ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.
As a result, 1.5 million people were infected with HIV in 2020 and 690,000 died of AIDS-related illness.
Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

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In this section we explore a number of terms related to identity

**Gender**: Relates to the characteristics – ranging from gender roles to physical appearance – that societies attribute to the notions of ‘masculine’ and ‘feminine’.

**Bodily characteristics**: Often referred to as ‘sex characteristics’, bodily characteristics related to sex include primary sex characteristics (e.g. penis, vagina), which are often used to assign a binary male/female identity at birth. They also include hidden characteristics, such as hormones, chromosomes, and internal reproductive organs, and secondary sex characteristics (e.g. Adam’s apple, facial hair, breasts, etc.) which emerge during puberty.

**Cisgender (or cis)**: Refers to people who identify with the sex they were assigned at birth.

**Attraction**: There are different forms of attraction, including romantic/emotional, sexual/physical, aesthetic or platonic.

**Gender assignment**: When a child is born, a doctor or midwife takes a quick glance at the baby’s genitals and declares the baby a boy or a girl (see also Intersex). Most people grow imperceptibly into this gender assignment through a process of socialisation, accepting it as their gender identity.

**Gender roles**: This refers to the array of socially constructed roles and relationships, attitudes, behaviours, values, relative power and influence that society ascribes to individuals, usually on the basis of their perceived sex and gender identity. Societies typically promote the idea that there are only two genders and only two sexes, where sex is understood as being determined by biology and gender is understood as being in alignment with sex assigned at birth. Gender roles are ‘acquired’ through learned gender norms, can change over time, and vary widely within and across cultures.

**Gender binary**: This is the classification of gender into two distinct, ‘opposite’ forms of masculine and feminine, whether by social system or cultural belief. The ‘binary’ of men and women, or male and female, does not recognise that there is a whole range of gender identities, sexual orientations, gender expressions and bodily characteristics. We live in a world where being male or female, man or woman, is generally regarded as a fundamental, taken-for-granted fact of existence.

**Gender expansive**: An umbrella term sometimes used to describe people who expand notions of gender expression and identity beyond perceived or expected societal gender norms. Some gender-expansive people identify as a mix of genders, some identify more as a man or a woman, and some identify as no gender.

**Gender expression**: This refers to how we express or present our gender to the world in our behaviour, actions and appearance, and how these are interpreted based on gender norms, which vary from culture to culture. When talking about gender expression we commonly use the terms ‘femininity’ and ‘masculinity’. But we do not have to stick to this binary. Gender expression can be any combination, in between or outside, this binary.

**Gender fluid**: A gender identity that is not fixed and is capable of changing over time.

**Gender identity**: The innate sense of self we all have in defining our gender, which may or may not align with the sex we were assigned at birth. This is often presented as a binary of man and woman, but there is a spectrum of identities, in combination and outside, of this binary. There are many words that people use to describe their gender identity, and the terminology is always evolving. It is important to ask what terms a person feels comfortable with and respect that.

**TAKE NOTE!**

The language around sexual orientation, gender identity and expression and bodily characteristics is constantly evolving. Please refer to language guides produced by feminist and LGBT+ groups and organisations in your country, and always respect people’s right to define themselves in their own terms.
Gender non-conforming: This refers to people who do not follow other people's ideas or stereotypes about how they should look or act based on the sex they were assigned at birth. People can be cisgender and gender non-conforming. Similarly, many transgender people are highly gender conforming, if given the opportunity to affirm their gender identity socially, medically, and/or surgically. In this guide we use gender non-conforming as an umbrella term for anyone whose gender identity and/or sexual orientation is beyond heteronormativity (see below) and the man/woman binary.

Gender norms: From birth, we tend to be socialised to behave and dress according to gender norms. These norms vary from place to place and can change over time. They have a very powerful influence on us in many different ways. For instance, they influence how others view and treat us, both informally in social interactions and formally such as in the law, and how we perceive ourselves and our potential. Transgression of gender norms is policed through violence and other social punishments. Patriarchal culture (see Patriarchy) and gender norms determine how people are treated, and the power dynamics between and among people due to how communities define them. These things also define how people identify and understand their gender.

Genderqueer: This encompasses all genders that are not cisgender.

Heteronormativity: Denoting or relating to a worldview that promotes heterosexuality as the normal or preferred sexual orientation.

Intersex: An umbrella term for people with bodily characteristics that do not fit a male/female binary. Surgical, hormonal and other medical interventions may be performed to modify atypical or ambiguous bodily characteristics, primarily for the purposes of making a person’s appearance more typical.

LGBT+: This acronym represents people who are lesbian, gay, bisexual, and transgender. The + allows the acronym to cover other (and new) subsets of the community, such as people who are intersex, queer, asexual, aromantic. Other relevant language can include gender non-conforming people or people of diverse sexual orientation, gender identity, expression and sex/bodily characteristics (sometimes referred to using the acronym SOGIESC).

Misogyny: This is the hatred of, contempt for, or prejudice against, women or girls.

Non-binary: This describes people who feel their gender cannot be defined within the margins of gender binary. Instead, they understand their gender in a way that goes beyond identifying as either a man or a woman.

Patriarchy: A system of society or government in which men hold the power, and women and gender non-conforming people are largely excluded from positions of power or decision-making. The result of patriarchy is that women and gender non-conforming people have less access to, and control over, goods and resources.

Sexuality: This can encompass sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. It refers to each person’s capacity for profound emotional or romantic and/or sexual attraction to, and intimate and sexual relations with, individuals of a different gender, the same gender or more than one gender. Sexualities include heterosexual, lesbian, gay, bisexual, pansexual and asexual.

Sexual orientation: Emotional, romantic or sexual feelings toward other people or no people. While sexual activity involves the choices someone makes regarding their behaviour, someone’s sexual activity does not define their sexual orientation. Sexual orientation is part of the human condition and all people have one. Typically, it is attraction that helps determine orientation.

Structural racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial inequalities.

Transgender: Transgender people have a gender identity or gender expression that differs from the sex that they were assigned at birth. Being transgender does not imply any specific sexual orientation because transgender people can identify as straight, gay, lesbian, bisexual etc. Nor does it imply any particular gender expression, hormonal makeup or physical anatomy. It is important to note that not everyone who does not identify with the sex assigned to them at birth sees themselves as transgender. In many cultures there is recognition of a ‘third gender’, such as Hijra in India and Two Spirit in Indigenous North American communities.
**Womxn**: This is sometimes used to avoid the suggestion of sexism perceived in the sequences m-a-n and m-e-n within the words ‘woman’ and ‘women’, and to be explicitly inclusive of trans, nonbinary, womxn of color, womxn with disabilities and all other marginalised genders.  

Interested to know more? Just Associates has developed a useful dictionary on terms and definitions for feminist movement building, which includes terms around gender diversity and patriarchy. 

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**ABBREVIATIONS AND ACRONYMS**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ART</td>
<td>Antiretroviral treatment</td>
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<tr>
<td>AWDF</td>
<td>African Women’s Development Fund</td>
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<tr>
<td>AWID</td>
<td>the Association of Women in Development</td>
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<tr>
<td>CEDAW</td>
<td>UN Convention on the Elimination of all Discrimination Against Women</td>
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<tr>
<td>COFEM</td>
<td>Coalition of Feminists For Social Change</td>
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<tr>
<td>CREA</td>
<td>Creating Resources for Empowerment in Action</td>
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<tr>
<td>CSE</td>
<td>Comprehensive sexuality education</td>
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<td>CUSP</td>
<td>Community for Understanding Scale-up</td>
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<tr>
<td>IACHR</td>
<td>Inter-American Commission on Human Rights</td>
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<tr>
<td>ILGA</td>
<td>the International Lesbian, Gay, Bisexual, Trans &amp; Intersex Association</td>
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<tr>
<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>JASS</td>
<td>Just Associates</td>
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<tr>
<td>LEARN</td>
<td>LEAdership &amp; Research Now in the Middle East and North Africa</td>
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<tr>
<td>MENA</td>
<td>Monitoring, evaluation and learning</td>
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<tr>
<td>MEAL</td>
<td>Monitoring, evaluation and learning</td>
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<tr>
<td>NSWP</td>
<td>Global Network of Sex Work Projects</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>PITCH</td>
<td>Partnership to Inspire, Transform and Connect and the HIV response</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SOGIESC</td>
<td>Sexual orientation, gender identity and expression, and sex characteristics</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and reproductive health and rights</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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INTRODUCTION
In 2018, Frontline AIDS produced its first good practice guide to gender-transformative HIV programming. It focused on identifying and meeting the needs of women and girls in all their diversity (a key population for Frontline AIDS) and presented gender analysis as the key to gender-transformative HIV programming.

This new guide builds from, and expands on, the earlier one to better reflect the evolving HIV and broader health landscape and understanding of gender. It recognises that gender identity, gender expression, sexual orientation and bodily characteristics exist across a spectrum of diverse identities, expressions and bodies, rather than as a binary system. This supports a more nuanced understanding of gender-related barriers and how aspects of identities intersect with HIV, gender norms, sexual and reproductive health and rights (SRHR) and access to health services. It acknowledges that men and boys are also gendered, and that a gender lens is useful for understanding men’s and boys’ power and vulnerabilities and the role they can play in changing harmful gender norms.

This guide advances intersectional, feminist and gender-transformative approaches (these terms can seem complex to people who are unfamiliar with them – they are all explained in this chapter). Taking these approaches requires us to examine our own role and that of our organisations and partners. It requires us to move beyond a focus on HIV programming to do things like analyse power or gender roles, and change how our programmes or organisations approach things. It offers information, tools and resources for different stages of self-reflection, institutional change, programme development and advocacy.

WHO IS THE GUIDE FOR?
This guide is for Frontline AIDS’ staff, partner organisations, community-led organisations and networks, movements, other civil society organisations and allies. Donors and others may find it helpful to guide their own programming priorities and strategic objectives.

In particular, we hope it will be useful for:
- Organisations working on biomedical, structural and behavioural HIV programming that want to expand their programming to include gender and human rights.
- Organisations seeking guidance on how to ensure their work is gender transformative.
- Organisations that already use gender-sensitive and gender-responsive approaches and want to implement gender-transformative approaches.
- Organisations working with, and for, women, girls, gender non-conforming people, men and boys.

WHAT DO WE MEAN BY A GENDER-TRANSFORMATIVE APPROACH?
Our approach is based on the understanding that gender, as a system with prescribed norms and roles, affects us all: men, boys, women, girls, and gender non-conforming people. Women, girls, and gender non-conforming people are particularly affected by patriarchal norms and gendered power inequalities that privilege cisgender men, whiteness and heterosexuality. This is especially the case when gender roles or gender expectations intersect with other aspects of identity, such as age, disability, race and ethnicity, gender identity and expression and sexuality.

Gender-transformative and feminist responses challenge patriarchy, structural racism, other power inequalities and unfair and unequal distribution of resources, and promote positive norms and equal roles and relationships. A truly transformative approach does this at both individual and group level, and at institutional, policy and structural levels (addressing our roles, functions, decisions, rights and opportunities). Promoting gender equality involves recognising that our lives have many different aspects that need to be considered together rather than separately. For example, our sexual and reproductive lives are influenced by our power to make decisions in relationships and whether or not we are financially independent.

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3 Men and boys are affected by gender norms and roles both positively and negatively. But a feminist, gender-transformative approach focuses on changing the power dynamics that privilege men over women. There is a disturbing trend among donor agencies to focus on the vulnerability of men and boys in ways that are not gender-transformative and are harmful to realising gender equality for women, girls and gender non-conforming people. See Ruane-McAteer et al. (2020) ‘Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: a systematic review of intervention studies’, BMJ Global Health, 5 (10). Available at https://gh.bmj.com/content/5/10/e002997
Taking a gender-transformative approach is not just about encouraging and supporting change in others, it also requires us to make changes within ourselves. This includes changing our own organisations and ways of working, and our ways of relating to the organisations, partners and communities we work with to change the power dynamics related to funding, reporting and decision-making. It means supporting feminist organisations and approaches led by communities, including communities of women and girls in all their diversity and gender non-conforming people, and ensuring that men and boys are part of the response. It means valuing and prioritising lived experience; and collective action by communities of people with that lived experience.

Put simply, who decides, leads on and monitors initiatives for change is as important as what we do.

EXPLAINING THE GENDER-RESPONSIVENESS CONTINUUM

The gender-responsiveness continuum below offers a framework to guide our understanding and analysis. It helps us to determine whether interventions are gender blind or gender aware and supports us to move towards more transformative approaches.

Of course, it is extremely important to address the practical needs and vulnerabilities of women, girls and gender non-conforming people, as is done in a gender-sensitive approach. But it is also important to develop our own sense of agency through a gender-empowerment approach. These ways of working underpin a gender-transformative approach, which focuses on changing the power structures that maintain gender inequality and our collective response.

WHAT DO WE MEAN BY A FEMINIST APPROACH?

This guide explicitly uses the term ‘feminist’ because it goes beyond working toward equality and rights for women and girls to challenge and change systems that drive inequality. It uses this definition of feminist change, adapted from the Association of Women in Development (AWID):

Feminist change means dismantling the patriarchal beliefs, systems and institutions that oppress women, girls, trans, intersex, gender non-conforming and non-binary people globally. ... Achieving equality within these systems is not enough. We want to change – indeed, transform – the systems themselves. (AWID, 2019: 10)

TAKE NOTE!

This is a tool for discussion rather than a rigid set of categories. It is likely that the work we do will fall into a number of categories and there will be overlap between the categories, which is important for driving gender-transformative change.

The gender-responsiveness continuum

<table>
<thead>
<tr>
<th>IN A PROGRAMME THAT IS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER BLIND</td>
<td>We intentionally or unintentionally fail to acknowledge the role of gender. We do not necessarily do harm but may directly or indirectly support the status quo.</td>
</tr>
<tr>
<td>GENDER EXPLOITATIVE</td>
<td>We take advantage of rigid gender or social norms and existing imbalances in power. This causes harm.</td>
</tr>
<tr>
<td>GENDER SENSITIVE</td>
<td>We aim to meet practical needs and vulnerabilities of different genders within the process. This may involve consultation and an inclusive approach to ensure everyone’s voice is heard.</td>
</tr>
<tr>
<td>GENDER STRATEGIC/EMPOWERMENT</td>
<td>We explicitly address strategic gender issues. We empower individuals to make active choices, and we build access to information, rights awareness, and pathways to accountability.</td>
</tr>
<tr>
<td>GENDER TRANSFORMATIVE</td>
<td>We address broader power structures that underpin gender inequality, often through collective, community-led action and influencing the enabling environment.</td>
</tr>
</tbody>
</table>

Source: adapted from Star Ghana (2019)
The guide draws on feminisms practised by women, girls and gender non-conforming people in different situations and contexts, including:

- **African feminism** and the **African Feminist Charter**. The charter was developed in 2006 at the initial meeting of the African Feminist Forum, with support from the African Women’s Development Fund, and revised in 2016. African feminism draws on decades of experience responding to the mass trauma of colonialism, racial and gender injustice and the HIV epidemic. Solidarity and self-care are important acts of feminist resistance, and includes models developed by women living with HIV of peer support and radical, collective care.

- **Pacific feminism** and the **Charter of Feminist Principles for Pacific Feminists**. The charter was developed in 2016 at the inaugural Pacific Feminist Forum, which included women, girls, lesbian women, bisexual people, trans people, gender diverse people, gender non-conforming people, ethnically diverse women and girls, women from Indigenous minorities, women with disabilities, sex workers, women living with HIV, women living in rural and remote areas, young women, older women, heterosexual women, women in sports, women in non-traditional roles, women in creative industries, women in the informal sector and others.

- **Indigenous feminism** as expressed in the 2019 **Indigenous Feminist Organizing School** hosted by the Black Mesa Water Coalition. This brought together Indigenous people from across the Americas and developed a shared understanding and analysis of patriarchy in Indigenous communities, the disproportionate sexual abuse of Indigenous women, the epidemic of missing and murdered Indigenous women, the ongoing reality of colonisation, and priorities such as responsibility to Mother Earth and Indigenous homelands.

- **Transfeminism**, which centres around the view that individuals have to their own identity, complete bodily autonomy, and to make their own decision about their gender. The **African Trans Feminist Charter** was crafted in 2016 as an act of resistance and resilience, and mostly to position African trans women within feminist discourse on the continent and globally. The charter takes a stand against exclusion of any kind, recognising that intersectional factors, like race, class and privilege, shape the realities of transgender women all over Africa and all over the world.

- **Sex work**: The sex-worker inclusive Feminist Alliance’s **Femifesto in Support of Sex Workers’ Rights** calls for a feminist movement that is inclusive of trans people and sex workers and situates gender injustice within patriarchal, capitalist, white supremacist societies. The Femifesto acknowledges sex workers as experts on their own lives and needs.

**WHAT DO WE MEAN BY ‘INTERSECTIONAL’?**

The concept of intersectionality captures the idea that every individual stands at the crossroads of multiple social experiences. These experiences often include discrimination or marginalisation due to racism, ageism, sexism, ableism (the idea that people with disabilities are not equal to people without disabilities), homophobia, transphobia and other forms of prejudice. Sometimes this is referred to as ‘multiple and overlapping forms of discrimination’ or ‘compound discrimination’.

Individual factors (e.g., gender, age, health status, disability, sexual orientation and gender expression) and contextual factors (e.g., local, political, economic and legal contexts, health system capacity, conflict and security) interact and influence individuals’ relationships and position in society and their potential for experiencing marginalisation as well as varying degrees of power. Promoting an intersectional approach not only involves understanding how different identities intersect but also requires a ‘zero tolerance’ attitude to discrimination against any identity or factor, such as sexuality, gender, race, location and ability. It requires us to support approaches by and for dedicated, specialist organisations led by different groups of women and girls in their diversity and gender non-conforming people. And it requires an understanding that, because minority women and girls and gender non-conforming people experiencing multiple, intersecting inequalities, they have the right to organise and resist in ways that are defined ‘by us, for us and with us’.

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Gender is often neglected in responses to natural disasters, climate change, emergency and humanitarian settings and pandemics. Globally, the COVID-19 crisis has highlighted deep gendered social and economic inequalities and injustices and structural racism. Around the world, women, girls and gender non-conforming people have been noticeably excluded from decision-making in pandemic responses, and key gender differences have not been addressed. This has sidelined the needs and priorities of women, girls and gender non-conforming people. While more formal SRHR and HIV responses and services are being redirected to, or hampered by, the COVID-19 response, women, girls and gender non-conforming people are stepping up their work to meet the needs of their communities. They are doing this at some risk to their own mental and physical health, with little or no support, recognition or visibility, and often with their own resources.14

WHAT DO WE MEAN BY ‘IN ALL THEIR DIVERSITIES’?
In the context of HIV, we often talk about women and girls, people living with HIV, sex workers, people who use drugs, adolescents, people who are lesbian, gay, bisexual, transgender or intersex, and people with other sexual orientations and gender identities as distinct populations – as if everyone in that ‘group’ shares a common experience. In reality these groups are highly diverse, and they overlap and intersect. For example, a woman who sells sex may also be a mother, a wife, a rural woman, a woman of a particular faith (or none), a lesbian, bisexual, queer or transgender woman, a woman living with HIV, a young woman living with HIV, a woman who experiences intimate partner violence, and so on.

We use the phrase ‘in all their diversity’ to convey the fact that there are many experiences within each group. Other resources, such as the United Nations’ commitments the Sustainable Development Goals (SDGs), may use ‘all women and girls’ to mean the same thing.

If we do not consider the diversity and intersectional nature of all our identities, we will be at risk of designing programmes that have too narrow a focus (sometimes known as ‘siloed’ programming). We also run the risk of creating unrealistic divisions between different groups of people. At best our programming will lack effectiveness, and at worst we appear to support stereotypes and do harm. Gender-transformative approaches are vital to addressing this.

WHY IS IT IMPORTANT TO TAKE A FEMINIST, INTERSECTIONAL AND GENDER-TRANSFORMATIVE APPROACH?
The lives of women, girls and gender non-conforming people are equal to the lives of men and boys. But data across a range of indicators shows that, globally, the life chances of women, girls and gender non-conforming people are worse than men and boys’ life chances. Righting this wrong is a matter of human rights and social justice. And it requires us to commit to a feminist, intersectional and gender-transformative approach.

There is a compelling body of evidence that shows the negative impact patriarchy and gender inequality has on HIV, violence, and access to health and rights for women, girls, gender non-conforming people and men and boys, whether we conform to gender norms or not.15

Taking a feminist, intersectional and gender-transformative approach is key if we are to eliminate gender-based violence and HIV-related stigma and discrimination, and ensure universal access to sexual and reproductive health and rights. There is significant evidence to support this, for example:

- An analysis of policies on violence against women in 70 countries from 1975 to 2005 found that the most important and consistent factor driving policy change is feminist activism.16

- Sexuality and HIV education programmes that address gender or power are five times as likely to be effective at reducing sexually transmitted infections (STIs) and unintended pregnancies than those that do not.17
WORKING WITH MEN AND BOYS

Involving men and boys is a crucial part of a gender-transformative approach. Long-term, systemic change cannot be achieved without them.

However, as a blog by the Coalition of Feminists For Social Change explains: ‘Men and boys who are well-intentioned and set out to support women’s movements may not fully understand how sacred feminist spaces and especially female only spaces are for those engaging with them. The spaces provide safe havens for women — trans, migrant, women living with disability and those facing various forms of discrimination — to heal and reflect. The healing comes from critiquing the system that advances these forms of oppression and strategizing how to engage effectively to bring about change. They/we should be able to do this unapologetically. My understanding of male involvement is not for men to join sister circles, rather take the spaces they have access to and make them feminist. That would be the better way of being an ally if at all there were any prescriptions being handed.

‘To effectively support women and girls’ rights organizing, men and boys have to be fully aware of the power dynamics that are brought forth by their engagement. Their advantage in terms of power and privilege is something they should be acutely aware of. Men and boys have been part of socialization that normalizes violence against women in various forms and advances misogynistic culture. Without acute awareness and self-reflection, reproducing these values even in the most subtle ways may jeopardize gains made by and for women and girls. Unquestioned entitlement or aggression also means that men and boys may take up spaces — either sub consciously or not — and stand in the way of women and girls taking leadership on issues that have been at the forefront of multi-layered discrimination.’

SASA! and Stepping Stones are two approaches that create spaces that enable men and women to work together and separately in their communities to address power and relationship inequalities and address HIV and violence against women and girls.

● A recent evidence review of what works to prevent violence against women and girls (2020) found that programmes that focus on transforming gender relationships and gender norms are effective in reducing violence.18

But many initiatives that address HIV, gender-based violence and SRHR are still not gender transformative. Only 8% of SRHR programmes involving men and boys reviewed for a recent systematic review were gender transformative.19 Programmes that are not gender transformative may have harmful unintended consequences. For example, routine HIV testing in antenatal care that does not take into account the rights, safety and wellbeing of the women involved, or that includes partner notification requirements, may inadvertently expose women who receive an HIV-positive diagnosis to violence from family members.

1.2 INCLUSIVE AND AFFIRMING LANGUAGE

The words we use matter. Language impacts how we think about ourselves, and it shapes how we see others.

Throughout human history, language and the terms people have for themselves are continually evolving. Activists and linguists around the world have championed more inclusive language that gives space to all identities, both by creating entirely new non-binary terms and by repurposing existing words and grammar constructions20, for example, by using gender-neutral terms or a person’s name to ensure someone’s identity is respected on their terms21. Many non-western languages already contain inclusive terms that acknowledge gender-diverse people.22

This guide aims to use and promote gender-inclusive language, and affirming and non-stigmatising language in relation to HIV. We all still exist in, and are subject to, gender as a system of power that may inhibit or reward a person’s individual gender identity. We aim to challenge that system through our actions and in the language we use.

19. Ruane-McAteer et al. (2020) ‘Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: a systematic review of intervention studies’, BMJ Global Health, 5(10). Available at: https://gh.bmj.com/content/5/10/e002927
21. For more on SASA see www.raisingvoices.org/sasa for more on Stepping Stones see www.steppingstonesfeedback.org
**INTRODUCTION**

**GENDER AND HIV**

**USING A GENDER-TRANSFORMATIVE APPROACH**

Using language that is inclusive of all gender identities

When it comes to gender identity and sexual orientation, it is important to listen to the terms people use for themselves and to embrace and integrate that language, and the plurality of different terms across cultures, as it continues to adapt and evolve.

For currently-accepted terminology and definitions, see the Glossary (page 3).  

**The Genderbread Person** below illustrates the distinction between gender identity, gender expression, sexual orientation (who you are attracted to) and bodily characteristics. These can all be seen along a continuum.

**USING AFFIRMING AND NON-STIGMATISING LANGUAGE IN RELATION TO HIV**

Over the past 30 years, people living with HIV have helped shape the language we use. Their work has changed the way we discuss death, dying, sex and sexuality, and it ensures that any new ways of talking in the HIV response are people-centred, do not stigmatise, and aid change for community members. As Alice Welbourn, Founding Director of the **Salamander Trust**, points out, ‘Global HIV policy is full of dehumanizing, aggressive, militaristic and combative phrases which are deeply depressive.’ Supportive and sensitive language is critical in our efforts to support those of us who are living with HIV. It can empower and motivate people to take the step to access necessary services to stay alive, stay healthy, and to ensure healthy lives for their children.

Acronyms such as PLHIV (people living with HIV), PWUD (people who use drugs), AGYW (adolescent girls and young women) can be experienced as dehumanising and exclusionary. Only use acronyms if you are sure this is how people prefer to define themselves. Throughout the guide, we do use LGBT+ because this acronym (or variations of it) is regularly used within LGBT+ activism.

**TAKE NOTE!**

Language is evolving fast! Please refer to language guides produced by LGBT+ groups and organisations in your country and in your language. And always respect people’s right to define themselves.


29. Ibid.
**GENERAL GUIDANCE ON LANGUAGE**

**DOs:**
- Do embrace complexity.
- Do use language people use themselves (that is acceptable to use as a non-community member) and not something you come up with.
- Do realise that people have the right to self-identify.
- Do acknowledge that a lot of internalised self-stigma exists in marginalised communities. Collectively develop ways to be aware of this when it arises and create environments that support people to address their internalised self-stigma.
- Do have internal language guidelines for your organisation. Update them regularly in consultation with women, girls and gender non-conforming people so that the language you use is comfortable for, and familiar to, people.
- Do make sure your lens is rights-based. This means you should recognise the dignity and intrinsic value of each person and our duty to uphold their rights.
- Do keep up with new language in the gender-transformative field – language is evolving fast.

**DON’Ts:**
- Don’t refer to people in acronyms, unless you are sure this is how they prefer to define themselves.
- Don’t assume someone’s identity or try to change it.
- Don’t use terms people don’t identify with. For example, if someone doesn’t identify as a sex worker, don’t use that term to refer to them.
- Don’t limit your approach to your interaction with clients, extend it to all your communication.
- Don’t use ‘us’ and ‘them’ language, such as ‘you people’ when speaking to different communities.

The resources list below gives links to organisations that have already done extensive work around language and have examples of good practice.

**USEFUL LANGUAGE RESOURCES**

**HIV:**
- This Salamander Trust webpage offers a collection of resources on inclusive language regarding HIV.30

**People who use drugs:**
- The Asian Network of People who Use Drugs (ANPUD) and the International Network of People who Use Drugs (INPUD) have produced *Words Matter: A language statement and reference guide*.31

**Sex work:**
- Stella, a sex-worker organisation in Canada, has produced a guide to language called *Language Matters: Talking about sex work*.32

**Gender inclusive language:**
- UN Guidelines for gender-inclusive language33 (available in English and five other languages) suggest how to avoid language that reinforces stereotypes about women and men. This guide usefully distinguishes between situations where gender is not relevant and should not be mentioned, and other situations where it is important for disaggregation or to overcome stereotyped ways of thinking. Be aware, however, that at times the guidelines use binary terminology, such as ‘he or she’, and has not been updated to include more inclusive terms, such as ‘they’, and forms of address, such as ‘Mx’.

**Trans, intersex and gender non-conforming people:**
- The Allsorts website, a youth project in Brighton, UK, features *toolkits, booklets and guides* on being trans inclusive.34 This includes a resource written by trans young people around language for working with trans and gender-questioning young people35, covering issues such as pronouns, confidentiality, and a glossary of terms.
- GATE has produced a number of resources in the field of trans, gender diverse and intersex rights globally that are available online36, including the *Joint Trans Language Submission to UN Independent Expert SOGI*.37
- A useful overview of intersex-inclusive language from Intersex Human Rights Australia.38

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30. See [www.salamandertrust.net/project/the-power-of-language/](http://www.salamandertrust.net/project/the-power-of-language/)
34. Available at [www.allsortsyouth.uk/%20resources/toolkits-booklets-guides](http://www.allsortsyouth.uk/%20resources/toolkits-booklets-guides)
35. Transformers: Allsorts’ Trans Youth Group (2016) *Top tips for working with trans and gender questioning young people*. Available at [https://uploads-ssl.webflow.com/5886a60cd77b7832e8cc01b5/59f79f192e6e0d895f3330d8_AllsortsYouthProject%20-%20Top%20Tips%20for%20Working%20with%20Trans%20and%20Gender%20Questioning%20Young%20People.pdf](https://uploads-ssl.webflow.com/5886a60cd77b7832e8cc01b5/59f79f192e6e0d895f3330d8_AllsortsYouthProject%20-%20Top%20Tips%20for%20Working%20with%20Trans%20and%20Gender%20Questioning%20Young%20People.pdf)
36. Available at [www.gate.ngo/resources](http://www.gate.ngo/resources)
Evidence gathered over the course of the epidemic shows that HIV flourishes in conditions of inequality, particularly gender inequality. In many countries, HIV prevalence continues to be high among women and girls, especially adolescent girls and young women, men who have sex with men and others who experience intersectional and gendered inequality. Masculinity norms can lead to men and boys exerting control in intimate relationships and a reluctance to practice safer sex, seek HIV prevention services and healthcare. Women, girls and gender non-conforming people who are living with HIV also experience HIV-related discrimination, violence and abuse in certain settings, including healthcare. The rights of women, girls and gender non-conforming people to have good quality, accessible HIV services are undermined by a lack of government and institutional accountability to meet these rights and provide funding and access to decision-making structures.

Since the beginning of the HIV epidemic, women, girls and gender non-conforming people in the HIV response have been organising, advocating and building movements. They have highlighted the connections between patriarchy, gender inequality, gender-based violence, SRHR and gender norms in their lives, and worked tirelessly to address them.

This section explores the relationship between HIV and gender-based violence, SRHR and gender norms.

### 2.1 The Relationship Between HIV and Gender

Evidence gathered over the course of the epidemic shows that HIV flourishes in conditions of inequality, particularly gender inequality. In many countries, HIV prevalence continues to be high among women and girls, especially adolescent girls and young women, men who have sex with men and others who experience intersectional and gendered inequality. Masculinity norms can lead to men and boys exerting control in intimate relationships and a reluctance to practice safer sex, seek HIV prevention services and healthcare. Women, girls and gender non-conforming people who are living with HIV also experience HIV-related discrimination, violence and abuse in certain settings, including healthcare. The rights of women, girls and gender non-conforming people to have good quality, accessible HIV services are undermined by a lack of government and institutional accountability to meet these rights and provide funding and access to decision-making structures.

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### RECENT GLOBAL COMMITMENTS ON GENDER EQUALITY, GENDER-BASED VIOLENCE, GENDER NORMS, SRHR AND HIV

**Generation Equality** offers a new paradigm for catalytic action on gender equality globally. It was launched in 2021 to mark the 25th anniversary of the Beijing Declaration and Platform for Action. Coordinated by UN Women, Generation Equality provides a new **Global Acceleration Plan** that recognises the intersections of gender inequality, gender-based violence, SRHR and gender norms, and works to accelerate action on gender equality until 2026. It brings together feminist organisations and movements, women’s networks, governments, corporations, non-governmental organisations, foundations and youth-led groups to secure concrete, ambitious, and transformative commitments to gender equality. It is shaped by six thematic Action Coalitions, each of which focuses on areas that are vital for gender transformation, providing a world roadmap for gender equality. (These coalitions focus on: 1. gender-based violence, 2. economic justice and rights, 3. bodily autonomy and sexual and reproductive health and rights, 4. feminist action for climate justice, 5. technology and innovation for gender equality, 6. feminist movements and leadership.)

The Generation Equality framework is closely aligned with Sustainable Development Goal 5: **Achieve gender equality and empower all women and girls.**

Action Coalition 6 on feminist movements and leadership has the following vision: ‘We envision that by 2026, feminist leaders and activists, women’s human rights defenders, and their movements and organizations, including, but not limited to those led by trans, intersex and nonbinary people, racialized people, indigenous women, women and persons with disabilities, women and persons living with and affected by HIV, young feminists, girls, sex workers and other historically marginalized people, regardless of their status before the law, are fully resourced and supported to become sustainable, can carry out their work without fear of reprisal, and advance gender equality, justice, peace, and human rights for all from an intersectional approach.’

The **Global AIDS Strategy (2021-2026) End Inequalities. End AIDS** Result Area 6 is as follows: ‘Women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality, and work together to end gender-based violence and to mitigate the risk and impact of HIV.’

**Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030** - In this Declaration, leaders commit in Paragraph 63 to put gender equality and the human rights of all women and girls in diverse situations and conditions at the forefront of efforts to mitigate the risk and impact of HIV.

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39. See, for example, Orza, L, Basri, E, Bell, E et al (2017) ‘In Women’s Eyes: Key Barriers to Women’s Access to HIV Treatment and a Rights-Based Approach to their Sustained Well-Being,’ Health Hum Rights, 2017 Dec;19(2):155-168


### 2.1.1 Gender Norms and Stereotypes

Gender norms and stereotypes are a product of patriarchy, heteronormativity and binary understandings of gender. They tell us how ‘women’ and ‘men’, ‘girls’ and ‘boys’ are supposed to act, look, groom ourselves, dress, and feel about ourselves. They have a profound affect on every aspect of life, such as our economic lives, our SRHR, our representation in decision-making, our domestic and community care roles and our experiences of, and vulnerability to, HIV. When people do not live up to gender norms – and also when they do – there can be negative impacts, including violence. Gender norms and stereotypes also lead to behaviours that can expose women, men, and gender non-conforming people to HIV, or make it difficult to access HIV testing, treatment and care.

**Gender Norms that Promote the Gender Binary and Impact on HIV:**

- **Women and girls** are expected to be ‘feminine’ in appearance and actions. They may be expected to have one male sexual partner, who is usually older than them, and so more sexually experienced, meaning they are more likely to be living with HIV. They may be expected to have sex on their partner’s demand, without having the power to refuse sex or to insist on condom use. Gender norms may lead to girls being married at an early age and harmful practices, such as female genital mutilation/cutting, which aim to control their sexuality. Girls may face pressures to have sex, while at the same time face social expectations that they should not have sex. This can make it difficult for them to confidently say yes or no to sex, depending on their own wishes. Asking for, or using, contraceptives can be seen as a sign of ‘promiscuity’, while seeking information about sexual relationships, safer sex, and different gender identities, gender expressions and sexual orientations may be unacceptable or dangerous.

- **Men and boys** are expected to be ‘masculine’ in appearance and actions. They are expected to be heterosexual and may be expected to be sexually active – or express sexual prowess and confidence – from a young age. They may gain status by having more sexual partners and may believe their sexual desires must be satisfied. In their gender role of ‘breadwinner’ and decision-makers with control over female relatives, men may use violence to discipline and control women and children. An emphasis on men being ‘strong’, self-reliant and unemotional may cause them not to seek information and support for sexual issues or prioritise caring for their health. Economic needs, expectations and the gendered division of labour may lead some men to migrate long-term for work. All of this can impact on men’s willingness and ability to take care of their sexual health and practice safer sex and makes men and their sexual partners more susceptible to HIV.

- **Gender non-conforming people**: Gender norms can also act against the rights of – and provision of services for – anyone who does not conform to social expectations regarding gender identity, gender expression and sexual orientation.

Gender norms are further reflected and reinforced in our legal frameworks. Women, girls and gender non-conforming people experience limitations to, and violations of, a range of rights, including those that are economic, social, cultural, political, legal, sexual and reproductive.

**What Works to Change Gender Social Norms?**

The Community for Understanding Scale-up (CUSP)^41^ brings together organisations that have each developed ways to change social norms to promote gender equality. Strategies include group-based initiatives, community mobilisation and mass media campaigns, and are underpinned by a commitment to the following key principles, aspirations and values:

- Prioritising agency of the communities with which we work
- Reinforcing positive social and gender norms that contribute to a community’s wellbeing

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Creating space to question and discuss the social norms that contribute to inequality

Recognising that transforming social norms is fundamentally about challenging the status quo

CUSP’s collective experience shows that changing gender norms within communities relies on:

a. Building a strong foundation of well-prepared staff members and volunteers who are committed to gender equality and ongoing learning about power

b. Recognising that behaviour change is a collective process, rather than an individual one, that needs space for critical reflection and dialogue

c. Explicitly discussing the need to engage the whole of society, including men, women, girls, boys and gender non-conforming people, in a dynamic, complementary approach to reach critical mass

d. Ensuring enough time – and enough intensity – for each initiative

USEFUL RESOURCES:

- Stepping Stones and Stepping Stones with Children offers a set of training programmes and related materials on gender, generation, HIV, communication and relationship skills, for use within communities.44

- Leah Goldmann et al. (2019) describe key principles for scaling up gender norms work in On the CUSP: the politics and prospects of scaling social norms change programming.45

- Frontline AIDS (2020) What Does it Take to Achieve a Gender Transformative HIV Response? gives HIV advocates and civil society organisations valuable advice, strategies and examples to address harmful gender norms and transform the unequal distribution of power in society, benefitting people of all genders.46

- For more information and data on gender social norms, see UNDP (2020) Human Development Perspectives: Tackling social norms, a gamechanger for gender inequalities.

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A GENDER NORMS PROGRAMME RELATED TO HIV THAT IS:

<table>
<thead>
<tr>
<th>GENDER BLIND</th>
<th>...could look like this: A programme to reduce STIs that fails to recognise the different effects of gender norms among young men and young women which influence their sexual health. For example, just telling a young woman to use condoms or abstain may fail to acknowledge the power dynamics within her sexual relationships.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER EXPLOITATIVE</td>
<td>...could look like this: A programme to counsel young couples after marriage, which emphasises traditional gender norms and focuses on childbearing without discussing other SRHR needs or HIV prevention.</td>
</tr>
<tr>
<td>GENDER SENSITIVE</td>
<td>...could look like this: A programme that recognises the identities and needs of trans and non-binary people when designing HIV or SRHR services.</td>
</tr>
<tr>
<td>GENDER STRATEGIC/EMPOWERMENT</td>
<td>...could look like this: In Zimbabwe, READY to Lead empowered young women leaders. Recognising the structural barriers that limit adolescent girls’ and young women’s choices, including gender inequality and gender-based violence, the project supported more than 1,000 young women living with HIV to receive leadership, mentorship and advocacy training to engage in national, regional and global policy fora. These women then mentored other young women.42</td>
</tr>
<tr>
<td>GENDER TRANSFORMATIVE</td>
<td>...could look like this: Stepping Stones is a 50-hour programme that aims to change gender social norms and improve sexual health by using participatory learning approaches to build knowledge, risk awareness, and communication skills and to stimulate critical reflection.43</td>
</tr>
</tbody>
</table>

42. For more on READY see www.athenanetwork.org/news/ready-to-lead-young-women-living-with-hiv-lead-the-way-in-new-zimbabwe-initiative.html#:~:text=READY%20to%20Lead%20is%20an,Zimb

43. For more on Stepping Stones see www.steppingstonesfeedback.org


45. In Sexual and reproductive health matters, 27(2), 51-63. Available at https://doi.org/10.1080/26410397.2019.1599654

2.1.2 GENDER-BASED VIOLENCE

DEFINITIONS

Gender-based violence describes violence that establishes, maintains or attempts to reassert unequal power relations based on gender. The term was first defined to describe the gendered nature of men’s violence against women and girls. As a result, it is often used interchangeably with ‘violence against women’ (see below). Gender-based violence includes violence against women and girls by anyone that arises from gendered structural inequalities. The definition of gender-based violence has evolved to include violence perpetrated against boys, men and transgender people who don’t conform to, or challenge, prevailing gender norms and expectations or heterosexual norms.

Violence against women and girls is any public or private act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls. It includes threats of such acts, coercion, and keeping women and girls imprisoned within a family or community setting. It also includes sexual, physical, and emotional abuse from an intimate partner (known as ‘intimate partner violence’), family members or others, sexual harassment and abuse from authority figures (such as teachers, police officers or employers), sexual trafficking, forced marriage, dowry-related violence, ‘honour’ killings, female genital mutilation/cutting, and sexual violence in conflict situations. Women and girls may experience violence whether or not they conform to prevailing gender norms and expectations.

Patriarchy and power hierarchies create the conditions for gender-based violence and discrimination against women, girls and gender non-conforming people. This make women, girls and gender non-conforming people particularly vulnerable to HIV and increased violence after an HIV-positive diagnosis. The forms and effects of gender-based violence can be very different for men, women, boys, girls and gender non-conforming people.

In almost all contexts, women and girls face high rates of gender-based violence, and there is a proven link between gender-based violence and HIV. Different types of violence, and the fear of violence, can undermine the capacity of women and girls to negotiate safer sex or leave an abusive relationship and access services. Gender inequality and HIV-related stigma and discrimination intersect to undermine the rights and wellbeing of women and girls living with HIV. Violence not only increases women’s and girls’ risk of acquiring HIV, but also negatively influences adherence to HIV treatment and access to other health and support services. Yet violence against women and girls is not prioritised in the HIV response and many types of violence are not even recognised as such.

Stigmatised and criminalised communities, including sex workers, people living with HIV, people who inject drugs, transgender people, women, men, and bisexual people, are at high-risk of all types of violence, including hate violence, sexual assault, sexual violence, domestic violence and stalking. These communities experience violence at the hands of the police, intimate partners, family members, clients, vigilantes and others in the community. Such violence, and the fear of violence, limits these communities’ access to good quality SRHR and HIV services, and it supports and undermines people’s human rights and wellbeing.

47. See Orza, L, Bass, E, Bell, E et al. (2017) ‘In Women’s Eyes: Key Barriers to Women’s Access to HIV Treatment and a Rights-Based Approach to their Sustained Well-Being’, Health Hum Rights, 19 (2), 155-168.
The largest ever global survey on online violence, which was conducted in 2020, shows that **1 in 5 girls (19%)** have left or significantly reduced their use of social media after being harassed, while another **1 in 10 (12%)** have changed the way they express themselves.

For girls who identify as LGBT+ online, close to **50%** said they experienced harassment due to their sexual or gender identity, and **60%** of girls who identified as an ethnic minority said they had been specifically targeted because of this.\(^49\)

A study led by ICW Latina (a regional network of women, girls and young people living with HIV) on violence against women living with HIV in seven countries in Latin America and the Caribbean focused particularly on young, Indigenous, Afro-descendant and Garifuna women. Among **955 women** surveyed, many had experienced intimate partner violence, childhood violence, sexual abuse and forced first sexual experiences.

The study revealed high rates of medical violence against women living with HIV, with more than **20%** – or **1 in 4** – coerced to undergo sterilisation and/or an abortion, and **48%** denied cervical cancer or breast cancer services due to their HIV status.\(^50\)

Dialogues attended by **256 women** from **7 countries** in the Middle East and North Africa on HIV and the links between violence against women and girls, supported by Mena Rosa, UNAIDS and Frontline AIDS, found **74%** had experienced intimate partner violence, **31%** had experienced violence in health settings – this number rose to **66%** among women living with HIV – and **33%** had experienced violence from law enforcement agents, mainly sex workers, migrant women, trans women and women who use drugs.\(^51\)

The Inter-American Commission on Human Rights (IACHR) documented **770 killings** and seriously violent attacks against LGBT+ people in **25 countries** in the Americas between January 2013 and March 2014.

Through its Registry of Violence, IACHR found that at least **594 LGBT+ people** were murdered and **176** more were victims of serious injury during this period.

Almost half of the **594** murders were of trans women.\(^52\)

Other rights violations reported in Latin America documented **1,341 murders** of LGBT+ people in Brazil between 2007 and 2012, and **249** in Peru between 2006 and 2010. In most of the documented cases, murder victims were between the ages of 18 and 25.\(^53\)

In Eswatini, where the LGBT+ community is severely marginalised and criminalised, it’s all too common for young women to be violently attacked by men, who make this violence part of a ‘marriage proposal’, often prompted by the woman self-identifying as a lesbian. In such cases, women may be assaulted by a man in public and will not get assistance from passers-by. Even worse, homophobic rape is on the rise. In just **4** months in 2019, at least **5** women were raped by a relative to ‘correct’ their sexual orientation. These gross violations of human rights are being documented by Rock of Hope data collectors who log cases of rights violations experienced by LGBT+ people and sex workers.\(^54\)

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\(^49\) Plan International (2020) Free to be online? Girls’ and young women’s experiences of online harassment. Available at https://plan-international.org/publications/free-to-be-online


FOUR PATHS THAT LINK HIV AND VIOLENCE AGAINST WOMEN, GIRLS AND GENDER NON-CONFORMING PEOPLE

WHO’s 16 Ideas for addressing violence against women and girls in the context of the HIV epidemic describes the following four paths that link violence against women and girls and HIV. These links, which also reflect the experiences of gender non-conforming people, are direct and indirect, and they are complex and consist of many factors.

1. Gender inequality is a common determinant of violence against women, girls, and gender non-conforming people and HIV. Gender inequitable attitudes and behaviour on an individual, community and societal level contribute to violence against women, girls and gender non-conforming people and drive HIV.

2. Violence against women, girls and gender non-conforming people is an indirect factor for increased HIV risk, increasing the likelihood that women, girls and gender non-conforming people may engage in risk-taking behaviours. Further, violence is a barrier to their uptake of HIV services, and poor treatment adherence. For instance, women who experience intimate partner violence are more likely to experience mental health issues, have a higher use of alcohol, and have less control over sexual decision-making. Women, girls and gender non-conforming people who fear violence in the community or within services may avoid accessing SRHR and HIV services.

3. Direct transmission of HIV through sexual violence and rape (including within marriage). Women, girls and gender non-conforming people are at higher risk of sexual violence, and this includes women, girls and gender non-conforming people with disabilities, sex workers and transgender people. Some contexts see particularly high rates of sexual violence, including humanitarian contexts. Sexual violence is also common in intimate relationships and can leave women, girls and gender non-conforming people vulnerable to HIV.

4. Violence can be an outcome of HIV status and disclosure. Women, girls and gender non-conforming people who learn of and disclose their HIV status are at increased risk of experiencing multiple forms of violence from their partner, community, and within institutions.

Now more than ever we need the global HIV response to support response services and prevention activities for gender-based violence, rooted in a commitment to address gender inequality. This involves supporting feminist organisations that work on gender-based violence, including those that work with men and boys to reduce violence against women, girls and gender non-conforming people. Organisations led by women, girls and gender non-conforming people can help ensure that HIV initiatives (and others) do not increase violence against women, girls and gender non-conforming people in the community and elsewhere, or expose people to new areas of violence or vulnerability.

USEFUL RESOURCES:
- The ALIV[H]E (Action Linking Initiatives on Violence Against Women and HIV Everywhere) framework (2017) is an applied research implementation framework. It draws on the evidence of ‘what works’ to prevent HIV and violence against women in all their diversity in the context of HIV. It also aims to expand the evidence-base on what works to reduce violence against women.

57. Available at www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/
### 2.1.3 Sexual and Reproductive Health and Rights

The Guttmacher-Lancet Commission on sexual and reproductive health and rights defines sexual and reproductive health as ‘a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity’. To achieve this, the commission highlights the importance of ‘a positive approach to sexuality and reproduction [that] recognizes the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and overall well-being’. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights including the right of individuals to make decisions that govern their bodies, free of stigma, discrimination, and coercion. These decisions include those related to sexuality, reproduction, and the use of sexual and reproductive health services.62

These rights apply to everyone, regardless of their gender identity or sexual orientation, including women and girls in all their diversity and gender non-conforming people. The commission reports that almost all of the 4.3 billion people of reproductive age in the world will experience inadequate sexual and reproductive health services over the course of their lives, and this is especially true for adolescent girls and young women and people from marginalised populations.

The connections between sexual and reproductive health and HIV have been well established.63 For example:

- HIV is mainly sexually transmitted. It can also be transmitted to infants during pregnancy, delivery, and breastfeeding. With antiretroviral treatment (ART) and care interventions, HIV transmission to infants is drastically reduced. Male and female condoms provide triple protection from unintended pregnancies, HIV, and other STIs.

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59. See [www.positivyoungwomenvoices.org/lbq-support](http://www.positivyoungwomenvoices.org/lbq-support)
60. For more on LEARN MENA see [www.frontlineaids.org/what-weve-learned/learn-mena](http://www.frontlineaids.org/what-weve-learned/learn-mena)
61. For more on Zero Violence see [www.frontlineaids.org/our-work-includes/zero-violence](http://www.frontlineaids.org/our-work-includes/zero-violence)
• Gender-based violence can increase the risk of contracting HIV, and violence can increase after an HIV-positive diagnosis and impact on HIV-related service use (see page 18). Gender inequality and HIV-related stigma and discrimination can intersect to undermine the SRHR of women, girls and gender non-conforming people.

• STIs, such as gonorrhoea, herpes, chlamydia and syphilis, greatly increase someone’s risk of both contracting and transmitting HIV.

• Cervical cancer is an AIDS-defining illness, since women living with HIV who get human papillomavirus (HPV) are more likely to develop pre-invasive lesions that can quickly progress to invasive cancer if left untreated. Women living with HIV are four to five times more likely to develop invasive cervical cancer than other women.

• Non-sexually transmitted conditions, such as female genital schistosomiasis and bacterial vaginosis, can increase the risk of STIs and HIV.

**UNIQUE CHALLENGES**

Women, girls and gender non-conforming people living with and affected by HIV face unique challenges and human rights violations related to their sexual and reproductive health and rights. These challenges and violations happen within their families and communities, during interactions with law enforcement and in health settings when they seek care. National laws and gender norms can also limit the sexual and reproductive lives and choices of women, girls and gender non-conforming people. Gendered social norms also undermine these groups’ rights to make choices about their sexual and reproductive health, free of coercion and discrimination (see page 16). Many women, girls and gender non-conforming people living with HIV, particularly young people, are not adequately reached with welcoming and high-quality health services. In the HIV response, people living with and affected by HIV are often addressed as ‘key populations’. This can obscure their gendered and intersectional experiences and needs, especially in relation to their sexual and reproductive health and rights.

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**AN SRHR PROGRAMME RELATED TO HIV THAT IS:**

**GENDER BLIND**

...could look like this: The ABC campaign (Abstinence, Be faithful, use Condoms)\(^64\), which fails to recognise that in some contexts, women and girls do not have the power to negotiate condom use.

**GENDER EXPLOITATIVE**

...could look like this: A programme that requires a woman’s male partner to consent for her to access family planning services.

**GENDER SENSITIVE**

...could look like this: Alliance India provided a range of SRHR services as part of an HIV prevention programme for female sex workers to respond to their immediate needs for contraceptives and abortion (67% accessed abortion care). Previously in India, sex workers were being provided with HIV testing, and being told they should use condoms, but their uptake to even these limited services was poor due to the attitudes of health workers.

**GENDER STRATEGIC/EMPOWERMENT**

...could look like this: READY\(^*\) works with peer-educators to promote access to SRHR for adolescents and young people living with HIV. During home and clinic visits, the peer-educators provide information, counselling and support.\(^65\)

**GENDER TRANSFORMATIVE**

...could look like this: In 2019, hundreds of women came together and marched in Nairobi to bring attention to the importance of Dolutegravir (also known as DTG) as an antiretroviral drug for all women, which had been restricted by the Kenyan Ministry of Health to exclude women of reproductive age. The march and other advocacy work by women living with HIV resulted in the Ministry of Health overturning its decision and committing to involving people living with HIV in government discussions on HIV-related health issues.\(^66\)

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65. For more on READY* see [www.frontlineaids.org/our-work-includes/ready](http://www.frontlineaids.org/our-work-includes/ready)

Sexual and reproductive health interventions that are grounded in principles of gender equality and human rights can have a positive impact on the lives of women, men and gender non-conforming people living with and affected by HIV by supporting long-term improved health status and a more equal world. Comprehensive, inclusive and integrated SRHR and HIV services should be provided, including gender affirmation services, that are accessible and welcoming to young women, sex workers of all genders, women who use drugs, gender non-conforming people, LGBT+ people and people living with HIV. Not only this, the specific individual, interpersonal, community and societal barriers that stop women, girls and gender non-conforming people living with and affected by HIV from accessing and benefitting from services that meet their health needs and rights must also be addressed.

USEFUL RESOURCES:

- WHO (2017) Consolidated guideline on sexual and reproductive health and rights of women living with HIV - This guideline helps countries to more effectively and efficiently plan, develop and monitor programmes and services that promote gender equality and human rights and hence are more acceptable and appropriate for women living with HIV, taking into account the national and local epidemiological context.67

- Frontline AIDS (2020) Advancing the sexual and reproductive health and rights of women who use drugs: a guide for programmes - This guide is aimed at those who work with and advocate for women who use drugs in all their diversity. It provides them with practical, evidence-based interventions that will help advance the SRHR of women who use drugs.68

- Designed by the United Nations Development Programme (UNDP) and IRGT (a global network of trans women, and many other organisations), the TRANSIT tool (2016) contains practical advice on implementing HIV and STI programmes with transgender people.69

- Inter-Agency Working Group on SRHR and HIV Linkages (2017) SRHR and HIV linkages: navigating the work in progress 2017 - A useful guide to the links between HIV and SRHR.70

For many women, men and gender non-conforming people, including those living with HIV, religion is a hugely important part of life. Faith leaders have enormous influence. There are many examples of how religion is used to preserve the status quo and unequal power relations between men and women. But there are also examples of faith leaders helping to stamp out inequalities against women, girls and gender non-conforming people through LGBT+ churches, tackling HIV-related discrimination in communities and services, transformative work on gender-based violence with women, girls, men and boys, work to make care in the family more equally distributed and initiatives to address toxic masculinities.

One of the most important efforts paving the way for an enabling environment for men who have sex with men in the Middle East and North Africa is being drive by religious leaders in the CHAHAMA network of Arab religious leaders responding to AIDS, a movement of Muslim and Christian leaders in Arab countries. This initiative, which is supported by UNDP, has mobilised 250 religious leaders in the region – Christian and Muslim, male and female – who are now initiating their own outreach work, anti-stigma campaigns, and care and support programmes for people living with and affected by HIV.71

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2.2. THE RELATIONSHIP BETWEEN GENDER, HIV AND OTHER KEY AREAS

This section provides a brief introduction to other areas that relate to gender and HIV, such as education and political participation, and links to relevant resources. It draws on the 2030 Sustainable Development Goals that UN Member States agreed in 2015. It also draws on the 2021 UN Women Generation Equality campaign to accelerate gender equality actions.

2.2.1. EDUCATION

Sustainable Development Goal 4 calls on states to ‘ensure inclusive and equitable quality education and promote lifelong learning opportunities for all’.

UNICEF states that education is one of the most effective tools for curbing the HIV epidemic. But educational spaces can also maintain harmful gender stereotypes, be disempowering and alienating when they do not recognise the gendered needs of girls, gender non-conforming children and young people, and be places of discrimination and violence.

For schools to fulfil their potential, they need to ensure they:

- Address the different needs of girls, boys and gender non-conforming children living with and affected by HIV. For example, by providing accessible and safe spaces for girls and gender non-conforming children.
- Protect all students from all forms of violence and harassment, within schools and on journeys to and from school, and ensure that those who experience violence at home and other areas of their lives are supported.
- Create environments, through lessons and extra-curricular activities, where students can critically reflect on gender norms and power relations and take action to address inequalities.

For girls, boys and gender non-conforming children, and young people living with HIV, school can be a place of fear and abuse. Stigma and discrimination regarding HIV, sexuality and gender expression is an important part of a gender-transformative approach to education.

Comprehensive sexuality education (CSE) is a rights-based, gender-focused approach to sexuality education. It can be provided in school or out of school, and is taught over several years, providing age-appropriate information to match the evolving capacities of young people. It is a critical part of addressing gender equality, gender-based violence and HIV.

Research has shown that sexuality and HIV education programmes that cover gender, power and gender-based violence are far more likely to reduce unintended pregnancies and STIs than programmes that do not include these topics. The Generation Equality Action Coalition 3 on bodily autonomy and SRHR includes an action to expand CSE.

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72. The Sustainable Development Goals (sometimes known as the Global Goals) are a collection of 17 interlinked goals designed to be a blueprint to achieve a better and more sustainable future for all. The SDGs were set in 2015 by the United Nations General Assembly and are due to be achieved by 2030.


74. https://sdgs.un.org/Goals/g04


76. Taken from UNFPA’s definition of CSE, available at www.unfpa.org/comprehensive-sexuality-education


INTRODUCTION

GENDER AND HIV

USING A GENDER-TRANSFORMATIVE APPROACH

In Senegal and Zambia, 1 in 8 boys and girls will be sexually harassed by a teacher or staff member.\(^7^9\)

In Uganda, 1 in 20 girls will experience abuse at school.\(^8^0\)

The number of women who have experienced sexual violence at the hands of a teacher is 10 million in India, 6 million in the Democratic Republic of the Congo, and 3 million in Nigeria.\(^8^1\)

400,000 A 10-country study found nearly 400,000 girls had been sexually abused in school in the last 12 months.\(^8^2\)

Evidence from across the world shows that a significant proportion of gender non-conforming students experience school violence due to their sexual orientation and gender identity. LGBT+ students report a higher level of violence than other students.\(^8^3\)

A SEX EDUCATION PROGRAMME THAT IS:

GENDER BLIND

...could look like this: Only recognises two identities (male-men/female-women) and one sexual orientation (heterosexual). Programmes like this exclude adolescents and young people who might not identify as men or women or who have different sexual orientations (e.g. bisexual, homosexual) and will fail to address their specific concerns. It might also make them feel isolated and ashamed.

GENDER EXPLOITATIVE

...could look like this: Uses gender stereotypes and norms to promote the idea that girls should abstain from having sex, and fails to take into account how gender norms and desires drive sexual practices.

GENDER SENSITIVE

...could look like this: Recognises and explains gender as a social construct and how it differently affects boys, girls and gender non-conforming people. Presents the whole spectrum of different sexual orientations.

GENDER STRATEGIC/EMPOWERMENT

...could look like this: The UNAIDS Education Plus initiative (see above).

GENDER TRANSFORMATIVE

...could look like this: A comprehensive sexuality education programme that discusses pleasure, consent, is human-rights based, and enables students to recognise structural barriers, challenge their own views, and act to make things better. For example, South Africa’s national CSE programme helps learners to build an understanding of rights-based, gender-focused concepts, values and attitudes around sexuality, sexual behaviour, and leading safe and healthy lives.\(^8^4\)


\(^8^0\), \(^8^1\), \(^8^2\) Ibid.


\(^8^4\) For more information on CSE in South Africa see www.education.gov.za/Home/ComprehensiveSexualityEducation.aspx
USEFUL RESOURCES:

- The Forum for African Women Educationists has provided a review and case studies of CSE in Africa (2019) - **Comprehensive Sexuality Education in Sub-Saharan Africa**.85

- UNESCO provides technical guidance on CSE, including on relationships, gender, sexuality, SRHR and violence.86

- **The Sexuality and Life-Skills toolkit** (2019) from Frontline AIDS is for anyone who wants to facilitate participatory learning activities with adolescents and young people to equip them with the knowledge, positive attitudes and skills to grow up and enjoy sexual and reproductive health and wellbeing.87

- Frontline AIDS has also developed a guide to facilitating a workshop on linking up HIV and sexual and reproductive health and rights with young people: **Ready to Learn** (2020). This provides structured opportunities for young people to explore, clarify and form life-long healthy attitudes and practices, free of coercion, violence and discrimination.88

- Ipas has produced a toolkit called **The Full Story** (2020) to help advocates integrate abortion into comprehensive sexuality education.89

2.2.2. ECONOMIC JUSTICE

Sustainable Development Goal 5.a commits to ‘undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws’.90 The **Generation Equality Forum Action Coalition on economic justice and rights** aims to catalyse further economic justice and rights for women and girls in all their diversity.91

Women, girls, and gender non-conforming people, particularly migrant workers and sex workers, make up a large proportion of workers in the informal job sector worldwide where they face insecure working conditions and criminalisation and lack access to social protection mechanisms. Trans and other gender non-conforming children and young people are often excluded from formal education systems, which later excludes them from formal and informal labour markets. Lack of sustainable livelihoods affect health, wellbeing and access to basic needs and services, and can also increase household conflicts and violence.92 Economic dependence and fear of violence make access to HIV prevention, care, treatment and support difficult. Racial injustice, social inequalities, and discrimination on the basis of sexual orientation, gender identity and expression and bodily characteristics compound these difficulties. For example, when people are unable to change their sex description on identity documents to match their actual identity, it compromises their personal safety and severely limits their access to services, opportunities for work and public participation.

Women, girls, and gender non-conforming people living with and affected by HIV experience economic injustice, insecure work and low pay, and discriminatory laws and practices. Examples include discriminatory inheritance laws, men being paid more than women and gender non-conforming people for doing the same job, and being excluded from social protection measures, such as sick pay or unemployment benefits.

DATA CHECK

Over 2.7 billion women are legally prevented from having the same choice of jobs as men.93

Of 189 economies assessed in 2018, 104 still have laws preventing women from working in specific jobs, and 59 have no laws on sexual harassment in the workplace. In 18, husbands can legally prevent their wives from working.94

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The UN identifies seven main actions\textsuperscript{98} that are needed to achieve economic justice for all including for women, girls and gender non-conforming people living with and affected by HIV (see page 28). In addition to these action areas, it is important to support and value (including financially) the work that women, girls and gender non-conforming people living with and affected by HIV do and the contribution they make to society. The specific HIV-related stigma people from these groups face in their economic lives must also be addressed.

### DATA CHECK

Only 13% of agricultural landholders are women.\textsuperscript{95}

A survey of ‘kothis’ in Bangladesh (people with a feminine male identity) found that 64% were in the lowest income bracket.\textsuperscript{96}

In Nepal, over half of the LGBT+ respondents in a representative survey reported that their income was not sufficient to meet their needs, and their average income was lower than other Nepalese people.\textsuperscript{97}

#### A PROGRAMME THAT RELATES TO ECONOMIC JUSTICE IN WAYS THAT ARE:

<table>
<thead>
<tr>
<th align="left">Gender Blind</th>
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<tbody>
<tr>
<td align="left">could look like this: A programme that trains men and women on how to use land for more efficient production, without recognising that in many countries women do not inherit land and that, even if they are the main people working on agriculture, they lack the decision-making power to enforce new ideas. A project like this should be complemented with finding (legal) strategies for women to access land and using other strategies (e.g. soft skills, such as negotiation techniques) to convince partners or relatives who might have the power to change the situation.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th align="left">Gender Exploitative</th>
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<tbody>
<tr>
<td align="left">could look like this: A micro-finance programme that requires a man’s signature (partner or male relative) for a woman to open a bank account.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th align="left">Gender Sensitive</th>
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<tbody>
<tr>
<td align="left">could look like this: The Women Initiating New Goals for Safety programme (WINGS) assesses the economic status of women who use drugs then provides advice and support on managing money and keeping savings safe.\textsuperscript{99}</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th align="left">Gender Strategic/Empowerment</th>
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<tbody>
<tr>
<td align="left">could look like this: One that focuses on decriminalisation and the promotion of safe working environments for sex workers. Achieving these things could avert 33–46% of new HIV infections among sex workers and clients over a decade due to the impact it would have on violence, policing, work environments and HIV transmission.\textsuperscript{100} For an example of a gender strategic approach to economic justice, see the IMAGE project on page 41.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th align="left">Gender Transformative</th>
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<tbody>
<tr>
<td align="left">could look like this: Is in line with AWID’s Feminist Bailout manifesto, which combines demands from feminist and social movements to list five principles and ten actions for a feminist post-COVID recovery.\textsuperscript{101}</td>
</tr>
</tbody>
</table>

\textsuperscript{95} UNDP ‘Goal 5: Gender Equality’ (web page). Available at \url{www.undp.org/content/undp/en/home/sustainable-development-goals/goal-5-gender-equality.html}.

\textsuperscript{96} Bondyopadhyay, A., Khan, S. and Mulji, K. (2005) From the front line: A report of a study into the impact of social, legal and judicial impediments to sexual health promotion, care and support for males who have sex with males in Bangladesh and India. Available at, \url{www.eldis.org/document/A32968}.


\textsuperscript{98} Secretariat, UN Secretary General’s High-Level Panel on Women’s Economic Empowerment (2016) A report of a study into the impact of social, legal and judicial impediments to sexual health promotion, care and support for males who have sex with males in Bangladesh and India. Available at, \url{www2.unwomen.org/-/media/hlp%20wee/attachments/reports-toolkits/hlp-wee-report-2016-09-call-to-action-en.pdf?la=en&vs=1028}.

\textsuperscript{99} For more on WINGS see \url{https://frontlineaids.org/resources/tackling-gender-based-violence-among-women-who-use-drugs-in-india/}.


\textsuperscript{101} The manifesto argues the following: This pandemic poses an unprecedented public health crisis and potentially the deepest economic recession in modern history. Big businesses and corporations are positioning themselves for a 2008-style financial bailout, but what lies before us is a decisive moment, not just to shape post-COVID economic recovery, but life in the future.
Seven primary drivers of economic empowerment for women, girls and gender non-conforming people

USEFUL RESOURCES:
- See, for example, recommendations from Frontline AIDS on economic justice in the context of COVID-19.
- Frontline AIDS (2021) conducted a systematic review on What works? Using economic empowerment to stop violence against adolescent girls and young women affected by HIV.102
- The UN produced a report in 2016: Leave No-one Behind: A Call to Action for Gender Equality and Women's Economic Empowerment. It includes the seven principles (see diagram above) and an agenda for action on women's economic empowerment.103

2.2.3. UNPAID CARE AND GENDERED DIVISION OF LABOUR

Sustainable Development Goal 5 on gender equality includes target 5.4, which commits to recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate.104 The Generation Equality Coalition on economic justice and rights also includes actions to transform the care economy and the gendered division of labour.105

Women and girls disproportionately experience the burden of unpaid care work. Women, girls, and gender non-conforming people living with HIV are often involved in unpaid work to provide peer support.

Broken public health systems, and gender norms that link women and girls with the home, have resulted in a situation where women are subsidising the HIV response in many parts of the world through their unpaid care work. Across the world, women have responded to the HIV epidemic by coming together and forming their own support groups of women living with HIV. These groups have pioneered discussions in African women’s activist communities about wellbeing and care, which have become a basis for feminist organising.

But the COVID-19 pandemic is highlighting how far there is still to go. National lockdowns and school closures have increased the workloads of women everywhere. In countries where health systems are fragile and strained, women-led organisations and groups, which are already vital to the HIV response, have had to urgently fill the gap as essential services and community activities have been scaled back or shifted focus towards COVID-19. But unpaid care work is still unrecognised by donors and governments, despite calls from women’s organisations for the issue to be addressed. Echoing this, WHO’s health policy guidelines suggest community health workers should be paid to reduce gender inequalities, while its guidelines on the sexual and reproductive health and rights of women living with HIV recognises the economic insecurity many women living with HIV face because their time and contribution is not often financially compensated.

A gender-transformative approach to HIV recognises and addresses the unpaid care work that women, girls and gender non-conforming people do, and it supports and funds the vital work of organisations led by women, girls and gender non-conforming people.
AN HIV/SRHR PROGRAMME THAT ADDRESSES UNPAID CARE IN WAYS THAT ARE:

**GENDER STRATEGIC/EMPOWERMENT**

...could look like this: During COVID-19 lockdowns, READY+ created information materials targeted at young people and their parents and caregivers to highlight that women and girls were likely to be bearing the biggest burden of unpaid care during the pandemic. The information outlined the negative consequences of this, and how parents/caregivers could be role models by distributing domestic work equally among all household members.¹¹⁵

**GENDER TRANSFORMATIVE**

...could look like this: In Hawaii, the Kupuna Caregivers Act, which was adopted in 2017, provides caregivers who work full-time jobs with up to US$70 per day to cover the cost of healthcare, meals, transportation and in-home services for an aging family member. This is a first-of-its-kind piece of legislation that could provide the financial relief working caregivers need to care for aging loved ones without sacrificing their careers. The legislation takes its name from the Hawaiian word used to refer to senior citizens in a way that shows reverence and respect.¹¹⁶

**USEFUL RESOURCES:**

- See, for example, recommendations from Frontline AIDS on caregiving, HIV and COVID-19 (2020).¹¹⁷

- The Overseas Development Institute has produced a guide to addressing unpaid care and domestic work (2020), although it is not specifically on HIV.¹¹⁸

**2.2.4. FULL AND EFFECTIVE PARTICIPATION AND POLITICAL REPRESENTATION**

Sustainable Development Goal 5.5 commits to ‘ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life’. The Generation Equality Global Acceleration Plan recognises the importance of advancing equal gender representation in decision-making and leadership. But progress on women’s political representation has been slow. The political representation of women and gender non-conforming people who also experience other forms of oppression (such as racism, heteronormativity, transphobia and social exclusion) has been even slower. Women and gender non-conforming people in political roles experience high levels of violence and abuse, including online abuse.

Without the political participation of women and gender non-conforming people, gender-transformative approaches are more likely to be left off political agendas or, if they are included, fail to reflect the priorities of those who need these approaches the most. Without this participation, gender inequality and gender-based violence will remain entrenched at all levels. But while gender inequality continues, and rigid gendered expectations and gender-based violence remain a danger, women and gender non-conforming people may find it difficult and dangerous to participate politically. This vicious cycle needs to change.

**DATA CHECK**

The proportion of women parliamentarians worldwide reached more than 25% in 2020 – a historic first but still far from gender equality.

At the current rate, it will take another 50 years before there is an equal proportion of male and female parliamentarians. Violence against women in politics, including many forms of online harassment and abuse, is a major barrier.¹¹⁹

There are various ways we can be politically active, for example, through agenda setting, lobbying, voting, community consultations, protesting, and as political representatives. Through these activities and more, women, girls and gender non-conforming people around the world have shown incredible political activism and leadership in raising the issues of gender

¹¹⁵ For more on READY+ see www.frontlineaids.org/our-work-includes/ready/

¹¹⁶ For more on this see www.care.com/c/stories/11801/hawaii-wants-to-give-cash-to-family-caregiver/


inequality, racism, climate and economic injustice, discrimination against people living with HIV and marginalised populations, and other pressing issues.

Through the Young Women’s Leadership Initiative, ATHENA has developed spaces and strategies to create and support adolescent girls’ and young women’s meaningful engagement in the HIV response.120 ATHENA has done this by providing adolescent girls and young women with:

- Support to engage in national, regional, and international policy fora
- Opportunities, as country focal points, to shape, inform and implement projects
- Support to conduct and participate in community dialogues
- Opportunities to participate in global reference groups, alongside more experienced female activists. Opportunities to participate in conference workshops, side events, panels, and ATHENA-led spaces such as the Women’s Networking Zone at the International AIDS Conference.

USEFUL RESOURCES:

- WHO checklist for the implementation of the Consolidated Guideline on SRHR of women living with HIV, to support women living with HIV to work alongside relevant government officials in their countries to align and tailor their own national HIV strategic plans with and to the new WHO Guideline,121
- AWID’s guide on a Holistic Approach to Protection of Women Human Rights Defenders (2014),122
- Frontline AIDS’ manual (2015), which outlines change processes in relation to men who have sex with men in the Middle East and North Africa, including at the structural and political level. It includes sections on addressing structural barriers through advocacy.123

### AN HIV-RELATED PROGRAMME ON PARTICIPATION AND POLITICAL REPRESENTATION THAT IS:

<table>
<thead>
<tr>
<th>GENDER BLIND</th>
<th>...could look like this: An HIV programme that seeks to address rights violations related to sexual orientation by training activists to be paralegals, which only recruits men who have sex with men, rather than people from the wider LGBT+ community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER EXPLOITATIVE</td>
<td>...could look like this: Includes international events where a speaker’s HIV status, sexual orientation or gender identity is revealed without their consent, which puts them at risk when they return to their country (for example, because being LGBT+ is criminalised).</td>
</tr>
<tr>
<td>GENDER SENSITIVE</td>
<td>...could look like this: YouthRise, a harm reduction organisation in Nigeria, has participated in a workshop on gender-transformative action. This has built staff members’ knowledge on gender issues and will be used to improve the organisation’s advocacy for gender-responsive harm reduction policies. The training has led to a renewed commitment within the organisation to prioritise women who use drugs and develop interventions to address harmful gender norms. Another example of gender-sensitive work is Frontline AIDS’ HIV prevention shadow reports, which include prevalence of intimate partner violence.124</td>
</tr>
<tr>
<td>GENDER STRATEGIC/EMPOWERMENT</td>
<td>...could look like this: In India, the Positive Speakers Bureau (PSB), coordinated by Alliance India, provides a forum for sharing marginalised communities’ ideas and issues of interest to inform government policy and practice. Community representatives present their own case studies in government spaces, which are then taken into account during the development of laws and policies. One idea from PSB that the government took up was a health phoneline that people living with HIV can ring during COVID-19 lockdowns to get their problems addressed.125</td>
</tr>
<tr>
<td>GENDER TRANSFORMATIVE</td>
<td>...could look like this: The Transgender Law Center in the USA is the largest national trans-led organisation advocating self-determination for all people. Grounded in legal expertise and committed to racial justice, it employs a variety of community-driven strategies to keep transgender and gender non-conforming people alive, thriving, and fighting for liberation.126</td>
</tr>
</tbody>
</table>

Section 3.4 (starting on page 49) provides useful supporting resources on advocacy.

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120. For more on the imitative, see [www.athenaworld.org/our-work/building-leadership/young-womens-leadership-initiative.html](http://www.athenaworld.org/our-work/building-leadership/young-womens-leadership-initiative.html)
121. Anam, F, Chung, C, Otieno, T, et al (2020) ‘How to include the perspectives of women living with HIV in research’ [web article], BJM, Sexual and Reproductive Health Available at [https://bjsm.bmj.com/bjsm/2020/06/25/include-perspectives-hiv/](https://bjsm.bmj.com/bjsm/2020/06/25/include-perspectives-hiv/)
122. Available at [www.awid.org/sites/default/files/atoms/files/Our%20Right%20To%20%20Safety_FINAL.pdf](http://www.awid.org/sites/default/files/atoms/files/Our%20Right%20To%20%20Safety_FINAL.pdf)
126. For more see [www.transgenderlawcenter.org](http://www.transgenderlawcenter.org)
3 USING A GENDER-TRANSFORMATIVE APPROACH

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© Frontline AIDS/Corrie Wingate 2017
A gender-transformative approach requires us to look at how power is distributed at all levels. It means looking at ourselves and our organisations – it is not only about achieving programmatic objectives, but also about the ways of working as we do this.

This section focuses on the process of implementing a gender-transformative approach. The diagram below outlines the kinds of activities and interventions that can make up such an approach to ensure that work on community systems strengthening, human rights, equality and violence prevention are done in gender-transformative ways.

This section acknowledges that our work is often constrained by tight budgets and framed by the particular concerns of our donors. It recognises that, in some contexts, HIV funding is focused on increasing HIV testing and treatment and does not encompass work to change gender norms, address gender-based violence or increase access to sexual and reproductive health and rights. But there are ways we can adopt more gender-transformative approaches in our lives and our work that do not require additional funding. Of course, we can and should continue to advocate for funding and support for holistic and gender-transformative work, and economic and social justice for our communities.

Our framework
INTRODUCTION

GENDER AND HIV

USING A GENDER-TRANSFORMATIVE APPROACH

Understanding power in terms of both power structures and power relations is very important for anyone who is an activist working for social change. It is even more important for anyone working on women’s rights, gender equality, or the rights of anyone who is marginalized, discriminated or excluded by society because of their gender identity, sexual orientation, race, class, caste, ethnicity, religion, nationality, dis/ability, occupation (e.g., sex workers), location (e.g., rural, urban) or any other factor.

Srilatha Batliwala, activist and scholar

Taking a gender-transformative approach requires us to understand – and change – how power plays out in our own lives, and in our work roles and relationships, including within our own organisation and with partner organisations, communities and stakeholders.

DOING A SELF-REFLECTION POWER ANALYSIS

Before we analyse power at an institutional or programmatic level it is good practice to think about our own personal experiences and use of power. ActionAid has developed ten feminist behaviours, adapted here to provide questions to help guide us in such reflections:

1. Self-awareness
   • Am I working towards accepting my vulnerabilities, as well as recognising and valuing my own strengths and those of others? How could I do this more?

2. Self-care and caring for others
   • Am I taking care of my own emotional and physical wellbeing and encouraging and supporting others to do the same? For example, do I make sure deadlines and work schedules take into account my unpaid care obligations, and those of others?
   • Do I role-model this by keeping my own working hours balanced and taking enough leave?

3. Dismantling bias
   • Am I aware of my personal and institutional privilege and power, based on advantages I have relating to gender, class, race, ability and other factors?
   • Do I notice when I might be dominating a discussion? Do I encourage others to voice their opinions?

4. Inclusion
   • How am I responding to different barriers to participation?
   • Do I see people like myself represented in decision-making?
   • How do I work to ensure that people with different perspectives from me join the conversation at the start, rather than relying on those ‘who think like us/me’?

5. Representation and sharing power
   • Do I actively create a space for others to lead? Do I encourage people to take up spaces to increase representation of different groups? Do I encourage colleagues to recognise their own value and abilities, and support them in putting themselves forward for committees, promotions and other opportunities?
   • Do I encourage individuals who have completed a piece of work to attend senior leadership team meetings to present it?

6. Responsible and transparent use of power
   • Am I clear, timely and transparent in making decisions? Do I explain the arguments and analysis that were undertaken to reach decisions? Do I show how people’s views were considered in the decision-making process?

7. Accountable collaboration
   • How am I ensuring collective goals are clearly defined and mutually owned? How am I holding myself and others accountable for achieving them?
   • When things don’t go well, how do we encourage creative thinking about what we could have done differently and how we could have worked together better to overcome challenges? How do we recognise and celebrate collective and individual contributions and achievements?

8. Respectful feedback
   • How do I seek, give and value constructive feedback as an opportunity for two-way and collective learning?
   • Do I practise continuous feedback (sideways to our colleagues, bottom-up to our managers and top-down to those we manage) through empathetic, unbiased and uplifting language?

3.1 GENDER AND POWER: LOOKING AT OURSELVES

‘All About Power: Understanding social power and power structures is very important for anyone who is an activist working for social change. It is even more important for anyone working on women’s rights, gender equality, or the rights of anyone who is marginalized, discriminated or excluded by society because of their gender identity, sexual orientation, race, class, caste, ethnicity, religion, nationality, dis/ability, occupation (e.g., sex workers), location (e.g., rural, urban) or any other factor.

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   • Do I role-model this by keeping my own working hours balanced and taking enough leave?

3. Dismantling bias
   • Am I aware of my personal and institutional privilege and power, based on advantages I have relating to gender, class, race, ability and other factors?

• How well do I step into the other person’s shoes and focus on the positive processes and outcomes that we want?

9. Courage
• Do I take initiative, learn from mistakes and not fear failure?
• Do I seek out new ways of doing things and empower others to do the same? Am I open to valuable insights from colleagues, even those I disagree with? If I come across challenges, am I open about mistakes and self-doubts? How do I show that I understand this is a journey and that everyone will ‘make mistakes’, and how do I keep the focus on helping individuals learn about themselves and the impact of their actions?

10. Zero tolerance
• Do I notice discrimination and abuse of power and take appropriate action to address it? Do I ensure my own conduct is free from any kind of harassment and exploitation?
• Do I report any inappropriate or abusive behaviour that I witness?

USEFUL RESOURCES ON EXAMINING OUR POWER INCLUDE:
• All About Power by Creating Resources for Empowerment in Action (CREA) (2020) provides illustrations of the different kinds of power and the way these play out in our lives. It also has spaces for readers to reflect on and record their own experiences of power, and a guided process to analyse their own personal history and relationship to power.128

• We Rise: Movement-building toolkit by JASS Associates offers a toolkit to support a movement-building strategy in specific areas. This includes a pack of activities on power and transforming power, which can help people to understand how patriarchy has influenced their attitudes and behaviours. It also includes tools to explore self-care, threats and dangers, and conflict resolution, which are all very relevant to gender-transformative approaches.129

Self-care is a key part of exploring personal power and, more broadly, in our work and lives to support transformative change.

The following guidance on self-care is available:
• Jessica Horn provides a useful Zine to Self and Collective Care (2019).130 Other Zines from the series produced by JASS, FURIA and Raising Voices include Movement Building, Intersectionality and Working in Repressive Contexts.131

• Laura van Dernoot Lipsky’s Five Directions for Trauma Stewardship (2017) outlines daily practices through which individuals, organisations, and societies tend to the hardship, pain or trauma experienced by humans, other living beings or our planet itself.132

• Hope Chigudu’s Healing Through Rituals: A guide for sustaining wellbeing and activism (2020) provides guidance on personal and organisational healing rituals and practices, aimed at supporting you to connect with yourself in a loving and accepting way during the COVID-19 pandemic. It also examines how the pandemic has changed our working circumstances.133

• Leah Goldmann’s Building and Sustaining Communities of Care in our Work to End Violence Against Women and Girls (2019) includes suggestions for self and collective care for people working on gender-based violence.134

• Self-care and prevention of burn out among activists – tools for everyday life (2018) from Frontline AIDS (formerly the International HIV/AIDS Alliance) and Eurasian Harm Reduction Association.135

129. Available at www.werise-toolkit.org/en/toolkit#tool-packs-by-topics
131. See www.preventgbvafrica.org/understanding-vaw/zines/
132 Available at www.dcf.vermont.gov/sites/dcf/files/OEO/Docs/TSI.pdf
Organisations that want to use gender-transformative approaches to change the world around them should be conscious of how gender and power play out within their own structures and processes. The African Feminist Charter suggests that institutional ethics are important for feminist organisations. The charter describes these ethics as follows:

- Using power and authority responsibly and managing institutional hierarchies with respect for all concerned. We believe that feminist spaces are created to empower and uplift women. At no time should we allow our institutional spaces to degenerate into sites of oppression and undermining of other women.

- Exercising responsible leadership and management of organisations whether in a paid or unpaid capacity and striving to uphold critical feminist values and principles at all times.

- Exercising accountable leadership in feminist organisations, taking into consideration the needs of others for self-fulfilment and professional development. This includes creating spaces for power-sharing across generations.

- Creating and sustaining feminist organisations to foster women’s leadership. Women’s organisations and networks should be led and managed by women. It is a contradiction of feminist leadership principles to have men leading, managing, and being spokespersons for women’s organisations.

- Being open to critically assessing our impact as feminist organisations and being honest and proactive with regards to our role in the movement. Opposing the subversion and/or hijacking of autonomous feminist spaces to serve right wing, conservative agendas.

- Ensuring that feminist non-governmental or mass organisations are created in response to real needs expressed by women that need to be met, and not to serve selfish interests, and unaccountable income-generating.

Feminist and women’s rights organisations have done a lot of work on feminist leadership and produced useful guidance and resources, including:


- CREA’s work on *feminist leadership*, which it defines as not just about women playing leadership roles but about supporting women to lead differently, with feminist values and ideology, to advance social justice for all. This includes CREA’s *Feminist Leadership for Social Transformation: Clearing the Conceptual Cloud* (2010).

- The *African Women’s Leadership Institute*. With a faculty of invincible feminists from all over Africa, including Bisi Fayemi, Sarah Mukasa, Prof. Sylvia Tamale and Hope Chigudu, the AWLI is a networking, information and training forum established to sustain leadership development for African women. It is helping to develop a strong group of women leaders at personal and collective levels who are influencing policies and decision-making. Through the application of feminist principles, the institute is achieving lasting change in the lives of women in Africa.


- *We are feminist leaders*, which offers training, resources and a newsletter on feminist leadership.

Organisations should regularly undertake critical reflection or self-assessment to make sure its culture, structures, staff, policies and other elements are able to implement gender-transformative programming.

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138. For more on this CREA’s work see www.creaworld.org/programs/feminist-leadership/
140. For more on the institute see www.akinamamawafrika.org/the-african-womens-leadership-institute-awli/
141. See www.awid.org
143. See www.wearefeministleaders.com
A gender audit or assessment can help guide organisations to integrate an intersectional, feminist and gender-transformative approach by supporting staff at all levels to examine the following:

- **Political will** – How leaders within our organisations (including the board of directors) and programmes use their position of power to communicate and demonstrate their support, leadership, enthusiasm and commitment to taking an intersectional, feminist and gender-transformative approach. Questions to explore include:
  - Is gender equality a central objective of our work?
  - Are we committed to gender-transformative approaches? Can we demonstrate this commitment through a written policy, declaration or principles?
  - Does leadership actively support and take responsibility for our commitment to gender-transformative approaches and for promoting gender equality?
  - Is there a strong representation of women, girls and gender non-conforming people living with and affected by HIV?

- **Understanding and capacity** – Whether our organisation understands and is able to ensure quality programmes that support gender equality, and whether our organisational processes are inclusive, intersectional, feminist and gender-transformative. This includes nurturing the ability, commitment and skills of staff, allocating funding to gender-transformative programming, and making inclusive, intersectional, feminist toolkits and other resources available and using them. Questions to explore include:
  - Has our organisation budgeted adequate financial resources to support our work on gender equality (within our organisational processes and systems, and in relation to staff recruitment, training and programmes)?
  - Are staff supported to develop the knowledge, skills, leadership and commitment to carry out their work in ways that are gender transformative?
  - Do programme/project/organisational planning, implementation, evaluation, and advisory teams in our organisation consist of members who are gender-sensitive and feel confident in the use of inclusive, intersectional, feminist and gender-transformative approaches?
  - Does our organisation work with other networks and community-based organisations working on SRHR, HIV and/or gender, and which are led by different groups of women, girls and gender non-conforming people living with and affected by HIV?
  - Is intersectional gender analysis built into our organisational and programme planning, implementation and evaluation procedures? (See page 45 for useful resources for planning gender-transformative programmes.)

- **Accountability** – The ways in which our organisation determines the extent to which it is ‘walking the talk’ in terms of integrating an intersectional, feminist, gender-transformative approach in programmes and organisational structures, and being accountable to women, girls and gender non-conforming people. Questions to explore include:
  - Is data collected for organisational processes, projects and programmes disaggregated by gender and other relevant identity factors?
  - Is the gender impact of organisational processes, projects and programmes monitored and critically assessed?
  - Does our organisation’s processes, programmes and projects contribute to equality for women and girls in all their diversity and gender non-conforming people? Does our organisation contribute to feminist, intersectional movement building?
  - Is a commitment to gender-transformative approaches and the rights of women, girls and gender non-conforming people included in job descriptions and/or in job performance criteria?
  - Do mechanisms exist so that people can make feedback and complaints on our organisation’s ways of working and on how our organisation responds to feedback and complaints? Are these mechanisms widely known about?
  - Does our organisation take steps to ensure that staff recruitment considers how gender and power dynamics will play out in the role that is being recruited? For example, if the role is to support young women living with HIV would our organisation consider recruiting a young woman for the post or a woman living with HIV?
Does our organisation remain true to its values in everything it does? For example, if our organisation is contracting a company to provide catering and refreshments, would it use a company that employs sex workers or women living with HIV?

Organisational culture - The norms, customs, beliefs and codes of behaviour in our organisations that support or undermine gender-transformative approaches and aims. This includes how people relate to each other, what are seen as acceptable ideas, how people are expected to behave, and what behaviours are rewarded. It also includes whether our organisation facilitates a flexible, positive work-life balance. Questions to explore include:

- Is gender and the rights of women and girls in all their diversity and gender non-conforming people taken seriously and discussed openly by all people in our organisation (including people at all levels of the organisation)?
- Do women, including young women in all their diversity and gender non-conforming people, feel comfortable openly expressing their views on organisational objectives, processes and culture?
- Do organisations led by women, girls and gender non-conforming people see our organisation as having integrity and competence in relation to gender-transformative approaches?
- Does our organisation facilitate a flexible, positive work-life balance?
- Has our organisation made significant progress in integrating inclusive feminist principles and gender-transformative approaches into our organisation’s operations and programmes?

An institutional gender assessment should explore the degree to which everyone inside and around the organisation is kept safe and supported by the organisation, regardless of race, gender, age, sexuality etc., and also whether people feel this support is on offer. It should highlight active work being done to counter patriarchy, white supremacy, ageism, ableism, heteronormativity, transphobia etc. Intersectional and gender-transformative approaches to safeguarding should be integrated into the four areas above. Conducting a gender assessment can be a useful part of work on community systems strengthening to ensure this work is gender transformative.

The gender assessment checklist above has been adapted from the following practical guides for gender assessment:

- **Annex Four of the Gender Equality Toolkit For IPPF Member Associations: Gender Assessment Tool (2019)** provides a self-assessment tool for organisations that provides practice questions and standards around systems, policies, capacity and expertise planning, monitoring and evaluation. Annex Seven includes a list of questions to ask in an external gender assessment.

- **InterAction’s Gender Audit Handbook (2010)** provides a good guide on the steps as well as questions to ask in a gender audit.

Two useful guides to gender assessments/audits from InterAction and International Planned Parenthood Federation (IPPF) recommend the following steps should be taken:

**Step 1** – Establish organisational readiness for the gender audit/assessment

**Step 2** – Staff survey and/or organisational self-assessment questionnaire (IPPF also provides a questionnaire for conducting a gender self-assessment of programmes)

**Step 3** – Focus group conversations and interviews

**Step 4** – Develop a gender plan of action

**Step 5** - Follow-up: ongoing gender integration

Gender assessments should be participatory processes. They should build organisational ownership of gender equality initiatives and planning. Audits help us to establish a baseline to show

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144. This guide does not cover safeguarding, but the following safeguarding guides are useful:
   - The Gender and Development Network (2018) Safeguarding and Beyond: Recommendations from the Gender and Development Network. Available at [https://static1.squarespace.com/static/536c4ee8e4b0b60bc6ca7c74/t/5b02df478a922d27418ba1f9/1526914889870/Safeguarding-and-Beyond-recommendations-May2018.pdf](https://static1.squarespace.com/static/536c4ee8e4b0b60bc6ca7c74/t/5b02df478a922d27418ba1f9/1526914889870/Safeguarding-and-Beyond-recommendations-May2018.pdf)


147. Available at [www.interaction.org/blog/gender-audit-handbook/](www.interaction.org/blog/gender-audit-handbook/)
where our organisation currently sits in terms of using gender-transformative, inclusive, feminist, intersectional approaches.

Organisations can use a gender continuum, which starts at gender blind and ends in gender transformative, to assess the progress that is being made within the organisation itself and within programming. We can establish benchmarks for each stage of the gender continuum, based on what we feel represents each stage for our own organisation. This is a useful resource on organisational development, which is ideal for organisations that are already feminist:

- **Strategies for Building an Organisation with a Soul** (2015) by Hope Chigudu and Rudo Chigudu is a guide that focuses on the ‘what’ and ‘how’ of organisational leadership rather than organisational management. It goes beyond financial and institutional structures and systems to highlight how we need to address, reflect and nurture the heart of our visions and missions if our organisations are to thrive and survive.148

Analysing power is an important part of taking a gender-transformative approach, and it should continue through our programming. See for example:

- **We Rise: Movement-building toolkit** by Just Associates offers tool packs to support a movement building strategy in specific areas and provides helpful guidance on exploring and transforming power.149

- **CREA’s All About Power: Understanding social power and power structures** (2020). Written by Srilatha Batliwala. This is organised around five questions: Where does power operate? Where does power come from? What does power look like? How is power expressed? How does power work? As the introduction explains: “When activists try to change people’s lives, or tackle the injustices they face, we are actually trying to change power equations.”150

### 3.3 GENDER, NORMS AND POWER: OUR WORK AND PROGRAMMES

#### 3.3.1 AN OVERVIEW

Our work and programmes are shaped by many things beyond our organisations’ intentions. These things include the context we are in, health and transport infrastructure, social norms, the funding our organisation receives, and legal frameworks around gender, gender identity, sexual orientation and sex work. National laws may constrain who we are able to work with and how. Donors may not always see the links and intersections between HIV, gender and sexual and reproductive health and rights, and may set limiting conditions around their funding. However, within all the constraints, it is important to use gender-transformative approaches.

Gender norms, power, relationships and roles should be considered at each stage of our programmes – from knowing your context, to planning, implementing, monitoring, evaluating, learning and adapting.

Here are two personal stories to help us keep the real-life experiences of women, girls and gender non-conforming people in all their diversities at the centre of our thinking.

**Lili’s story**

Lili is 29. She has sold sex since her early teens as a way to help support her family. When she was 18 she began injecting opioids. She knows that some of her friends sell sex to support their drug dependence. While Lili uses some of her income to purchase drugs, it is not her sole motivation for engaging in sex work.

Lili and many of her friends have experienced violence from their clients. They know their work is illegal and do not trust the police to intervene on their behalf. Clients are not required to use condoms, and Lili sometimes negotiates extra money by agreeing to have unprotected sex. Despite having friends who have contracted HIV, she doesn’t seek out support or find out her HIV status because she is worried about the stigma she will suffer if people in her community find out about her drug use and her work.

On this page and page 45 you will find useful resources that provide help with understanding your context.


149. Available at www.werise-toolkit.org/en/toolkit#tool-packs-by-topics

INTRODUCTION

GENDER AND HIV

USING A GENDER-TRANSFORMATIVE APPROACH

Patience’s story
Patience was walking home from a local bar known to be open to the LGBT+ community when three men stopped her and pushed her into an alleyway. They told her they were going to make her remember that she was a woman and raped her. Afterwards she was afraid but still went to the police to report the crime. The police officer she spoke to dismissed her report, asking what she did to encourage her attackers. Six months later, Patience tested positive for HIV at the local health centre. On receiving the results she didn’t know what to do. The doctor told her to inform all her sexual partners – meaning her male partners. No one said anything about how this could affect her girlfriend, and she was afraid of how her girlfriend would react to the news. She assumed, based on the information available, that HIV couldn’t be transmitted through lesbian sex so she didn’t need to disclose either the rape or her HIV status to her girlfriend.151

These stories provide examples of the kinds of needs, identities and priorities different people may have in the context and communities in which you work. We have used Lili and Patience’s stories, but you may be thinking about the women, girls, men, boys and gender non-conforming people in your communities.

If you are already working in the community you might want to ensure your activities are more inclusive and gender-transformative. You also might want to reflect on the current power relations that will affect ongoing and new areas of work.

Ask yourself:
- What are the main challenges Lili and Patience face, and how do these relate to oppression based on gender, race, age, sexuality and other factors?
- Where do they currently get support?
- What are the opportunities and barriers for improving gender equality in the community?
- Who are the actors involved in decision-making and influencing, particularly in relation to issues affecting Lili and Patience?
- How do power relations affect the realisation (or not) of gender equality? Which power relations are particularly relevant to gender equality?
- What organisations and activities exist that are addressing the relevant issues?

151. Although the risk of HIV transmission through sex between women is low it can be transmitted through fingering, fisting, oral sex and by sharing sex toys. For more information, see AVERT (2018) HIV and women who have sex with women. Available at www.avert.org/sites/default/files/WSW%20fact%20sheet.pdf.

3.3.3 PROGRAMME DESIGN

HOW WILL YOUR PROGRAMME OR PROJECT WORK TO TRANSFORM GENDER INEQUALITIES?

When you are designing a programme or project, extending or changing your focus or shifting a current project to be more gender-transformative, think about the influence of gender inequalities, gendered social norms and the intersectionality of identities. Different approaches and strategies will be needed to address specific needs and to address the inequalities that different people experience.

It may help to look at where your programmes are starting and where we want them to be on the gender continuum (journey), from gender blind to gender transformative. There are examples throughout the guide to help you with this.

WHAT INTERVENTION STRATEGIES WILL YOU USE?

See page 41 for examples of gender-transformative strategies that can be stand-alone activities or can support other activities, such as HIV prevention and treatment services. It may also help to work in partnership with communities to develop a theoretical framework and roadmap for change.

A FOCUS ON INCLUSIVITY

In many countries, trans and gender non-conforming identities are not recognised by society, in law, in research, and in health services. Trans women, trans men, non-binary and gender non-conforming people may lack social and legal understanding of their identity and find themselves boxed into binary categories. We need to acknowledge the right to self-identification and address the underlying gender norms and inequalities that undermine the rights of gender non-conforming people as well as women, girls, men and boys.

Depending on the age of consent for accessing HIV testing and other SRHR services, and the laws around sexual relationships, it can be challenging to include adolescents and young people, including young gender non-conforming people and those who engage in transactional sex, in your programmes, activities and organisation.
How do your programmes and advocacy respect and validate the gender identity of trans women, trans men, Indigenous gender identities such as Hijra, non-binary and gender non-conforming people (including those under the age of consent)?

How does your programmes and advocacy ensure people from these groups are able to access the services they need (e.g. services for menstrual health, sexual health, gender affirmation, contraception, pregnancy, menopause, peer support to address sexual violence, harm reduction, HIV prevention and treatment)?

How does your organisation ensure its data collection and monitoring is tailored for this purpose and respects privacy, confidentiality and people’s right to self-identify in the way they choose?

### Questions to Consider

### Six Strategies for Gender-Transformative Change

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<tbody>
<tr>
<td>1</td>
<td>Removing gender barriers and increasing access to, and control over, services</td>
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<tr>
<td>2</td>
<td>Encouraging critical reflection on power, norms, experiences and histories</td>
<td>3</td>
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<tr>
<td>3</td>
<td>Transforming social and gender norms in communities and society</td>
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<td>4</td>
<td>Supporting economic justice and rights</td>
<td>5</td>
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<tr>
<td>5</td>
<td>Supporting feminist movement building and community-led change</td>
<td>6</td>
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<tr>
<td>6</td>
<td>Transforming and implementing policies, laws and budgets</td>
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Combining these six strategies is ideal. Here are some examples of organisations that have done just that, and are bringing about gender-transformative change as a result:

**Positive Young Women Voices** in Dandora, Kenya, is a community-led organisation whose work includes removing gender barriers by providing sanitary products for young women and girls, and hosting community workshops and support forums for lesbian, bisexual and queer women and women living with HIV to encourage critical reflection on power and norms and their own experiences and histories. Through monthly forums about violence, young women and girls are being equipped with skills to help them understand and claim their rights, and identify and respond to violence. The organisation advocates about, and creates visibility on, the challenges young women and girls experience when seeking support to deal with violence. Positive Young Women Voices is building collective action that embraces the courage and resilience of young women and girls and supports women and girls to be anything they want to be. The organisation has supported many young women and girls to see that behind their story there is victory, a drive to succeed, and power to inspire others.152

**African Women’s Development Fund** has taken a multi-strategy approach to feminist movement building. The diverse range of activities it has undertaken includes promoting critical reflection on power and histories, providing feminist funding to women’s rights organisations, supporting meetings of the African Feminist Forum, which led to the development of the African Feminist Charter, holding feminist ‘Flourish’ retreats, and creating animations to promote African feminist futures.153

The **IMAGE Project** is a community-based programme that aims to prevent HIV and gender-based violence. Based in rural South Africa, it combines group-based microfinance with a 12-month gender and HIV training curriculum delivered to women at fortnightly loan repayment meetings. It also mobilises youth and men in the community around issues relating to HIV, gender-based violence and gender equality. By combining economic justice with transformative work on gender norms and female confidence, decision-making autonomy and collective action, the IMAGE project has empowered women and improved their economic wellbeing, reducing their vulnerability to both HIV and gender-based violence. It has also engaged the wider community to address common concerns and create a more enabling environment for women and girls.154

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152. For more on Positive Young Women Voices see [www.positiveyoungwomenvoices.org](http://www.positiveyoungwomenvoices.org)

153. For more on the fund see [www.awdf.org/futures](http://www.awdf.org/futures)

154. For more on the IMAGE Project see [www.image-sa.co.za/PROGRAMME/THE-INTERVENTION](http://www.image-sa.co.za/PROGRAMME/THE-INTERVENTION)
ENACTING OUR VALUES IN PROGRAMME DESIGN AND IMPLEMENTATION: A CHECKLIST
The questions below can be used to guide and assess progress on embedding a gender-transformative approach in our programmes and can be adapted to guide all our activities.

<table>
<thead>
<tr>
<th>QUESTIONS TO GUIDE OUR PROGRAMME DESIGN AND IMPLEMENTATION</th>
<th>SCORE 0-4</th>
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</thead>
<tbody>
<tr>
<td>1 Human rights</td>
<td>0: not at all 1: a bit 2: somewhat 3: a lot 4: always</td>
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<tr>
<td>• Do our programmes affirm and uphold human rights, particularly of women and girls in all their diversities and gender non-conforming people?</td>
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<tr>
<td>2 Sexual and reproductive health and rights</td>
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<tr>
<td>• Do our programme activities increase the access to SRHR of women and girls in all their diversities and gender non-conforming people?</td>
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<tr>
<td>3 Gender equity and equality</td>
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<tr>
<td>• Does the way we work support women, girls and gender non-conforming people to voice their priorities, and uphold and address these priorities?</td>
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<tr>
<td>4 Representation, voice and agency</td>
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<tr>
<td>• Do we support the agency and leadership of women, girls and gender non-conforming people of diverse experiences and backgrounds in our work?</td>
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<tr>
<td>• Do our internal systems and processes promote diversity and gender equality within our programmes?</td>
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<tr>
<td>• Do we ensure people feel they are represented in decision-making; do they have voice and agency?</td>
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<tr>
<td>5 Safety and self-care</td>
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<tr>
<td>• Could our programmes increase or worsen potential violence against women, girls and gender non-conforming people in the community and elsewhere, or expose them to new experiences of violence or vulnerability? Do we have a solid risk-management strategy, and have we considered mechanisms for emergency responses?</td>
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<tr>
<td>• Have we factored in a possible backlash from those who benefit from patriarchy?</td>
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<tr>
<td>• Do we ensure our programmes support self-care and safety for staff, activists and community members?</td>
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<tr>
<td>• Do we involve men and boys in a way that promotes the safety (and rights) of women, girls and gender non-conforming people?</td>
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<tr>
<td>6 Supporting movements and participation of women, girls and gender non-conforming people</td>
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<tr>
<td>• Do we support organisations and networks led by women, girls and gender non-conforming people, including at grassroots/community level? Is the support we provide empowering and transformative, and on their terms?</td>
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<tr>
<td>• Are we making funding available for women’s, girls' and gender non-conforming people’s advocacy, peer support, networking and digital inclusion?</td>
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<tr>
<td>• Do we consciously ensure the meaningful involvement of women and girls in all their diversities and gender non-conforming people in all stages of planning, implementation, monitoring, evaluation, project management and governance decision-making?</td>
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# Questions to Guide Our Programme Design and Implementation

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<thead>
<tr>
<th>Score 0-4</th>
<th>0: not at all</th>
<th>1: a bit</th>
<th>2: somewhat</th>
<th>3: a lot</th>
<th>4: always</th>
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**6**
- Do we ensure women and girls in all their diversities and gender non-conforming people are adequately supported and resourced so that we are not relying on their voluntarism and unpaid work?

**7**
- Do we understand which aspects of the lives of women, girls and gender non-conforming people the existing evidence has failed to represent? Does our work ensure that the lived experiences of women and girls in all their diversities and gender non-conforming people become part of the evidence base?
- Does the evidence support the programmes we develop?
- Do our programmes enhance or deepen the understanding of the intersections between gender inequality, violence and HIV?
- Do we collect disaggregated data (i.e. data that is categorised by relevant factors, such as age or gender) on the impact of our programmes? Do we support community data collection (respecting confidentiality) on other factors that can worsen vulnerability (e.g. gender identity, HIV status, disability, sexuality, poverty, selling sex)?

Adapted from the ALIV\[H\]E framework (Actions Linking Initiatives on Violence against Women and HIV Everywhere)\(^{155}\)

To enable us to enact these values in our programme design, we need to consider the following:

- **Budget** - How should our programme budget be allocated to ensure we spend it on gender-transformative approaches? Have we budgeted enough to cover the following:
  - Staff expertise and development on gender-transformative approaches
  - Gender assessments and analysis
  - Office equipment and office space
  - Ongoing monitoring, evaluation and learning
  - Ongoing capacity support, such as training, tool development, mentoring and lessons sharing
  - Planned activities and unexpected activities
  - Safeguarding and risk management

Does our finance system allow us to track spend on gender-transformative activities?

- **Partnerships** - Are we partnering with feminist organisations and community-led organisations of women, girls and gender non-conforming people? Are we budgeting sufficiently for this? Are we working to address power imbalances within partnerships? Do they feel meaningfully involved in programme decision-making, and are they sufficiently compensated for their contribution?

- **Adaptation** - How can we include in our programme design the ability to adapt activities to new and changing circumstances, both internal and external?

- **Backlash** - When we work to create gender equality and end gender-based violence, we often face a backlash, or push back, from individuals and systems that benefit from the patriarchal status quo. Backlash includes the harassment or aggression feminist and gender non-conforming activists experience when they challenge unequal

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power structures, gender inequality and gender-based violence. It affects the mental and physical wellbeing of gender-based violence practitioners and those taking gender-transformative approaches, and it can discourage others from working on these issues.

Strategies to foresee and respond to backlash, such as developing organisational policies, practices and structures that support individuals and groups who speak out, and promoting a culture of self-care, can help to reduce the likelihood and consequences of backlash. The first step is to ensure you have a collective understanding of who makes decisions that affect your activities, where resistance may come from, and who your allies are in each situation. This will be part of the power and gender analysis you do when planning your programming and advocacy work as part of your plans for safety and self-care.

**USEFUL RESOURCES ON DEALING WITH BACKLASH:**

- The Coalition of Feminists For Social Change provides a useful guide called *Backlash: What is it and how do we address it safely?* (2015).

- There are helpful sections on 'Opposition Monitoring' and 'Prepare to meet the opposition' in the IPAS resource, *The full story: Advocating for comprehensive sexuality education that includes abortion* (2020).

- Members of the Frontline AIDS’ partnership have vast experience of working in unfavourable environments and have developed strategies for doing so. You can draw on this collective knowledge and adapt it for your own context. See, for example, these two guides/tools from Frontline AIDS:

There is also useful advice in the advocacy guides featured on page 54.

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**WHAT DO WE MEAN BY ‘COMMUNITY-LED’?**

Community-led organising is vital for an inclusive, intersectional, feminist response. Importantly, in 2016, the UN General Assembly made a commitment that 30% of all HIV services would be provided by community-led organisations by 2030. Commitments were also made to support the leadership and involvement of women and girls in the HIV response, and to invest 6% of all global AIDS resources in advocacy, community mobilisation and leadership of people living with and affected by HIV, including women, girls and children.

Not all community-based organisations are community-led.

UNAIDS defines community-led organisations as being led by the people that they serve and are primarily accountable to them. UNAIDS states that this includes organisations by and for people living with HIV and organisations by and for people affected by HIV, including gay men and other men who have sex with men, people who use drugs, prisoners, sex workers, transgender people, women and young people.

Community-led organisations, groups and networks, irrespective of their legal status, are entities for which the majority of governance, leadership, staff, spokesperson, membership and volunteers reflect and represent the experiences, perspectives and voices of their constituencies, and have transparent accountability mechanisms to these constituencies. Community-led organisations, groups and networks are self-determining and autonomous, and are not influenced by government, commercial, or donor agendas.

Sex worker-led organisations are defined by the Global Network of Sex Work Projects (NSWP) as organisations in which half or more of the decision-making body is comprised of current or former sex workers, half or more of the spokespersons are current or former sex workers, and one-third or more of paid staff are current or former sex workers.

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**REFERENCES**


INTRODUCTION

GENDER AND HIV

USING A GENDER-TRANSFORMATIVE APPROACH

If you want to look into this in more detail, here are some other guides and tools on different aspects of gender-transformative and inclusive programming that can be adapted:

- **The Sex Worker Implementation Tool (SWIT)** (2013) developed by the NSWP and partners offers practical guidance on effective HIV and STI programming for sex workers. It provides evidence for the necessity of decriminalising sex work, the involvement of sex workers in developing sex work communities as a fundamental part of the response to HIV.


164. Available at www.nswp.org/resource/sex-worker-implementation-tool-swit
• **Gender-Transformative Approaches quick scan** from Rutgers offers a guide to gender-transformative programming and a tool to examine how gender transformative your programmes already are.\(^{165}\)

• WHO’s **Gender and health planning and programming checklist** is designed to assist in integrating gender into health planning and programming activities by highlighting key questions and suggesting tips to address identified gaps.\(^{166}\)

• The CARE **Gender Marker** (2016) is a self-assessment programme quality and learning tool. It aims to inform the design of monitoring, evaluation and learning plans and frameworks as part of proposal development or programme design and during project start-up. It also measures the integration of gender into programming along the CARE Gender Continuum from harmful to transformative.\(^{167}\)

• **Aiming high: 10 strategies for meaningful youth engagement** (2016) - a resource from Frontline AIDS.\(^{168}\)

### 3.3.5 IMPLEMENTING

When you are implementing your programme or project, you will be constantly keeping an eye on any impact you are seeing on gender inequalities, gender norms and intersectionality of identities, and adapting your programme accordingly. The questions below can help you do this during the implementation phase.

• How are our programme activities transforming gender inequality in the lives of people within the communities we are supporting? What evidence do we have that these activities are working?

• Is the budget sufficient and directed to the right activities for gender transformation?

• How are we capturing learning, including unintended consequences, and are we adapting what we do to address this learning?

• Are there any ongoing or new internal and external challenges and opportunities for implementation relating to gender, race, age, sexuality and other factors?

• How are power and gendered relations within communities, the organisation hosting the programme and funders affecting the implementation of the programme?

• How well do women, girls and gender non-conforming people feel involved in the programme implementation?

• How do we ensure ongoing accountability for the implementation of our programme to women, girls and gender non-conforming people?

• How do we prepare for and address backlash?

• Do staff and partners feel sufficiently supported to implement a gender-transformative approach? And to speak out about their views and concerns?

• Do we support a programme environment that recognises the importance of self-care and safeguarding?

• How are we positioning ourselves and our organisation in the implementation phase to ensure women, girls and gender non-conforming people are in decision-making and leadership roles?

• During the implementation phase, are we seeing movement along the programming continuum (journey) towards gender-transformative approaches?

**Adapting:** Adaptation is extremely important in the implementation phase. We may see that things are not working as we expected, or that some of our actions are having unintended consequences. There may be new circumstances that change the priorities.

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\(^{165}\) Available at [www.rutgers.international/sites/rutgersorg/files/PDF/Rutgers-GTA%20Quickscan-A4-29.02.21.pdf](http://www.rutgers.international/sites/rutgersorg/files/PDF/Rutgers-GTA%20Quickscan-A4-29.02.21.pdf). There are other resources on gender transformative approaches from Rutgers available at [www.rutgers.international/Gender-transformative-approach/resources](http://www.rutgers.international/Gender-transformative-approach/resources).


\(^{168}\) Available at [frontlineaids.org/resources/aiming-high-10-strategies-for-meaningful-youth-engagement/](http://frontlineaids.org/resources/aiming-high-10-strategies-for-meaningful-youth-engagement/).
Gender-transformative monitoring and evaluation is about how you do it, as well as what you are monitoring and evaluating.

- Ensure your monitoring, evaluation, accountability and learning (MEAL) are rooted in feminist and gender-transformative approaches.
- Select indicators and outcome measures to track progress towards gender equality.
- Link your monitoring and evaluation to accountability and learning approaches.

Many traditional approaches to evaluation take for granted that no one is actively trying to undermine, push against or oppose actions. When advocating for the rights of women, girls and gender non-conforming people, we expect vigorous backlash and even rejection of the very idea that women, girls and gender non-conforming people have rights. Ensure MEAL is rooted in feminist and gender-transformative principles.

Your MEAL should reflect the feminist and gender-transformative principles of your programming. Many organisations have produced tools to support feminist, participatory and gender-transformative MEAL work. We should try to make MEAL an empowering process that resonates with the interests and needs of various stakeholders, including organisational staff and partners, community members, women, girls, gender non-conforming people and others who are often marginalised from decision-making.

A feminist, gender-transformative evaluation should be based on values of equality, inclusion, participation and transparency. It should:

- Recognise that evaluations are political, and choices about the approach, questions to ask, and data to collect are not neutral or objective and should explore community priorities.
- Privilege the perspectives of women, girls and gender non-conforming people as a way to overcome the silencing of women, girls and non-conforming people.

### RESOURCES ON IMPLEMENTING A GENDER-TRANSFORMATIVE APPROACH

- The planning resources (on page 45) are relevant to this stage of a project/programme.
- The Overseas Development Institute has produced a report on Using adaptive development to support feminist action (2016). The COVID-19 pandemic is a prime example of the need to adapt programming. Women, girls and gender non-conforming people are doing vital work to meet the urgent needs of their communities during this time, yet this is often unpaid, unfunded, and unrecognised by governments and donors. They are offering protection and support for women, girls and gender non-conforming people experiencing violence, providing psychosocial support, and support to access medication, services and information, all at risk to their own health and lives. Gender-transformative pandemic responses are desperately needed, as are gender-transformative responses to other emergencies, such as natural disasters and climate change.

### RESOURCES ON COVID-19, GENDER INEQUALITY AND GENDER-TRANSFORMATIVE PANDEMIC RESPONSES


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● Be transformative – with opportunities for reflection and learning for all stakeholders and actors, including the evaluator.

● Be empowering – a feminist and rights-sensitive monitoring and evaluation is one that ensures community members lead it or are in equal partnership with an evaluating organisation or team.

● Ensure the evaluation does not just ‘extract’ information from participants, rather it promotes community co-ownership of the data, analysis and findings.

● Use mixed methods and qualitative, participatory approaches that enable women, girls and gender non-conforming people to share their experiences.

● Prioritise the assessment of changes in power relations.

● Generate broader knowledge that advances gender justice and feminist understandings of health, livelihoods, justice and rights for women, girls and gender non-conforming people.\(^{175}\)

Choosing your indicators: Ensure indicators call for data disaggregated by gender, age, disability and other characteristics as appropriate. Make sure the indicators resonate with the priorities of women, girls and gender diverse people, and that they measure quality of outcomes as well as quantity. For example, the quality of women’s participation and decision-making and changes in attitudes, behaviours, perceptions and norms. To what extent does the programme benefit different groups of women, girls and gender non-conforming people as compared to men and boys? We need to ensure that the indicators we select will not be so complicated to track that much needed resources are taken from vital activities. We also need to use the information we gather to create change that is transformative for women, girls and gender non-conforming people.

**USEFUL SOURCES OF IDEAS**

- **The ALIV[HE] (Action Linking Initiatives on Violence Against Women and HIV Everywhere) framework** (2017) (see p. 53).\(^{176}\)

- **Compendium of Gender Equality and HIV Indicators** (2014) Measure Evaluation and UN Women.

- Amplify Change has a useful **bank of indicators on SRHR, HIV and gender**.\(^{177}\) Indicators of gender-transformative approaches may include:
  - Stronger more inclusive movements for SRHR
  - Changes in, and implementation of, policies and laws
  - Access to SRHR resources, information and services
  - Transforming social norms
  - Improved awareness of SRHR as human rights

- **Aidsfonds** provides a list of **areas at an outcome and impact level of change** (2020) (see page 35 and box on next page).\(^{178}\) (For example, the quality of women’s participation and decision-making and changes in attitudes, behaviours, perceptions and norms.)

**ACCOUNTABILITY TO WOMEN, GIRLS AND GENDER NON-CONFORMING PEOPLE**

Don’t just collect data – use it! It is important to understand how you use the data you collect. Do not ask for data if you are not going to use it to improve your own and others’ programmes and advocacy.

Participatory approaches to MEAL can be transformative as they can expand the space for accountability to, and meaningful involvement of, women, girls and gender non-conforming people, which can shape how projects and services are provided and evaluated in these communities. Approaches such as community score cards and community advisory boards can increase accountability to women, girls and gender non-conforming people, leading to mutual generation of solutions that result in service improvements, greater service use and service user satisfaction.\(^{179}\)

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178 Available at [https://aidsfonds.org/assets/resource/file/0464_The%20Big%20Picture%20Revisited_WEB.pdf](https://aidsfonds.org/assets/resource/file/0464_The%20Big%20Picture%20Revisited_WEB.pdf)

Together with your team, examine the following areas to assess the effects of your programme activities:

1. Changes in the gender division of labour, and workload reduction for women, girls and gender non-conforming people.

2. Increased access to and control over resources for women, girls and gender non-conforming people compared to men (including increased mobility).

3. Increased access to and control over benefits of own project/programme activities (including increased mobility) for women, girls and gender non-conforming people.

4. Increased influence in decision-making at household, community and society levels for women, girls and gender non-conforming people (compared to men).

5. Increased organisational capacity for women, girls and gender non-conforming people, and representation of the interests of women, girls and gender non-conforming people in organisations led by these groups and in mixed organisations.

6. Increased self-esteem of women, girls and gender non-conforming people and positive changes in the social perceptions of women, girls and gender non-conforming people.

7. Decreased violence against women, girls and gender non-conforming people (including safe mobility).

8. Increased self-determination of women, girls and gender non-conforming people over their body, reproduction and sexuality.

9. Different effects for people with intersecting identities: e.g. mothers who use drugs or transgender women who do sex work.

**3.4 GENDER AND POWER: ADVOCACY**

Across the world, communities of women, girls and gender non-conforming people living with and affected by HIV are doing tireless work to advocate for their rights. There have been many successes, but it is always important to be aware of the risks.

In many places, criminalisation, repressive legislation and hostile public attitudes make it challenging for people living with HIV, sex workers, people who use drugs, women, girls, and gender non-conforming people to gather, campaign and advocate. Whatever the laws of your country say about particular activities, everyone is entitled to the right of freedom of expression and freedom of association and assembly, amongst others. But in particularly hostile environments, where law enforcement action against activists is severe, safety and security issues should be prioritised when planning advocacy activities.

It is essential that all advocacy work, whether online or in person through gatherings, meetings or events, ensures participants are safe and secure. This can be done in various ways, such as through the use of trained security staff, by choosing appropriate venues and taking other measures to maintain confidentiality (e.g. not requiring people to sign a register, and not publicising events beyond a select group of invited people). Transport to and from gatherings and events, and holding gatherings and events in daylight hours, may also help with safety and security concerns and encourage participation more broadly, but what is appropriate will depend on the local context.

Activists’ personal safety should be a major priority. Only use activists’ images, real names and voices publicly if activists have given express permission, and if the assessed risk-level makes it safe to do so. A thorough risk assessment should be undertaken to evaluate what threats exist and how to mitigate them before embarking on any activity that could expose people to potential risks.\(^{181}\)

In advocacy planning, as with all programmes, you need to understand who makes decisions that affect your activities, where resistance may come from, and who your allies are in each situation. This will be part of your advocacy power and gender analysis and will feed into your advocacy design plans for safety and self-care.

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\(^{180}\) Based on Aidsfonds (2020) The Big Picture: A guide for gender transformative HIV programming [https://aidsfonds.org/assets/resource/file/0464_The%20Big%20Picture%20Revisited_WEB.pdf]

Gender-transformative advocacy may include the following actions:

- Generating and using evidence, including from your programme work.
- Monitoring governments and others to hold them accountable (watchdog role).
- Being heard, being represented, setting the agenda (see page 51).
- Building alliances and movements that are accountable to the community or communities you are working with.
- Changing the conversation through, for example, awareness-raising, sensitisation, social media campaigns, giving media interviews or developing content for media, such as radio jingles.

**GENERATING AND USING EVIDENCE, INCLUDING FROM PROGRAMME WORK**

Gender-transformative advocacy, or advocacy for gender equality, should not be seen as separate from programmatic work. Most programmes include some advocacy and provide opportunities to reinforce advocacy. For example, within the Frontline AIDs’ partnership, data collected from REAct and Gender REAct can be used to advocate for more rights, protections and services. Findings from the LEARN MENA programme are being used to provide evidence of high levels of violence in order to advocate for compliance with regional treaties.

Evidence is highly political. The evidence hierarchy puts systematic reviews and randomised controlled trials at the top, as the ‘gold standard’. It values quantitative data more than qualitative, and research led by academic institutions more than community-led research. It does not focus on producing evidence in ways that are gender-transformative, or that are able to capture the experiences of women, girls and gender non-conforming people. All too often this kind of research sees communities as the ‘objects’ of research, rather than as people with agency, and may not even disaggregate its findings by gender or other key identity factors or focus on people’s lived experiences or priorities. This can result in ‘research fatigue’ among communities, which often have a deep understanding of the issues they face and do not want to be repeatedly asked about these issues by researchers without anything changing.

Think about how to contribute to the evidence base in ways that are gender transformative (see section 3.3.6 from page 47). Don’t forget that community-led, qualitative research generates crucial evidence about the priorities of women, girls and gender non-conforming people. It can be conducted in ways that strengthen gender transformation, for example, if women, girls and gender non-conforming people directly conduct the research or if women, girls and gender non-conforming people partner with others to conduct it. If conducted in partnership, the community involved must be recognised in the authorship of the findings (ensuring confidentiality is still respected if required). This type of evidence can then be used by a range of stakeholders to guide gender-transformative action. Women, girls and gender non-conforming people should be supported to share the results with communities and other stakeholders and conduct follow-up advocacy.

**MONITOR GOVERNMENTS, SERVICE PROVIDERS AND OTHERS TO HOLD THEM ACCOUNTABLE**

It is globally recognised that national policies and laws that protect or promote the rights and wellbeing of women, girls and gender non-conforming people are often not adequately implemented. Increasingly, organisations and networks of women, girls and gender non-conforming people are playing a government watchdog role by engaging in community-led monitoring initiatives to monitor the implementation of laws, policies and budget allocations, address breaches of commitments, and gain data to use in advocacy. A study published by UN Women found that women’s organisations and movements play a crucial accountability role at the national and community level in monitoring government action and service provision, and in holding governments and service providers to account on their commitments to women, girls and gender non-conforming people.182

Examples of this kind of work include:

- **MENA Rosa** is the first regional network dedicated to women affected by HIV in the Middle East and North Africa. MENA Rosa’s **LEARN MENA project** used the **ALIVHE framework** to carry out community-led research and advocacy on violence against women in the context of HIV. MENA Rosa engaged with government stakeholders on policy and implementation related to the rights of women living with HIV, sex workers and trans women. In Egypt and Morocco, LEARN MENA’s recommendations were integrated into the national strategic plans on HIV.183

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183. For more on LEARN MENA, see www.frontlineaids.org/wp-content/uploads/2019/02/Linkages_between_HIV_and_gender-based_violence_in_MENA_original.pdf
The Indonesian Sex Workers Network (OPSI) is developing the CEDAW shadow report for 2021. Previously the Association of Indonesian Positive Women (IPPI) led the CEDAW shadow report for Indonesia.

Useful databases of laws and policies include:

- The HIV Justice Network features the Global HIV Criminalisation Database, which lists known HIV criminalisation laws by jurisdiction.\(^{184}\)
- Information on human rights and HIV, including criminalisation of HIV transmission, same sex relationships, drug use, sex work and others, is available from Avert.\(^{185}\)
- Centre for Reproductive Rights has produced a map of laws related to abortion around the world.\(^{186}\)
- The SOGI Legislative Database is a collection of laws covering issues of concern to LGBT+ individuals and communities around the world.\(^{187}\)
- The SOGI UN Database contains material from the International Commission of Jurists’ (ICJ) UN compilations on sexual orientation and gender identity in international human rights law.\(^{188}\)
- NSWP has produced a global mapping of sex work laws.\(^{189}\)
- International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) produces an annual Trans Legal Mapping Report.\(^{190}\)
- ICW Latina has produced a mapping of gender equality legislation in Latin America and the Caribbean.\(^{191}\)

Useful tools on community-led monitoring:

- CARE Malawi’s The Community Score Card (2013)\(^{192}\)
- Frontline AIDS’ Rights-Evidence-Action (REAct and Gender REAct)
- Women4Global Fund’s Accountability Toolkit

See Annex one for examples of relevant documents, treaties and protocols on the rights of women, girls and gender non-conforming people.

**BE HEARD, BE REPRESENTED, SET THE AGENDA**

‘If they don’t give you a seat at the table, bring a folding chair.’

Shirley Chisholm\(^{193}\)

Women, girls and gender non-conforming people are under-represented in decision-making everywhere. Supporting the leadership of women, girls and gender non-conforming people is a focus of a number of women and human rights organisations, including the 2016 UN Political Declaration on HIV\(^{194}\). But leadership without strong links, a support base, and accountability to that base can set leaders up to fail. Feminist and human rights social movements and coalitions play an important and influential role in shaping public policy to improve outcomes for women, girls, gender non-conforming people and society more broadly. Shaping public policy can be done through lobbying, building relationships and coalitions with influential groups and individuals, sharing knowledge, providing financial support for female and gender non-conforming electoral candidates who have limited financial means, and capacity support for electoral candidates and members of parliament.\(^{195}\) These coalitions and organisations also provide a good training ground, and possible access to safe spaces, for leaders and advocates.

It is an ongoing struggle for women, girls and gender non-conforming people to be invited to participate in decision-making forums. In some cases, there is active opposition to our involvement. In other cases, this exclusion may arise from passive thoughtlessness or a lack of action to address systems of privilege and oppression.

Things that can help gain a place in decision-making forums include:

- Identifying and mapping people who may act as gatekeepers to the discussions, and power brokers within them.

\(^{184}\) Available at [www.hivjustice.net/global-hiv-criminalisation-database/laws/](http://www.hivjustice.net/global-hiv-criminalisation-database/laws/)


\(^{186}\) Available at [https://reproductiverights.org/worldabortionlaws](https://reproductiverights.org/worldabortionlaws)

\(^{187}\) Available at [www.icj.org/sogi-legislative-database/](http://www.icj.org/sogi-legislative-database/)

\(^{188}\) Available at [www.icj.org/sogi-un-database/](http://www.icj.org/sogi-un-database/)

\(^{189}\) Available at [www.nswp.org/sex-work-laws-map](http://www.nswp.org/sex-work-laws-map)

\(^{190}\) Available at [www.ilga.org/trans-legal-mapping-report](http://www.ilga.org/trans-legal-mapping-report)

\(^{191}\) Available at [http://mapeo.icwlatina.org/map](http://mapeo.icwlatina.org/map)


\(^{193}\) Shirley Chisholm was the first black woman to be elected to the United States Congress.


\(^{195}\) DFID (2017) Women’s Political Empowerment: Evidence Summary
• Understanding who may be putting up barriers to your participation and obstacles to implementing your priorities.

• Building alliances with allies in positions of power (enablers).

• Asking people who are already at the table to demand space for others who are disproportionately affected by the issues being discussed.

• Using ‘corridor chats’, fringe meetings and satellite sessions to build your relationships with others in the room.

• Identifying methods that will maximise participation and voices. This may include tactics such as placing community members in different parts of the room so that, when questions from the floor are taken, there is more chance of several of us being called on to speak.

• Recognising that participating in civil society organisations, such as advocacy organisations, presents a good environment for people to develop their influencing skills and relationships.

• Supporting communities of women, girls and gender non-conforming people to develop an agenda in broad consultation with their members. We should not expect communities to all have the same views and we should recognise that agendas evolve and need to respond to emerging issues.

• Encouraging women, girls and gender non-conforming people to speak up by providing training on how to approach gatekeepers, deal with those against them, and table their issues.

THE TRAP OF TOKENISM

If asked at all, community representatives of women, girls and gender non-conforming people tend to get asked to take part in meetings at the last minute, causing much anxiety and stress, with limited time to prepare. These representatives may be expected to cover any costs up-front and be reimbursed later and make their own travel arrangements. The invitation is usually for one representative only, who may find their perspective is different from everyone else’s in the room, and they may feel unsupported, isolated and daunted by the experience, which causes them to stay silent. But the organisers of the meeting may claim they have included everyone’s perspective and that everyone agreed to what was tabled.

Try to ensure that you advocate for decision-making forums that are safe, accessible, transparent, non-tokenistic, and are conducted in ways that promote gender-transformative ways of working. If you are invited into a decision-making space, check that others who should be there have also been included – and if not, ask for them to be invited. (This is a tactic that is being used to address all-male panels, or ‘manels’). Also encourage decision-makers to come to community spaces and engage with communities on their terms.

Developing an agenda or set of rights that we want to see respected is one of the most important contributions that networks and organisations of women, girls and gender non-conforming people living with and affected by HIV have made to advance gender issues in national agendas.\textsuperscript{196}

Examples include:

• In 2006, in response to well-documented patterns of abuse, a group of international human rights experts met in Yogyakarta, Indonesia to outline a set of international principles relating to sexual orientation and gender identity. The result was the Yogyakarta Principles: a universal guide to human rights\textsuperscript{197}, and the updated Yogyakarta Principles plus 10 (YP+10)\textsuperscript{198}, which affirm binding international legal standards with which all states must comply. They promise a different future where all people are born free and equal in dignity and rights and can fulfil their promise.

• Another example is the Women and HIV/AIDS: Barcelona Bill of Rights (2002), which was developed through consultation with many organisations supporting the rights of women living with HIV.\textsuperscript{199}


\textsuperscript{197} Available at \url{www.yogyakartaprinciples.org/}

\textsuperscript{198} Available at \url{www.yogyakartaprinciples.org/principles-en/yp10/}

\textsuperscript{199} Available at \url{www.athenanetwork.org/about-us/barcelona-bill-of-rights/english.html}
BUILD ALLIANCES AND MOVEMENTS THAT ARE ACCOUNTABLE TO COMMUNITIES

‘A movement is a set of people with a shared experience of injustice who organise to build their collective power and leadership’

Feminist activist Srilata Batliwala

Feminist movement building is a cornerstone of Generation Equality. Evidence shows that it is movements that create change.

Networks and organisations of women, girls and gender non-conforming people living with and affected by HIV have built strategic alliances across civil society networks to strengthen their impact on emerging regional and national issues regarding human rights and sustainable development. Identify those organisations with common or similar goals and influence, and think about how to frame your issues within a shared advocacy agenda.

Within coalitions, there are many competing priorities. This makes it vital to ensure specific community groups and organisations of women, girls and gender non-conforming people exist, as they provide safer spaces and give voice to the priorities of group members, and this is needed to do the sometimes exhausting work of getting a group’s issues onto a coalition’s wider agenda. You may also need to address inequalities within your coalition, organisation, network or community group that can lead to the exclusion or sidelining of people living with or affected by HIV, women, girls, gender non-conforming people and other people with identities that are marginalised.

An example of movement building from Frontline AIDS can be seen in READY, a portfolio of programmes that are designed to build resilient and empowered adolescents and young people (hence the name ‘READY’). The programme focuses on the power of adolescent girls and young women to become effective leaders in the community and to influence key HIV and SRHR policies and budgets. We know this is vital because HIV is the second largest cause of death of adolescents globally, and the first in Africa. Young people all over the world can join the READY movement to demand their right to a healthy life, whatever their circumstances, sexual orientation, gender identity or expression. Young people helped create the READY movement and expand the portfolio of READY programmes. And young people remain at its core today. The Global Network of Young People living with HIV (Y+) leads the READY movement with support from Frontline AIDS and its partners.

The viability, sustainability and accountability of a collective women and girls’ movement, and movements of gender non-conforming people, depends on the existence of facilitating structures and opportunities, including the political space for association and peaceful assembly. These things are also needed for movements to be influential, and therefore effective. When activities are criminalised or when gender discrimination is severe, alliances across nations and regions can provide safer spaces for planning and advocacy, such as with the Global Fund-supported regional programme to remove legal barriers to HIV and other health services for key populations in Africa.

USEFUL RESOURCE ON MOVEMENT BUILDING


- International Women’s Development Agency (IWDA) has developed a Feminist Movement Strengthening Framework (2021) which outlines IWDA’s understanding of the elements of resilient and vibrant feminist movements as well as its approach to resourcing and contributing to them.

CHANGING THE CONVERSATION

Different types of communication methods and the messages they promote are important. Types of communication include:

- Culturally-appropriate communications materials, such as booklets, flyers, posters, which are usually produced to support other activities.

- Traditional media, such as newspapers, television and radio. This type of communication can reach many people with advocacy messages.


Social media campaigns that enable women, girls and gender non-conforming people to directly raise issues. The ATHENA Network’s #WhatWomenWant campaign is a good example of this.203

Edutainment, such as soap operas, radio programmes, magazines and video games that contain advocacy messages.

Evidence shows that these types of communication strategies can raise people’s awareness of an issue, and even change their opinions and behaviour. In some contexts, promoting positive behaviours and illustrating a person's ability to act can be more effective than highlighting negative attitudes and behaviours.204

Traditional media, for example, can be used strategically to create a groundswell of support. Media interviews and other content can be used as a lobbying and advocacy tool (for instance, by shining a public spotlight on a certain issue, which then applies pressure on those in power) and to educate people about legal matters and human rights. Working with like-minded journalists is key to ensuring that messages are persuasive and do not support damaging gender stereotypes already prevalent in most countries’ media. Sharing learning on friendly media contacts and tactics for producing impactful content or campaigns can be effective.205 Approaches using the mass media are significantly more effective when accompanied by strategies at community level.206 The potential of social media and mobile technologies to reach and engage marginalised people with rights-based information is increasingly proving to be a powerful tool for those seeking to bring about gender-transformative change.

Useful advocacy toolkits:

- **We Rise: Movement-building toolkit** by JASS will support your movement-building strategy in specific areas. These methodologies have been tried and tested by JASS activists, organisers and movement-builders, and are offered to help strengthen your organising and mobilising.207

- **Sexual orientation, gender identity, HIV and human rights: An advocacy toolkit** (2015) by the AIDS and Rights Alliance for Southern Africa (ARASA). This provides user-friendly guidance, case studies and tools to strengthen and promote advocacy towards the rights of LGBT+ individuals in Southern and East Africa. The toolkit adopts a rights-based approach to sexual orientation and gender identity rights advocacy, consistent with ARASA’s approach to all its work, and focuses on promoting universal access to SRHR services, including HIV prevention, treatment, care and support for LGBT+ people.208

- **Make It Work: Six steps to effective LGBT human rights advocacy** (2010) by ILGA’s European Region. The guide provides a logical structure and a set of methods, tools and skills that advocates can use in planning and implementing their advocacy work. It is primarily concerned with how and where LGBT+ human rights advocates in domestic settings can use international and regional human rights instruments to frame their arguments and achieve their advocacy objectives.209

- **Plan Your Power: A Toolkit for Women’s Rights Advocacy Planning** (2020) by Womankind. This toolkit is based on a women’s rights approach to advocacy, which recognises the need for longer-term structural change if women’s rights are to be fulfilled. It is intended to support the advocacy planning of women’s rights organisations, and coalitions, alliances and networks that want to advocate for change. It is also intended for broader advocacy organisations that want to prioritise women’s rights and gender equality in their advocacy work, and to do so in ways that strengthen the work of women’s rights organisations and movements.210

- **Simple methods of monitoring and evaluating for LGBTIQ advocates everywhere** (2021) by MPACT is a toolkit for LGBT+-led community-based organisations that are advocating for high-quality, accessible and rights-based sexual health programmes, practices, and policies to better serve LGBT+ people.211

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205. Also see The Global Media Monitoring Project at https://whomakesthenews.org/


207. Available at https://worse-toolkit.org/en/toolkit

208. Available at www.arasa.info/media/arasa/Resources/user_manuals/arasa-toolkit-full-web pdf

209. Available at www.ifg-левов.org/sites/default/files/Attachments/ifg-europe_manual_make_it_work_six_steps_to_effective_lgbt_hr_advocacy.pdf

210. Available at www.womankind.org.uk/resource/plan-your-power-a-toolkit-for-womens-rights-advocacy-planning/#text=This%20toolkit%20adapts%20mainst

211. Available at www.mpactglobal.org/simple-methods-of-monitoring-and-evaluating-for-lgbtqi-advocates-everywhere/
3.5 FEMINIST FUNDING

It is vital to fund networks and organisations of women, girls and gender non-conforming people living with and affected by HIV.

This is recognised by the WHO in its 2017 guidelines on the sexual and reproductive health and rights of women living with HIV\(^{212}\), which call on key donor partners to 'support organisations and networks of women living with HIV, especially those from key affected populations, who are struggling to access funding for the important work we are doing'. Generation Equality also priorities increasing the currently limited funding these networks and organisations receive. It is doing this by building support to transform global funding priorities and mechanisms, and increasing these groups' access to corporate social responsibility funds and corporate environmental, social and governance programmes.

Everywhere, women, girls and gender non-conforming people report that their activism is not supported, and their advocacy and peer support work is generally unpaid. As AWID reports, less than 1\% of official development assistance (ODA) earmarked for gender equality actually reaches women's rights organisations.\(^{213}\) This reflects the failure to value the power of local, community-led responses. Women, girls and gender non-conforming people know what they need, and how to deliver it, but are doing this vital work with very little in the way of support and funding. The potential impacts on their own health, both physical and emotional, are clear, and it is yet another example of the disproportionate burden of unpaid work on women and girls.

Networks of women and gender non-conforming people living with HIV, feminist networks such as ATHENA and the International Community of Women Living with HIV, and other global, national and local groups working on HIV have huge amounts of collective experience in trying to access grant funding over the years and carry out advocacy on this issue. These communities have carried out innovative work to resource movements and organisations by increasing access to corporate social responsibility and corporate environmental, social and governance programmes. Some useful advocacy papers are listed on page 57.

Other organisations that have worked on this issue include AWID, and feminist funders such as the African Women's Development Fund, the Global Fund for Women, Mama Cash, Count Me In, Red Umbrella Fund, Amplify Change, Astrea Foundation, the Urgent Action Fund for Women's Human Rights, the Equality Fund and Prospera. These, and other feminist thought leaders, have changed the debate by sharing their feminist funding principles and shifted the power by supporting participatory grant-making. Yet, sometimes, these feminist funding principles still fail to recognise the realities of women, girls and gender non-conforming people living with and affected by HIV\(^{214}\). The advocacy messages on appropriate funding support (below) adapt and build on the principles developed by feminist funders:

1. HIV funders should recognise that organisations led by women, girls and gender non-conforming people are doing vital work on HIV. Feminist funders should recognise that women, girls and gender non-conforming people living with HIV play a key role in gender-transformative approaches and promoting feminist futures. HIV and feminist funders should fund at the intersection of the rights of women and girls, the rights of sexual minorities and gender non-conforming people, feminist futures and HIV movements.

2. Provide core funding that is flexible and long-term to support work led by women and girls in all their diversities and gender non-conforming people. Avoid providing project-only funding that does not recognise the work that goes into building and maintaining organisations. Recognise the limitations of short-term funding, of 'quick fixes' based on consideration of value for money and 'efficiency'. Transformative change requires funding for systemic approaches and long-term action.

3. Fund movement building, including cross-issue, regional and international feminist movement building.

4. Fund organisations doing important gender-transformative work, even if they are not legally registered or formally constituted, do not have their own bank account, or cannot provide recommendation letters from local authorities (for example, because they belong to criminalised populations). Work with such organisations to think creatively about how to do this.

\(^{212}\) WHO (2017) Consolidated Guideline on Sexual and Reproductive Health and Rights of Women living with HIV. Available at: apps.who.int/iris/bitstream/hand/le/10665/26986/9789241549998-eng.pdf;jsessionid=F91FF1FC2EDA27D2C870BE42FD069A68?sequence=1


\(^{214}\) Making Waves (2020) 'Your feedback welcome! A draft set of feminist funding calls for action' [web article]. Available at: www.makingwaves-network/2020/11/05/coming-together-to-advocate-for-feminist-funding-principles
5. Fund new organisations, without a requirement of years of existence.

6. Fund capacity building for both start-up and seasoned civil society organisations (for example, by providing infrastructure and office equipment as well as technical support).

7. When funders have a requirement that boards and governance structures are representative, there may be an expectation that community members will work for free (as Trustee positions are not paid roles), adding to their existing burden of unpaid work. It is important to recognise and address this.

8. Be accountable to communities of women, girls and gender non-conforming people living with and affected by HIV, ensuring that women, girls and gender non-conforming people co-determine with funders what this accountability should look like.

9. Insist on sharing power with, and the meaningful involvement of, women, girls and gender non-conforming people living with and affected by HIV, both in the decision-making process to award funding and in work to be carried out using the funds.

10. Fund approaches that women, girls and gender non-conforming people living with and affected by HIV design and prioritise, including arts-based approaches, self-care and work that adopts measures identified by women, girls and gender non-conforming people to support their safety and wellbeing. Don’t just look at the numbers and unit costs – look at the importance of the work to the people involved in it.

11. Recognise that funders have much to learn from community-led organisations about effective, sustainable funding relationships.

12. There is a need to go beyond grant-making. Funders should provide other kinds of support that grantees request and amplify the work of grantees.

USEFUL RESOURCES ON FEMINIST FUNDING

- AWID has produced a number of resources on feminist funding, including:
  - A guide called Toward a feminist funding ecosystem: A framework and practical guide (2019).216 This is for funders and activists who believe we can move toward a balanced ecosystem in which:
    - Feminist movements – particularly in the Global South – are at the centre, and equal partners in the political project for global gender justice.
    - Funders themselves see and understand their role within the ecosystem and are able to pull the levers of change so that the clear majority of their funding commitments toward gender justice and women’s rights are going to movements directly.
  - The Astraea Lesbian Foundation for Justice has developed a set of Feminist Funding Principles. The principles offer an invitation to engage in practices that acknowledge the power of purposeful grant-making. These principles can be applied across different organisational strategies, geographic priorities, and theories of change.217

Organisations that provide feminist funding:

- AWID has developed a web resource “Who can fund my women’s rights organizing?”, which aids users to find a funder for their work.218

- The Astraea Lesbian Foundation for Justice is one of the first women’s funds in the world and the only fund solely dedicated to LBTQI rights globally.219

- Mama Cash supports women, girls, trans people and intersex people who fight for their rights.220

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217. Available at www.astraeafoundation.org/microsites/feminist-funding-principles/?gclid=CjwKCAjwxuuCBhATEiwAllzodgbYq61pGS5kx8fCgQzDw8g9qSHA6LMMwenux4_CmW3wqRScyawGAvD_BwE
218. See www.awid.org/fund-me
219. See www.astraeafoundation.org/microsites/feminist-funding-principles/?gclid=CjwKCAjwxuuCBhATEiwAllzodgbYq61pGS5kx8fCgQzDw8g9qSHA6LMMwenux4_CmW3wqRScyawGAvD_BwE
220. See www.mamacash.org/en/en-homepage?gclid=CjwKCAjwxuuCBhATEiwAllzod5Zao7r3TuGly_s52pfLo6Pbr35zFz3Hq_d8NzoutW6kJuKpFvCROUAAvD_BwE
INTRODUCTION

GENDER AND HIV

1. African Women’s Development Fund aims to mobilise financial, human and material resources to support initiatives for transformation led by African women, women’s rights organisations and African women’s movements.221

2. The Urgent Action Fund for Women’s Human Rights is a feminist fund that protects, strengthens and sustains women and transgender human rights defenders at critical moments.222

3. The Global Fund for Women envisions a world where movements for gender justice have transformed power and privilege for a few into equity and equality for all. The Global Fund for Women defines gender justice as the systemic redistribution of power, opportunities and access for people of all genders through the dismantling of harmful structures including patriarchy, homophobia, and transphobia.223

4. The Equality Fund: Funding Feminist Futures’ primary focus is to support women’s rights organisations and feminist movements around the world. It provides financial resources and strengthens organisations working at the grassroots and on the global stage. It grounds strategies in the priorities identified by the organisations and movements leading change in their communities.224

Funding advocacy papers by HIV organisations:

- W4GF statement to the Global Fund strategy committee (23 March, 2021).225

- Fast-Track or Off Track: how insufficient funding for key populations jeopardises ending AIDS by 2030. This 2020 study was commissioned by Aidsfonds through Bridging the Gaps and PITCH. It shows that funding for key populations affected by HIV and AIDS is way off track, with only 2% of money for HIV programmes targeting them. This is especially alarming, as key populations and their partners account for more than half of all new HIV infections globally.226

- Salamander Trust et al. (2020) The WHAVE Podcast Paper #1. Fund what works: fund community-led women’s rights organisations for an effective, ethical and sustainable response to HIV.227

- Alice Welbourn (2012) The gender politics of funding women human rights defenders, an Open Democracy article.228

- WeCare policy brief. Put your money where your mouth is: invest in women and girls living with HIV (2011).229

221. See www.awdf.africlub.net/who-we-are/#vision_mission
222. See www.urgentactionfund.org/
223. See www.globalfundforwomen.org/
224. See https://equalityfund.ca/
225. Available at https://women4gf.org/2021/03/21/w4gf-statement-to-the-global-fund-strategy-committee/
226. Available at www.aidsfonds.org/assets/work/file/Factsheet_general.pdf
ANNEX ONE
HUMAN RIGHTS-BASED POLICY COMMITMENTS

RELEVANT POLICY DOCUMENTS

It can sometimes be useful to present relevant policy documents related to both HIV and to advancing a feminist agenda to end gender inequality. Examples include:

- **The right to health for everyone and non-discrimination** enshrined in the *Universal Declaration of Human Rights* (1948) has been successfully used to achieve rights for women and girls and gender non-conforming people.

- **The Sustainable Development Goals** A core principle of the 17 Sustainable Development Goals (SDGs), and of the HIV response, is that **no one should be left behind**. The HIV epidemic cannot be ended without addressing the needs of women, girls, men, boys, gender non-conforming people, and people living with and affected by HIV, and addressing the gendered determinants of health and vulnerability. SDG 5 (achievement of gender equality and the empowerment of women and girls) also directly addresses underlying factors that drive women and girls’ vulnerability to HIV and HIV-related inequalities. SDG 3 includes the promise made by UN Member States to end AIDS by 2030 (target 3.3). HIV-sensitive and gender-transformative universal health coverage can play a vital role in promoting health equity, while integration with rights-based services for sexual and reproductive health, non-communicable diseases, hepatitis, tuberculosis and other conditions can improve broader health outcomes.

- **UN Political declaration on HIV and AIDS** The targets and commitments adopted in the *Political Declaration on HIV and AIDS* will guide the world in addressing the critical links between health, development, injustice, inequality, poverty and conflict, and supporting the SDGs. The political declaration affirms that these goals can only be realised with strong leadership and the engagement of people living with HIV, communities and civil society. Leaders have placed strong emphasis on addressing the immense burden of the HIV epidemic on women, especially adolescent girls and young women in sub-Saharan Africa, by committing to achieve gender equality, investing in women’s leadership, and ending all forms of violence and discrimination against women and girls. The engagement of men and boys in doing so is vital.

- **Universal Health Coverage (UHC) political declaration** UN Member States in the UHC political declaration call for the engagement of civil society in health system governance, in health policies and in the UHC review process. Engaging organisations led by women, girls and gender non-conforming people and communities living with and affected by HIV worldwide will be critical to ensuring the overall success of UHC. The political declaration recognises the ‘fundamental importance of equity, social justice and social protection mechanisms as well as the elimination of the root causes of discrimination and stigma in healthcare settings to ensure universal and equitable access to quality health services’ (para 14), and states that that a ‘gender mainstreaming perspective’ should be implemented when ‘designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls with a view to achieving gender equality and the empowerment of women’ (para 69).

- **Beijing Platform for Action, Beijing+25**, and the UN Women-led *Generation Equality*. The Beijing Declaration and Platform for Action calls for the involvement of women in HIV and AIDS policies and programmes, for laws to be amended and reviewed if they contribute to women’s and girls’ vulnerability to HIV and AIDS, the implementation of legislation, policies and practices to protect women and girls from HIV and AIDS-related discrimination, and the strengthening of national capacity.
to create and improve gender-sensitive policies and programmes on HIV and AIDS.

- **UNSCR 1325** The UN Security Council adopted resolution (S/RES/1325) on women and peace and security on 31 October 2000. The resolution reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peacebuilding, peacekeeping, humanitarian response and in post-conflict reconstruction. It stresses the importance of women’s equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. Resolution 1325 urges all actors to increase the participation of women and incorporate gender perspectives in all UN peace and security efforts. It also calls on all parties involved in a conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse. The resolution provides a number of important operational mandates, with implications for Member States and UN organisations and entities.

- **Yogyakarta Principles** In 2006, in response to well-documented patterns of abuse, a group of international human rights experts met in Yogyakarta, Indonesia to outline a set of international principles relating to sexual orientation and gender identity. The result was the Yogyakarta Principles: a universal guide to human rights, and the updated Yogyakarta Principles plus 10 (YP+10), which affirm binding international legal standards with which all states must comply. They promise a different future where all people are born free and equal in dignity and rights and can fulfil their promise.

- **CSW Resolution 60/2** The UN Commission on the Status of Women has passed resolutions on women girls, and HIV and AIDS, including resolution 60/2 in 2016. In 2009, it issued agreed conclusions on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV and AIDS, and on women, the girl child and HIV and AIDS in 2001.

- **International Conference on Population and Development (ICPD) and ICPD+10** ICPD includes provisions to provide universal access to family planning and sexual and reproductive health services and reproductive rights, deliver gender equality, the empowerment of women, and equal access to education for girls. But HIV receives just one mention in the ICPD commitments and is largely absent from the main sessions and debates (see Frontline AIDS article on the ICPD - Stegling, 2019).

- **The Convention on the Elimination of Discrimination against Women (CEDAW)** is the only convention on the list that explicitly addresses the rights of women and girls and therefore can be used to hold governments to account through government and shadow reporting.

- **The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa** (the Maputo Protocol 2003). This is the first international legally-binding human rights instrument to recognise the intersection between women’s human rights and HIV. However, the focus is around HIV prevention and the right to partner notification. Broader articles around the drivers of gender inequality could provide leverage for a more holistic approach to women and girls’ rights.

- Other international human rights instruments set out rights to health; the right to non-discrimination; civil and political rights; economic, cultural and social rights; and the rights of specific groups, such as people with disabilities, children, and women.