV (TNW+)	Joan Chamungu	National Coordinator
TAAG	Hope for Girls and Women in Tanzania	Robhi Samuel	Executive Director

Annex 3. Evaluation matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>
<p>O4. Enhanced collaboration among</p>	<p>EQ9 How are UN organisations working together to provide a coherent, complementary and adaptable set of actions on the linkages between HIV and</p>

<p>Joint Programme organisations working on HIV and VAWG prevention and response</p>	<p>VAWG and gender transformative approaches in the context of UN Sustainable Development Cooperation Frameworks? (C4)</p> <p>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p>
<p>COVID-19 context</p>	<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>

Annex 4. Examples of Gender Transformative Approaches by the Joint Programme in Tanzania

Gender transformative approach	Conclusions
<p>Support for community led organisations particularly woman led</p>	<p>UNAIDS and cosponsors have provided support to several community led networks and organisations; including for young people living with HIV, women living with HIV, and key populations. However, it has been noted that the support to some groups is fragmented due to the sensitivities around engaging especially with key populations that are criminalised, including LGBTIQ people, sex workers and people who use drugs. People with disabilities have also been mentioned as being largely left out from the HIV response – reflecting widespread perceptions that people with disabilities are not sexually active and not affected by HIV.</p>
<p>Supporting women and girls affected by and living with HIV</p>	<p>The Joint Programme has supported women living with HIV to advocate for stigma-free health services; UN Women has supported women’s leadership in the HIV response; and UNAIDS has supported women’s leadership in the KVP forum.</p>
<p>A focus on gender norms and unequal power relations including relations based on gender</p>	<p>The work of UNAIDS and cosponsors have addressed this through several initiatives, including:</p> <ul style="list-style-type: none"> ▪ Several AGYW programme addresses harmful social norms and gender inequalities, e.g. how AGYW’s lack of economic opportunities and limited power in intimate partnerships related to gender and age dynamics, are linked to transactional and intergenerational sex ▪ UNFPA – addressing social norms and values around gender and GBV, including work with religious and traditional leaders; 2019 Study on Social Norms and Values. ▪ UNAIDS – supporting KVP platform, collaborative approach working with government stakeholders, aiming to address root causes to why key populations face discrimination ▪ WFP – addresses gender norms in households especially in relation to food distribution ▪ UNHCR – EMAP and SASA!
<p>A focus on accountability to communities and in particularly women and girls</p>	<p>The development of a national CSO engagement strategy to drive civil society engagement and national accountability towards this is a significant development in this regard.</p> <p>A large number of working groups exist which are supported by different cosponsors: UNICEF and UNESCO work with adolescent and young women’s group; UN Women engages with a group of women living with HIV; the Key and Vulnerable Populations (KVP) group is coordinated by UNAIDS and involves different co-sponsors.</p>

<p>High-level and multisectoral commitment to addressing violence against women and girls in the HIV response</p>	<p>UNAIDS/ UN Women supported the <i>Gender Assessment of the National HIV/AIDS Response</i> has been carried out and is used to inform next Gender Operational Plan for the national HIV response – includes focus on VAWG/ HIV linkages and holds the potential to influence the HIV response to take more gender transformative approaches and strengthen focus on VAWG.</p>
<p>Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education</p>	<p>The clearest examples of initiatives addressing multiple influences are found in AGYW programmes – which often include focus on economic empowerment, life skills, SRH, HIV, violence etc. There are also numerous examples of work with religious leaders. Several initiatives to support the leadership of women living with HIV. Beyond supporting the provision of multi-sectoral response to GBV survivors and HIV services to women and girls, the Joint Programme also integrates cervical cancer screening in HIV services – a step towards taking a more holistic approach to health for women living with HIV which does not only focus on HIV treatment and care. There are also Joint Programme initiatives that focuses on issues in workplaces and educational settings.</p>
<p>Male involvement</p>	<p>Although key informants highlighted that more can be done to involve men and boys in HIV programming and to end VAWG, there are examples of where this has been done, for example male involvement in HIV testing and PMTCT; UNHCR’s EMAP and SASA! programmes; WFP’s work to involve male champions in awareness raising work at district level; and AGYW’s programmes such as the examples from UNICEF; and community engagement work supported by UNFPA.</p>
<p>Addressing the structural causes of violence</p>	<p>Some structural causes of violence remain very challenging for the UN to address, such as laws that criminalise some key populations. However, there appears to have been some work to address institutional violence such as stigma and discrimination in health care settings, and UNAIDS has worked with TACAIDS to enhance capacity of the institution to work with key populations and address stigma and discrimination. UNDP works to remove discriminatory provisions in laws and policies to enable equal access to services, as well as works with the Commission on Human Rights on addressing HIV-related stigma, raise awareness within institution to enhance capacity to work with people living with HIV. UN Women works to support the government to implement legislation and policies to end VAWG.</p>

Zimbabwe Review Report

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List of Acronyms Zimbabwe

AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
ART	Anti-Retroviral Treatment
ASRH	Adolescent Sexual and Reproductive Health
AYP	Adolescent and Young People
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BCF	Behaviour Change Facilitators
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CATs	Community Adolescent Treatment supporters
CCM	Country Co-ordination Mechanism
CeSHHAR	Centre for Sexual Health and HIV AIDS Research
CSO	Civil Society Organisation
CPE	Country Programme Evaluation
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
GALZ	Gays and lesbians of Zimbabwe
GBV	Gender-Based Violence
GF	Global Fund
HIV	Human Immune Deficiency Virus
ICPE	Independent Country Programme Evaluation
IPV	Intimate Partner Violence
JPGE	Joint Programme on Gender Equality
KII	Key Informant Interview
LEA	Legal Environment Assessment of HIV, TB and SRH
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other extensions
MOHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
MSM	Men who have sex with Men
MTCT	Mother-to-Child Transmission
NAC	National Aids Council
NASCOH	National Association of Societies for the Care of the Handicapped
NGOs	Non-Governmental Organisations
OCHA	United Nations office for the Coordination of Humanitarian Affairs
OSC	One Stop Centre
PEPFAR	President's Emergency Plan for AIDS Relief

PMTCT	Prevention of mother-to-child transmission
PEP	Post-Exposure Prophylaxis
PLHIV	People Living With HIV
PR	Principal Recipient
PREP	Pre-Exposure Prophylaxis
ROOTS	Real Open Opportunities for Transformation Support
RUNO	Recipient UN Organisation
SASA!	Start Awareness Support Action
SAYWHAT	Students and Youth Working on reproductive Health Action Team
SRHR	Sexual Reproductive Health Rights
STI	Sexually transmitted disease
TB	Tuberculosis
TWG	Technical working group
UNAIDS	United Nations Programme on HIV and AIDS
UNESCO	United Nations Education, Social and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank
WEE	Women's Economic Empowerment
WHO	World Health Organisation
ZIMPHIA	Zimbabwe Population-Based HIV Impact Assessment
ZNASP	Zimbabwe National HIV and Aids Strategic Plan
ZUNDAF	Zimbabwe UN Development Assistance Framework
ZWLHF	Zimbabwe Women Living with HIV Forum

Executive Summary

The purpose of the independent evaluation of the UNAIDS Joint Programme (JP) was to assess the Joint Programme's accountability to end violence against women and girls (VAWG) in different contexts, including in humanitarian settings, among different groups, and different types of violence focusing on the bi-directional nature of VAWG and HIV. The evaluation uses nine country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Zimbabwe.

Country Context

Zimbabwe is facing an economic crisis, exacerbated by drought and further worsened by COVID-19. Extreme poverty reached 40% of the population in 2019, up from 30% in 2017, with urban poverty rising faster (from 4% to 10%) than rural poverty.²⁹⁶ In spite of this, Zimbabwe is making strong progress towards the UNAIDS 90-90-90 targets. As of 2020, 86.8% of people living with HIV in the country were aware of their status, and 97% of those diagnosed were on treatment of whom 90.3% had viral load suppression.²⁹⁷ The HIV epidemic in Zimbabwe is generalised with women being disproportionately affected, particularly adolescent girls and young women. HIV prevalence is 12.8% among adults age 15-49 years (15.4% among females and 10.1% among males).²⁹⁸ The gender disparity is most pronounced among young women aged 20-24 years, whose HIV prevalence is three times greater than their male peers (8.1% vs. 2.7%).²⁹⁹ This is exacerbated by high levels of violence against women and girls with around 19% of women who have been married having experienced physical or sexual violence from their partner in the past 12 months.³⁰⁰ Levels of stigma and discrimination are high: according to the Zimbabwe Population Based HIV Impact Assessment 28.7% of women aged 15-49 reported discriminatory attitudes towards people living with HIV in 2019³⁰¹.

Methodology

The evaluation team consisted of an international consultant, a national consultant and a member of the Accountability and Advisory Group (TAAG). In total, thirty nine people were interviewed; fifteen representatives from UNAIDS and co-sponsors, one from the private sector, eighteen representatives from Civil Society Organisations (CSO), two government representatives and three women activists. The desk review included thirty one documents.

The evaluation was based on four outcome areas identified in the evaluation theory of change and an additional area of examination on COVID 19 adaptations.

Headline findings by outcomes

Outcome 1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative

There is evidence to show increasing attention to VAWG through HIV programming, particularly through programming for adolescent girls and young women. Integrated HIV, Sexual Reproductive

²⁹⁶ <https://www.worldbank.org/en/country/zimbabwe/overview>

²⁹⁷ Zimphia2020

²⁹⁸ <http://aidsinfo.unaids.org/>

²⁹⁹ Zimbabwe Population-based HIV Impact Assessment (ZIMPHIA) 2019

³⁰⁰ *ibid*

³⁰¹ *ibid*

Health and rights (SRHR) and Gender Based Violence (GBV) services remain a core part of the Joint Programme (JP) approach which is reinforced by the SIDA funded “2gether4SRHR” regional programme. Work to improve demand for services shows explicit attempts to address the social norms and policies which act as barriers, working with policy makers and influential leaders, and with young women and girls themselves. Evidence of VAWG is documented with data collection through the prevention cascade and the health situation room systems. Examples of HIV programmes in Zimbabwe that are implementing gender transformative approaches to HIV and VAWG include the Adolescent Girls and Young Women programme under the Global Fund, Connect with Respect programme Comprehensive Sexuality Education (CSE), and the legislative assessment project which focuses on reforming laws and policies that obstruct access to HIV services including violence against women.

Outcome 2: UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

The Spotlight Initiative, being implemented by six UN agencies in partnership with the government and CSOs, is one of the joint flagship programmes focusing on eliminating VAWG, addressing gender norms and inequalities to reduce HIV risk and mitigate its impact, as well increasing access to services to women and girls. Women and girls living with HIV are engaged both as beneficiaries being particularly vulnerable to violence, and as part of the CSO reference group.

There is evidence of work to strengthen integrated service delivery for SRH GBV and HIV through health worker and multi-disciplinary training as well as efforts to strengthen demand for these services. One Stop Centres have been established to offer integrated services for survivors of sexual and gender based violence such as the provision of Post Exposure Prophylaxis (PEP) and referrals to HIV services.

Transformative approaches were being piloted through the SASA! Project in two districts as well as work with traditional and community leaders to shift social norms which condone VAWG. There was also evidence of small scale women’s economic empowerment initiatives focusing on women in the informal economy and young women selling sex.

Outcome 3: Enhanced national ownership of VAWG and HIV response, and accountability to women and girls

In close collaboration with the National AIDS Council (NAC), the JP has succeeded in elevating attention to VAWG in the new Zimbabwe National HIV and AIDS Strategy (IV) 2021-25 and through the newly finalised standard packages of services for Adolescent Girls and Young Women (AGYW), part of the Global Fund initiative. The High Level Compact under Spotlight represents an excellent opportunity to raise the visibility of VAWG.

There was reportedly strong engagement between the JP and networks of women with HIV, and CSOs representing them, although there were mixed responses on the *extent* to which they were included in programming, and thus the extent of the JP accountability to them. CSOs 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.

The Joint Programme emphasises partnerships with government agencies and development partners as key to sustainability; for example, the joint work undertaken with 2gether4SRH, the GF partnership, particularly on AGYW, and the Spotlight Initiative all serve to leverage funds and maximise investments.

Nevertheless the most frequently cited challenge to sustainability was the short term and ‘piecemeal’ nature of most projects under the JP and the limited resources available. This is an

important issue if the JP intends to increase its focus on transformative work which, by nature, is long term.

A further important reflection on national ownership is the repeated request from CSOs for programmes to be more grounded in the economic and political context of Zimbabwe, particularly given the rapid increase in household poverty and the implications this has for both HIV and VAWG.

Outcome 4: Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

Collaboration among Joint Programme partners is evident and effective. Several joint programmes in the evaluation period have demonstrated the value of joint working (H6, Health Development Fund, 2gether4SRH). The JP members all cited the Spotlight initiative as providing an additional opportunity for effective collaboration and many key respondents from Civil Society also remarked on UN co-sponsors working well together as one. Internally, in the UN wide system the gender and HIV thematic groups are active.

COVID-19 adaptations

Examples of adaptations to the COVID-19 pandemic include research into the impacts on VAWG and providing remote and mobile services, such as a temporary mobile One Stop Centre (OSC) for continuity of antiretroviral treatment (ART), the launching of a hotline for key populations with GBV referrals, the provision of alternative transport support to survivors, including those with disabilities and their caregivers, in order to facilitate access to services³⁰². Switching to virtual working is noted as most challenging for those without access to reliable internet (government workers and those in remote and rural areas).

Conclusions

- There is good evidence that the JP is addressing the bi-directional nature of HIV and VAWG. It has demonstrably influenced the National HIV strategy, is increasing attention to Adolescent Girls and Young Women (AGYW) in acknowledgement of their particular vulnerability both to HIV and VAWG. GBV data has been included in the SRH HIV and GBV service mapping and in the prevention cascade work as well as in the Health Situation Room database.
- Integrated health services addressing SRH, HIV and GBV were also found to be successful. The HIV response was found by many respondents to be too biomedically focused and to pay inadequate attention to social norm change. In addition, little evidence could be found of work addressing the particular needs of lesbians, transgender women, women living with HIV who were not part of a key population group and women living with HIV and disability.
- The integration of HIV into VAWG programming has gained visibility through the Spotlight Initiative as a direct result of intense and collaborative work of the UNAIDS team together with Spotlight Recipient UN Organisations (RUNOs). The Resident Coordinator's Office plays a critical role in the country programme; currently there is low visibility of HIV in high level deliberations particularly the High-Level Compact between Spotlight partners.
- Evidence of gender transformative approaches in VAWG programming and HIV could be found, but often as pilots or relatively small scale.

³⁰² Situation Report Feb 19 2021. OCHA

- National ownership was found to be good and relationships with Civil Society are generally positive but could be strengthened for greater accountability of the Joint Programme towards CSOs and the programme's sustainability. Furthermore, the issue of contextual adaptation was felt to be critical needing to be more robustly addressed, particularly as it relates to poverty.
- A great deal of effort is being given to collaboration and joint planning for VAWG programmes and this is evident in the increasing number of joint activities by the Joint Programme/UBRAF.
- COVID-19 adaptations were found include the the needs of women with HIV and/or at risk of violence.

Considerations for the Joint Team in Zimbabwe emerging from the findings

- Consider strengthening social and normative change work in the HIV response in order to balance the existing focus on bio-medical approaches.
- Enhance attention to women in all their diversity by addressing the needs of lesbians and transwomen and women living with HIV and with disability.
- Consider greater attention to contextualising the response by increasing approaches to HIV positive women's economic empowerment building on lessons learned from cash transfer schemes³⁰³ and Women's Economic Empowerment pilots.
- Maximise opportunities to integrate GBV into PMTCT programmes, for example through the Zvandiri model.
- Consider developing a coherent strategy for meaningful involvement of men in HIV/VAWG work.
- Consider strengthening feedback mechanisms for CSOs and developing a more formal Joint Programme accountability platform which demonstrates mutual accountability.
- Continue the focus on coalition building of HIV positive women's network to enhance accountability and increase women's collective agency.
- Consider refocusing UBRAF efforts to go deep rather than to spread resources more thinly.

³⁰³UNICEF 2018 FINAL REPORT Evaluation of Expansion and Scale-Up of HIV Sensitive Social Protection in Eastern and Southern Africa 2014-2018

1. Introduction

1.1 About this evaluation

The purpose of the independent evaluation of the UNAIDS Joint Programme on preventing and responding to violence against women and girls (VAWG) is to assess the Joint Programme's (JP) accountability to end VAWG, including in humanitarian settings, and the bi-directional nature of VAWG and HIV. This includes assessing the results achieved and resources invested; identifying lessons learned; and developing practical recommendations to support learning and evidence-based decision making for future programming.

The evaluation examines the Joint Programme's efforts to apply transformative approaches to gender equality, HIV and VAWG, and the extent to which it collaborates with women's, adolescent girls' and young women's groups and relevant civil society networks. It includes different country contexts, different groups and different types of violence in various settings.

The evaluation uses country case studies as illustrative examples to inform the forward planning and programming of the Joint Programme. This report focuses on Zimbabwe.

1.2 Joint Programme on AIDS Zimbabwe

The Joint programme, led by UNAIDS, is guided by the Unified Budget, Results and Accountability Framework (2016-21) (UBRAF) which is designed to be:

- Strategic – supporting the Fast-Track approach and focusing on a limited number of measurable results
- Catalytic – addressing critical capacity gaps and structural challenges; leveraging funding from different sources
- People-centred – the Joint Programme promotes a people-centred response - leaving no one behind.³⁰⁴

It has three high priority areas: HIV testing; treatment and PMTCT; HIV prevention among key populations; and Human Rights, Stigma and Discrimination.

The Programme aligns with the National Strategic plan for HIV³⁰⁵ and the UN Development Assistance Framework (ZUNDAF).

The annual budget envelope under UBRAF for Zimbabwe has been \$450,000 since 2018 with the following allocations.

Agency	2018	2019	2020	2021
UNICEF	50,000	65,000	53,000	55,100
WFP	45,000	45,000	42,100	57,000
UNDP	115,000	105,000	43,700	43,900
UNFPA	55,000	50,000	48,800	57,000
UNODC	-	-	37,800	
UN Women	55,000	50,000	41,700	58,500

³⁰⁴ UBRAF 2016-21

³⁰⁵ ZNASP 2021-25

ILO	40,000	45,000	42,800	42,800
UNESCO	40,000	40,000	42,900	42,900
WHO	50,000	50,000	57,000	50,000
World Bank	-	-	40,200	42,800
TOTAL	450,000	450,000	450,000	450,000

Zimbabwe is a Spotlight initiative country with six recipient UN organisations (ILO, UNDP, UNESCO, UNFPA, UNICEF, and UN Women) and a budget in Phase I of \$21,000,000 with UN contributions of USD \$1,683,606.³⁰⁶ Addressing the bidirectional nature of HIV and VAWG is included in the programme outcomes addressing VAWG Prevention, Service Delivery and building a women’s movement.

1.3 Country Context

Over the evaluation period, Zimbabwe has witnessed significant political and economic upheaval. The election of a new President in 2018 was followed in 2019 by a steep decline in the economy. Zimbabwe is now facing an economic crisis, further worsened by COVID-19 (coronavirus) pandemic. Extreme poverty reached 40% of the population in 2019, up from 30% in 2017, with urban poverty rising faster (from 4% to 10%) than rural poverty.³⁰⁷

In spite of this, Zimbabwe is making strong progress towards the UNAIDS 90-90-90 targets. As of 2020, 86% of people estimated to be living with HIV in the country were aware of their status, and 97% of those diagnosed were on treatment of whom 90.3% ??³⁰⁸ In 2019, there were an estimated 40,000 new HIV infections, down from 62,000 in 2010. Deaths from AIDS-related illnesses continue to fall – from 54,000 in 2010 to 20,000 in 2019.³⁰⁹ The HIV epidemic in Zimbabwe is generalised and largely driven by unprotected heterosexual sex, with women being disproportionately affected, particularly adolescent girls and young women. An estimated 730,000 women were living with HIV in 2018 and in the same year, 19,000 women became HIV positive, compared to 14,000 men. HIV prevalence is 12.8% among adults age 15-49 years (15.4% among females and 10.1% among males).³¹⁰ The gender disparity is most pronounced among young women aged 20-24 years, whose HIV prevalence is three times greater than their male peers (8.1% vs. 2.7%).³¹¹ Information on key populations is incomplete but an estimated 42.2% of sex workers are HIV positive and 21.1% of men who have sex with men.³¹²

Levels of stigma and discrimination are high and increasing: 28.7% of women aged 15-49 reported discriminatory attitudes towards people living with HIV in 2019 against 20.9% in 2015.³¹³ Gender inequality is further evidenced by high rates of violence against women and girls. Around 19% of women who have been married have experienced physical or sexual violence from their partner in the past 12 months,³¹⁴ while 14% of adult women reported experiencing sexual violence at least

³⁰⁶https://www.spotlightinitiative.org/sites/default/files/publication/2019_SPOTLIGHT_GLOBAL_ANNUAL_REPORT.pdf

³⁰⁷ <https://www.worldbank.org/en/country/zimbabwe/overview>

³⁰⁸ Zimphia 2020

³⁰⁹ UNAIDS 2020 Global Update

³¹⁰ <http://aidsinfo.unaids.org/>

³¹¹ Zimbabwe Population-based HIV Impact Assessment (ZIMPHIA) 2020

³¹² *ibid*

³¹³ UNAIDS 2020 Global Update

³¹⁴ *ibid*

once in their lifetime.³¹⁵ In terms of broader reproductive health indicators, Zimbabwe has the lowest reported unmet need for family planning among married women in sub-Saharan Africa (15.2%).³¹⁶

2. Methodology

The methodology for the evaluation included document review and key informant interviews.

The team was made up of a Core Team member (Kate Butcher), a National consultant (Tendayi Mharadze) and an Accountability Advisory Group (TAAG) member (Janet Tatenda Bhila). Stakeholders were identified in consultation with the UNAIDS team, the National Consultant and the Accountability Advisory Group (Annex 2). Thirty one documents were reviewed some provided by UNAIDS and its co-sponsors based on interviews as well as being sourced by the evaluation Team members (Annex 3).

All nominated interviewees were approached by the UNAIDS Country Office and informed of the evaluation and a semi structured question format was used based on the evaluation outcome areas (Annex 4)

The National Consultant interviewed eighteen informants from Civil Society and two from nominated government agencies, while the TAAG member interviewed three activists from HIV networks. The core team member interviewed fifteen informants from eight UN agencies and one from the private sector. For those who were not available for interview (World Food Programme, World Bank, CDC/Pepfar, MoHCC and Ministry of Women's Affairs), a request was made for a written response.

Once all interviews were complete, the three members of the evaluation team and the global TAAG member met to discuss key findings. The Core Team member then wrote up the country report which was reviewed by the National Consultant and the TAAG member.

³¹⁵ Zimbabwe DHS 2015

³¹⁶ UNAIDS 2020

3. Findings

3.1 The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative

Over the evaluation period there is good evidence that the Joint Programme response to HIV has increased its focus on VAWG. Close collaboration with the National AIDS Council (NAC) and Ministry of Health and Child Care (MoHCC) has resulted in a more explicit and nuanced approach to violence and gender inequality as drivers of HIV (see 3.3). Focused attention to VAWG can be found in the HIV prevention cascade report³¹⁷ which examines the time lag between reporting of sexual violence and seeking post exposure prophylaxis (PEP) *'This indicates that a very small proportion, less than 4% (12,270/319,630) of women who are sexually assaulted, present to services. This large gap would be difficult to represent through the cascades. Demand creation for PEP services post sexual assault is required'*. The mapping exercise undertaken in tandem with NAC³¹⁸ includes GBV services and reveals that forty eight implementers across all provinces are addressing GBV in their programmes accounting for 34% of the intervention areas. Four interventions nationally included GBV in their support to vulnerable children. However, the extent to which this mapping is used to influence future programming is unclear.

Technical and strategic contributions of the Joint Team to the Adolescent Girl and Young Women (AGYW) programme under the Global Fund have succeeded in modifying the DREAMS approach, layering a social protection element through school subsidies, a community behaviour change layer to reduce GBV, and interventions that aim to engage men to increase their uptake of health services and address harmful gender norms.

Adolescent Girls and Young Women Programme; GFATM Zimbabwe

The programme began in 2019 and builds on lessons from the DREAMS programme. It utilises safe spaces within which the adolescent girls and young women can learn more about their sexual and reproductive health, and how to access justice when their rights are or have been violated. By partnering with existing community structures, such as youth groups and activity clubs, the approach ensures that the adolescent girls and young women can obtain and generate information on their sexual and reproductive health rights, freely and effectively express themselves, strengthen their life skills, as well as access legal aid and advice on their rights. Equally, the programme addresses the gap in sex education which has been identified at the societal level because of the collapse of the traditional cultural structure. 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 in full, 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)

³¹⁷ UNAIDS, NAC 2019 Development and Institutionalising HIV prevention cascades in the National Monitoring system in Zimbabwe

³¹⁸ NAC 2019 A mapping of HIV prevention services in Zimbabwe

- Prevention and Post-Care for GBV Survivors through the Start, Awareness, Support, Action (SASA!)
- One Stop Centre Models for service delivery.
- UNDP (March 2020). Field Visit Brief. Adolescent girls and young women and key population: Umguza and Bulawayo districts, Zimbabwe

Lessons from the AGYW programme have in turn resulted in the National Standard Package of HIV, SRH and GBV prevention services for AGYW in Zimbabwe³¹⁹ which identifies intimate partner violence as a key driver of HIV transmission and describes *'a minimum standard package of interventions that all AGYW should have access to, such as comprehensive sexuality education through schools; HIV prevention, testing, treatment and care; STI prevention and treatment, gender-based violence prevention and post-violence care through community setting or health care setting.... Effective programming for AGYW also includes interventions for male partners of AGYW.'*

UNAIDS' direct support to the Health Situation Room, a digital platform that displays HIV related data visually with the aim of supporting decision-making and programming in countries, has also resulted in efforts to include GBV in the data set although the paucity of data available constrains its utility and analysis is minimal. Nevertheless, the programme does provide an opportunity for advocacy to highlight the need for more comprehensive data collection on VAWG³²⁰.

UNAIDS has been an active member of the parliamentary portfolio committee on health and Child Care and the thematic committee on HIV and AIDS.

The launch of the global UNAIDS Blind Spot campaign to strengthen meaningful male engagement was cited by one co-sponsor although its visibility in Zimbabwe is minimal *'since 2017 progress has been slow and piecemeal, but now male involvement is part of the National HIV Strategy. Progress is gradual and it is important to remember that it has taken us 5 years to realise our focus on AGYW'* (Co-sponsor KII).

Several respondents cited the key population approach as problematic since its grouping of people into specific categories, sex workers for example, does not adequately recognize the diversity of women's experiences and needs within each category.

A study involving GALZ³²¹ showed that lesbian and bisexual women had a heightened vulnerability to HIV largely due to forced sex, but HIV programmes rarely address their specific needs: this is compounded by a hostile legislative environment.

UNDP in conjunction with NAC commissioned a Legal and Regulatory Environment Assessment (LEA)³²² under the Project: Linking Policy and Programming: Strengthening Legal and Policy Environments for reducing HIV Risk and Improving Sexual and Reproductive Health and Rights (SRHR) for Young Key Populations in Southern Africa. The assessment highlights the ongoing issue of stigma and discrimination for people living with HIV and the particular vulnerability of adolescent girls and young women both to HIV and GBV. With leadership from UNAIDS, UNDP in conjunction with UNFPA has also facilitated the tabling of a bill to review the age of consent for accessing sexual health services in order to increase adolescents' access to services. In addition, the team has supported champions in parliament to carry out debates related to the repealing of the wilful

³¹⁹ National Standard Package of HIV, SRH and GBV prevention services for AGYW in Zimbabwe 2021

³²⁰ UNAIDS. Dec 2020. Health Situation Room Evaluation

³²¹ Sandfort T, Baumann L, Matebeni Z, Reddy V and Southey-Swartz I, 2013, 'Forced sexual experiences as risk factor for self-reported HIV infection among Southern African lesbian and bisexual women', *PLOS One*, 2013.

³²² UNDP 2019 Zimbabwe: Legal Environment Assessment for HIV, TB, Sexual and Reproductive Health Rights Legislati

transmission of the HIV Act, highlighting the link between mandatory testing of pregnant women and the consequence of this including VAWG.

UNFPA is the lead agency for the Regional SIDA funded 2gether4SRHR programme (2018-22) whose aim is 'reduce unintended pregnancies, sexually transmitted infections (STIs), new HIV infections, maternal mortality and sexual and gender-based violence (GBV) across East and Southern Africa'. UNFPA Country programme (CP) (2016-20) includes the aim of 'reducing new HIV infections and GBV and harmful practices'. It has successfully developed and implemented the Sista2sista (S2S) girls' club model in 13 districts running since 2013 which creates safe spaces for adolescent and young women, supporting and 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.³²³

UNFPA works through CSOs in 13 districts to raise awareness on the joint issues of SRHR, HIV and SGBV. It supports community-based facilitators to lead discussions on social norms with chiefs, traditional and religious leaders in an effort to increase service uptake and reduce tolerance of GBV. In 2019, it reached a total of 248,683 households for the first time through the home visit approach, while a total of 129,101 people were reached through community dialogues.

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.

The Country Programme has also supported the CSO CeSHHAR to implement a project targeting Young Women Who Sell Sex (YWSS). These are young women who could not be reached through child protection interventions and have weak family support system. The project sensitised the YWSS on HIV, SRHR and GBV; provided them with educational subsidies to enable their return to school while others were provided with vocational and financial literacy training and supported to form saving groups to start income generating project. The YWSS were linked to HIV, SRHR and GBV services provided in the clinics run by CeSHHAR. This project started in late 2019 and has not yet been evaluated³²⁴ but demonstrates an attempt to tackle the root causes of young women's vulnerability to HIV and VAWG.

UNFPA shares the mandate to roll out Comprehensive Sexuality Education with UNESCO focusing on tertiary institutions and out of school youth: In addressing the limited access to SRHR/GBV/HIV information and services at tertiary institutions, UNFPA in partnership with SAYWHAT, implemented a programme with young people in tertiary institutions which included peer education, establishment of resource centres and the condomise campaigns.

'The CP supported the Forum of Colleges Authorities in tertiary institutions and this was successfully convened. The platform serves as an accountability framework for improving the availability and access SRH/HIV/GBV information and services in tertiary institutions. 17 tertiary institutions participated in the forum in 2019 compared to eight in 2018. In 2019, 90% of college authorities fulfilled the agreed commitments on increasing students' access to youth friendly sexual reproductive health (SRH) services in institutions of higher learning's health centres through the Forum of College Authorities' on Students' Sexual and Reproductive Health (FOCASS)'.³²⁵

³²³ <https://www.healio.com/news/pediatrics/20200710/sista2sista-program-improves-hiv-other-health-outcomes-among-youths-in-zimbabwe>

³²⁴ Government of Zimbabwe/UNFPA 7th Country Programme 2016 – 2020 Draft Evaluation report

³²⁵ UNFPA 2019 CPE p67

With leadership from UNAIDS, the joint team has also supported the development of the First Lady's strategic framework of engagement in HIV, Health and Development (2019-2023) for HIV and SRH, including a website for her Foundation "Angel of Hope" to highlight issues on HIV/SRHR and SGBV. Agencies also support the First Lady's high level efforts messaging on ending child marriage and reducing violence during COVID-19 times.

In 2020 under the UBRAF envelope funding UNFPA had plans to pilot a programme specifically for young HIV negative pregnant and breastfeeding mothers. Sadly this programme has halted due to COVID-19 induced lockdown restrictions. The programme reflects a positive intention to move towards support for young women to remain HIV negative.

The UNFPA country programme evaluation³²⁶ concludes 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.'*

Furthermore, *there is a tension between the role UNFPA has assumed under the UNAIDS Joint Programme, and the perceived diminished priority of HIV within the UNFPA strategic plan 2018-2021 (with reduced human and financial resources allocated to HIV dedicated programming). This has limited the ability of UNFPA to fulfil its expected leadership roles.*

UNESCO is key in implementing the Comprehensive Sexuality Education programme in educational settings to promote HIV prevention treatment and care. It has used UBRAF envelope funds to build on this work and has developed mobile applications to support student learners. It is also in the process of piloting a campus radio in universities as a model for information dissemination on HIV, SRHR and GBV. By 2020 UNESCO had trained 60% of teachers to deliver the CSE across the country (Co-sponsor KII).

UNICEF's focus for HIV is both elimination of vertical transmission of HIV and improved access to HIV services for children and adolescents. The main partner for this work is Africaid which implements the Zvandiri project: this is a community based programme which strengthens access to ART through a peer counselling approach using Community Adolescent Treatment Supporters (CATs). The approach has been rigorously evaluated and found to be an effective model,³²⁷ although it does not integrate GBV issues as yet.

In addition, UNICEF supports the Young Mentor Mother programme which layers on to the existing CATs approach with the same aim of increasing access to HIV services and improving adherence using peer learning approaches proven to be both empowering and effective.

Given the links between poor ART adherence and violence, UNICEF under UBRAF is also seeking to strengthen the PMTCT programme through adherence counselling and support and retention in care including integrated SRHR/HIV and GBV services to support pregnant and breastfeeding mothers with a focus on adolescent girls and young women. This is partially implemented and no reviews could be found.

UN Women engagement with HIV under UBRAF is principally through support to the Zimbabwe network of Women Living with HIV Forum (ZWLHF) through institutional strengthening and creation of spaces for dialogue. This is a new forum which is a culmination of work with CSOs and women living with HIV since 2017. In 2020 training was provided on social accountability and governance structures but COVID-19 has interrupted progress. Nevertheless, UN Women continues to advocate for the meaningful engagement of women living with HIV in planning processes and to prioritise

³²⁶ UNFPA CPE 2020

³²⁷ Tapera T et al (2019) Effects of a Peer-Led Intervention on HIV Care Continuum Outcomes Among Contacts of Children, Adolescents, and Young Adults Living With HIV in Zimbabwe, *Global Health: Science and Practice* 7(4)

women and girls' in national HIV strategies, budgets and monitoring frameworks,³²⁸ including the design of the Global Fund Concept Notes. Plans for the future include mainstreaming HIV into all UN Women programmes including the safer markets programme and peacebuilding initiatives.

UNODC conducted a regional baseline study on prisons' compliance with minimum SRH and HIV standards in 2019.³²⁹ This study concluded that Zimbabwe faced 'challenges in providing all HIV/SRH interventions in prisons due to inadequate infrastructure, resources and supplies and negative staff attitudes'. The UNODC office in Zimbabwe is reportedly now closed and it is unclear how the study has influenced programming.

ILO supported the government to develop the Zimbabwe National HIV and AIDS & TB Policy for the World of Work³³⁰ which refers to the need to address GBV. In the same year, it supported a similar policy for the tourism sector which recommends a clause on inclusion of GBV and developed a business case for HIV/AIDS for the private sector together with Zimbabwe Private Sector HIV and Wellness Board. Through its work with ZIPSHAW, it is also encouraging the private sector to consider HIV testing in the workplace.

It has also worked over two UBRAF envelope funding iterations with artisanal miners to encourage HIV testing.

No evaluation of these policies could be found to determine the extent of their implementation and results.

3.2 UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative

Zimbabwe is a Spotlight Initiative country and it is under this auspice that most of the JP response to VAWG occurs. Spotlight Recipient UN organisations (RUNO) are ILO, UNDP, UNESCO, UNFPA, UNICEF, and UN Women. 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.³³¹ This is clear in the Country Programme 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 is not explicitly included in any of the 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.

The role that UNAIDS plays in promoting the nexus between VAWG and HIV could be made more visible: one co-sponsor noted '*I was amazed to see UNAIDS was working on GBV, I had no idea*'.

UN WOMEN is the technical lead on Spotlight and has worked closely with UNAIDS in the first phase of the programme to ensure the initiative includes HIV: HIV data was included in the initial mapping to identify target provinces and districts; the inclusion of women with HIV as one of the identified most vulnerable populations and a focus on building the capacity of CSOs working with key populations and communities of persons who face multiple forms of discrimination. These organisations are small and often marginalised CSOs that use the lens of intersectionality. Their

³²⁸ UBRAF report 2017

³²⁹ UNODC 2019 BASELINE ASSESSMENT on regional and beneficiary country HIV/AIDS and SRHR minimum standard compliance for prison populations

³³⁰ ILO NAC 2014 Zimbabwe National HIV and AIDS & TB Policy for the World of Work 2014

³³¹ The Spotlight CPD has 68 mentions of HIV

activism on sexual and reproductive health rights and on the interlinkages between GBV, HIV and SRHR is strong, but they have limited capacity for the design and implementation of programmes'.³³²

In 2019 UN Women through Spotlight launched one of the first Mobile One-Stop Centres (OSC) which includes the 'most vulnerable' as women and girls with disabilities; women and girls in the rural areas; young women and adolescent girls in impoverished urban settlements and young women living with HIV.' However, data do not yet appear to be disaggregated to determine the extent to which women living with HIV are benefitting from the programme. Furthermore, Spotlight appears to pay no attention to women in all their diversity as there is no mention of lesbians or transwomen in available documentation.

UN Women is piloting the implementation of SASA! in two districts which seeks to challenge harmful social and cultural norms which perpetuate gender inequality and gender-based violence. In the same vein they support the CSO SAYWAT to work with young rural men to address masculinities and power including GBV and its links to HIV. This is combined with the international He for She campaign promoting male advocates for gender equality.

UN Women is also piloting an innovative concept of Centres of Excellence at a local level working with traditional leaders to discuss the issues of GBV, gender inequality as well as HIV.

An evaluation of UN Women Gender Peace Security programme³³³ found that *'Zimbabwe had engaged men and boys around RMNCAH activities, gender-based violence, gender equality but had not focused on VAWG in its communications and advocacy'*.

UNFPA is the GBV sub cluster coordinator and in partnership with the Ministry of Women's Affairs, Community, Small and Medium Enterprises Development supported the national Zero Tolerance for GBV 365, a National Program on GBV Prevention and Response running from 2017-20. The programme continues to support GBV prevention and response work in partnership with CSOs using Behaviour Change Facilitators, seeking to address social norms through engagement with traditional and religious leaders. UNFPA also builds the capacity of staff from GBV Shelters and One-Stop Centres in order that they can provide effective SGBV, SRHR and HIV services. This includes multi sector stakeholders included Police Officers from the Victim Friendly Unit, Social workers, District Development Officers and Community Volunteers³³⁴. In 2019 a facility readiness assessment was undertaken which highlighted certain constraints for the One Stop Centre approach to services including human resources, medicines, supplies and space.³³⁵ Furthermore, the Country Programme Evaluation (CPE) found that *'The integrated approach also stretched the capability of community cadres who were expected to provide information and generate demand for several programme'*.³³⁶

UNFPA has supported the establishment of the National Sex Workers Association under its Key Population programme although this work was assumed by the Global Fund (GF) in 2018.

As a Spotlight RUNO, UNFPA provided *'At least 1,075 survivors of sexual violence access to clinical services (PEP) at the rural health facilities as well as district hospitals'*³³⁷.

The CPE shows that over the evaluation period there are two outputs off track which involve the training of health care providers in survivor centred approaches and clinical management of sexual violence. Given that stigma and discrimination of people living with HIV is on the rise, there is an

³³² Spotlight 2019. Annual report

³³³ UN Women 2019. Final evaluation of the gender peace and security programme in Zimbabwe 2012-18

³³⁴ CPE 2019

³³⁵ UNFPA

³³⁶ UNFPA 2019 CPE p90

³³⁷ CPE 2020

opportunity in addressing this stream of work to ensure that in the future this training includes the challenging of negative attitudes towards women living with HIV.

UNESCO has used UBRAF envelope funds for pilot initiatives for example the Connect with Respect (CwR) initiative whose aim is to build an enabling educational environment with a focus on GBV. The launch of the Global Guidance in the ESA region took place in March 2017.³³⁸ The capacity of national education sectors to prevent and address gender-based violence was strengthened through a regional collaboration to adapt the CwR curriculum tool. A follow up workshop was conducted in mid 2018. A mid-term review was scheduled for 2020 but suspended due to COVID-19. In 2018 UNESCO launched the project Challenging Constructions of Masculinity that Exacerbate Marginalisation of Women and Youth.³³⁹ Further efforts to address the intersection between HIV and GBV can be found in the regional programme 'Our rights our lives our future' funded by Irish Aid and SIDA which is implemented in collaboration with UNFPA, UNAIDS Secretariat, UN Women, WHO.

UNESCO shares the CSE mandate with UNFPA which promotes life skills, provides guidance on violence prevention and sexual health including HIV. Under Spotlight it has supported the MoPSE to develop curricula which contained a greater depth and breadth of content on SRHR, SRGBV, and harmful cultural practices.

UNESCO is promoting gender transformative approaches by building a more enabling educational environment by advocating for the re-entry to school of young pregnant women with school authorities.

UNICEF's focus for GBV is on children and adolescent girls. Although there is no active Violence Against Children programme in Zimbabwe, UNICEF supports reform of the criminal procedures act, particularly forensic investigations of child survivors of sexual violence. In 2016, UNICEF Zimbabwe supported the Government to develop a National Plan of Action to end child marriages. Under the multi-country 2gether 4 SRHR, UNICEF collaborated with UNFPA, UNAIDS, and WHO to reduce sexual and gender-based violence. This initiative improved the uptake of treatment and prevention services by addressing barriers, providing access to information and delivering post-GBV services. UNICEF continues to mobilise resources to develop an integrated approach to adolescent girls' vulnerability to HIV through a joint package of services on HIV, sexual and reproductive health, anaemia, menstrual health and hygiene, and gender-based violence.³⁴⁰ Furthermore in collaboration with UNESCO, UNFPA and WHO, UNICEF's technical assistance to the Global Fund (GF) resulted in enhanced coordination, planning and multisectoral interventions on GBV and violence prevention within the AGWY minimum package³⁴¹.

Currently **UNDP** UBRAF envelope allocations do not address VAWG. Its normative role concerning VAWG is to strengthen justice sector (specifically Zimbabwe Republic Police, National Prosecuting Authorities and the Judicial Service Commission) capacity to provide adequate remedial action to gender-based violence issues. This role, together with its institutional capacity building and governance role, is a core element of UNDP contribution under the Spotlight Initiative.

UNDP is principal recipient for the Global Fund (GF) and, through Global Fund catalytic funding, supports a programme for adolescent girls and young women that includes peer-led mentorship groups to sensitise AGYW on Sexual and Reproductive Health (SRH) and gender-based violence services, male mobilisation groups, sex education programmes, educational subsidies, community-

³³⁸ http://www.unesco.org/new/en/media-services/single-view/news/how_to_stop_school_related_gender_based_violence/

³³⁹ <https://unesdoc.unesco.org/ark:/48223/pf0000372355>

³⁴⁰ JPMS report 2018

³⁴¹ National AIDS Council, Ministry of Health and Children January 2021 National Standard Package of HIV, SRH and GBV prevention services for AGYW in Zimbabwe

led advocacy on harmful social norms, and One Stop Centres for medical and legal support to survivors of GBV.³⁴² The Independent UNDP Country Programme Evaluation (ICPE)³⁴³ recommends that UNDP ‘should analyse the areas where it can address gender inequalities more strategically in its programme, so as to develop a response that goes beyond targeting men and women. By focusing on structural barriers and the root causes of gender inequalities in Zimbabwe, UNDP has the opportunity to move from inclusive interventions to truly transformative results.’

ILO promotes violence-free workplaces under the Convention 190 and works in the formal and informal economy. Under UBRAF, its focus is on women in the informal economy and HIV but there is no specific theme of GBV. An aspect of its normative role however is promoting women workers’ rights and economic empowerment. Under the UN Joint Programme for Gender Equality (JPGE) ILO, the women’s economic empowerment component was found to *‘drastically reduce incidents of GBV in all the communities within the 5 districts. Most of the men who received gender transformation training, alongside their wives confessed that before receiving training which gave them an appreciation of gender equality, they had been perpetrators of GBV’*.³⁴⁴

As a RUNO for Spotlight, ILO is responsible for addressing violence in the workplace and developing women’s economic empowerment programming especially for the informal economy which, under the terms of Spotlight, will include women with HIV.

Generally, ILO addresses VAWG and HIV separately; for example, through its work to promote HIV testing in the workplace or with the employee living with HIV rights in the private sector on one hand and addressing violence and harassment in the workplace³⁴⁵ on the other. An assessment of ILO work with women in the informal economy in Zimbabwe³⁴⁶ for example does not highlight the twin issues of HIV and VAWG.

Gender transformative approaches

Table 1 provides illustrative examples of gender transformative programming for VAWG and HIV in Zimbabwe.

³⁴² JPMS 2019 report.

³⁴³ UNDP ICPE 2019

³⁴⁴ ILO 2017 Transforming a nation through gender equality

³⁴⁵ ILO 2017 Handbook on violence and harassment against women and men in the world of work trade union perspectives.

³⁴⁶ ILO 2018 Situational analysis of **Women in the informal economy in Zimbabwe**

Table 1: Illustrative Examples of Gender Transformative approaches

Gender transformative approach	Illustrative examples from Zimbabwe
Support for community led organisations particularly women led	Positive people’s networks supported; sex workers network association; JP supports groups of AGYW to ‘build a movement’ of young women to be empowered and know their rights; mentor mothers, sist2sista; SASA!; ZWLHF
Supporting women and girls, in their diversity, affected by and living with HIV	AGYW programme; in and out of school young girls; sex workers; mentor mothers; drop in centres for transgender people and FSW. Integrated SRH/GBV and HIV services; youth friendly services. <i>Poor visibility of work on HIV with women and girls with disability lesbian women or transwomen</i>
A focus on gender norms and unequal power relations including relations based on gender	Highlighted as essential in ZNASP; AGYW, SASA! CSE; Connect with Respect; Blind spot; SAYWHAT
A focus on accountability to communities and in particularly women and girls	Various forums, CSO reference group under Spotlight; CCM and TWG under GFATM. <i>Tendency to be perceived by CSOs as instrumentalist rather than strategic</i>
High-level and multisectoral commitment to addressing violence against women and girls in the HIV response	High level compact Spotlight RCO; engagement with office of the First Lady; parliamentarian visits; public hearings
Addressing multiple influences and factors in women and girls lives such as health, economics, decision-making, education	Some WEE initiatives; parliamentary tour addressed multiple factors; efforts to increase enrolment and retention of girls in school; returning young pregnant girls to school; AGYW empowerment
Male involvement	He for She; work with religious leaders; work with parliamentarians; traditional leaders Centres of excellence; SAYWHAT men and masculinities work. Focus is more on VAWG than HIV
Addressing the structural causes of violence	LEA; entrepreneurial work targeting women living with HIV; law reform and criminal procedures for child survivors of GBV; addressing the age of consent bill; ensuring that Guidance and Counselling are examinable subjects for teacher training to increase coverage and attention; some WEE initiatives.

3.3 Enhanced national ownership of VAWG and HIV response and accountability to women and girls

National ownership of VAWG and HIV responses was found to be strong although national capacity for implementation, particularly within government was frequently cited as a challenge.³⁴⁷

The National HIV strategy 2021 -2025 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 indicators³⁴⁸ relating to GBV in its M&E framework. The Joint programme has played a significant role in the evaluation and design of these strategies³⁴⁹.

It is clear that Spotlight plays a critical role in fostering national ownership for the issue of VAWG. Given its limited time frame, efforts are already underway to develop an exit strategy to ensure its sustainability. A core part of this is the High-Level Compact between Spotlight partners and the government. Currently HIV is not on the agenda of these deliberations and could be elevated.

National ownership and awareness of VAWG and HIV was further enhanced by a country tour in 2019 for parliamentarians organised collaboratively between UNAIDS, UNDP, UN Women, UNFPA and in partnership with NAC, 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 (CSO KII).

"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).

Spotlight has also ensured the role of Civil Society as critical partners both 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"* (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 which were all cited as functional but 'not perfect': *'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) Furthermore, respondents noted that women in rural settings and women with disability were the least involved in national planning: *"People want to be involved. They know what they need. They know their issues better – people with disability are both academics and practitioners on disability all others are just academics. The mantra of leaving no one behind is not working for women with disability"* (CSO KII).

³⁴⁷ UNDP 2019 Legal Environment Assessment of HIV TB and SRH

³⁴⁸Sexual 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;

³⁴⁹ NAC Zimbabwe National HIV and AIDS Strategic plan 2021-25

There were mixed responses on the *extent* to which HIV CSOs were included in programming. CSOs 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), and *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).

This is important for the JP particularly if it continues to engage with networks of women living with HIV. Improving feedback mechanisms and promoting more opportunities for co-creation of projects with women-led CSOs would strengthen mutual accountability and sustainability: *“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).

With regard to perceptions of sustainability, 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).

This is an important issue if the JP intends to increase its focus on transformative work which, by nature, is long term.

A further important reflection on national ownership is the repeated request from CSOs for programmes to be more grounded in the economic and political context of Zimbabwe, particularly given the rapid increase in household poverty and the implications this has for both HIV and VAWG. CSO KIIs repeated the fact that the drivers of both VAWG and HIV are in most cases linked to poverty and low socio-economic position particularly of women and girls: *“Women who are poor do not have the agency to protect themselves and their children from violence abuse and HIV. We need to address the elephant in the room which is the increasingly entrenched poverty and vulnerability of women”* (CSO KII).

3.4 Enhanced collaboration among Joint Programme organisations working on HIV and VAWG prevention and response

Evidence shows effective collaboration internally among co-sponsors and UNAIDS as well as with Government and development partners. The UNAIDS team is substantial and works well across co-sponsors and ministries. There is no doubt that their efforts combined with other RUNOS to integrate HIV into Spotlight have paid dividends³⁵⁰. There is continued discussion about effective programming with the GF and PEPFAR to reduce duplication and maximise efficiencies and the HIV GBV service mapping was a step towards this.

Externally CSOs acknowledge that the UNCT works well together according to the Division of labour *“...if we raise an issue with x 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).

However, the lack of coherence across co-sponsor financial and administrative management was noted as a particular challenge especially for joint programmes along with the difficulty in attribution of results where CSOs were working with multiple agencies pursuing similar indicators.

³⁵⁰ Spotlight Initiative 2019 Annual Narrative Progress Report 2019

Most co-sponsors which are RUNOs mentioned that Spotlight had facilitated enhanced collaboration internally. Co-ordination at district level was also reported³⁵¹ to have improved immensely under the Spotlight initiative as it supports coordination meetings, reporting and sharing experiences. According to KIIs, UNAIDS' role in mobilising the HIV focal points of all RUNOs has also helped to reduce duplication of effort and to enhance layering of services in order to achieve saturation in key districts.

Further evidence of the joint team ability to collaborate is evidenced by the increasing number of joint activities under UBRAF (0 in 2018-19 and 4 in 2020-21) and as reported by co-sponsors: *"UNFPA collaborates a lot with UNESCO re CSE for example and this reduces duplication"* (Co-sponsor KII).

3.5 COVID-19 context

There is evidence of programmes pivoting to address COVID-19 and its impact on HIV and VAWG. 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.³⁵² Further analysis³⁵³ 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'*. UN responses to this included a hotline service for key populations in addition to support for the national GBV hotline; the OCHA situation report Dec 2020 notes that from January to December 2020, 8,563 GBV cases were reported through the National GBV Hotline, about 175 per cent increase compared with the same period in 2019, when 4,876 GBV cases were reported through the UN funded Hotline.³⁵⁴ UNAIDS/UNFPA introduced a temporary mobile One Stop Clinic service for women who could not travel which included HIV services and GBV referrals in selected districts. UN Women also introduced shuttle service for women and girls in selected districts to be able to get to markets and /or shelter and successfully advocated with the Ministry of Women's Affairs that One Stop Centres should be categorised as essential during the COVID-19 period.

COVID-19 was also found to have interrupted some planned activities for example the mapping of trans people by UNDP. One respondent noted that the introduction of *"virtual working is difficult for government departments due to unreliable internet connections either at home or in the office and it further challenges the involvement of rural communities and programmes"* (Co-sponsor KII).

³⁵¹ Spotlight 2019 Annual report

³⁵² <https://www.unaids.org/en/keywords/zimbabwe>

³⁵³ 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.

³⁵⁴ <https://reliefweb.int/report/zimbabwe/zimbabwe-situation-report-31-dec-2020>

4. Conclusions

- There is good evidence that the JP is addressing the bi-directional nature of HIV and VAWG, although untangling co-sponsor contributions in their normative role from the JP is often challenging. The JP has demonstrably influenced the National HIV strategy which now includes VAWG as an explicit area of concern; in acknowledgement to the particular vulnerability of adolescent girls and young women the JP is increasing attention to equipping them with the skills and knowledge to protect themselves through the integrated AGYW package. GBV data has been included in the SRH HIV and GBV service mapping and in the prevention cascade work as well as in the Health Situation Room database.
- Integrated health services addressing SRH, HIV and GBV were also found to be successful, for example the S2S clubs.
- Transformative approaches include work on the legislative environment to overcome obstacles to access to HIV services including GBV and dedicated support to organisations of women living with HIV particularly to strengthen engagement in decision making at key forums.
- A repeated refrain from key informants, both co-sponsors and CSOs, was the focus of the HIV response on bio-medical matters and inadequate attention to social norm change: *“the HIV response is too medical. It needs to engage more with normative change work ... this is a big gap”* (Co-sponsor KII).
- In addition, our assessment found that lesbians, transwomen and women with a disability were not sufficiently included in the HIV or VAWG response.
- The integration of HIV into VAWG programming has gained visibility through the Spotlight Initiative as a direct result of intense and collaborative work of the UNAIDS team together with Spotlight RUNOs. The Resident Coordinator Office plays a critical role in the country programme; currently, however, there is low visibility of HIV in high level deliberations: the RCO could be leveraged to ensure that the country cooperation agreement and attendant framework clearly articulate the links between HIV and VAWG and that the High Level Compact work includes HIV.
- A great deal of effort is going into collaboration and joint planning and this is evident in the increasing number of joint activities under UBRAF.
- Evidence of gender transformative approaches across the JP could be found, but often as pilots or relatively small scale and not yet evaluated e.g. the SASA! work, the WEE work, the CwR, the Centres of Excellence, the SAYWHAT work on masculinities. It should be noted that gender transformative work is promoted through several co-sponsors’ normative work but not always apparent in addressing the twin issues of HIV and VAWG.
- National ownership was found to be good although further work is needed to refine an accountability mechanism for the Joint Programme which works for CSOs and particularly networks of women.
- Relationships with Civil Society are generally positive but could be strengthened both for greater accountability and sustainability of the Joint Programme. Especially since many respondents cited the weak capacity of government as a challenge to sustainability. A deliberate effort to engage with CSOs strategically rather than instrumentally would go some way to improving mutual accountability.
- Efforts are underway to continue to try to reduce duplicated effort and strengthen complementarity of effort across development partner programmes by layering of services and saturation of districts. This suggests a need to refocus efforts to go deep rather than to spread resources more thinly. This is in line with the UNFPA CPE which notes ‘demand generation for SRH, HIV and GBV as well as support for service delivery should be implemented in the same

provinces to ensure both demand and supply chain support is interlinked to maximise the CP impact'.³⁵⁵

- COVID-19 adaptations were found to include enhanced attention to VAWG but were short-term responses, for example the 6-month mobile clinic.
- Throughout the evaluation the team found it difficult to access monitoring or evaluation reports. Although the evaluation period covered 2016-2020 it was difficult to find JP documentation older than 2018 and still difficult to locate evaluations of pilots mentioned. At times there was a sense that each UBRAF introduces new pilots without necessarily evaluating or taking former pilots to scale. Exceptions to this include the S2S programme, the Zvandiri project and work under the CSE banner.
- Finally, the issue of contextual adaptation is critical. While VAWG was mostly addressed as IPV and/or SGBV, it was harder to find efforts to address structural and institutional violence. In light of growing poverty levels and increasing stigma, a more coherent approach to addressing socio-economic and cultural norms would be needed.
- Opportunities emerge from this assessment particularly around the enhanced training of health workers to be sensitised to HIV so that their services are both accessible acceptable and appropriate to women living with HIV. This is critical given rising levels of stigma.

5. Considerations for the Joint Team

- Consider strengthening social and normative change work in the HIV response in order to balance the existing focus on bio-medical approaches.
- Enhance attention to women in all their diversity by addressing the needs of lesbians and transwomen and women living with HIV and with a disability.
- Consider greater attention to contextualising the response by increasing approaches to HIV positive women's economic empowerment building on lessons learned from cash transfer schemes³⁵⁶ and WEE pilots.
- Pay greater attention to structural and institutional VAWG , particularly in the health sector, by integrating HIV sensitisation into health worker and multi-disciplinary training for Ones Stop Centre staff. There are opportunities within the Zvandiri model to integrate GBV into the programme given the nexus between women in PMTCT programmes and GBV.
- While approaches to meaningful male engagement were found, a coherent strategy for this might maximise efforts particularly when partners are engaged in high level work with parliamentarians.
- Based on the new national strategies, ownership of the twin issues of VAWG and HIV appeared to be strong, however, greater attention to accountability to non-government organisations could be strengthened through the development of a more formal accountability platform and stronger feedback mechanism throughout the programme cycle to demonstrate mutual accountability beyond implementation. Furthermore, enhanced attention to coalition building of networks of women living with HIV will help to strengthen accountability and increase women's collective agency.

³⁵⁵ UNFPA 2019 CPE p17

³⁵⁶ UNICEF 2018 FINAL REPORT Evaluation of Expansion and Scale-Up of HIV Sensitive Social Protection in Eastern and Southern Africa 2014-2018

Annex 1. Stakeholder List

Organisation	Name	Position
UNAIDS	Sophia Mukasa Monico	UNAIDS Country Manager
UNAIDS	Linda Hwenga	Communications and Advocacy officer
UNAIDS	Martin Odiit	Strategic Information Advisor
UNAIDS	Charles Birungi	Fast track advisor UNAIDS
UNAIDS	Jeremiah Manyika	Community Mobiliser
UNAIDS	Jane Kalweo	SRH and integration
UNESCO	Lucas Halimani	National Programme Officer
UNWOMEN	Lindiwe Ngwenya	Programme specialist gender and HIV
UNWOMEN	Pat Made	Spotlight Technical Coordinator
ILO	Idah Chimedza	Country officer
UNFPA	Verena Bruno	GBV officer
UNRCO	Magdeline Madibela	Gender and Disability advisor
UNDP	Sarah Musungwa	GFATM programme officer
UNICEF	Beula Senjanze	HIV officer
UNICEF	Jolanda Van Westering	Child protection officer
Zimbabwe Business Council on Wellness	David Mutumbara	Executive Director
Parliamentary committee on Health	Honorable Dr Ruth Labode	Chair
NAC	Vimbai Chikomo	National Coordinator Gender & workplace
SAYWHAT	Vimbai Mlambo Sendisa Ndlovu Kudzai Ngondonga Langaletu Nkala Spiwe Dongo Leo Munyonho	Members
ROOTS	Sandra Muzama Nyasha Mantosi	Communications and Programmes Officer Programme manager
NASCOH	Henry Masaya	Programme Coordinator
Padare	Thando Makubaza	Programme Devt. And fundraising manager
Transsmart	Alessandrabree Chacha	M&E officer

PAPWC Zim	Tendayi Westerhof	National coordinator
Musasa	Precious Taru	Project Executive Director
Youth Engage	Charles Siwela	Executive Director
GALZ	Grace Ganda Michelle Ruhonde Ropafadzo	Counselling and psycho-social support Diversity Projects officer assistant
ZNNP+	Clarence Mademutsa	Program manager
DAWA		
Rainbow		

Annex 2. Evaluation Matrix

Outcome (hypothesis)	Evaluation questions [C = coherence, E = Effectiveness, S = Sustainability]
<p>O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p>
<p>O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative</p>	<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> <p>To what extent are results achieved – disaggregated by type of intervention and by population group?</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p>
<p>O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls</p>	<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>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</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>To what extent have Joint Programme organisations been able to influence budget and financial flows?</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> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p>
<p>O4. Enhanced collaboration among</p>	<p>EQ9 How are UN organisations working together to provide a coherent, complementary and adaptable set of actions on the linkages between HIV and</p>

<p>Joint Programme organisations working on HIV and VAWG prevention and response</p>	<p>VAWG and gender transformative approaches in the context of UN Sustainable Development Cooperation Frameworks? (C4)</p> <p>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</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> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p>
<p>COVID-19 context</p>	<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>

Annex 3. Documents reviewed

- National AIDS Council. 2019 A mapping of HIV prevention services in Zimbabwe
- National AIDS Council, Ministry of Health and Children January 2021 National Standard Package of HIV, SRH and GBV prevention services for AGYW in Zimbabwe
- GoZ. ILO UNWOMEN UNDP 2017 Situational analysis of Women in the Informal Economy in Zimbabwe
- NAC MoHC Extended Zimbabwe National HIV and AIDS strategic plan (ZNASP) 2015 – 2020
- NAC Zimbabwe National HIV and AIDS Strategic plan 2021-25
- GoZ DHS 2015
- H6 Final H6 UN annual report 2016
- ILO 2014 workplace policy on HIV and AIDS TB and other opportunistic illnesses for the tourism industry in Zimbabwe 2014.
- ILO Zimbabwe National HIV and AIDS & TB Policy for the World of Work
- ILO The Business Case for Gender Mainstreaming in the Workplace
- Li, Y., Marshall, C. M., Rees, H. C., Nunez, A., Ezeanolue, E. E., & Ehiri, J. E. (2014). Intimate partner violence and HIV infection among women: A systematic review and meta-analysis. *J Int AIDS Soc*, 17, p. 18845.
- Alex Müller et al Feb 2021 Experience of and factors associated with violence against sexual and gender minorities in nine African countries: a crosssectional study
- Ndhlovu, A & Tembo, A. (2020). Gendered Socio-economic Implications of the COVID-19 Pandemic in Rural Zimbabwe. *BizEcons Quarterly*, 12, 21–40.
- OCHA 2021 Cluster Status report GBV
- UNAIDS, NAC 2019 Development and Institutionalising HIV prevention cascades in the National Monitoring system in Zimbabwe
- UNAIDS 2020 Global AIDS report
- UNAIDS 2020 Global Data book
- UNDP (March 2020) Field Visit Brief: Adolescent girls and young women and key population programmes. Umguza and Bulawayo Districts, Zimbabwe
- UNDP Independent Country Programme Evaluation: Zimbabwe 2016-20
- UNDP NAC 2019 Zimbabwe Legal Environment Assessment for HIV, TB, Sexual and Reproductive Health & Rights
- UNESCO 2019 Annual Report
- UNFPA Evaluation of Country Programme Zimbabwe draft 2019
- UNFPA 2020 Evaluation of the UNFPA support to the HIV response (2016-2019)
- UNFPA 2020 COVID Situation Report Oct 2020
- UNICEF 2018 FINAL REPORT Evaluation of Expansion and Scale-Up of HIV Sensitive Social Protection in Eastern and Southern Africa 2014-2018
- UNWOMEN Final Evaluation of the Gender, Peace and Security Programme in Zimbabwe 2012-18. 2019

Spotlight Initiative 2017 country programme document

Spotlight Initiative 2018 annual report 2017-18.

Spotlight Initiative 2019 Annual Narrative Progress Report 2019

UNWOMEN, UNICEF. Mid Term Evaluation of the Joint Programme on Prevention of Gender Based Violence (JPGBV) Against Young Women and Adolescent Girls 2016.

Zimbabwe Population Based HIV Impact Assessment 2019

Annex 4. HIV / VAWG data tables

Zimbabwe data sheet

Data in this section from UNAIDS (2020) unless otherwise specified -

https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

[ZIMPHIA-2020-Summary-Sheet_Web.pdf \(columbia.edu\)](#)

1. HIV

Estimated HIV prevalence rates among people aged 15-49 has decreased from 15.1% in 2010 to 12.8% in 2019. In 2019 there were an estimated 760,000 women living with HIV compared to 510,000 men living with HIV (aged 15+). New HIV cases are decreasing among women and men.

New cases

	2010	2015	2019
New HIV case (women 15+)	31,000	24,000	20,000
New HIV cases (men 15+)	24,000	18,000	15,000

* prefer term 'new cases' to 'new infections'

Source: https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

Key populations

	Sex workers	Men who have sex with men	People who inject drugs	Transgender people	Prisoners
HIV prevalence	42.2%	21.1%	-	-	28%

Source: https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

2. Services

- Zimbabwe has reached Fast-Track Targets (90-90-90)
- Unmet need for family planning is low at 15.2%
- 8351 people have received PrEP at least once during the reporting period (2019)
- 91% of pregnant women living with HIV are accessing antiretroviral medicine (2019) compared to 30% in 2010
- Early infant diagnosis 55.7% (cf 2010 9.2%)

Source: https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

	People living with HIV who know their status	People living with HIV on treatment	People living with HIV who are virally suppressed
Women	88.3%	97.6%	91%
Men	84.3%	95.9%	89%

Source: Zimphia 2020 https://phia.icap.columbia.edu/wp-content/uploads/2020/11/ZIMPHIA-2020-Summary-Sheet_Web.pdf

AIDS-related deaths are higher among women than men – 8800 women and 8200 men

	Sex workers	Men who have sex with men	People who inject drugs	Transgender people	Prisoners
HIV testing and status awareness	80.5%	99.7%	-	-	-
Antiretroviral coverage	78.2%	93.7%	-	-	-
Condom use	74.9%	69.2%	-	-	-
Coverage of HIV prevention programmes	99.7%	20.1%	78.0%	89.3%	-
Expenditures in US\$ (2017) by?	970 497	858 988	534 865	180 760	29 377

Source: https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

3. Violence

- 19% of ever-married or partnered women aged 15–49 years have experienced physical or sexual violence from a male intimate partner in the past 12 months (2019).

4. Violence against women living with HIV

- 28.7% of women aged 15 to 49 years living with HIV have reported discriminatory attitudes (2019) – time period not given as in last year or over a lifetime. Figures declined after 2005 but increased since 2015 (figures pre-2019 refer to men and women).
 - Ability to obtain antiretroviral therapy conditional on the use of certain forms of contraception – 12%
 - Health-care professional has ever told other people about their HIV status without their consent – 4%
 - Forced to submit to a medical or health procedure (including HIV testing) because of their HIV status in the past 12 months – 2%
 - Denied health services because of their HIV status at least once in the last 12 months – 7% (2013–2018)

5. Legal and policy background

- Zimbabwe has laws criminalising the transmission of, nondisclosure of or exposure to HIV transmission
- Criminalisation of sex work among consenting adults, transgender people and criminalisation of same-sex sexual acts with imprisonment of up to 14 years.
- No laws or policies restricting the entry, stay and residence of people living with HIV
- There are no laws or policies restricting the entry, stay and residence of people living with HIV
- Parental consent for adolescents younger than 16 is needed to access HIV testing
- Spousal consent for married women to access sexual and reproductive health services is not needed
- There is mandatory HIV testing for marriage, work or residence permits or for certain groups.

Expenditures Last available report (2019): Domestic private - US\$ 30 423 149 Domestic public - US\$ 45 231 793 International: PEPFAR - US\$ 152 967 248 International: Global Fund - US\$ 120 624 557 International: all others - US\$ 24 842 179 total: US\$ 374 088 926



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