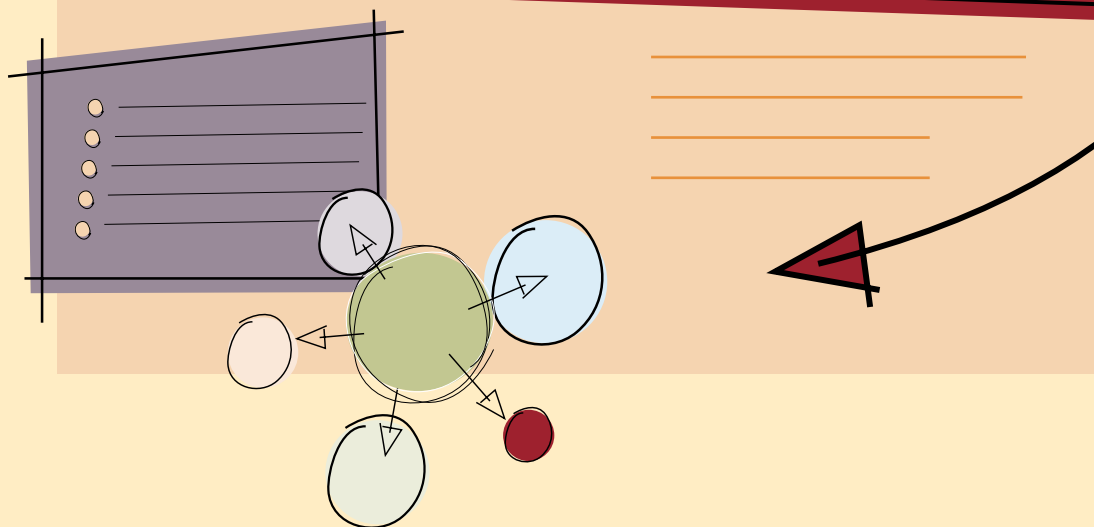


# An Action Guide for Gender Equality in National HIV Plans:

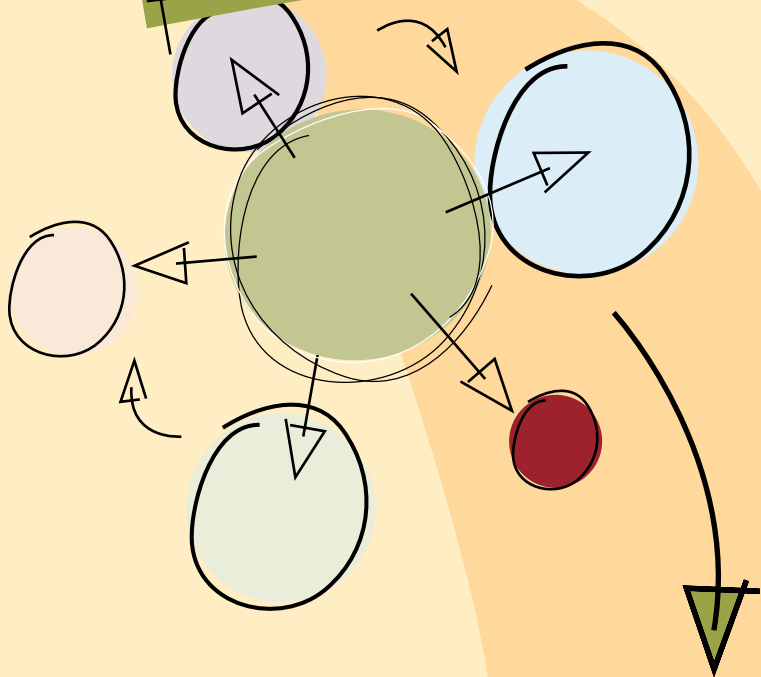
Catalyzing Change through  
Evidence-based Advocacy



Reshma Trasi Katherine Fritz  
Katya Burns Zayid Douglas

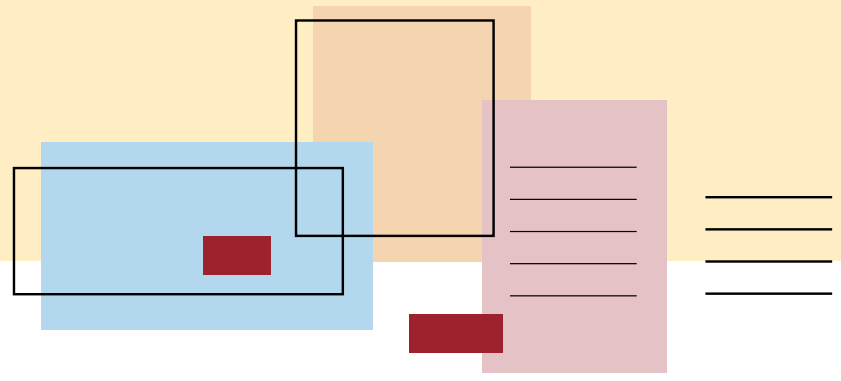
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# Identifying Partners & Collaborators



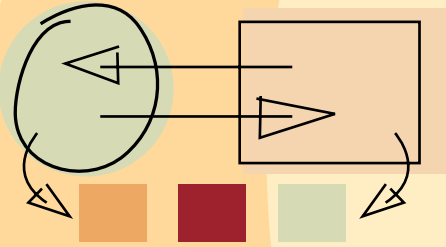
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# Assessing the Gender-Responsiveness of HIV Policies and Programs



3

**Recommendations,  
Communication  
and Advocacy**



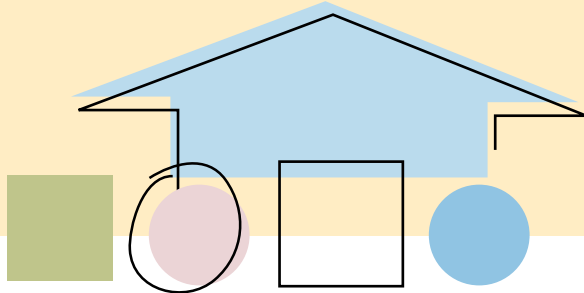
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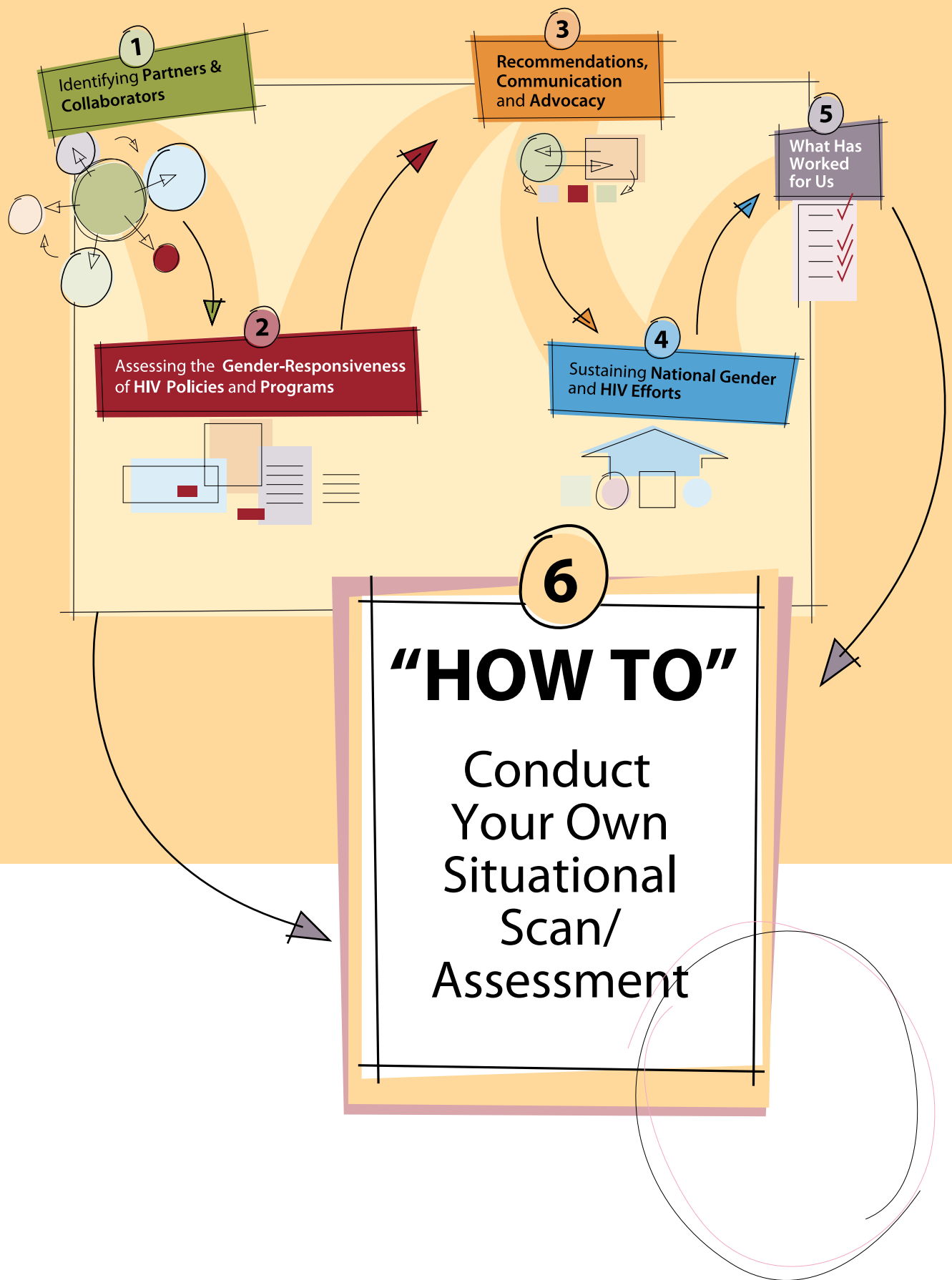
**What Has  
Worked  
for Us**




4

**Sustaining National Gender  
and HIV Efforts**





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## EXECUTIVE SUMMARY

A growing body of evidence links HIV risk with women's social and economic inequality, male norms that drive sexual risk, and the social marginalization of individuals whose sexual identity or behavior is perceived to fall outside accepted norms. In recognition of this, many international donor agencies are funding programs that aim to reduce gender inequality as a driver of the epidemic. HIV service providers are already responding with innovative and often courageous strategies for overcoming gender-based drivers of the epidemic.

But more is needed at the national level. National governments must design, build and maintain policy, legislative and strategic frameworks that support the implementation, scale-up and monitoring of gender-responsive programs.

To this end, this project developed and tested a replicable process through which countries could build and sustain gender-responsive national plans for a more effective HIV response. From 2009 to 2011, ICRW collaborated with government, civil society, and donor organizations in Uganda and Cambodia to do the following:

- Identify strengths and gaps in how these two countries' national strategies, policies and action plans address gender inequality as a social driver of HIV;
- Collaborate with government, civil society, and donor stakeholders to generate and advocate for practical solutions to improve gender-responsiveness of national HIV strategies, policies, and action plans; and
- Develop and disseminate tools so this process can be replicated in other countries.

The road was full of challenges, but also many rewards. In both countries, key stakeholders used many of our recommendations to improve the gender-responsiveness of national HIV plans. The project also mobilized a group of advocates in both countries who will continue the work started through this project to ensure the national HIV response accounts for gender norms that are driving the epidemic.

In this document we describe how the project unfolded in each country and share lessons we learned that can inform others who would like to undertake similar efforts. We describe how to identify partners and collaborators, conduct a gender assessment of the current HIV policy and program environment, use the assessment findings to create recommendations, create communications and advocacy plans to feed the recommendations into policy formation, and plan for sustained national gender and HIV efforts. We also offer some tools that we hope will encourage and enable others to replicate a similar process in other countries.

## ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>BSS</b>	Behavioral Surveillance Survey
<b>CCM</b>	Country Coordinating Mechanism
<b>CDC</b>	Centers for Disease Control
<b>CDHS</b>	Cambodian Demographic and Health Survey
<b>CSO</b>	Civil Society Organization
<b>DFID</b>	Department for International Development
<b>DU</b>	Drug user
<b>EC</b>	European Commission
<b>GFATM</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GO</b>	Government organization
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit( <i>formerly GTZ</i> )
<b>HACC</b>	HIV/AIDS Coordination Committee
<b>HIV</b>	Human Immunodeficiency Virus
<b>IBBS</b>	Integrated Biological and Behavioral Surveillance
<b>ICRW</b>	International Center for Research on Women
<b>IDU</b>	Injecting drug user
<b>ILO</b>	International Labour Organization
<b>INGO</b>	International non-governmental organization
<b>MARP</b>	Most-at-risk population
<b>MGLSD</b>	Ministry of Gender, Labour and Social Development
<b>MOH</b>	Ministry of Health
<b>MoWA</b>	Ministry of Women's Affairs
<b>MSM</b>	Men who have sex with men
<b>NAA</b>	National AIDS Authority
<b>NCHADS</b>	National Center for HIV, AIDS, Dermatology and STIs
<b>NGO</b>	Non-governmental organization
<b>NNGO</b>	National non-governmental organization
<b>NSP III</b>	National HIV/AIDS Strategic Plan III
<b>PLHIV</b>	People living with HIV
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>SGBV</b>	Sexual and gender-based violence
<b>STI</b>	Sexually-transmitted infections
<b>TB</b>	Tuberculosis
<b>UAC</b>	Uganda AIDS Commission
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNCST</b>	Uganda National Council of Science and Technology
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Fund for Population Activities
<b>USAID</b>	U.S. Agency for International Development
<b>WHO</b>	World Health Organization

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This project was a truly collaborative effort between ICRW and our many partnering organizations and individuals in Uganda and Cambodia. The project was generously funded by The Bill & Melinda Gates Foundation and we would like to thank the Foundation for its support and input throughout the project.

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**Authors:** Reshma Trasi, Katherine Fritz, Katya Burns, Zayid Douglas.

# INTRODUCTION

## PROJECT RATIONALE AND OBJECTIVES

Gender inequality based on entrenched and discriminatory social norms has long been recognized as a powerful driver of the global HIV epidemic.<sup>1,2</sup> Women's and girls' social and economic disempowerment historically has formed the centerpiece of the discussion, as this disempowerment helps to explain why women bear the highest burden of the epidemic globally.<sup>3</sup> Increasingly, however, it has become clear that HIV risk for men and boys is also powerfully shaped by gender social norms—most notably the implicit and widespread perception that masculinity is enacted by having sex with many partners.<sup>4,5</sup> Changing these male norms is now recognized as a key strategy for bringing down HIV rates for both women and men.<sup>6,7,8</sup> Finally, it has become abundantly clear that stigma and discrimination against those whose behavior falls outside culturally-prescribed gender norms also plays a role in driving the spread of HIV. Most-at-risk populations such as sex workers and men who have sex with men, for example, are made more vulnerable to HIV infection when they are denied prevention, care and treatment services simply because their behavior contradicts fiercely protected gender norms. This stigma often is perpetuated by families and communities, is reinforced by discriminatory national laws and policies, and has the unintended and unfortunate result of exacerbating the spread of HIV.<sup>9</sup>

From an epidemiological perspective, it is clear that effective and sustainable reductions in new HIV infections will only be achieved when HIV prevention, care and treatment strategies account for social inequalities rooted in gender. A “gender-responsive” HIV strategy can be defined as one that a) responds to evidence regarding how HIV affects people differently based on their gender or sexual identity, b) promotes gender equity

1 Parker, R.G., D. Easton and C. Klein. (2000). “Structural barriers and facilitators in HIV prevention: A review of international research.” *AIDS 14* (Suppl. 1): S22-S32.

2 Gupta, GR, J Parkhurst, J Ogden et al.(2008). “Structural approaches to HIV prevention.” *Lancet*, 372, 764-775.

3 UNAIDS (2010) Geneva. Global Report: UNAIDS Report on the Global AIDS Epidemic 2010.

4 Campbell, C. (1997). “Migrancy, masculine identities and AIDS: The Psychosocial context of HIV-transmission on the South African gold mines.” *Social Science and Medicine*, 45(2), 273-281.

5 Barker, G. and C. Ricardo. (June 2005). “Young men and the construction of masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, conflict, and violence.” (Paper No. 26) Washington, DC: The World Bank, Social Development Papers, Conflict Prevention and Reconstruction.

6 UNAIDS. (2010). Agenda for Accelerated Country Action for Women, Girls, Gender Equality, and HIV: Operational Plan for the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality, and HIV.

7 US President's Emergency Plan for AIDS Relief. (December 2009). “A Women and Girl-Centered Approach to Health and Gender Equity.” Washington, DC: Office of US Global AIDS Coordinator. Available at: <http://www.pepfar.gov/strategy/ghi/134852.htm>

8 UNDP and UNAIDS. (2008). “Gender guidance for national AIDS responses.” UNAIDS/PCB(22)/08.3. Available at [http://www.undp.org/hiv/docs/Gender\\_Guidance\\_PCB\\_English.pdf](http://www.undp.org/hiv/docs/Gender_Guidance_PCB_English.pdf)

9 Stangl A., D Carr, L Brady et al.(2010). “Tackling HIV-related stigma and discrimination in South Asia.” Washington, DC: The World Bank.

in access to information, goods and services, c) seeks to deliberately transform gender norms that result in sexual risk-taking and d) defends individuals from stigma and discrimination based on gender or sexual identity.

To its credit, the international community of donors has been unanimous in its call for a gender-responsive approach to combating the spread of HIV. UNAIDS, the Global Fund and the US government's PEPFAR initiative have all put forward frameworks and guidance to help improve the extent to which gender norms and inequality are addressed in all types of HIV services.<sup>10,11</sup>

Many tools have been developed for the specific purpose of "integrating" gender into existing programs while more and more innovative and gender-responsive programs are being developed.<sup>12,13,14,15</sup> Noticeably absent, however, are national-level strategic plans and policies that create the enabling environment in which gender-responsive programs and services can thrive, proliferate and be sustained.

To begin to fill this gap, The Bill & Melinda Gates Foundation supported the International Center for Research on Women (ICRW) to develop and test a process through which countries could build more gender-responsive national plans. This project was designed to move beyond short-term technical assistance toward a model of long-term engagement among researchers, advocates and policy-makers to build a more effective HIV response. From 2008 to 2011, ICRW collaborated with stakeholders from civil society, government, and donor organizations in Uganda and Cambodia to do the following:

- Identify strengths and gaps in how these two countries' national strategies, policies and action plans address gender inequality as a social driver of HIV;

10 Global Fund to Fight AIDS, Tuberculosis, and Malaria. (2011). "The Global Fund's Strategy for Ensuring Gender Equality in the Response to HIV/AIDS, Tuberculosis and Malaria."

11 US President's Emergency Plan for AIDS Relief. (March 2011). "PEPFAR: Addressing gender and HIV/AIDS." Washington, DC: Office of the US Global AIDS Coordinator. Available at: <http://www.pepfar.gov/press/2011/157860.htm>.

12 International Center for Research on Women (ICRW). (May 2009). "Integrating multiple gender strategies to improve HIV and AIDS interventions: A compendium of programs in Africa." Prepared for AIDSTAR-One. Arlington, VA: AIDSTAR-One, Task Order 1.

13 Jewkes, R., M Nduna, J Levin, et al. (2007). "Evaluation of Stepping Stones: A Gender transformative HIV prevention intervention." Cape Town, South Africa: South African Medical Research Council (MRC).

14 Nascimento, M. (n.d.) "Working with young men to promote gender equality: An experience in Brazil and Latin America." Rio de Janeiro: PROMUNDO. Available at: [http://www.siyanda.org/docs/nascimento\\_youngmen.doc](http://www.siyanda.org/docs/nascimento_youngmen.doc)

15 Tallada, J. (March 2011). "Promoting new models of masculinity to prevent HIV among men who have sex with men in Nicaragua: Centro para la Prevención y Educación del SIDA." Case Study Series. Arlington, VA: AIDSTAR-One, Task Order 1.

- Collaborate with government, civil society, and donor stakeholders to generate and advocate for practical solutions to improve gender-responsiveness of national strategies, policies, and action plans;
- Develop and disseminate tools that will guide other countries on how to conduct a gender analysis of HIV/AIDS strategies, policies, and action plans, work with stakeholders to develop recommendations for improvement, and advocate for the recommendations to be implemented.

## GEOGRAPHICAL FOCUS: UGANDA AND CAMBODIA

Because the main objective of this project was to develop and refine a national-level assessment and advocacy process with respect to gender-responsive HIV policy, one requisite was to work in countries with robust national HIV responses that could be studied and built upon. However, to develop lessons and recommendations for a wide range of countries, we also wanted to examine how the assessment and advocacy processes worked in different socio-cultural, political and epidemiological contexts. We selected Uganda and Cambodia because they fulfill both requirements. Both countries have reduced their HIV prevalence significantly through a successful national response in the last decade or more, yet the countries exhibit two distinct cases. Uganda is experiencing a generalized epidemic while Cambodia's is concentrated, and the two countries have quite different socio-cultural and political environments.

### Uganda

Uganda's HIV epidemic is defined as generalized. HIV prevalence peaked at 18 percent in 1992 before declining to 6.1 percent in 2002, where it remained fairly stable until 2009.<sup>16</sup> Uganda reversed the epidemic's spread during this ten-year period by emphasizing prevention and coordinating efforts among multiple sectors and grassroots organizations.<sup>17</sup>

There has been recent concern that HIV prevalence has been inching upward in Uganda and that formerly successful HIV prevention strategies are no longer effective. According to Uganda's newly revised National HIV Prevention Strategy,<sup>18</sup> an estimated 124,000 new HIV infections occurred in 2009. At this rate, more than 700,000 new infections will occur by 2015. Heterosexual transmission of HIV is the most frequent mode of infection, with prevalence rates much higher among women

<sup>16</sup> Wabwire-Mangen, F. (2008). A Review of the epidemiology of the HIV/AIDS epidemic in Uganda: Modes of transmission study: Uganda. Kampala: Government of Uganda/UNAIDS/Uganda AIDS Commission.

<sup>17</sup> Government of Uganda/Uganda AIDS Commission/UNAIDS.(2010). Report of the national dialogue on HIV and AIDS in Uganda, 26-29th April 2010.

<sup>18</sup> The National HIV Prevention Strategy for Uganda: 2011-2015, final draft submitted to the UAC, July 2011.

than men: 8 versus 5 percent, respectively.<sup>19</sup> Women’s increased risk in Uganda is driven by factors including early marriage, multiple concurrent partnerships—their own and their partners’— commercial and transactional sex, sexual and gender-based violence (SGBV), and low condom use.<sup>20</sup> For instance, less than 4 percent of married women use condoms with their husbands.<sup>21</sup>

Gender norms that promulgate unequal power relations between women and men in the sexual as well as social and economic realms contribute to these HIV risk factors. In Uganda, women are constrained by their social roles and responsibilities, their low social status, lack of ownership of and access to productive assets, low participation in decisionmaking, and high workload, including caring for HIV-positive family members. For men, gender norms that increase their vulnerability to HIV include encouraging multiple partners and sexual risk-taking and discouraging use of health services. Stigma and the social marginalization of men who have sex with men is severe in Uganda and has undermined efforts to implement programs that address the HIV prevention and treatment needs of this most-at-risk population. Homosexuality is illegal in Uganda and an international debate erupted in 2009 when a bill was introduced in the national parliament to institute a maximum sentence of the death penalty for people found guilty of “aggravated homosexuality” (defined as when one of the participants in a homosexual relationship is a minor, HIV-positive, disabled or a “serial offender”). Foreign donor agencies and Ugandan and international gay rights groups advocated strongly against passage of the bill on the grounds that it violated international human rights protections and that it would impede HIV prevention efforts in the country. The bill was sent back to committee for revision in 2011 and may yet be re-introduced.

## Cambodia

Cambodia is experiencing a low prevalence, concentrated epidemic. The country has successfully reduced HIV prevalence among most-at-risk populations (MARPs) through an evolving, evidence-informed response. MARPs in Cambodia include sex workers, entertainment workers, men who have sex with men, transgender persons, injecting and non-injecting drug users, and migrant populations. HIV prevalence rates among female commercial sex workers declined from 42.6 percent in 1998 to 12.7 percent in 2006, partly as a result of the 100 percent Condom Use Program.<sup>22</sup>

Yet in this same time period, the proportion of women among all persons living with HIV grew from 35 to 52 percent.<sup>23</sup> Although low overall, HIV prevalence among

19 Wabwire-Mangen, F. (2008). A Review of the epidemiology of the HIV/AIDS epidemic in Uganda: Modes of transmission study: Uganda. Kampala: Government of Uganda/UNAIDS/Uganda AIDS Commission.

20 The National HIV Prevention Strategy for Uganda: 2011-2015, final draft submitted to the UAC, July 2011.

21 Ministry of Health Uganda and ORC Macro. (2006). Uganda HIV/AIDS Sero-Behavioural Survey 2004-2005. Calverton, MD, USA.

22 United Nations HIV/AIDS Program Operational Plan and Budget (2007-2010)

23 HIV Sentinel Surveillance Survey, (1998) (2006)

married young women aged 15-24 is much higher than unmarried women in the same age group (0.7 vs. 0.1 percent), suggesting that it is much more difficult for women to protect themselves within marriage. In 2009, seven out of ten people seeking care for STI symptoms were low-risk women.<sup>24</sup>

Like many other countries, stigma and underlying gender inequalities drive HIV risk in Cambodia. For men who have sex with men, transgender persons, sex workers, and entertainment workers, stigmatization tends to occur in large part because society perceives their behavior as violating accepted norms of what men and women should do. Stigmatization, in turn, makes MARPs harder to reach with HIV prevention, care and treatment services that are critical to slowing the rate of transmission in concentrated epidemics. For many of the most-at-risk populations, as well as women in general, HIV vulnerability is influenced by underlying gender and sexual norms that result in these groups having less control over the conditions within which sexual interactions occur. Moreover, their HIV risk is often compounded by economic vulnerability.

Men who engage in high-risk sex, sexual partners of MARPs, and other bridging populations present a palpable concern about a second wave of the epidemic in the country.

### 1.3 PURPOSE OF THIS DOCUMENT AND THE TARGET AUDIENCE

The purpose of this document is to summarize the methodologies and approaches we used to improve Uganda's and Cambodia's national HIV responses, and to share our lessons, recommendations, and the tools we developed to help other countries improve their own responses. The document comprises four sections that correspond with the phases of the process. These are:

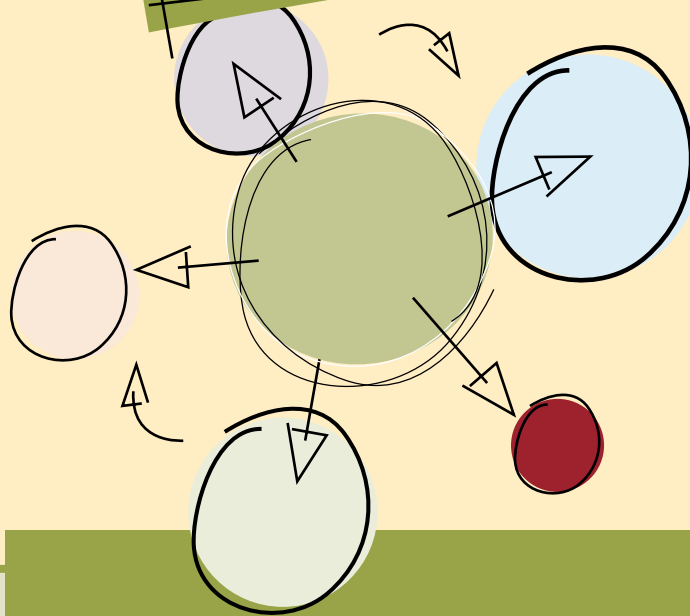
- Identifying partners and collaborators
- Assessing the gender-responsiveness of national HIV strategies, policies and action plans
- Crafting recommendations and advocating for change
- Supporting sustained gender and HIV efforts

<sup>24</sup> NCHADS Annual Report 2009, p.12

The final section includes the specific tools we developed for this project that we feel will enable others to undertake similar efforts. Particular audiences that may benefit from this document and its tools include National AIDS Councils or Authorities, which in most countries are tasked with coordinating the HIV response in terms of strategic and operational planning; Ministries of Health and Social Services, which typically are responsible for implementing the programs outlined in national strategies and action plans; Ministries of Gender or Women's Affairs, which in many countries are tasked with integrating gender into national HIV strategy; gender focal points from other line ministries, which can integrate gender-responsive HIV prevention activities into their plans; and gender consultants or advisors hired to integrate gender into a national HIV/AIDS strategic plan or improve gender-responsiveness in a country's Global Fund plan or PEPFAR partnership framework.

1

# Identifying Partners & Collaborators



▽ UGANDA

▽ CAMBODIA

▽ TIPS FOR IDENTIFYING PARTNERS  
AND COLLABORATORS



## IDENTIFYING PARTNERS AND COLLABORATORS

As the lead organization implementing this project, ICRW's role was to facilitate a process that ultimately would be country-driven. Therefore an important first step was identification of individuals, organizations and agencies that would be interested in and appropriately positioned to drive the process. To do this, we spent the first months of the project identifying which local stakeholders had the mandate, the funding and the authority to advocate for better inclusion of gender in the national HIV/AIDS response. Over the course of several visits, we met with key government ministries, funding organizations and program implementers, shared the project goals and expected outcomes, and invited them to be part of the project.

The scans in Uganda and Cambodia helped us pinpoint individuals to play three roles: 1) research collaborators to conduct a gender assessment of current HIV policies and programs; 2) gender champions from civil society, government agencies and funding organizations to translate the assessment findings into recommendations and advocate for their implementation and 3) key informants from civil society organizations, donor organizations, and government departments working on health and social services to inform and eventually benefit from the findings of the assessment.

### ▶ UGANDA

Uganda is home to a rich array of government, civil society and funding institutions with extensive experience battling the HIV epidemic over the past two decades. Additionally, ICRW has worked in Uganda on gender projects and is familiar with many of the relevant government ministries and civil society organizations. Still, project initiation required several weeks of informational interviews with a wide range of players to assess how best to assemble a coalition of partners to advocate for an improved gender response within national HIV strategy and policy. These interviews clarified the important roles, activities and resources of three key government agencies, summarized in Table 1:

**Table 1. Overview of gender and HIV-related key institutions in Uganda**

<b>Government Institution</b>	<b>Ministry of Gender, Labour and Social Development (MGLSD)</b>	<b>Uganda AIDS Commission (UAC)</b>	<b>STD/AIDS Control Program Ministry of Health (MOH)</b>
<b>Role</b>	Promotes gender mainstreaming across government ministries and sectors; responsible for promoting “gender-responsive development.”	Coordinates government response to HIV, including developing content of national strategies for prevention, treatment, and care, and facilitating district-level planning and reporting.	Oversees national sentinel surveillance of HIV and overall implementation/ coordination of the national HIV prevention and treatment response.
<b>Main activities</b>	<p>Through its Directorate of Labour, Employment, Occupational Safety and Health, develops HIV workplace policy.</p> <p>Through its Directorate of Social Protection, leads the country’s work on Orphans and Other Vulnerable Children, including policy development, quality control of programs, and monitoring and evaluation.</p> <p>Conducts capacity-building trainings in gender-responsive development at national and district levels.</p>	Plans and convenes multi-stakeholder consultative forums to inform national strategies and action plans; hires and oversees consultants to review and revise national HIV strategies.	<p>Oversees and maintains the national HIV sentinel surveillance system.</p> <p>Coordinates/implements the national HIV prevention and clinical response to HIV, including all publicly funded HIV testing and treatment services, including PMTCT.</p>
<b>Resources</b>	Staff well-trained in gender and development, including understanding gender inequality as a key driver of the HIV epidemic; additional funding from UNICEF, UNFPA.	Involvement (often voluntary) of subcommittees and technical working groups; technical support and additional funding from UNAIDS for reviews/revisions of national plans.	Global Fund Round 7 funding (primarily) and PEPFAR support ARV procurement; PEPFAR also funds implementation of PMTCT programs, injection safety, palliative care, and health systems strengthening.

Given the success of consultative processes in the Uganda AIDS Commission's (UAC) coordination of a national HIV strategy, there was a great deal of enthusiasm behind forming an advisory group that would help guide the assessment, interpret its findings and make recommendations for how to improve gender responsiveness in national-level strategy and policy. Despite the extensive system of technical advisory groups the UAC established to inform national HIV strategies, no technical advisory group on gender existed. The advisory group developed through this project, initially led by the Ministry of Gender, Labour and Social Development (MGLSD), the UAC and UNAIDS, was a first step toward filling that gap. Its members also included representatives from UNFPA, UN Women, Makerere University's School of Gender and Women's Studies, the Catholic Archdiocese, ActionAid (an international NGO), a national network of people living with HIV, the AIDS Support Organization (TASO), and two community-based organizations focusing on the prevention of sexual and gender-based violence. We also invited several bilateral funding agencies to participate and among them, Irish Aid agreed to sit on the advisory group. A secretariat, supported by ICRW, provided logistical support to the advisory group and carefully documented the group's meetings and deliberations.

The advisory group met monthly over the course of the project. Its role was to 1) guide the development of the assessment plan, data collection tools and selection of stakeholders to interview as key informants; 2) review the assessment findings and develop recommendations and 3) develop advocacy strategies by identifying opportunities to promote the assessment finding recommendations.

Soon after the advisory group was formed in 2009, it identified two target opportunities for using the assessment findings and recommendations to influence national strategy: 1) in the revision of the Five-Year National HIV Prevention Plan, which was scheduled to take place in 2010 and 2) in the mid-term review of the HIV National Strategic Plan, scheduled to take place in 2011. Both of these national strategy revisions were to be coordinated by the UAC with technical assistance from UNAIDS. As both of these organizations were key participants of the project's advisory group, it was an excellent opportunity to ensure the assessment and recommendations were used to inform the revisions.

## CAMBODIA

In contrast to Uganda, where the HIV response is coordinated through a multi-stakeholder consultative process, the national HIV response in Cambodia was coordinated using a relatively centralized process. Furthermore, unlike in Uganda where ICRW already knew government and civil society stakeholders, here we were newcomers. A contact with UNAIDS directed us to the National AIDS Authority, which led us in turn to the HIV/AIDS Coordination Committee (HACC) and then on to additional organizations and agencies. The HACC is an umbrella of local and international NGOs and

community-based organizations (CBOs). A core group of civil society leaders coordinate the civil society response, conduct consultations around policy processes and implement capacity building initiatives. The National AIDS Authority (NAA) coordinates the multisectoral response to the AIDS epidemic and is responsible for policy formulation. The NAA does not directly implement the national HIV response. The National Center for HIV/AIDS, Dermatology and STD (NCHADS) was created within the Ministry of Health to implement government-led HIV and AIDS interventions in the health sector. The Ministry of Women's Affairs (MoWA) is responsible for mainstreaming gender into all government programs. Neary Rattanak (meaning “women [are like] gemstones”)—a flagship initiative led by MoWA—advocates for the inclusion of women's rights and gender-mainstreaming in all government departments, programs and policies.

We used a subjective “force field analysis” to map the stakeholder organizations along two key axes, with political influence and mandate to address gender and HIV/health along the horizontal axis and level of funding for national level programming along the vertical axis (see Figure 1). We then placed major stakeholders along the spectrums based on interviews, and then vetted these with the local research team. This scan map guided our initial selection of collaborators.

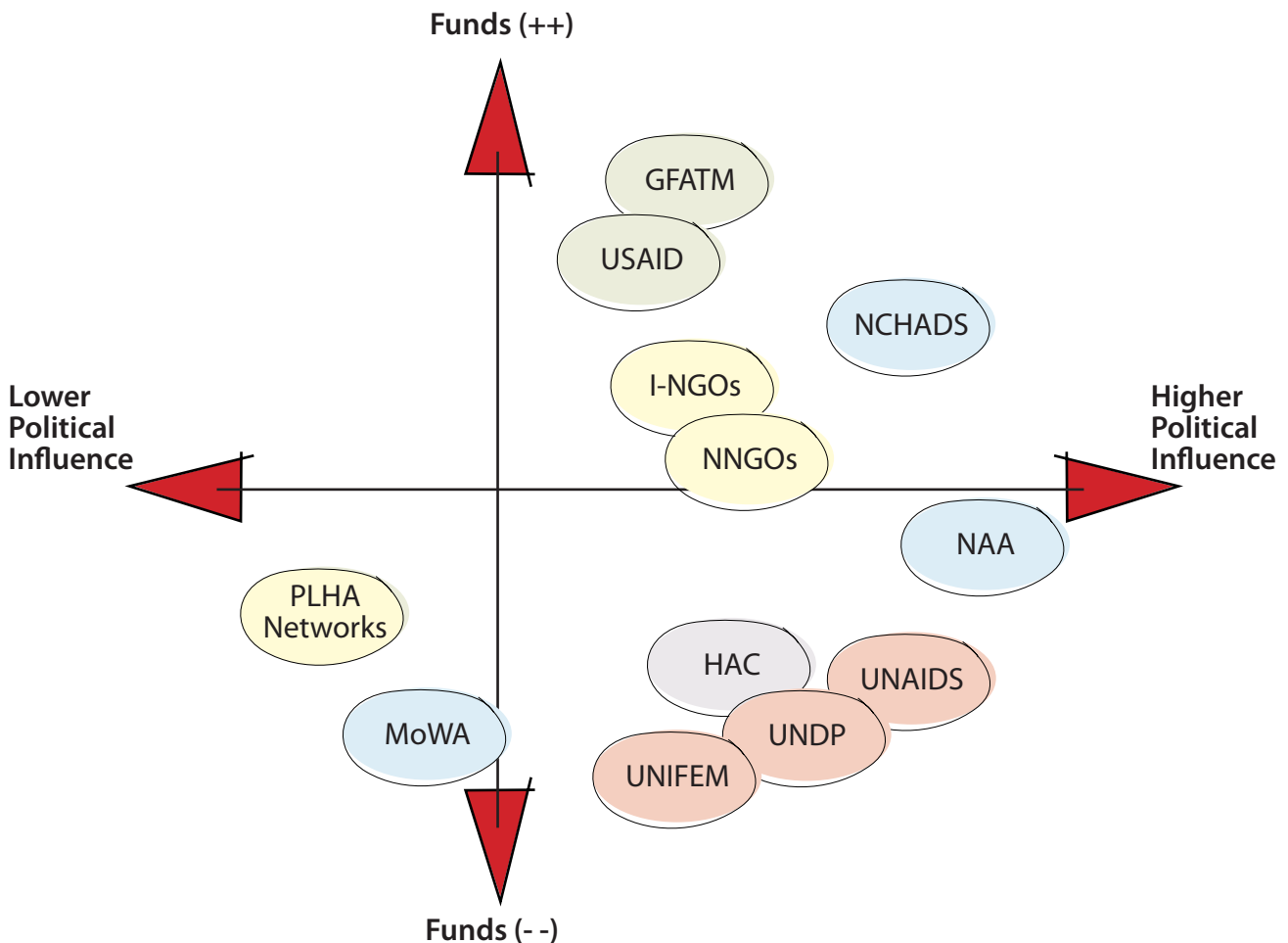
At the end of this process, we decided that the organizations key to the project's success would be the NAA and UNAIDS because both have leverage (mostly in terms of political influence) at the national level to improve the gender response to HIV within national strategic plans and policies. In addition, we learned that the NAA would be leading a review of the current National HIV/AIDS Strategic Plan (NSP II) and development of the next five-year plan (NSP III) in early 2010. In preparation for the NSP III review, the NAA was particularly interested in having a thorough review and documentation of gender and HIV-related literature and policies in Cambodia. Thus our project's assessment was perceived as timely and useful.

Early in the project, we learned that the European Commission (EC) had funded UN Women to build capacity in the Ministry of Women's Affairs and the National AIDS Authority to mainstream gender in the national response. Because this complemented our project's goals, we worked closely with UN Women staff in Cambodia and Bangkok to identify areas where the projects overlapped or were duplicative and modified activities accordingly. For this reason, we decided to not set up an advisory group in Cambodia, as UN Women was planning to establish an advisory group for their project. Instead, we used our assessment process to ask key stakeholders to share their thoughts about how an advisory group could best function and shared these findings with UN Women.

In lieu of a formal advisory group, we maintained contact with an informal group of key individuals from government, international and domestic civil society organizations, networks, and development partners. During the course of the project, we shared information, analysis, recommendations, and policy briefs with these individuals and organizations. This group worked closely with ICRW during the assessment process, continuing into the development phase of the new national strategic plan.

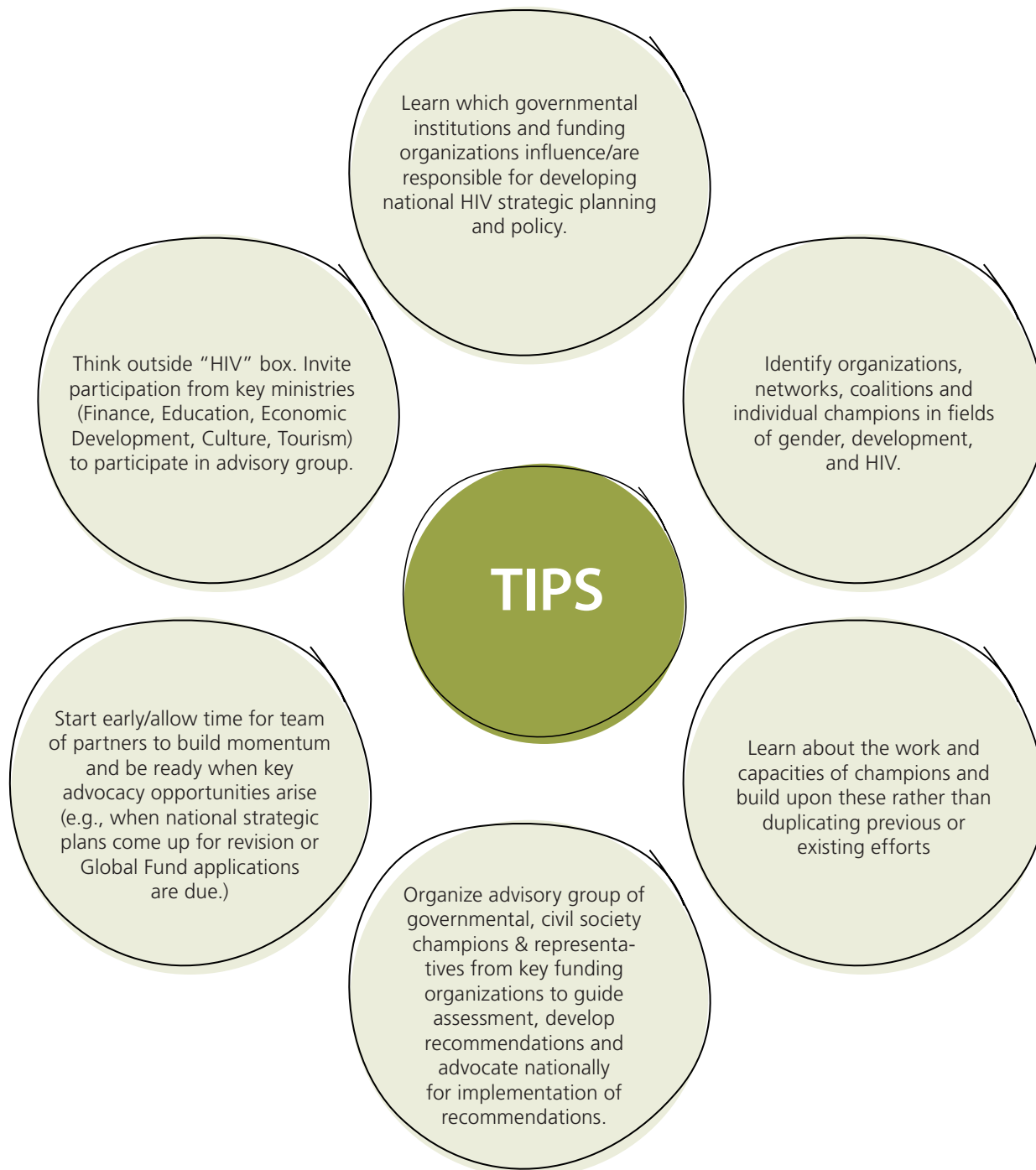
**Figure 1. Mapping influence and funds in Cambodia: the HIV and gender “lens”**

Positions on the axes are relative to each other and are not meant to convey an absolute value. The map does not include organizations that we learned more about as we began implementing the project. The stakeholders are color-coded to represent different groups: major donors, government agencies, multilateral agencies, civil society and federation of civil society members.



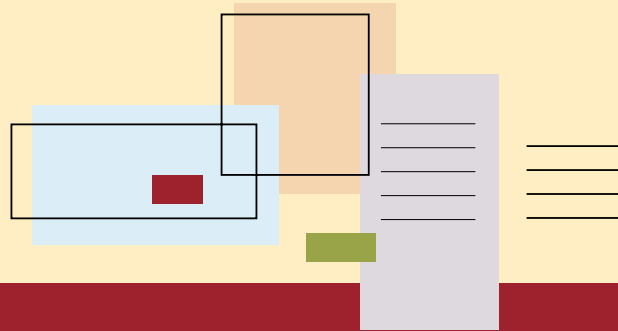
## ▶ TIPS FOR IDENTIFYING PARTNERS AND COLLABORATORS

Based on our experience identifying partners in Uganda and Cambodia, we found the following tips useful in both settings.





## Assessing the Gender-Responsiveness of HIV Policies and Programs



### ▶ UGANDA

- Clarifying the Goals and Scope of the Assessment
- Building an Assessment Team
- Reviewing and Analyzing National Policies and Strategies
- Conducting Key Informant Interviews

### ▶ CAMBODIA

- Clarifying the Goals and Scope of the Assessment
- Building an Assessment Team
- Reviewing and Analyzing National Policies and Strategies
- Conducting Key Informant Interviews

**TIPS FOR ASSESSING GENDER-RESPONSIVENESS OF NATIONAL HIV POLICIES AND PROGRAMS**



## ASSESSING THE GENDER-RESPONSIVENESS OF NATIONAL HIV POLICIES AND PROGRAMS

Having identified key national allies in Uganda and Cambodia with whom this project would collaborate, the next steps were to establish the parameters of our assessment and form an assessment team to evaluate strengths and weaknesses in current national HIV strategies, policies, and action plans in each country.

### ▶ UGANDA

#### Clarifying the Goals and Scope of the Assessment

Uganda's national HIV response is complex. It is shaped by a large variety of multilateral and bilateral funding agencies, each with its own requirements and guidance for integrating gender into programs. In addition, a large number of non-governmental organizations, some international and some Ugandan, are involved in program design and day-to-day implementation of programs. Each organization may have its own philosophy and approach to gender. Finally, while the Ministry of Health and the Uganda AIDS Commission are primarily responsible for bringing rigor and coherence to the national response, all government sectors are invited to be involved in HIV policy and program development, as well as implementation. Conducting an assessment of this multifaceted program and policy environment was challenging.

The first step was for the assessment team to work closely with the advisory group to determine the goals and scope of the assessment. The ultimate goal of this process was to ensure the assessment's results could be easily used to improve national strategy, most notably by informing the revision of the five-year HIV Prevention Plan.

The advisory group had several key questions. For example, members expressed concern about the extent to which national policies and strategic plans were responsive to gender, but they were also concerned about the policy-to-program gap—that is to say, the extent to which funders and implementers used or were even aware of national guidance documents as they planned and executed their activities. This spoke to question of the relevance of the national strategy in producing more gender equitable programs. To address this concern, we ensured the assessment included specific questions about program implementers' awareness of certain key policies. We also asked policy stakeholders to tell us about any efforts to disseminate or train implementers on key national guidance and policy.

The advisory group also brainstormed gender-related issues they wanted to ensure the assessment explored. These included how national strategy could support more gender equitable access to sexual and reproductive health information and services, expand economic opportunities for sex workers, secure women's property rights, promote couples HIV testing, counseling and disclosure, improve the availability of female condoms, improve women's access to and uptake of prevention of mother-to-child transmission (PMTCT) services, promote legal protection for women from violence, and establish gender equity budget guidelines. We designed the assessment methodology to ensure these issues were explored.

## Building an Assessment Team

In Uganda, the gender assessment team was based at Makerere University's School of Gender and Women's Studies and was led by a senior faculty member there. An ICRW consultant with expertise in health policy research also participated on the team. The Uganda team included members with:

- strong background in gender analysis, including an understanding of gender-specific vulnerabilities and needs
- strong background in HIV, including a clear understanding of HIV prevention strategies, care and support services, and treatment
- in-depth experience developing research instruments, collecting data, conducting in-depth interviews, and analyzing qualitative data
- expertise in health policy analysis

## Reviewing and Analyzing National Policies and Strategies

In Uganda, there is no central repository of policy documents related to gender and HIV and a scan of this information had never been conducted. The assessment team thus spent a considerable amount of time searching for relevant documents. Many documents only came to light during the in-depth interviews with key stakeholders. The team found most of the documents through visits to the Ministry of Health and Uganda AIDS Commission. UNAIDS was also an excellent source of documents. In the end, the assessment team prioritized 16 key documents for review and analysis. These documents fell into several key domains: 1) the national response to HIV and AIDS in Uganda (e.g., the National AIDS Policy); 2) monitoring and evaluating the national HIV response (e.g., National Performance Measurement and Management Plan for the NSP); 3) coordination of the HIV response (e.g., Guideline for District HIV Coordination); 4) HIV and AIDS legislation (e.g., the HIV and AIDS Prevention and Control Bill); 5) issue-specific HIV policies and guidelines (e.g., National Policy on HIV Counseling and Testing); and 6) HIV-related policies and plans (e.g., National Health Policy).

## Conducting Key Informant Interviews

The project identified and interviewed individuals who could explain how policy and strategic plans were being developed, implemented, and monitored. These interviews served not only to identify policy implementation gaps but also to validate our policy analysis findings. The assessment team interviewed management, technical, and clinical staff of program implementing agencies; senior officials of government ministries and bilateral and multilateral funding institutions; and program implementers, government officials, and civil society at the district level in Jinja, Lira, Mbarara, Kampala, and Rakai.

The team developed four separate interview guides for key informants at each analytical level. These guides facilitated the researchers' examination of the context in which national policies and programs on HIV are designed and implemented. A summary of the field guides is included in Section 6, Tool VII. We later adapted each interview guide for the Cambodia assessment.

Before data collection, we recruited and trained a local assessment team, orienting them to the project objectives and the data collection process. We pre-tested the research tools to ascertain whether the in-depth interview guides were adequate for collecting the required data. The pre-test also helped to determine the time required to complete each interview. Finally, we presented the tools to the advisory group and incorporated their input into the final data collection tools.

ICRW and the assessment team obtained approval to conduct the assessment from the Uganda National Council of Science and Technology (UNCST) as well as from relevant officials at national and district levels, UN and bilateral development agencies, and implementing organizations that participated in the assessment. The research team next visited select government institutions, civil society organizations, development partners, and districts to obtain approval from the heads of institutions and initiate contact with the respondents. During these visits, the team made appointments for interviews.

Participation in the research was voluntary. At the beginning of each interview our local team assured respondents of confidentiality, explained the manner in which responses would be recorded and requested consent to tape record the interview. Where respondents were uncomfortable with recording, we did not use the tape recorder and instead took notes. We then used verbatim transcriptions of the interviews for analysis.

ICRW and the research team emphasized the importance of maintaining confidentiality during the assessment process. We did not record any names during report writing. We stored the transcripts of interviews on a designated project computer, accessible only to research team staff. The interviewers informed each participant about the aim of the assessment and probable benefits, and assured that participation would not culminate into any harm, denial of services, or access to resources in the organizations where they work or are affiliated.

The team conducted 79 interviews, summarized in the table below.

**Table 2. Summary of Key Informant Interviews in Uganda**

Respondent Group	Interview Focus	# of Interviews
<b>National Level Gov't—involved in gender and HIV</b>	Their role in gender responsive policy formulation and strategic planning related to HIV/AIDS	8
<b>District Level Gov't—implements HIV/AIDS programs</b>	How national policies/strategic plans are translated into service delivery, capacity of existing district-level structures, and staff to implement, monitor, and evaluate gender and HIV/AIDS programming	15
<b>Bilateral and multilateral partners funding gender and HIV initiatives</b>	How bi-lateral development partners and UN agencies are addressing the gender-related drivers of the AIDS epidemic in Uganda	9
<b>Civil society organizations with HIV program funding</b>	How organizations are responding to gender dimensions of the HIV epidemic, mechanisms for selecting/prioritizing activities, organizational gender capacity, and use of indicators for monitoring programmatic outputs, outcomes, and impact	18 in Kampala 29 in four other districts

Based on themes emerging from the data and the assessment objectives and research questions, the team conducted thematic analysis through an iterative process of reading the data and extracting quotations on each of the themes.

## CAMBODIA

### Clarifying the Goals and Scope of the Assessment

Cambodia's national HIV response is driven primarily by the public health-sector—guided by the NAA and implemented by NCHADS. Because civil society is less involved in HIV program implementation in Cambodia than in Uganda, our assessment focused primarily on the public sector response. In Cambodia, the assessment was specifically designed to generate information that could feed into the government's policy-making cycle to improve its gender responsiveness. During the initial meetings to identify partners and collaborators, we explored the information gaps and the potential benefits of the assessment to the various stakeholders with whom we spoke. These conversations

revealed that there was no single document that had assembled and synthesized all the data on gender and HIV in Cambodia. We learned that Cambodia was approximately 12 months away from developing the National HIV/AIDS Strategic Plan (NSP) III. We also learned that organizations engaged in HIV-related advocacy in Cambodia were looking for analysis and evidence to be translated into Khmer and were open to finding ways to integrate gender into the NSP III. These findings drove the three goals of the assessment, which were to: 1) assemble and synthesize all gender and HIV-related data and policies in Cambodia; 2) disseminate key findings via short, non-technical policy documents that would be available in Khmer; and 3) feed this synthesis and policy analysis into the national strategic planning process.

## Building an Assessment Team

In Cambodia, we spoke to several research organizations and decided to work with Domrei Research and Consulting. Domrei shares ICRW’s focus on using research and evidence for advocacy and action. They also had experience using reproductive health-related research for advocacy, were skilled at working with government and were well established in Cambodia. Domrei’s team included people with psychology, social work and human rights law training. In addition, the team had experience carrying out policy-related advocacy around reproductive health, had strong local connections with government officials and civil society organizations, an excellent understanding of policy processes, and was bilingual in Khmer and English.

## Reviewing and Analyzing National Policies and Strategies

To start off the assessment in Cambodia, the assessment team used its prior knowledge of the sector, as well as its general understanding of how gender norms drive HIV risk behavior, to create a list of potential documents for review. We added to the list based on suggestions from stakeholders in government, NGOs and other relevant specialists. UNAIDS was an excellent resource for national documents, policies and plans. In many cases, documents had been superseded by newer versions and institutions that had authored documents and reports, no longer existed—probably reflective of the rapid evolution in the HIV/AIDS sector in Cambodia. Therefore, we often met with key individuals to obtain the most current documents relevant to our assessment.

In the end, we collected more than 100 policy and program-related documents from the following agencies: NAA, MoWA or Ministry of Gender, bilateral donors, HACC, relevant government ministries, UNAIDS, UNDP, UN Women, and international and national NGO offices in Phnom Penh. Many of these documents were either central to the policy response or contained data relevant to the response. We categorized them into “direct” documents (i.e., HIV or health policies and plans) and “indirect” documents (domestic violence laws, drug control laws and policies, population and health policies etc.).

## Conducting Key Informant Interviews

**Cambodia selection criteria:** Interviewees were chosen or suggested based on their work on HIV and AIDS and gender issues or their representation of various sectors of government, civil society or donor agencies. Some choices in major organizations, such as MoWA, NAA and NCHADS, were self-evident in that certain roles on gender equity or supporting the HIV and AIDS response were already clearly designated within the institution. Other key players were also chosen for their work in ongoing programs such as MARPs-specific activities, and gender mainstreaming efforts.

Interviews conducted in Phnom Penh were slightly different from those conducted outside the city at the district and sub-district level. The majority of the questions for key informants in Phnom Penh were meant to explore the respondent's role in the gender and HIV landscape, the overarching organizational response to HIV/AIDS and its strengths and gaps, and areas of support and training received around gender within the organization. The last section of the interviews sought participants' perceptions of the possible role of a gender equality advisory group and suggestions for who might lead it. These interviews also asked what kind of analysis on gender and HIV would be most useful to their organization. In contrast, interviews outside Phnom Penh covered issues such as reasons for program design, how women and men's differential needs were being addressed by the programs, human resources, capacity and leadership, budget and finance issues, and outcomes for program beneficiaries.

Several of the respondents had a long personal history working in the HIV/AIDS sector. Most respondents were responsible for implementing or developing responses to HIV/AIDS or gender equity issues, or both, at various levels including technical areas of policy, development, advocacy, law, program support, or service implementation. Key informants were often from high and mid-level management.

Usually two staff members, including one native Khmer speaker, conducted key informant interviews. The interview process usually took around an hour. Thirty-five interviewees were selected, with a balance of male and female respondents (19 men and 16 women). The respondents represented various stakeholders, from the Cambodian government to NGOs and civil society organizations, development partners and donors. Table 3 summarizes the interviews.

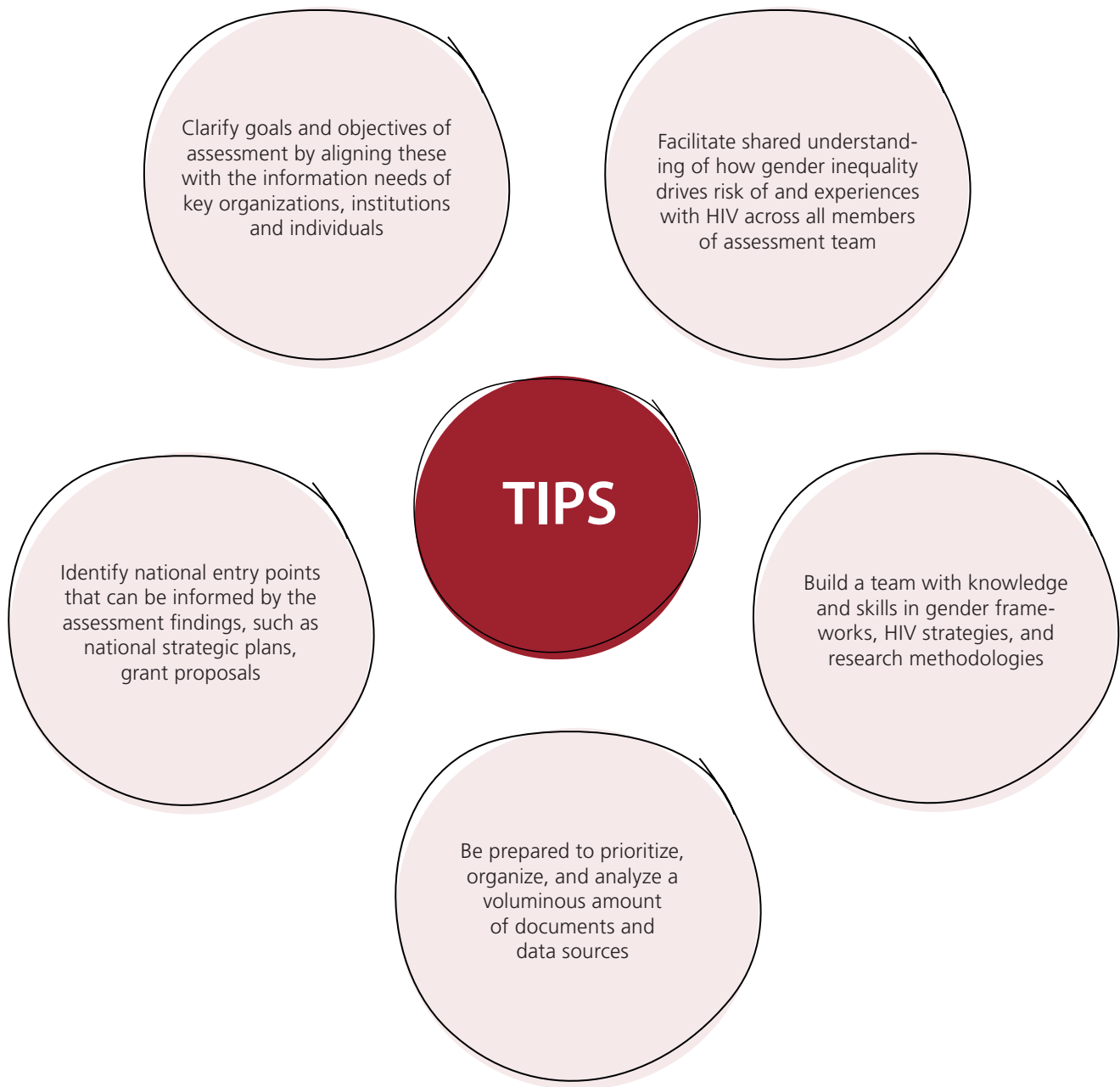
**Table 3. Summary of Key Informant Interviews in Cambodia**

<b>Respondent Group</b>	<b>Interview Focus</b>	<b># of Interviews</b>
<b>NAA</b>	Identifying how gender is prioritized and operationalized through capacity building, funding, and analysis of disaggregated data; identifying focal points for gender; identifying existing technical working groups that can address gender and understanding information needs.	8
<b>Government Ministries</b>		7
<b>Bilateral and Multilateral</b>		5
<b>Trade Unions</b>	What programmatic strategies are implemented to address gender differentials in program access or benefits; how does program align with national strategies; does union’s policy address gender inequality (how?); what trainings on gender have the staff undergone; identifying a focal point for gender on the team and informational needs.	2
<b>Civil Society</b>		14
<b>HIV/AIDS &amp; MARP Consultants</b>	Information on capacity-building initiatives for gender in Cambodia.	2

Domrei staff either transcribed interviews verbatim or summarized via notes with reference to the tape recordings. Interviews were broken down into issues and responses that revealed common themes. Examples of themes included “inaccessibility of gender-related policy documents and terminology beyond central government,” “policy–implementation gap” and “perception that gender is only about women’s issues.” We used these themes to guide content and messages for engagement around the national strategic planning process.

## ▶ TIPS FOR ASSESSING GENDER-RESPONSIVENESS OF NATIONAL HIV POLICIES AND PROGRAMS

Based on the experience assessing policies and programs for gender-responsiveness in both Uganda and Cambodia, we found the following tips useful in both settings.

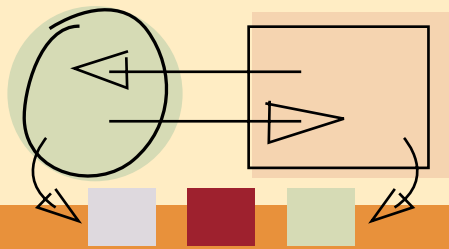






3

## Recommendations, Communication and Advocacy



- ▶ UGANDA
- ▶ CAMBODIA
- ▶ TIPS FOR FOR COMMUNICATION AND ADVOCACY

## RECOMMENDATIONS, COMMUNICATION AND ADVOCACY

In both Uganda and Cambodia, the ultimate purpose of the assessment was to inform action for improving national-level policy and strategy pertaining to a gender-sensitive HIV response. The advocacy process unfolded somewhat differently in each country, in response to the unique political characteristics at play. In Uganda, the advisory group played a key role in translating the assessment findings into recommendations and then feeding those recommendations into the policy cycle. In Cambodia, because we had a direct relationship with the National AIDS Authority that was not mediated by an advisory group, ICRW and the local research team were asked to directly serve as gender advisors to the National AIDS Authority as it developed the NSP III.

### ▶ UGANDA

In Uganda, the advisory group was actively involved in translating the results of the assessment into a set of concrete recommendations that could inform national-level strategic planning. As part of this process, the advisory group and the assessment team presented key results of the assessment to and sought additional input from district-level governmental officials. In this way, the district-level meetings served to validate results of the assessment and ensure the recommendations were responsive to on-the-ground conditions.

The assessment's key findings and recommendations were the following:

#### Summary: Ten Gaps and Recommendations

1

Internal gender-related inconsistencies within the policy framework and between HIV policy and pending legislation on criminalization of both HIV transmission and homosexuality.

**Recommendation:** Resolve the internal gender-related inconsistencies among Uganda's key HIV policies and plans to bring plans and policies into line with evidence and with Uganda's stated national commitment to protect human rights and women's rights.

2

Limited “trickle-down” effect: Issues with important gender implications are raised in key policy documents but are not taken up in related sub-policies.

**Recommendation:** Modify HIV “sub-”policies, action plans and guidelines to address the gender-specific issues raised in the National AIDS Policy and the National Strategic Plan.

3

Absence of gender-specific activities: When key gender issues are raised in HIV policies they often fail to suggest activities for implementation.

**Recommendation:** Develop and expand the activities sections of key policies—beginning with the NSP—to include clear program strategies and activities to address gender vulnerabilities.

4

Some activities affiliated with gender-specific vulnerabilities raise barriers to accessing services.

**Recommendation:** Review and revise guidance documents for HIV services to reduce gender-related barriers to access.

5

Some important gender issues are addressed either vaguely or not at all in existing policies and plans.

**Recommendation:** Policies and plans should address the unique needs of discordant couples (through couples counseling, for example), expand men’s involvement in PMTCT, serve the unique needs of women who experience sexual or intimate partner violence, address women’s lack of economic opportunities and limited property rights leading them to engage in sex work, and serve the unique prevention needs of men who have sex with men. Intervention approaches should be rights-based and evidence-based.

6

Mixed implementation capacity at the district and local levels.

**Recommendation:** Address local weaknesses in gender and HIV and build on local innovations by documenting successes, sponsoring study tours across district lines, providing guidelines and tools, and offering capacity building in the localities.

7

Weak/non-existent institutional mechanisms to address gender in Uganda's HIV policy framework.

**Recommendations:** Establish gender experts within each sector and also within the national level HIV/AIDS planning structures. Within each sector establish a permanent position for a gender expert in upper level management. Key government institutions focused on HIV/AIDS, such as the Uganda AIDS Commission (UAC), should create a permanent and full-time position for a gender expert.

Establish a gender technical working group within the partnership structure of the UAC. District-level HIV/AIDS Committees should include a permanent gender expert member.

8

Inadequate involvement of the Ministry of Gender, Labour and Social Development (MGLSD) in the national response to HIV/AIDS.

**Recommendation:** The MGLSD should develop tools for integrating gender into HIV/AIDS programming for all institutions engaged in HIV/AIDS work and ensure these tools are disseminated to the district level.

9

Low human resource capacity to integrate gender into HIV policies and programs.

**Recommendation:** Develop a training program for national and district-level program implementers and government officials involved in the HIV response. Training topics should include the gender drivers of HIV, how to conduct a gender analysis, and how to use the results of a gender analysis to establish programmatic goals, design programs, and develop program indicators that explicitly measure outcomes for women and for men.

Insufficient gender-specific data for assessing gender outcomes in HIV.

**Recommendations:** Include sex-disaggregated data in health management information systems and the relevant HIV/AIDS databases. Integrate a routine survey into the National HIV/AIDS Strategic Plan to collect data on important gender-related indicators—such as the enforcement of laws and regulations to protect women and most-at-risk populations from stigma, discrimination and violence, and equitable gender access to services and technologies.

Develop a gender-specific tracking system for HIV/AIDS spending, and implement it at both national and district levels.

After developing the recommendations and preparing a policy brief summarizing key issues, members of the advisory group advocated for their implementation by ensuring that consultants working on the revision to the National HIV Prevention Plan for 2011-2015 (especially the consultant responsible for gender as a technical area) had access to the assessment findings and recommendations. One member of the advisory group was tasked with attending every meeting of the National HIV Prevention Plan task team to ensure its members understood and had an opportunity to ask questions about the assessment findings. She and two other members of the advisory group also reviewed drafts of the Prevention Plan as it was being written to identify opportunities to integrate the assessment finding and recommendations.

This advocacy process seems to have yielded some concrete results. The final draft of the National HIV Prevention Plan for 2011-2015 was released in July 2011 and includes several guiding principles that are gender-responsive, including:

- HIV prevention interventions will be based on scientifically and ethically sound approaches, respecting values, rights, and diversity of people while promoting gender equity.
- The promotion, protection, and respect for human rights is a basic right of the people of Uganda and measures will be taken to eliminate all forms of stigma and discrimination.
- Barriers to disclosure of HIV-positive status should be addressed, including through couples counseling and testing.
- Screening and care for victims of SGBV should be strengthened within HIV pre- and post-test counseling and appropriate referrals should be made to safe shelters for women, support groups and to legal services.

The National HIV Prevention Plan also outlines key strategies for creating a sustainable and enabling environment to mitigate gender inequality as a structural driver of HIV:

- Revive political leadership for HIV prevention at all levels
- Change harmful socio-cultural and gender norms, beliefs, and practices.
- Strengthen the legislative and policy framework for HIV prevention and for SGBV and other rights violations
- Strengthen capacity of health and social services to manage SGBV cases
- Strengthen the mainstreaming of HIV in development programs to meet the needs of women and key groups
- Promote male involvement in HIV prevention
- Strengthen efforts against stigma and discrimination

The new National HIV Prevention Plan is accompanied by an action plan with specific activities and targets established for each of these strategies. It is not clear yet what funding the Government of Uganda or donors will provide to realize the potential of these strategies; however, the advisory group will play a continuing role to advocate for these gender-responsive strategies to be funded, implemented and monitored.

## CAMBODIA

In Cambodia, our recommendations targeted the national strategic planning process that led up to NSP III. This planning process was organized in three broad stages:

### STAGE ONE:

A three-day meeting during which NAA and NCHADS presented a broad review of NSP II and examined progress, achievements, and challenges. Six large groups participated and made recommendations for changes in language, strategy or approach for NSP III. There was representation from government agencies, civil society organizations, networks and development partners.

### STAGE TWO:

Decision making process led by NAA including fewer people (by invitation) to look at recommendations that emerged from first round and to shortlist these based on relevance, funding, evidence, and political considerations.

## STAGE THREE:

Costing of NSP III followed by closed-door process of final negotiations led by NAA to finalize NSP III.

**Stage One:** For the first open consultation, at the behest of NAA and UNAIDS, we developed and presented a broad overview of how gender inequality drives the HIV epidemic in Cambodia. Early findings from the key informant interviews indicated that some policy-makers tended to equate gender inequality with women's rights. We used the strategic planning meeting to clarify the different ways gender inequality affects women, men, girls, boys and sexual minorities. We presented examples of gender norms and common consequences of not following these including stigma, discrimination and violence. This framing of gender relations was well received. We presented examples of how program activities and strategies could address this at the national level. We focused the presentation on three simple messages that appeared most pertinent to the high-level audience from multiple ministries present in the room:

### Key messages for government ministers

- Gender equality is not just a women's issue, it is about women, men and families
- Gender inequality places women, men, girls, boys and sexual minorities at risk in different ways
- The national HIV response must address gender inequalities to ensure that these risks are mitigated

We developed two easy-to-understand policy briefs<sup>1</sup> which were translated into Khmer and disseminated during the national planning process. The first provided a general overview of how gender inequality can increase HIV risk and suggested examples of gender-responsive programs and strategies that are considered “best practice” globally. The second presented epidemiological and social science data on gender inequality and social marginalization in Cambodia. It included recommendations for concrete, gender-responsive strategies and activities for inclusion in NSP III.

These briefs filled two knowledge gaps that we identified during the assessment and the key informant interviews: 1) how underlying gender norms drive HIV risk among women and men; and 2) how gender inequality and social marginalization drive HIV risk in Cambodia and how these could be addressed in the Cambodian context.

<sup>1</sup> Available at <http://www.icrw.org/national-HIV-AIDS-policy>



From the broader list of recommendations in the policy brief, we prioritized six key gaps and recommendations for integration into the national strategic plan. Each of the six was: 1) critical from a gender integration perspective; 2) justified by the gender assessment findings; 3) salient to the current epidemiological situation and to the national response; 4) missing or had been inadequately addressed in the NSP II; and 5) likely to have support from other stakeholders at the meetings.

### Summary: Six Gaps and Recommendations

1

Provide testing and counseling for MARPs and their sexual partners

**Recommendation:** Develop screening questions for health care providers (at ante-natal, PMTCT, STI and VCT clinics) who come in regular contact with most-at-risk populations to screen for violence, encourage couples counseling (where safe and appropriate), and link to appropriate services such as post-exposure prophylaxis and reporting of violence.

For different MARPs, encourage testing of sexual partners where possible; offer couple testing, reporting and counseling to minimize risk based on a complete understanding of individual as well as physical, social and legal risk.

Recruit and train male counselors.

2

Identify high-risk men as a separate “most-at-risk” category (men who have sex with men, male partners of male/female entertainment workers)

**Recommendation:** Conduct a size estimation study to gather data on high-risk men, and explore ways to reach this population.

3

Reduce spousal transmission and establish “one-stop shops” for women (integrate, in one location, PMTCT services into maternal and child health services and provide family planning, screening for GBV and referrals and linkages to other services, as needed)

**Recommendation:** Make PMTCT services family-focused.

Extend testing services and treatment availability to all members of the family, where appropriate, and provide ongoing counseling and support.

4

Ensure “stigma-free” services for all (training for health care providers)

**Recommendation:** Adapt and use existing toolkits that educate health care providers about ways in which stigma can be manifested against MARPs and PLHIV and how to reduce and eliminate stigma in the health care setting.

5

Meaningfully involve people living with HIV, including through services that provide positive health, dignity and prevention

**Recommendation:** Actively include and support MARP and PLHIV networks, especially women’s networks, to participate in decision-making bodies.

Actively support and train MARPs and PLHIV networks to participate in Country Coordinating Mechanisms (CCMs).

6

Provide comprehensive, non-judgmental, age-appropriate sexuality education for adolescents, both in- and out-of-school

**Recommendation:** Evaluate existing curricula to ensure that content is age-appropriate and addresses gender norms in an equitable manner while laying the foundation for communication and negotiation to promote safe, fulfilling relationships in the future.

Update and use age-appropriate, gender-equitable sexuality education in schools by providing concrete examples of how young boys and girls can negotiate safe and violence-free sex with their respective partners.

Ideally, we would have vetted the recommendations with a larger group of stakeholders with whom we had been working closely during the course of the project, but this was not possible due to lack of time. Instead, before the national strategic planning consultations, we shared the policy briefs with the National Gender and HIV Advisor, UNAIDS’ gender focal point, and UN Women’s regional and local representatives before the national strategic planning consultations. They were also available to everyone at the first round of consultations.

**Stage Two:** During the course of the consultations, some recommendations were contentious. We supported these with evidence and data points that had emerged from the assessment. For example, we recommended the implementation of couples counseling and testing designed specifically for sex workers, MSM, and their respective sexual partners. Despite the importance of such services to reduce the spread of HIV both within MARP groups and between MARP groups and other populations, this strategy had not been articulated in the previous NSP. Some people resisted including this recommendation in the current one out of concern it would spread resources allocated for MARPs too thinly. We used the following data from the assessment to support its inclusion in the new NSP:

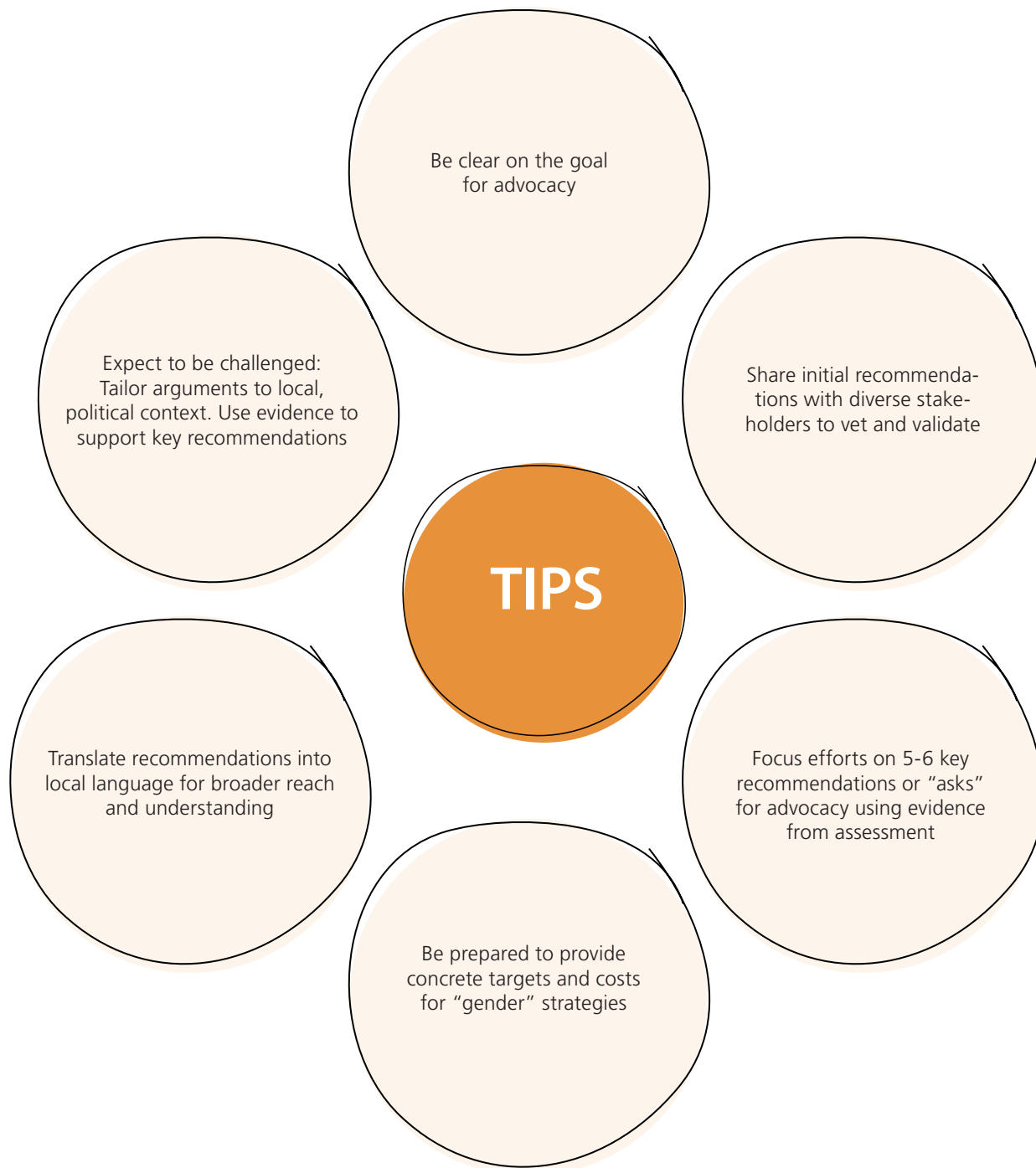
- Qualitative and quantitative research conducted by HIV prevention programmers points to the widespread existence of “sweetheart relationships.” These are longer-term relationships between sex workers/entertainment workers and the men who frequent entertainment venues. A significant percentage of sexual contact in these relationships is unprotected.
- The grey literature on MSM suggests that in an effort to conform to prevalent gender norms and avoid stigma and discrimination, many MSM marry and have children. These MSM are essentially “hidden” and hard to reach.
- Condom use within marriages in Cambodia is extremely low.
- Epidemiological modeling suggests that focusing only on MSM without including a focus on their wives could result in a new wave of infections among women.

In the end, couples counseling and testing for partners of “high-risk women” was included as an intervention in the NSP III, but only as an intervention activity for scaling up of targeted PMTCT services, i.e., partners of pregnant women. Implementation of operations research to identify needs and ways to reach the previously unknown population of “hidden MSM” to increase prevention coverage of this population was also included as a specific intervention in the NSP III.

The National AIDS Authority agreed to one of the strategies we were advocating for: post-rape services and free ARVs for women who are victims of sexual violence. The NAA asked us what it would cost and how many women could be expected to be treated each year. Per capita cost for post-rape counseling, care and treatment was difficult to calculate because costing data were not locally available. We tried to find locally relevant costing data so resources could be allocated in the strategic plan. We were unable to provide accurate targets but deferred to the Ministry of Women’s Affairs to provide a sense of how many women and girls could be expected to seek care and counseling for sexual violence each year. In the end, however, this strategy was not included in the NSP III.

## ► TIPS FOR COMMUNICATION AND ADVOCACY

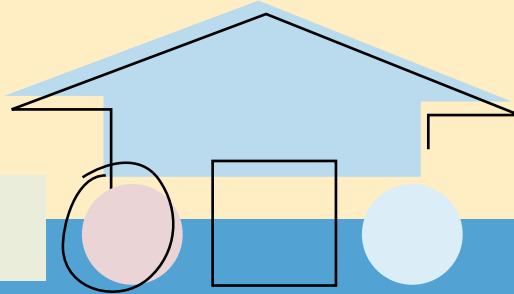
Based on the experience in communication and advocacy in both Uganda and Cambodia, we found the following tips useful in both settings.





4

## Sustaining National Gender and HIV Efforts



- ▶ UGANDA
- ▶ CAMBODIA
- ▶ TIPS FOR SUSTAINING NATIONAL GENDER AND HIV EFFORTS

## SUSTAINING NATIONAL GENDER AND HIV EFFORTS

In both countries, we made a concerted effort to ensure information generated by the assessments could be used by our research and advocacy partners beyond the close of the project in September 2011.

### ▶ UGANDA

In Uganda, a number of exciting outcomes resulted from the project's activities. First, the Ministry of Gender, Labour and Social Development decided to institutionalize the advisory group as an official entity within the Ministry. Giving the advisory group a permanent role and locating it within the MGLSD helps fill two key coordination gaps identified by the assessment. These were the lack of a technical advisory group on gender and HIV that could contribute to high-level strategy formation and the insufficient involvement of the MGLSD as a gender advisor to the Uganda AIDS Commission. In its new role, the Advisory Group on Gender and HIV will be positioned to influence the upcoming mid-term review of the HIV National Strategic Plan and the National AIDS Spending Assessment, as well as provide guidance to programs at community level. At the close of the project, Irish AID had also expressed interest in supporting the application of the assessment findings and recommendations to the development of a National Action Plan on Women, Girls, Gender Equality and HIV.

To officially close the project in Uganda, the MGLSD, Uganda AIDS Commission, UN-AIDS and ICRW hosted a national dissemination meeting in Kampala. More than 80 participants were invited, including district-level health officials, members of national ministries, and a wide array of national NGOs in the HIV and gender sectors. The UAC facilitated the workshop and the Commissioner of Gender for the MGLSD officially opened and closed the forum. At the workshop, the advisory group:

- shared findings and recommendations from the assessment
- discussed how the outcomes of the assessment could be used to influence the mid-term review of the NSP
- shared details of the just-released National HIV Prevention Strategy in terms of its contributions to gender-responsive programming
- gained input and guidance from stakeholders on the development of the National Action Plan for Women, Girls, Gender Equality and HIV, being sponsored by UNAIDS.

The meeting also served as an opportunity to introduce the project to a wide range of NGO representatives, many of whom were interested in becoming involved in the advisory group and future advocacy efforts.

## CAMBODIA

Following our involvement in the NSP III development process in Cambodia, our team stayed abreast of subsequent versions of the National HIV/AIDS Strategic Plan III to monitor which of our recommendations were integrated. This was challenging, as participation at the third round of consultations was limited and there was a rush to submit the costed plan to The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)<sup>1</sup> Round 9. The NSP III was finalized in December 2010. Unfortunately, Cambodia's Round 9 GFATM application was not funded.

We continued to collaborate closely with the National Gender and HIV Advisor, the Gender Focal Point at NAA and UNAIDS through the end of the project in September 2011 as we continued to seek ways of making the project findings relevant to the national HIV response. During this process, we learned that the NAA was implementing a key recommendation emanating from the project: develop a training curriculum for provincial program implementers to raise their awareness of the links between gender and HIV and train them in basic strategies for improving the gender-responsiveness of their existing programs. NAA invited our team to review and comment on the training curriculum, which resulted in Cambodia's first gender and HIV training manual for Provincial AIDS Secretariats and other sub-national service providers. We were also invited to disseminate our policy brief at a High Level Meeting on "Gender Mainstreaming into the HIV and AIDS Response," hosted by NAA, UNAIDS and UN Women.

As the final activity for the project, we worked with the NAA, MoWA, HACC, UN Women and UNAIDS to host a national dissemination workshop. The workshop included dissemination of the project results as well as participatory learning activities on gender and HIV for governmental and NGO staff from the provinces. The participatory learning activities can provide a foundation for future trainings to be held by the NAA and other institutions.

The workshop featured a panel discussion with speakers from ICRW, NAA, UNAIDS and HACC. The panel speakers, all experienced in HIV implementation and conversant about the Cambodian situation, were asked to share their reactions to the policy briefs and the project and to elaborate how gender inequality has driven the epidemic. The panel also discussed strengths and weaknesses of Cambodia's HIV/AIDS response, solutions being implemented and the continued focus on gender and HIV by the agencies represented on the panel.

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<sup>1</sup> GFATM funds country governments to combat AIDS, tuberculosis and malaria based on proposals and implementation plans designed by the countries themselves.

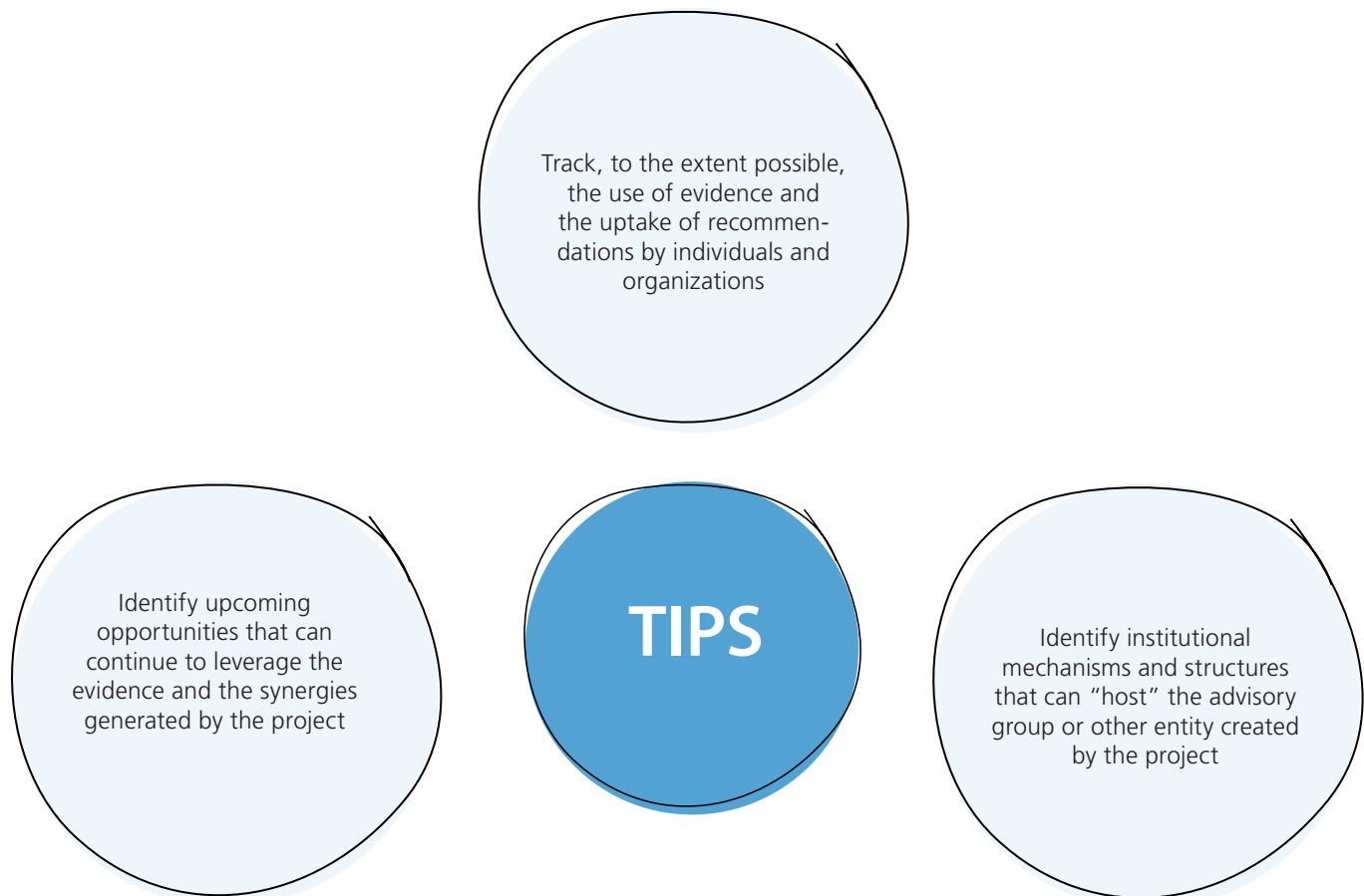


The participants in the workshop consisted of an even mix of civil servants and NGO representatives, including representatives from networks of people living with HIV. Representation from sub-national government offices was ensured. In all, close to 75 participants were invited to the workshop. We also invited representatives from the major bilateral donors in the country and two attended.

The five-hour training curriculum included activities that clarified gender definitions; provided a simple framework for gender analysis; clarified the links between gender-based violence and HIV; and provided a forum for participants to share their experiences and work addressing gender inequality in the country. The workshop ended with an official from the Ministry of Women's Affairs' brief closing remarks and commitment to continue addressing gender. The Khmer versions of all three policy briefs were circulated at the workshop and soft copies have been made available to the National AIDS Authority for circulation as they see appropriate.

## ▶ TIPS FOR SUSTAINING NATIONAL GENDER AND HIV EFFORTS

Based on the experience in sustaining gender and HIV efforts in both Uganda and Cambodia, we found the following tips useful in both settings.





5

## What Has Worked for Us

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## CONCLUSION: WHAT HAS WORKED FOR US

In this project we sought to demonstrate the “how-to” of creating HIV-related national strategic plans and policies that are responsive to gender disparities. We defined a “gender-responsive” HIV strategy as one that a) responds to evidence regarding how HIV affects people differently based on their gender or sexual identity, b) promotes gender equity in access to information, goods and services, c) seeks to deliberately transform gender norms that result in sexual risk-taking and d) defends individuals from stigma and discrimination based on gender or sexual identity.

The road was full of challenges, but also many rewards. In both Uganda and Cambodia, key stakeholders used the assessment and recommendations, with some success, to improve the gender-responsiveness of national HIV plans. The project also successfully identified, convened and focused the efforts of a group of advocates in both countries who will continue to their work to make the national HIV response more gender-responsive.

As a project that navigated technical as well as political waters, we learned many lessons. Although Uganda and Cambodia are significantly different in terms of their HIV epidemics, history and politics, we encountered many similarities that we believe are likely to be common across all countries. Below are some of the key lessons, which we hope will help others who seek to replicate this process in other countries.

- **Foster national ownership of the process.** Gender norms are deeply entrenched in all societies, and external efforts to critically examine them can be met with resistance. The many partnerships we fostered in both countries with research and civil society organizations as well as government ministries, UNAIDS, and other funders made it possible for us to position and navigate sensitive and contextual issues like gender equality. The fact that our efforts to ensure national ownership played out somewhat differently in the two countries underscores that there is no one-size-fits-all method for involving national stakeholders in the effort. We based our two different approaches on a clear understanding of the historical and political landscape of each country with regard to the HIV epidemic as well as our understanding of the key leaders and organizations in the national response and who influenced the national discourse on gender equality as it related to HIV. In Uganda, the decentralized and consultative precedent in national HIV planning made it appropriate for a multi-stakeholder advisory group to drive the project activities. In Cambodia, the relative power of the central government in conceiving HIV strategy and implementing programs meant it was more practical for the National AIDS Authority to

spearhead project activities. In both countries, however, we found it very helpful to include UNAIDS as a key partner. In most countries, UNAIDS provides technical and financial support to governments for strategic planning, including the mandate to promote gender equality within the HIV response. UNAIDS was thus strategically placed to facilitate access to the table when policy was being formulated.

- **Focus on continuity and coordination.** While both countries had already engaged in some efforts to integrate gender into their national HIV response, neither had achieved long-term continuity or coordination of this effort. Too often, the mandate to integrate gender into national HIV strategy is carried out through short-term technical assistance by external consultants or is subsumed under a larger national mandate to “mainstream” gender into all of government’s activities. The result, as we saw in both countries, is some good high-level language about gender inequality as a social driver of the epidemic, but few specific, funded strategies or activities; much inconsistency among policies; conflicting strategies between ministries; and, at times, contradictory efforts on the part of AIDS authorities and parliament. This project attempted a different model: a thorough assessment of the surveillance and research data of the country; longer term engagement with a range of stakeholders who could both contribute to and benefit from the assessment; and ongoing technical support to local advocates who were positioned to influence the extent to which gender-specific strategies were incorporated into national HIV plans. In this way, the project was able to lend momentum, coherence and continuity to a process that had previously been lacking in all three of these qualities. We also learned that identifying a local project manager or forming a secretariat who can take ongoing responsibility for dissemination, coordination between stakeholders, and information flow to and from the various stakeholders is essential.
- **Align project activities with the policy and funding cycle.** The assessment and recommendations are only useful to the extent that they can feed into policy and strategic plans and eventually be funded and implemented. Success is therefore contingent on planning research and advocacy activities around the schedule of when NSPs and other national guidance documents will be revised or when GFATM or other major national funding proposals will be developed. Adequate time is needed to ensure the assessment is completed, its results translated into recommendations, and a communications strategy is in place to advocate for incorporating the recommendations into the target policy, legislative process, or funding proposal. We recommend the project activities begin at least nine to twelve months before the target date for starting the advocacy process.
- **Ensure the project objectives are relevant to the expressed needs of national policy-makers, civil society organizations, program implementers and international funders.** A successful advocacy process depends on stakeholders perceiving that the project’s assessment and recommendations are valuable and relevant to the needs of the country. In both Uganda and Cambodia it was important, as a first step, to listen carefully to how a variety of stakeholders spoke about their country’s strengths in creating gender-responsive strategy and which gaps they took to be the

most pressing. Aligning the project goals with those stated needs to the extent that it is possible facilitates advocacy. When stakeholders expressed that they perceived no added value to critically examining gender within the national response, we made the case for how gender-responsive programs, policies and laws can also improve the efficiency and effectiveness of HIV prevention and treatment efforts.

- **Be prepared to facilitate dialogue on sensitive and controversial topics.** This project requires deft facilitation of dialogue on controversial and sensitive topics, such as cultural practices, entrenched norms and taboo subjects like sexual behavior and sexual identity. We found some stakeholders reluctant to consider the full spectrum of gender-related issues fueling the epidemic, such as norms of masculinity, violence against women, and the criminalization, stigmatization and abuse of MSM or sex workers. When convening a diverse team of stakeholders for dialogue, we recommend presenting data on gender inequality and HIV from a neutral “know your epidemic” perspective, with emphasis on country-specific epidemiological data. This can often be a productive point of departure for a conversation that stays focused on the immediate and practical task of controlling the epidemic rather than debating competing ideologies regarding gender equality. In the “tools” section of this document we provide examples of questions that can help structure a discussion around gender and HIV, as well as links to resources for evidence-based policy and program development around gender and HIV.

Global commitment to gender equality as a centerpiece of effective HIV prevention, care and treatment programs is building. A growing body of scientific evidence links HIV risk with women’s social and economic inequality, male norms that drive both sexual risk and violence against women, and the social marginalization of individuals whose sexual identity or behavior is perceived to fall outside accepted norms. Most international donor agencies have gender equality strategies, guidance, or frameworks and seek to fund programs that aim to reduce gender inequality as a driver of the epidemic. HIV service providers are already responding by developing and implementing innovative and often courageous strategies for overcoming gender-based drivers of the epidemic.

But more is required. National governments must design, build, and maintain policy, legislative and strategic frameworks that support the implementation, scale-up, and monitoring of gender-responsive programs. This project sought to implement an innovative approach for facilitating such transformation in national planning. We developed a model that shifts the current short-term technical assistance model to a longer-term, systematic analysis and collaborative action model. We have shared our experiences, tips, lessons, and challenges in the hope that others will be interested and willing to navigate similar territory.

In the next section, we share a set of tools that we developed and used during the project as a starting point for other projects. We hope that others will find these tools useful and can benefit from the experiences from this project.

6

## **“HOW TO”**

### **Conduct Your Own Situational Scan/ Assessment**

- ▶ **IDENTIFYING PARTNERS AND COLLABORATORS**
- ▶ **ASSESSING THE GENDER-RESPONSIVENESS OF NATIONAL HIV POLICIES AND PROGRAMS**
  - Clarifying the Goals and Scope of the Assessment
  - Building an Assessment Team
    - Qualifications and Skills
    - Capacity Building: Bringing the Team Up to Speed
    - Resources with which Team Members should be familiar
  - Review and Analyze National Policies and Strategies
    - Gathering Data
    - Presenting the Analysis
    - Resources with which Team Members should be familiar
  - Conduct Key Informant Interviews
- ▶ **REVIEW ASSESSMENT FINDINGS: COMMUNICATIONS AND ADVOCACY**
- ▶ **SUSTAIN NATIONAL GENDER AND HIV EFFORTS**



# 6

## “HOW TO” CONDUCT YOUR OWN SITUATIONAL SCAN/ASSESSMENT

An important component of this project was the development of practical tools, checklists and guidelines that we used throughout. In this section, we include these for use and adaptation by teams who are undertaking efforts to measure and increase their country’s gender-responsiveness in HIV/AIDS and/or advocating for improved strategies, policies and programs.

### ▶ IDENTIFYING PARTNERS AND COLLABORATORS

Speak to a range of people to identify the institutional landscape, learn who does what, and identify who to work with. You will need to identify two partners: a local research partner and a partner that can influence the national planning process. Below is a list of organizations you may want to speak to.

- National AIDS Council
- Ministry of Health
- Ministry of Gender/Women’s Affairs
- Ministry of Finance
- National Parliamentarians
- National technical working groups on HIV or gender issues
- Members of the Country Coordinating Mechanism for GFATM
- International and national NGOs implementing HIV prevention, care and treatment programs
- International and national NGOs addressing gender-based violence
- International and national NGOs working with most-at-risk populations
- National networks of people living with HIV (especially women’s groups)
- National networks of most-at-risk populations
- Training organizations that build capacity on gender issues
- Multilateral and bilateral donors that have global statements and strategies on gender equality (e.g. UNAIDS, WHO, UN Women, Global Fund, DFID, GIZ, PEPFAR/USAID/CDC, AusAid, Irish AID, etc.)

## ASSESSING THE GENDER-RESPONSIVENESS OF NATIONAL HIV POLICIES AND PROGRAMS

### Clarify the Goals and Scope of the Assessment

Having identified key national allies with whom this project would collaborate, the next step was to conduct the assessment to identify strengths and weaknesses in current national HIV strategies, policies, and programs. This entailed a multiple-step process, including defining assessment goals; forming an assessment team; reviewing and analyzing the strategies, policies and programs; presenting the analysis to stakeholders; developing recommendations; and using key informant interviews to validate recommendations and map next steps.

Developing a clear statement of the gender assessment goals can help to build an early consensus among key stakeholders about the need for the assessment and how it will support effective national responses to the HIV epidemic. A participatory process to define the goals will ensure buy-in from a range of government ministries and promote country ownership before the assessment begins.

This tool illustrates two key questions and possible responses across five areas that can help clarify the assessment's goals and scope.

## Tool I: Defining Assessment Goals

Questions	GOAL AREAS				
	Data	Programs, Plans and Cycles	Laws and Guidelines	Gender-Specific Issues	Grant Cycles
1: What outcomes do we hope to achieve by undertaking a gender assessment of HIV policies and programs at this time?	Example: We will identify the gender-specific drivers that can explain higher female infection rates	Example: We will more effectively address gender issues in our national-level plan	Example: We will adapt laws and guidelines to address gender-specific vulnerabilities or needs	Example: We will develop strategies that will address specific gender issues in the HIV epidemic	Example: We will add expert discussion of gender-specific vulnerabilities and services to grant applications
2: How will the gender assessment mitigate the epidemic in our country?	Example: We will develop strategies to address gender-specific vulnerabilities	Example: We will formalize gender-sensitive programming in our national-level plan	Example: We will pass laws and publish guidelines that effectively address the vulnerabilities and needs of both men and women in the context of HIV	Example: We will link programs that address gender-specific vulnerabilities to HIV programming	Example: We will strengthen the country's applications for HIV funding from large international donors, and expand the scope of gender-sensitive HIV programs in our country

## Build an Assessment Team

Conducting a gender assessment of HIV policies and programs requires a number of cross-cutting competencies. Teams may include as many as four or five members, or as few as one member, depending on the resources available to the agency undertaking the assessment.

### Qualifications and Skills

Required competencies fall into three broad categories. Our checklist tool presents guidelines to help assessment leaders select a suitable team.

#### Tool II: Qualifications and Skills Checklist

Competency Areas	Qualifications and Skills Checklist		Criteria to Assess Perspective on Gender				
<p><b>Gender and gender analysis</b></p> <p><i>At least one team member should have a strong background in gender analysis, including an understanding of gender-specific vulnerabilities and needs</i></p>	<p>Team member:</p> <ol style="list-style-type: none"> <li>Has worked with gender-disaggregated data</li> <li>Has conducted gender analysis</li> <li>Is familiar with gender budgeting</li> </ol>	<table border="1"> <thead> <tr> <th data-bbox="885 987 954 1039">Yes</th> <th data-bbox="954 987 1027 1039">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="885 1039 954 1375"></td> <td data-bbox="954 1039 1027 1375"></td> </tr> </tbody> </table>	Yes	No			<p>Understands that gender refers to a socially constructed identity, and is different from a person's sex.</p> <p>Is informed about key gender issues in the country such as gender-based violence, women's property rights, female genital mutilation, inheritance laws, child custody laws, virginity testing, child marriage.</p>
Yes	No						
<p><b>HIV</b></p> <p><i>At least one team member should have a strong background in HIV, including a clear understanding of prevention strategies, care and support services, and treatment</i></p>	<p>Team member is knowledgeable about:</p> <ol style="list-style-type: none"> <li>HIV prevention strategies</li> <li>Testing and counseling</li> <li>Care and support</li> <li>ART</li> </ol>	<table border="1"> <thead> <tr> <th data-bbox="885 1386 954 1797"></th> <th data-bbox="954 1386 1027 1797"></th> </tr> </thead> <tbody> <tr> <td data-bbox="885 1386 954 1797"></td> <td data-bbox="954 1386 1027 1797"></td> </tr> </tbody> </table>					<p>Is informed about gender-specific services such as PMTCT, pediatric care, adult male circumcision.</p> <p>Understands the impact of criminalization of HIV transmission, homosexuality, drug use, and sex work on men's and women's vulnerability to HIV and access to services.</p>

## Tool II: Qualifications and Skills Checklist (continued)

Competency Areas	Qualifications and Skills Checklist		Criteria to Assess Perspective on Gender
<p>Methodology development, data collection and data analysis</p> <p><i>At least one team member should have in-depth experience developing research instruments, collecting data, conducting interviews, and analyzing data</i></p>	<p>Team member has:</p> <ol style="list-style-type: none"> <li>1. Conducted gender-specific research instrument development</li> <li>2. Familiarity with case selection criteria (selecting districts in which to conduct the assessment)</li> <li>3. Understanding of sampling techniques (which organizations to visit and why)</li> <li>4. Qualitative interviewing skills (how to adapt the research instrument to different organizations)</li> <li>5. Data recording skills</li> <li>6. Policy analysis skills</li> <li>7. Data analysis skills</li> <li>8. Writing skills</li> </ol>		<p>Is familiar with HIV and gender policy and program analysis.</p>

Team members may be drawn from a range of agencies and organizations. Agencies undertaking gender assessments of HIV should carefully consider the benefits and potential challenges of selecting assessment team members from each type of organization. Agencies undertaking gender assessments may wish to draw all team members from a single organization, or may choose to draw team members from a number of organizations.

### Tool III: Organizational Considerations—Pros and Cons

Organization	Benefits to the Team	Potential Challenges to the Team
Universities	<p>Independent opinion</p> <p>Likely to have good research skills</p> <p>Scholars are well-versed in their area of expertise</p>	<p>Scholars drawn from a single department may lack the requisite number of skills in all 3 areas—gender, HIV, and methodology</p> <p>Scholars may lack experience producing assessments that are accessible to government officials and that provide practical steps forward</p>
Ministries of Gender	<p>Strong grasp of gender issues</p>	<p>May lack experience in HIV work</p>
Health Ministries or Government HIV Programs	<p>Strong grasp of health and HIV issues</p> <p>Well positioned to undertake data collection at government health institutions</p>	<p>May lack an adequate knowledge of gender issues</p> <p>May be invested in current government HIV policies and programs and be unwilling to examine or change these</p> <p>May be reluctant to challenge current ministry policies</p>
NGOs working on HIV	<p>Strong knowledge of HIV</p> <p>May have good understanding of gender and HIV (depending on specific work area)</p> <p>Well connected to the community</p>	<p>In some country contexts, NGOs may have poor access to government agencies for the purpose of data collection, and may lack the requisite research skills</p>
NGOs working on gender	<p>Strong knowledge of gender</p>	<p>May lack adequate understanding of HIV, depending on area of work</p>
UN Agencies focused on HIV, Health, or Gender such as UNAIDS, WHO, UNIFEM	<p>UN Agencies often have strong technical experts with expertise in all 3 competency areas</p>	<p>An assessment carried out by a UN Agency may have more difficulty winning country support than an assessment undertaken by a national agency</p>
Independent research organizations	<p>Can produce an independent assessment</p> <p>May have researchers who are versed in all three competency areas</p>	<p>May not have adequate expertise in HIV, gender, or both</p> <p>May not be in a position to win national-level buy-in</p>

## Capacity Building: Bringing the Team Up to Speed

One of the strengths of a team approach is the range of expertise the team members can bring to the assessment. Team members who are gender experts may have a weaker understanding of HIV issues and team members who are HIV experts may have a weaker understanding of gender. We also find that issues related to gender inequality have the potential to elicit strong, unmovable opinions. In the course of a gender assessment, it is helpful when team members develop mechanisms to share and benefit from the expertise of their teammates. This process:

- Supports teams to build the capacity of all team members
- Maximizes the benefits of each team member's competencies and skills for the benefit of the entire team and the assessment
- Allows the team to develop a shared understanding of gender and HIV prior to initiating work on the assessment proper

Effective strategies to support cross-learning among team members include:

- Structured discussion of key resources such as those listed below
- Structured discussion on key issues, such as MSM, criminalization, and gender-based violence

## Resources with which Team Members should be familiar

Team members may come from a variety of backgrounds and may not be familiar with some of the key issues related to gender and HIV, such as the impact of criminalization on HIV vulnerability, the ways in which harsh penalties for drug use and poor coverage of key services affect injecting drug users and their sexual partners, and the ways in which homosexuality affects men's and women's risk of HIV infection and their access to services. Familiarity of all team members with key issues supports effective team work. On the ICRW website, we provide a bibliography that includes recommended readings that can help orient the team to the issues and can be used to structure discussions to elicit the team's views and opinions.<sup>1</sup> The bibliography also contains training resources, examples of gender-responsive programs, advocacy resources, resources on gender indicators and gender audits.

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<sup>1</sup> Available at [www.icrw.org/national-HIV-AIDS-policy](http://www.icrw.org/national-HIV-AIDS-policy)

## Discussion on guidance related to HIV and gender

**Example:** Sample discussion questions on Provider-Initiated HIV Testing and Counseling (PITC) and providing HIV testing to pregnant women

1. Do we feel that provider-initiated “opt-out” HIV testing and counseling (PITC) is a safe and effective way to support prevention of mother-to-child transmission in our country?
2. Do pregnant women in our country “opt-out” of PITC? How do we feel about pregnant women who opt-out? Do we feel that testing of pregnant women should be mandatory?
3. Are there ways in which PITC can put pregnant women at risk of gender-based violence?
4. How can PITC of pregnant women in our country be designed to be safer and more effective?

## Review and Analyze National Policies and Strategies

The project begins with a scan of each country’s HIV/AIDS policies and strategies to better understand the strengths and gaps in how gender-based barriers and inequalities are being addressed.

The broad questions we explored in each policy or strategic document are as follows:

- Is gender inequality acknowledged as a driver of the epidemic in the policy document?
- Does the policy or program refer to gender disaggregated data sources?
- Are specific risk factors or pathways of risk described or addressed in the policy document?
- Are concrete strategies and activities identified to address these risk factors or pathways?
- Are key ministries, departments or positions identified to implement the strategies?
- Are key areas of overlap with other ministries, departments identified and addressed?
- Are these activities costed and funded?
- Can the activities affect women, men, girls, boys and sexual minorities differently?



- Does the policy address gender-differentiated access to and use of HIV and reproductive health services?
- Does the policy address gender-differentiated experiences in health care settings?
- Are activities monitored with specific indicators?

## Gathering Data

Data sources for gender analysis are varied and depend on the goal of the gender assessment. The table below includes a wide list of potential data sources.

### Tool IV: Where To Find Different Types of Data for Your Analysis

Policy documents related to gender and HIV could include:	Sex and age disaggregated data could be found in:	Additional contextual data can be found in:	Program documents may be useful for program-specific information:
Laws	Demographic and health surveys	Research papers: Academic and scientific journals may include published articles on HIV and gender programs in the country	Program proposal document with goal & principles of program
Policies	National census data	Formative research reports	Annual reports: provide summary of program's achievements
Strategic Plans	Behavioral surveillance surveys	Reports of national consultations done by National AIDS Council, UNAIDS, UN Women, networks of people living with HIV, national networks of sex workers, men who have sex with men, IDUs etc.	Workplans: show specific tasks & activities undertaken
Implementation Guidelines	Multiple indicator cluster surveys	Media: Some teams may find it useful to gather media and newspaper reports on programs or provinces they intend to study	Coverage data: when available, is helpful for understanding scope of program or organization's work
Annual Operating Plans	Antenatal clinic surveys		Budget data: useful for understanding extent to which gender-specific activities budgeted for
National AIDS Spending Assessment (NASA)	Sentinel surveillance data		Evaluations: Some programs, particularly those funded by development partners, may have undergone external evaluation(s)
	UNGASS report		Program analysis: Many programs conduct their own research, assessments or other studies

### **Key lesson learned for gathering data:**

#### ***There is no one-stop shop for documents on gender and HIV***

**Uganda:** The team in Uganda collected a large number of documents before developing the research instruments. However, the team did not find a central location in which all major policy and programmatic documents on HIV were collected. For this reason, it was necessary to visit several offices at the Ministry of Health and the National AIDS Program for key documents. UNAIDS was also an excellent source of documents. Still, many documents came to light only during the interviews. This meant that the team had to simultaneously collect interview data and absorb new documentation as it came to light.

**Cambodia:** Policy documents can be challenging to locate in-country as they sit with various ministries and are in various, often frequently modified and updated, co-existing versions. An initial list of potential documents for review was based on the team's prior knowledge of the sector as well as a global understanding of how gender can drive HIV risk behavior. Further documents were added to the list and sourced, based on suggestions from stakeholders in government, NGOs and other relevant specialists. UNAIDS was an excellent resource for national documents, policies and plans. In many cases, documents had been superseded by newer versions and institutions no longer existed—probably reflective of the rapid change in the HIV/AIDS sector in Cambodia. The search for the most current versions of relevant strategic plans, policies, guidelines, and research studies was often done through networking and calling in favors, as many of the documents were not publicly available.

## **Presenting the Analysis**

To organize the analysis for easy review and use, we organized it as presented in the example in Tool V, below. Tool V shows the information that was captured under each tabular category and is an example of how the analysis was presented for a policy document in Cambodia. This was a useful way of presenting the analysis from hundreds of documents unearthed during the desk review. We used these tables as the basis to summarize the findings from the document review.

## Tool V Part A: Document Snapshot Template

**About the Document:** This section includes general information about when the document was created, broad goals, strategies and approaches. It may also include relevant information about responsible entities for implementation.

### Gender issues acknowledged and addressed:

Acknowledgment of the distinct needs of men and women;

Mention of pathways of risk for women, men, girls and boys;

Mention of particular strategies to address these needs;

Need for sex-disaggregated data

### Strengths:

Related strengths of the document not necessarily pertaining to gender, but are strengths, nonetheless, when present in a document. These could include:

- Principles of human rights;
- Addressing stigma, discrimination and exclusion;
- Evidence-based programming;
- Clear objectives and strategies;
- Costed plans;
- Funding sources identified;
- Responsible entities identified;
- Partnerships, multisectoral or comprehensive response identified.

### Acknowledged and evident gaps and opportunities for action:

This section includes gaps or opportunities for action related to gender and HIV identified:

- Within the Plan
- By the research team
- By independent reviewers or other researchers in studies and reports unearthed during the policy review. These were cited or referenced.

## Tool V Part B: Policy Snapshot Example: The Law on the Prevention and Control of HIV/AIDS

### About the Document:

- Introduced in 2002, *The Law on the Prevention and Control of HIV/AIDS* targets all partners in the national HIV/AIDS response and is implemented by the NAA, various ministries, and civil society partners.
- The process for drafting the law has been praised. A 2001 ILO analysis documents consultations with stakeholders including relevant international and local NGOs, ministries, civil society, PLHIV, and the private sector.

### Gender issues acknowledged and addressed:

- Acknowledges the need for “special educational programs on HIV/AIDS targeting teenage girls and women-headed-households to address the role of women in society and gender issues” (article 6).
- Identifies the importance of including the “most vulnerable groups to participate in educational and information activities on HIV/AIDS at all levels throughout the Kingdom of Cambodia”<sup>1</sup> (article 10).
- Rape within marriage, harm reduction as a public health strategy and private sector workplace policies have been introduced.

### Strengths:

- The law emphasizes critical human-right elements like non-discrimination, prohibits the use of HIV screening for employment or education, and stresses confidentiality, freedom of movement and abode, and voluntary HIV testing.
- The law protects the human rights of women and groups that are more vulnerable both to infection and to discrimination as PLHIV.
- Free health care is stipulated for PLHIV.
- Enterprises (including garment factories) are obliged to collaborate with the NAA to develop workplace education programs and prevention plans.

<sup>1</sup> The Law on the Prevention and Control of HIV/AIDS, (2002). Informal translation.

## Tool V Part B (Continued)

### Acknowledged and evident gaps and opportunities for action:

- The criminalization of HIV transmission (Article 18) can have a detrimental effect on those who are most vulnerable to infection and also, inevitably, unable to access the justice system. The burden of proof is on the victim being able to prove “intent” and to a certain extent, becoming HIV-positive.
- In a context where testing positive for HIV can have devastating social implications, women may not want to get tested.<sup>2</sup>
- Alternatively, women maybe deterred from getting tested because ignorance of HIV status could possibly be considered a legal defense.<sup>3</sup>
- The ILO has expressed concern that the heavy penalties go beyond the international principle of proportionality of the offense and the penalty. Sanctions such as imprisonment were considered to be possibly excessive.<sup>4</sup>
- Despite the 2007 NAA Policy assessment calling for the development of guidelines for court officials on the use of Article 18,<sup>5</sup> these have yet to be developed.
- For further information, see “*Ten reasons to oppose criminalization of HIV exposure or transmission.*”

## Conduct Key Informant Interviews

The project identified and interviewed individuals from government agencies and non-government agencies at the center and in select provinces to understand how the policy and strategic plans were being implemented and monitored. Key informants could also be from donor agencies (development partner) and networks of people living with HIV and most-at-risk populations.

After deciding which sectors to interview, the assessment team needs to select the specific organizations (government ministries, NGOs, community organizations, development partners) to approach for interviews.

2 UNAIDS/UNDP, International Consultation on the Criminalization of HIV Transmission, 31 October-2 November 2007, pp. 4 -5

3 UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV. August 2009, p.8. See also M. Dhaliwal, Canadian HIV/AIDS Legal Network. HIV/AIDS Policy and Law Review. Volume 13, Number 2/3 (December 2008).

4 ILO. Research and Policy Analysis. Legal initiatives to address HIV/AIDS in the world of work. Chartier, 2001, p.5.

5 Cambodia HIV/AIDS Policy Assessment and Audit (2002), NAA, CDC & UNAIDS.

## Tool VI: Selecting Specific Organizations

Type of institution	Questions	Sample Selection Criteria	Prospective Interviewees
Government organization (GO) – includes ministries, departments, commissions, working groups etc.	<ol style="list-style-type: none"> <li>1. Does this GO have an HIV policy or plan?</li> <li>2. Does this GO have a gender policy or plan?</li> <li>3. Does this GO's work focus on most-at-risk populations (MARPs)?</li> </ol>	<ol style="list-style-type: none"> <li>1. GO has developed a major national policy/program on HIV/AIDS</li> <li>2. GO has developed a major national policy/program on gender and is responsible for implementing it</li> <li>3. GO is responsible for work on MARPs</li> <li>4. GO's government ministries are responsible for regulating or policing MARPs</li> </ol>	<ol style="list-style-type: none"> <li>1. National AIDS Commission</li> <li>2. Ministry of Health, National AIDS Program</li> <li>3. Ministry of Gender</li> <li>4. Ministry of Women's Affairs</li> <li>5. Ministry of Youth</li> <li>6. Ministry of Interior (police)</li> <li>7. Public Security (IDU responsibility)</li> <li>8. District/Provincial-level representative responsible for developing plans/ implementing National AIDS Program</li> <li>9. Local officials/ responsible for providing services— health care providers, community outreach workers, teachers, nurse midwife, social worker.</li> </ol>
NGO	<ol style="list-style-type: none"> <li>1. Does this NGO work on HIV/AIDS?</li> <li>2. Does this NGO work on a gender-specific issue related to health and HIV/AIDS?</li> </ol>	<ol style="list-style-type: none"> <li>1. NGOs with national scope and that implement large-scale programs in prevention, testing, treatment, or care and support programs</li> <li>2. NGOs that may not have national scope but work on key HIV-related gender issues</li> <li>3. NGOs that are advocating for policy change or serve on technical working groups on gender or HIV</li> <li>4. NGOs that build the capacity of government, civil society or networks to address gender inequality</li> <li>4. NGOs that monitor budget expenditure</li> </ol>	<ol style="list-style-type: none"> <li>1. A large NGO that provides testing and counseling in most provinces of our country</li> <li>2. A smaller NGO that works on gender-based violence and HIV</li> </ol>

## Tool VI (Continued)

Type of institution	Questions	Sample Selection Criteria	Prospective Interviewees
Community-based organizations and networks (CO)	<ol style="list-style-type: none"> <li>1. Is this CO supporting directly affected populations?</li> <li>2. Is this CO supporting MARPs?</li> </ol>	<ol style="list-style-type: none"> <li>1. National-level CO of PLHIV</li> <li>2. Networks of MARPs</li> <li>3. Networks that advocate for policy change</li> </ol>	<ol style="list-style-type: none"> <li>1. National Network of PLHIV</li> <li>2. National Network of Women Living with HIV</li> <li>3. Networks of IDUs, sex workers, MSM</li> <li>4. CO of HIV+ mothers</li> <li>5. COs of volunteers that provide home-based care in communities</li> </ol>
Development-Partners	<ol style="list-style-type: none"> <li>1. Is this development partner supporting HIV/AIDS programs in our country?</li> <li>2. Is this development partner supporting programs on gender-specific health issues in our country?</li> </ol>	<ol style="list-style-type: none"> <li>1. Major development partners with large investments in HIV/AIDS programs in our country</li> <li>2. Major development partners with large investments in gender-specific programs related to health and HIV/AIDS in our country</li> <li>3. Development partners with mandate, strategy, guiding principles to address gender inequality</li> <li>4. Development partners looking for gender strategies to be addressed in national proposals and grant applications</li> </ol>	<ol style="list-style-type: none"> <li>1. Global Fund</li> <li>2. USAID/PEPFAR</li> <li>3. DFID</li> <li>4. GTZ/GIZ</li> <li>5. European Commission</li> <li>6. UNAIDS</li> <li>7. UN Women</li> <li>8. UNFPA</li> <li>9. UNDP</li> <li>10. WHO</li> </ol>

GO=government organization; NGO=non-governmental organization; CO=community or civil society organization; DP=development partner

## Tool VII: Developing Interview Guides for Key Informant Interviews

Interviewee	National Level Government Officials	Program Implementing Agencies	Program Staff	Development Partners/AIDS Donors
Number of questions	18	15	7	20
Areas of focus	<ul style="list-style-type: none"> <li>• Knowledge of HIV epidemic</li> <li>• HIV policy and planning processes</li> <li>• Existing working groups</li> <li>• Resources</li> <li>• Plan for next five years</li> </ul>	<ul style="list-style-type: none"> <li>• Role of organization in HIV and gender</li> <li>• Planning process</li> <li>• Communication and coordination</li> <li>• Monitoring systems</li> <li>• Resources</li> <li>• Plan for next five years</li> </ul>	<ul style="list-style-type: none"> <li>• Programs in HIV</li> <li>• Organizational capacity</li> <li>• Monitoring and evaluation</li> <li>• Organizational plan for HIV and gender</li> <li>• Recommendations on policy and programming</li> </ul>	<ul style="list-style-type: none"> <li>• Role of partner</li> <li>• Priority areas</li> <li>• Organization's participation in working groups</li> <li>• Funding processes</li> <li>• M&amp;E</li> <li>• Gender staffing &amp; resources</li> <li>• Plan for next five years</li> </ul>

## REVIEW ASSESSMENT FINDINGS: COMMUNICATION AND ADVOCACY

The following questions provided the framework for the advisory group and the team when holding validation meetings to examine the assessment findings and recommendations:

1. Do the issues raised in the report represent a true picture of what is happening in your district?
2. Are there any additional issues you would like to raise that should be included in the report?
3. Do you agree with the recommendations? What is missing? What would you change or add for ensuring gender responsiveness of HIV/AIDS policies and programs?
4. How will these recommendations be implemented both at national and district levels? Who should be involved?



## SUSTAIN NATIONAL GENDER AND HIV EFFORTS

The following questions helped us identify opportunities for sharing the information and recommendations generated by the assessment:

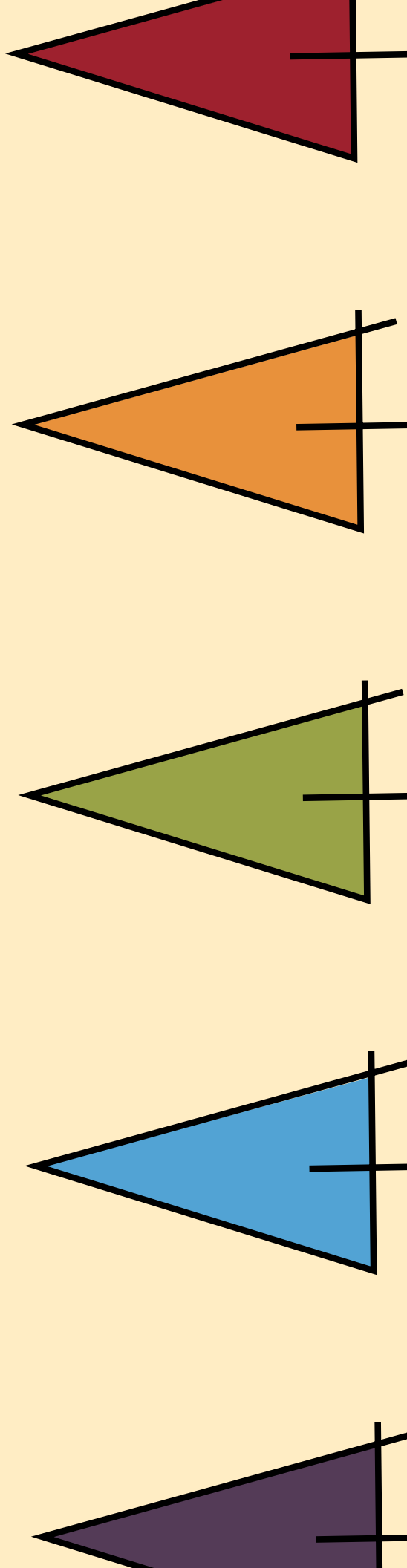
1. When is the next review of the national HIV strategic plan?
2. When is the next national proposal to a major donor due? Who is working on it?
3. When is the next major meeting of a technical working group working on HIV or gender issues?
4. When does the National AIDS Council meet next?

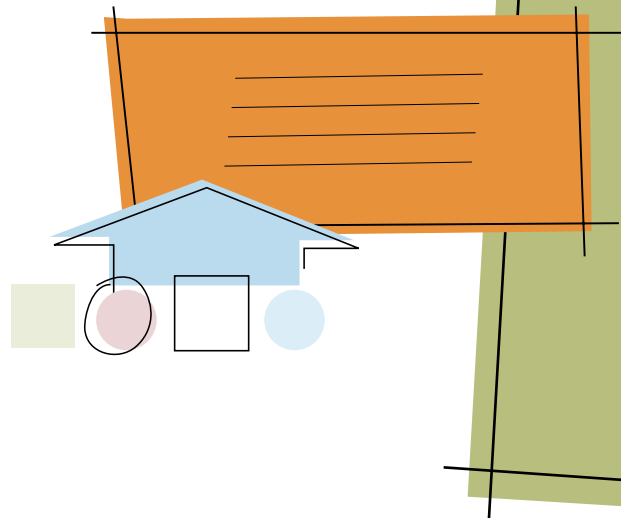
Questions like the ones above helped us stay abreast of events that were coming up, and we made sure that the policy briefs were a constant feature at these meetings and events.











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