

UNAIDS

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

Annexes



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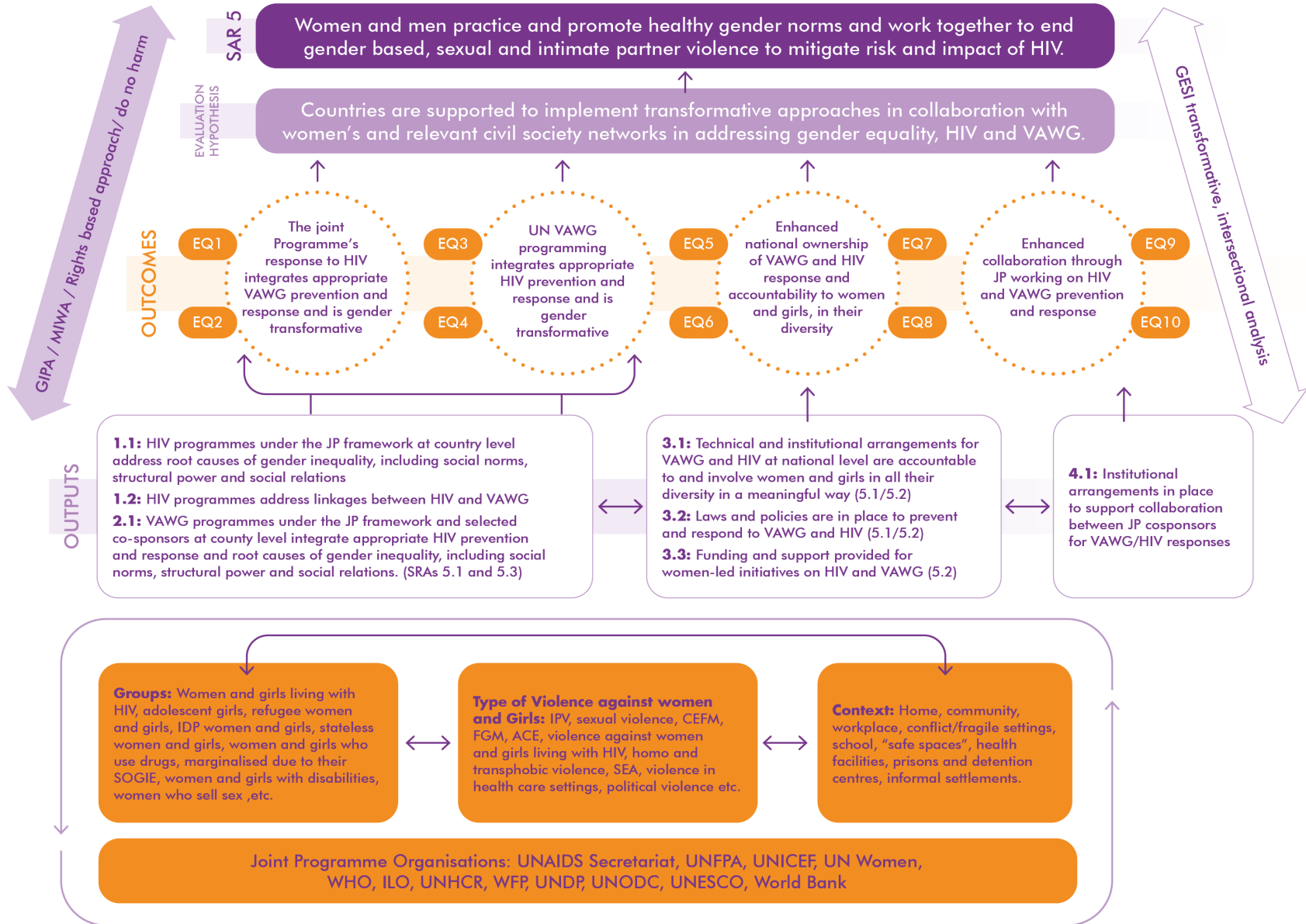
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Annex 1. Evaluation Theory of Change



Annex 2. Evaluation Matrix and Evaluation Questions

| Countries are supported to implement transformative approaches in collaboration with women's and relevant civil society networks in addressing gender equality, HIV and VAWG | | | |
|--|---|---|--|
| Outcome (hypothesis) | Evaluation Questions [C = coherence, E = Effectiveness, S = Sustainability] | Methodology / Tool | Stakeholder |
| O1. The Joint Programme response to HIV integrates appropriate VAWG prevention and response and is gender transformative | <p>EQ1. To what extent is HIV programming gender transformative? (C1)</p> <p>EQ2. How is HIV programming addressing the multiple and intersecting forms of discrimination and the link between VAWG with HIV?</p> <p>To what extent are results achieved – disaggregated by type of intervention and by population group? (E1)</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across HIV prevention, testing, treatment and care continuum?</p> <p>To what extent is the Joint Programme monitoring and document results (E2)</p> | <ul style="list-style-type: none"> ▪ Document review ▪ Key informant interviews | <ul style="list-style-type: none"> ▪ Joint Programme and other UN staff ▪ Civil society partners ▪ Networks and groups of women and girls in their diversity ▪ Government stakeholders |
| O2. UN VAWG programming integrates appropriate HIV prevention and response and is gender transformative | <p>EQ3. To what extent is VAWG programming gender transformative? (C1)</p> <p>EQ4. To what extent is VAWG programming integrating HIV prevention and response?</p> <p>To what extent are results achieved – disaggregated by type of intervention and by population group? (E1)</p> <p>For instance, what is the contribution to policy and legal frameworks, as well as protection mechanisms and service delivery – including across VAWG prevention and response continuum?</p> <p>To what extent is the Joint Programme monitoring and document results? (E2)</p> | <ul style="list-style-type: none"> ▪ Document review ▪ Key informant interviews ▪ KII / FGDs ▪ Key informant interviews | <ul style="list-style-type: none"> ▪ Joint Programme and other UN staff ▪ Civil society partners ▪ Networks and groups of women and girls in their diversity ▪ Government stakeholders |
| O3. Enhanced national ownership of VAWG and HIV response and accountability to women and girls | <p>EQ5. To what extent is the work of the Joint Programme in line with country needs, evidence and human rights standards (including do not harm principle) – across the continuum of HIV and VAWG work? (C2)</p> <p>For instance, are the scale of the response and resources invested in line with HIV epidemic dynamics and human rights situation?</p> <p>EQ6. How well do UN organisations coordinate with partners in the country to support the achievement of country priorities? (C3)</p> | <ul style="list-style-type: none"> ▪ Analysis of country context– scale and type of HIV epidemic / type of VAWG interventions ▪ Document review | <ul style="list-style-type: none"> ▪ Joint Programme and other UN staff ▪ Government stakeholders ▪ Civil society partners ▪ Networks and groups of women and girls in their diversity |

| | | | |
|--|--|---|--|
| | <p>EQ7. How effective are the Joint Programme organisations in building national ownership and capacity of people and institutions to respond in gender transformative ways to the linkages of HIV and VAWG in the short and long term? (S1)</p> <p>To what extent have Joint Programme organisations been able to influence budget and financial flows?</p> <p>EQ8. Has civil society engagement been strengthened, especially of women’s organisations, including in decision-making and evaluating national policies and programmes, as well as for strengthening accountabilities? (S2)</p> <p>Has sufficient and adequate support been provided for their activities?</p> <p>How far is work with men and boys on VAWG and HIV done in a gender-transformative way?</p> | <ul style="list-style-type: none"> ■ Key informant interviews ■ TAAG consultation ■ Key informant Interviews | |
| <p>O4. Enhanced collaboration among co-sponsors working on HIV and VAWG prevention and response</p> | <p>EQ9. How are UN organisations working together to provide a coherent, complementary and adaptable set of actions on the linkages between HIV and VAWG and gender transformative approaches in the context of UN Sustainable Development Cooperation Frameworks? (C4)</p> <p>How is the Secretariat promoting leadership, partnership, coordination and collaboration?</p> <p>EQ10. What internal obstacles has the Joint Programme encountered and what corrective actions have been taken or are needed to achieve results? (E3)</p> <p>To what extent are Joint Programme capacities, including staff capacities, incentives and leadership, adequate for addressing the linkages between HIV and violence against women and girls, in their diversity, and in a gender transformative way?</p> | <ul style="list-style-type: none"> ■ Interviews ■ Document review | <ul style="list-style-type: none"> ■ Joint Programme and other UN staff |
| <p>COVID-19 context</p> | <p>EQ11. How has the Joint Programme adapted, both in terms of prevention and response to HIV and violence against women and girls in the context of the COVID-19 pandemic? (S3)</p> | <ul style="list-style-type: none"> ■ Interviews / survey / focus groups | <ul style="list-style-type: none"> ■ TAAG members ■ Networks and groups of women and girls in their diversity ■ Civil society groups / women’s rights org |

Annex 3. Criteria for Country Selection

The short list of countries was developed over three phases.

Phase one – developing a long list

The first phase involved the mapping of countries where UNAIDS works¹ against a set of key criteria which included:

1. Fast track and non-fast track countries²
2. EU/ UN Spotlight countries³
3. Countries not involved in recent (over the last 2 years) UNAIDS evaluations⁴
4. Joint Programme organisations presence⁵ (indicative)⁶

The presence of Joint Programme organisations was initially mapped according to a number of different sources of available data including the organisation's websites, UBRAF performance monitoring reports dating between 2016-2019, and the 2019 Country Agency Achievement Reports. UNAIDS provided the evaluation team with a spreadsheet of 'Joint Team Capacity' extracted from the Joint Programme Monitoring System (JPMS). This spreadsheet provides data of staff capacity among each co-sponsor, and the secretariate in each UNAIDS operating country. This data was then used as a proxy to identify co-sponsor presence in each country and has provided the information for this particular criterion. Based on this data, the evaluation team selected those countries that had at least six co-sponsors present as part of the initial long list selection criteria.

These four criteria formed the basis of a longlist of over 30 countries, against which we did an initial light touch mapping of VAWG statistics and HIV prevalence.

Sample phase two – developing a short list

From this selection, we applied additional criteria to ensure we were able to achieve a balance of contextual considerations (development and humanitarian), key population groups, HIV prevalence and VAWG statistics, and nature of VAWG where available. We also want to achieve a balance of representation across co-sponsors to capture the different dynamics of HIV prevention and response programming as well as VAWG prevention and response programming.

We did extended searches on:

- VAWG statistics⁷ including NPSV, and going beyond the EVAW database for countries where official national data was not available in the database

¹ <https://www.unaids.org/en/regionscountries/countries>

² UNAIDS 2016 – 2021 Strategy

³ <https://www.spotlightinitiative.org/where-we-work>

⁴ Data provided to evaluation team from UNAIDS. Does not include the HIV Situation Room Evaluation as this focus was deemed sufficiently different.

⁵ The mapping of Joint Programme organisations was done based on available data and referenced numerous sources, including co-sponsor websites, UBRAF monitoring reports, and eventually settling on data supplied by UNAIDS on 'Joint team capacity' spreadsheet sourced by UNAIDS for the Evaluation team from the JPMS.

⁶ We have subsequently supplemented this data based on feedback on the IR from Joint Programme organisations where they have country presence by it may not have featured in the 'Joint Team capacity' spreadsheet.

⁷ <https://evaw-global-database.unwomen.org/en/countries>

- HIV prevalence⁸, including prevalence among key populations and young women and girls
- Types of VAWG and priority key populations⁹
- SDG Gender Index score, 2019¹⁰
- FCAS / humanitarian context
- Mapped types of VAWG being addressed by co-sponsors¹¹ and mapped what key populations the co-sponsors are working with¹²
- Balance of co-sponsors across the full selection, ensuring that each co-sponsor is present in at least 3 of the countries selected

Based on these searches, we shortlisted nine countries across six regions for the final selection.

Final phase – selection

The following countries were proposed and selected.

| | |
|---------------------------------|-----------------------|
| East and Southern Africa | Tanzania Zimbabwe |
| Latin America and the Caribbean | Argentina Haiti |
| Asia and the Pacific | Indonesia Cambodia |
| West and Central Africa | DRC |
| Middle East and North Africa | Algeria |
| Eastern Europe and Central Asia | Tajikistan |

⁸ <https://www.unaids.org/en/regionscountries/countries>

⁹ Various sources cited including HRW reports, UNAIDS GAP report, UNAIDS country pages, UBRAF monitoring reports

¹⁰ <https://data.em2030.org/2019-sdg-gender-index/explore-the-2019-index-data/>

¹¹ The assumption being that if these forms of violence are being addressed then they are likely to be high priority / prevalence issues

¹² This was done through a mix of reviewing UBRAF reports as well as reviewing the Joint Programme organisations websites and programmes in these countries. The information available was very variable.

Country Selection Table

| Region | Country | Fast Track | Spotlight | | Joint Programme Organisations | HIV prevalence | VAWG Stats | Key Populations ¹³ | FCAS / Humanitarian |
|--------------------------|-----------|------------|-----------|----|---|---|--|--|---------------------|
| East and Southern Africa | Tanzania | Yes | | 12 | All | Adult: 4.8% Women: 6.0% Men: 3.6% | Lifetime IPV 46.2% Child marriage 30.5% | Adolescent girls / refugees/ | |
| | Zimbabwe | Yes | Yes | 10 | ILO, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNODC, UN Women WHO, World Bank | Adult: 12.8% Women: 15.4% Men: 10.1% | Lifetime IPV 37.6% Child marriage 32.4% | Children living with HIV Adolescent girls and young women Women living with HIV Sex workers People in prison | Yes |
| West and Central Africa | DRC | Yes | | 8 | UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UN Women, WPF, WHO | Adult: 0.8% Women: 1.2% Men: 0.4% | Lifetime IPV 51% Child marriage: 37% | Refugees, women living with HIV | Yes |
| Asia and Pacific | Indonesia | Yes | | 7 | ILO, UNDP, UNAIDS, UNHCR, UNICEF, UNODC, WHO, UN Women | Low national prevalence, however, some regions and populations groups, e.g. drug users and prisoners have high HIV rates: ¹⁴ | Lifetime physical or sexual violence 33% ¹⁵ Child marriage 13.6% | IDU / prison population / sex workers | |

¹³ These key populations are those that appear to be addressed by Joint Programme organisations emerging from our initial review of UBRAF reports

¹⁴ UNAIDS GAP Report, 2014 https://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

¹⁵ No official national statistics available, however, a 2017 UNFPA survey (with 9,000 households were surveyed in 83 districts, across 24 provinces) was the first nationwide survey to measure VAWG: <https://www.unfpa.org/fr/node/16015>

| | | | | | | | | | |
|---------------------------------|------------|-----|-----|---|---|--|--|---|-----|
| | Cambodia | | | 8 | UNAIDS, UNDP, UNFPA, UNICEF, UNODC, UNWomen, WFP, WHO | Adult 0.5% Women 0.5% Men: 0.5% | Lifetime IPV 21% Child marriage 19% | | |
| Eastern Europe and Central Asia | Tajikistan | No | Yes | 7 | UNAIDS, UNDP, UNFPA, UNICEF, UNODC, UN Women, WHO | Adult: 0.2% Women: 0.1% Men: 0.4% | Lifetime IPV 26.4% Child marriage 11.6% | Adolescents Women living with HIV People in prison Women who inject drugs Young people from key populations | |
| Latin America and the Caribbean | Argentina | | Yes | 9 | ILO, UNAIDS, UNDP UNFPA, UNHCR, UNICEF, WHO, World Bank, UN Women | Adult: 0.4% Women: 0.3% Men: 0.5% | Lifetime IPV 26.9% Lifetime NPSV: 12,1% | SOGIE | |
| | Haiti | Yes | Yes | 8 | ILO, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, WHO, UN Women | Adult: 1.9% Women: 2.3% Men: 1.5% | Lifetime IPV 26% Child marriage: 17,5% | Adolescent girls, SOGIE, | Yes |
| North Africa and Middle East | Algeria | | | 8 | UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WHO | Adult: <0.1% Women: <0.1% Men: <0.1% | Child marriage 3% No official national data on other forms of VAWG Domestic violence 52% 0,6%forced sex ¹⁶ | Adolescent girls, SOGIE | |

¹⁶ UNFPA 2017 <https://arabstates.unfpa.org/sites/default/files/pub-pdf/UNFPA%20-%20Algeria%20WEB.pdf>

Annex 4. Literature review – Women and girls in their diversity

Women and girls living with HIV: Women and girls living with HIV are at high risk of experiencing VAWG before and after acquiring HIV, and the disclosure of HIV status can trigger violence from partners, families, communities and health care providers. Research with women living with HIV have found that the relationship between VAWG and HIV is complex, and that women describe a lifetime of GBV experiences, rather than a linear path between VAWG and HIV.¹⁷

Adolescent girls and young women: In sub-Saharan Africa, young women (15 – 24 years) account for 75% of HIV infections and are more than three times as likely as young men to acquire HIV.¹⁸ The high rates of HIV are likely to be linked to high rates of violence against girls and young women. Adolescent girls and young women are more likely to experience sexual coercion and sexual violence than adult women. A 2018 systematic review of global data found that IPV affects about 29% of ever-partnered girls aged 15–19.¹⁹ The greater the age gap between the girl and the husband, the greater the risk that she will experience IPV.²⁰ Many girls in child marriages describe their first sexual experience as forced, and research show that many women who were married as young continue to face high rates of sexual violence throughout their marriage.²¹

Women and girls with disabilities: Data from the What Works to Prevent VAWG programme in six countries found that women with disabilities are between two to four times more likely than women without disabilities to experience IPV, and that women and girls with disabilities are more likely to experience non-partner sexual violence (NPSV).²² There is a lack of disaggregated data for women and girls with different types of impairments, however, there is some evidence to suggest that women with intellectual disabilities, and women and girls with communication, visual and hearing impairments are at particularly high risk of violence.²³ Research have found that women and girls with mental health conditions and psychosocial disabilities are at high risk of VAWG.²⁴

¹⁷ Orza, L. et al. (2015) "Violence. Enough already": findings from a global participatory survey among women living with HIV, *Journal of the International AIDS Society*, 2015; 18(6Suppl 5), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4672459/>

¹⁸ UNAIDS (2019) *Women and HIV: A Spotlight on Adolescent Girls and Young Women*, https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf

¹⁹ Haberland, N. A., McCarthy, K. and M. Brady (2018) "A Systematic Review of Adolescent Girl Program Implementation in Low- and Middle-Income Countries: Evidence Gaps and Insights" in *Journal of Adolescent Health*, Vol. 63, No. 1, <https://pubmed.ncbi.nlm.nih.gov/29434004/>

²⁰ Girls not Brides (2020) *Violence against Girls* <https://www.girlsnotbrides.org/themes/violence-against-girls/>

²¹ Kidman, R. (2017) Child marriage and intimate partner violence: a comparative study of 34 countries, *International Journal of Epidemiology*, 2017, 662–675, <https://bit.ly/32GvKkY>

²² Dunkle, K., et al. (2018) *Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme*, <https://www.whatworks.co.za/resources/evidence-reviews/item/444-disability-and-violence-against-women-and-girls>

²³ See Lee, H. and Ahlenback, V. (2020) *Reaching women and girls most at risk of VAWG*, VAWG Helpdesk Research Report No. 304, <https://www.sddirect.org.uk/media/2078/vawg-helpdesk-q304-reaching-women-and-girls-most-at-risk-of-vawg.pdf>

²⁴ Ryan, G., et al. (2019) *Mental Health for Sustainable Development: A Topic Guide for Development Professionals*, K4D Emerging Issues Report, <https://www.ids.ac.uk/publications/mental-health-for-sustainable-development-a-topic-guide-for-development-professionals/>

Women who sell sex: Studies in a number of countries have found that women who sell sex face high rates of violence, including from intimate partners, clients, and from the police.²⁵ For example, a survey with 381 female sex workers in Bangladesh found that 95% reported experiencing violence perpetrated by clients, 71% reported at least one act of emotional abuse, or physical or sexual violence perpetrated by the police, and 94% (of the ever-partnered sex workers) reported having experienced at least one act of IPV (any form).²⁶ Female sex workers are among the groups at highest risk of HIV. For example, the estimated HIV prevalence among female sex workers in Lesotho is 72%.²⁷

Women who use drugs: Research on the intersections between VAWG and HIV among women who use drugs highlight multiple and complex linkages. Women who use drugs experience high rates of violence, including IPV and police violence.²⁸ Beyond direct HIV transmission through sexual IPV, experiences and the fear of IPV can lead to increased risk of engaging in unsafe drug injection practices. Sexual coercion and sexual violence by police officers can lead to direct transmission of HIV as well as increase HIV risk behaviours related to the drug use.²⁹ People who use drugs are among the groups at highest risk of acquiring HIV, and women who use drugs are at greater risk of acquiring HIV than men.³⁰

Women and girls in prison and detention centres: Women in prison and detention centres are at risk of sexual violence and abuse, as well as several other risk factors for acquiring HIV, including drug use.³¹ Women in closed settings have been found to be at particularly high risk of sexual violence and abuse in prisons.³² Drug related offences is a primary reason to why women are in prison, and there are multiple and complex linkages between women's drug use, imprisonment, and experiences of violence before, during and after they have been in prison.

Women from sexual and gender minorities (and potentially transgender men): Studies in different countries suggest that lesbians, bisexual women and transgender people (LBT+) face high levels of violence.³³ Recent research in six countries highlights that LBT+ people face intersecting forms of violence that can be a combination of gender-based, homophobic and transphobic violence. Forms of violence include domestic violence, forced marriages, IPV, police violence and so called 'corrective' violence. Sexual violence as part of 'corrective' violence has been well documented across the world. There is a lack of data on HIV prevalence among lesbians, bisexual women and

²⁵ See Lee, H. and Ahlenback, V. (2020) *Reaching women and girls most at risk of VAWG*, VAWG Helpdesk Research Report No. 304, <https://www.sddirect.org.uk/media/2078/vawg-helpdesk-q304-reaching-women-and-girls-most-at-risk-of-vawg.pdf>

²⁶ CREA (2012) *Count me IN! Research Report on Violence against Disabled, Lesbian, and Sex-working Women in Bangladesh, India, and Nepal*, <https://www.eldis.org/document/A62430>

²⁷ UNAIDS (2016) *Prevention Gap Report*, https://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf

²⁸ UNODC (2014) *Women who inject drugs and HIV: Addressing specific needs*, https://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf

²⁹ El-Bassel, N. and Stratdhee, S. (2016) Women who use or inject drugs: an action agenda for women-specific, multilevel and combination HIV prevention and research, *J Acquir Immune Defic Syndr*, 2015 Jun 1; 69 (Suppl 2), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4932853/>

³⁰ UNAIDS (2016) *Prevention Gap Report*, https://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf

³¹ UNODC (2014) *Women who inject drugs and HIV: Addressing specific needs*, https://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf

³² Ibid.

³³ See Stonewall (2020) *Out of the Margins: LBT+ exclusion through the lens of the SDGs*, <https://outofthemargins.org.uk/wp-content/uploads/2020/05/Out-of-the-Margins-report-2020.pdf>

transgender men, however, data shows that transgender women are around 49 times more likely to live with HIV than the general population.³⁴

Women and girls who are refugees or internally displaced: Women and girls in conflict settings and who are refugees are at high risk of experiencing sexual violence and other forms of violence. As much as 7 out of 10 women in in conflict settings and refugee populations are exposed to sexual and gender-based violence, and in some of these contexts, women who have faced violence are 50% more likely to live with HIV.³⁵ Factors that can increase the risk of acquiring HIV among refugee and displaced populations include high levels of sexual violence in conflict and emergency settings, including IPV and NPSV, as well as increased rates of child, early and forced marriages.³⁶

Migrant women: Women migrants are at risk of violence and at risk of acquiring HIV at all stages of the migration journey. Undocumented migrants, women employed in lower skilled jobs, and women migrants who are indebted recruiting agents are particularly vulnerable to physical and sexual exploitation and violence by employers and recruiters.³⁷ Female migrants are also at risk of sexual exploitation and violence by smugglers and authorities at border crossings. Research have found that women who have been trafficked and who reported physical or sexual violence, were at more than 10 times higher risk of acquiring HIV than other groups at high risk, such as female sex workers.³⁸

Women and girls from minority ethnic, racial and indigenous groups: Data on violence against minority ethnic, racial and indigenous women and girls in LMICs is very scarce. However, research in India has found higher rates of IPV among women belonging to Scheduled Tribes than among the general population, and recent research from Myanmar has found that sexual and gender-based violence disproportionately affect minority women.³⁹ Research in high-income countries (HICs) has found that indigenous groups are disproportionality affected by HIV (e.g. in the United States, Canada, New Zealand and Australia)⁴⁰, however, similar data from LMICs appears to be scarce. Research in South Africa shows that HIV prevalence varies considerable between black and white women, with 24% of black women living with HIV compared to 0.5% of white women (2012 data).⁴¹

³⁴ WHP (2020) HIV/ AIDS Topical Information: Transgender People, <https://www.who.int/hiv/topics/transgender/en/>

³⁵ UNAIDS (2020) "On World Humanitarian Day, UNAIDS celebrates the work of #RealLifeHeroes" Press Statement, 19 August 2020, https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/august/20200819_world-humanitarian-day

³⁶ Murphy, M. et al. (2019) *What works to prevent violence against women and girls in conflict and humanitarian crisis: Synthesis Brief*, <https://www.rescue-uk.org/report/what-works-prevent-violence-against-women-and-girls-conflict-and-humanitarian-crisis>

³⁷ UNAIDS (2014) *The Gap Report 2014: Migrants*, https://www.unaids.org/sites/default/files/media_asset/04_Migrants.pdf

³⁸ Ibid.

³⁹ See Lee, H. and Ahlenback, V. (2020) *Reaching women and girls most at risk of VAWG*, VAWG Helpdesk Research Report No. 304, <https://www.sddirect.org.uk/media/2078/vawg-helpdesk-q304-reaching-women-and-girls-most-at-risk-of-vawg.pdf>

⁴⁰ Negin, J. et al. (2015) HIV Among Indigenous peoples: A Review of the Literature on HIV-Related Behaviour Since the Beginning of the Epidemic, *AIDS Behav.* 2015; 19(9): 1720–1734, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4551545/>

⁴¹ Mabaso, M. et al. (2019) HIV prevalence in South Africa through gender and racial lenses: results from the 2012 population-based national household survey, *International Journal for Equity in Health* volume 18, Article number: 167 (2019), <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-1055-6>

Annex 5. UN Interview Topic Guide

Topic Guide for in-country Joint Programme and other UN staff

The questions below set out a generic topic guide which will be adapted to the different country case studies and the different UN Organisations that we will speak with. It is not intended as a questionnaire but a set of discussion topics with prompts to guide a conversation.

Some of the questions will be refined following the desk review of programme documents.

| Introduction | | |
|---|---|--|
| <ul style="list-style-type: none"> ▪ Evaluation scope and focus looking at the intersections of VAWG and HIV in the Joint Programmes' programming ▪ Evaluation hypothesis: Countries are supported to implement transformative approaches in collaboration with women's and relevant civil society networks in addressing gender equality, HIV and VAWG | | |
| Outcome /EQ | Theme | Question |
| Outcome 1 and 2 EQ1, EQ2 EQ3, and EQ 4 | Describe your overall programme to support HIV and VAWG prevention and response? | <ul style="list-style-type: none"> ▪ What are your country priorities with respect to HIV and VAWG prevention and response programming? ⇒ <i>what is your organisations's response to HIV?</i> ⇒ <i>what your organisation's response to VAWG?</i> ▪ What initiatives that address the linkages between HIV and VAWG have been undertaken? How aligned would you say your responses to these 2 areas of work are? ▪ Are there any particular models or approaches that you are using to address these bi-directional linkages? ▪ Which groups of people do you programmes typically support and / or work with? ▪ <i>[probe re. key populations of women and girls]?</i> ▪ Which contexts are your programmes focusing on ? ▪ <i>[i.e. humanitarian / schools / health system / justice system - prisons etc...]</i> ▪ Can you explain what your organisation's contributions are to policy / legal change ? ▪ What does your organisation do on trying to influence budget and financial flows for HIV or VAWG prevention or response programmes? What successes have you achieved in this regard? ▪ What are the main partnerships for your organisation's work in HIV and VAWG prevention and response? ▪ <i>[CSO, networks, private sector, government agencies, other development partners]</i> |
| Outcome 1 and 2 - EQ1 and EQ3 | How Gender transformative is your HIV and VAWG programme? | <ul style="list-style-type: none"> ▪ In your view, what does it mean to be a gender transformative programme? How does your organisation define a gender transformative approach? What are the elements of a gender transformative approach that you would be looking for in your programmes? |

| | | |
|------------------------------------|---|--|
| | | <ul style="list-style-type: none"> ▪ <i>[probe around structural and institutional change, addressing power structures and social / gender norms, work with men and boys on promoting gender equity]</i> ▪ How would you know that these were being implemented? [evidence] ▪ Can you provide some examples of interventions / programmes that you consider to be gender responsive or gender transformative? ▪ [ask for documentation to be provided after the interview] |
| Outcome 3 - EQ7 and EQ8 | How does your organisation work with civil society and women's and key population groups and networks? | <ul style="list-style-type: none"> ▪ Can you explain how the work of your organisation involves or engages with different civil society groups and networks, in particular women's groups or networks of key populations? ▪ How do you ensure they are meaningfully involved? ▪ How do you ensure you are accountable to these groups? ▪ How has your organisation worked to support the capacity of these different groups, what has been done and what has been achieved? |
| Outcome 4 EQ5, EQ9, EQ10 | To what extent does your organisation coordinate with i) national partners and ii) other Joint Programme organisations including the Secretariat | <ul style="list-style-type: none"> ▪ What has been the national government's response to your efforts on HIV and VAWG? ▪ Can you explain how you coordinate with other national partners to ensure you are meeting your country priorities? ▪ How do you work with the other Joint Programme organisations (including the Secretariat) in country? What are the mechanisms for coordination? ▪ What works well and what are some of the challenges with this coordination? ▪ What do you see as your organisation's comparative advantage withing the UNAIDS Joint Programme? |
| Outcome 4 EQ10 | What are the funding modalities for your HIV and VAWG programme? | <ul style="list-style-type: none"> ▪ Who provides the financing for your HIV and VAWG prevention and response work? ▪ [JP/ secretariat, other JP, multi- bi- lateral] ▪ What funding is available for women-led initiatives |
| EQ11 | Covid – 19 | <ul style="list-style-type: none"> ▪ Can you explain how you have adapted your HIV / VAWG programmes to respond to the Covid-19 pandemic? |
| | Conclusions – reflections and recommendations | <ul style="list-style-type: none"> ▪ What do you think has been your organisation's most important contribution to HIV and or VAWG prevention and response in your country? ▪ What do you think your organisation could do to strengthen its contribution to the intersection of VAWG and HIV in your country? |

Annex 6. Government Interview Topic Guide

Topic Guide for Government Stakeholders

The questions below set out a generic topic guide which will be adapted to the different country case studies. It is not intended as a questionnaire but a set of discussion topics with prompts to guide a conversation.

Some of the questions will be refined following the desk review of programme documents.

| Link to Outcome and EQ | Theme | Question |
|-------------------------------|--|---|
| Outcome 3 EQ5 | Country context | <ul style="list-style-type: none"> ■ Can you explain what the key priorities are for you in addressing HIV and VAWG prevention and response? Which contexts and groups do you currently prioritise in your response? ■ Which groups are prioritise for your national response to HIV and VAWG? ■ Do you feel that the UN response to HIV is appropriate to the needs and context in which it is operating? ■ Is it operating at the scale required for the country context / need? ■ Do you feel that the UN response to addressing VAWG is appropriate to needs? ■ What are the key intersections of VAWG and HIV in your context? and how are they being addressed? |
| Outcome 3 EQ5, EQ7, EQ8 | National ownership | <ul style="list-style-type: none"> ■ Who are the main partners that you work with in addressing the twin issues of VAWG and HIV? ■ How are networks of women, adolescent , key populations involved in both HIV and VAWG prevention and response? ■ How does the UN Work with them? ■ What mechanisms are in place to ensure accountability to these groups? ■ How easy has it been to set up sustainable structures to support this area of programming? ■ What are the challenges that you face in being able to do that? ■ How can the UN further support this? |
| Outcome 3 and 4 EQ6, EQ9 | UN Agencies coordination | <ul style="list-style-type: none"> ■ How well do the UN organisations coordinate with you? ■ How well do the UN organisations coordinate with other partners? ■ How well do you think they coordinate among themselves? |
| EQ11 | COVID-19 | <ul style="list-style-type: none"> ■ How have policies and programmes addressing HIV / VAWG had to adapt to respond to the Covid-19 pandemic? ■ Are you saying any emerging or different challenges with regards prevention and response in the context of Covid-19? |
| | Final thoughts / conclusions / recommendations | <ul style="list-style-type: none"> ■ What would you say was the UN Joint programme's biggest contribution to HIV – VAWG efforts? ■ What do you think they could do differently to improve their efforts to support national government and civil society in these areas? |

Annex 7. CSO Interview Topic Guide

Topic Guide for in-country CSOs

(that have directly participated in or received funding from the UN to implement/ partner in VAWG/ HIV programming)

The questions below set out a generic topic guide which will be adapted to the different country case studies and the different civil society partners that we will speak with. It is not intended as a questionnaire but a set of discussion topics with prompts to guide a conversation. Some of the questions will be refined following the desk review of programme documents.

| Introduction | | |
|---|---|---|
| <ul style="list-style-type: none"> ▪ Evaluation scope and focus looking at the intersections of VAWG and HIV in the Joint Programmes' programming. ▪ This interview is to help us understand the role of the UN and is not to examine (or evaluate) what your organisation does. ▪ Evaluation hypothesis: Countries are supported to implement transformative approaches in collaboration with women's and relevant civil society networks in addressing gender equality, HIV and VAWG | | |
| Outcome /EQ | Theme | Question |
| O1 and O2 EQ2, EQ4 | Background | <ul style="list-style-type: none"> ▪ What does your organisation do? What key issues are you working on, and with what groups of women and girls, and gender diverse people are you working? What networks/ coalitions is your organisation part of? |
| O3 EQ5 | Country context and priorities | <ul style="list-style-type: none"> ▪ Do you feel that the UN's programmes (specify co-sponsor) addressing HIV and VAWG are aligned to country priorities? <p>⇒ Probe: Are there any national priorities, and / or needs, that you think the UN is not addressing? Are there any groups (women and girls, key populations) that you think the UN is not including in a meaningful way?</p> |
| O1 and O2 EQ1, EQ2, EQ3, EQ4 | HIV and VAWG programmes and linkages | <ul style="list-style-type: none"> ▪ What UN initiatives (UN Organisations) that address HIV and/ or VAWG has your organisation been involved in? Can you please describe these (ask to describe one at a time if multiple). Probe: <p>⇒ What issues did the programme address? [i.e. was it primarily a VAWG programme or a HIV programme, what was the main focus]</p> <p>⇒ Which groups of people and contexts did the programme focus on/ involve?</p> <p>⇒ How, if at all, does the programme address the linkages between VAWG and HIV? In your view, were there any missed opportunities to address the intersections between VAWG and HIV?</p> |
| O3 EQ7, EQ8 | Meaningful involvement | <ul style="list-style-type: none"> ▪ What was your organisation's involvement in the programme? Probe: <p>⇒ What was the role of your organisation? [e.g. advisory role, implementing partner, research etc.]</p> <p>⇒ At what stages was your organisation involved (e.g. from planning stage/ implementation stage)</p> <p>⇒ Did you receive any training, capacity strengthening or other form of organisational support as part of the programme? Probe: Did your organisation benefit from this, how? How relevant was this to the priorities of your organisation?</p> |

| | | |
|----------------|---|---|
| | | <p>⇒ Do you feel your organisation was meaningfully involved in the programme? In what ways?</p> <p>⇒ What do you think the UN could do to make the involvement of CSOs more meaningful?</p> <ul style="list-style-type: none"> ■ Do you feel like the programme meaningfully involved affected groups? Can you explain how that was done? |
| O3 EQ5, EQ6 | <p>Coordination</p> <p>Accountability</p> | <ul style="list-style-type: none"> ■ How did the UN coordinate the work with you and other stakeholders in the programme: <ul style="list-style-type: none"> ⇒ How was your organisation's engagement with the UN? [e.g. nature and frequency of engagement/ meetings/ communication/ reporting] Probe: What worked well? Were there any challenges? ⇒ How was the programme coordinated among the wider group of stakeholders? (e.g. the UN, CSOs, government). Probe: What worked well? Were there any challenges? ⇒ If organisation has been involved in multiple UN VAWG/ HIV initiatives: Were the programmes coordinated? Did the different UN agencies coordinate amongst themselves? ■ How did the UN ensure accountability towards civil society partners that were involved in the programme? <ul style="list-style-type: none"> ⇒ What were the mechanisms for ensuring accountability? ⇒ Were there any challenges related to accountability? ⇒ In your view, how can the UN improve their accountability towards civil society partners? ■ Did the programme set up structures and plan for sustainability? <ul style="list-style-type: none"> ⇒ Can you describe these structures? ⇒ How does this support national ownership? ⇒ How can the UN further support this? |
| O3 EQ8 | Civil society engagement | <ul style="list-style-type: none"> ■ What is your perception about how civil society engagement has been strengthened through UN support over the last 5 years (including networks of women, girls and gender diverse people)? In what way? |
| EQ11 | COVID-19 | <ul style="list-style-type: none"> ■ How have you adapted your work to respond to the COVID-19 pandemic? ■ Are you seeing any emerging or different challenges with regards prevention and response in the context of COVID-19? |
| | Conclusions – reflections and recommendations | <ul style="list-style-type: none"> ■ What would you say was the (specify co-sponsor) biggest contribution to HIV – VAWG efforts? ■ What do you think they could do differently to improve their efforts to support civil society in these areas? |

Annex 8. TAAG Interview Topic Guide

Interview Guide for Representatives of networks and organisations of women in their diversity and women and girls living with and affected by HIV and VAWG

Introduction:

'Thank you for taking the time to talk to me. I am a member of the Accountability Advisory Group (the TAAG)/ national consultant for an evaluation of work on the links between violence against women and girls and HIV by the Joint Programme – UNAIDS Secretariat and the 11 UNAIDS Co-Sponsor organisations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, the World Bank. The evaluation is following the ethical principles of participation, accountability, meaningful involvement, and greater involvement of people living with HIV (GIPA).

The evaluation is looking at the work of the Joint Programme on addressing the links between violence against women and girls and HIV in nine countries, and includes Spotlight initiatives, and violence against women and girls and HIV programming by the Secretariat and 11 UNAIDS Co-Sponsor organisations. In particular we are looking at programmes that may be implemented by ... [insert implementing partner names as examples, in case they are not aware of the specific UN organisations' involvement].

By violence against women and girls programming, we are including any programming that addresses physical, sexual, emotional, verbal, financial, legal and structural violence against women and girls and gender-diverse people, in any setting. *[We include transgender women, and also transgender men and non-binary people who may be seen by society as women who do not conform to gender norms.]*

As a member of the TAAG/national consultant, my role is to gather and feed into the evaluation the views of women in their diversity about the accountability of UN agencies to women and girls for their violence against women and girls and HIV programming.

Thank you for taking part in this interview. It will be approximately 40 minutes long, data will be kept confidential and your name and identifying information will not be included in the interview report. We will provide USD 20 for your participation in the interview. If you would like to review a draft of the country and global reports please let me know.'

Inform the interviewee of how and what you are recording, and how it will be used, following the informed consent process.

| | |
|---|--|
| Age | |
| What kind of area do you live, or work in? (rural, urban, peri-urban, humanitarian setting, etc) | |
| Anything else you want to say that gives context in relation to HIV, sexual and reproductive health and rights, violence against women and girls (eg, are you living with a disability, living with HIV, engaged in sex work, using drugs, pregnant, working with young people, transgender people, LGBTQI, migrant or displaced, been in prison, or anything else you'd like to say about yourself?) | |
| What organisations or networks do you belong to? | |

| Link to Outcome and EQ | Theme | |
|---|---|--|
| | Introduction | <p>Can you tell us a little about what services and support are available for women and girls in your county /area who are living with and affected by HIV? In particular can you talk about where women and girls can access support to address violence?</p> <p><i>Please note this question will only be asked where the interviewee is familiar with the interviewer and a safe space has been established</i></p> |
| O1 and O2 EQ1, EQ2, EQ3, EQ4 | General awareness of UN's programming on VAWG and HIV <i>(may need to probe around implementing partners as they may not be aware of the specific UN involvement.</i> | <ol style="list-style-type: none"> 1. Are you aware of UN programmes (or their implementing partner) on violence against women and girls in your country? What types of violence and which groups are they working with? 2. Are you aware of UN programmes on HIV in your country? What would you say are the main areas that they are focusing on? Which groups are they working with? Are there any groups that are left out? 3. As far as you know, do UN programmes on violence against women and girls also address the links between violence against women and girls and HIV? In what ways? 4. As far as you know, do UN programmes on HIV also address the links between HIV and violence against women and girls? In what ways? 5. Do you feel there are any types or sites of violence against women and girls that you think the UN agencies should consider more in relation to HIV? 6. Do you feel the scale of the UN response is appropriate to the needs / context in your country/ location? |
| O1 and O2 EQ1, EQ2, EQ3, EQ4 | HIV / VAWG linkages | <ol style="list-style-type: none"> 7. Do you think UN programmes on violence against women and girls and/or HIV are transforming gender power relations and increasing gender equality for women and girls living with or affected by HIV at different levels (e.g. individual, community, society, structural / institutional). <i>[this question aims to unpack how gender transformative the interventions are. Interviewers should be clear how to probe for details around programmes addressing structural change around power and privilege and influencing enabling environment etc)</i> 8. What do you feel the UN agencies could do better to address the links between HIV and violence against women and girls, in ways that increase gender equality? |
| Outcome 3 EQ5, EQ7, EQ8 | Accountability of and involvement in UN's programming on violence against women and girls and HIV | <ol style="list-style-type: none"> 9. Do you feel that women living with and affected by HIV are meaningfully involved in UN programming on violence against women and girls and HIV? At what levels - including in decision-making? Please tell us more about this? 10. How accountable would you say these programmes are to you and your organisation and other groups /networks that you represent or collaborate with? In what ways do they seek to increase their accountability? |

| | | |
|------|---|---|
| | | 11. What is your perception about how civil society engagement has been strengthened through UN support over the last 5 years (including networks of women, girls and gender diverse people)? In what way? |
| EQ11 | COVID-19 | We'd like to ask you how things might have changed during the current COVID-19 pandemic. Do you feel that the UN programming on violence against women and girls and HIV has adapted during the COVID-19 pandemic? Please tell us more. |
| | Final thoughts / conclusions / recommendations | Is there anything else you'd like to say to UN organisations about the links between HIV and violence against women and girls, and how they should be addressed? |

Annex 9. The Accountability Advisory Group (TAAG) Report

Introduction

Social Development Direct with support from Salamander Trust Associates conducted an independent evaluation of the work of the Joint UN Programme on HIV/AIDS (UNAIDS) on preventing and responding to violence against women and girls. The evaluation aimed to understand:

- **Coherence:** the extent to which the efforts of the Joint Programme are aligned with national priorities, mutually supportive and consistent with other efforts of the UN, national and other partners.
- **Effectiveness:** the extent to which the Joint Programme's intended results have been achieved.
- **Sustainability:** the extent to which the outcomes of the work of the Joint Programme will last.

This report provides a brief overview of the TAAG process and results from interviews by the Accountability Advisory Group (TAAG) with women living and affected by HIV including representatives of community-led networks, regarding UN engagement with and accountability to women and girls living with and affected by HIV in all their diversity. Results from the TAAG consultations have also been included in the country case studies and in the global evaluation report.

TAAG rationale and process

In order to ensure we are exploring the contributions the Joint Programme has made at country level and in particular among women and girls in all their diversity, as well as adhering to the ethical principles of participation, meaningful involvement, and Greater involvement of people living with HIV (GIPA), and building on, and adapting the experience of Salamander Trust et al in various global processes, the evaluation team set up an Accountability Advisory Group (TAAG) to guide the evaluation process and input into key deliverables.

Inception TAAG: Three women identified by the Athena Network and the International Community of Women Living with HIV/AIDS (ICW) made up the TAAG during the inception phase prior to the selection of the nine evaluation focus countries.

Country TAAG: Once the nine case study countries were determined, the three TAAG members sought advice from ICW and Athena Network and ten additional women working at the country level to complete the TAAG.

The TAAG was made up of women living with HIV and engaged with other women (and some men) in all their diversity living with or affected by HIV as key contributors to the evaluation.

We identified TAAG members in the focus countries who are well-networked nationally and/or embedded in national organisations of women living with HIV and/or national organisations addressing violence against women. We welcomed women who felt comfortable and confident in their national context, even if they have not had a lot of international experience. Each TAAG member either interviewed representatives of key community led networks or ran focus group discussion with women living with and affected by HIV regarding their experiences of UN activities on VAWG and HIV and on UN accountability to community-led organisations in these efforts.

TAAG worked in English, French & Spanish (translation by core team member), Russian (interpreter in Tajikistan) and Khmer (with help from google translate).

What does the TAAG add to the evaluation process?

- *'The process is very good because it involving the people in the community that are usually left behind; such as transgender women, drugs user women and sex worker women; it includes also all women living with HIV. Especially that the evaluation is to see how the UN Joint Team works on VAWG and HIV areas, where they don't really include those groups. Only several UN who really have concern with the community and the issue. So I think what TAAG add is the space for us to speak and show the issue.'*
- *'The final evaluation could give a big contribution to women and girl in our country. Hopefully it will be really listened to, not only by all the UNJT [United Nations Joint Team] but by the government in our country. The most important of all is that I can meet you all, the fabulous women from other countries. Despite the different languages.'*
- *'The TAAG has the closeness with the community. It was an important experience because it gives the community connection, and the experiences that are being brought to light. We had to research which organisations to work with for the evaluation, and I was picking up that UNAIDS had forgotten a few who they had worked with.'*
- *'The TAAG was a good way to get more voices from the community and there was good guidance from the core team. It brought lots of voices we may have missed if we had overlooked that.'*

Experiences of UN Support

Network representatives interviewed by TAAG members described the strong need to address the links between VAWG and HIV but few had heard of, or received support for, relevant activities, including by the UN (although certain agencies such as UNAIDS, UNDP, UN Women and UNFPA were better known in some countries for their support on this and related issues). This was especially true for networks, women and girls outside the large cities.

Overall there is a lack of funding from the UN and other donors for the activities of organisations led by women living with and affected by HIV including for their activities on VAWG. There is also a lack of involvement of women living with and affected by HIV in UN (and other) decision-making processes within policies and programmes that impact their lives. UN support cited tended to be technical support for network activities. Network representatives also spoke about the lack of transparency from the UN regarding what work they supported, the outcomes of that work and planning for it.

While conducting the survey, I realized that our women and girls need comprehensive support related to HIV and VAW, but unfortunately we do not have such services in our country and the UN organizations pay little attention to this. (which country?)

Some networks did receive small pots of funding for projects addressing the links between VAWG and HIV and some felt that the UN was a powerful ally in highlighting the rights of marginalised women and girls within the HIV response and would facilitate relationships between communities and decision-makers. A few interviewees felt the UN could be braver in this regard but the UN were compromised by the need to maintain good relationships with the government so as not to jeopardize funding relationships.

There is a lack of consideration of women and girls in all their diversity. For example, a major gap identified in Argentina and Tajikistan was a lack of focus on violence faced by girls, including the intersections with HIV and issues faced by girls living with HIV more broadly. In Indonesia women who use drugs and trans women received barely any support from UN agencies. The UN does not have an intersectional approach to working with people living with and affected by HIV.

Adaptations related to the COVID-19 pandemic focus on the provision of personal protection equipment. There is some support for understanding the impact on gender and violence including for women and girls living with and affected by HIV but there is a lack of support for digital communications that are so vital in contexts where face-face outreach is constrained. In some countries community support was rolled back as UN efforts focused on the containment of COVID-19.

Examples of findings from countries:

In **Algeria** UN support in HIV programming focuses on men who have sex with men and not women living with HIV nor sex workers. Few of the women involved in evaluation focus groups had heard of UN programming on VAWG/HIV links. Although some of the women were aware of UN support for community-led organisations and their training on related issues which has improved their understanding of their rights, they all felt UN support was insufficient to address the scale of the problem. All felt that a gender transformative approach was almost impossible within a patriarchal society such as Algeria and they and their organisations largely lack influence in UN programming.

In **Argentina** financial support to networks of women living with and affected by HIV is critically insufficient, though UNAIDS and other co-sponsors provide other kinds of support. However, this tended to be in cities and certain provinces.

‘There should be an assessment of our priorities and the needs of women and girls with HIV. Without this information, the international organisations will not be able to support our priorities. In Santiago and Jujuy, there are women who do not have basic services, water, access to wifi, and can not access the HIV networks or spaces where they can express themselves.’

The Joint Programme focuses on human rights and stigma and discrimination, rather than using VAWG framings. VAWG programming is led by UN Women, and women and girls living with and affected by HIV are not systematically involved, nor is there an explicit focus on how VAWG intersects with HIV.⁴² TAAG interviewees perceived a lack of UN focus on addressing the intersections of HIV and VAWG against girls, Indigenous women and girls, and against women who use drugs. Little is being done to address forms of institutional violence such as violence in health care settings, obstetric violence (which many women with HIV experience despite laws on respectful maternity care), and forced eviction from housing especially against women from sex worker, trans and migrant communities.

In **Cambodia** networks of women living with or affected by HIV used to receive financial support from the UN but had not in recent years. Interviewees knew about some UN education programmes and training on rights, violence and HIV for specific key populations such as men who have sex with men, people who use drugs and entertainment workers. UNAIDS also supports the collation and dissemination of data on violence experienced by people living with and affected by HIV as well as raising awareness of the importance of addressing HIV-related violence and discrimination. Unfortunately civil society advocacy with the government (supported by the UN) is very limited.

In **DRC** there is a ‘glaring insufficiency of various services for both HIV and VAW’. UN activities on VAWG and HIV are not known ‘in the field’. Some CSOs collaborate with the UN to collect data on VAWG, mainly sexual violence and UNAIDS and UN Women do support some community sensitization. This is carried out by CSOs as organizations of people living with HIV are not considered as ‘experts’ even though CSOs do not necessarily understand the lived realities of women and girls living with HIV. The UN does not make its activities known or accessible to communities and

⁴² Note that trans respondents highlighted the importance of talking about ‘VAWGT’ for inclusivity.

have not supported organisations and networks of people living with HIV despite their existence in DRC.

In **Haiti** *'there are programmes for every issue, but it's only recently that there has been some focus on the links between HIV and VAWG in prevention and referral'*. However the links are sometimes made only vaguely. A handful of organisations are well-supported and integrated into UN programming on HIV. These are mainly in the capital. Many others, including networks of women living with and affected by HIV, are doing good work on HIV and VAWG in their communities but do not meet the capacity criteria for funding. UN work on HIV and VAWG is often done under separate programmes. *'Addressing HIV and violence against women and girls should not be the business of one sector or one organisation, it is everyone's business.'* Women in prison, especially those living with HIV, are the most neglected in the work of the UN, as well as women who use drugs, adolescent girls and young women, and women and girls with disabilities. Women and girls living with and affected by HIV are usually involved in programme activities, or sometimes implementation, but rarely at programme design stage. *'In a country like Haiti with an ongoing crisis and with such a high rate of especially sexual violence, there is an urgent need to revise the strategies.'*

In **Indonesia** some networks have received some limited support for activities on VAWG, discrimination and HIV but the networks interviewed knew little about the activities of the UN on VAWG/HIV links and did not know that each UN agency has its own HIV staff member. Representatives felt that the UN did not share information about their activities which limited their accountability. The Trans network and the Forum for Women who use drugs in Bali, in particular had not been supported by the UN to address the links between violence against their members and HIV.

The communities have been involved, but are still limited by the area coverage. The projects are usually in big cities. Technically, they are involved by receiving education in the form of training programmes, especially by UN Women. They connect women living with HIV with programmes integrating HIV and violence even though they are not yet maximal. The UN is not accountable because we don't know what programmes they run. UN Women and UNFPA are the most accountable so far, even though the scale of their programmes aren't large.

UN Women funded the Indonesian Sex Worker Network (OPSI) to develop a CEDAW shadow report and the Indonesian Network of Women Living with HIV (IPPI) has received some funding to support women living with HIV who experience violence access GBV services. Other UN support has included workshops for the Networks on issues such as collecting data as well as coordination of meetings with government representatives. However these meetings are not always followed up on nor information about what came out of the meetings circulated.

In **Tajikistan** UN have some activities on violence against women and girls including within the context of HIV mainly trainings, meetings and possible research. UNDP supports women who have been prosecuted because of their HIV status. However, VAWG programmes are not otherwise inclusive of women living with HIV. There is an urgent need to support girls living with HIV and address economic issues such as discrimination in the workplace and barriers to employment faced by women living with HIV.

In **Tanzania** UN have supported a number of initiatives and organisations who work on the response to GBV such as organisations supporting sex workers, women who use drugs and trans women. There is some inclusion of HIV and communities affected by HIV. However, women and girls with disabilities while covered by the VAWG response fairly well are not included in the HIV response significantly. Engagement with community led organisations by the UN in their related activities is good but could better include women who use drugs. The UN provides emergency support and capacity building for community-led organisations and their offices provide a safe space for relevant discussions. There could be more resources for organisations to work on the links between HIV and

VAWG (currently GBV and HIV networks work separately). The UN should address poverty as a cross-cutting issue as well as support the representation of women and girls living with and affected by HIV on decision making bodies and UN working groups and capacity of community-led organisations. Services, community sensitisation, education and national guidelines addressing the links between HIV and VAWG could all be improved in Tanzania.

In **Zimbabwe** direct support for LGBTI+ people who experienced violence could be obtained for shelter and other costs but the process of obtaining the funding was lengthy. Support is also provided that targets sex workers and justice reform. The UN provides good technical support to some grassroots organisations and their manuals on empowerment are good, but organizations need funding to do more work on gender issues and HIV. UN agencies tend to work separately where it would be better if they worked together. People from communities, particularly from Harare are involved in meetings and some mentorship programmes are working well, but they are not supported or encouraged to feed back to communities including translating information and messages about VAWG that would help keep the conversations going at the community level. Women in their *diversity* are not involved in UN supported processes - their involvement is relatively tokenistic.

Women's lived experiences - Although questions asked by the TAAG mainly explored the response to the links between HIV and VAWG, some of the women interviewed by TAAG members described high levels of violence against women and girls (including trans women) living with and affected by HIV, including rape and sexual assault. For example, in Algeria this was particularly against migrant women from different parts of Africa. Migrant women are very reluctant to seek support as they already experience discrimination and do not want to encounter more. Women also experienced a lot of violence from family members and within their culture is not acceptable to make complaints against family members.

'We noticed that throughout the session women expressed that they had had great sadness and upset, and after revisiting their memories they felt regret about everything they had had to endure. All the women wished they could have avoided the situations that had led to violence in their lives.'

Recommendations

Addressing the bi-directional links between HIV and VAWG:

- A coordinated UN response to HIV, VAWG and gender issues working with grassroots organisations - *'UNAIDS should work towards bringing all UN agencies together, to work in tandem with grass root organisations to address the links between HIV and violence against women and girls, for there to be a synchronisation of such programs. [...] UN agencies should work with grass root organisations and not only fund huge organisations. Grass root organisations perform better, and are more hands on the ground as compared to bigger organisations.'* (Zimbabwe)
- Meaningfully involve women in their diversity, including trans women in UN decision making and accountability processes.
- Support education on gender equality, HIV and VAWG in schools and with young people.
- Ensure women have financial support as a lack of such support can exacerbate VAWG. Psychosocial support for women and girls living with and affected by HIV and who experience violence and discrimination also needs more attention from the UN.

Conducting evaluations:

- All evaluations should be guided by members of communities. This ensures the evaluation addresses the issues of priority to community members, and also supports the ongoing accountability for the implementation of evaluation recommendations. This evaluation included women activists as TAAG members, as well as national consultants in some countries.
- We need to recognise that development professionals do not provide an objectivity to be valued. Community members can also play a vital role as consultants and evaluators. Women who are active in the communities provide a wealth of knowledge about what works and what doesn't and this should be valued beyond being interviewed as key informants or a mention in the acknowledgments of our reports.
- When members of the evaluation team are required to sign Conflict of Interest declarations and undergo due diligence, the requirements should be simplified or omitted as they undermine commitment to greater involvement of people living with HIV (GIPA) and the meaningful involvement of women living with HIV (MIWA). Thanks to the dedication of the evaluation core team the possibility that such requirements might have excluded members of the community from the evaluation as TAAG members and national consultants was overcome.
- Ensure the practical needs of community members are met. Find ways to make sure they are not paying up front to cover the costs of participation. Make advance payments for data bundles, transport etc, to enable women to join evaluation meetings and conduct interviews.
- Allocate time, funding and capacity for translation to maximise inclusivity.

TAAG members

Country advisory members:

- Ayu Oktariani - The Association of Indonesian Positive Women (IPPI)
- Janet Tatenda Bhila - Global Network of Young People Living with HIV (Y+), Zimbabwe
- Dr Lillian Mwakyosi - Athena Network, Tanzania
- Marysha Shadie - International Community of Women Living with HIV/AIDS (ICW) Central Africa, DRC
- Nawel Lahouel - El Hayet, Algeria
- Takhmina Khaydarova - Tajikistan Network of Women Living with HIV
- Viccheka Sorn - Cambodian People Living with HIV/AIDS Network (CPN+)
- Sreyluch Leap - Cambodian People Living with HIV/AIDS Network (CPN+)
- Cecilia Rodriguez - International Community of Women Living with HIV/AIDS (ICW) Argentina
- Esther Boucicault - Fondation Esther Boucicault Stanislaus (FEBS), Haiti
-

Global advisory members:

- Sita Shahi - International Community of Women Living with HIV/AIDS (ICW), Nepal
- Jessica Whitbread - International Community of Women Living with HIV/AIDS (ICW), Canada/Bulgaria
- Catherine Nyambura - Athena Network, Kenya

Role of TAAG

Role of TAAG members from 9 focus countries:

To gather and feed into the evaluation the views of women in their diversity about the accountability of UN agencies to women and girls for their GBV and HIV programming. This involves the following tasks:

- Participate in TAAG teleconferences for learning, sharing and shaping the work (approx. three)
- Provide input for the development of the data collection tools
- Hold a discussion (approx. four one-to-one, or one focus group) with activists on accountability of the UN agencies to women and girls in their GBV and HIV programming and provide written notes from interviews/focus groups.
- Review and validate data analysis and priorities.
- Review the TAAG report on accountability - main findings will be included in the report and the full report annexed.

Expected commitment two and a half days, working closely with a member of the evaluation core team and a national consultant.

List of TAAG interviews

| Organisation/ network / FGD composition | Name |
|--|---|
| Algeria | |
| Refugee women | Michel, Nadia, Tinumo, Scovia, Atema, Zina and Charlotte |
| Representatives of key population groups, female sex workers and people who use drug | Asma, Radia, Akila, Maya, Houda, Hadjer |
| Argentina | |
| ICW | Mariana Iacono |
| ICW | Cecilia Rodriguez |
| Chubut (Patagonia) | Graciela Awad |
| Santiago del Estero | Key informant |
| Jujuy | Key informant |
| Cambodia | |
| CPN+ | Keo Komrong |
| Women's Network for Unity (WNU) | Pech Polet |
| Positive Women's Hope Organisation (PWHO) | Chea Sopheap |
| Positive Women's Hope Organisation (PWHO) | Chan Nary |
| DRC | |
| FGD (Kinshasa) | Seven participants living with HIV |
| FGD (Kinshasa) | Four participants from key populations (commercial sex workers and trans women) |
| FGD (Eastern Region) | Two participants living with HIV One participant commercial sex worker |
| FGD (Central Region) | Mixed group (3) of participants living with HIV and commercial sex workers |
| FGD (Southern Region) | Mixed group (3) participants living with HIV and commercial sex workers |
| Haiti | |
| ACLPH | Emmanuel Merilien |
| AFIAVIH | Marie Malia Jean |
| LUFIAVIH | Marie Rose Verneret |
| FACSDIS | Edmide Joseph |

| Indonesia | |
|---|----------------------|
| Indonesia Transgender Network (JTID) | Rebecca |
| IPPI | Hermawan |
| Indonesian Sex Workers Network (OPSI) | Ivana |
| Tajikistan | |
| NPO SPIN +, Dushanbe | Toirova Marifat |
| Activist, Tursunzade | Siyakova Zarrina |
| Jovidon Kulyab, activist | Mastona Ergashova |
| Activist, Dushanbe | Nargiza Abdumuratova |
| Tanzania | |
| KIVULINI | Yasini Ally |
| KIVULINI | Eunice Mayengela |
| KIWOHEDE | Emmanuel Yohana |
| TANPUD | Happy Assan |
| Her Ability Foundation | Witness Raphael |
| Tanzania Network of Women Living with HIV (TNW+) | Joan Chamungu |
| Hope for Girls and Women in Tanzania | Robhi Samuel |
| Zimbabwe | |
| Development Agenda for Girls and Women in Africa Network (DAWA) | Key informant |
| Zimbabwe Rainbow Community (WAAD) | Key informant |
| Zimbabwe Rainbow Community (WAAD) | Key informant |

Annex 10. Documents reviewed

| Title | Organisation/ Author |
|---|---|
| Independent Evaluation of the UN System Response to AIDS in 2016-2019 (and annexes) | ITAD Evaluation/ UNAIDS Evaluation Office |
| Assessment Report: The UNAIDS Secretariat: Addressing Gender-based Violence in the context of the HIV Response, 2014-2019 [internal report] | UNAIDS |
| Prevention GAP Report (2016) | UNAIDS |
| The GAP Report (2014) | UNAIDS |
| UNAIDS Gender Assessment Tool: Towards a gender-transformative HIV response (2018 Guidance) | UNAIDS |
| UNAIDS Gender Assessment of the HIV Epidemic, Context and Response: From Vision to Reality | UNAIDS |
| Fast track Commitments to end AIDS by 2030 | UNAIDS |
| On the Fast Track to end AIDS: UNAIDS 2016-2021 Strategy | UNAIDS |
| End Inequalities. End AIDS. Global AIDS Strategy 2021–2026 | UNAIDS |
| UBRAF Performance Monitoring Report 2016 | UNAIDS |
| UBRAF Performance Monitoring Report, 2016: Organisational Reports | UNAIDS |
| UBRAF Performance Monitoring Report, 2016- 2017: Organisational Reports | UNAIDS |
| UBRAF Performance Reporting | UNAIDS |
| UBRAF Performance Monitoring: Executive Summary | UNAIDS |
| UBRAF Organisational Report | UNAIDS |
| Performance Monitoring Report: Regional and Country Report | UNAIDS |
| UBRAF Performance Monitoring Report: SRA Indicator Report | UNAIDS |
| UBRAF Performance Monitoring Report 2018: Strategy Result Area and Indicator Report | UNAIDS |
| UBRAF Performance Monitoring Report 2018: Organisational Report | UNAIDS |
| UBRAF Performance Monitoring Report 2018: Introduction | UNAIDS |
| UBRAF Performance Monitoring Report 2018: Regional and Country Report | UNAIDS |
| UBRAF On the Fast Track to End AIDS 2016 - 2021 | UNAIDS |
| UBRAFWorkplan and Budget 2020 - 2021 | UNAIDS |
| 2019 Country agency achievements reports (by SRA) for International Labour Organization | ILO |
| 2019 Country agency achievements reports (by SRA) for United Nations Development Programme | UNDP |
| 2019 Country agency achievements reports (by SRA) for United Nations Educational, Scientific and Cultural Organization | UNESCO |
| 2019 Country agency achievements reports (by SRA) for United Nations Population Fund | UNFPA |

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| 2019 Country agency achievements reports (by SRA) for United Nations High Commissioner for Refugees | UNHCR |
| 2019 Country agency achievements reports (by SRA) for United Nations Children's Fund | UNICEF |
| 2019 Country agency achievements reports (by SRA) for United Nations Office on Drugs and Crime | UNODC |
| 2019 Country agency achievements reports (by SRA) for United Nations Entity for Gender Equality and the Empowerment of Women | UN Women |
| 2019 Country agency achievements reports (by SRA) for World Food Programme | WFP |
| 2019 Country agency achievements reports (by SRA) for World Health Organization-Pan American Health Organization | WHO |
| 2019 Country agency achievements reports (by SRA) for The World Bank | World Bank |
| Evaluation of UNFPA Support to the Prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017) | UNFPA |
| Evaluation of UNFPA support to gender equality and women's empowerment (2012-2020) | UNFPA |
| Evaluation of the UNFPA support to the HIV response (2016-2019) | UNFPA |
| Political declaration on HIV and AIDS: on the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 | UN General Assembly |
| 16 Ideas for addressing violence against women in the context of the HIV epidemic | WHO and UNAIDS |
| Consolidated guideline on sexual and reproductive health and rights of women living with HIV, 2017 | WHO |
| Consolidated guideline on sexual and reproductive health and rights of women living with HIV Web annex: Community-led strategies for implementation, 2019 | WHO |
| ALIV{H}E Framework: Action Linking Initiatives on Violence against Women and HIV Everywhere | Salamander Trust |
| ALIV[H]E in Action: Key examples of the Action Linking Initiatives on Violence against women and HIV everywhere (ALIV[H]E) Framework | Salamander Trust |
| <u>Stepping Stones to girls' rights: International Women's Day 2021</u> | Salamander Trust |
| Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews | Ruane-McAteer, E. et al (2019) in <i>BMJ Global Health</i> , 2019:4, e002997 |
| Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: a systematic review of intervention studies | Ruane-McAteer, E. et al (2020) in <i>BMJ Global Health</i> , 2020:5, e002997 |
| Gender Transformative HIV Programming: Identifying and meeting the needs of women and girls in their diversity, 2018 | Frontline AIDS |
| Tackling gender-based violence among women who use drugs in India. Results and lessons from the wings project, 2021 | Frontline AIDS |

| | |
|--|---|
| Advancing the sexual and reproductive health and rights of women who use drugs, 2020 | Frontline AIDS |
| Intimate partner violence during pregnancy. Information Sheet. 2011 | WHO |
| Groves et al, 2018. HIV Positive diagnosis during pregnancy increases risk of IPV postpartum among women with no history of IPV in their relationship. | Groves Allison K Groves, H. Luz McNaughton Reyes, [...], and Suzanne Maman, PhD in <i>AIDS and Behaviour</i> . 2018 Jun; 22(6): 1750-1757 |

Country case study documents

Algeria

UN Joint Plans and JPMS reporting

1. Algeria Country Summary Report, 2016
2. Algeria Country Summary Report, 2017
3. Algeria - Joint Plan 2018 - 2019 revision
4. Algeria 2020-21_ Joint UN Plan
5. ALGERIA 2020-2021 Joint UN Plan: One-page summary
6. JPMS Algeria country reports, 2018
7. JPMS Algeria country reports, 2019
8. JPMS Algeria country reports, 2020
9. Note conceptuelle FGDs-VBG-VIH-COVID19-29112020
10. Presentation-Analyse rapide GBV-28 dec 2020
11. Proposition de programme conjoint UNFPA-UNODC en appui aux efforts nationaux contre la violence faites aux femmes et aux filles
12. Rapport final FGD –VBG- 16 jours d’activisme
13. 16 jour campagne conjointe SNU_15 oct 2020

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1. Ait-Zai, Nadia (2020) *Prise en charge des Femmes et des Filles Victimes de Violence Basee sur le Genre Durant la Pandemie COVID-19*. UNFPA / Groupe Thematique Genre
2. Ait-Zai, Nadia (2020) *Prise en charge des Femmes et des Filles Victimes de Violence Basee sur le Genre Durant la Pandemie COVID-19: Enquete rapid en ligne realisee pour le FNUAP, November 2020*
3. Cadre de cooperaton strategique (CDCS) Algerie, 2016 - 2020
4. Cadre de cooperaton strategique 2019 - 2021
5. Rapport- Algeria - Analyse rapide - Cartographic VBG-VIH-COVID 19. AIDS Algeria, 2020
6. UNCT SWAP gender scorecards Report Algeria 2020 -FINAL 18 dec 2020
7. Zertal, Amel and Bourbouba, Othmane (Dec 2020) *Dialogues Communautaires avec les femmes victims de violence base sur le genre liee aux IST / VIH dans le context COVID-19*
8. Zertal and Belacel, 2019 *Project “LEARN’ MENA. Atelier d’orientation sur le lien entre la violence base sur le gendre et le VIH. Rapport de l’atelier*. El Hayet, ONSIDA, Frontline Aids, MENA Rose, Aids Algeria, Dec 2019

Evaluations and reviews

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National HIV and VAWG policies/ strategies / guidelines

1. Plan National Strategique pour la lute contre IST / HIV, 2016-2019
2. Plan National Strategique pour la lute contre IST / HIV, 2020-2024
3. Stratégie nationale de lutte contre la violence à l'égard des femmes

HIV data, VAWG data and socio-demographical data

1. Etude CAP en santé de la reproduction et de planning familial et IST/VIH- 2017
2. Enquête par grappes à indicateurs multiples MICS 4- 2012-2013 –
3. La Violence sexuelle a l'encontre des adolescentes en Algerie, 2015 (MSNFC)
4. UNAIDS (2019) *UNAIDS Data 2019*
https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf

Other documents

1. MEI@75. Algeria: War against women, Feb, 2021. <https://www.mei.edu/publications/algeria-war-against-women>
2. Stigma Index, 2015

Argentina

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1. Joint Programme Management System (JPMS) (2018) Joint Plan 2018-2019 Revision
2. Naciones Unidas (2015) Marco Estratégico de Cooperación del Sistema de Naciones Unidas para el Desarrollo, República Argentina, 2016-2020 (MECNUD).
3. Naciones Unidas Argentina (2020) Marco de las Naciones Unidas para la respuesta y recuperación socioeconómica y ambiental al COVID-19 <https://argentina.un.org/es/96338-marco-de-las-naciones-unidas-para-la-respuesta-y-recuperacion-socioeconomica-y-ambiental-al>
4. UNAIDS (2015) UNAIDS United Budget, Results and Accountability Framework (UBRAF) 2016-21 https://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-19
5. United Nations and the Ministry of External Affairs, Argentina (2020) [Marco Estratégico de Cooperación de las Naciones Unidas para el Desarrollo Sostenible de Argentina 2021-2025](https://www.un.org/development/desa/policy/2020/05/20200501-marco-estrategico-de-cooperacion-de-las-naciones-unidas-para-el-desarrollo-sostenible-de-argentina-2021-2025)

Other UN documents

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2. Spotlight Initiative to eliminate violence against women and girls (2020) Argentina Annual Narrative Progress Report 1 January 2019 – 31 December 2019.
3. Spotlight Initiative to eliminate violence against women and girls (2018) Country Programme Document Argentina. November 2018
4. UNAIDS (2018) Advancing towards 2020: progress in Latin America and the Caribbean <http://www.onusidalac.org/1/images/advancing-towards2020-eng032020.pdf>
5. UNICEF (2020) 2019 end of year results summary http://files.unicef.org/transparency/documents/ARGENTINA_2019_COAR.pdf
6. R4V (2020) Regional Response Plan for Refugees and Migrants from Venezuela, 2021 <https://r4v.info/es/documents/details/82927>
7. ILO (2014) Las barreras al empleo de las personas viviendo con VIH en el Conurbano Bonaerense Argentina: Un estudio exploratorio https://www.ilo.org/santiago/publicaciones/WCMS_380840/lang-es/index.htm

1. ILO (2020) Diputados aprobó la ratificación del Convenio 190 de la OIT https://www.ilo.org/buenosaires/noticias/WCMS_760662/lang--es/index.htm
2. ILO (2020) Un compromiso por la igualdad: guía de acción para delegadas y delegados sindicales https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---ilo-buenos_aires/documents/publication/wcms_743670.pdf
3. ILO Geneva (2020) La violencia y el acoso vinculados al VIH en el mundo del trabajo https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/briefingnote/wcms_740546.pdf
4. UN Office of the High Commissioner on Human Rights (2018) Observaciones preliminares y recomendaciones del Relator Especial de las NU sobre tortura y otros tratos o penas crueles, inhumanos o degradantes, Sr. Nils Melzer en la visita oficial a la Argentina entre el 9 y el 20 de abril de 2018 <https://www.ohchr.org/SP/NewsEvents/Pages/DisplayNews.aspx?NewsID=22974&LangID=S>
5. UNAIDS (2020) [Encuesta muestra que muchas personas carecen de tratamiento para el VIH para varios meses en América Latina](#)
6. UNDP (2020) Violencia de Género: Conceptos, marco normativo y criterios de actuación en el ámbito de la salud https://www.ar.undp.org/content/argentina/es/home/library/womens_empowerment/VDGenS_Salud.html
7. UNFPA (2020) Abrir el Juego: Estrategias para la erradicación de la violencia de género y la construcción de un deporte más justo <https://argentina.unfpa.org/es/publications/abrir-el-juego-estrategias-para-la-erradicaci%C3%B3n-de-la-violencia-de-g%C3%A9nero-y-la-0>
8. UNFPA (2020) Guía para construir un protocolo de prevención e intervención ante situaciones de violencia de género en instituciones deportivas <https://argentina.unfpa.org/es/publications/gu%C3%ADa-para-construir-un-protocolo-de-prevenci%C3%B3n-e-intervenci%C3%B3n-ante-situaciones-de>
9. UNFPA (2020) Informe teórico técnico sobre la política pública de asistencia integral a varones durante el aislamiento social, preventivo y obligatorio en el Centro Integral de Varones en situación de Violencia de Córdoba, Argentina - 2do informe <https://argentina.unfpa.org/es/publications/informe-teo%CC%81rico-te%CC%81cnico-sobre-la-poli%CC%81tica-pu%CC%81blica-de-asistencia-integral-varones>
10. UNICEF (2018) Abusos sexuales y embarazo forzado en la niñez y adolescencia: Lineamientos para su abordaje interinstitucional https://www.unicef.org/argentina/sites/unicef.org/argentina/files/2018-11/AbusoSexual%2BANexoM%C3%A9dico_Digital_Nov2018.pdf
11. UNICEF (2019) Acceso a la justicia: abusos sexuales y embarazos forzados en niñas y adolescents menores de 15 años <https://www.unicef.org/argentina/media/7211/file/Acceso%20a%20la%20Justicia.pdf>
12. WHO/PAHO (2017) Estudio de prevalencia de VIH, sífilis, hepatitis virales y tuberculosis en personas en contextos de encierro en unidades del Servicio Penitenciario Federal https://www.paho.org/arg/images/Gallery/Varias/Carceles_webFinal12_12.pdf?ua=1

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3. UNFPA (2020) *Descripción y análisis de la entrevista de atención telefónica implementada en el Centro Integral de Varones en situación de Violencia de Córdoba, Argentina - 3er informe* <https://argentina.unfpa.org/es/publications/descripcio%CC%81n-y-ana%CC%81lisis-de-la-entrevista-de-atencio%CC%81n-telefo%CC%81nica-implementada-en-el>

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5. UNFPA (2020) *Estudio y análisis comparativo de las intervenciones telefónicas en cuarentena, y las intervenciones presenciales previas a la etapa de cuarentena - 1er informe* <https://argentina.unfpa.org/es/publications/estudio-y-ana%CC%81lisis-comparativo-de-las-intervenciones-telefo%CC%81nicas-en-cuarentena-y-las>
6. UNFPA (2020) *Plan ENIA: Recorrido, logros y desafíos* https://argentina.unfpa.org/sites/default/files/pub-pdf/plan_enia_-_recorrido_logros_y_desafios_0.pdf
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1. Área Derechos Humanos y Soc. Civil, Dirección de SIDA y ETS Min. Salud de la Nación (2018) *Formación en DDHH, diversidad sexual, género y VIH*
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<http://feim.org.ar/2017/12/04/vih-y-violencia-de-genero-dos-caras-de-la-misma-moneda/>
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5. JPMS (2020) 2020 Country Summary Report for Cambodia [internal reporting]
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2. ILO (2019) Decent Work Country Programme 2019-2023, https://www.ilo.org/asia/publications/WCMS_710183/lang--en/index.htm
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5. Increasing the Role of Women in Law Enforcement: Preventing and Mitigating the impact of terrorism, Trafficking and Transnational Crime through Women's Empowerment – Gender and Law Enforcement in Cambodia [Project google sites with internal documentation – see below 35-37]
6. Presentations for Event 1: 'Consultation of Efforts to Increase the Role of Women in Law Enforcement and Protecting Communities' [Accessed on Project google sites]
7. Presentations for Event 2: 'Training on Insights and Skills to Collect Gender Dis-aggregated Data' [Accessed on Project google sites]
8. Presentations for Event 3: 'Workshop on Improving the Capacity of Law Enforcement Officers to Address the Needs of Women and Girls in Cross-Border Situations' [Accessed on Project google sites]
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Annex 11. Stakeholders interviewed

Global Level

| Organisation | Name |
|-------------------------------------|--|
| UNAIDS | Maria Jose Alcala Donegani |
| UNWOMEN | Nazneen Damji Elena Kudravnseva Khamsavath Chanthavysouk |
| UNICEF | Chewe Luo Damilola Walker |
| UNFPA | Elizabeth Benomar Dawn Minnot |
| UNFPA | David Sunderland Alexandra Robinson |
| UNAIDS – Eval Office | Elisabetta Pegurri |
| ICW Eastern Europe and Central Asia | Svetlana Moroz |
| Frontline AIDS | Luisa Orza |
| Salamander Trust | Alice Welbourn |
| Scarlet Alliance | Jules Kim |
| Together for Girls | Michele Moloney-Kitts |

Case study interviews

Algeria

| ALGERIA | | | |
|-------------------|---|----------------------------------|--|
| Stakeholder group | Organisation/ institution | Name | Role |
| UN | UNAIDS Country Office | Adel Zeddami | Country Director |
| UN | Resident Coordinator's Office | Eric Overvest | Resident Coordinator |
| UN | Resident Coordinator's Office | Jenny Andersson | Coordinator- Gender Thematic group co-lead |
| UN | UNFPA | Badia Hadouche | HIV focal point |
| UN | UNFPA | Ouahiba Sakani | Representative and Gender Thematic Group co-lead |
| UN | UNHCR | Wafa Khemri Chafik Meziani | Gender Focal point HIV Focal Point |
| UN | UNICEF | Ilyes Kessal | HIV Focal point |
| UN | UNODC | Samia Chouchane | Head of Office |
| UN | IOM | Kheira Djoudi Flavia Giordani | Gender Focal Points |
| UN | UNDP | Karima Osmani | HIV Focal Point |
| UN | UNAIDS Regional Support Team (MENA) | Simone Salem | Regional Adviser |
| Donor | Global Fund | Lilian Pedrosa | Portfolio Manager |
| Government | Ministry of Health | Dr Hammadi Samia : | Directrice des maladies transmissibles |
| Government | Ministry of Health | Dr Sid Mohand Hakim : | Chargé du programme IST/VIH/Sida |
| Government | Ministry of Health | Pr Amrane Achour : | Président du CCM |
| Civil Society | AIDS Algérie : Association pour l'Information sur les Drogues et le Sida | Mr Othmane Bourouba | President |
| Civil Society | AnisS : Association de lutte contre le SIDA | Mme Traidia Nadjla | President |
| Civil Society | APCS : Association de protection | Mr Tadjeddine Abdelaziz | President |

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| | contre le sida en Algérie | | |
| Civil Society | El Hayet Association des PVVIH | Mme Nawel Lahoual | President |
| Civil Society | FARD : Femmes Algériennes revendiquant leurs droits | Mme Boufenik Fatma | President |
| Civil Society | Réseau Wassila/Avife : Association contre les violences faites aux femmes et aux enfants) | Mme Abed Aicha | Member |
| Civil Society | Solidarité AIDS : Association de prévention et de lutte contre le Sida | Mr Boufenissa Hacene | President |
| Civil Society | Rev+ : association de femmes vivant avec le VIH | Mme Azzi Ahlem | President |
| Civil Society | Collectif TBD Sfindja | Mme Chebboub Lina | President |
| Civil Society | El Hayet | Dr Zertal Amel | Consultante |
| Civil Society | AIDS Algérie | Mme Mahiddine Lynda | GBV helpline manager / responsable de la cellule d'écoute pour la VBG |
| Civil Society | AIDS Algérie | Mme Kaddour Mériem | Mediator Médiatrice de la cellule d'écoute VBG |
| Representatives of networks of women in their diversity | Refugee women | Michel, Nadia, Tinumo, Scovia, Atema, Zina and Charlotte | |
| Representatives of networks of women in their diversity | Representatives of key population groups, female sex workers and people who use drug | Asma, Radia, Akila, Maya, Houda, Hadjer | |

Argentina

| ARGENTINA | | | |
|-------------------|--|----------------------|---|
| Stakeholder group | Organisation/ institution | Name | Role |
| UN | UNAIDS | Alberto Stella | Country Director |
| UN | UNAIDS | Manuel da Quinta | Community Mobilisation, Human Rights and Gender Advisor |
| UN | Resident Coordinators Office | Roberto Valent | Resident Coordinator |
| UN | Resident Coordinators Office | Valeria Serafinoff | Spotlight Initiative Coordinator |
| UN | Resident Coordinators Office / OHCHR | Valeria Guerra | Human Rights Advisor |
| UN | UNICEF | Fernando Zingman | Health Specialist |
| UN | UNICEF | Magali Lamfir | Consultant |
| UN | UNFPA | Mariana Isasi | Oficial de Enlace |
| UN | UNDP | Alejandra Garcia | Gender Analyst |
| UN | ILO | Javier Ciccaro | Gender Specialist |
| UN | ILO | Gustavo Ponce | Human Rights Specialist |
| UN | IOM | Laura Estomba | Protection Specialist |
| UN | UN Women | Carla Majdalani | Gender Specialist |
| Government | Dirección Nacional de VIH | Cecilia Santamaria | Directora nacional |
| Government | Dirección Nacional de VIH | Juan Sotelo | Equipo técnico |
| Government | Dirección Nacional de VIH | Julia Rechi | Equipo técnico |
| Government | Government of the Province of Jujuy – Consejo de la Mujer | Agustín Garlatti | Director de Equidad y Promoción de Derechos |
| Government | Government of the Province of Jujuy – Consejo de la Mujer | Alejandra Martínez | President |
| Government | Provincia de Mendoza | Laura Chazarreta | Diputada |
| Government | Dirección de Prevención de VIH, ITS y Hepatitis | Lic. Lida Santa Cruz | Directora de línea |

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| | Virales, Province of Santa Cruz | | |
| Government | City of Buenos Aires Coordinación Salud Sexual VIH e ITS | Adriana Durand | Coordinadora área VIH |
| Academia | University of Cuyo | Renzo Molini | Inclusion of people with HIV programme lead |
| CSO | FEIM Fundación Estudios e Investigación de la Mujer | Mabel Bianco | President |
| CSO | Red Bonaerense de Personas con VIH | Catalina Castillo | |
| CSO | IPP LGTBIQ+ (Instituto de Políticas Públicas LGTBIQ+) | Esteban Paulon | President |
| CSO | Casa Fusa | Daniel Giacomazzo | |
| CSO | ATTTA | Marcela Romero | |
| CSO | RedTrasex / Fundación por una Sociedad Empoderada | Elena Reynaga | Fundadora y coordinadora regional / President |
| CSO | AMMAR | Georgina Orellano | President |
| CSO | AMMAR | Julieta Mendive | |
| CSO | RADAUD | Veronica Ruso | |
| Representative of networks of women in their diversity | ICW | Mariana Iacono | |
| Representative of networks of women in their diversity | ICW | Cecilia Rodriguez | |
| Representative of networks of women in their diversity | Chubut (Patagonia) | Graciela Awad | |
| Representative of networks of women in their diversity | Santiago del Estero | Key informant | |
| Representative of networks of women in their diversity | Jujuy | Key informant | |

Cambodia

| CAMBODIA | | | |
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| Stakeholder group | Organisation/ institution | Name | Role |
| UN | UNAIDS | Mr Polin Ung | Community Support Adviser |
| UN | UNFPA | Key informant | |
| UN | UNFPA | Key informant | |
| UN | UNFPA | Key informant | |
| UN | UN Women | Key informant | |
| UN | UN Women | Key informant | |
| UN | ILO | Key informant | |
| UN | ILO | Ms Por Chuong | |
| UN | UNICEF | Miho Yoshikawa | Child Protection Specialist |
| UN | WHO | Dr Deng Serongkea | Technical Officer for HIV, STI and Hepatitis |
| UN | WHO | Key informant | N/A |
| UN | UNDP | Ms Bou Amara | Program Analyst |
| UN | UNODC | Karen Peters | Regional Program Officer |
| UN | UNODC | Dany Eng | National Program Officer |
| Donor | US. CDC | Dr Soch Kunthea | HIV Program Implementation Lead |
| Donor | USAID | Mr Sopheap Sreng | Gender Specialist |
| Government | NAA | H.E Tia Phalla | Vice Chair |
| Government | NCHADS | Dr. Ngauv Bora | AIDS Care Unit Director |
| Government | NMCHC | Dr Kim Rattana | Director |
| Government | MoWA | Her Excellency Nhean Sochetra | Director General |
| Civil society | FHI360 | Dr. Steve Wignall | Director of EpiC |
| Civil society | FHI360 | Mr Srun Rachana | GBV Focal point |
| Civil society | ROCK | Key informant | |
| Civil society | KHANA | Mr Choub Sokchamreun | Executive Director |
| Civil society | CPN+ | Mr Seum Sophal | Program Officer |
| Civil society | ARV User Association | Ms Han Sienghor | Executive Director |
| Civil society | CWPD | Mr Chhorn Ann | Programme Manager |
| Civil society | RHAC | Dr. Veth Sreng | Focal person HIV/ AIDS |
| Civil society | HACC | Mr Tim Vora | Executive Director |
| Civil society | CARE | Borina Morn | Senior Programme Manager |
| Representative of networks of | CPN+ | Keo Komrong | |

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| women in their diversity | | | |
| Representative of networks of women in their diversity | Women's Network for Unity (WNU) | Pech Polet | Managing Director of Women's Network for Unity |
| Representative of networks of women in their diversity | Positive Women's Hope Organisation (PWHO) | Chea Sopheap | |
| Representative of networks of women in their diversity | Positive Women's Hope Organisation (PWHO) | Chan Nary | N/A |

DRC

| DRC | | | |
|-------------------|------------------------------|--------------------------|------|
| Stakeholder group | Organisation/ institution | Name | Role |
| UN | ILO (National level) | Amanda Mejía Cañadas | |
| UN | ILO (National level) | Roger Nkambu | |
| UN | ILO (National level) | Mavinga | |
| UN | ILO (National level) | Fatime Christiane Ndiaye | |
| UN | UNHCR (National level) | Muya Nkebeledio | |
| UN | UNHCR (National level) | Judith Samba | |
| UN | UNHCR (National level) | Odette Butsitsi | |
| UN | UNHCR (National level) | Rosine Sara | |
| UN | UNHCR (National level) | Yaovi Dodji Sodjadan | |
| UN | UNICEF (National level) | Freddy Salumu | |
| UN | UNDP (National level) | George Biock | |
| UN | UNDP (National level) | Sabine Woube | |
| UN | UNESCO (National level) | Jolie Masika | |
| UN | UN Women (National level) | Jules Mulimbi | |
| UN | World Bank (National level) | Linda Mobula | |
| UN | World Bank (National level) | Michel Muvudi | |
| UN | MONUSCO (National level) | Marco Kalbusch | |
| UN | UNAIDS (National level) | Natalie Marini Nyamungu | |
| UN | WFP (National level) | Patrice Badibanga | |
| UN | UNFPA (National level) | Pierrel Shamwol | |
| UN | UNODC (National level) | Zhuldyz Akisheva | |

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| UN | UNAIDS (Eastern Region) | Benjamin Tshzubu Mutombo | |
| UN | MONUSCO (Eastern Region) | Cheikh Tidiane Mbow | |
| UN | UNFPA (Eastern Region) | Christelle Seri | |
| UN | UNAIDS (Central Region) | Thomas Batuli Itofo-Batombo | |
| UN | UNAIDS (Southern Region) | Raoul Ngoy Mukulumpe | |
| Donor | GFTAM (National level) | Bintou Naboundou Toure-Fadiga | |
| Donor | GFTAM (National level) | Paul Chick | |
| Donor | GFTAM (National level) | Brigitte Kouacou Monnet | |
| International partner | CORDAID (National level) | Jean Lambert | |
| International partner | CORDAID (National level) | Harriet Sefu | |
| Government | PNMLS (National level) | Bernard Bossiky, | |
| Government | PNMLS (National level) | Melia Bossiky | |
| Government | PNMLS (National level) | Bijou Mutalimbo | |
| Government | PNMLS (National level) | Yves Obotela | |
| Government | Ministère de la Santé, Direction de Formation Continue (National level) | Cécile Mbotama Motanda Sisi | |
| Government | Ministère du Genre, de la Famille et de l'Enfant (National level) | Florence Boloko | |
| Government | Ministère de la Santé, Programme National de Santé au Travail (National level) | Lis Lombeya Lisomba Bola | |
| Government | Ministère de la Santé, Programme National de la Santé de la | John Muzige | |

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| | Reproduction (Eastern Region) | | |
| Government | PNMLS (Central Region) | Jean Carret Manshimba | |
| CSO | UCOPLUS (National level) | Ange Mavula | |
| CSO | Congolese Children of the Future (CCF) | Jean-Ben Madiana | |
| CSO | RENADEF (National level) | Marie Nyombo Zaina | |
| CSO | AFI Santé (National level) | Mary Shadie | |
| CSO | Clinique Juridique CEDHUC-ONG (National level) | Serge Tamundele | |
| CSO | FEMMES PLUS (National level) | Thérèse Kabale Omari | |
| CSO | CEFIDE (Eastern Region) | Gertrude Ndaya | |
| CSO | World Protection (Southern Region) | Adelard Mutombo | |
| Representatives of networks of women in their diversity | FGD (Kinshasa) | Seven participants living with HIV | |
| Representatives of networks of women in their diversity | FGD (Kinshasa) | Four participants from key populations (commercial sex workers and trans women) | |
| Representatives of networks of women in their diversity | FGD (Eastern Region) | Two participants living with HIV One participant commercial sex worker | |
| Representatives of networks of women in their diversity | FGD (Central Region) | Mixed group (3) of participants living with HIV and commercial sex workers | |
| Representatives of networks of women in their diversity | FGD (Southern Region) | Mixed group (3) participants living with HIV and commercial sex workers | |

Haiti

| HAITI | | | |
|--|------------------------------|--------------------------|------|
| Stakeholder group | Organisation/ institution | Name | Role |
| UN | UNAIDS | Valerie Toureau | |
| UN | UNAIDS | Antony Monfiston | |
| UN | ILO | Andre Hudson Necence | |
| UN | WHO | Dr Harry Geffrard | |
| UN | UNDP | Guerda Benjamin | |
| UN | UNFPA | Ndundula Robert Ngalula | |
| UN | UNFPA | Nahomy Antoine | |
| UN | UNFPA | Marie Jose Salomon | |
| UN | UNICEF | Leonard Kouadio | |
| UN | UNICEF | Fredine Cantave | |
| UN | UN Women | Dede Ekoue | |
| UN | WFP | Myrlande Norelia | |
| UN | WFP | Judy Phuong | |
| UN | IOM | N Mesidor | |
| Donor | Ambassade du Canada en Haiti | Valerie Potvin | |
| Donor | Ambassade du Canada en Haiti | Omily Dorval | |
| Government | PNLS | Steve Mc Allan SMITH | |
| Government | MDCF | Eunide Innocent | |
| CSO | FOSREF | Fritz Moise | |
| CSO | KONESANS FANMI | Marie Antoinette Toureau | |
| CSO | REF-Haiti | Novia Augustin | |
| CSO | FEBS | Esther Boucicault | |
| CSO | Housing Works | Naike Ledan | |
| CSO | SOFA | Sabine Lamour | |
| CSO | Fondation Toya | Nadine Louis | |
| CSO | KRIFA | Guerlyne Resido | |
| CSO | ODELPHA | Soeurette Policar | |
| Representative of networks of women in their diversity | ACLPH | Emmanuel Merilien | |
| Representative of networks of | AFIAVIH | Marie Malia Jean | |

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| women in their diversity | | | |
| Representative of networks of women in their diversity | LUFIAVIH | Marie Rose Verneret | |
| Representative of networks of women in their diversity | FACSDIS | Edmide Joseph | |

Indonesia

| INDONESIA | | | |
|-------------------|--|---------------------|--|
| Stakeholder group | Organisation/ institution | Name | Role |
| UN | UNAIDS | Purba, Yasmin | Human Rights & Gender Adviser |
| UN | UNAIDS | Boonto, Tina | |
| UN | UNAIDS | Silalahi, Ingri | |
| UN | WHO | Nisa, Tiara | HIV Officer |
| UN | WHO | Sukma Dwi, Adriana | Gender Equality office |
| UN | UN Women | Putri, Sindi | HIV Focal Point |
| UN | UN Women | Nunik Nurjanah | Gender |
| UN | UNDP | Lesmana, Arry | HIV Focal Point |
| UN | UNDP | Arinii, Rachel | Gender |
| UN | UNDP | Widjaja, Yenny | Gender and Results Office |
| UN | UNFPA | Mukuan, Oldri | HIV officer |
| UN | UNFPA | Kori, Risy A. | Gender Program Specialist |
| UN | ILO | Nuriana, Early Dewi | HIV Focal Point |
| UN | World Bank | Harimurti, Pandu | HIV Focal Point |
| UN | UNICEF | Camellia, Artha | HIV specialist |
| UN | UNODC | Aulia, Ade | |
| UN | UNHCR | Firdha Amalia, Rei | |
| UN | UNHCR | Adriani, Retno | |
| UN | IOM | Shirak, Patrik | |
| UN | IOM | Ayunindya, Shafira | |
| Government | National Commission on Violence Against Women | Yentriyani, Andy | Chair |
| Government | National Commission on Human Rights | Ulung Hapsara, Beka | Coordinator of Human Rights Advocacy Subcommission / Education & Counseling Commissioner |
| Government | Ministry of Health, Communicable Disease Directorate | Key informant | Head of HIV/AIDS Sub-Directorate |
| CSO | Indonesia AIDS Coalition | Wardana, Aditya | Wardana, Aditya |

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| CSO | IPPI (Indonesian Positive Women Network) | Oktariani, Ayu | Oktariani, Ayu |
| CSO | JIP Jaringan Indonesia Positive | Sebayang, Meirinda | Sebayang, Meirinda |
| CSO | Indonesian Sex Workers Network (OPSI) | Andriyani, Liana | Andriyani, Liana |
| CSO | Inti Muda | Sepi, Maulana (Davy | Sepi, Maulana (Davy |
| CSO | Sanggar Swara | Vinaa, Kanzha | Vinaa, Kanzha |
| CSO | Aksi Keadilan | Karlina, Rosma | Karlina, Rosma |
| CSO | Yayasan Pulih | Informant | Informant |
| CSO | Kalyanamitra CP. Listyowati | Lilis | Lilis |
| CSO | Sapa Institute CP Srimulyati | Sri Mulyani | |
| Representative of networks of women in their diversity | Indonesia Transgender Network (JTID) | Rebecca | Program Manager |
| Representative of networks of women in their diversity | IPPI | Hermawan | Provincial coordinator Jakarta |
| Representative of networks of women in their diversity | Indonesian Sex Workers Network (OPSI) | Ivana | Project Officer |
| Donors | Embassy of Canada | Wetmore, Colin | First Secretary (Political and Public Affair) |
| Donors | CCM-TWG | Sebayang, Meirinda | Chair of CCM-TWG HIV |
| Donors | PACT/LINKAGES | Ria Ningsih | Enabling Environment Officer |

Tajikistan

| TAJIKISTAN | | | |
|-------------------|---|--------------------|--|
| Stakeholder group | Organisation/ institution | Name | Role |
| UN | UNAIDS | Nisso Kasymova | UCM |
| UN | UNDP | Nisso Kasymova | Prevention and scale up officer GFATM Programme manager GFATM |
| UN | UNDP | Orbelyan | GFP |
| UN | UNESCO | Sergey Karpov | GFP |
| UN | UNFPA | Firuz Karimov | GFP |
| UN | UNFPA | Nilufar Bahromzade | GFP |
| UN | UNHCR | Navrusa Jalilova | GFP |
| UN | UNODC | Vohidova Mutabara | GFP |
| UN | UN Women | Aziza Hamidova | Chair GFP Programme Assistant |
| UN | UN Women | Bonu Shambezoda | GFP |
| UN | WFP | Zoirjon Sharipov | GFP |
| UN | WHO | Shoira Yusupova | GFP |
| UN | UNCT | Nargis Babaeva | Programme officer |
| UN | UNAIDS | Maria Boltaeva | Former staff member |
| Government | National Center on AIDS, | Tatyana Madjitova | Physician |
| Government | National Coordination Committee on HIV, TB and malaria (NCC) | Zievutdin Avgonov | Executive Secretary |
| Government | Dept. International Relations of the Committee on Women and Family Affairs under the Government of the RT | Key informant | |
| Government | Department for general education (primary schools, secondary schools and others | Key informant | |
| Government | Ombudsman Office Department on protection of | Key informant | |

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| | economic, cultural and social rights, and Commissioner for human rights in RT and Leading specialist in the area of prevention of violence | | |
| CSO | Tajikistan Network of women living with HIV | Takhina Khaydarova | Director |
| CSO | Outreach worker, Khujand city | Olga Gosteva | |
| CSO | NGO "Guli Surh" | | Activist |
| CSO | "Young Generation of Tajikistan, Khujand | Salomat Qurbonova, | Activist |
| CSO | "Young Generation of Tajikistan" | Malika Rustamova | Member |
| CSO | "SCO Legal Initiative" | Gulchehra Rahmanova | Member |
| CSO | Independent Gender expert | Dilbar Turahanova | Individual |
| CSO | Gender & Development | Nargis Saidova, | Head |
| CSO | Coalition of NGO "From de juro to de facto" | Guljahon Bobosadykova | Head |
| CSO | Activists of TG community | Key informant | |
| CSO | SPIN PLUS | Rukhshona Ashrova, | Member |
| CSO | League of disabled women 'Ishtirok' | Saida Inoyatova | Director |
| Representatives of networks of women in their diversity | Four women living with HIV activists from Dushanbe and Tursunzade | | |

Tanzania

| TANZANIA | | | |
|-------------------|--|------------------------|---|
| Stakeholder group | Organisation/ institution | Name | Role |
| UN | UNAIDS | Cathrine Spring | Strategic Investment Advisor |
| UN | UNAIDS | Leo Zekeng | Country Director |
| UN | UNAIDS | George Loy | National Programme Officer |
| UN | UNFPA | Enrica Hofer | Programme Analyst on Gender |
| UN | UNFPA | Azza Nofly | Programme Specialist SRH/HIV, Zanzibar |
| UN | UN Women | Jacob Kayombo | HIV Focal Person |
| UN | UN Women | Julia Broussard | Deputy Country Representative |
| UN | ILO | Getrude Sima | NPC HIV&AIDS |
| UN | UNICEF | John George Loy | HIV Specialist |
| UN | UNICEF | Carly Witheridge | Child Protection Specialist |
| UN | UNESCO | Key informant | |
| UN | UNDP | Augustine Bahemuka | UNDAP Outcome Advisor – Governance, human rights and gender |
| UN | WFP | Juliana Muiruri | Head of Nutrition |
| UN | WHO | Mary Kessi | NPO-Safety & Gender |
| UN | WHO | Bhavin Jani | NPO-HIV |
| UN | UNHCR | Benon Odora Orach | SGBV Officer |
| UN | UNHCR | Miata Tubee Johnson | Public Health Officer |
| UN | World Bank ⁴³ | M. Yaa Oppong | Sector Leader -Social Dev & GBV |
| Donor | PEPFAR | Jessica Greene | Country Lead |
| Donor | Bilateral donor | Key informants (2) | |
| Government | Tanzania Commission for AIDS (TACAIDS) | Juma Issango | Director, Advocacy and Information |
| Government | Zanzibar AIDS Commission (ZAC) | Halima Mohammed Shamte | Director, Planning Admin and Human Resources |
| Government | Ministry of Health (MOH) | Gerald Kiwhele | Gender & Adolescent Health Coordinator |
| Government | National AIDS Control | Mastidia Ruthaiwa | Adolescent HIV Manager |

⁴³ Comments received in writing

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| | Programme (NACP) | | |
| Government | Kilindi District Council | Mwajina Lipinga | District Executive Director |
| Government | The Commission for Human Rights and Good Governance (CHRAGG) | Laurent Burillo | National Coordinator |
| Government | Zanzibar Integrated HIV Tuberculosis and Leprosy Programme (ZIHTLP) | Shaaban Haji | NACP Key Population Focal Point |
| Civil society | Engender Health | Katanta Simwanza | Senior Technical Advisor, Gender |
| Civil society | Pathfinder International | Isihaka Mwandalima | Technical Director |
| Civil society | Save the Children Zanzibar | Amanda Proctor | Zanzibar Representative |
| Civil society | Tanzania Health Promotion Support (THPS) | Dr Redempta Mbatia | Executive Director |
| Civil society | Tanzania Red Cross Society (TRCS) | Epimark Mmasy | Team Leader - Mtendeli Refugee Camp |
| Civil society | Trade Union Congress of Tanzania (TUCTA) | Kassim Kapalata | Director - Occupational Health, Safety, HIV & Gender |
| Civil society | Women in Law and Development in Africa (WILDAF) | Neema Samuel | Project Manager |
| Civil society | Zanzibar Association for People Living with HIV and AIDS (ZAPHA+) | Mussa Tanu Juma | Adolescents Coordinator |
| Civil society | National Council for People Living with HIV and AIDS (NACOPHA) | Joanitha | Legal and Human Rights Officer |
| Representative of networks of women in their diversity | KIVULINI | Yasini Ally | Executive Director |
| Representative of networks of | KIVULINI | Eunice Mayengela | Legal Officer |

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| women in their diversity | | | |
| Representative of networks of women in their diversity | KIWOHEDE | Emmanuel Yohana | Head of Programs |
| Representative of networks of women in their diversity | TANPUD | Happy Assan | Coordinator |
| Representative of networks of women in their diversity | Her Ability Foundation | Witness Raphael | |
| Representative of networks of women in their diversity | Tanzania Network of Women Living with HIV (TNW+) | Joan Chamungu | National Coordinator |
| Representative of networks of women in their diversity | Hope for Girls and Women in Tanzania | Robhi Samuel | Executive Director |

Zimbabwe

| ZIMBABWE | | | |
|-------------------|---------------------------------------|------------------------|---|
| Stakeholder group | Organisation/ institution | Name | Role |
| UN | UNAIDS | Sophia Mukasa Monico – | UNAIDS Country Manager |
| UN | UNAIDS | Linda Hwenga | Communications and Advocacy officer |
| UN | UNAIDS | Martin Odiit | Strategic Information Advisor |
| UN | UNAIDS | Charles Birungi | Fast track advisor UNAIDS |
| UN | UNAIDS | Jeremiah Manyika | Community Mobiliser |
| UN | UNAIDS | Jane Kalweo | SRH and integration |
| UN | UNESCO | Lucas Halimani | National Programme Officer |
| UN | UNWOMEN | Lindiwe Ngwenya | Programme specialist gender and HIV |
| UN | UNWOMEN | Pat Made | Spotlight Technical Coordinator |
| UN | ILO | Idah Chimedza | Country officer |
| UN | UNFPA | Verena Bruno | GBV officer |
| UN | UNRCO | Magdeline Madibela | Gender and Disability advisor |
| UN | UNDP | Sarah Musungwa | GFATM programme officer |
| UN | UNICEF | Beula Senjanze | HIV officer |
| UN | UNICEF | Jolanda Van Westering | Child protection officer |
| Private sector | Zimbabwe Business Council on Wellness | Sophia Mukasa Monico – | Executive Director |
| Government | Parliamentary committee on Health | Linda Hwenga | Chair |
| Government | NAC | Martin Odiit | National Coordinator Gender & workplace |
| CSO | SAYWHAT | Vimbai Mlambo | Member |
| CSO | SAYWHAT | Sendisa Ndlovu | Member |
| CSO | SAYWHAT | Kudzai Ngondonga | Member |
| CSO | SAYWHAT | Langaletu Nkala | Member |
| CSO | SAYWHAT | Spiwe Dongo | Member |
| CSO | SAYWHAT | Spiwe Dongo | Member |
| CSO | ROOTS | Sandra Muzama | Communications and Programmes Officer |
| CSO | ROOTS | Nyasha Mantosi | Programme manager |
| CSO | NASCOH | Henry Masaya | Programme Coordinator |

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| CSO | Padare | Thando Makubaza | Programme Devt. And fundraising manager |
| CSO | Transsmart | Alessandrabree Chacha | M&E officer |
| CSO | PAPWC Zim | Tendayi Westerhof | National coordinator |
| CSO | Musasa | Precious Taru | Project Executive Director |
| CSO | Youth Engage | Charles Siwela | Executive Director |
| CSO | GALZ | Grace Ganda | Counselling and psycho-social support |
| CSO | GALZ | Michelle Ruhonde | Diversity Projects officer assistant |
| CSO | GALZ | Ropafadzo | |
| CSO | ZNNP+ | Clarence Mademutsa | Program manager |
| Representative of networks of women in their diversity | DAWA | Key informant | |
| Representative of networks of women in their diversity | Zimbabwe Rainbow Community (WAAD) | Key informant | |



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