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UNAIDS Gender Assessment Tool

TOWARDS A GENDER-TRANSFORMATIVE HIV RESPONSE

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Contents

Introduction

Led by national stakeholders and partners, gender assessments are comprehensive initiatives that seek to identify the gender-related needs of all persons, particularly women, girls and gender-diverse people, including from key and priority populations, living with and/or affected by HIV in the context of HIV at the country level. The information and data are then compiled and analysed to elaborate and review strategic planning processes, to increase the capacity of civil society, including women's organizations and networks, and to leverage political commitment to address these needs.

Purpose

The gender assessment tool for national HIV responses (GAT) is intended to assist countries in: assessing the HIV epidemic; examining the context and response from a gender perspective; and making the HIV responses gender transformative, equitable and rights based to eradicate gender and HIV-related disparities and to ensure an effective response to HIV. It focuses on women, girls and gender diverse people with multiple and intersecting identities that are often marginalized, invisibilized and/or left out.

Gender inequalities, harmful gender norms and gender-based violence (GBV) exacerbate health disparities. This is particularly so for women, girls and gender diverse people, including from key[1] and priority populations.[2] Gender inequalities, discrimination and violence limit the agency and voice of women, girls and gender-diverse people, including from key and priority populations, block their access to health-care services and, therefore, contribute to risk-taking behaviour and to higher HIV risk. Harmful gender norms, particularly traditional ideals of masculinity promote expectations of strength, self-reliance, and risk-taking among men and boys, discouraging health-seeking behaviours for both physical and mental health issues.

The GAT is primarily designed to support the development, monitoring or review of national strategic plans on HIV (NSPs), gender action plans and HIV Sustainability Roadmaps[3] *(1)*, as well as to inform submissions to country investment cases, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grant life cycle *(2)*, and other national opportunities. Both the United Nations Sustainable Development Goals (SDGs) *(3)* and the UNAIDS Global AIDS Strategy 2021–2026 *(4)* emphasize the need for a holistic approach, integrating the full spectrum of people's needs on health and rights.

1 UNAIDS considers key populations at the global level to include gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people and people in prison or other closed settings.

2 In addition to people living with HIV and the globally defined key populations that are important in all settings, countries may identify other priority populations for their national responses, which may include populations such as adolescent girls, young women and their male partners in locations with high HIV incidence, sexual partners of key populations, people on the move, people with disabilities, indigenous peoples, mine workers, as well as others in specific countries.

3 HIV Sustainability Roadmaps outline a country-led path for achieving the global AIDS targets, including contributions to gender equality, human rights and other Sustainable Development Goal targets.

See Figure 1 for an overview of the GAT's proposed gender assessment process.

The GAT also enables gender equality to be integrated into other strategic, planning and implementing processes, such as the United Nations Sustainable Development Cooperation Framework (the Cooperation Framework) (*5*) and the implementation of Global Fund grants to address the gender-related barriers and challenges in the HIV response. Further, it serves as a tool for technical capacity-building for national authorities, civil society organizations (CSOs) and networks and other key stakeholders. The GAT is also a valuable tool for stakeholders, such as bilateral or multilateral donors, who may have their own requirements for gender analyses.

Government agencies and civil society may also use the GAT to collect and analyse information to support gender mainstreaming in support of the Beijing Declaration and Platform for Action (6) and to be included in official documents submitted by governments and independent, parallel reports (shadow reports) prepared by civil society organizations or community groups on implementing international instruments and treaty bodies, such as the Convention on the Elimination of All Forms of Discrimination against Women (7); the Commission on the Status of Women: the Report on Women, the Girl Child and HIV and AIDS (8); and the 2021 United Nations Political Declaration on Ending AIDS (9).

The process of developing the GAT

The GAT was developed through a robust process, guided by a multipartner and multilevel reference group. Before the first version was finalized in 2012, it underwent testing in various settings in five countries across five regions.[4] This resulted in valuable lessons, including its applicability in diverse contexts. The lessons reaffirmed the critical importance of leveraging diverse multistakeholder engagement for country ownership and ensuring diversity in inputs.

In 2013, UNAIDS undertook a stocktaking exercise to review and identify the strengths, weaknesses, best practices and challenges of the GAT and the gender assessment process and reports *(8)*. Leveraging the lessons learned, UNAIDS reviewed the GAT in 2017 within the new political and funding landscape. The review was conducted against the backdrop of key global instruments guiding and supporting the HIV response as part of the 2030 Agenda for Sustainable Development.

More recently, reviews and feedback from consultations in 2023 and 2024 (10) led to the current updated version. These have taken into account the current context of diminished overseas development assistance, aligns the GAT with updated global strategies, strengthens the focus on intersectional vulnerabilities, including disability and social inclusion, and includes additional tools to promote prioritized, costed and actionable recommendations that advance sustainable, gender-transformative responses to HIV.

4 The Plurinational State of Bolivia, Djibouti, Jamaica, Rwanda and Tajikistan.

Key features of the GAT

Combines gender analysis and assessment of policy and programme gaps. The GAT enables countries to better understand how gender inequalities shape their HIV epidemic, which gender-related barriers hinder equitable access to HIV services, how well their national HIV responses are performing in addressing these inequalities and the optimal strategic steps going forward to meet the needs of women, girls and gender-diverse people, including from key and priority populations, living with and/or affected by HIV. Data generated from assessing gender inequalities, identifying the contributing factors and determining the responsiveness of laws, policies and programmes to gender inequalities, negative gender norms and barriers can identify entry points for strengthening the integration of gender into the HIV and sexual and reproductive health response and eliminating violence against women, girls and gender-diverse people, including from key and priority populations, for policy development, advocacy and planning, and programme implementation and monitoring .

Alignment and harmonization. The indicators and questions on the HIV epidemic, their context and response in the GAT are interdependent and complementary with other guidance, tools, indicators and policy questionnaires. These include Global AIDS Monitoring *(11)*; the World Health Organization (WHO) consolidated guidelines on the sexual and reproductive health and rights of women living with HIV *(12)* and consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations *(13)*; the Global Fund's Monitoring and Evaluation Framework *(14)* and Modular Handbook *(15)*; and other resources to support gender-transformative programming. Sourcing data from these resources will increase the programmatic utility of the GAT and is recommended, rather than undertaking primary data collection for the gender assessment.

Adaptability and flexibility. The scope of a gender assessment can vary according to the context and the intended objectives. It has been designed for adaptability and use in all epidemic contexts, as well as different geographical and political contexts, including humanitarian and other crisis-affected settings. Although the GAT is divided into five successive stages, these can be used separately and/or adapted to fit the country context and to align with other assessment processes (e.g. legal environment and human rights assessments). An adaptation tool (Annex 4) is included in the GAT to support this process.

Combination of data sources and types of measures. The GAT enables the extraction of gender-related data points from existing databases on epidemiological and behavioural information and on the laws, policies and programmes to be used. Because of the nature of the gender assessment, combining quantitative measures with qualitative data provides deeper insight into the intersecting gender equality dimensions of the HIV epidemic, context and response.

Similarly, for selected indicators and questions, the GAT promotes the complementary use of alternative data sources and programming data, including community-led data collection and qualitative studies, such as the Global Values and Preferences Survey regarding sexual and reproductive health and the human rights of women living with HIV *(16)*, the People Living with HIV Stigma Index *(17)*, community-led monitoring (CLM) *(18)*, national and regional studies on violence against women and transgender people, and other reliable surveys.

A five-stage approach to developing a gender-transformative HIV response

The GAT consists of five stages that use evidence-informed approaches to respond to the HIV epidemic (Fig. 1). They are grounded in knowledge from research and the perspectives of: various stakeholders; decision-makers and experts (such as from government and UN agencies (e.g. UN Women, UNFPA, UNDP); women, girls and gender-diverse people, including from key and priority populations, living with and/or affected by HIV; gay men and other men who have sex with men; transgender people; CSOs; international agencies; and academia. The GAT guides the gender analysis of the HIV epidemic, context and response, aiming to generate information to set priorities for sustainable interventions, including gender-responsive budgeting, and to address the specific needs of women, girls and gender-diverse people, including from key and priority populations. Although the stages are clearly defined, gender assessment is not a linear process but iterative, flexible and dynamic, with some sub-steps and tasks feeding into each other. The national gender-assessment process must be underpinned by country leadership and ownership, with the national AIDS councils, health and gender ministries, and key civil society and community partners leading the process.

The five stages of a gender assessment

1. Preparing for the gender assessment. The participatory process and successful outcomes of gender assessment depend on robust and detailed preparation. This includes: building country ownership; establishing a multidisciplinary steering and working committee and the mechanisms for meaningful engagement; encouraging advanced notification and early engagement of key stakeholders; drafting work plans, timetables and budgets; and building capacity to manage the process while keeping track of progress. Further, basic reference data and information should be collected to support analysis of gender-related inequalities.

2. Knowing the national HIV epidemic, context and response. This encompasses definition of the problem, the groups at risk, consideration of intersecting identities, and the associated factors (barriers) and effects by systematically analysing information on the following *(22, 29)*:

- *Who.* Which groups of people—based on sex/gender and gender identity or expression and their intersections with other identities or backgrounds (such as sexual orientation, ethnicity or race, migration status and disability) and social stratifiers (such as education level, income and power)—face greater risks of acquiring HIV, or barriers to treatment or access to essential health-care services?

How are data on the rates of HIV mortality, morbidity and acquisition among these populations being collected and used to inform decision-making?

- *Where*. In which locations (e.g. rural/urban, homes/workplaces or differences between districts, provinces and other political boundary delineations) do these groups of people face greater risks of acquiring HIV, or barriers to treatment or access to essential health-care services?
- *Why*. How do gender norms, power imbalances and sociocultural, political, legal, human rights and economic factors contribute to the HIV risk and vulnerability of populations identified above? How do these norms and factors aid or impede people's ability to access and use HIV and sexual and reproductive health services or their ability to exercise their sexual and reproductive rights? This information is critical to inform gender-responsive programming and budgeting that address people's vulnerabilities and the causes of the HIV epidemic.

Although women, girls and gender-diverse people, including from other key and priority populations, are disproportionately affected by HIV in many contexts, they are often inadequately engaged and underserved by current policies and programmes related to HIV and SRHR. HIV responses may address one aspect of their identity, but not others.

Examining the response entails identifying the full HIV response within a country, reflected in its strategies, laws, policies and services, including those services provided by government as well as other partners. The assessment seeks to identify progress and gaps in the country's HIV-related strategies, laws, policies, services and programmes and their implementation/enforcement, including reviewing responses to the intersections of HIV, community engagement and human rights—including SRHR—gender-based violence, social inclusion and disability, within laws, policies and programmes (Box 1).

BOX 1. EXAMPLES OF SUBGROUPS TO CONSIDER DURING GENDER ASSESSMENTS (non-exhaustive)

- Women living with HIV in remote and rural areas.
- Men living with HIV who are the sole breadwinner for their household.
- Young women in relationships with older men.
- Male sex workers with both male and female clients.
- Women who inject drugs.
- Wives and girlfriends of migrant labourers.
- Unemployed transgender women.
- Masculine ('masc') and feminine ('fem') men who have sex with men.
- Lesbians who are survivors of gender-based violence.
- Men in positions of power in their communities (chiefs, leaders, preachers).
- Male clients of female sex workers.

3. Understanding the institutional framework. Examining the institutional framework requires looking at political factors such as the meaningful participation and engagement of affected communities, budget allocations, partnerships, and institutional and human resource capacities. It also requires reviewing issues of social inclusion as well as applying a sustainability lens to the framework. For example, to what extent is domestic financing allocated for inclusive, gender-transformative interventions? To what extent are gender, sexual and reproductive health and HIV services integrated within universal health coverage (UHC)?

4. Analysing and using gender assessment findings for a gender-transformative HIV response. This requires consolidating information on the HIV epidemic, context, national response and institutional framework, as well as analysing the gender-related social norms and structural barriers, gaps and facilitators that can strengthen a sustainable gender-transformative response. The process requires assessing options for efficiently investing in gender equality, developing prioritized gender-transformative recommendations aligned with global strategies and national priorities, costed results-based plans and monitoring and evaluation (M&E) frameworks (Figure 1).

5. Costing of priority interventions that respond to gender assessment findings. This requires determining the resources needed for all of the priority interventions and related activities, using a costing framework and tool developed for the GAT. The costing framework and tool suggest the use of unit and activity-based costing to ensure efficient and effective resource allocation and maximized investments for greater sustainability.

In terms of key concepts, the GAT forms part of a comprehensive approach to gender transformative HIV responses. It seeks to move the HIV response along the continuum from gender blind to gender sensitive and, ultimately, to gender transformative (Annex 10).

Figure 1. Five stages of the gender assessment process

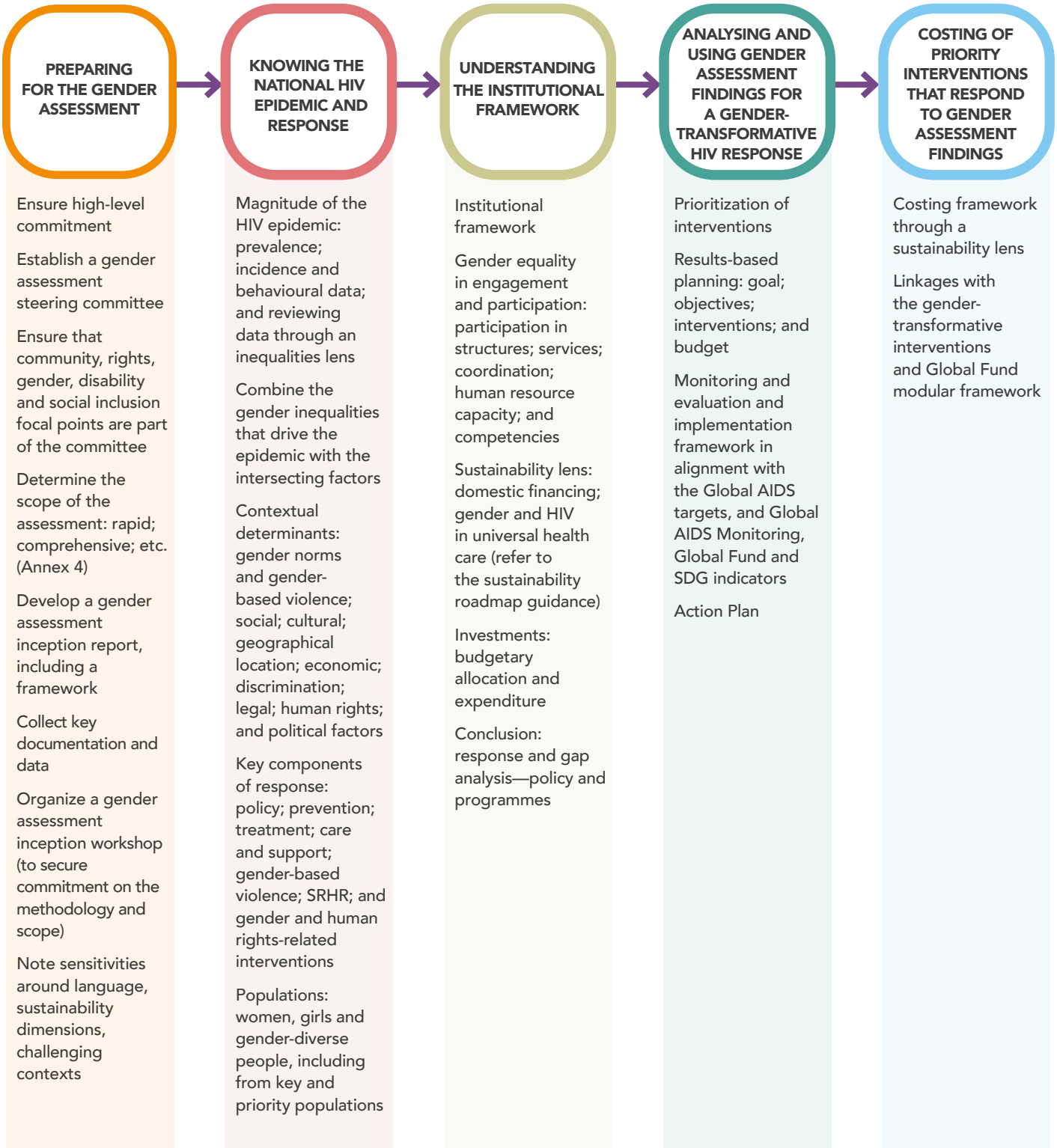


Table 1. Examples of gender-responsive and gender-transformative interventions for HIV

Thematic area	Gender responsive	Gender transformative
HIV and sexual and reproductive health and rights (SRHR)	• Provide integrated, differentiated HIV, sexual and reproductive health and maternal health services.	• Integrate gender-transformative prevention and treatment into the health worker training package, including addressing gender and HIV-related stigma and discrimination, gender-based violence, psychosocial issues and SRHR. • Strengthen linkages between women and girl-led organizations and health services so they can advise and monitor services and support women and girls living with and affected by HIV.
Social norms change	• Provide HIV testing and treatment services targeting men and boys at times and locations that are convenient for them. • Provide condoms and HIV testing services tailored for adolescent girls and young women.	• Develop targeted community dialogues engaging all adults, young people and traditional and religious leaders. • Work with men and women to promote respectful relationships, equality, positive health seeking behaviours and positive gender norms and reduce violence. • Provide youth empowerment programmes, including comprehensive sexuality education (CSE), bodily autonomy and respectful relationships education, and 'know your rights' programming for adolescent girls and young women.
Women's and girls' empowerment	• Provide microfinance and loans, and economic transfers, including cash transfers. • Organize clubs and savings groups. • Provide economic empowerment and vocational training.	• Community or peer-led structural social empowerment interventions based on principles, such as respect, reliance and recognition. • Develop interventions that integrate financial support with gender-transformative and life skills training, and involve peers and communities. • Secondary school-to-work transition activities for girls and boys that challenge gender stereotypes.
Access to justice	• Design and deliver training for paralegals, lawyers, human rights commission staff, police and judges. • Provide legal support services.	• Train community paralegals to support access to justice for gender discrimination and gender-based violence using existing (including community-level) redress mechanisms. • Strengthen linkages between women and girl-led organizations and legal services. • Advocate for and implement law and policy reform. • Integrate training on gender and access to justice in legal training curricula.
Adequate and consistent funding for gender equality and HIV	• Provide training to support development of gender-responsive budgets.	• Support gender budget experts to integrate and influence HIV national plans and budgets. • Convene consultations with women-led organizations and national stakeholders on gender plans and budgets.

Source: UNAIDS (2024).

The GAT uses terms common to the responses to HIV, to sexual and reproductive health and rights and to gender. Annex 10 includes all key concepts, which are taken from the 2024 UNAIDS Terminology Guidelines (19), unless otherwise referenced. Annex 1 includes complementary resources and documents for further information and clarification regarding key terms used in the GAT, and to support countries in developing their HIV responses at all stages.

Stage 1. Preparing for the gender assessment of the national HIV response

This stage provides guidance for preparatory work to guarantee the quality of the gender assessment process and outlines the necessary steps.

Step 1. Secure high-level commitment

High-level national commitment and leadership from, but not limited to, national AIDS councils and the ministries responsible for gender and health are critical to conducting a successful gender assessment of the national HIV response. Dedicated steps to ensure high-level commitment from key stakeholders in governments, civil society, academia and other development partners, including donors and funders, are needed to guarantee national leadership and ownership. Development partners should not lead but rather should provide technical support to the process. The lead organization and key government representatives might consider the following tasks to reach high-level agreement to conduct the gender assessment:

1.1 Involve crucial government and other decision-makers in the entire gender assessment. The list of participants and entities can be created from existing national working groups and networks of CSOs and communities by reviewing relevant documentation.

1.2 Identify challenges and opportunities for building high-level support and prepare strategies to secure this support, including ongoing support for the uptake of recommendations. For instance, broader country processes (such as NSP review processes) provide important opportunities for building high-level support for integrating gender assessments that are more likely to be operationalized.

1.3 Prepare a one-page concept note on why gender assessment is important and how the assessment will enhance the effectiveness and sustainability of a gender-transformative national HIV response. Share the concept note and specific information about the GAT with key decision-makers.

Step 2. Set up a steering committee

2.1 Leverage the high-level buy-in from Step 1 to set up a steering committee for the gender assessment. This should be a small group (suggested: up to ten people) of committed, influential leaders in HIV, SRHR, gender equality, human rights, diversity and inclusion who are nationally recognized for their leadership, experience and/or

expertise and with an identified interest in the outcomes of the assessment. These could include people drawn from national technical teams/working groups on, for example, gender and human rights. Equal representation from communities and key government ministries should be prioritized.

2.2 The steering committee should be drawn from:

- Representatives from national AIDS authorities and key government ministries (e.g. health, gender equality, human rights/justice are critical partners; also, police/prisons, people with disabilities, young people, education, and social protection, depending on the country context).
- Representatives of communities and civil society: e.g. networks of women, girls and gender-diverse people, including from key and priority populations, living with or affected by HIV; women's rights; HIV; human rights and SRHR movements and organizations; key populations (including women from key populations); people with disabilities; and traditional and community leaders.

It can also include limited representation from the following:

- Experts on HIV, SRHR, equality and inclusion, women's empowerment and gender policies and services.
- United Nations agencies (e.g. UN Women, UNFPA, UNDP) and relevant bilateral donors.
- Other development partners and nongovernmental organizations (NGOs) working on gender, equality and inclusion, SRHR, human rights and HIV.

2.3 A recommended structure is to have a high-level government official to chair the committee and a member of civil society or communities to serve as the vice-chair or co-chair responsible for securing high-level commitment, buy-in and oversight. A lead United Nations agency/development partner should support the setting up and functioning of the steering committee, leveraging its diplomatic and convening role.

2.4 The composition of the gender assessment steering committee is the most important step in securing a proper division of labour, analysing existing data and ensuring the participation of diverse stakeholders for comprehensive assessment (Annex 2). Typically, a team of three consultants (international, national and gender budget expert), with expertise and understanding of the full range of HIV, gender, human rights, gender equality, women's SRHR and lesbian, gay, bisexual, transgender and/or intersex (LGBTQIA+) rights, is engaged to support the coordination and implementation of the assessment (Annex 5). In contexts where comprehensive HIV and gender expertise may be limited, an alternative approach is to engage a gender expert as one consultant and an HIV expert as the other, fostering cross-learning and capacity strengthening of both.

2.5 The principle of greater involvement of people living with HIV. However, countries may need one or two consultants with broader skills, based on resources. The steering committee's range of stakeholders will ensure that the process not only reflects a spectrum of perspectives and issues affecting diverse populations in each stage, but is also inclusive (the principle of greater involvement of people living with HIV), transparent and informed by evidence from research, along with expertise, existing public resources and knowledge about the local context and community.

2.6 The gender assessment steering committee members should be brought together:

- To share and review the committee's terms of reference, with timelines.
- To agree on roles and responsibilities.
- To establish the mechanisms for internal communication.
- To present an overview of the GAT and address preliminary questions and concerns on its potential use and adaptation at the national and local levels: content, structure, participants, process, expected results and other pertinent matters.
- To revise and adapt the gender assessment to the country context based on the committee's feedback and guidance.

Step 3. Develop a gender assessment inception report

3.1 Discuss the goal of the gender assessment within the committee and how it aligns with the assessment's concept note and its added value and complementary nature in relation to other assessment and planning processes, guidance documents, resources and tools addressing gender and inequalities in the HIV response.

3.2 Agree on the scope of the gender assessment, including its purpose, objectives and limitations, aiming for clear short-term results that support the overarching goal.

3.3 Agree on guiding principles for undertaking the gender assessment process and on how to monitor their application. In accordance with the SDGs, the 2021 Political Declaration on Ending AIDS, the UNAIDS Global AIDS Strategy 2026–2031 and other global and regional commitments made to advance non-discrimination and the rights and health of women, girls and gender-diverse people, including from key and priority populations, living with or affected by HIV, such principles should include:

- Respecting and protecting the rights and engagement of women, girls and gender-diverse people, including from key and priority populations, and including people with disabilities.
- Adopting a non-discrimination framework.
- Making ethical responses based on equity and inclusion.
- Using an approach informed by evidence.

- Using a human-rights-based approach.
- Practicing impartiality.
- Ensuring the meaningful participation and leadership of women and girls in all their diversity, and the engagement of men and boys to challenge harmful gender norms.
- Partnering with organizations and networks of civil society and communities, including HIV, SRHR, human rights and gender equality organizations as well as organizations and networks of women, girls and gender-diverse people, including from key and priority populations, and including people with disabilities.
- Using a strategic, forward-looking and sustainable approach.
- Exercising strong and courageous leadership.
- Ensuring accountability and transparency.
- Respecting diversity.

3.4 Be aware of sensitivities regarding language and ensure understanding of the gender assessment's key concepts. Review and agree on the scope of concepts, such as gender, gender equality, nondiscrimination, gender-transformative responses, key and priority populations, SRHR, intersectionality, disability, social inclusion and sustainability using agreed UNAIDS terms as the starting point.

3.5 Identify a proposed methodology for the gender assessment in alignment with the GAT. The methodology should include provision for the review of key documents, site visits where feasible, as well as consultation with and meaningful engagement of communities and other key stakeholders. The methodology will be further refined during the inception workshop.

3.6 Determine whether to undertake a rapid, integrated or comprehensive approach to the gender assessment. This assessment cannot purport to also be a full human rights or legal environment assessment. However, it is useful to consider, for instance, whether the gender assessment can be integrated with other concurrent in-country assessments (e.g. a human rights, legal or inequalities assessment) or planning processes (e.g. developing an NSP or HIV Sustainability Roadmap). Also consider the time, resources and data available for the gender assessment. The Adaptation Tool in Annex 4 provides guidance on how to adapt the GAT to fit your needs. Annex 1 gives human rights and legal environment assessment resource guides.

3.7 Identify the relevant stakeholders and experts who should be engaged in or who can provide information to support the gender assessment. Stakeholders could include government, representatives of CSOs and community-led networks (ensuring inclusion of communities who face multiple/intersecting forms of discrimination), traditional and community leaders, relevant academic/research institutions and United Nations agencies. As appropriate, stakeholders from key

sectors should also be considered, such as from health, education, gender, human rights, justice, security (police/prisons), youth, disability, employment, migration, human rights, finance and others pertinent to the national context. Further, the links between HIV and gender-based violence and especially relevant comorbidities, such as tuberculosis (TB) and cervical cancer, emphasize the need to engage experts and actors working in these areas.

3.8 Determine the nature, scope, representation and key areas of enquiry for focus group discussions, key informant interviews and consultations/final validation aligned with the stakeholders identified to gather more information on issues and to validate the findings. Determine the need and potential for visits to key organizations/facilities/locations able to provide additional depth of understanding on key issues, aligned with the gender assessment's areas of enquiry. Annex 6 gives guidance on conducting key informant interviews and focus groups.

3.9 Define a clear, feasible and achievable timeline to carry out the gender assessment, including milestones and deadlines. Deadlines are important so that the gender assessment will be completed in time for the findings and recommendations to support relevant national processes and opportunities—for example, developing, monitoring or reviewing the NSP for HIV or the Global Fund grant cycles.

3.10 Set out monitoring mechanisms to track the gender assessment process according to the developed timeline.

3.11 Suggest communication approaches for raising awareness among stakeholders beyond the gender assessment steering committee about implementing the gender assessment and for disseminating the results.

3.12 Identify key external stakeholders and partners who should be informed of the gender assessment to ensure their support for the overall process and follow-up. In contrast to the group in step 3.7, who will support the gender analysis, the stakeholders in this step are the broader group of partners who should be kept informed of the gender assessment's purpose, progress, outputs and actions throughout the process:

a) Develop key messaging based on the need to undertake an HIV gender assessment. This messaging should outline how the gender assessment will support existing national processes, including integration with other relevant SRHR and development issues, and will be aligned with the HIV response.

b) Disseminate the messages.

Step 4. Collect relevant documents

Collect documents that will inform the national gender assessment. Share these and relevant tools, resources and guidance material with the gender assessment steering committee.

Key documents include national surveys, reports, assessments (e.g. reports on HIV, gender; human rights, legal, environmental assessments, etc.), network/community-led research (e.g. the People Living with HIV Stigma Index), community-led monitoring reports, laws, policies and strategies, plans and guidelines, published research and peer-reviewed studies, grey literature, State party and NGO reports on the treaty monitoring process, the process of Universal Periodic Review (UPR) of human rights progress *(30)*, relevant regional treaty and policy monitoring processes as well as the following:

- Country-specific data:

a) Relevant HIV and SRHR, laws (including jurisprudence), policies, strategies and standards-of-care.

b) HIV and SRH data (e.g. Global AIDS Monitoring data) that are disaggregated by age and sex and, if available, by key and vulnerable populations (e.g. women who use drugs, young girls with disabilities) and social stratifiers (e.g. income, education level).

c) Data at the subnational level (if available) that may help to better understand the gender aspects of the epidemic's geographical distribution and the local and regional response.

d) Additional sources with relevant data on gender and rights-related issues (early, forced and child marriage, gender-based violence, infringements of bodily autonomy) and comorbidities (TB, cervical cancer, human papillomavirus and female genital schistosomiasis) linked to HIV. These sources include SRH and behavioural surveys (e.g. the Integrated Bio-Behavioural and Surveillance Report), surveys on violence (e.g. violence against women, children's surveys), the International Agency for Research on Cancer research on human papillomavirus (HPV), and data collection, research and analysis by CSOs and networks (e.g. the People Living with HIV Stigma Index studies), academia and development partners.

e) Data collected using innovative methods (e.g. quantitative and qualitative information from key informant interviews, focus group discussions and workshops held at the national and subnational levels) when data are lacking on key issues, populations or geographical areas.

f) Global Fund funding requests, Breaking Down Barriers assessments, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plans, and other key donor reports and documents.

Annex 1 includes a list of available resources.

4.1 Review the list of documents prepared by the consultants to ensure that it is complete and appropriate. Review and add other relevant documents, including international and regional documents to which the country is a signatory or documents important to the specific country context.

4.2 Share a list of all compiled documents with the steering committee as part of the inception report for their review and input before the gender assessment inception workshop. These documents will form the basis for stages 2 and 3 of the gender assessment.

The gender assessment steering committee should become familiar with the online tools and guidelines to prepare for the gender assessment process and to identify effective, evidence-informed interventions. This is crucial when the group identifies key interventions in stage 4.

Step 5. Organize a gender assessment inception meeting with all relevant stakeholders

Organize the workshop with all relevant stakeholders to get commitment to the GAT, present the (draft) inception report, agree on the process, methodology and scope of the GAT, key stakeholders to be consulted and key areas of enquiry. In addition, the following points should be considered:

(1) **Participants.** Should be drawn from diverse constituencies, including those set out in step 3.7. This ensures that there is a range of perspectives available on the process, scope, key areas of enquiry and key stakeholders for the GAT.

(2) **Methods.** The workshop may adopt different interactive methods to engage a diverse group of participants in reviewing the inception report. The agenda should enable participants to further inform and agree on the scope, process, methodology and key focus issues to be addressed by the gender assessment, including the purpose and focus of key informant interviews, focus group discussions and site visits. Participants should also be encouraged to provide details of additional documents to be reviewed, stakeholders to be consulted and possible sites for visits.

The expected deliverables of this workshop are: (1) the validation of the inception report containing a detailed work plan, roles and responsibilities and a timeline for the entire consultancy; and (2) a list of key issues/areas of enquiry, key documents to be reviewed, key informants to be consulted and sites for visits to be included in the final inception report.

Stage 2. Knowing the national HIV epidemic, context and response

This stage provides key questions for understanding the HIV epidemic from a gender perspective, the context surrounding behaviour and any relevant socioeconomic, cultural, humanitarian, political and economic factors. It provides important questions for identifying harmful norms and inequalities between subgroups of women and girls and of men and boys and gender diverse people that influence their vulnerability to HIV and their experiences of living with HIV. There should be awareness of intersections. For example, collecting and analysing information on: women and girls from key populations; women and girls with disabilities and living with HIV; women who use drugs and are sex workers; trans women who are living with HIV, etc.

It is recommended to prepopulate the sections below with the relevant data when preparing the gender assessment workshop.

Key elements of a gender analysis of the country's epidemic and context are:

- **Disaggregation**. The data should be broken down by sex/gender and age and other relevant social stratifiers (income, race, ethnicity, disability, key and priority populations, and urban, rural). Although most of the data required are for national-level indicators, understanding the geographical distribution of the epidemic and response may be crucial. Similarly, some indicators are usually grouped into two age segments: 0–14 years and 15 years and older, but others, such as the number of people with newly acquired HIV and the number of people dying from AIDS-related causes, should be disaggregated by age, ideally by five-year age groups until 24 years and then 25–49 years, or at a minimum by ranges of younger than 5 years, 5–14 years and 15 years and older.
- **Measuring changes over time**. Indicators on prevalence and incidence should be analysed as a time series for examining trends over time. Trends in other indicators, including the prevalence of recent intimate partner violence, could also be analysed. Consider presenting the available trends in graphs.
- **Sources of data**. Country data for selected indicators are available through AIDSinfo (http://aidsinfo.unaids.org). Annex 1 provides additional data resources.

Step 6. HIV prevalence, incidence, prevention and behavioural data

Question 1: HIV prevalence and incidence

1.1. What are the latest national and subnational HIV prevalence and incidence data, disaggregated by sex/gender, age and other relevant factors?

1.2. How many people had newly acquired HIV, disaggregated by sex/gender, age and other relevant factors?

1.3. How many people died from AIDS-related causes, disaggregated by sex/gender, age and other relevant factors?

1.4 Are there geographical areas (e.g. rural, urban, specific cities) with higher HIV incidence for certain age and gender cohorts?

Question 2: Key and priority populations and geographical trends

Each of the questions in this section should be asked in relation to both key populations and priority populations (see Annex 10 for key concepts and definitions).

2.1 Who are defined as key populations in the country? Are there key populations (as defined by UNAIDS) who are excluded from country policies and strategies? Who are the priority populations in the country? Are there priority populations who are excluded from country policies and strategies?

2.2. Has the size of key populations been estimated, disaggregated by sex/gender, age and other relevant factors? Has the size of priority populations been estimated and disaggregated?

2.3. What is the HIV prevalence among key and priority populations, disaggregated by sex/gender, age and other relevant factors?

2.4. How many people have newly acquired HIV? Are there any (sub) populations within those that are disproportionately affected in relation to population size?

2.5. Is there any information/data on sexual partners of key and priority populations, including female sexual partners?

2.6. Are there geographical areas (e.g. rural, urban, specific cities) with higher HIV incidence for certain age and gender cohorts?

Question 3: HIV prevention awareness and risk

3.1. What percentage of adolescents and young people (male, female, trans and gender diverse) aged 15–24 years correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission?

3.2. Are data available on transactional sex ('Sugar Daddy/Blesser'), especially involving adolescent girls and young women?

3.3. What percentage of people used a condom during their most recent sex including anal sex (disaggregated by key and priority populations, sex/gender, age)? Does condom use vary significantly by population, considering intersections of age, sex/gender and gender identity?

3.4. How many pregnancies occurred among younger and older adolescents?

3.5. Are data available for unmet contraceptive needs (at least for 15+ year olds and older), or for the percentage of women whose demand for family planning is satisfied with modern methods?

Note that questions on sociocultural and economic factors, violence, discrimination and the legal and policy environment, as risk factors, are discussed below.

Analysis

You have now reached the end of step 6. Review and analyse the data gathered above. In a limited set of bullets, identify gender differences and inequities, briefly describing the nature and scope of the gender inequalities underlying the HIV epidemic in the country and summarize key issues based on the HIV epidemic data available. This will be further enhanced by your analysis of steps 7 and 8.

Step 7. Social, cultural and economic factors

When you answer the following questions, please refer to women, men and gender-diverse people, disaggregated by age or other social stratifiers (e.g. disability) (if possible).

Question 1: Sociocultural norms and HIV risk

1.1. What cultural norms, beliefs and practices around gender-related roles/behaviour contribute to HIV risk for women, girls, men, boys and gender diverse people, including from key and priority populations, and undermine their ability to manage HIV? Consider such factors:

- Proportion of people aged 15–49 years old who believe that a wife can refuse to have sex with her husband or can propose condom use if the husband has a sexually transmitted infection.
- Percentage of currently married women aged 15–49 years who usually decide about their own health care: (1) by themselves; (2) jointly with their husbands; or (3) based on their husband's decision.
- Percentage of women aged 20–24 years old who were married or in union before age 18.
- Percentage of people who agree with the following cultural norms on sexuality and gender roles:

- A man has a right to assert power over a woman and is socially and economically superior.
- A man has a right to 'correct' or discipline women's behaviour.
- Wife-beating is an acceptable way for husbands to discipline their wives.
- A woman's freedom should be restricted.
- Physical violence is an acceptable way of resolving conflicts within a relationship.
- Women and girls should be passive, obedient, care about others and put others' needs before their own.
- Being a man or boy means being tough, brave, taking risks, being aggressive and not caring for one's body.
- Having different expectations about what is appropriate sexual behaviour for boys and girls.
- Having different expectations about what is appropriate sexual behaviour for women/men with disabilities.

- Percentage of people who believe a husband is justified in hitting or beating his wife in the following situations:
  - If she goes out without telling him.
  - If she neglects the children.
  - If she argues with him.
  - If she refuses to have sex with him.
  - If she burns the food.

- Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.
- Prevalence of practices that undermine gender equality and SRHR and/or increase HIV risk and vulnerability (female genital mutilation (FGM)), child marriage, or others as relevant to the context).

1.2. How do these sociocultural norms and practices contribute to creating barriers for HIV prevention, contributing to increasing the risk of HIV transmission and reducing adherence to antiretroviral therapy? Consider studies (including published literature and from community organizations) that explore the links between norms and cultural practices and HIV risk and treatment adherence.

1.3. Are there particular circumstances (such as humanitarian crises, political changes, conflict, etc.) which are intensifying the impact of these sociocultural norms and practices?

Question 2: Norms and HIV risk in key populations and young people

2.1. Do sociocultural norms and practices contribute to the risk of HIV transmission and undermine their ability to manage HIV among women, girls and gender diverse people from key and priority populations?

Examine the norms and practices prevailing in the country. Examples of these documented in some countries in relation to women, girls and gender-diverse people, including from key and priority populations, are:

- **Stigma:** Toward LGBTQIA+ individuals, sex workers and people who use drugs.
- **Stereotypes:** Linking certain groups to 'immorality', violence, or disease transmission.

2.2. How do these sociocultural norms and practices contribute to increasing the risk of HIV transmission and undermine the ability to manage HIV? Be specific by population, based on evidence. Consider particular circumstances (such as humanitarian crises, political changes, conflict, etc.), as well as gender-based factors, as stigma may manifest differently for women and gender-diverse people. For example, women who use drugs may experience more discrimination and marginalization than men who use drugs.

2.3. Do any sociocultural and gender barriers increase the risk of HIV transmission and undermine the ability to manage HIV for young people? If yes, what are they?

Question 3: Other sociocultural and economic factors

According to the available data and any relevant studies or reports, what are the main sociocultural and economic causes of HIV risk and vulnerability and ability to manage HIV that impact women, girls and gender-diverse people including from key and priority populations? This may include factors like poverty, employment and lack of income security, social protection services, food security, housing, water and sanitation, access to education, and humanitarian or crisis situations.

You have now reached the end of step 7. Complete step 8, after which you will analyse the two steps, and the preceding step together.

Step 8. Discrimination, violence, legal and policy factors

Data on stigma, discrimination and violence may be available from the various sources outlined in stage 1. With regard to Question 3, your country may have reported data for some of the questions below through the National Commitments and Policy Instrument (NCPI) (31), a component of Global AIDS Monitoring that aims to measure progress in developing and implementing policies, strategies and laws related to the HIV response.[5]

5 The NCPI has two parts: Part A, completed by national authorities; and Part B, completed by civil society representatives

Question 1: Prevalence of violence

1.1. Are there any studies looking at discrimination against women, girls and gender-diverse people, including from key and priority population, living with HIV within different settings (e.g. family, community, education, work and health services)? Are there studies looking at violence?

1.2. How many people from key populations experienced physical and/or sexual violence in the past 12 months (disaggregated by age, sex, gender identity, population and other relevant factors). How many people from key populations experienced physical and/or sexual violence in the past 12 months (disaggregated by age, sex/gender, gender identity, population and other relevant factors).

1.3. What proportion of ever-married or partnered women (aged 15–49 years) experienced physical or sexual violence from an intimate partner in the past year?

1.4. Among women living with HIV (aged 15–49 years), what proportion experienced violence before, due to, or after diagnosis?

- Violence by an intimate partner.
- Violence by a family member other than a partner.
- Violence by a community member (neighbour).
- Violence within the health sector.
- Violence by the police, in prison or in detention.
- Fear of violence.

1.5. Are there particular circumstances (such as humanitarian or crisis situations, etc.) that are exacerbating or intensifying physical or sexual violence?

Question 2: Stigma, discrimination and other rights violations

2.1. Have data on HIV-related stigma and discrimination been collected? If so:

- What percentage of people living with HIV report experiencing stigma and discrimination in the general community?
- What percentage of women, girls and gender-diverse people, including from key and priority populations, report experiencing stigma and discrimination?
- What percentage of women, girls and gender-diverse people, including from key and priority populations, living with HIV report experiencing HIV-related discrimination in health-care settings (disaggregated by sex (female and male) and age (15–19 years, 20–24 years and 25–49 years)?

and other NGO partners involved in the HIV response. The updated NCPI database (https://lawsandpolicies.unaids.org/) contains your country's data for these questions.

- What percentage of women, girls and gender-diverse people, including from key and priority populations, living with HIV experience stigma and discrimination in sexual and reproductive health, maternity and HIV-related services (disaggregated by key population, age and sex/gender)?
- What percentage of women, girls and gender-diverse people, including from key and priority populations, report having avoided health-care services because of stigma and discrimination?
- What percentage of women, girls and gender-diverse adolescents avoid HIV and sexual and reproductive health services due to stigma and discrimination?

2.2. Have women, girls and gender-diverse people, including from key populations and priority populations (e.g. people with disabilities), reported the following in the last 12 months? If so, please describe:

- Coerced medical procedures (e.g. sterilization, HIV testing, HPV screening).
- Denial of services or commodities due to HIV status.
- Verbal/physical abuse in health care.
- Forced or coerced use of a specific type of contraception.
- Add others, as relevant, and please elaborate.

Question 3: Laws and policies affecting the HIV response

3.1. Does your country have laws or policies that impact or protect women, girls and gender-diverse people, including from key and priority populations? Consider:

- **Human rights of women and girls.** Laws and policies that: protect women and girls against discrimination and promote equality, such as laws that protect inheritance/property rights and control over productive assets; prohibit child, early, or forced marriage and protect women's rights within marriage and divorce; equal access to education and employment, including equal pay for work of equal value; laws prohibiting sexual and gender-based violence, including within marriage and intimate relationships, among others.
- **Anti-discrimination protection of key and priority populations.** Are there any protective laws against violence and discrimination based on HIV status, disability, gender identity, drug use, occupation including sex work, or disability? These could be broad equality laws or sector-specific (e.g. health, education) laws & policies.
- **Access restrictions.** Denial of, or restricted access to, CSE, access to voluntary HIV testing or treatment, condoms or sexual and reproductive health

services/health services for women or gender diverse people, limited legal capacity for adolescents or married or partnered women to access services; limited legal gender recognition for gender-diverse people.

- **Criminalization.** Drug use, HIV transmission, exposure (including vertical transmission), and non-disclosure, sexual orientation, gender identity and aspects of sex work.
- **HIV-related travel regulations.** Restrictions on entry, stay and residence for women, girls and gender-diverse people, including from key and priority populations, living with HIV.

3.2. Do both the executive and legislative branches of government work towards implementing treaties and declarations such as the 2021 Political Declaration on Ending AIDS, the 1995 Beijing Declaration and Platform for Action *(32)*, or the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) *(33)* and relevant regional human rights instruments. Provide examples.

Question 4: Implementation/enforcement and access to services

4.1. Are these laws and policies enforced?

4.2. Are there data on the percentage of law enforcement officers who report negative attitudes towards these populations?

4.3. Is there any indication of discriminatory practices by the judiciary or law enforcement personnel (including the police) towards women, girls and gender-diverse people, including from key or priority populations? If so, please describe.

4.4. How does enforcement/lack of appropriate enforcement impact on the access to rights for women, girls and gender-diverse people, including from key and priority populations (e.g. health-care services, employment, education, social protection, access to justice) and HIV outcomes?

Step 10 provides specific questions on the availability of services.

Analysis

You have now reached the end of step 8. These data will be used later in the report for the analysis matrix. Analyse the key contextual factors contributing to the HIV epidemic, relating the analysis of steps 7 and 8 to the epidemiological data and ensuring that the gender differences are clearly stated.

In addition, identify: (1) the underlying sociocultural and economic factors and barriers that explain the differences and inequities in the HIV epidemic between women and men, or among subgroups of women and men, including key and vulnerable populations; (2) the connections between gender inequalities, discrimination, gender-based violence, legal and policy factors; and (3) the pathways and intersections through which these factors influence different vulnerabilities and inequities in the context of HIV.

Pay particular attention to gaps in the evidence linking different aspects of HIV and different identities. For example, a common gap is in understanding how HIV impacts women and girls with disabilities. Do the data raise any questions?

If issues in the sociocultural, economic, legal and policy context indicate a need for further data, ensure that they are reflected. Summarize the key contextual factors contributing to the gender differences reflected in the HIV epidemic and highlight the gaps in the available data.

The next steps pose key questions to help understand the national HIV response from a gender perspective and represents the core of the data needed to assess the national response based on gender. From the replies to these questions, the gender assessment steering committee will be able to build a picture of the country's situation and make an informed decision on a list of priorities for HIV, gender investment and intervention.

Step 9. Gender equality and HIV in policies and programmes

This step considers how HIV is integrated within gender policies and programmes and also how gender is integrated within HIV policies and programmes. It guides an overall understanding of the interactions between gender and HIV risk and goes on to consider more specific analyses of key areas.

Question 1: National gender policy/strategic plan

1.1. Is there a national gender strategic/action plan or policy? If so, please indicate its name and the year it was established.

1.2. Are there other national policies, strategies, or action plans that address gender-related issues (e.g. gender-based violence, SRHR, education)? If yes, please indicate its name and the year it was established and consider these policies in your examination below.

1.3. Does the strategic/action plan/policy guide the HIV response to work with women and girls, men and boys, gender-diverse people, including from key and priority populations (e.g. young people and people with disabilities) in addressing gender-related cultural norms and expectations that may negatively affect both vulnerability to HIV and access or adherence to HIV services? Identify which of the elements below are reflected and what is partially reflected/excluded.

As an example, does the policy:

- Acknowledge the stigma and discrimination from domestic and labour relations faced by many women, girls and gender-diverse people, including from key and priority populations, and in various facets of life (social, economic, political and health).
- Acknowledge unequal power relations between men and women and between boys and girls and the impact this may have on health-seeking behaviour, including HIV services, sexual behaviour that exposes people to HIV and gender-based violence.
- Address how concepts of masculinity in some contexts can lead to increased risk of HIV infection for men, boys and their sexual partners for several reasons, including discouraging access to HIV and related health services and encouraging risky sexual behaviour and gender-based violence.
- Transform existing concepts of masculinity that encourage sexual risk-taking and discourage health-seeking behaviour, promoting positive forms of masculinity that encourage access to and use of SRHR services, including HIV prevention, testing, care and treatment.
- Promote access to economic empowerment opportunities, including microcredits or cash transfers for women and girls.
- Promote access to educational opportunities (including life-skills based HIV and CSE).
- Promote legal literacy and access to justice for women, girls and gender-diverse people, including from key and priority populations, to assist them in knowing and claiming their rights.
- Recognize the importance of sexual and reproductive rights, and provide for SRH services and bodily autonomy.
- Promote access to services to address gender-based violence in the public and private spheres against women, girls and gender-diverse people, including key and priority populations.
- Promote access to social services and social protection (e.g. cash transfer programmes for women).

- Promote gender equality in intimate relationships and within the family, including addressing early or forced marriage.
- Promote non-discrimination and gender equality in workplace policies.
- Protect against gender discrimination against women, girls and gender-diverse people, including from key and priority populations.
- Reduce gender barriers to prevention, diagnosis, treatment, care, social protection and economic empowerment for women, girls, and gender-diverse people, including from key and priority populations.
- Review laws and policies that limit access to health and HIV services, constrain how these services are delivered and diminish their effectiveness and the exercise of all human rights (e.g. criminalizing drug use and diverse forms of gender identity and sexuality, limited legal capacity for adolescents to access SRHR services).
- Ensure groups and organizations led by women, girls and gender-diverse people, including from key and priority populations, participate as essential partners and leaders in designing, planning, implementing and evaluating services, programmes and policies.

Add any other areas identified as relevant and describe the operation of initiatives and programmes.

1.4. Has the strategic/action plan or policy resulted in the implementation of gender-related programmes? (Sections 11 and 12 in this tool include questions on budgeting and M&E).

1.5. How effective are these policies in fostering social change? Provide examples.

Question 2: Gender considerations in the national HIV response

2.1. Does the national HIV strategic plan/policy recognize and address the following issues:

- Gender inequalities between women/girls and men/boys.
- Inequalities between transgender women and cis women/transgender women and transgender men.
- Discrimination and gender inequalities against people living with/affected by HIV, particularly:
  - Women, girls and gender-diverse people.
  - Women, girls and gender-diverse people, including from key and priority populations.
  - In health care, social protection, labour and the justice system.
- Harmful gender norms and gender-based violence that impact women, girls, men, boys and gender-diverse people, including from key and priority populations.

2.2. Integration of gender-based violence and SRHR into the national HIV policy:

- Does the national HIV policy include provisions to prevent respond to gender-based violence?
- Does the national HIV policy address SRHR beyond reproduction and link to HIV (e.g. going beyond the traditional focus on preventing vertical transmission and contraception to integrate sexual health issues, bodily autonomy, gender identity and stigma and discrimination-free services that address the needs of women, girls and gender-diverse people, including from key and priority populations, such as transgender women, women sex workers, women who use drugs)?

2.3. Does the national HIV response plan for and budget gender-related issues in areas such as:

- Education access.
- Early/forced marriage.
- Migration (forced/voluntary).
- Disabilities.
- Race/ethnicity.
- Rural versus urban disparities.
- Socioeconomic status.

Question 3: Populations addressed in the HIV response

3.1. Which populations are covered by the national HIV response (specify by age, sex/gender, gender identity, sexual orientation and other relevant factors)?

3.2. Does it provide for women, girls and gender-diverse people, including from key and priority populations (e.g. young people)?

3.3. Does it include people with disabilities? If yes, are there specific programmes for them? Does it address gender-specific needs?

3.4. Does it include older people, especially older women? If yes, are there targeted programmes (e.g. chronic care packages)?

Question 4: Awareness of gender equality

4.1. Do decision-makers and service providers in the HIV response demonstrate awareness of gender inequalities and the marginalization of certain populations?

4.2. Provide examples of how this is applied in practice.

Step 10. A comprehensive HIV response

Step 10.1. HIV prevention

Question 1: Available HIV prevention services

Tick the services that are available:

- ☐ Access to information about HIV.
- ☐ Female condoms.
- ☐ Male condoms.
- ☐ STI testing and management.
- ☐ Female genital schistosomiasis (FGS) prevention, testing and treatment.
- ☐ Pre-exposure prophylaxis (PrEP) (oral, injectable, or vaginal ring).
- ☐ Voluntary medical male circumcision.
- ☐ Vertical transmission services.
- ☐ Voluntary HIV testing and counselling services.
- ☐ Post-exposure prophylaxis (PEP).
- ☐ Harm reduction interventions, such as needle–syringe programmes and opioid agonist maintenance therapy.
- ☐ Social and behavioural change communication and demand creation.
- ☐ Primary prevention programmes for gender-based violence, violence against women, girls and gender-diverse people, including from key and priority populations.
- ☐ Gender and age-responsive social protection.
- ☐ Comprehensive sexuality education for adolescents in and out of school.
- ☐ Access for girls to education, including secondary education.
- ☐ Cervical cancer prevention (e.g. HPV vaccination, screening and treatment of pre-cancer lesions), testing and treatment.
- ☐ Prevention services in prisons.
- ☐ Other relevant services (please specify).

Question 2: Trends in prevention access (last five–ten years)

Building on the data gathered above, provide information on the trends over the last five–ten years (disaggregated by sex, gender, age, social stratifiers) relating to:

- Condom use among women, girls and gender-diverse people, including from key and priority populations.

- Coverage of HIV prevention programmes among women, girls and gender-diverse people, including from key and priority populations.
- Percentage of people injecting drugs who report using sterile injecting equipment the last time they injected.
- Percentage of people injecting drugs who receive opioid agonist maintenance therapy.
- HIV prevention and treatment programmes offered to people in prisons and other closed settings while detained.
- Number of people receiving PrEP (oral, injectable, or vaginal ring).
- Percentage of men aged 15–49 years who are circumcised.
- Human papillomavirus vaccination.
- Cervical cancer screening.
- Screening for other sexually transmitted infections.
- Consider other relevant services explored in Question 10.1.

Question 3: Prevention of vertical transmission

3.1. Is there information on the following subjects?

- Percentage of women living with HIV who receive antiretroviral medicine to reduce the risk of vertical transmission of HIV.
- Coverage rate for each stage of the prevention of vertical transmission programming.
- Percentage of infants with newly acquired HIV from vertical transmission among women living with HIV who have given birth in the past 12 months.
- Overall loss to follow-up or disengagement from care (of women and their babies) during pregnancy and post-partum, including during breastfeeding.

3.2. Who is not being reached by vertical transmission programming (disaggregated by key and priority population)? Who is disengaging from care? Provide examples and/or quote relevant sources.

3.3. Does vertical transmission programming encourage partner involvement? If yes, how is involvement encouraged and what are the results? Are there indications of positive or negative impacts on women, or that these programmes hinder access for women? Provide relevant data and/or examples.

3.4. Do national policies and programmes link pregnancy prevention and HIV prevention?

3.5. Are mothers and other caregivers linked to peer support/mentor mother services?

Step 10.2. HIV treatment

Table 2. HIV testing and treatment cascade coverage by population group

Population	Percentage of people living with HIV who know their HIV status	Percentage of people living with HIV who know their HIV status and are on treatment	Percentage of people living with HIV on treatment who have a suppressed viral load
Adults (include sex/gender disaggregation)			
Adolescents and young people (include sex/gender disaggregation)			
Children (include sex/gender disaggregation)			
Sex workers (include sex/gender disaggregation)			
Gay men and other men who have sex with men			
People who inject drugs (include sex/gender disaggregation)			
Transgender people (disaggregating transgender, trans men and trans women where appropriate)			
Prisoners (include sex/gender disaggregation)			
People living with disabilities (include sex/gender disaggregation)			

Question 1: HIV treatment cascade (Table 2)

1.1. Is there any information on retention on antiretroviral therapy 12 months after starting? Does retention on antiretroviral therapy differ by sex/gender and age, or other factors?

1.2. What underlying factors related to gender inequalities influence or shape the use of and adherence to HIV treatment services among women, girls and gender-diverse people, including from key and priority populations, that should be considered and addressed?

Step 10.3. Care and support

Question 1: Support services

1.1. Do people living with HIV have access to the appropriate services (Table 3)? What underlying factors related to gender inequalities (and HIV, including HIV-related stigma and discrimination) influence or shape their use of these services that should be considered and addressed?

Table 3. Support services for people living with HIV

Support service	Do these services integrate gender and HIV?	Do HIV services for women, girls and gender-diverse people, including from key and priority populations, integrate these services?	Underlying factors influencing the use of and adherence to services
Clinical care (including TB, cancer, cervical cancer prevention screening and treatment, and screening for and treatment of cardiovascular disease)			
Mental health services, including those for substance use disorder			
Social support, peer support, safe spaces			
Physical care and support			
Legal support			
Pain and symptom management and end-of-life care			
Nutrition assessment, counselling and support			
Sexual and reproductive health and rights counselling			
Prevention, care and protection against violence in the family, community and services			
Social protection services			
Support for orphans, vulnerable children and young people living with or affected by HIV			
Other (please specify)			

Question 2: Care

2.1. Is there evidence on who provides care for people living with HIV within communities and homes and whether they are compensated?

Step 10.4. Rights-based approach in HIV services

4.1. Are HIV services accessible (as part of policy and in practice) regardless of gender, sexual orientation, gender identity, age, marital status, drug use, HIV status, sex work, profession, disability, etc.? For HIV services, please consider prevention, treatment, care and support).

4.2. How do people from these diverse groups experience HIV services in terms of quality, safety, respect and inclusiveness?

4.3. What barriers or enablers are identified through community-led monitoring and research (the People Living with HIV Stigma Index or other community-led monitoring efforts)?

Step 10.5. Gender-based violence and HIV

Question 1: Programmes to address gender-based violence

1.1. How do such programmes support survivors and which populations benefit? Does this include support tailored to people living with HIV and key and priority populations? Does this include support in conflict settings?

1.2. Are medical and psychological services available for survivors (e.g. PEP, emergency contraception, safe abortion, where legal)?

See below for additional questions on interventions to address gender and human-rights-related barriers to health care, including training of service providers and access to justice.

Question 2: Integration and partnerships

2.1. Are HIV and gender-based violence services integrated?

2.2. Are gender-based violence services integrated into the humanitarian crisis response?

2.3. Are partnerships in place between government, United Nations agencies, NGOs, including women and girl-led and key population-led networks and organizations to address gender-based violence in the HIV response?

Step 10.6. Sexual and reproductive health and rights

Question 1: SRHR policy and programme integration

1.1. Has the country adopted policies or health sector protocols to implement the 2019 WHO Consolidated guidelines on SRHR of women with HIV?

1.2. Does the HIV response align with global/regional SRHR commitments, as outlined in the ICPD Programme of Action, Sustainable Development Goals and other relevant agreements, particularly for women/girls *(34)*?

1.3. Are SRH and HIV services integrated? For example, are core HIV services (like testing, treatment/referrals, PrEP) available within SRH services? Are core SRH services (like sexual health counselling, contraceptives, pregnancy testing, referrals for antenatal care) available within HIV services?

1.4. Are gender-related barriers to SRHR–HIV integration addressed? (e.g. lack of gender-sensitive health services, lack of sex and gender disaggregated data, age of consent and limited autonomy for AGYW to access services and make reproductive health decisions, stigma and discrimination), if and how the national strategy addresses them.

1.5. Does a humanitarian response programme exist for SRHR (e.g. life-saving SRHR services)? If so, list the services and target populations.

Question 2: Access to SRH services

2.1. Indicate if services (e.g. condoms, STI treatment, contraception, PrEP, HPV vaccination for girls aged 9–14 years, cancer screenings including for cervical cancer, pregnancy care, focused treatment for preventing FGS (praziquantel) in schistosomiasis-endemic areas) are equally accessible to all populations. Provide sex- and age-disaggregated data and geographical availability.

2.2. Are data available for unmet contraceptive needs (at least for 15+ year olds and above), or for the percentage of women whose demand for family planning is satisfied with modern methods?

2.3. Collect the data for sexual and reproductive care indicators related to the Global AIDS Strategy target of 95% of women and girls of reproductive age having their HIV and sexual and reproductive health care service needs met, including antental and maternal care, information and counselling. For example:

- Cervical cancer screening among women living with HIV.
- Treatment for pre-cervical cancer for women living with HIV.
- Treatment for invasive cervical cancer for women living with HIV.
- Women receiving antenatal care at least four times during a pregnancy.
- Maternal mortality.

Step 10.7. Interventions to reduce gender and human-rights-related barriers to services

Question 1: Reducing and responding to gender-related discrimination

1.1. Does the national response include human rights and gender-related programmes to reduce gender inequalities and gender-based discrimination, harmful gender norms and gender-based violence amongst communities and in all settings (e.g. community, health, justice, education, workplace, humanitarian)?

1.2. Does the national response include provision for pre-service and in-service training for health-care workers to reduce stigma, discrimination, gender inequalities, harmful gender norms and gender-based violence? Does it cover the following topics?

- Gender equality.
- Human rights.
- Sexual and reproductive health and rights.
- Preventing and responding to gender-based violence.
- Addressing HIV-related stigma and discrimination.
- Other relevant themes (please specify).

1.3. Are there advocacy efforts to review and reform punitive/discriminatory laws that increase vulnerability and block access to HIV services for women, girls and gender-diverse people, including from key and priority populations? Is there strategic litigation to challenge punitive/discriminatory laws?

1.4. Are there training programmes on gender equality, reducing harmful gender norms and responding to gender-based violence and HIV for service providers in other sectors (e.g. law enforcement, social protection, education)?

1.5. How frequently is this training conducted? Has it been evaluated?

1.6. Are there training programmes on gender equality and HIV for decision-makers in relevant sectors (e.g. health, education, justice, labour, gender equality, law enforcement, youth and social protection)?

Question 2: Promoting access to justice for rights violations

2.1. Are there programmes to support legal literacy around non-discrimination and gender equality, including in access to health care, protection from harmful gender norms and gender-based violence for women, girls and gender-diverse people, including from key and priority populations?

2.2. Is there community-led monitoring and documenting of rights violations (e.g. by women and girl-led, key population-led networks and organizations, including organizations of people with disabilities)?

2.3. Are there legal support services (e.g. state-sponsored legal aid, law clinics, legal CSOs, private pro bono lawyers) for those who experience gender-related discrimination and gender-based violence?

2.4. What proportion of women, girls and gender-diverse people, including from key populations, living with HIV who have experienced rights abuses have sought redress?

Analysis

You have now reached the end of step 10 of stage 2. Review and analyse the main gaps in addressing gender differences related to the specific communities, remembering the gender issues and sociocultural norms and determinants related to the HIV epidemic that were identified earlier. This information will highlight and complement the policy and programmatic section of the response.

Stage 3. Understanding the institutional framework

Step 11. Institutional and political factors

Step 11.1. Community engagement and meaningful participation

Question 1: Representation, participation and engagement

1.1 Are networks as well as organizations that represent gender-related issues in the HIV response engaged in decision-making and policy development at different stages (design, implementation, M&E), levels and sectors of the country's HIV response? These include women, girls and gender-diverse people, including from key populations and priority populations (e.g. young women, women with disabilities, women migrants), living with and/or affected by HIV, and networks/organizations representing women's and girls' rights, sexual and reproductive health, gender equality, youth, key and priority populations . Differentiate by constituency in responding.

Consider gender-related representation, participation and engagement in the following types of structures:

- Technical teams for developing, reviewing and updating national AIDS strategies and plans.
- Technical teams for developing or reviewing programmes related to young people's access to HIV testing, treatment, care and support services.
- Expanded Joint United Nations Teams on AIDS.
- United Nations thematic teams on legal and policy reform and review.
- National AIDS coordinating authority or the equivalent, with a broad-based, multisectoral mandate.
- Global Fund country coordinating mechanism.
- Civil society coordination spaces of populations most severely affected by HIV.
- Other: please specify.

1.2. Are these networks and organizations engaged in implementation of services? Differentiate by constituency in responding. Consider progress towards the 30–80–60 targets, especially for women-led and women's and girls' rights organizations, including those organizations led by women, girls and gender-diverse people, including from key and priority populations. For context, the 30–80–60 targets are community-led service delivery goals aiming to achieve:

30% of testing and treatment services; 80% of HIV prevention services; and 60% of societal enabler programmes delivered by community-led organizations by 2025. Within these, it aims to ensure that 80% of community-level HIV services for women are delivered by women-led organizations.

1.3. Do women, girls and gender-diverse people, including from key and priority populations, living with and/or affected by HIV in the country participate in developing policies, guidelines and strategies relating to their health (e.g. preventing vertical transmission of HIV)?

1.4. What strategies are in place to ensure the meaningful participation of networks of women, girls and gender-diverse people, including from key and priority populations, living with and affected by HIV in decision-making, policy development and implementation?

Question 2: Formal mechanisms for joint decision-making

Are there formal mechanisms ensuring that decision-making processes in the HIV response consider gender-related aspects of the HIV response, including the views, needs and rights of women, girls and gender-diverse people, including those from key and priority populations, living with and/or affected by HIV? Some examples include:

- Human rights and gender HIV technical working groups.
- Civil society forum with sub-sectors focusing on women, girls and gender-diverse people, including those from key and priority populations.
- Gender caucus.
- Gender equality task force.
- National councils on gender-based violence and femicide.
- Male engagement platform.
- Other: please specify.

Question 3: Legal and political recognition for civil society engagement

3.1. Do safeguards in laws, regulations, or policies provide for the operation of community-led organizations led by women, girls and gender-diverse people, including those from key and priority populations, as well as organizations working on issues of gender and SRHR, in your country? For example:

- Community-led organizations working with women, girls and gender-diverse people, including from key and priority populations, can be registered.
- Community-led organizations can provide HIV and related services to women, girls and gender-diverse people, including from key and priority populations.

3.2. Do any laws, policies or regulations enable CSOs and networks, in particular

those led by women, girls and gender-diverse people, including from key and priority populations, to access funding (consider also conditions/requirements to access funding that create barriers)? For example:

- From domestic funding (social contracting or other mechanisms allowing service delivery by communities to be funded).
- From international donors.

3.3. Are the core costs of networks led by women, girls and gender-diverse people, including from key and priority populations, living with and/or affected by HIV included in funding for civil-society-led service provision and engagement?

3.4. Do any laws, regulations or policies act to exclude any key populations from engaging in the national HIV response? Please explain.

Step 11.2. Coordination of gender equality within the HIV response

Question 1: Coordination mechanisms

1.1. Does the national HIV coordination mechanism include a dedicated working group or other mechanism focusing on gender equality?

1.2. Do various government sectors (e.g. particularly the health ministry/national AIDS commission and gender ministry, as well as justice, education, social development, disability and human rights ministries) have additional coordination mechanisms and levels for joint action on gender equality in the national HIV response? Are these also linked with the UN (e.g. UNAIDS and Cosponsor country teams on AIDS, gender theme groups within the UN)?

1.3. Is civil society—especially networks of women, girls and gender-diverse people, including from key and priority populations, living with and/or affected by HIV and groups working on gender equality and women's and girls' rights issues—officially included in any of the above coordination mechanisms?

Question 2: Accountability mechanisms

2.1. Do mechanisms exist for CLM and accountability processes led by women, girls and gender-diverse people, including from key and priority populations? If so, what are they?

2.2. If they exist, are CLM mechanisms gender responsive and/or gender transformative (e.g. tracking service access and rights violations in the context of gender-related HIV interventions such as vertical transmission, voluntary medical male circumcision, post-violence care, etc.; disaggregating community-led indicators by age, sex and population; and providing CLM feedback to relevant structures, such as Ministries of Gender, national gender caucuses, human rights and gender technical working groups, etc.)?

Step 11.3. Assessing funding allocation and expenditure

Question 1: Gender-responsive HIV budgeting and expenditure

1.1. Is there current accessible information (for at least three years), such as a National AIDS Spending Assessment or other resource tracking exercise, that documents budgets, sources of funding and expenditures (from national and external funding sources) on gender-transformative HIV interventions in the country?

1.2. Does the HIV policy framework incorporate budgeting and financing strategies to ensure long-term sustainable funding for gender-transformative HIV interventions?

1.3. What was the total expenditure on gender-transformative HIV interventions in the last calendar year? What proportion of overall HIV funding does this comprise?

1.4. Does the budget allocated to the national HIV response adequately consider the specific needs and address the specific barriers of women, girls and gender-diverse people, including from key and priority populations? For example:

- Gender-based violence prevention and post-violence care and other activities to prevent and respond to gender-related discrimination.
- Gender-transformative interventions to address underlying gender inequalities, transform gender norms and remove barriers to strengthen access to HIV prevention, treatment, care and related services.
- Interventions targeted specifically women, girls and gender-diverse people, including from key and priority populations.
- Global AIDS Monitoring financial reporting on gender-transformative programmes.

1.5. List the factors that influence funding allocation decisions on gender-related HIV interventions (e.g. available domestic and international resources and declining resources; competing funding demands; religion and sociocultural factors; low investment in gender equality policies; and the legal environment).

1.6. List the obstacles that hinder the effective absorption of gender-related HIV budget lines (e.g. political commitment, lack of evidence and capacity gaps).

Question 3: Accountability

Is there a formal system of accountability that enables civil society, United Nations agencies and citizens to monitor the priority-setting process and spending on gender equality within the HIV response? If yes, how does this work?

Step 12. Assessing sustainability, monitoring and evaluation

Question 1: Sustainability

UNAIDS Sustainability Guidance focuses planning efforts around five areas of the HIV response: (1) political leadership; (2) enabling laws and policies; (3) sustainable and equitable financing; (4) HIV prevention and treatment services and solutions; and (5) systems including community systems and community leadership. These five areas are already addressed throughout sections of this GAT. Step 12 provides an additional opportunity to collate this information, analysing how gender is addressed in sustainability planning.

1.1. Does the country's sustainability roadmap (or plans/processes towards developing a roadmap) explicitly include gender equality and women's empowerment across all five areas?

1.2. Does the country's sustainability roadmap include HIV prevention and treatment services that explicitly outline non-discriminatory, rights-based HIV services, integrated with SRHR, GBV response, psychosocial support, harm reduction, legal and social protections, that prioritize networks of women, girl and gender-diverse people and specify continuity of care?

1.3 Does the country's sustainability roadmap (or plans/processes towards developing a roadmap) explicitly include collaborations outside the health sector (e.g. with DoE, DSD, etc.) to ensure sustainability of programmes to address social and structural barriers, such as girls' education, social protection mechanisms, gender-based violence prevention and response mechanisms, gender equality and women's empowerment, across all five areas?

1.4. What strategies are in place to ensure the meaningful participation of local and national networks of women, girls and gender-diverse people, including from key and priority populations, living with and affected by HIV in the decision-making, policy development, implementation, monitoring and evaluation of the sustainability roadmap process and the proposed HIV response.

1.5. Do budgets cover specific aspects needed for effective service integration such as sexual and reproductive health and gender-based violence services and commodities, peer and psychosocial support, rights and equality training?

1.6. Do budgets cover specific aspects needed for effective integration of the HIV response within other priorities related to gender equality, such as education, community mobilization, gender-based violence prevention and economic empowerment?

1.7. Are the core costs of networks led by women, girls and gender-diverse people, including from key and priority populations, living with HIV included in funding for civil society-led service provision and engagement?

1.8. For sustainability, are investments based on sound analysis of gender inequalities and their impact on those who are living with and affected by HIV?

1.9. Does the national government invest any domestic funding in HIV-related gender-sensitive/transformative programmes, and does the country's sustainability roadmap outline plans to do so?

Refer to UNAIDS guidance on ensuring a rights-based, gender-transformative and community-led approach to HIV response sustainability planning (Annex 1).

Question 2: Monitoring and evaluation

2.1. Is gender- and age-disaggregated data routinely collected for core HIV indicators?

2.2. Does the regular monitoring mechanism in place include gender indicators for all key programme areas identified in the gender assessment? Does it incorporate monitoring from a gender lens?

2.3. Do mid-term and end-term reviews of the HIV NSP and major funding programmes from funders such as the Global Fund include a detailed gender component?

2.4. Is funding for the monitoring of gender-related HIV prevention, treatment, care and support clearly identifiable? If not, please provide comments.

2.5. Are data from community-led organizations—particularly women-led, girl-led and key population-led organizations—on services they delivered integrated in the national health information system or equivalent?

Analysis

You have now reached the end of stage 3. Review the data on gender equality within institutional HIV frameworks, including how gender equality is reflected in the design, development, implementation, coordination, budgeting and monitoring and evaluation of the HIV responses.

Recall the contextual factors relating to the HIV epidemic from a gender perspective identified earlier in the GAT.

Stage 4. Analysing and using the findings of the gender assessment for a gender-transformative HIV response

This stage provides guidance on how to analyse and then use the gender assessment findings to shape and influence a sustainable gender-transformative response that includes strengthened laws and policies, gender-transformative programmes and institutional frameworks that ensure meaningful engagement and participation, monitoring and accountability. The stakeholders engaged in the assessment should use the matrix provided below to analyse the findings and to identify major gaps and opportunities that emerged from the findings. This is followed by guidance for developing actionable, prioritized gender-transformative recommendations, in response to these findings, and building an action plan for after the assessment. The action plan should help in implementing a five-pronged approach for a gender-transformative HIV response, including: (1) a strengthened institutional framework for coordination, inclusion, community and multistakeholder engagement; (2) advocacy and policy monitoring for gender-transformative law and policy frameworks and access to justice; (3) gender-transformative, sustainable and integrated service delivery and access; (4) training and capacity-building; and (5) monitoring, evaluation and learning, including documentation and research.

Task 1. Use the summaries from stages 2 and 3 and the following questions to populate the columns of the analysis matrix (Table 4).

- Based on the data collected from the desk review, focus group discussions, key informant interviews and consultations, where and by whom are gender-related inequalities, disparities and gaps experienced in HIV and sexual and reproductive health access to services and outcomes (populations, locations)? Note also the ways in which women, girls, and gender-diverse people, including from key and priority populations, experience intersectional vulnerabilities (e.g. for a young woman who uses drugs, a transgender sex worker).
- What are the key gender norms and sociocultural, economic, human rights, legal, and political factors that contribute to gender inequalities, impeding the ability to achieve social inclusion and to access and use HIV and sexual and reproductive health services for these populations?

- How do these factors shape or influence HIV outcomes for these populations?
- What are the strengths and gaps within the current HIV policy response to address these gender inequalities?
- What are the strengths and gaps within current HIV programmes and their implementation and accessibility (including integrated HIV prevention, treatment, care and support, gender-based violence, SRHR and programmes to remove gender-related barriers and strengthen access to justice)? Do they focus on the right populations, subpopulations, service providers and locations? Do they address all the risk factors? Are services integrated (e.g. HIV, SRHR and gender-based violence)?
- What are the strengths and gaps within social protection and economic empowerment initiatives (e.g. access to education, economic empowerment, social protection) aimed at women, girls and gender-diverse people, including from key and priority populations, as well as people with disabilities in the context of HIV?
- What are the strengths and gaps within the current institutional framework to ensure the meaningful participation and engagement of women, girls and gender-diverse people, including from key and priority populations, as well as youth and people with disabilities in the design, development, implementation and monitoring and evaluation of a gender-transformative HIV response?
- What are the budgetary gaps that create barriers to a sustainable, gender-transformative HIV response?
- What are the capacity gaps, technical support and training needs across government, civil society, affected communities and cosponsors?
- What are the gaps in monitoring and evaluation of a gender-transformative response? For example, are data disaggregated by sex/gender, age, disability, or another category? Are there efforts to monitor and document gender inequalities, harmful gender norms and gender-based violence? Is the impact of programmes to reduce gender-related barriers, harmful norms and gender-based violence monitored and evaluated?
- What are the strengths and gaps towards creating a sustainable HIV response? Some of these key aspects of sustainability (enabling laws and policies, programmes, budgets and information systems) are integrated into the questions above. Also consider:
    - Is there political will to deliver a gender-transformative HIV response, expressed in leadership commitment, gender-transformative policies and programmes, budget allocations and coordination and management of the HIV response?
    - Are there efficient and equitable financing systems, including domestic and international financing, for a gender-transformative HIV response?
    - Are there efforts to strengthen health-care systems, including the training of health workers in delivering gender-responsive services?

Table 4. Analysis matrix for the UNAIDS GAT

Epidemiological and context analysis		Response and gap analysis		Institutional framework analysis	
Epidemiological data	Sociocultural, economic and political context	Current HIV policy response	Current HIV programming response	Current institutional framework	Current sustainability of the response, including budget/monitoring and evaluation framework
Present the summary analysis of the key gender inequalities in the HIV epidemic	Present the summary analysis of the key contextual gender inequalities	Present the main gaps in addressing gender inequalities within national policy	Present the summary analysis of the key programming gaps, including those related to particular communities	Present the main gender-related gaps and barriers on meaningful engagement and participation in the response	Present the analysis of sustaining a gender-transformative HIV response, including through political will, financing and monitoring and evaluation
Source: stage 2, step 6	Source: stage 2, steps 7 and 8	Source: stage 2, step 9	Source: stage 2, step 10	Source: stage 3, steps 11, 12 and 13	

Sources: UNAIDS.

Task 2. Based on the response and gap analysis, stakeholders should consider which gender-transformative interventions would have the greatest impact on the HIV epidemic, drawing and building on promising existing interventions in the country, if possible. This will help them to focus on priority interventions (Box 1).

Several tools are available to identify effective, evidence-informed gender equality interventions.

All activities have the potential to be delivered in ways that are gender transformative. The intentions and values that underpin delivery are important, as activities listed as being gender transformative and gender responsive can also be delivered in ways that undermine their transformative potential. Refer also to current global guidance, as well as existing databases for examples of what works and guidelines for gender-transformative programming (Annex 1).

The gender-transformative interventions should be based on the best-available evidence on the situation and the effectiveness of interventions. They should also take into account the funding crisis and need for integrated, sustainable interventions that build on existing national structures and mechanisms.

Use the following questions and the 'SMART' criteria to support identification and prioritization of recommended interventions.

- What are the most important interventions to address gender inequalities and HIV-related risk factors?
- How should these interventions be designed and implemented (e.g. consider issues of community leadership and engagement, removing gender-related barriers to access, sustainability, integration of HIV, sexual and reproductive health, gender-based violence)?
- What are the most important legal and policy gaps to address gender inequalities and risk factors?
- What are the most important institutional factors to strengthen inclusion, participation and engagement of women, girls and gender-diverse people, including from key and priority populations, such as people with disabilities, to strengthen coordination, monitoring, evaluation and learning, and to ensure fully funded, sustainable gender-transformative HIV responses?

The SMART way to identify gender-transformative interventions

The interventions should meet the following 'SMART' criteria: they should be specific, measurable, achievable, relevant and time-bound.

Specific. Is it clear exactly what is to be implemented, by whom and how? Has the appropriate level of disaggregation been specified (women, girls, men, boys and gender-diverse people, including from key and priority populations)? Does the recommended intervention capture the essence of the desired result related to gender equality?

Measurable. Are the recommended changes quantified? Are the proposed changes objectively verifiable? Will the selected intervention be able to show change in gender inequalities, vulnerabilities, access to services and health outcomes in the context of HIV?

Achievable. Are the interventions realistically achievable in the country context (considering, for example, current response, existing programmes, available resources, funding cuts and capacity)? What changes are anticipated as a result of the recommended interventions? Is there a credible link between the outputs and outcomes?

Relevant. Are the interventions aligned with the broader goal? Are they the most effective interventions to address context-specific gender inequalities and risk factors? Do they build on strengths and address gaps? Are they sustainable? Will they achieve a sustainable, gender-transformative HIV response?

Time-bound. Can the objectives be achieved within a manageable time frame?

Box 2. Framework for priority recommendations

The priority gender-responsive and gender-transformative interventions will contribute towards basic programme activities, addressing critical enablers, promoting community empowerment and engagement, creating an enabling legal and policy environment, gender-responsive funding and M&E. In terms of current global frameworks[6], they should be aligned with the recommended framework and intervention areas below.

HIV and sexual and reproductive health and rights

(1) Address gaps in HIV and sexual and reproductive health information, education and communication (IEC) materials and delivery.

(2) Provide gender-responsive, integrated CSE in school curricula and out of schools through peers, educators, counsellors, service providers and others, integrating messaging on gender equality, human rights and power; and complement CSE in schools with culturally appropriate communications around sexuality.

(3) Strengthen the structural component of combination prevention packages to address gender-related barriers.

(4) Strengthen integrated, differentiated, gender-responsive/transformative SRHR and maternal health services.

(5) Strengthen integrated, differentiated, gender-responsive/transformative treatment and care services to overcome gender-related barriers.

Social norms change, including eliminating gender-based violence

(6) Address gaps and strengthen behavioural change programmes on positive masculinities, women's rights, and safe and responsible sex to reduce gender and HIV-related stigma and discrimination, and harmful gender norms, including on violence; and address and end gender-based violence.

(7) Provide integrated post-gender-based violence services.

Women's and girls' participation, voice and leadership

(8) Strengthen and mobilize community organizations led by women, girls and gender-diverse people, including from key and priority populations, in the HIV response.

(9) Strengthen and mobilize networks of women, girls and gender-diverse people, including from key and priority populations, in the HIV response.

(10) Strengthen gender-responsive leadership, governance, coordination and linkages.

Women's and girls' empowerment

(11) Strengthen economic empowerment initiatives to reduce women's and girls' socioeconomic vulnerability to HIV.

(12) Strengthen social protection to reduce women's and girls' socioeconomic vulnerability to HIV.

Access to justice

(13) Address gaps to strengthen knowledge of women's rights and entitlements and access to justice when violated within existing access to judiciary interventions and mechanisms.

(14) Engender the legal and policy environment.

Adequate and consistent funding for gender equality and HIV

(15) Gender-responsive budgeting for focused and mainstreamed interventions.

Monitoring and evaluation

(16) Apply a gender lens to monitoring and evaluation strategies and frameworks.

See Table 5, stage 5, for recommended sub-activities for each priority recommendation.

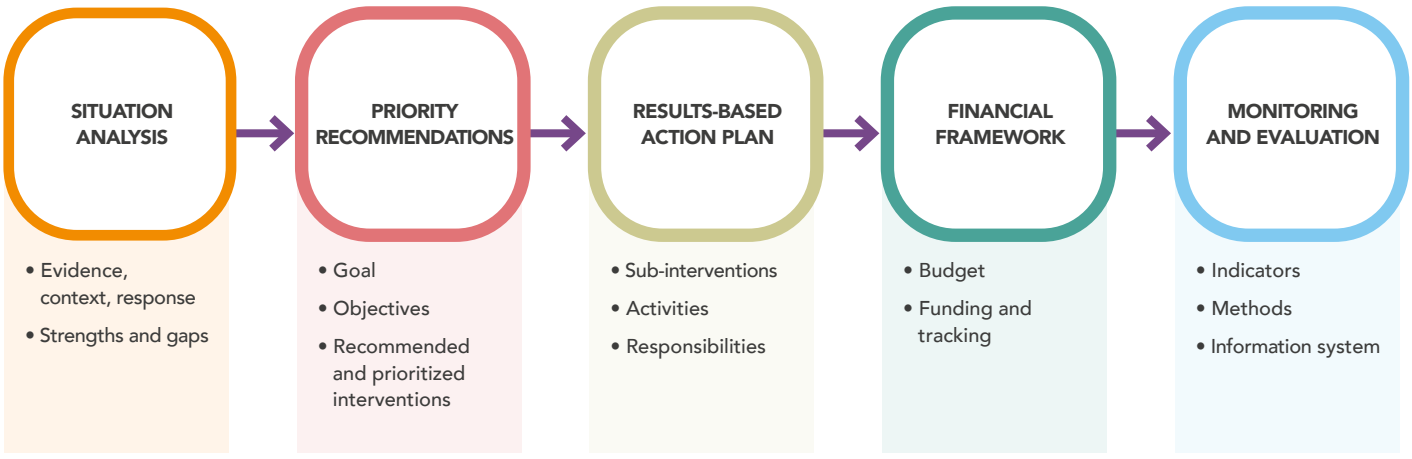
6 See Annex 1 for Global AIDS Strategy, WHO guidance on SRHR, gender-based violence, UNAIDS guidance on sustainability, among others

Task 3. Prepare a brief and succinct narrative gender assessment report using the summarized findings from stages 2 and 3 and the recommended interventions identified using this stage of the GAT. The report should provide concrete recommendations for policy and programme actions and institutional frameworks as required, informed by available epidemiological data and research (see the Report Template in Annex 8 for guidance).

Task 4. Present the findings at a final validation workshop (Annex 7), bringing together all key stakeholders who participated in the gender assessment process. Be sure to include multisectoral representation of all United Nations agencies, the National AIDS Commission (NAC) and other government ministries, the Global Fund and other external donors, and community-led organizations and networks, including women and girl-led organizations, to strengthen commitment to and ownership of the findings and recommendations and to support results-based action planning. If the gender assessment will influence a Global Fund funding request or implementation plan, it is important to include implementers (Principal and Sub-Recipients) and members of the Country Coordinating Committee (CCM) in the validation. The validation workshop should seek consensus on the findings, analysis and recommendations of the gender assessment and can also support results-based planning (Task 5, below).

Task 5. Using the findings and prioritized recommendations, develop a results-based action plan to achieve significant and concrete results towards a gender-transformative HIV response. The plan should define clear and measurable results to be achieved (impact, outcomes and outputs) and define appropriate sub-interventions and activities, responsibilities, budgets and a framework for accountability, including indicators and data collection methods. Table 5, stage 5, provides suggested sub-activities for each of the priority recommendations. Include indications of training and capacity building required to deliver and measure the plan. This planning process can be integrated into the final step of the validation workshop. *(35, 36)* (Figure 2; see also Annex 7).

Figure 2. Results-based planning



Source: Adapted from Planning guide for the health sector response to HIV/AIDS. Geneva: World Health Organization; 2011.

Entry points for integrating priority gender-transformative interventions:

- Inclusion in the HIV national strategic plan and budget.
- Inclusion in the mid-term reviews of the national strategic plan.
- Elaboration of Global Fund proposals, reprogramming of Global Fund grants, or other opportunities to mobilize resources.
- Definition of a clear gender and HIV strategy integrated into existing plans and budgets.
- Inclusion in the United Nations Development Assistance Framework.

Task 6. Develop a gender assessment monitoring and evaluation framework to demonstrate the gender transformation of the HIV response over time (see Annex 9 for guidance).

Analysis

You have now completed the gender assessment. Keep these findings and corresponding priority interventions in mind when undertaking future work. Gender is a cross-cutting issue in the HIV response.

Optional additionalities

Task 7. If resources allow, it is useful to develop an advocacy and communications strategy to accompany the gender assessment in order to:

- Create and disseminate user-friendly information for a range of stakeholders to increase awareness and understanding of the gender assessment—its process, findings and recommendations.
- Outline key strategies and activities to realize policy and programmatic targets, to mobilize resources for implementation and to create the institutional framework for gender-transformative responses across all sectors.
- Strengthen political support and ensure commitment for the gender assessment outcomes and the uptake of recommended actions across multiple sectors.
- Support the use of the gender assessment to inform investments and action planning (e.g. developing an NSP or HIV Sustainability Roadmap).

Key considerations in developing an effective advocacy and communications strategy include the following:

(a) Identify audiences and define the ones with whom to work. Consider the priorities emerging from the gender assessment process and determine the key stakeholders and populations requiring further engagement, including community and civil society partners.

(b) Assess the awareness about gender-transformative actions among the priority audiences.

(c) Select the media to be used, adjusting the use of communication channels according to context and audience.

(d) Create (or adjust, if they already exist) the messages for a gender-transformative HIV response that are appropriate for both the media used and the intended audience, such as the apparatus of the ministries responsible for health and gender, the parliament, health-care providers, law enforcement institutions, education, social protection institutions and LGBTQIA+, women's rights and youth movements. Messaging may include information on:

    - Achievements and major gaps/challenges of gender equality to be addressed.
    - Overarching goal and objectives in strengthening a gender-transformative response to HIV.
    - Priority strategies and activities to strengthen a gender-transformative response to HIV.
    - Roles and responsibilities of stakeholders.
    - Resources required.
    - How progress will be monitored and measured

(e) Define how the messages will be disseminated and identify the tools required.

Task 8. Develop a resource mobilization strategy to support the implementation of the gender assessment findings and priority interventions in line with overall sustainability considerations for the HIV response. Consider the following sources:

- Government support and domestic financing.
- International development and funding partners, e.g. the Global Fund.
- Private-sector funding.
- National and international foundations.

Stage 5. Costing of priority interventions that respond to gender assessment findings

The power of costing

Costing is a critical process that determines the resources needed to implement the priority gender-transformative interventions coming out of the gender assessment. By quantifying the necessary human, infrastructure and financial resources, governments, funding partners and other stakeholders can ensure effective budget allocation to respond to the findings of the gender assessment. This can also help transform gender-related strategic plans into actionable and measurable outcomes.

Costing for gender equality: A strategic and political imperative

Costing the gender-transformative action is both a technical and political exercise. On a technical level, it calculates the financial and non-financial resources needed to implement programme interventions. Politically, costing is critical to support evidence-informed advocacy for sufficient budget allocations and ensure prioritization to achieve gender equality and address gender-related gaps in national HIV responses for women, girls and gender-diverse people, including from key and priority populations.

Boosting resource availability to fight HIV-related gender inequalities is urgently needed. In 2024, total spending on societal enablers—including gender programmes—was estimated at US$ 0.9–1 billion, representing 5% of total HIV spending in low and middle-income countries. This is far below the 2030 global target, which calls for 10% of HIV resources to be invested in societal enabler programmes (UNAIDS financial estimates, August 2025).

Addressing gender inequalities requires a multidimensional, multisectoral and coordinated approach, making costing for gender-transformative policies and programmes more complex than traditional sector-specific budgeting. Costing the priority gender-transformative interventions provides critical insights and drives action toward implementation by:

- **Clarifying resource needs,** including funding gaps in existing allocations, and **budget alignment** required to achieve gender equality targets and commitments.
- **Promoting multisectoral responsibility** and collaborative action across ministries and policy-makers, to achieve interconnected goals for gender-transformative action.

- **Ensuring policy implementation and accountability** by providing a structured roadmap, ensuring policies are backed by the necessary resources and are effectively translated into action.
- **Strengthening evidence-based advocacy** by providing compelling financial evidence to influence policy discussions and secure commitments from key stakeholders.
- **Raising public awareness and elevating gender equality on the national agenda** by providing persuasive narratives that highlight the real-world consequences of gender inequalities and the cost of inaction.
- **Enhancing resource mobilization and funding efficiency** by demonstrating clear financial needs and a potential return on investment and supporting optimized budget allocations to ensure funds are directed where they will have the most impact.

Approach to costing of interventions in the gender assessment

Costing the gender assessment action plan will use unit or activity-based costing, with the help of the online gender assessment costing tool that has been developed by UNAIDS. Activity-based costing is a costing methodology where costs are allocated to products and services based on the number of transactions or events involved in the process of providing a product or service (38). It has several advantages compared to convention costing methods, including more accurate estimates of service costs, more efficient and effective resource allocation, and maximized investments for greater sustainability (39).

KEY POINT

Before starting, it is important to understand the scope of the exercise. The aim is not to cost the entire national HIV gender programme. It is to cost a limited set of prioritized actions which respond directly to the findings of the gender assessment.

Countries should take the following steps to cost the gender-transformative action plan:

(1) For each priority recommendation, identify an appropriate gender-transformative action. The costing tool includes a drop-down list of proposed interventions.

(2) For each intervention, determine the gap that is to be filled by that intervention in order to strengthen a gender-transformative approach. This is important to support accurate costing, because broader elements of the intervention (e.g. HIV information, education and communication) may already be costed in other programmes (e.g. the main HIV prevention programme).

(3) For each identified intervention or gap, select the activities proposed for implementation and then develop granular sub-activities that will be required for the activity and will be costed.

(4) For each sub-activity, identify the costing inputs that are required for costing (cost drivers and quantities).

(5) For each sub-activity, identify the target population and proposed implementer(s) (e.g. Ministry of Health, National Network of Women Living With HIV, etc.), or implementer type (e.g. government, women-led community organization, etc.).

(6) Sequence the activities over a three-year time horizon, determining whether they will be implemented in year 1, year 2, year 3, or over multiple years. Consider aligning the years of the costed action plan with the Global Fund grant, national budget cycle, or NSP.

(7) Cost all the prioritized actions.

This approach ensures that only interventions and/or gaps in interventions that are not costed in other existing programmes are costed.

The gender assessment costing tool

The gender assessment costing tool has been developed to support costing of gender assessments. It is available online at https://www.unaids.org/sites/default/files/2025-10/GACostingTemplate.xlsm. The tool is a Microsoft Excel-based template which uses a unit cost (activity-based) approach. It uses the standardized list of thematic areas and priority recommendations for a gender-transformative HIV response discussed in stage 4 and potential activities relating to these interventions.

This list should be able to cover the most common/important activities and services to respond to gaps in delivering a gender-transformative national HIV response. There is also an option to define custom sub-activities if the pre-populated list of interventions and activities does not fit the need.

Through an extensive review of recommendations from gender assessments conducted between 2020 and 2023 in various countries across regions, a standardized list of thematic areas, interventions and main activities have been developed, which are listed below (Table 5).

As set out above, gender-transformative activities should be based on the best-available evidence on the situation and the effectiveness of interventions (see Annex 1 for examples of what works and guidelines for gender-transformative programming). Plans should also take into account the funding crisis and need for integrated, sustainable interventions that build on existing national structures and mechanisms and link with national sustainability roadmaps. Activities should build on existing activities, seeking to address gaps in gender-transformative elements.

Table 5. List of recommended interventions and activities

Thematic area	Proposed interventions (priority recommendations)	Activities
HIV and sexual and reproductive health and rights	Address gaps in HIV and SRH information, education and IEC material and delivery	• Develop and deliver targeted IEC activities (insert targeted population/ content) to address gender-related gaps • Train and deploy peer educators/outreach workers on new and revised content
HIV and sexual and reproductive health and rights	(a) Provide gender-responsive integrated CSE within school curricula and out of school through peers, educators, counsellors, service providers and others, integrating messaging on gender equality, human rights & power (b) Complement CSE in schools with culturally appropriate communications around sexuality, gender equality and human rights	• Develop and integrate complementary age-appropriate CSE materials to address gender-related gaps in current curricula • Design, develop and implement digital CSE (apps, websites, social media) on new/revised content • Develop complementary messaging to support communication campaigns
HIV and sexual and reproductive health and rights	Strengthen the structural component of combination prevention packages to address gender-related barriers	• Integrate gender-transformative prevention into the health worker and CLO training packages, including addressing gender and HIV-related stigma and discrimination • Train health-care workers in integrating gender-responsive/transformative prevention services including HIV and SRHR addressing gender and HIV-related stigma and discrimination • Undertake appropriate combination prevention activities (covering structural/societal, behaviour and biomedical aspects) • Strengthen linkages between women and girl-led community organizations and health services
HIV and sexual and reproductive health and rights	Strengthen integrated, differentiated, gender-responsive/transformative SRHR and maternal health services	• Integrate gender-transformative prevention into the training package including addressing gender and HIV-related stigma and discrimination • Provide AAAQ services which integrate SRHR, maternal health, HIV integrated and/or have strong referral pathways, including linking with community services and peer support • Conduct community-led monitoring of SRHR and maternal health services, by including women, girls and gender-diverse people, including from key and priority populations, living with HIV

HIV and sexual and reproductive health and rights	Strengthen integrated, differentiated, gender-responsive/transformative treatment and care services to overcome gender-related barriers	• Integrate gender-transformative/responsive treatment into the training package, including addressing gender and HIV-related stigma and discrimination • Train health-care workers, midwives, health-care personnel in health-care facilities on integrating differentiated, gender-responsive/transformative treatment and care services and eliminating gender and HIV-related stigma and discrimination in services • Support providers to extend quality, adequately funded and regular psychological support
Social norms change	(a) Address gaps on and strengthen behavioral change programmes on positive masculinities, women's rights, safe and responsible sex to reduce gender- and HIV-related stigma and discrimination, harmful gender norms, including around violence (b) Preventing and responding to gender-based violence	(a) • Develop and integrate, where appropriate, targeted community dialogues engaging all adults, and traditional and religious leaders • Develop and integrate, where appropriate, targeted campaigns or programmes in and out of schools (populations/content) to address gaps in social norms change messaging • Work with men and women (including couples) to promote respectful relationships, equality and positive gender norms and reduce violence (b) • Strengthen the capacity of CLOs to prevent gender-based violence • Work with local, customary/community and regional courts on social norms change and justice
Social norms change	Provide integrated, post-gender-based violence services	• Referral to health and social support/gender-based violence specialist services and access to justice services • Provision of legal support services to seek redress • Support shelters, crisis centres, and safe spaces for survivors of gender-based violence
Women's and girls' participation, voice and leadership	Strengthen and mobilize community organizations led by women, girls, gender-diverse people, including from key and priority populations in the HIV response	• Mapping of women-and girl-led community organizations and networks • Core support (percentage of the overall community-led response (CLR) budget) to women and girl-led organizations (e.g. to implement gender-transformative interventions, conduct advocacy, deliver services) • Core support (percentage of overall CLM budget) to women- and girl-led organizations (e.g. to implement CLM frameworks and strategies
	Strengthen and mobilize networks and organizations led by women, girls and gender-diverse people, including those from key and priority populations, in the HIV response	• Mapping of women and girl-led key population organizations and networks • Core support (percentage of overall CLR budget) to women key population organizations and networks (e.g. to implement gender-transformative interventions, conduct advocacy, deliver services) • Core support (percentage of overall CLM budget) to women key population organizations and networks (e.g. to implement CLM frameworks and strategies)

	Strengthen gender-responsive leadership, governance, coordination and linkages	• Support participation of women-led organizations, adolescent girls and young women in HIV planning and decision-making platforms • Design and deliver training of governmental representatives in gender and HIV planning and decision-making platforms • Integrating gender-responsive transformative approaches, including consultations with women, girls and gender-diverse people, including those from key and priority populations, into NSPs, gender strategies and plans
Women's and girls' empowerment	Strengthen economic empowerment initiatives to reduce women's and girls' socioeconomic vulnerability to HIV	• Microfinance and loans, economic transfers, including cash transfers • Clubs and savings groups • Economic empowerment training, vocational training • Support law and policy reform to keep pregnant adolescent girls and young women in school • Community or peer-led structural social empowerment interventions based on principles such as respect, reliance and recognition • Multicomponent, multilevel, multistakeholder interventions that integrate financial support with gender-transformative and life-skills training, involve peers and communities
Women's and girls' empowerment	Strengthen social protection to reduce women's and girls' socioeconomic vulnerability to HIV	• Support secondary school-to-work transition activities for girls and boys • Social protection programmes to overcome economic barriers for women, girls and gender-diverse people, including from key and priority populations, living with/affected by HIV • Provide transport/menstrual hygiene supplies and support for adolescent girls to attend school • Transportation to and from essential SRHR services, HIV treatment and care
Access to justice	Address gaps to strengthen knowledge of women's rights and entitlements and access to justice when violated, within existing access to justice interventions and mechanisms	• Integrate (specific population/content) materials in community-level/legal literacy campaigns • Design and deliver training on gender-based violence against women, girls and gender-diverse people, including from key and priority populations, for community and religious leaders • Train community paralegals, lawyers, human rights commission staff to support access to justice for gender discrimination and gender-based violence using existing (including community-level) redress mechanisms • Strengthen linkages between women and girl-led organizations and legal support services • Design and deliver training of police, judges to support access to justice for gender discrimination and gender-based violence
	Engender the legal and policy environment	• Advocate for and implement law and policy reform (e.g. rights to equality and non-discrimination, bodily autonomy, SRHR, protection from gender-based violence, education, employment rights) • Design and deliver training for paralegals, lawyers, human rights commission staff • Provide legal support services

Adequate and consistent funding for gender equality and HIV	Strengthen gender-responsive budgeting for focused and mainstreamed interventions	• Technical assistance, training to support development of gender-responsive budgets • Support for training and implementation of the gender assessment and its recommendations • Supporting gender budget experts to integrate and influence HIV national plans and budgets • Consultations with women-led organizations, adolescent girls and young women on gender plans and budgets
Monitoring and evaluation	Apply a gender lens to M&E strategies and frameworks	• Technical assistance and training for developing and implementing gender responsive/transformative monitoring and evaluation frameworks, including indicator formulation • Conduct gender audits of the budget and programme • Monitoring compliance with legal, human rights, and gender-based violence indicators to advance gender equality, reduce harmful norms, and eliminate such violence • Support and strengthen CLMs to track gender allocations and spending • Train community-led monitors, including but not limited to women-led and women key population networks, on monitoring funding, services and results on gender and HIV work

Through dropdown menus, users are able to select the appropriate thematic area, intervention and main activity to achieve the gender assessment's priority recommendations.

To ensure comprehensive costing of each activity, users will be required to identify granular sub-activities (free input) and the cost inputs/resources required to undertake the sub-activities. Each sub-activity will be costed as a distinct budget line. Other details required to be entered for each budget line will be the target population, cost input category and the implementer (Figure 3).

Figure 3. Illustrative output from the gender assessment costing tool

BL #	Thematic Area	Intervention	Activity	Sub-activity	Target Population	Cost Input Category
001	HIV and sexual and reproductive health and rights	Provide gender-responsive integrated CSE within school and out of school through peers, educators, counsellors, service providers and others	Design, develop and implement digital CSE (apps, websites, social media) on new / revised content	Hire specialist to design and develop digital CSE apps	AGYW_ ABYM	Technical Assistance Fees/ Consultants
002	Social norms change	Provide integrated, post-gender-based violence services	Support shelters, crisis centres and safe spaces for survivors of GBV	Provide for rentals for crisis centres for survivors of GBV	AGYW, KPs, FSW, Adult_ women	Office related costs
003	Women's and girls' participation, voice and leadership	Strengthen gender-responsive leadership, governance, coordination and linkages	Design and deliver training of governmental representatives in gender and HIV planning and decision-making platforms	Conduct training workshops for government reps at regional level	KPs, FSW, MSM, AGYW_ ABYM	Training related per diems/ transport/ other costs
004	Women's and girls' empowerment	Strengthen economic empowerment initiatives to reduce women's socioeconomic vulnerability to HIV	Economic empowerment training, vocational training	Conduct skills training for out-of-school girls and women in various trades	AGYW, Adult_ women, WLHIV	Training related per diems/ transport/ other costs
005	Access to justice	Address gaps to strengthen knowledge of women's rights and entitlements and access to justice when violated, within existing access to justice interventions and mechanisms	Train community paralegals, lawyers, human rights commission staff to support access to justice for gender discrimination and gender-based violence, using existing redress mechanisms, including community-level	Conduct training for community paralegals in GBV	Gen_pop, AGYW, Adult_ women	Training related per diems/ transport/ other costs

BL #	Thematic Area	Intervention	Activity	Sub-activity	Target Population	Cost Input Category
006	Adequate and consistent funding for gender equality and HIV	Strengthen gender-responsive budgeting for focused interventions and mainstreaming	Consultations with WLOs, AGYW on gender plans and budgets	Carry out consultations with AGYW and WLOs at district and regional levels on gender plans and budgets	AGYW, Adult_ women	Meeting/ Advocacy related per diems/ transport/ other costs
007	Monitoring and evaluation	Apply a gender lens to M & E strategies and frameworks	Support and strengthen community-led mechanisms to monitor gender allocations and spending	Engage consultant to assess national community-led mechanisms for monitoring gender allocations and spending	Gen_pop	Technical Assistance Fees/ Consultants
008	Women's and girls' empowerment	Strengthen social protection to reduce women's socioeconomic vulnerability to HIV	Transportation to and from essential SRHR services, HIV treatment and care	Provide transport for WLHIV to access SRHR and HIV treatment and care services	WLHIV	Cash incentives/ transfer to patients/ beneficiaries/ counsellors/ mediators
009	Social norms change	Address gaps on and strengthen behavioural change programmes on positive masculinities, women's rights, safe and responsible sex to reduce gender- and HIV-related stigma and discrimination, harmful gender norms, including around violence	Develop and integrate, where appropriate, targeted campaigns / programs in and out of school (populations/ content) to address gaps in social norms change messaging	Engage consultants to develop targeted campaigns for in and out of school AGYW and ABYM social norms change	AGYW_ ABYM	Technical Assistance Fees/ Consultants

Through a drop-down menu, users are required to specify the cost input category for each activity. The list of these categories is provided in Table 6.

Table 6. List of cost input categories

	Cost input category
1	Other human resource costs
2	Salaries—community-based, including community health workers and outreach workers
3	Salaries—facility-based, including medical staff and other service providers
4	Travel related costs
5	Training related per diems/transport/other costs
6	Technical assistance related per diems/transport/other costs
7	Supervision related per diems/transport/other costs
8	Meeting/advocacy related per diems/transport/other costs
9	Other transportation costs
10	Surveys/data collection related per diems/transport/other costs
11	External professional services
12	Technical assistance fees/consultants
13	Insurance related costs
14	Furniture
15	Renovation/constructions
16	Infrastructure maintenance and other related costs
17	IT—computers, computer equipment, software and applications
18	Vehicles
19	Other equipment
20	Maintenance and service costs for equipment
21	Printed materials (forms, books, guidelines, brochure, leaflets, etc.)
22	Television/radio spots and programmes

23	Promotional material (t-shirts, mugs, pins) and other communication and promotion materials costs
24	Office related costs
25	Support to orphans and other vulnerable children (school fees, uniforms, books, etc.)
26	Food and care packages
27	Cash incentives/transfer to patients/beneficiaries/counsellors/mediators
28	Microloans and microgrants
29	Other living support costs

Annex 1. Gender equality and HIV: resources and links to tools and guidance

1. Relevant data sources

- UNAIDS website pages on gender and HIV.
- Country data on Global AIDS Monitoring indicators available through. AIDSinfo The Inequalities Visualization Tool on AIDSinfo is particularly useful.
- Country data from population-based surveys may be available on Demographic and Health Survey STAT compiler and UNICEF Multiple Indicator Cluster Surveys.
- UN Women: Comprehensive Web Portal for Gender Equality Dimensions of the HIV/AIDS Epidemic.
- Studies published in academic journals, presented at conferences, and/or available online: Google, Google Scholar, PubMed, or similar to find relevant studies.
- Community-led organization reports. For example, reports from international, regional, national and subnational networks of women living with HIV, sex worker networks, networks of women who use drugs, and other key population networks.
- Civil society organization reports, including national and international NGOs.
- National-level review reports of the Beijing Declaration and Platform for Action.
- Global Fund funding requests and other grant data (https://data.theglobalfund.org/).
- Global Fund Breaking Down Barriers Assessments (including assessments of programmes to reduce HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity)
- UNFPA GBV dashboard. New York: United Nations Population Fund (https://www.unfpa.org/GBV-dashboard/explorer/map).

2. Relevant assessment tools

- Inequalities framework and toolkit. Geneva: UNAIDS; 2024 (https://www.unaids.org/en/resources/documents/2022/framework-understanding-addressing-hiv-related-inequalities).
- Undertaking a rapid assessment of information on human rights-related barriers to HIV and TB services: guidance and tools. Geneva: Global Fund to Fight AIDS,

Tuberculosis and Malaria; 2023 (https://resources.theglobalfund.org/media/14347/cr_rapid-assessment-human-rights-barriers-hiv-tb-services_guidance_en.pdf).

- Practical manual: legal environment assessment for HIV. New York: UNDP; 2015 (https://www.undp.org/publications/practical-manual-legal-environment-assessment-hiv-operational-guide-conducting-national-legal-regulatory-and-policy-assessments-hiv).

3. Relevant supporting resources to aid with framing, analysis, formulation of recommendations and planning

3.1. The HIV response and gender-resesponsive and transformative framing

3.1.1. UNAIDS, Joint Programme Cosponsors, and the Global Fund to Fight AIDS, Tuberculosis and Malaria

- Global Fund guidance on gender, including the six expectations, the applicant handbook sections on gender, technical review panel guidance on gender. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Evaluation of integration of gender approaches in HIV, tuberculosis and malaria programmes. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2025 (https://www.theglobalfund.org/media/vwjni3qi/iep_gf-elo-2025-09_tor_en.pdf).
- Technical Brief: Gender Equality. Allocation period 2023-2025. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2023.
- Technical Brief: HIV Programming for Adolescent Girls and Young Women. Allocation Period 2023-2025. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2023.
- UNAIDS (forthcoming) Fact Sheet on adolescents' access to HIV prevention, testing and treatment services.
- Ensuring that programs to remove human rights-related barriers are gender responsive and gender-transformative. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2021.
- Achieving quality in programmes to remove human rights-and gender-related barriers to HIV, TB and malaria. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2020 (https://resources.theglobalfund.org/media/14253/cr_programs-to-remove-human-rights-gender-barriers_guide_en.pdf).
- Guidelines for integrating gender-based violence interventions in humanitarian action. New York: UN Women; 2020 (https://wrd.unwomen.org/practice/resources/guidelines-integrating-gender-based-violence-interventions-humanitarian-action).

- Programming guide: promoting gender equality in sexual, reproductive, maternal, newborn, child and adolescent health. New York: UN Women; 2019 (https://genderandaids.unwomen.org/en/resources/2019/06/programming-guide-promoting-gender-equality-in-srmncah)
- Operational guidance on gender transformative programming in the Global Fund cycle: moving from intent to transformative action. Geneva: UNAIDS and Global Fund; to be published.
- HIV and AGYW 2024. Geneva: UNAIDS; 2024 (https://www.unaids.org/en/resources/documents/2024/2024-unaids-global-aids-update-adolescent-girls-young-women).
- UNAIDS terminology guidelines. Geneva: UNAIDS; 2024.
- Global AIDS Strategy 2021–2026. End inequalities. End AIDS. Geneva: UNAIDS; 2021.
- We've got the Power: Women, adolescent girls and the HIV response. Geneva: UNAIDS; 2020.
- Checklist for integrating gender into the processes and mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria. New York: UNDP; 2016.
- Gender transformative approaches to achieve gender equality and sexual and reproductive health and rights. New York: United Nations Population Fund; 2023 (https://www.unfpa.org/publications/gender-transformative-approaches-achieve-gender-equality-and-sexual-and%C2%A0reproductive).
- Gender mainstreaming for health managers: a practical approach. Geneva: World Health Organization; 2022 (https://www.who.int/news/item/06-07-2022-who-updates-widely-used-gender-mainstreaming-manual).

3.1.2. Civil society and community organizations

- Athena Network website. A set of resources on gendering national strategic plans.
- Women4Global Fund website. A set of resources on influencing Global Fund programmes to meet the rights and needs of women and girls.
- The Good Practice Guide on Gender-Transformative Approaches to HIV. Brighton: Frontline AIDS; 2021.
- International Community of Women Living with HIV and AIDS (ICW) resources on gender transformative approaches. For example, No More Business as Usual. A Gender-Transformative Response to the USAID Freeze Crisis is Urgent. Washington, DC: International Community of Women Living with HIV; 2025.
- Achieving gender equity in Global Fund processes: an urgent need for engagement and women-led responses. Washington, DC: International Community of Women Living with HIV; 2024.

3.2. Budgeting, monitoring and evaluation

- Financing for gender equality in the HIV response. New York: UN Women; 2021 (https://www.unwomen.org/en/digital-library/publications/2021/10/egm-background-papers-financing-for-gender-equality-in-the-hiv-response#view).
- Guidance Note on Applying Gender Responsive Budgeting to HIV Policies and Programs. New York: UN Women; 2017.
- Global AIDS Monitoring 2025: Indicators and questions for monitoring progress on the 2021 Political Declaration on HIV and AIDS. Geneva: UNAIDS; 2024.
- A tool for strengthening gender-sensitive HIV and sexual and reproductive health (sexual and reproductive health) monitoring and evaluation systems. Geneva: WHO, UNAIDS; 2016.
- Gender-responsive HIV indicators in the UNAIDS HIV Indicator Registry. Geneva: UNAIDS; (https://indicatorregistry.unaids.org/search/node/gender).
- Bloom SS, Negroustoeva S. Compendium of gender equality and HIV indicators. MEASURE Evaluation. Chapel Hill, NC: November 2013 (https://www.measureevaluation.org/resources/publications/ms-13-82/at_download/document).
- Modular framework handbook allocation period 2023–2025. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2022 (https://resources.theglobalfund.org/media/13907/cr_modular-framework_handbook_en.pdf).
- Global HIV target setting for 2030: Global task team on 2030 targets recommendations. Geneva: UNAIDS; 2025 (files/2025-05/20250328_recommended_2030_HIV_targets_livedocument_en_13_May_2025.pdf"0328_recommended_2030_HIV_targets_livedocument_en_13_May_2025.pdf).

3.3. Key and priority populations

- The Global AIDS Updates fact sheets on key populations. Geneva: UNAIDS; updated yearly, focusing on gender in key populations.
- TRANSIT: Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions). New York: Global Action for Trans Equality/International Reference Group on Transgender Women and HIV; 2019 (TRANSIT Smart Guide—Adapting TRANSIT for a community-based audience of trans individuals and trans-led organizations).
- UNAIDS statement at the UN Permanent Forum on Indigenous Issues. Geneva: UNAIDS; 2025.
- HIV and adolescent girls and young women—Thematic briefing note—2024 global AIDS update. Geneva: UNAIDS; 2024 (see other sections for United

Nations Office on Drugs and Crime; more on adolescent girls and young women).

- BRIEFING PAPER Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs. Vienna: United Nations Office on Drugs and Crime; 2023.
- Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services. Vienna: United Nations Office on Drugs and Crime; 2016.
- Disability and HIV. Geneva: UNAIDS; 2017.
- Disability and HIV. New York: United Nations (website).
- Guidance for developing a national male engagement strategy for HIV prevention. PrEPWatch; 8 April 2025 (https://www.prepwatch.org/resources/guidance-for-developing-a-national-male-engagement-strategy-for-hiv-prevention/).
- https://www.prepwatch.org/wp-content/uploads/2025/04/Male-Engagement-Strategy-Guidance.pdf. Johannesburg: South to South Learning Network; 2025.
- Responding to the specific needs of women in prison. Vienna: United Nations Office on Drugs and Crime (website).
- Programming for Men Who Purchase Sex**.** EpiC (2021)
- Implementing Comprehensive HIV/STI Programmes with Sex Workers (SWIT): Practical approaches from collaborative interventions, and the Global Network of Sex Work Projects (2015); Smart Sex Worker's Guide to SWIT. Geneva: World Health Organization and Network of Sex Work Projects; 2013.

3.4. Sexual and reproductive health and rights

- Dunaway K, et al. What will it take to achieve the sexual and reproductive health and rights of women living with HIV? Women's Health. 2022.
- Confronting coercion: A global scan of coercion, mistreatment and abuse experienced by women living with HIV in reproductive and sexual health services. Washington, DC: International Community of Women Living with HIV; 2024.
- Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017.
- Sexual and reproductive health and rights and HIV: Strengthening systems to reach adolescent girls and young women and promote rights, dignity and autonomy for all. Geneva: UNAIDS; 2019.
- HIV and SRHR linkages toolkit. Geneva: World Health Organization (website).

3.5. Gender and violence, coercion, stigma and discrimination

- Respect Framework: Preventing Violence Against Women. Geneva: World Health Organization and UN Women; 2019.
- Responding to intimate partner violence and sexual violence against women. Geneva: World Health Organization; 2013.
- The SASA! Approach (website). A set of resources for a community-mobilization approach to ending violence against women and girls.
- Stepping Stones (website). Information about the training programme and related materials on gender, generation, HIV, communication and relationship skills.
- (ALIV[H]E) Framework. Action Linking Initiatives on Violence Against Women and HIV Everywhere. London: Salamander Trust; 2017.
- Preventing and responding to an HIV-related human rights crisis: guidance for United Nations agencies and programmes. New York: United Nations Development Programme; 2024 (https://www.undp.org/publications/preventing-and-responding-hiv-related-human-rights-crisis-guidance-united-nations-agencies-and-programmes).
- Making the law work for women and girls in the HIV response. New York: United Nations Development Programme (https://www.undp.org/publications/making-law-work-women-and-girls-context-hiv).
- The missing link: Rethinking and reprioritizing HIV and GBV in fragile settings. Geneva: UNAIDS; 2024.
- Joint evaluation of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls. Geneva: UNAIDS; 2021.
- Zero discrimination in health-care settings. Geneva: UNAIDS; 2017.
- 16 ideas for addressing violence against women in the context of the HIV epidemic: A programming tool. Geneva: WHO, UNAIDS: 2013.

3.6. Community leadership and meaningful involvement of women living with HIV and women from key populations

- Investing in adolescent girls' and young women's leadership and voice in the HIV response: Case studies and experiences. New York: UN Women; 2023.
- Anam FR, Nkosi S, Sebayang M, Jokonya M, Dunaway K, El Alaoui T. Let us lead: community leadership in the AIDS response is its fundamental pillar for success. J Int AIDS Soc. 2023:26(12);e26196.

3.7. Sustainability

- Sustainability primer. Geneva: UNAIDS; 2024.

- HIV Response sustainability roadmap companion guide Part A. Geneva: UNAIDS; 2024.
- HIV response sustainability roadmap user guide. Geneva: UNAIDS; 2024.
- Technical guidance. Geneva: UNAIDS; 2024 (https://sustainability.unaids.org/technical-guidance/).

3.8. Relevant political declarations and resolutions

These include commitments to gender, SRHR and/or gender-based violence within the HIV response.

- Women, the Girl Child and HIV and AIDS. Resolution 60/2. Commission on the Status of Women. New York: United Nations; 2024.
- Human Rights in the Context of HIV and AIDS. Resolution 56/20. UN Human Rights Council. New York: United Nations; 2024 (includes the first unqualified recognition of SRHR in a UN resolution).
- Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. New York: United Nations; 2021.

4. Supporting resources to aid in developing a gender assessment monitoring and evaluation framework

- Measurement Framework for Advancing Equity, Gender Equality and Human Rights. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2024.
- Rights-based Monitoring and Evaluation of National HIV Responses Guidance. Geneva: UNAIDS; 2019.
- Ethical guidance for research, evaluation and monitoring activities. London: UK Department for International Development; 2019.
- Evaluation Handbook: How to manage gender-responsive evaluation. New York: UN Women; 2022.
- Good practices in gender-responsive evaluation. New York: UN Women; 2020.
- Rapid assessment tool to evaluate gender equality and women's empowerment results in humanitarian contexts. New York: UN Women; 2020
- Inclusive Systemic Evaluation for Gender equality, Environments and Marginalized voices (ISE4GEMs): A new approach for the SDG era. New York: UN Women; 2018.
- Guidance note: Evaluating impact in gender equality and women's empowerment. New York: UN Women; 2023.

Annex 2. Model terms of reference for the gender assessment steering committee

About the GAT

The GAT is a structured set of guidelines and questions that can be used to guide and support the process of analysing to what extent the national responses to HIV—in both generalized and concentrated epidemics—consider the critical goal of gender equality.

A planned, systematic and deliberate set of steps and processes, the GAT examines and questions the country context and the status of the HIV response (policies, plans and actions undertaken by national governments to address HIV), specifically referring to its gender dimensions: the socially constructed roles, behaviour, activities and attributes a society considers appropriate for men, women, girls and gender-diverse people, including from key and priority populations, and how these impact vulnerability to HIV, access to services and health outcomes. The GAT enables users to learn the extent to which the national response recognizes gender inequalities as a key factor of the trajectory of the HIV epidemic and then acts based on that recognition. This will help to ensure that the national HIV response has gender equality as a goal.

The gender assessment process of an HIV response involves:

- Knowing your HIV epidemic, country context and response from an intersectional gender perspective, including issues of community engagement, human rights, disability and social inclusion.
- Using the gender assessment findings to identify evidence-informed gender-transformative interventions to strengthen a gender-transformative, equitable and rights-based HIV response.

Individuals and partners in government, civil society, the United Nations and other multilateral agencies can use the GAT to support key national processes, such as developing or reviewing a national strategic plan and budget on HIV, a Global Fund proposal, the review or reprogramming of funds, developing and integrating a gender and HIV strategy into other plans and budgets, inclusion in the United Nations Sustainable Development Cooperation Framework, or another opportunity that has been identified in the country.

Scope of the gender assessment steering committee

The gender assessment steering committee should ideally comprise seven to ten influential leaders in HIV, sexual and reproductive health and rights, gender equality, diversity and inclusion, nationally recognized for their experience and expertise. They should be drawn from government, United Nations agencies, civil society organizations and networks and representatives of women, girls and gender-diverse people, including from key and priority populations, living with HIV.

Once brought together, the present terms of reference should be shared and reviewed by the entire committee. The committee should also agree on roles and responsibilities, and establish mechanisms for internal communication.

The scope of the gender assessment steering committee is as follows:

To present an overview of the GAT and address preliminary questions and concerns on its potential use and adaptation at the national and local levels: scope; content; structure; participants; process; expected results; and other pertinent matters.

To revise and adapt the gender assessment to the country context based on the steering committee's feedback and guidance.

Information should be shared as early in the process as possible and made available in the official languages of the United Nations.

Role of committee members: voluntary and not remunerated

The committee must become closely familiar with the GAT and related materials. Before the assessment, online sessions should be planned to help committee members in this process, with all members expected to participate.

The committee is the core of the gender assessment. Indeed, committee members will be asked to work together, with the strong support of the team of consultants and based on input from broader stakeholders during consultation, to perform several key tasks. Participation is voluntary; however, consideration should be given to community leaders who may need provision/compensation in order to participate (transport, data mobile, etc.).

Securing high-level commitment and buy-in

The chair and vice-chair of the steering committee should be high-level leaders within government and civil society who are tasked with securing high-level commitment and buy-in, including sign-off on key outputs and ensuring they are reported back to relevant forums in their constituents.

Developing a gender assessment framework

This includes:

- Agreeing on the final goal of the gender assessment.
- Deciding on its guiding principles and methods for monitoring how they are applied.
- Agreeing on the proposed scope, nature and methodology, and timeline for the gender assessment, based on time and available resources.
- Agreeing on the broader stakeholders to be involved and consulted during the process, including proposed consultations, key informant interviews and focus group discussions.
- Agreeing on a monitoring mechanism to track the gender assessment process according to the developed timeline.
- Developing communication messages to gain commitment to the process and uptake of final recommendations.

Collecting, collating and storing relevant documents and data

This includes identifying needs for additional data and select methods for collecting information, such as key informant interviews, focus group discussions and consultative workshops held at the national and subnational levels.

Overseeing and providing technical support to the assessment process through inception to final validation and results-based planning

Reviewing and providing technical support for draft and final documents. Based on inception level discussions, the gender assessment steering committee should support the development of a draft inception report, working alongside the team of consultants. The committee will also support review of the draft and final narrative report, including reviewing the analysis and prioritized recommendations, and the results-based plan,

Supporting consultations: The gender assessment process can include a number of workshops and consultations, depending on the time and resources available. The steering committee should be integrally involved in the preparations and facilitation for these processes and should identify different roles and responsibilities for committee members, based on their specific areas of expertise. Thus:

- The gender assessment process should include an inception meeting or workshop to agree on the nature, scope and methodology and timeline for the gender assessment. A final inception report, agreed by all stakeholders, will result from this process.

- The process must include a final validation workshop to review recommendations, prioritize interventions and develop a results-based plan.
- For a rapid assessment, it can also include a two–three day gender assessment workshop, in place of key informant interviews and focus group discussions, to analyse data using stages 2 and 3 of the GAT, and to use the findings for prioritizing recommendations and conducting action planning.

Members

Name:	Organization:

Annex 3. Concept note for an inception meeting

This note provides a framework for an inception meeting at the initial stages of a gender assessment. See Annex 4 for an adaptation tool that suggests alternative processes in the case of a rapid, integrated, or comprehensive gender assessment.

About the GAT

The GAT is a structured set of guidelines and questions that can be used to guide and support the process of analysing to what extent national responses to HIV—in both generalized and concentrated epidemics—consider the critical goal of gender equality.

A planned, systematic and deliberate set of steps and processes, the GAT examines and questions the country context and the status of the HIV response (policies, plans and actions undertaken by national governments to address HIV), referring specifically to its gender dimensions: the socially constructed roles, behaviour, activities and attributes a society considers appropriate for women, girls, men, boys and gender-diverse people, including from key and priority populations, and how these impact vulnerability to HIV, access to services and health outcomes. The GAT enables users to learn the extent to which the national response recognizes gender inequalities as a key factor of the trajectory of the HIV epidemic and then acts based on that recognition. This will help to ensure that the national HIV response has gender equality as a goal.

The gender assessment process of an HIV response involves:

- Knowing your HIV epidemic, country context and response from an intersectional gender perspective, including issues of community engagement, human rights, disability and social inclusion.
- Using the gender assessment findings to identify evidence-informed gender-transformative interventions to strengthen a gender-transformative, equitable and rights-based HIV response.

Individuals and partners in government, civil society, the United Nations and other multilateral agencies can use the GAT.

Purpose of the inception meeting before the gender assessment

These terms of reference and agenda outline are meant to guide the inception meeting before the gender assessment process.

Objectives

The objectives of the meeting are:

- To provide a platform for introducing the gender assessment steering committee.
- To provide a platform for increased understanding of the gender assessment methods.
- To present the draft inception report.
- To provide a platform for stakeholders to review, discuss and agree on the scope and objectives of the gender assessment.
- To review, discuss and agree on the methodology for undertaking the gender assessment in the country context.
- To identify gaps in the documentation and data.
- To agree on key stakeholders to be consulted during the gender assessment process.
- To discuss deliverables and timelines for the gender assessment.

Key stakeholders

The inception meeting should include representatives with a broad range of expertise, including experts on HIV policies and services, experts on gender policies and services and stakeholders from the HIV, human rights and gender fields. The representatives should reflect multisectoral interests, including stakeholders from government, civil society, relevant bilateral bodies and United Nations agencies. As appropriate, stakeholders also can include those from key sectors, such as HIV and AIDS, health, education, gender, youth, justice, labour or work, social protection, migration, disability, human rights and finance. Civil society organizations and community organizations (particularly women-led organizations and networks) working on HIV, gender, women's rights, human rights, equality and inclusion, youth, key populations, disability and SRHR must also be engaged.

Particular care should be taken to ensure the meaningful involvement of people living with HIV and women and girls in all their diversity at all stages. Further, country ownership and leadership must be ensured for the entire process, with high-level government representatives providing the lead.

Expected deliverables

A final inception report must be prepared containing a detailed work plan, methodology, roles and responsibilities for the entire duration of the consultancy.

Example of an agenda (four hours)

- Welcome and introduction (15 min).
- Objectives of the inception meeting/workshop (15 min).
- Presentation of the gender assessment steering committee and the inception report (30 min).
- Agreement on objectives, scope, methodology for the gender assessment (30 min).
- Discussion of key gender-related issues/areas of enquiry for the gender assessment (1 hour).
- Determining the nature, scope and representation for key informant interviews and focus group discussions (30 min).
- Identifying roles and responsibilities, including support for identifying additional data, supporting organization of interviews and focus groups (30 min).
- Agreement on outputs/deliverables and timelines for the gender assessment (15 min).
- Way forward (15 min).

Annex 4. Adaptation Tool

Guidance 1: Suggested process and corresponding tools for a rapid gender assessment

Type of assessment	Context	Suggested process	Steps, tools and guidance	Purpose of steps	Output/deliverable
Rapid assessment	Limited time and/or resources And/or Good sources of existing data, studies and existing analysis of data, responses.	**Undertake stage 1** Prepare for the gender assessment: • Secure high-level commitment. • Establish a gender assessment steering committee. • Be alert for existing assessments, studies and/or analyses of data. • Review and analyse information. • Develop an inception report.	**Stage 1:** Steps 1–4 **Annexes:** 1, 2, 4, 5: • GAT. • Resources. • Terms of Reference (ToRs) for the gender assessment steering committee. • Adaptation tool. • ToRs for gender assessment and consultant/s.		• Establishment of a gender assessment steering committee. • List of relevant documents. • Inception report.
			Stage 1: Step 5.	Gender assessment workshop. Use this opportunity to conduct a two–three-day workshop to undertake the gender assessment with stakeholders, rather than an inception workshop (see stages 2–3, below, for details on the objectives of this workshop).	
		Combine stages 2–3 during a gender assessment workshop • Undertake three-day consultations with key stakeholders including experts/representatives to identify gender inequalities and risk factors. • Review and analyse information, and work with the participants to identify current interventions, institutional framework, gaps and lessons learned.	**Stage 2:** Steps 6–10. **Annex:** 1 • Resources **Tables:** 2, 3 • HIV treatment cascade. • Support services for people living with HIV.	Understanding the national HIV context & response and understanding the institutional framework. Use these steps to undertake the gender assessment during the workshop. Day One: • Review of the Inception Report, agreement on scope, methodology • Stage 2: Steps 6-8. Day Two: • Stage 2: Steps 9-10. • Stage 3: Steps 11-12. • Summary analysis.	
			Stage 3: Steps 11-12. **Annex:** 1 • Resources.	Understanding the institutional framework; use these steps to undertake the gender assessment during the workshop	

		Undertake stage 4 during the final day of the gender assessment workshop: • Analyse findings and gaps. • Prioritize gender-transformative interventions in alignment with the Global AIDS Strategy (GAS) 2026-2031. • Plan activities.	**Stage 4:** Tasks 1-6 **Table 4:** Analysis matrix **Annexes 8 and 9.** • Narrative report template. • MEL framework.	Day Three: • Developing prioritized recommendations and an action plan. Drawing on findings and analysis to develop prioritized recommendations with stakeholders. The workshop can begin to develop priority activities arising from recommendations as well as identifying roles and responsibilities, where possible. This information can be developed into a more concrete action plan after the workshop.	• Succinct narrative report. • List of priority recommended actions, roles and responsibilities. • Workshop report. • Follow up: Action Plan: table of actions, responsibilities, timelines, resources required.
		Undertake stage 5: • Develop granular sub-activities for all activities that have been prioritized for costing. • Cost the prioritized activities.	**Stage 5:** Tasks 1–7. **Tables:** 5 and 6 • List of recommended interventions and activities. • List of cost input categories. **Figure:** 3 • Illustrative output from the costing tool. Costing tool.	Estimating the costs of implementing the prioritized activities.	• Costed action plan.

Guidance 2: Suggested process and corresponding tools for an integrated gender assessment

Type of assessment	Context	Suggested process	Steps, tools and guidance	Purpose of steps	Output/ Deliverables

Integrated assessment process (gender assessment integrated with other assessments and/or planning processes).	There are current/ ongoing or planned assessments, strategy/ planning processes under way in the country.
	This provides an opportunity to combine the gender assessment with other processes (rapid human rights assessments, CRG assessments, legal environment assessments, stop TB assessments, HIV and social protection assessment, Inequalities Toolkit, or HIV programme reviews, etc.), thereby saving time, as well as sharing data, consultative processes and other resources.
		Undertake stage 1:
		Preparation
		• Prepare for the gender assessment.
		• Be alert for existing assessments, studies and/or analyses of data.
		• Work in collaboration with other researchers to pool data collection.
		• Review and analyse information.
		• Develop an inception report.
		• Hold an inception workshop to determine the scope, nature of assessment, and combined methodology.
			Stage 1: Steps 1–4.
			Annexes: 1–5. GAT.
			• GAT.
			• Resources.
			• ToRs for the gender assessment steering committee.
			• ToRs for gender assessment and consultant/s.
			• Concept note: Inception meeting.
			• Adaptation tool.
				• Preparation for an integrated gender assessment, building on/combined with other assessment or planning processes.
				• Methodology and responsibilities to be determined according to the context.
				• Inception workshop agenda to include time for:
				  • Presenting the steering committee, consultant team and inception report.
				  • Agreeing on objectives, scope, methodology, including alignment with existing processes.
				  • Identifying key focus areas/ issues.
				  • Identifying scope and representation for key informant interviews and focus group discussions.
				  • Identifying deliverables and timelines.
				  • Identifying roles, responsibilities, reporting.
					• Establishment of a gender assessment steering committee.
					• List of relevant documents.
					• Inception report.
					• Inception meeting.

		Undertake stages 2 and 3 combined with other processes. • Work in collaboration with existing processes/ consultations/ stakeholders. • Integrate questions within combined interviews, FGDs, consultations to explore gender inequalities, risk factors, strengths and gaps.	**Stage 2:** Steps 6-10 **Annex:** 1 and 6 • Resources. • Key informant interview (KII) and focus group discussion (FGD) guide. **Tables:** 2, 3 • HIV treatment cascade. • Support services for people living with HIV.	Understanding the national HIV context and response and understanding the institutional framework. Use these steps to undertake the gender assessment combined with other assessment or planning processes. For example, this could involve combining questions regarding gender inequalities, risks and responses within broader key informant interviews, FGDs, consultations, strengths, weaknesses, opportunities, threats (SWOT) analyses	Summary analysis of: • Key gender inequalities • Key contextual risk factors • Gaps in policy, programming, and institutional framework.
			Stage 3: Steps 11, 12 **Annex:** 1 Resources.	Understanding the institutional framework. As above, use these steps to undertake the gender assessment combined with other assessment or planning processes.	

		Undertake stage 4: • Organize findings, gaps and consider gender transformative interventions, using steps 1–3. • Develop the validation workshop agenda. • Hold a validation workshop to present findings, prioritize interventions, combining strengths, gaps and lessons learned with other assessment findings, processes, consultations. • Plan activities.	**Stage 4:** Tasks 1–6. **Table 4:** Analysis matrix. Annexes 7–9. • Concept note for validation workshop. • Narrative Report template. • MEL framework.	Use stage 4 to develop prioritized recommendations. These recommendations will be validated and further developed into an action plan. Stakeholders will be supported to draw on findings and analysis to develop prioritized recommendations and priority actions. In a combined assessment, this may involve developing gender-related activities within a broader action plan/national strategic plan. From prioritized recommendations the validation workshop can begin to develop activities, roles and responsibilities where possible. This information can be further developed into a more concrete action plan after the workshop. In a combined assessment/ process, this may involve developing gender-related priority recommendations within a broader set of recommendations (and action plan).	• List of prioritized gender transformative recommendations • Priority actions, roles and responsibilities • Validation workshop report/ narrative report. • Action plan with responsibilities, timeline, budget and M&E framework. recommendations. Priority actions, roles and responsibilities. Validation workshop/ narrative report. Action plan (responsibilities, timeline, budget, M&E).
		Undertake stage 5: • Develop granular sub-activities for all activities that have been prioritized for costing. • Cost the prioritized activities.	**Stage 5:** Tasks 1–7. Tables: 5 and 6 • List of recommended interventions and activities. • List of cost input categories. **Figure: 3** Illustrative output from the costing tool. Costing tool.	Estimating the costs of implementing the prioritized activities.	• Costed action plan.

Guidance 3: Suggested process and tools for a comprehensive gender assessment

Type of assessment	Context	Suggested process	Steps, tools and guidance	Purpose of steps	Output/ deliverables
Comprehensive, stand-alone process	Time and resources available for an in-depth gender assessment.	**Undertake stage 1: Preparation** • Prepare for the gender assessment. • Be alert for existing assessments/analyses of data. • Collect data. • Review and analyse information. • Prepare Inception Report. • Hold Inception meeting to determine scope, nature of assessment, and methodology.	**Stage 1:** Steps 1–4 **Annexes:** 1-5 • Gender Assessment Tool. • Resources. • ToRs for assessment steering committee. • ToRs for gender assessment and consultant/s. • Adaptation Tool. • Concept Note: Inception Meeting.	• Preparation for gender assessment, including developing and finalizing Inception Report in consultation with stakeholders.	• Gender assessment steering committee. • List of documents. • Inception Report, Including KII and FGD guides
		Undertake stages 2-3 Hold in-depth consultations with key informants/expert and representative focus groups to conduct contextual and response analysis.	**Stage 2:** Steps 6-10 **Annex:** 1 and 6 • Resources. • Key informant interview (KII) and focus group discussion (FGD) guide. Tables: 2, 3 • HIV treatment cascade. • Support services for people living with HIV.	• Understanding the national HIV context and response. • Use these steps to undertake the gender assessment by reviewing data and consulting with stakeholders.	• Summary analysis of: • Key gender inequalities. • Key contextual risk factors. • Gaps in policy and programming. • Gaps in institutional framework.
			Stage 3: Steps 11-12. **Annex:** 1 • Resources.	• Understanding the national HIV institutional framework. • Use these steps to undertake the gender assessment by reviewing data and consulting with stakeholders.	

Type of assessment	Context	Suggested process	Steps, tools and guidance	Purpose of steps	Output/ deliverables
		Undertake stage 4 during a final validation workshop: • Develop validation workshop agenda. • Prioritize interventions, combining strengths, gaps and lessons learned with other assessment findings, processes, consultations. • Plan activities.	**Stage 4:** Tasks 1-7. Table 4: Analysis matrix **Annexes:** 7–9. Concept note for validation workshop. Narrative report template. MEL framework.	• Developing prioritized recommendations and an action plan. • At this stage, stakeholders at a validation workshop will review the findings and analysis. Drawing on findings and analysis, they will work as a group to validate the assessment, and to develop prioritized recommendations with stakeholders. • As part of the way forward, the workshop can begin to develop priority activities arising from recommendations as well as identifying roles and responsibilities, where possible. This information can be further developed into a more concrete action plan following the workshop.	• Analysis table. • List of prioritized recommendations, priority interventions/ actions and roles and responsibilities. • Final narrative report, including report from the validation workshop. • Action plan/ results-based plan with responsibilities, timeline, budget and M&E framework.
		Undertake stage 5: • Develop granular sub-activities for all activities that have been prioritized for costing. • Cost the prioritized activities.	**Stage 5:** Tasks 1–7. Tables: 5 and 6 List of recommended interventions and activities. List of cost input categories. Figure: 3 Illustrative output from the costing tool. Costing tool.	• Estimating the costs of implementing the prioritized activities.	• Costed action plan.

Annex 5. Terms of reference for a consultancy to undertake a gender assessment of the national HIV response

This section provides a template for key elements in framing the gender assessment project, for use and adaptation by country offices. It can be used to produce individual ToRs for the various consultants contracted to undertake the assessment.

About the GAT

The GAT is a structured set of guidelines and questions that can be used to guide and support the process of analysing to what extent national responses to HIV—in both generalized and concentrated epidemics—consider the critical goal of gender equality.

A planned, systematic and deliberate set of steps and processes, the GAT examines and questions the status of the HIV response (plans and actions undertaken by national governments to address HIV), referring specifically to its gender dimensions: the socially constructed roles, behaviour, activities and attributes a society considers appropriate for women, girls, men, boys and gender-diverse people, including from key and priority populations, and how these impact vulnerability to HIV, access to services and health outcomes. The GAT enables users to learn the extent to which the national response recognizes gender inequalities as a key determinant of the trajectory of the HIV epidemic and then acts based on that recognition. This will help to ensure that the national HIV response has gender equality as a goal.

The gender assessment process of an HIV response involves:

- Knowing your HIV epidemic, country context and response from an intersectional gender perspective, including issues of community engagement, human rights, disability and social inclusion.
- Using the gender assessment findings to identify evidence-informed gender-transformative interventions to strengthen a gender-transformative, equitable and rights-based HIV response.

Individuals and partners in government, civil society, the United Nations and other multilateral agencies can use the GAT.

Scope of the consultancy

Consultant/s will be expected to familiarize themselves with the GAT and related materials. In close collaboration with development partner/s, the consultant/s will undertake the following (Table 7).

Table 7. Scope of the consultancy

Deliverable	Activity	Consultant/s
	Meet regularly (in person and online) with the gender assessment steering committee.	Lead consultant. Supported by national/expert consultant/s, including costing consultant.
Draft inception report	Develop a draft inception report, in discussion with the steering committee, containing a detailed work plan for the entire duration of the consultancy.	Lead consultant. Input by national/expert consultant/s, including costing consultant.
Inception workshop	Develop an inception meeting/workshop to finalize the gender assessment framework, timeline, roles and responsibilities.	Lead consultant.
Final inception report and assessment protocol	Develop a final inception report and assessment protocol, including methodology, workplan, timeline, roles and responsibilities, reporting, KIIs and FGDs, resources to be reviewed.	Lead consultant. Supported by national/expert consultant/s, including costing consultant.
Desk review	Collect, collate and store documents, including data from databases on epidemiological information, laws, policies and other sources.	Lead consultant.
	Undertake a literature and desk review of relevant documents at national and subnational levels, where available.	Lead consultant. Supported by national/expert consultant/s in areas of expertise, including costing consultant.
Primary research	Develop and undertake KIIs, focus group discussions and (insert No. type of) workshops at national and subnational levels (if needed) to augment data.	Lead consultant. National/expert consultant/s.
Analysis	Carry out gender analysis of the information collected, using questions set out in stages 2 and 3 of the GAT and discuss the data and analysis with other consultant/s and the steering committee to assess whether HIV response is rights-based, inclusive, gender-transformative and sustainable.	Lead consultant. Supported by national/expert consultant/s in areas of expertise, including costing consultant.
	Develop a draft narrative report of the findings and analysis, including draft priority recommendations.	Lead consultant. Supported by national/expert consultant/s in areas of expertise, including costing consultant.
Validation	Develop and facilitate a validation workshop with stakeholders, along with the gender assessment steering committee and other consultant/s, to validate the findings, prioritize recommendations and actions.	Lead consultant. National/expert consultant/s.
Prioritized recommendations and action plan	Develop a results-based plan of action including costing activities and developing an M&E framework.	Lead consultant. Supported by national/expert consultant/s in areas of expertise including costing consultant.
Final gender assessment report	Finalize gender assessment report in consultation with all consultant/s and steering committee, clearly highlighting HIV context, response, gaps relating to gender equality, rights, inclusion, sustainability and prioritized recommendations.	Lead consultant. Supported by national/expert consultant/s in areas of expertise, including costing consultant.

Deliverable	Activity	Consultant/s
Advocacy plan (where required).	Develop a comprehensive advocacy plan with the key findings of the assessment and advocacy for policy, programmes and institutional frameworks required for a gender-transformative, participatory, equitable and rights-based HIV response.	Lead consultant Supported by national/expert consultant/s in areas of expertise. including costing consultant.
Communications strategy (where required).	Develop a comprehensive communications strategy for the gender assessment action and advocacy plan.	Lead consultant. National/expert consultant/s.

Expected deliverables

(a) An inception report containing a detailed work plan for the entire duration of the consultancy.

(b) A draft narrative report of the gender assessment with data collected (stages 2 and 3), analysis and recommendations.

(c) A final narrative report of the gender assessment with the input from the workshop.

(d) A PowerPoint slide deck for the validation workshop.

(e) A results-based action plan, including budget and M&E framework.

(f) Where required, an advocacy plan and/or communications strategy.

The key competencies, technical background and experience required are as follows.

Lead consultant

- Advanced degree in gender and development studies, public health, sociology, or other related social science field.
- A minimum of ten years of experience in HIV, SRHR, gender, human rights, community engagement, social inclusion and/or related public health and development issues for women, girls and gender-diverse people, including from key and priority populations, as well as people with disabilities.
- Proven knowledge and experience in research and analysis, including in analysing and synthesizing quantitative data.
- Knowledge and experience in HIV-related action planning and monitoring.
- Experience working with diverse stakeholders.
- Proven experience in writing and editing reports, with a strong track record of producing similar publications for dissemination.
- Substantial knowledge of global health policy, health funding, gender budgeting and universal health coverage.
- A good understanding of the primary audience of the gender assessment and action plan resulting from the gender assessment.

- Excellent writing, research and analytical skills.
- Experience in preparing and presenting clear and concise oral and written communications.
- Ability to analyse data, summarize information and innovatively depict information, such as through infographics.

National/expert consultant

- Advanced degree in gender, development studies, public health, sociology, or other related social science field.
- A minimum of ten years of experience in [*insert specific thematic area of expertise,* e.g. HIV, gender, human rights, community engagement, disability, social inclusion, costing, monitoring and evaluation] and/or [*insert specific location of expertise,* e.g. country or region in which gender assessment takes place].
- Experience working with diverse stakeholders.
- Proven knowledge and experience in research and analysis.
- A good understanding of the primary audience of the gender assessment and action plan resulting from the gender assessment.
- Excellent writing, research and analytical skills.
- Experience in preparing and presenting clear and concise oral and written communication.

Costing consultant

- Advanced degree in social sciences, development studies, economics, health economics, or relevant fields.
- A minimum of seven years of experience in budgeting and costing for HIV and sexual and reproductive health, including experience with gender-responsive budgeting and budgeting for human rights and gender-related health interventions.
- Proven experience in costing NSPs or operational plans, and resource estimation.
- Experience working with diverse stakeholders.
- Proven knowledge and experience in research and analysis for purposes of costing for sustainable development.
- A good understanding of the primary audience of the gender assessment and costed, results-based, action plan resulting from the gender assessment.
- Excellent analytical skills.
- Experience in preparing and presenting clear and concise oral and written communication.

Duration

The consultancy is scheduled to last no more than 25 non-consecutive days.

Timeline

The consultancy will take place from _____ to _____ .

Annex 6. Guidance for conducting focus groups and key informant interviews

The value-added of the HIV gender assessment is the nuance and depth that first-hand lived experiences provide to understand gender-related risk, vulnerabilities, barriers and inequalities. While a document review is an important part of the assessment, the primary data collected from communities, service providers, decision-makers and other key stakeholders should be given primacy.

While the nature, scope and key areas of enquiry for focus group discussions and KIIs are defined at the inception stage, there should be a degree of flexibility to adjust and adapt as the assessment proceeds. For instance, a topic may emerge during one group discussion that was not considered, and the consultant/s may wish to introduce it again in those that follow.

The types of key informants and focus groups will depend on the context. The illustrative list below should be tailored based on the country.

Ideally, countries should conduct 12–15 KIIs and 8–10 FGDs as part of the gender assessment. Interviews and focus groups may be conducted in-person or virtually, depending on the availability of resources and the level of access to, and comfort with, technology among participants.

Countries may choose to convene men and women together during focus group discussions (e.g. focus group of people living with HIV), or separately (e.g. focus group of women living with HIV and/or focus group of men living with HIV), depending on resource availability and country context.

Illustrative list of key informant interviews

- National AIDS Council.
- Relevant line ministries working on gender and HIV (health, education, women/gender).
- United Nations agencies working on gender and HIV (UNAIDS, UNDP, UN Women, UNFPA).
- Select civil society and community leaders working on gender and HIV (e.g. representatives of networks or organizations of women living with HIV, women who use drugs, sex workers, trans and gender diverse people, adolescent girls and young women).

- Select implementing organizations delivering gender-related HIV services (Global Fund Principal and Sub-recipients, PEPFAR implementing partners, other service providers).
- Lawyers or other legal experts with experience handling gender-based violence or other gender-related discrimination cases.
- Academic experts who conduct key research on HIV and gender.

Illustrative list of focus group discussions

- Women living with HIV.
- Adolescent girls and young women.
- Women who inject drugs.
- Female and transgender sex workers.
- Mobile and migrant and displaced women.
- Transgender women.
- Men who have sex with men.
- Women with disabilities.
- Survivors of gender-based violence.
- Other priority groups relevant to the national HIV response.

All participants should give their written informed consent before being interviewed or participating in a focus group. Children below the age of 18 years may give their informed consent to participate, or consent may be sought from their parents or guardians, depending on the country context. This means that all participants should be told about the assessment and its purpose, the types of questions they will be asked, the duration of the interview/discussion, any risks or benefits to them from participating, confidentiality of information, and how the results will be shared.

Informed consent templates (source: World Health Organization)

- Template for obtaining informed consent for qualitative studies.
- Template for obtaining informed assent for children/minors.
- Template for obtaining parental consent for qualitative research involving children.

Interviews and FGDs should not be longer than one hour. It is better to ask fewer, more open-ended, questions and to allow for the participant to speak freely. Give the participants time to respond; a good practice is to count to ten in your head before repeating or rephrasing the question.

If conducted in person, consideration should be given to paying transport reimbursements and the provision of refreshments, especially for community members.

The questions asked during interviews and focus groups should be tailored to the country context. An illustrative list of questions is presented below, which countries may adapt.

Illustrative schedule of questions for key informant interviews

(1) How does the national HIV response seek to address gender inequalities? Please consider both policy and programming aspects.

(2) What are the main gender-related barriers to HIV services in the country?

(3) Are there specific populations, or sub-populations, for whom gender-related HIV risk, vulnerability, and/or barriers to access is elevated?

(4) Who are the key decision-makers (stakeholders and structures) for gender-related aspects of the HIV response?

(5) Who is financing gender-related HIV intervention? Is the investment adequate?

(6) How could the gender-related HIV interventions be made more sustainable?

(7) Is there anything else that you would like to share with us for the assessment?

Illustrative schedule of questions for focus group discussions

(8) How does being a woman, being a man, or being trans affect your risk for HIV?

(9) Have you ever experienced power imbalances in relationships? Can you describe them?

(10) How does being a woman, being a man, or being trans affect your access to services?

(11) Are women, girls and gender-diverse people, including from key and priority populations, treated equally when seeking HIV services?

(12) Probe: How are young women, young men, young gender diverse people, including those from key and priority populations, treated?

(13) Have you ever felt discriminated against because of your gender or gender identity?

(14) When you receive HIV services, is it from other people like you, who understand you?

(15) How could HIV services be made better for you as a woman, man, or member of a key or priority population?

(16) Do you think your voice is heard, and your opinion matters, in the HIV response?

(17) How could decision-making about HIV be more inclusive of voices like yours?

(18) Is there anything else that you would like to share with us for the assessment?

Annex 7. Concept note for a validation workshop

About the Gender Assessment Tool (GAT)

The GAT is a structured set of guidelines and questions that can be used to guide and support the process of analysing to what extent national responses to HIV—in both generalized and concentrated epidemics—consider the critical goal of gender equality.

A planned, systematic and deliberate set of steps and processes, the GAT examines and questions the country context and the status of the HIV response (policies, plans and actions undertaken by national governments to address HIV), referring specifically to its gender dimensions: the socially constructed roles, behaviour, activities and attributes a society considers appropriate for women, girls, men, boys and gender-diverse people, including from key and priority populations, and how these impact vulnerability to HIV, access to services and health outcomes. The GAT enables users to learn the extent to which the national response recognizes gender inequalities as a key factor of the trajectory of the HIV epidemic and then acts based on that recognition. This will help to ensure that the national HIV response has gender equality as a goal.

The gender assessment process of an HIV response involves:

- Knowing your HIV epidemic, country context and response from an intersectional gender perspective, including issues of community engagement, human rights, disability and social inclusion.
- Using the gender assessment findings to identify evidence-informed gender-transformative interventions to strengthen a gender-transformative, equitable and rights-based HIV response.

Individuals and partners in government, civil society, the United Nations and other multilateral agencies can use the GAT.

Purpose of the validation meeting

These terms of reference and agenda outline are meant to guide the validation meeting to review the draft findings, analysis and to further develop prioritized recommended actions arising from the gender assessment.

Objectives

The objectives of the validation meeting are:

- To provide a platform for reviewing and validating the gender assessment findings (epidemic, context, response, institutional framework), analysis and priority recommendations.
- To develop priority actions for gender-transformative interventions and agree on roles and responsibilities towards a results-based plan.
- To raise awareness, strengthen country ownership of the gender assessment findings and commitment to follow up on priority actions amongst key stakeholders.

Key stakeholders

The inception meeting should include representatives of a broad range of expertise, including experts on HIV policies and services, experts on gender policies and services and stakeholders from the HIV, human rights and gender fields. Representatives should reflect multisectoral interests, including stakeholders from government, civil society, relevant bilateral agencies and United Nations agencies. As appropriate, stakeholders can also include those from key sectors, such as HIV and AIDS, health, education, gender, youth, justice, labour or work, social protection, migration, disability, human rights and finance. Civil society and community organizations (particularly women-led organizations) working on HIV, gender, women's rights, equality and inclusion, youth, key populations, disability and SRHR also must be engaged.

Particular care should be taken to ensure the meaningful involvement of people living with HIV and women and girls in all their diversity at all stages. Further, country ownership and leadership must be ensured for the entire process, with high-level government representatives providing the lead.

Expected deliverables

- A final gender assessment report, including priority recommended actions and roles and responsibilities (from which a results-based plan can be finalized)
- A final validation workshop report.

The agenda (two days)

Day 1

- Welcome and official remarks from authorities (30 min).
- Overview of objectives of the validation workshop (30 min).
- Presenting the gender assessment including (1.5 h).

  (a) Methodology/process.

  (b) Documents reviewed, informants/focus group discussions undertaken.

(c) Findings/analysis of gender inequalities in HIV epidemic, risk factors in context.

(d) Findings/analysis regarding strengths and gaps in response and institutional framework.

- Discussion and validation of findings and analysis (group work and plenary work for four hours).

Day 2

- Presentation of preliminary recommendations (30 min).
- Prioritization of recommendations (1 h).
- Priority actions (2 h).
- Roles and responsibilities (1 h).
- Way forward (1 h).

Annex 8. Guidance and outline for a concise gender assessment report

The HIV gender assessment report should provide key stakeholders with an overview of the gender inequalities in the HIV epidemic, context and response and actionable recommendations to address the gaps identified. It should strategically focus on presenting and analysing quantitative and qualitative research that helps to understand how and why gender inequalities shapes HIV vulnerability, barriers to access and inequities in HIV outcomes and which interventions for gender-transformative action are effective or promising.

Primary data, including quotations and attributions from focus groups and interviews should feature strongly throughout the report. Using visual representations to present data makes them easier to understand. Bar graphs, pie charts, line graphs and histograms are excellent ways of illustrating differences in prevalence, risk behaviour and access to services. They can also show the pathways through underlying factors that influence HIV outcomes for women, girls, men, boys and gender-diverse people, including from key and priority populations, and for subgroups among them. See the guidelines for graphic design of an HIV gender assessment.

The report should be available in local and English languages and should not exceed 45–55 pages in length, including references and annexes (Table 8). The gender assessment can be accompanied by a shorter brief (five–ten pages), highlighting key data, findings and recommendations.

Table 8. Recommended structure, contents and length of each of the report's sections

Section	Contents	Length (pages)
Cover	Title of the document, participating organizations, place and date.	4
	Abbreviations, table of contents, acknowledgements, consultants.	
Executive summary	Brief introduction, overview of methods, key findings of stages 2 and 3, response and gap analysis, key priorities and recommendations for gender-responsive action.	3
Introduction and methods	Background and rationale: • The relevance of undertaking the GAT in the country, goal and objectives • Methods: brief description of the five stages, data collection methods and sources and gender analysis process	1–2

Context: sociodemographic, demographic, economic and health indicators for the country; past HIV gender assessments and progress to date	General gender-focused overview of the country and stock-taking of past assessments: • The state of gender equality in the country, including the gender equality index and other key metrics; factors contributing to gender inequalities, such as education, employment, social norms, etc.; and maternal mortality rate, contraceptive prevalence and fertility rate. Pertinent structural processes should also be mentioned: migration, political conflict, violence and crime (gang violence) and emergencies caused by natural disasters. • Overview of past HIV gender assessments and other gender-related HIV programme evaluations, their findings and the progress to date on their recommendations, if available.	2-3
National HIV epidemic and context	Prevalence, incidence, prevention and behavioural data: • *Gender-focused analysis of HIV prevalence, incidence and AIDS-related deaths.* All data should be disaggregated by age, sex and population, with the analysis commenting on the gender-related disparities. • *Key populations and geographical trends.* Characterized by vulnerable sub-groups, especially gender-related sub-groups (i.e. women who inject drugs, male sex workers). • *Prevention awareness and risk.* This includes knowledge about HIV (young boys, young girls, and key populations), and prevention use by age, sex and population. • *Sexual behaviour and condom use practices.* Data disaggregated by age, sex and population. Social, cultural and economic factors: • *Acceptance of gender norms* (women and girls, men and boys, gender diverse people including from key and priority populations). • *Social determinants of HIV* (such as poverty, lack of income security, social protection services, food security, housing, water and sanitation and access to education). The analysis should focus on how these factors elevate risk and barriers for specific genders and gendered-subgroups. Discrimination, violence, legal, human rights and political factors: • *Gender-based violence* (including intimate partner violence, sexual violence, violence in the family, honour crimes, violence against key and priority populations including homophobic and transphobic, violence in emergencies and institutional violence). • *Stigma and discrimination* towards people living with HIV, women, girls and gender-diverse people, including from key and priority populations. This also includes discriminatory practices in health-care settings and/or by judiciary or law enforcement personnel and other service providers affecting women, girls and gender-diverse people, including key and priority populations. • *Laws or policies* that may directly affect women, girls and gender-diverse people, including from key and priority populations, in relation to HIV. • *Enforcement of laws*, enabling equal access to services such as post-rape care, psychosocial support, etc.	8-10
National HIV response	Gender equality in HIV policies and programmes: • *Gender equality in the national strategic* plan for HIV, HIV response sustainability roadmap and other key policy documents. The analysis should examine whether national policies and plans address gender-related risk, vulnerability and barriers for women, girls and gender-diverse people, including from key and priority populations. • *Populations included* in the response, including women, girls and gender-diverse people, including key and priority populations, young people and people with disabilities. • *Gender considerations*, such as recognition of gender inequalities, harmful gender norms, gender-based violence and other elements in the national strategy. Comprehensive response: • *Availability and coverage of services* for specific age, sex, gender and population cohorts: prevention, treatment, care and support, gender-based violence and SRHR, reducing gender inequalities and harmful norms, and promoting and access to justice.	8-10

Institutional framework	**Institutional and political factors:** • Representation, participation and engagement in decision-making spaces. • Gender-related aspects of community-led service delivery and other delivery platforms. • Legal and political recognition for civil society, especially community-led organizations led by women, girls and gender-diverse people, including from key and priority populations. • Coordination and multisector collaboration and accountability mechanisms. • Funding allocation and expenditure including gender-responsive budgeting. **Sustainability, monitoring and evaluation:** • *Sustainability*, including gender in the HIV Response Sustainability Roadmaps, domestic funding for gender programmes, integration of gender in health and other sectors, etc. • *Monitoring and evaluation*, including formal gender analysis in NSP reviews, as well as community-led monitoring by women, girls and gender-diverse people, including from key and priority populations.	5-7
Gender-responsive interventions—results-based action plan	**Key programming gaps identified in stages 2 and 3**, including those related to particular communities. **Evidence-informed priority interventions** and their alignment with the Political Declaration on HIV/AIDS, Global AIDS Strategy, National Strategic Plan for HIV, Sustainability Roadmap and the HIV strategic investment approach. **Results-based action plan:** • Strategic framework: goal, objectives and interventions. • Monitoring and evaluation: indicators, data collection methods and information system. • Financial framework: costs, funding and tracking. • Implementation framework: implementation plan and budgets. **Advocacy brief**	7-8
References	References cited in the report	2-3
Annexes	**List of participants** (workshops, interviews, validation meetings, other pertinent activities) **Protocol synopsis** for the focus groups, interviews and/or other data collection methods used	5
	Total suggested length	**45–55 pages**

Annex 9. Developing a gender assessment monitoring and evaluation framework

When developing the M&E plan and framework, it is useful to remember that in general, monitoring findings and evaluation findings are used at different times, with different regularity, different resource needs and for different purposes. Both monitoring and evaluation are needed for effective programme management and decision-making. It is insufficient to conduct monitoring without any kind of evaluation and, given the episodic nature of most evaluation studies (with notable exceptions such as developmental evaluation), they are, by themselves, inadequate to support adaptive management of an ongoing intervention. Hence, it makes sense to plan for and implement M&E activities in a manner that draws on their respective strengths.

The GAT steering committee can help enable an M&E group, with representation from women living with and affected by HIV, who can advise on each aspect of the M&E plan and framework.

Principles of gender-transformative monitoring and evaluation

In addition to overall M&E, the implementation of the gender assessment and the resulting changes for women, girls and gender-diverse people, including key and priority populations, means that the M&E process itself should be gender transformative. The following principles should be kept in mind when developing the M&E approach:

- Transformative results for women and girls require the elimination of the structural causes of gender inequalities and discrimination that are embedded in deep-seated social and cultural norms, systems of power and structural inequalities across the intersecting social, political, economic, and environmental domains of the lives of women, girls and gender-diverse people, including from key and priority populations; therefore, measuring progress towards gender equality requires evaluation approaches and methods that are able to manage complexity and context specificity.
- Monitoring and evaluation must explicitly aim to be gender responsive and transformative and follow ethical guidelines, responding to the realities and priorities of women, girls and gender-diverse people, including from key and priority populations,
- The M&E process should be driven by women, girls and gender-diverse people, including from key and priority populations, and centre their inclusion, participation and non-discrimination in the process. It must engage those most affected not only as key informants, but also in designing, planning, review, feedback and communication of agreed results of the evaluation.

- The monitoring and evaluation of implementation of the gender assessment must be integrated into the national M&E plan and aligned with national processes and timelines, including strategic planning, budgeting and mid and end-term evaluations.
- Sufficient resources must be allocated for quality evaluation with trained evaluators who are fully aware and sensitive to the local context, including risks. (37)

Developing an M&E framework

The M&E framework is intended to ensure monitoring of prioritized investments and actions based on the recommendations of the gender assessment. It will draw on the recommendations (stage 4, task 3) and results-based action plan (stage 4, task 5) and align closely with the costing framework (stage 5). It should provide short, medium and long-term indicators or milestones.

Monitoring and evaluation are the two management tools that help in keeping control of business activities as well as raising the level of performance. Monitoring refers to an organized process of overseeing and checking the activities undertaken in a project to ascertain whether or not it is capable of achieving the planned results. Conversely, evaluation is a scientific process that gauges the success of the project or programme in meeting the objectives. Both need to be planned before activities commence, with timelines and resources allocated for regular monitoring as well as periodic measurement of progress towards impact.

Guidance on developing an M&E framework is provided below, along with a template for a results-based M&E framework in Table 8.

A step by step guide to developing an M&E framework

Step 1: Start from the results-based action plan (task 5)

- Define what aspect of the gender-transformative approach (e.g. policy change, community norms, service access) will be monitored.
- Identify which level of change will be measured: individual, community, system, or structural change. The framework should monitor progress towards the achievement of results.

Step 2: Identify indicators to capture progress

- Draw on relevant existing gender indicators from the NSP and other relevant national strategies and plans (e.g. the Global AIDS Strategy, the Global Fund strategy) and monitoring frameworks (e.g. Global AIDS Monitoring), women-led efforts, etc.
- Ensure indicators reflect changes in gender power relations, norms, or systems that perpetuate gender inequalities.

- Integrate community-defined indicators and milestones that reflect the priorities and lived experiences of women, girls and gender-diverse people, including from key and priority populations, and trans people.
- Prioritize indicators that track:
    - Shifts in harmful gender norms or stereotypes.
    - Increased agency and decision-making power of women, girls, trans and marginalized groups.
    - Reductions in gender-based violence.
    - Improved access to gender-equitable services.

Step 3: Use the SMART criteria

Ensure indicators are:

- **Specific**: Clearly define the change being measured.
- **Measurable**: Can be tracked with available or collectible data. Establish the means of verification.
- **Achievable**: Realistic given the programme context. Think about potential assumptions and risks.
- **Relevant**: Linked to gender-transformative outcomes within the HIV response, and/or integration of HIV within gender-transformative programming in other sectors (such as education, social protection, economic empowerment, employment, etc.).
- **Time-bound**: Include a timeframe for expected change. It is important to include milestones for short medium and longer-term changes.

Step 4: Ensure disaggregated and inclusive data

From this step onward, M&E activities will be taken on by others and the steps below can be included by the consultant within their instructions.

- Think carefully about what data sources you are drawing on and whether you need to create new or adapted tools. Be sure to incorporate any data available from CLOs, including women-led, girl-led and key population-led community organizations.
- Plan to collect data disaggregated by sex, age, gender identity, sexual orientation, disability and other relevant variables.
- Ensure data collection tools are inclusive and sensitive to diverse gender identities and experiences.

Step 5: Validate the M&E framework with stakeholders

- Engage women, girls and gender-diverse people, including from key and priority populations, in validating the M&E framework.
- Check that indicators:
  - Resonate with lived experiences.
  - Reflect meaningful progress toward gender equality.
  - Avoid reinforcing stereotypes or stigma.

Step 6: Conduct the M&E

- Follow the M&E plan.
  - Use existing or ongoing M&E and data collection:
  - Draw on surveys that disaggregate data by sex, gender identity, age, and other relevant factors.
  - Draw on community-led monitoring by women, girls and trans people living with and affected by HIV.
  - Use focus groups, KIIs and storytelling methods to capture shifts in gender relations and power dynamics. Support community members as data collectors and analysts to enhance trust and ensure local accountability.
- Build feedback loops and ensure data are used for action:
  - Share findings in accessible formats (e.g. community meetings, radio, visual dashboards).
  - Create joint decision-making platforms between government and women-led community networks and groups to act on findings (e.g. policy updates, funding shifts).
  - Revise the M&E framework based on experiences of using it.

Create a monitoring and evaluation plan

Monitoring

When creating a monitoring plan, think about:

- Who will be conducting monitoring activities over the implementation period of the gender assessment, ensuring that these activities ensure participation and the feedback from women, girls and gender-diverse people, including from key and priority populations, living with and/or affected by HIV.
- How often monitoring will take place.

- When data gathering will take place (aligning with national and sub-national HIV and gender data collection processes and with externally funded review processes).
- Think carefully about what data sources you are drawing on and if new or adapted tools may be needed; ensure these are financially and otherwise sustainable. Be sure to incorporate any data available from CLOs, including women-led, girl-led and key population-led community organizations.
- Data management.
- Data quality assurance.
- Build capacity for monitoring with a gender and rights lens.
- Ensure a dedicated budget for monitoring.

Evaluation

As part of a plan that integrates M&E, decide when an evaluation should begin and end, and base any planning on the principles of gender-transformative M&E. Women living with and affected by HIV should be involved in and advise on decisions about evaluations, and community engagement should be central to the evaluation process.

Once the decision to evaluate has been made, deciding the timing is largely determined by what decisions the evaluation is intended to inform and when the evaluation findings will be needed to be able to do so.

Many organizations refer to mid-term and end-of-term (or final) evaluations. These terms should not be literally interpreted as 'mid-way' and 'at the end' of the intervention implementation period.

A mid-term evaluation often needs to be undertaken very early on (well before the mid-point of a project)—especially with new interventions where it is important to investigate and ensure the quality of implementation.

An end of term evaluation might need to be undertaken well before the end if it is intended to inform a decision about whether or not to continue the funding or scale up an intervention. Or, it might need to be undertaken some time after an intervention ends in order to follow up longer-term impacts and the sustainability of results achieved during implementation.

Managers should think through the use of the evaluation findings and decide when it is most appropriate to conduct the evaluation. Mid and end-of-term/final evaluations can be defined as:

- Mid-term evaluation: Intended primarily to inform improvement of implementation. The aim is to maximize the potential for achieving the intended results at the end of the intervention and identifying lessons learned about implementation to inform future interventions. These evaluations can identify (early signs of) unintended, positive and negative results.

- End of term or final evaluation: Focus mainly on project or programme results and how and why they were achieved (or not) to inform decisions, such as whether to continue the intervention, to improve it, to scale it up or replicate it elsewhere. They can also be used to identify lessons learned to guide implementation and improve results in future interventions.

Table 9. Template for a results-based M&E framework

Purpose/ results	Target or sub-target from the GAS or taken from the results-based action plan: • For instance, 95% of women access sexual and reproductive health services.
Intervention (outcome)	Using one of the examples of prioritized interventions from stage 5, Table 5: • Strengthen integrated, differentiated, gender responsive/transformative SRHR and maternal health services.
Outputs	Produced based on the activity examples in stage 5, Table 5: • Staff have improved knowledge and understanding of gender and HIV-related stigma and discrimination. • Services are available, accessible, acceptable and of quality (AAAQ), as assessed by women, trans and gender-diverse people, including from key and priority populations, living with HIV. • Services have integrated SRHR, maternal health, HIV. • Services have strong referral pathways, including linking with community services and peer support.
Activities	Using the activity examples provided in stage 5, Table 5: • Integrate gender-transformative prevention into the staff training package, including addressing gender and HIV-related stigma and discrimination. • Develop and implement AAAQ service standards and measures. • Ensure services integrate SRHR, maternal health, HIV. • Develop and maintain strong referral pathways, including linking with community services and peer support. • Conduct CLM of SRHR and maternal health services, including by women, girls and gender-diverse people, including from key and priority populations living with/affected by HIV.

Result level	Theme/sub-theme	Indicator	Baseline	Year 1	Year 2	Year 3	Means of verification	Assumptions/ risks
Results	HIV and sexual and reproductive health and rights. Social norms change, including eliminating gender-based violence. Women's participation, voice and leadership. Women and girl's empowerment. Access to justice to address gender inequalities. Adequate and consistent funding for gender equality and HIV.	Consider using gender-transformative indicators from: • Women-led efforts. • Country Global Fund programme • Global AIDS Monitoring. • NSP indicators. • Indicators from other national programmes of relevance (e.g. national gender-based violence plans). • Relevant guidance and checklists.	Ensure that data are disaggregated.				• National population-based surveys (e.g. DHS, MICS PHIA). • Facility and programme data/reports. • Client satisfaction surveys. • Gender assessments.	
Outcome								
Outputs [add a row for each output]								
Activity [add a row for each activity]								

Annex 10. Key Concepts

The GAT uses terms common to the responses to HIV, to sexual and reproductive health and rights and to gender. It seeks to move the HIV response along the continuum from gender blind to gender sensitive and, ultimately, to gender transformative. Key concepts are taken from the 2024 UNAIDS Terminology Guidelines (19), unless otherwise referenced.

Key concepts

Caregivers or carers are people who provide care for a family member, friend or partner who is ill, frail or living with a disability. This could include caring (unpaid) for a person living with HIV.

Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies and that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them. They are determined by and respond to the needs and aspirations of their constituents, often addressing intersectional identities. They include: advocacy, campaigning and holding decision-makers to account; monitoring policies, practices and service delivery; participatory research; education and information sharing; service delivery; capacity-building; and funding of community-led organizations (CLOs), groups and networks. Community-led responses can take place at global, regional, national, subnational and grassroots levels, and can be implemented virtually or in person. Not all responses that take place in communities are community-led. Responses led by key populations, women or youth are all seen as different types of community-led responses.

Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity, develop respectful social and sexual relationships, consider how their choices affect their own well-being and that of others, and understand and ensure the protection of their rights, as well as the rights of others, throughout their lives.

Discrimination is any distinction, exclusion, restriction, preference or other differential treatment based directly or indirectly on the specific grounds of a person's identity and personal characteristics (e.g. race, age, sexual orientation, migrant background, gender identity) with the intention or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or other field of public life. Prohibited grounds of discrimination include, but are not restricted to: race; nationality; sex; gender; sexual orientation; gender identity; gender expression; sexual characteristics; health status; marital status; disability and religion.

Empowerment of women and girls refers to their acquisition of power and control over their own lives. It involves awareness-raising, building self-confidence, and expansion of choices, as well as increased access to and control over resources and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequalities. This implies that to be empowered, they must not only have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and employment), but they must also have the agency to use these rights, capabilities, resources and opportunities to make strategic choices and decisions (for example, through leadership opportunities and participation in political institutions) *(20)*.

Gender refers to the socially constructed roles, behaviours, expressions and identities of women, girls, boys, men and gender-diverse people, including from key and priority populations. It influences how people perceive themselves and each other, how they act and interact and the distribution of power and resources in society. Gender-based roles and other attributes, therefore, change over time and vary with different cultural, political and historic contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of women, men and other genders.

Gender-based violence is any intentional act or failure to act—whether threatened or actual—against a person on the basis of their gender that results, or is likely to result, in physical, sexual or psychological harm. Gender-based violence is committed against women, girls, men, boys, people from sexual minorities and people with gender-nonconforming identities. It may be perpetrated by intimate partners, family members, friends, colleagues, social contacts, strangers and people in positions of authority. Intimate partner violence (IPV) is a form of gender-based violence, defined as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. Intimate partner violence can occur among people of all genders and with current or former partners or spouses. Although IPV can cause harm to people of any gender, it is one of the most common forms of violence against women—approximately one in three women globally experience IPV in their lifetime.

Gender equality—or equality between genders—is a recognized fundamental human right reflecting the idea that all humans have equality of opportunity, regardless of their sex or gender identity, and are free to develop their personal abilities and make choices without any limitations set by stereotypes, rigid gender roles or prejudices. It signifies that there is no discrimination on the grounds of a person's gender identity in the allocation of resources or benefits or in access to services (see discrimination). Gender equality may be measured in terms of whether there is equality of opportunity or equality of results. To achieve true gender equality, historical and intergenerational material and social disadvantages need to be addressed to redress discriminatory disadvantages faced by women, girls and gender-diverse people, including from key and priority populations. Gender equality is a cross-cutting principle and integral to achieving the SDGs, the 2021 Political Declaration on Ending AIDS and the UNAIDS Global AIDS Strategy 2021–2026.

Gender equity refers to the notion of fairness and impartiality in treatment, opportunities and outcomes for people of all genders. It aims to dismantle systemic barriers and biases that disproportionately affect people based on their gender identity, striving for a fair society where everyone has equal access to resources, opportunities and rights. Gender equity seeks to redress historical inequalities, including using measures to compensate for historical and social disadvantages that prevent men and women from operating equally.

Gender expression is the way people externally portray gender through actions and appearance, including dress, speech and mannerisms. Gender expression refers to the ability and degree to which a person can publicly express, show, reveal and live openly as their own personally felt and identified gender. Terms to describe gender expression include 'masculine', 'feminine' and 'androgynous'. A person's gender expression may vary over time, and is distinct from their gender identity, sexual orientation and sex characteristics.

Gender identity refers to a person's deeply felt internal and individual experience of their own gender, which may or may not correspond with what is typically associated with the sex assigned to them at birth. Gender identity exists on a spectrum and is not necessarily linked to a single gender.

Gender-related barriers are legal, social, cultural, historical, political, or economic barriers to the access of services, participation, or opportunities that may be imposed on people or groups based on socially constructed gender roles.

Gender-responsive budgeting is a method of determining the extent to which government expenditure has detracted from or come nearer to the goal of gender equality. A gender-responsive budget is not a separate budget for women but rather a tool that analyses budget allocations, public spending and taxation from a gender perspective and can be subsequently used to advocate for reallocating budget line items to better respond to women's priorities as well as men's, making them, as the name suggests, gender responsive *(21)*.

Gender-responsive programming refers to programmes where gender norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programmes go beyond raising sensitivity and awareness and actually do something about gender inequalities (see Table 1 on gender-responsive and gender-transformative interventions).

Gender-transformative approaches seek to actively examine, challenge and transform the underlying causes of gender inequalities rooted in inequitable social structures and institutions. It aims to address imbalances in power dynamics, rigid gender norms and roles, harmful practices and discriminatory legislative, and policy frameworks that perpetuate gender inequalities. This approach goes beyond treating the symptoms of gender discrimination, such as unequal access to resources and benefits for women, by focusing on the structural determinants of gender inequalities. It encourages

critical reflection and examination among both women and men of gender roles, norms and power dynamics. The goal is to eradicate systemic forms of gender-based discrimination by creating or strengthening equitable gender norms, dynamics and systems that support gender equalities. In the context of HIV, adopting a gender-transformative approach involves working to transform harmful gender norms, prevent gender-based violence, remove gender barriers to services and advocate for gender equality. Gender-transformative programmes recognize and address HIV-related disparities across genders and seek to transform gender norms and stereotypes that increase the vulnerability of people who do not conform to gender norms (see Table 1 on gender-responsive and gender-transformative interventions).

Intersectionality (or intersectional analysis or intersectionality theory) is an analytical tool for understanding and responding to intersecting inequalities. Intersectionality helps to understand multidimensional inequalities and how different identities (age, sex, gender identity, sexual orientation, geographical location, relationship status, health status, socioeconomic status, disability, race, ethnicity, language, religion, education level, and political or other opinions) affect the access to rights, opportunities and services. These intersections produce multiple and distinct experiences among people living with HIV in different contexts, shaping their social identities, vulnerabilities, access to services and well-being. For instance, women, girls and gender-diverse people, including from key and priority populations (defined below), face specific intersecting vulnerabilities that need to be addressed in national responses. The interactions among social stratifiers also play a key role in the levels of stigma and discrimination against people living with HIV and/or those affected by it *(22)*.

Key populations, specifically gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings, are considered by UNAIDS to be the five main groups that are particularly vulnerable to HIV and frequently lack adequate access to services. Key populations can also include women and gender-diverse individuals who inject drugs, and/or are incarcerated, and/or engage in sex work. In all countries, key populations also include people living with HIV. Understanding the specific contexts and needs of key populations is crucial to maximizing gender-transformative responses. These populations often experience stigma and discrimination, including in the form of laws and policies which act to reduce access to services and increase the risk of acquiring HIV. They are among the groups most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere—they are key to the epidemic and to the response. Countries should define the specific populations that are key to their epidemic and respond based on the epidemiological and social contexts (see also 'priority populations').

Masculinities refers to certain behaviours and practices recognized within a culture as masculine regardless of a person's sex assigned at birth. In contrast, femininity is a set of socially constructed attributes, behaviours, expectations and roles generally associated with women and girls. The term masculinities is a learned concept and

does not relate to a person's sexual orientation, gender identity, or sexual characteristics. The behaviours and practices considered to be masculinities change with culture, religion and class over time and with individuals and other factors. Patriarchal masculinities are those ideas and practices of masculinity that emphasize the superiority of masculinity over femininity and the authority and power of men over women.

Men who have sex with men describes cisgender and transgender men who have sex with other men, regardless of whether or not they also have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but who have sex with other men.

Priority populations are those that, in addition to people living with HIV and the globally defined key populations that are important in all settings, countries may identify for their national responses, which may include populations such as adolescent girls, young women and their male partners in locations with high HIV incidence, sexual partners of key populations, people on the move, people with disabilities, indigenous peoples, mine workers, as well as others in specific countries. (23)

Sexual and reproductive health (SRH) means that a person has complete physical, mental and social well-being in all matters relating to their reproductive system and its functions. In everyday life, this means that people have satisfying and safe sex lives, have healthy pregnancies and births, and decide if, when and how often to have children. Access to sexual and reproductive health services is a human right and should be available to all people throughout their lives, as part of ensuring universal health coverage. This not only contributes to improved health outcomes, but also to gender equality and wider development. Sexual and reproductive health programmes and policies include: services for contraception; infertility services; maternal and newborn health services; prevention of unsafe abortion and post-abortion care; prevention of vertical transmission of HIV; diagnosis and treatment of sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; promotion of sexual health, including sexuality counselling; education on safe and healthy relationships; and prevention and management of gender-based violence. *(24)*

Sexual and reproductive health and rights (SRHR) are related to multiple human rights, including the right to life, the right to health, the right to marry and form a family, the right to decide the number and spacing of one's children, the right to be free from violence, the right to be free from torture, the right to privacy, the right to education, the prohibition of discrimination, and the right to control all aspects of one's sexuality as defined in the Beijing Platform for Action (para 96) *(25, 26)*. These rights are fundamental to people's health and survival, to economic development, and to the well-being of humanity. Sexual and reproductive health (SRH) is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not only the absence of disease, dysfunction or infirmity. A positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in the promotion of

self-esteem and overall well-being. The right to sexual and reproductive health is an integral part of the "right to the highest attainable standard of physical and mental health" enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights *(27)*. All individuals have the right to make decisions governing their own bodies and to access the information, goods, facilities and services that support this right. These decisions include those related to sexuality, reproduction and the use of sexual and reproductive health services. Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals. Essential sexual and reproductive health services must meet public health and human rights standards, including the WHO Availability, Accessibility, Acceptability and Quality (AAAQ) framework.

Social inclusion refers to the process by which efforts are made to ensure equal opportunities—that everyone, regardless of their background, can achieve their full potential in life. Such efforts include policies and actions that promote equal access to (public) services as well as enabling citizen's participation in the decision-making processes that affect their lives *(28)*.

Sustainability of the HIV response refers to an approach to plan for HIV responses that are sustainable beyond 2030. The goal of the sustainability approach is to use a transformative lens (including gender transformative) to set out what is needed for a long-term, sustainable response to HIV that has lasting impact. This holistic approach cuts across five sustainability domains: political leadership and commitment; enabling laws and policies; sustainable and equitable financing; science-driven, effective and high-impact HIV services; and solutions and systems built to deliver. By integrating gender equality into sustainability strategies, countries can create a more inclusive, effective and lasting HIV response that aligns with broader health and social development goals *(1)*.

Transgender and gender-diverse people is an umbrella term to describe people whose gender identity differs from that typically associated with sex assigned at birth. The identities of transgender people include men, women, a combination of genders and no gender. Transgender people may or may not access gender-affirming care, including medical care such as hormonal replacement therapy or surgery, and non-medical care. Trans people may self-identify as transgender, female, male, nonbinary, transgender woman, transgender man, two-spirit, hijra, kathoey, waria, or one of many other trans identities. They may express their gender in a variety of masculine, feminine or androgynous ways.

Violence against women is any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Violence against women shall be understood to encompass but not be limited to:

(a) Physical, sexual and psychological violence occurring in the family, including: battering; sexual abuse of female children in the household; dowry-related violence; marital rape; female genital mutilation and other traditional practices harmful to women; intimate partner violence; non-spousal violence; and violence related to exploitation.

(b) Physical, sexual and psychological violence occurring within the general community, including: rape; sexual abuse; sexual harassment in public spaces; and sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women; and forced prostitution.

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs *(20)*.

For further information and clarification regarding key terms used in the GAT, see the UNAIDS Terminology Guidelines. Annex 1 lists complementary resources and documents to support countries in developing their HIV responses at all stages.

Abbreviations and Acronyms

AAAQ	Availability, Accessibility, Acceptability and Quality (WHO)
CCM	Country Coordinating Committee (Global Fund)
CLM	community-led monitoring
CLO	community-led organization
CLR	community-led responses
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women (1979)
CSE	comprehensive sexuality education
CSO	civil society organization
DSD	differentiated service delivery
FGD	focus group discussion
FGM	female genital mutilation
FGS	female genital schistosomiasis
GAM	Global AIDS Monitoring (UNAIDS)
GAS	Global AIDS Strategy (UNAIDS)
GAT	gender assessment tool for national HIV responses (UNAIDS)
GBV	gender-based violence
HPV	human papillomavirus
IEC	information, education and communication
KII	key informant interview
LGBTQIA+	lesbian, gay, bisexual, transgender, queer, intersex and asexual
M&E	monitoring and evaluation
NAC	National AIDS Commission
NGO	nongovernmental organization
NSP	national strategic plan on HIV
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PEP	post-exposure prophylaxis
PrEP	pre-exposure prophylaxis
SDG	Sustainable Development Goal (United Nations)
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
SWOT	strengths, weaknesses, opportunities, threats
UHC	universal health coverage
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

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