Realizing Gender Equity in the PLHIV Stigma Index 2.0

A Gender Advocacy Toolkit

ICW
INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV

THE PEOPLE LIVING WITH HIV STIGMA INDEX

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KEY TERMS AND DEFINITIONS:

Stigma: Negative and harmful attitudes and beliefs, including fear and judgement about people living with or affected by HIV.

Discrimination: Treating people differently, unfairly, or unjustly because they belong to, or are believed to belong to, a specific group.

Gender: Refers to the socially constructed identities of male, female and a range of non-binary identities. Socially constructed means that these concepts of what it means to be female or what it means to be a certain gender have been created and driven by societies and cultures.

- Gender diverse individuals: whose gender identity or gender expression does not conform to socially defined.

Sexuality: or sexual orientation, refers to the emotions and attraction one experiences towards others.

- Heterosexual/Cisgender: Attraction to the opposite sex.
- Lesbian: Attraction between females.
- Homosexual (gay/lesbian): Attraction to the same sex.
- Bisexual: Attraction to both males and females.
- Transgender: Gender is different from your sex assigned at birth

Sex: Refers to the biological characteristics of males and females.

Sexism and Misogyny: Forms of stigma and discrimination that oppress women, transgender people, and non-binary individuals based on their sex or gender identity.

Patriarchy: Social systems and beliefs in which men hold primary power, dominant authority roles, and social privileges, and male superiority is stressed and reinforced. It also includes notions of feminine weakness and rigidly defined gender roles.

Norms: Typically accepted social roles, behaviours, expectations, and beliefs.

ACKNOWLEDGEMENTS

The authors would like to acknowledge the history of activism of ICW networks around the world to confront and transform stigma and discrimination in the lives of women living with HIV over the last 30 years. We are grateful to the women living with HIV advocates and activists whose experiences and wisdom have served as the impetus for this toolkit.

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ICW
INTERNATIONAL COMMUNITY OF
WOMEN LIVING WITH HIV

ABOUT **ICW**

The International Community of Women Living with HIV (ICW) is the only global network by and for women living with HIV. ICW was established in 1992 at the opening of the 8th International AIDS Conference in Amsterdam by women living with HIV in response to the persistent silencing and marginalization of their experiences and concerns. Founded on **12 statements**, the early leaders of ICW declared that communities of women would never again be invisible, voiceless, or ignored within the broader HIV response. Ever since, ICW has been at the forefront of ensuring that women living with HIV are at the centre of responses to HIV and AIDS.

Today, ICW gives voice to and represents women living with HIV, in all our diversity. We operate at the individual, local, national, regional, and global levels. Our networks work in 120 countries and in partnership with 10 regional networks: Asia Pacific, Caribbean, Central Africa, East Africa, Europe and Central Asia, Latin America, the Middle East, and North Africa (MENA), North America, Southern Africa, and West Africa. We are committed to address the multiple oppressions experienced by women living with HIV around the world. In all our work, it is the grassroots voices, the experiences of women living with HIV, our daily struggles and lived realities that inform and shape the ICW agenda.

Learn more at: www.wlhiv.org

ABOUT —THE PLHIV STIGMA INDEX INTERNATIONAL PARTNERSHIP

The International Partnership of the PLHIV Stigma Index 2.0 consists of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Community of Women Living with HIV (ICW), and the Global Network of People Living with HIV (GNP+). The partnership receives technical support from Johns Hopkins University (JHU).

The PLHIV Stigma Index was developed in 2008 by GNP+, ICW, UNAIDS and International Planned Parenthood Federation (IPPF). Since its launch, the PLHIV Stigma Index has been implemented in more than 100 countries with over 100,000 people living with HIV participating in the process.

Learn more at: **www.stigmaindex.org**

ICW
INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV

GNP+
GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

UNAIDS

JOHNS HOPKINS
UNIVERSITY

INTRODUCTION

HIV-related stigma and discrimination continue to undermine the HIV response and fuel the AIDS pandemic. For women living with HIV, experiences of stigma and discrimination are unique and intensified by gender inequity. The PLHIV Stigma Index 2.0 (SI) is a standardized research tool designed to be used by and for people living with HIV to gather critical data and evidence about experiences of stigma and discrimination and the impact on the lives of people living with HIV. Committed to realizing the principle of Greater Involvement of People Living with HIV and AIDS (GIPA), the PLHIV Stigma Index methodology requires the research to be implemented by and for networks of people living with HIV, including networks of women and key populations.

ICW is a founding partner in the development and promotion of the PLHIV Stigma Index. Through our work, we recognized a need to ensure that PLHIV Stigma Index 2.0 research reflects a commitment to gender equity and that the implementations increase their focus on the gendered aspects of stigma and discrimination. If implemented well, the PLHIV Stigma Index can create a critical evidence base for networks of women living with HIV and highlight gendered experiences of HIV-related stigma and discrimination in all its forms. Strengthening the evidence base can help influence decision-makers and ensure that policy and practice reforms meet women's needs.

PURPOSE OF THIS TOOLKIT

This Gender Advocacy Toolkit was created to:

- Strengthen the engagement of networks of women living with HIV in the PLHIV Stigma Index 2.0 implementations.

- Ensure that PLHIV Stigma Index processes:
  a. Reflect the lived experiences of diverse women living with HIV;
  b. Include an intersectional gender analysis; and
  c. Provide useful insight into and relevant policy recommendations to confront and reduce the types of stigma and discrimination experienced by women.

- Support women's advocacy and engagement in key national, regional, and global decision-making spaces, with a goal of making sure that women living with HIV have a voice in the development of policy that affects our lives.

- Strengthen our movement through knowledge sharing, solidarity building.

HOW TO USE **THIS TOOL**

The **Gender Advocacy Toolkit** is designed to provide a step-by-step insight into the key opportunities for networks of women living with HIV to engage in the PLHIV Stigma Index implementations and ensure that all study implementations are responsive to the needs of women living with HIV. The toolkit is structured into four parts and is designed to complement existing PLHIV Stigma Index resources.

PART I **UNDERSTANDING GENDER, HIV & STIGMA**

PART II **ROLES IN PLHIV STIGMA INDEX IMPLEMENTATIONS**

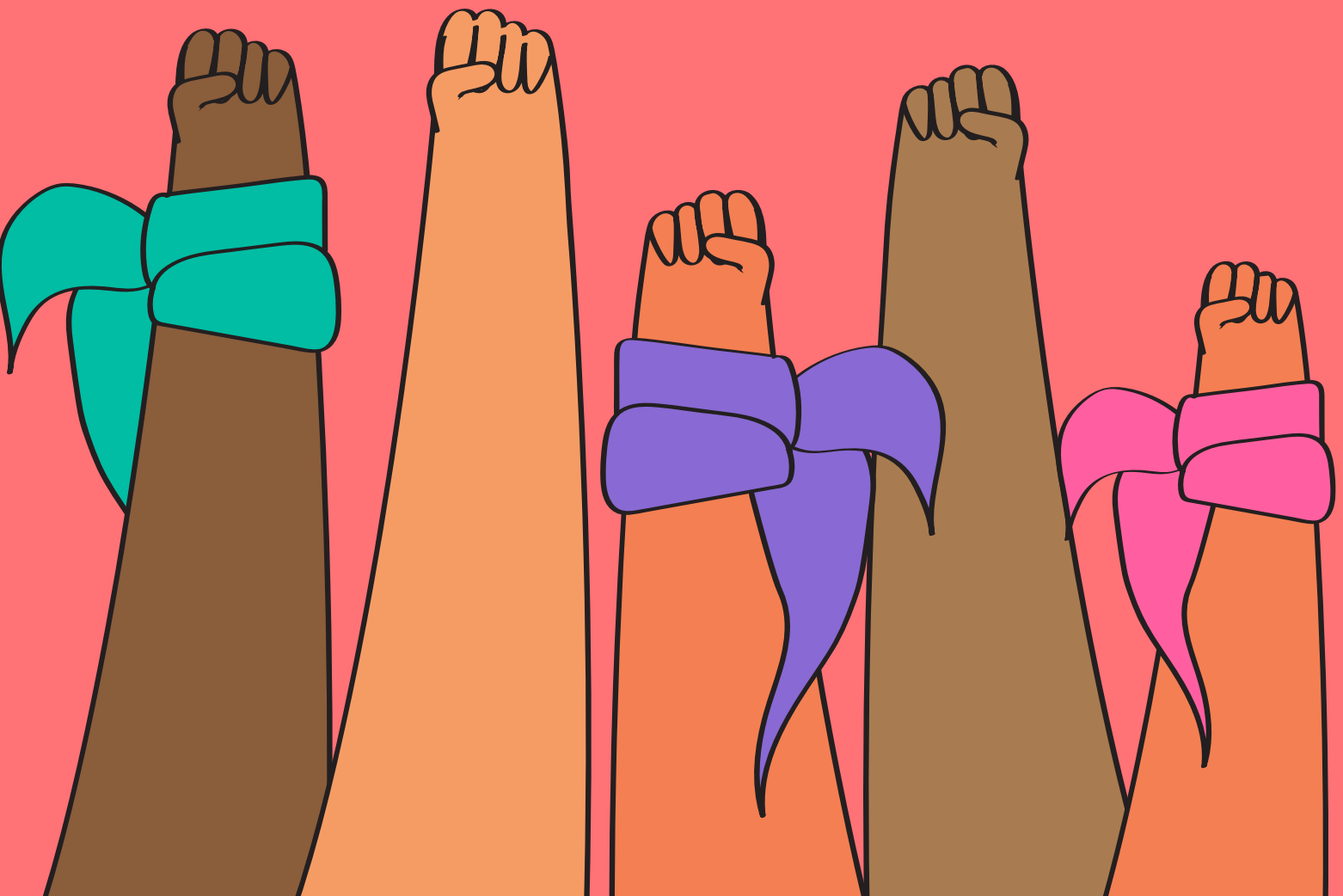
PART III **CONDUCTING AN INTERSECTIONAL GENDER ANALYSIS**

PART IV **COMMUNICATIONS & ADVOCACY**

The core guidance in this toolkit is applicable to ensuring that PLHIV Stigma Index 2.0 implementations reflect experiences of intersectional stigma and discrimination for marginalized groups, including people from key populations, those of diverse gender identities, and particularly for people who may possess multiple identities in marginalized groups.

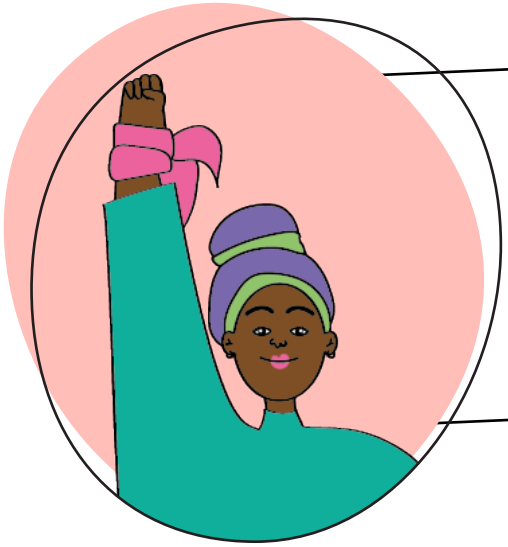
ICW's feminism is inclusive. As such, this toolkit uses the term "woman/women" to be trans-inclusive and apply to any self-identifying woman. Our objective is to reach women living with HIV and women in key populations. We recognize that women in all our diversity experience different, complex, and layered forms of stigma and discrimination. However, this toolkit primarily uses examples based on the experiences of cis-gender women's networks, which is our primary focus and area of expertise.

PART I:
UNDERSTANDING GENDER, HIV AND STIGMA



OBJECTIVE: This section will identify and explore (1) the forms of stigma and discrimination that women experience at the family, institutional, societal and health care levels, and (2) how different identities can intersect and result in unique and layered experiences of discrimination.

Like all people living with HIV, women living with HIV can experience stigma and discrimination based on their HIV status. Stigma can occur at multiple levels, within their romantic relationships, family, social circles, communities, institutions, and even within themselves. However, for women, these experiences of stigma and discrimination can be made worse by women's unequal status in society, as well as harmful and outdated attitudes towards women.



Gender inequality is pervasive and can be found in every community and country. This inequality is at the root of poor health and socio-economic outcomes, especially for women and girls.

Sexist or misogynist attitudes are linked to negative stereotypes about women, as well as rigid or limiting gender roles and may include the mistaken belief that one sex or gender is superior to another. These perspectives also create harm and fuel misogynistic discrimination against people whose gender identities do not conform to outdated concepts of the gender binary (i.e. that there is only masculine or feminine), including gender non-binary people, gender fluid people, and those with queer identities.

LET'S TALK ABOUT GENDERED EXPERIENCES OF STIGMA & DISCRIMINATION

At the **family level**, women, who are frequently the first to be diagnosed with HIV as they access prevention of vertical transmission services, face a wide range of abuse due to their HIV and gender statuses. Women report that they have been physically abused, kicked out of their homes, abandoned and shunned by family members, and experience

economic hardships due to their HIV status. Additionally, women are expected to carry the majority of the housework and household management burden and handle all the care for children, the elderly and other family members.

At **institutional levels**, misogyny influences the prioritization and implementation or omission of public policy interventions. Institutions often promote legal, normative and social frameworks that institutionalize and perpetuate sexism and misogyny at all levels. For example, in healthcare settings, women living with HIV experience persistent stigma in the form of hostile attitudes towards their reproductive rights. Women's experiences of discrimination include a range of human rights violations from breaches of confidentiality, denied essential services, lack of informed consent for testing, treatment or medical procedures, physical abuse by healthcare providers, lack of early and formal access to sex education and even forced/coerced sterilization, contraception, abortion and/or obstetric violence. There are very high barriers for women whose rights have been violated to access justice. Where complaints of stigma and discrimination due to HIV and gender-based violence are brought, they are often not successful and are not followed up.[1] The result is a decrease in the number of complaints by women and a sense of futility.

Women can have **intersectional** experiences of stigma and discrimination, meaning they experience additional layers of stigma and discrimination due to their gender identities, membership in a key population, as well as their socioeconomic status, race, religion, culture, migrant status, etc. For example, discrimination against women who use drugs may be more severe than for men who use drugs because of societal expectations of women as mothers and caregivers. Younger women may face higher barriers to accessing sexual and reproductive health services because of outdated and sexist norms about promiscuity that are not applied to boys. This kind of gendered discrimination can also negatively impact men and boys and gender non-binary people.

To be effective, efforts to confront stigma and stop discrimination must recognize these different and layered experiences. They must reflect an understanding of how gender impacts and intensifies stigma and discrimination with a woman and girl-centred approach. Research or advocacy to address stigma and discrimination against people living with HIV that does not include an intersectional and gendered analysis runs the risk of promoting policy recommendations that will not be effective or meet the specific or unique needs of women living with HIV.

- What comes to mind when you think of **stigma and discrimination**?
- Have you ***experienced stigma or discrimination*** because of your gender?

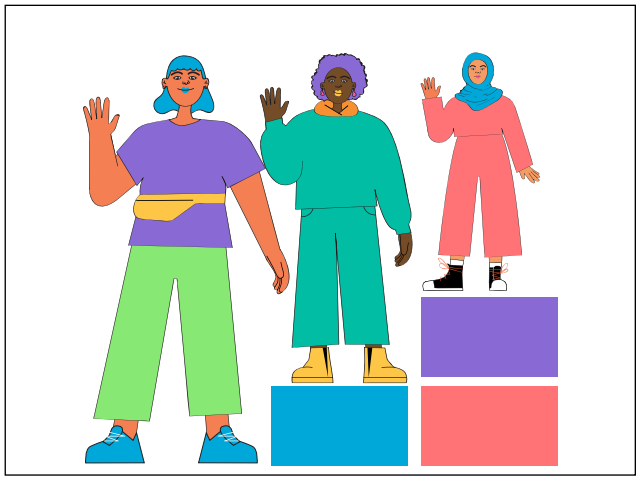
GENDER THROUGH THE LENS OF THE PLHIV STIGMA INDEX

The PLHIV Stigma Index 2.0 can be a powerful tool to measure and explain the dynamics of stigma and discrimination experienced by women, particularly those from key populations. Here are some key data points that explore the experiences of women in recent PLHIV Stigma Index implementations from around the world:

- In **Central Africa**, 93.4% of women surveyed in the 2018 PLHIV Stigma Index were denied access to family planning services. [2]
- **Belize's** 2019 PLHIV Stigma Index identified that a higher percentage of women living with HIV than men experienced discrimination. [3]
- 3.2% of women living with HIV in **Guatemala's** 2017 PLHIV Stigma Index reported that they were forced to terminate their pregnancy, 41.9% said they were forced to have a caesarean-section, and 54.8% said they were forced to change feeding practices for their children. [4]
- In **Moldova**, 50% of women respondents to the 2018 PLHIV Stigma Index reported feeling ashamed because of their HIV status. [5]
- In **Uganda**, 28% sex worker respondents to the 2019 PLHIV Stigma Index said they felt that family members have made discriminatory remarks or gossiped about them. [6]
- In **Côte d'Ivoire**, based on the 2016 PLHIV Stigma Index, the majority of people who suffer from internalized stigma are women, with 35.2% feeling shame, 27.7% blaming themselves, and 11.8% blaming others for their HIV status. [7]
- In **Cambodia,** based on the 2019 PLHIV Stigma Index study, 34% of women did not know that there are laws for protecting people living with HIV from discrimination, while 5% of them said there are no laws at all. [8]
- In **Jamaica,** based on a 2020 PLHIV Stigma Index, 52% of women who have sex with women reported having experienced some form of stigma or discrimination due to their sexual identity and/or practices. [9]
- In **Kenya**, nearly 18% of sex workers living with HIV reported having avoided seeking healthcare services due to fear of being identified as sex workers and 20% of transgender respondents living with HIV reported avoidance of healthcare services to avoid disclosing their gender identity.[10]
- In **Jamaica**, based on the 2020 PLHIV Stigma Index, the incidence of symptoms suggestive of major depression and anxiety was reported to be higher among those who were transgender or non-binary with 25%. [11]

EQUITY LEADS TO EQUALITY [12]

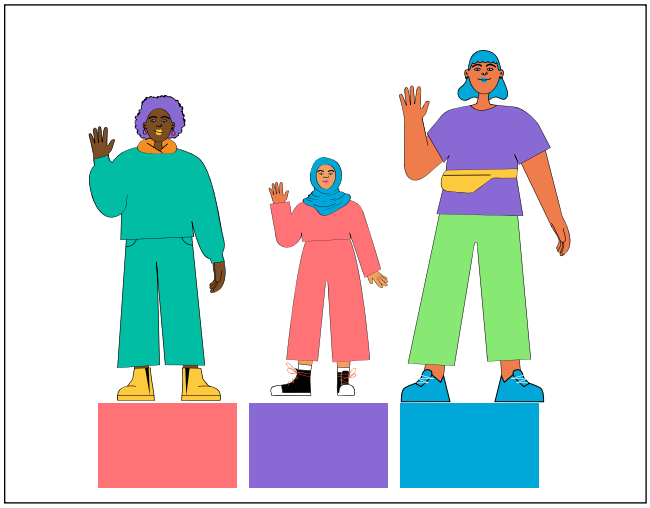
What is the difference between Gender Equity and Gender Equality?



EQUITY

Gender equity is the process of ensuring that women and men are treated fairly. To ensure fairness, efforts must correct for historical and current social obstacles that prohibit women and men from competing equally. Equity leads to equality. Gender equality requires women and men to have equal access to socially valuable products, opportunities, resources, and incentives.

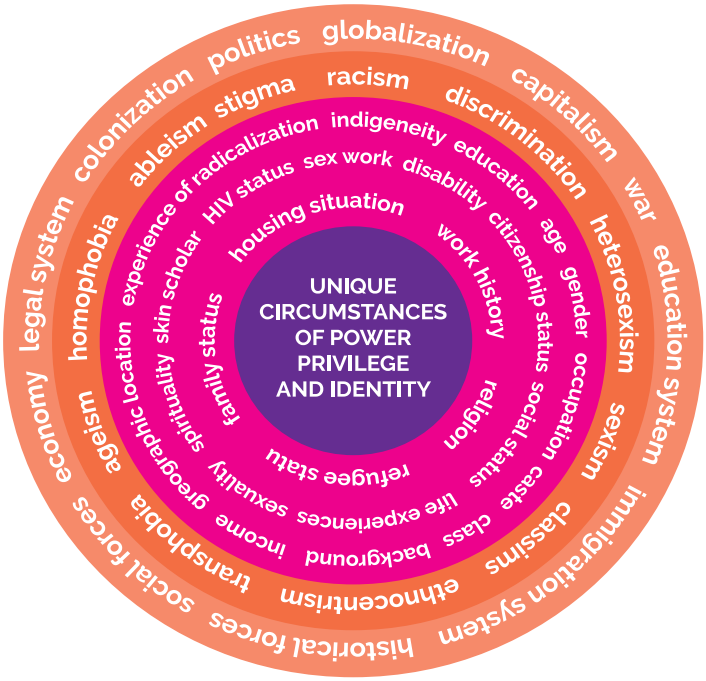
Gender equality is the principle of equal rights and opportunities for all, regardless of gender. It aims to eliminate discrimination and ensures that everyone has the same access to resources and benefits. Gender equality challenges societal norms and aims for a fair distribution of power and responsibilities between genders. It does not mean that women and men become the same, but it instead it points toward a society where gender doesn't limit one's potential or their abilty to freely pursue their goals.



EQUALITY

BREAKING DOWN INTERSECTIONALITY

Intersectionality is a very useful framework to help recognise and analyse the ways in which different identities or membership in a marginalized group, such as key populations, and other individual characteristics "intersect" and interact with one another. These overlapping identities can result in different and layered experiences of discrimination. Understanding how these characteristics and experiences intersect can help us understand layered experiences of structural and systemic discrimination and inequality and assist us in developing better strategies to confront stigma and eliminate discrimination.



In this visual, the innermost circle represents a person's unique circumstances, the second circle represents aspects of individual identity, the third circle represents different types of discrimination and attitudes that impact identity, and the outermost circle represents larger forces and structures that work together to reinforce exclusion.

Think about how different identities create layered stigma and what this could mean for how we think about responding to different kinds of stigma and ensuring we eliminate stigma for all people living with HIV including those from key populations.

Diagram: Intersectionality,
Adapted from the Canadian Research Institute for the Advancement of Women [13]

ENGAGEMENT ACTIVITES: PRACTICE IT!
Activity #1 : Questioning What we Hear
Activity #2 : Layers of Oppression

"There is no such thing as a single-issue struggle because we do not live single-issue lives"

Audre Lorde
Writer, feminist, womanist, librarian, and civil rights activist.

THINGS TO THINK ABOUT:

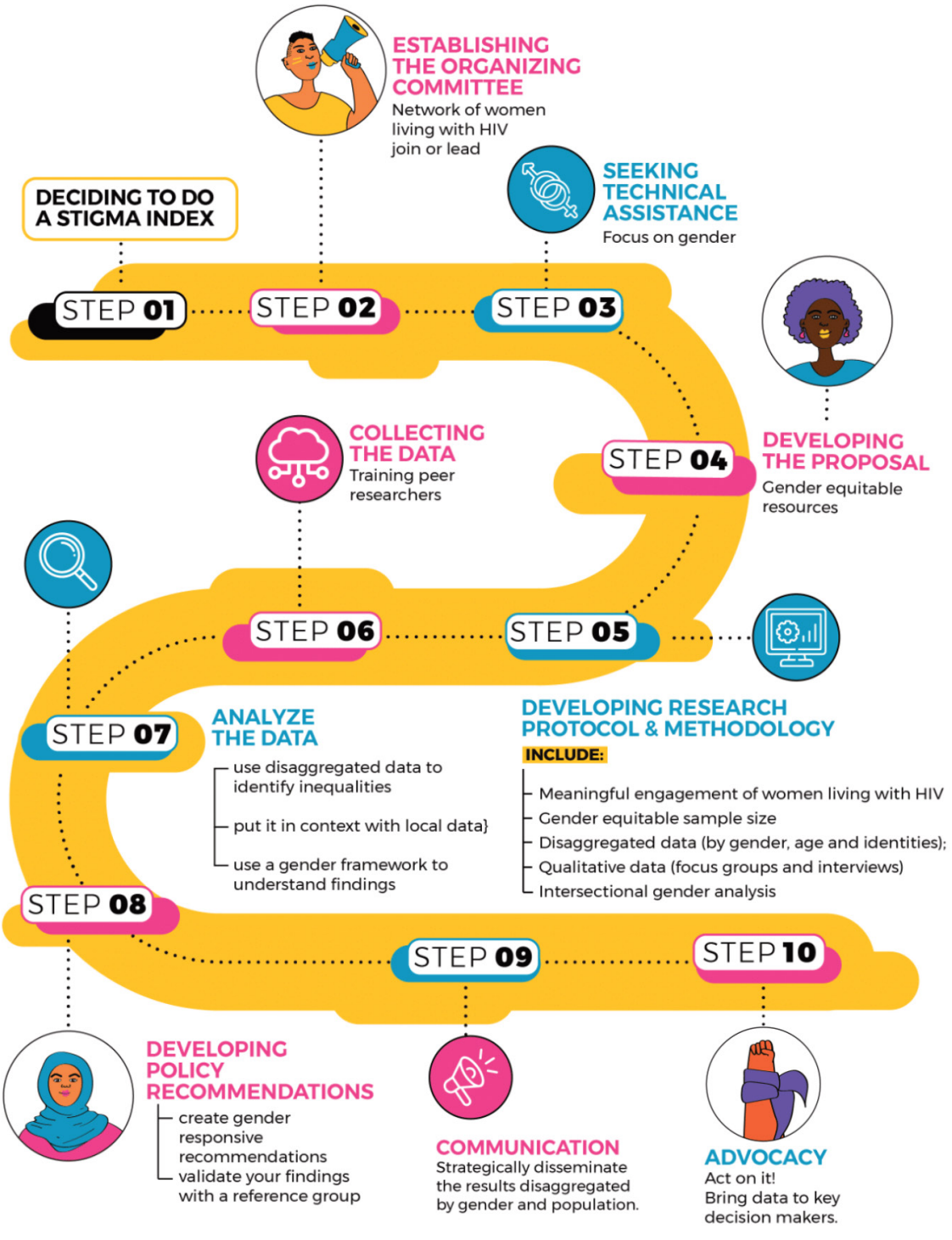
How do gendered societal and cultural norms interact at the personal and social level for women who are living with HIV?

How should efforts to confront stigma and discrimination create space for intersectionality or layered experiences of marginalization?

PART II:
YOUR ROLE IN THE PLHIV STIGMA INDEX IMPLEMENTATIONS

OBJECTIVE: **This section will elaborate on how to apply the gender lens to the PLHIV Stigma Index 2.0 process. It will explore (1) how to participate in the Steering Committee, (2) how to develop the research protocol, (3) the importance of disaggregated data, (3) tips for undertaking a qualitative study, and (4) problem-solving examples of study implementation.**

STEP BY STEP THROUGH THE INDEX 2.0

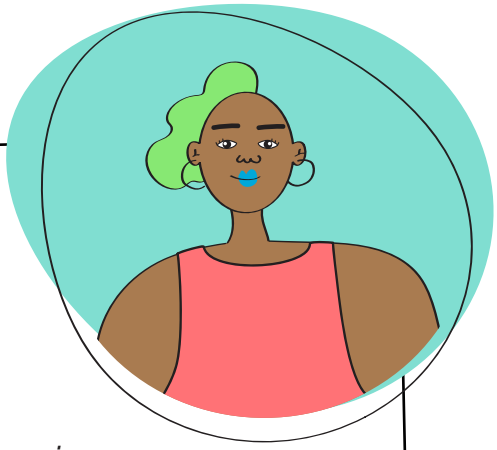


STEPS 1 & 2:
LET'S GET STARTED

Bottom Line Up Front: Networks of **women living with HIV** should be **engaged and consulted** in the initial decision and planning process for conducting a PLHIV Stigma Index in the country, including in the leadership and planning of the study, as interviewers, participants, and in the research team that conducts that analysis.

If a PLHIV Stigma Index is being planned in your country, advocate for a position on the Stigma Index implementing network or Steering Committee.
But you don't need to wait to be asked!

Your network can take the lead!



LEADING A PLHIV STIGMA INDEX 2.0!

The lead organization(s) will be responsible for initiating the PLHIV Stigma Index 2.0 study, from fundraising writing, writing the protocol, training the interviewers, coordinating the interviews, capturing and analyze the data, to creating an advocacy plan based on the disaggregated data.

Networks of women living with HIV are increasingly leading PLHIV Stigma Index implementations.

TIP! What should you do if you are experiencing or think you will confront sexism, misogyny or other negative patriarchal norms or gender inequalities in the PLHIV Stigma Index process? Developing a set of shared principles for partnership, including agreement on things like equality, transparency, consensus driven decision-making and conflict resolution, is essential to creating the space for dialogue early on and creating avenues for resolving inequality if it manifests in the PLHIV Stigma Index implementation, whether your organization is the lead or not!

THINGS TO THINK ABOUT:

Which network(s) decided to conduct the PLHIV Stigma Index and why?

Are networks of women living with HIV engaged?

STEP 3:
SEEKING TECHNICAL ASSISTANCE

TIP! Seek technical assistance from the International Partnership (GNP+, ICW and UNAIDS with the support of John Hopkins University), as all PLHIV Stigma Index 2.0 implementations must go through quality control review and ensure alignment with the non-negotiable principles.

ICW offers guidance on the process and can provide technical assistance, including offering a Gender Advocacy Toolkit Workshop to the entire organization. Create an opportunity to learn from networks of women living with HIV who have engaged with the PLHIV Stigma Index previously.

CONTACT: info@wlhiv.org or visit wlhiv.org. We can share with your network the concept note template for fundraising, implementation guidelines, and the non-negotiables.

STEP 4:
DEVELOPING A PLHIV STIGMA INDEX 2.0 PROPOSAL

Networks of women living with HIV should be included and supported in the fundraising strategy and given resources for their engagement and expertise. Ensure that there are paid positions designated for diverse women and girls living with HIV and that the funding proposal also takes into consideration allocating resources for specific costs to support women's participation in the research (e.g. childcare costs, data packages, transportation, and follow up counselling services for researchers and research participants) as needed.

THINGS TO THINK ABOUT:

Are networks of women living with HIV being adequately resourced to be meaningfully engaged in the PLHIV Stigma Index 2.0 process?

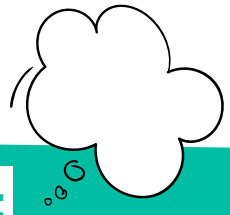
STEP 5:
DEVELOPING THE RESEARCH PROTOCOL
WITH A GENDER LENS

The next step is to develop the research protocol. The protocol is the detailed plan of the study, it should outline the objectives or goals of the study, how the methodology will be carried out and how the data will be managed and analysed. The research protocol describes things like:

- Which geographical areas will be included in the research (e.g. urban or rural areas);
- The methodology (how you will do the research and how you will recruit participants);
- The sample size (the number of people who will provide information for the study) and ensuring gender equitable representation within the sample;
- The recruitment plan for:
    - Women as researchers and interviewers.
    - Women as study participants.
- Data disaggregation (e.g. gender, age, key population, geography);
- Data analysis
    - Qualitative research
    - Quantitative research
    - Intersectional gender analysis;
- Ethical considerations; and
- Advocacy and dissemination plans.

It is critical that during the development of the protocol there is an agreement and plan for **Gender Disaggregated Data**. However, breaking the information down by gender is often not enough to get the full picture. You may consider disaggregating the data by other factors, including age, economic status, education, and key populations.

TIP! **Gender is not only important for women's groups – everyone should be thinking about gender. Seeing the experiences of diverse people living with HIV in your community, including those who are: young, older, trans women, trans men, non-binary and gender queer people, lesbian, bisexual, queer, intersex, asexual, sex workers, refugees, migrants, displaced, people who use drugs, racial and ethnic minorities, indigenous, disadvantaged, poor, less educated, rural dwellers, or those living in urban informal settlement. How does gender impact their particular experiences of stigma and discrimination?**



THINGS TO THINK ABOUT:

How will we engage and support women living with HIV to collect data?

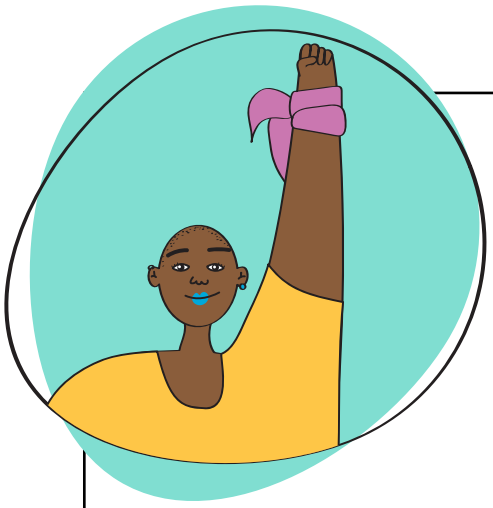
Does the plan for analysis include disaggregating the data by age and gender?

Are there other data breakdowns that need to be considered? What about women in key populations?

Do you plan to include qualitative research to complement and explore the PLHIV Stigma Index study findings?

What topics do we anticipate or hope to explore more deeply through qualitative analysis?

How will we contextualize and validate our findings?



DO WE NEED TO DIG DEEPER INTO GENDER ISSUES?

As you are developing the methodology, you may also want to consult with your network and/or members about stigma and discrimination related issues that should be explored further or that you feel may be overlooked. What experiences have women reported anecdotally? Could it be an issue to explore more?

QUALITATIVE DATA – FOCUS GROUPS DISCUSSIONS, INTERVIEWS & CASE STUDIES

Qualitative data and stories of women's experiences are very helpful to better understand the quantitative data and numbers being presented from the research. If qualitative research was not included in the original PLHIV Stigma Index methodology, networks of women living with HIV can consider conducting focus groups discussions and key informant interviews to support the analysis of the study results.

ADDITIONAL QUESTIONS

In some PLHIV Stigma Index implementations, national coordinators of the study determined that they had a short list of issues that were not reflected in the standardized questionnaire. The PLHIV Stigma Index consortium can considered including a small set of targeted additional questions* to the survey in order to explore topics not covered in the quantitative data. Any additional questions should be carefully worded, with the objective to ask the smallest number of questions you can to get the information you need.

You must check in with the International Partnership before including additional questions - *This will be important later when we get to the Gender Analysis section!

THINGS TO THINK ABOUT:

What experiences and stories need more attention and focus?

What experiences could shed light on what it is like to experience stigma and what are the impacts of stigma and discrimination on individuals?

Is the collection of women's stories through interviews and qualitative research part of the protocol? Does it have a gender lens?

STEP 6:
IMPLEMENTING THE RESEARCH

While implementing the research, there will be opportunities for strong participation of women living with HIV, as a part of the research team, as interviewers, supporting the recruitment of participants, and ensuring the practices and processes for interviewing are gender sensitive and support women to share their experiences.

During this process, it will be useful to consider early on how you will approach:

- Conducting an intersectional gender analysis (how you will disaggregate the data and identify key analysis areas);
- Developing policy recommendations, including gendered policy recommendations;
- Developing and implementing an advocacy plan to act on policy recommendations; and
- Developing the work plan, timelines and final budget.

THINGS TO THINK ABOUT:

Are women represented in the peer interviewer?

Are gender considerations part of the training topics?

How will we reach women who we need to hear from?

TIPS FOR A GENDER EQUAL IMPLEMENTATION

ETHICAL REVIEW:

The research protocol should incorporate disaggregated data based on age, key population and gender as a minimum requirement before it is submitted for ethical review, as it cannot be changed once approved.

IMPLEMENTATION:

Women living with HIV should be involved in all roles and steps, including being involved in the country coordinating team, being members of the Steering Committee, being interviewers, being part of the data analysis team, being interviewees and participate in the planning part of the advocacy plan.

RECRUIT INTERVIEWERS:

Apart from the fact that training is important to clarify concepts related to the PLHIV Stigma Index Study, such as interviewing techniques, it is also important to look at ethical concepts, gender sensitization, and human rights.

RESEARCH TEAM:

To consider the intersectionality of people living with HIV is to consider the experiences of all women living with HIV in their diversity. The disaggregation of data is vital to have a broad context of what is happening in the population and how you can make an effective advocacy plan.

DATA COLLECTION, ANALYSIS AND DISAGGREGATION:

All data should be disaggregated for gender, key population and age, which includes transgender, intersex and non-binary individuals. It is also beneficial in many contexts to include further disaggregation about class, race, and/or ethnic groups, and if women are from key populations.

GENDER ANALYSIS & VALIDATION:

To understand the study data and ensure that the findings reflect the realities of women living with HIV, the analysis should be approached through a gender framework. This approach aims to address the question of how stigma and discrimination specifically affect women.

DEVELOPING POLICY RECOMMENDATIONS:

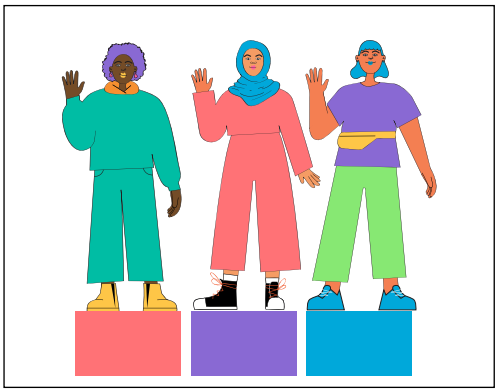
Once you have a solid set of findings with revelant context, it is useful to consider convening a reference group of community representatives to help validate the findings and develop appropriate policy and practice recommendations.

A GENDER EQUITY CHECKLIST

STEPS	QUESTIONS TO ANSWER	☑
GETTING STARTED	Is a network of women living with HIV represented in the PLHIV Stigma Index Steering Committee and coordination team?	☐
PROPOSAL DEVELOPMENT	Are resources allocated to women's participation and /or paid positions for women living with HIV in the financial proposal?	☐
PARTNERSHIP	Will you seek guidance from the International Partnership of the PLHIV Stigma Index?	☐
PROTOCOL	Does the protocol include input and agreement from the all PLHIV Stigma Index International Partnership members? Does it have a gender lens and a plan to disaggregate the data by age, key population and gender, and conduct a gender analysis?	☐
STEERING COMMITTEE	Is the steering committee composed of more than one network representing all the diversity of people living with HIV? Is a women's network involved?	☐
LEADERSHIP TEAM	Are women and/or younger women living with HIV playing a strong role on the leadership team? If not, what are the barriers to women's participation? How can they be overcome?	☐
SAMPLING	Does the target of women in the sample size reflect strong and gender equitable inclusion of women? Are women from key populations included?	☐
ETHICAL REVIEW	Who will conduct the ethical review of the protocol? With what research institution are you working with? Does the research institute have a commitment to conducting research to advance the health of women? Do they have women researchers and/ or a track record of working with community?	☐
RECRUITMENT	Are women represented in the interviewers team? Are gender considerations part of the training topics?	☐
RESEARCH TEAM	Are women represented in the research team?	☐
GENDER ANALYSIS	Will you conduct an intersectional gender analysis and include a specific section that highlights the context of women living with HIV and/or intersectional discrimination?	☐
ADVOCACY PLAN	Is there a specific section for advocacy on the issues facing women living with HIV? Do women have a role in decision-making around advocacy?	☐

TROUBLESHOOTING:
GENDER INEQUALITY

ICW has documented PLHIV Stigma Index implementations around the world where there have been challenges ensuring that women living with HIV are meaningfully included in the PLHIV Stigma Index design, implementation, and advocacy processes.



EQUALITY

We identified some common issues that networks of women living with HIV have highlighted throughout the over 15-year history of the PLHIV Stigma Index study. Many of these challenges mirror existing institutional, structural, and societal gender inequalities.

In this section, we offer some suggestions to prevent and address gender disparities if/ when they arise within the PLHIV Stigma Index implementations.

TIP! **All community-led research is important not only to implement the research, but also to build trust in the community. Therefore, it is important that the team of interviewers be representative of the communities to be targeted. It'll be easier for young women living with HIV to talk to other women about stigma, violence, sexual rights, pregnancy, etc.**

ENGAGEMENT ACTIVITES: PRACTICE IT!

Activity #3 Advocating for Women at the Table Role Play

Activity #4 Setting Boundaries - I can do this. But I cannot do that

What follows are some typical challenges and examples of how networks and the International Partnership PLHIV Stigma Index have addressed them:

SCENARIO 1:

Networks of women are not supported to be engaged in the leadership of the PLHIV Stigma Index.

Most PLHIV Stigma Index implementations have a few women who participate at some level of the leadership process, but, in many cases, networks of women living with HIV and politicized groups are often excluded, tokenized or their actual influence is limited. Perhaps, women's viewpoints or suggestions for the planning or implementation are frequently ignored or overlooked. Where networks of women living with HIV are included, they are often under-resourced and under-funded, making it nearly impossible to participate meaningfully in the process.

If women's networks are not engaged, it already speaks to larger systematic gender inequalities not only in the country, but within the HIV response. In other cases, exclusion exists when the only members of the team who are paid for their work are men or consultants who are not living with HIV. If this is the case, it is very important to raise this issue in the PLHIV Stigma Index leadership meetings at the country level.

> *"In the country level, the women's network doesn't really have technical support or guide us in the process of advocacy. When the PLHIV Stigma Index started, we were involved in the initial meeting, but it was mostly tokenism... the second meeting, we felt that we were being left behind, as this meeting has to be decided the country coordinator, we wanted to be part as everything goes under the lead team as all the information goes through the coordinator team, we ended up being co-coordinators. We advocate to be part of the leadership, and ICW and GNP+ gave us technical support."*
> **- PLHIV Stigma Index National Implementation Team, Nepal**

TIP! ADVOCATE FOR YOUR TEAM! DON'T BE AFRAID TO SPEAK UP. IF THEY WON'T SUPPORT GENDER EQUITY - SPEAK OUT AGAIN!

SCENARIO 2:

The protocols and planned methodology include limited information or focus about gender or data disaggregation.

All the protocols for the PLHIV Stigma Index are drafted and submitted to the International Partnership for review and feedback. Many protocols do not have a strong gender lens or commitment to ensuring that gender will be a key element of the research. In these cases, ICW and partners make comments and suggestions about how to strengthen gender in the protocols, from increasing the proportion of women in the sample size, engaging with networks of women living with HIV, to asking for a data disaggregation plan. In some cases, if there are serious issues with the implementation of the PLHIV Stigma Index the International Partnership can intervene.

DEMAND DATA DISAGGREGATION!

SCENARIO 3:

All the interviewers are men, leading to women respondents not feeling comfortable sharing their lived experiences with them.

As women living with HIV, we have specific issues that we experience that can be very hard to talk about and sometimes these issues can be difficult to share with men. In many cases, issues around gender-based violence, abuse, sexual and reproductive health and obstetric violence become very difficult to talk about in front of men or with men observing. Like all community-led research, it is important to not only implement the research, but also build trust in the community. Therefore, it is imperative to have the team of interviewers be representative of the communities they will be targeting. This gender sensitization should also be included in the interviewers' training.

"From the moment it was announced that the country would develop a PLHIV Stigma Index study, ICW Argentina requested to be involved in the area of data collection, interviewers and implementers. ICW was also part of the Data Validation Workshop and bi-weekly meetings for the Advocacy Plan with RAJAP, Ministries of Health, ATTTA and UNDP. By doing this we saw that women living with HIV were more likely to participate in the research which the network can use for future advocacy. They also advocated for the inclusion of a section on women in the final report with disaggregated data."

Mariana Iacono, ICW Argentina National Coordinator and Cintia Gerez, PLHIV Stigma Index Northwest Supervisor

SCENARIO 4:

The PLHIV Stigma Index report was completed in our country, but women living with HIV were not involved. The final report has limited information about gender.

If the final report for the PLHIV Stigma Index has little information about gender, networks of women living with HIV could request the raw data (depending on the ethical approval requirements) and if possible, get the data disaggregated for a gender analysis and do a shadow report with the findings. In cases where there is almost no data disaggregation, this lack of consideration could be used as an advocacy tool to try to re-analyse existing data or even redo the PLHIV Stigma Index in the country. Networks could also build on the small focus in the PLHIV Stigma Index, by conducting a qualitative study that would use focus group discussions and in-depth interviews to explore specific issues and supplement the PLHIV Stigma Index report.

In one country, women living with HIV were part of the lead team implementing the PLHIV Stigma Index, but they had some challenges during the process. The biggest complication came with the external research consultant, who did not accept the leadership and involvement of the networks of people living with HIV during the data analysis and final report drafting. The national study coordinator contacted the International Partnership to assess possible solutions, which resulted in working with another researcher who did involve them at every stage of the process. In order to have meaningful and useful data, they will begin the qualitative research process again. Technical assistance, including budget planning is available through the International Partnership to develop useful data-that reflects a gender lens.

SPEAK UP WHEN THERE ARE PROBLEMS!

PART III:
CONDUCTING AN INTERSECTIONAL GENDER ANALYSIS

OBJECTIVE: This section will discuss how to conduct a gender analysis of the data. It (1) explains in detail what is meant by an analysis of disaggregated and gender-based data, and (2) provides pointers on how to make relevant interpretations that can be used for advocacy and communication plans.

STEP 7:
ANALYZING THE DATA

Now that you have completed the data collection, potentially including qualitative research, an analysis of the study findings will provide insight into the scale and impact of stigma and discrimination, as well as what interventions could reduce them.

Understanding how many people experience a specific form of stigma or discrimination is incredibly important in efforts to confront and change norms and actions. However, sometimes the numbers and percentages don't tell the whole story. They can't describe how experiencing stigma feels, they can't easily give details about the forms that stigma takes, or capture the diverse kinds of impacts women living with HIV may experience. Importantly, they can't illustrate well the intersectional and layered experiences of stigma experienced by women, men, and gender-non-binary people.

Likewise, it is insufficient for a study to simply present comparative statistics stating, for example, that a percentage of women living with HIV are experiencing a specific kind of stigma and/or discrimination as compared to men. We need to reflect on the context and lived realities of women to understand why and how this stigma occurs so that we can formulate useful recommendations to end it.

Understanding datasets and how to interpret them

Talking about numbers, percentages and data tables might feel overwhelming or intimidating but don't be afraid! Let's dive into what we mean when we talk about gender-based data analysis.

First, the data officer and/or the research partner will provide support to digitize and clean the data before any analysis of the findings can be conducted.

How to display the data

When using the data already cleaned by the data officer, the research partner will most likely display them in tables. They are often used to present figures as a summary or as a starting point for comparison, interpretation, and discussion.

For each indicator[14] in the study, you will find a table, graph or chart that will display the number of respondents who answered the questions. Knowing how to read the rows, columns, and headers of a table will help you understand what facts are displayed and how they relate to one another. Columns and rows labeled as 'total', typically represent the sum or product of other rows and columns.

Florin

Table 1: Specific actions taken by participants because of living with HIV within the last 12 months of survey by sex assigned at birth.

Specific action	Female n (%) N=540	Male n (%) N=387	Total n (%) N=927
I decided not to have sex	93 (17.3%)	48 (12.3%)	125 (15.6%)

For example, if we look at the Table 1 of the fictional country of Florin, they implemented the PLHIV Stigma Index 2.0 with a sample size of 927 participants, they presented the data disaggregated by sex assigned at birth (female/male). The number of men and women equals to the total of 927 (100%) participants. We can see that 15.6% of participants decided not to have sex. We can then conclude that a higher proportion of women avoided sex compared to men (17.3% vs 12.3%).

Meanwhile, Table 2 below, shows further disaggregation by sex assigned at birth. This time, it helps us evidence that women (42.6%) are more likely to struggle in meeting their basic needs due to their HIV status than men (22.0%).

Table 2. Ability to meet needs negatively affected by HIV status by sex assigned at birth

	Sex assigned at birth		
	Female n (%) N=446	**Male n (%) N=481**	**Total n (%) N=927**
No	256 (57.4%)	375 (78.0%)	631 (68.1%)
Yes	190 (42.6%)	106 (22.0%)	296 (31.9%)

According to the PLHIV Stigma Index methodology, the study identifies four principal key populations: gay men and other men who have sex with men, transgender people, sex workers, and people who use drugs. At least 25% of the participants should be from these groups. Therefore, the study shown above with 927 participants in total, with at least 232 people from these groups.

Table 3. Ability to meet needs negatively affected by HIV status by key population					
	Sex workers n (%) N=76	**Gay men and other MSM n (%) N=50**	**Transgender people n (%) N=34**	**People who use drugs n (%) N=85**	**Total n (%) N=232**
Yes	27 (35.3)	11 (22.2)	14	10 (11.8)	59 (25.4)*
No	49 (64.7)	39 (77.8)	20	75 (88.2)	173 (74.6)*

*Please note that in the category KP, one person can have multiple identities (f.ex. a sex worker can also be transgender and/or a drug user, etc.)

Sometimes one person can belong to more than one group. For instance, a person could identify as both a sex worker and a transgender woman. Among the 232 participants in Table 3, each of them belongs to at least one of the four key population groups. Since some of these people fall into multiple groups, the total participants in each key population group combined adds up to 245 participants, which is more than 232. Therefore, we can deduce that there are 13 participants who are part of more than one key population group.

To ensure proper data presentation, it's advisable to have the first table display disaggregated data by sex assigned at birth (female / male), including the total number of participants (as shown in Table 2). Additionally, there should be another table presenting data disaggregated by the four key population groups, without including the total number of participants but rather the total number of key population (as seen in Table 3). This approach allows for a more accurate appreciation of the data and ensures the right total numbers are used.

We also recommend conducting a broader analysis of the characteristics of people living with HIV. For example, consider including information about migrant workers, partners of migrant workers, indigenous people, or any other vulnerable identities. This expanded analysis will help further explore systematic inequalities within the country.

For data interpretation, focus on the inequalities and the differences to make sense of and build the country context on the situation of women living with HIV.

Shedding light on hidden numbers:
Data analysis often highlights the "positive" findings, particularly when it comes to women. For instance, a report might indicate that 55% of study participants have not faced coercion to receive contraceptives. However, a more critical insight emerges when we consider that 45% of women living with HIV report facing coercion in accessing contraceptives. We should shift our focus to the implications of these findings, highlighting rights violations and identifying needs for policy reform and remedial actions to reduce stigma and discrimination.

Even if the data point does not specifically pertain to women, it can still impact our decision-making and quality of life. Instead of stating that 30% of health service providers have received sensitization in sexual and reproductive health, it is more impactful to highlight that 70% of health personnel have not undergone such sensitization.

REMEMBER! The importance of advocating for gender-disaggregated data, as well as data breakdowns by age and membership in key population groups. Approaching data analysis with a focus on the experiences of stigma and discrimination and can support the development of more effective policy recommendations.

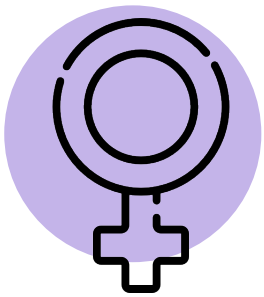
How do we interpret the data to gain an understanding of the situation of women living with HIV? Divide the data analysis into four sections.

1) Disaggregate the data by gender and/or key population in the database that the research partner has already created to explore the potential inequalities.
2) Contrast and compare proportions.
3) Present the data to illustrate the findings using percentages and data tables.
4) Interpret the data using the guiding questions for your analysis area.

TIP! You can consult the research partner and/or statistician on key terms to understand gender analysis (e.g.: indicators, mean, median, average, etc...).

UNDERTAKING A GENDER ANALYSIS can help us to make sense of all the information we have and assist in helping you understand the different impacts of experiences of stigma and discrimination.

What is a gender analysis?



Gender analysis is a process of examining the differences in experiences, roles and norms for women and men, girls and boys, gender non-confirming individuals and "the different levels of power they hold; their differing needs, constraints, and opportunities; and the impact of these differences in their lives."[15]

For example, the survey responses may indicate that only 40% of women living with HIV feel comfortable feel safe talking with a healthcare provider about their HIV status, which means 60% of women are reporting that they do not feel safe talking with their healthcare providers. Conducting a gender analysis can provide deeper insights into the underlying context. The analysis may uncover experiences where a woman fears violations of her confidentiality, or resists experiencing a lack of autonomy around her reproductive decisions or reports of degrading or stigmatizing remarks about her HIV status.

THINGS TO THINK ABOUT:

How will we make sure our analysis captures gendered and intersectional experiences of stigma and discrimination?

Why do we need an Intersectional gender analysis?

A gender analysis within the PLHIV Stigma Index is an exploration of the qualitative, quantitative, and any secondary data to understand gender inequalities (e.g. power dynamics and gender privilege) and the ways in which biases, harmful norms, and even specific tactics (e.g. violence or discrimination) uphold and reinforce inequality and undermine the rights and privileges of women and girls. By understanding how these power dynamics and disparities impact experiences of stigma and discrimination, particularly as a part of the broader analysis of the survey responses, an Intersectional Gender Analysis provides a critical framework to understand the layered stigma experienced by women living with HIV in all our diversity and to develop gender-responsive recommendations for advocacy![16]

ENGAGEMENT ACTIVITES: PRACTICE IT!

Activity #5 Let's talk about data!

OVERVIEW: STEPS FOR GENDER ANALYSIS WITHIN A PLHIV STIGMA INDEX

STEP A:
Lay a strong foundation for gender analysis.

STEP B:
Compare disaggregated data points from the study to identify inequalities, gaps, and disparities.

STEP C:
Explore additional data, including local contextual information about gender inequality, key populations and conduct a context mapping exercise.

STEP D:
Develop a set of guiding questions for your analysis.

STEP E:
Use a Gender Analysis Framework to organize and evaluate the information from different sources.

STEP F:
Validate your findings.

Ideally, the plans for a gender analysis to understand the intersectional gender dimensions of HIV-related stigma should be included in the development of the research methodology. If inclusion of such plans at the beginning of the PLHIV Stigma Index is not possible, networks of women living with HIV have also used raw data and complementary data sources to conduct a gender analysis and write their own parallel or supplementary PLHIV Stigma Index reports. What follows are some foundational concepts for conducting a gender analysis that have been adapted to the PLHIV Stigma Index. It is strongly recommended that you select a research consultant with experience in gender analysis.

STEP A:

Lay a strong foundation for gender analysis:

Here is a quick reminder of the key foundational concepts discussed in Part II that will help to ensure the data collected through the PLHIV Stigma Index Study can support a gender analysis:

- **Meaningful engagement of women living with HIV:** Including those from key populations can minimize the impact of gender inequalities on data collection.
- **Adequate and equitable sample size:** Ensure the sample includes a sufficient and representative number of women.
- **Disaggregated data:** By gender, age and other dimensions of status and identity
- **Qualitative Data:** Focus group discussions, key informant interviews to provide context and validation, this could be done at different points in the research.
- **Read Up:** Look around for other resources, publications or analysis that explore gender and the experiences of women in key populations in your community.

STEP B:

Compare disaggregated data points from the survey to identify inequalities, gaps and disparities.

Systematically review the disaggregated quantitative data results for each question in the PLHIV Stigma Index to initially identify questions where there are differences and disparities (e.g. when survey reports indicate that more women than men report a specific experience of stigma, or when men experience a higher level of stigma and discrimination). Review the questions with an intersectional lens: are there significant differences in responses from women who do sex work? Younger women? Women who use drugs?

STEP C:

Explore additional data, including local contextual information about gender inequality, key populations and conduct a context mapping exercise.

Although you may have a lot of knowledge and understanding about the issues impacting women's lives in your country, it is useful to seek out additional sources of information about gender equality and the status of women in your community to provide additional data and context. Potential sources of information could be country reports to human rights bodies such as Commission on the Elimination of Discrimination Against Women (CEDAW), Committee on Economic, Social, and Cultural Rights (CESCR), the Human Rights Commission (HRC), the Global AIDS Response Progress Reporting (GARPR), and its National Commitments and Policy Instrument or shadow reports submitted to the treaty monitoring bodies by nongovernmental organizations (NGOs) or reports published by NGOs in your community.

TIP! Encourage country debate! Before you make your analysis priorities, discuss as a group what is happening in the country in terms of access to health care, access to justice, human rights and stigma and discrimination towards women with HIV. What are the barriers and what resources are needed to break them down?

STEP D:

Develop a set of guiding questions for your analysis.

Start by asking women what they would really like to see:

In your opinion, what makes a health center for women living with HIV supportive and effective?

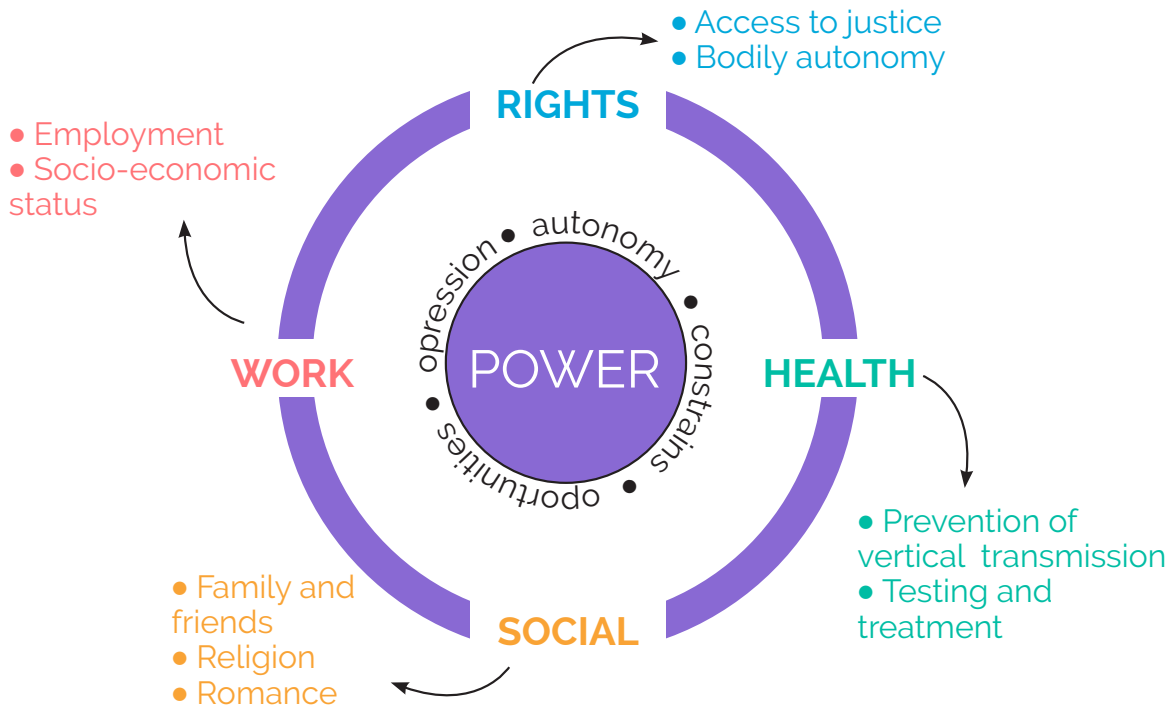
As you collect your data sources, you should develop a set of guiding questions to help focus your analysis. The table below outlines some suggested questions arranged in focus areas for the analysis, but you may want to develop your own.

ANALYSIS AREA	SUGGESTED QUESTIONS
SOCIAL	• What biases or gendered norms are contributing to experiences of intersectional stigma or discrimination experienced by women, women in key populations and non-binary individuals? • How do social or cultural consequences of stigma impact women and non-binary people? • How does this differ by age, key population status, socioeconomic, immigration status, rural vs urban location, etc.?
HEALTH	• What gendered experiences of stigma or discrimination create barriers for women and non-binary people to access health care services? • Do women have the autonomy to access treatment, care, and support for themselves, and, if applicable, their children? • Do young women living with HIV have access to sexual and reproductive health? • How does this differ by age, key population status, immigration status etc?
RIGHTS	• What discrimination or human rights violations are experienced by women, key populations, and other sexual identities/ orientations? • Are women and non-binary people able to access their full sexual and reproductive and health rights including to informed consent or to establish a family? • How does this differ by age, key population status, immigrations status, etc?
WORK	• Are there jobs or household activities that create higher rates of stigma and discrimination? What are the gender implications? • Do women and non-binary people have access to and use of resources? • Are women and people with non-binary identities able to navigate stigma and discrimination at work?
POWER	• Do women have the autonomy to make decisions about their bodies and well-being? • How does this differ by age, key population status, immigrations status etc?

In 2010, a founding PLHIV Stigma Index partner, the International Planned Parenthood Federation, in partnership with ICW Global and other key organizations developed a gender analysis framework to help explore and understand gendered stigma and discrimination experienced by women living with HIV within the PLHIV Stigma Index. This gender analysis framework consisted of four core areas: 1) Health, 2) Work, 3) Social and 4) Rights.[17] These settings were selected as areas in the lives of women and girls living with HIV where stigma is reported to be most prevalent and significant. They still hold true today. However, women and non-binary people's experiences of stigma and discrimination can be layered based on their membership in different identities, including: people with non-binary identities, LBTQIA, race, ethnicity, religion, immigrant status and in key populations of sex workers, for example, or women who use drugs.

Building on this framework and learning from other gender analysis frameworks, we offer an updated and intersectional framework to structure and organize the evaluation and assessment of data collected through PLHIV Stigma Index implementations.

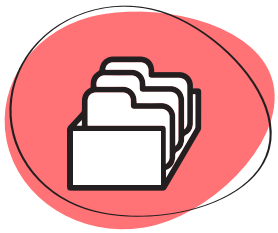
AN INTERSECTIONAL GENDER ANALYSIS FRAMEWORK FOR THE PLHIV STIGMA INDEX



This analysis framework is meant to serve as a guide for the organization on information gathered from the PLHIV Stigma Index study along with any complementary qualitative research and even secondary sources of data collected to provide context. You could develop your own gender analysis framework to help you organize and make sense of the data. Different contexts may require adaptations or interpretations of this framework to be relevant to your country context at country level.

STEP E:

Use a Gender Analysis Framework to organize and evaluate the information from different sources



Organize the quantitative and qualitative information you have collected from the study, along with any findings from your focus groups, individual interviews, and any additional data you have collected into the categories outlined in the intersectional gender analysis framework.

Compare information about men and women and as much as the data will allow to explore differences of responses based on gender identity, LGBTQI status, age, and membership in a key population. The comparisons can provide a guide to where there are inequalities that need further exploring and where policy interventions may be needed to confront specific experiences of stigma.

Assess and identify gender-based barriers, limitations or constraints arising in each category. Consider key factors such as social norms and biases that impact gender roles, the autonomy and bargaining power of women and their agency as well as access to and control of resources, participation, representation, and rights. Also consider gendered opportunities that have the potential to reduce stigma and discrimination or empower communities and individuals to confront and transform it.[18]

> *For example, younger women living with HIV are not able to access sexual and reproductive health care because harmful gender stereotypes and stigma result in healthcare workers denying younger women the right to accurate information or to make autonomous decisions about their bodies. This data point should be used to call for reforms and improvements.*

Advocate The analysis should provide an understanding of the source and experience of stigma and discrimination and how they impact women's lives and opportunities. The findings might lead to gender-specific conclusions and suggestions that should be used to advocate for change in the lives of women, women in key populations, and non-binary persons.

BE CAREFUL!

We all live in sexist and patriarchal cultures and as such we all have subconscious or implicit biases that reinforce harmful norms about women and women's role. For example, we may want to emphasize a problem identified through our analysis of the data, but there may be people who will want to diminish the seriousness of the issues, try to make you believe that you are exaggerating the data, or respond condescendingly (sometimes known as "mansplaining"). In another instance, they may blame the particular problem experienced by women living with HIV as having been caused by herself (known as "victim-blaming"). At each stage of this process, it is important to be conscious of these biases to ensure that our recommendations support the creation of an enabling environment for women based on equality and respect.

AVOID:

- X overgeneralization
- X sex and gender insensitivity
- X double standards
- X harmful stereotypes.

ICW has participated in the creation, development, and promotion of the PLHIV Stigma Index since its inception. The study has the potential to be a useful tool to measure and explain the dynamics of stigma and prejudice faced by people living with HIV, but also by women living with HIV, and especially women from key populations.

So, don't ask for disaggregated data, DEMAND IT!

STEP F:

Validate your findings.

As the data is being analysed, you should already have a plan for how your team will use the data to provide useful insights and recommendations, and undertake advocacy to create the kinds of changes that can reduce stigma and discrimination for women and girls living with HIV. Your group should aim to develop policy, programme, and research recommendations that are designed to address gender disparities or inequalities and respond to the specific challenges identified in the PLHIV Stigma Index and the Gender Analysis.

Efforts to reduce stigma can benefit from intersectional gender-related policy, programme and research recommendations that aim to address gender inequalities and are targeted and disseminated to specific policy makers and relevant stakeholders but how can we be sure our recommendations will meet the needs of our communities? It is important to **validate the study data you collect and your recommendations**.

Here are some strategies for ensuring that the data you collect is interpreted and utilized to advance policy recommendations that benefit women living with HIV:

CREATE A RESEARCH REFERENCE GROUP

One way to validate your findings could be with a reference group of women living with HIV who can review the findings and support the development of recommendations that will be effective. A research reference group can help you decide what recommendations to make to address the types of stigma identified in the research.

CONSIDER FOCUS GROUP DISCUSSIONS TO VALIDATE FINDINGS

Another way to validate and provide context for your findings is to conduct some focus groups with women living with HIV to consider what solutions or changes women want and need.

STEP 8:

DEVELOP POLICY RECOMMENDATIONS.

In developing your recommendations, you should consider the following questions:

- What is the change or shift in a norm you want to see? Be specific!
- Who has the power to make that change?
- What are the potential solutions?

- Do these solutions respond to gendered and/or intersectional experiences of stigma or discrimination?
- Do these solutions consider justice or remedies for individuals who have experienced stigma?
- What is the role of the community in these solutions or changes?

Results: Showcase the findings of the study and describe what was observe. Make sure to include a data disaggregated table!

Discussion: Bring down the finding to the country context! Reflect on intersectionality for key populations and gender-based experiences.

Conclusions and Recommendations: Should be targeted and indicate the main audience and responsible entity to act on the recommendation. Explain for each recommendation how this is linked to the findings. There must be gender and key population-based policy recommendations.

Advocacy plan: Convert your recommendations into actions!

REMEMBER!

- Explore the data and compare and contrast experiences of stigma and discrimination reported by groups within the data, **analyse the differences** that exist. In this way, you can develop a more detailed analysis, stronger conclusions and more specific recommendations for advocacy.
- .Highlight **gender trends** in workplace, healthcare, and community settings, such as economic dependence, educational opportunities, and access to reproductive care.
- Based on the results, think about **the key findings for women living with HIV** that need to be addressed? What are the key findings for specific populations that need to be addressed?
- Recommendations should be **clearly and directly linked to the study findings.** The reader should understand how the findings of this study support these recommendations, and how these suggested actions will lead to a reduction of stigma and discrimination.

TIP! Create a list of key decision makers who you believe can make the change you want to happen. Consider who your recommendations are aimed to influence or call to action!

GENDER BASED RECOMMENDATION EXAMPLES:

- For the 2022 Belarus PLHIV Stigma Index study, 5.2% of women surveyed said that health specialists advised them not to have children and 2.5% were forced to undergo sterilization. The network's recommendation to the National HIV Program was to organize trainings for obstetricians and gynaecologists to prevent stigmatization and discrimination of women living with HIV and KP women.[19]
- In Lesotho, the 2021 PLHIV Stigma Index demonstrated that the most common experiences of bad treatment towards PLHIV included (1) being advised not to mother/father a child and (2) being pressured or incentivised to get sterilised. The report recommended improvements to the delivery of sexual and reproductive health of women and their knowledge about the HIV status of intimate partners. As a result the local network of women living with HIV, LENEPWHA, will play a leading role in intensifying partner indexing and partner notification. This initiative will be done in collaboration with the ongoing DREAMS project and other HIV implementation partners in both health facilities and communities.[20]

THINGS TO THINK ABOUT:

How will we make sure our recommendations meet the needs of our communities? What is our plan to validate our findings?

Do we have a plan to advocate for the recommendations in the report? Who needs to hear what we have to say?

AVOID:

X Being too general. The more specific a recommendation is the better!

X Including recommendations that do not arise from the study or do not relate to the topic.

X Failing to target or include a call to action to the group or person who has the power to make the change or to implement a program to make the change.

X Including recommendations that reinforce gender biases or impose unworkable solutions that may make a given situation worse.

PART IV:

COMMUNICATIONS & ADVOCACY

OBJECTIVE: This section will explore how to turn policy recommendations into feminist political advocacy, using evidence-based actions and demands with a strategic communication plan.

STEP 9:
COMMUNICATE YOUR FINDINGS EFFECTIVELY

The last step in the process is to undertake advocacy to ensure the findings of the report are heard and recommendations are implemented. Advocacy refers to actions individuals or organisations take to influence decision making at local, regional, national and international levels. Advocacy strategies include coalition building, campaigns, lobbying, and engaging with institutions at all levels. There are many tools available that can guide you in developing your advocacy efforts.

THINK ABOUT A GENDER SPECIFIC REPORT

Writing a gender specific report is a great way to shine a spotlight on gendered stigma and discrimination in the country and to create a document backed up by data for use by advocates for women. If there are issues that the network needs to investigate further, additional qualitative research or interviews can be done to provide support and context for your findings.

- Will there be a specific section in the final report to discuss and highlight the context of women living with HIV and the intersectional discrimination that exists?

Effective communication can generate interest in research findings and spark interest in further studies, using the initial study as a reference. Below are some guidelines for successfully presenting gender-related results of the PLHIV Stigma Index.

Dissemination with objectives. The effective delivery of strategic messages involves more than just sharing data; it must be guided by a clear purpose. Dissemination should be thoughtfully designed to support the organization's future actions. For example:

- Increasing awareness of a specific challenge or right amongst women living with HIV.
- The implementation of an advocacy campaign to reduce stigma and discrimination in a specific setting.
- Increasing the membership of women living with HIV in the organization.

- Developing alliances with institutions, women's and feminist networks.
- Increasing followers in your social media accounts, mass media press coverage to promote the gender data.

Developing a strategic communications plan is key!

A **communication strategy** outlines the overall objective that your organization aims to achieve regarding a particular issue. It is the broad approach or direction your organization takes to address the issue effectively.

In contrast, a **communication plan** details the specific tools, actions, and tactics that will be used to reach that objective. It is a more granular and practical guide on how to implement the strategy.

To develop a powerful communication strategy, it is essential to have a session with a group of women living with HIV to establish a general objective. This collaborative approach ensures that the strategy is relevant, inclusive, and aligned with the needs and perspectives of the organization and community.

Few tips for a strategic comms plan!	
INTERNAL	**EXTERNAL**
• Create a WhatsApp group with women living with HIV involved in the entire study implementation. • Create a list of potential stakeholders and decision makers to approach. • Create key messages for media and socials.	• Designate a person responsible for managing the network's social accounts. • Create a publication calendar (consider important dates such as March 8!). • Keep track of engagement and interactions.

HOW TO COMMUNICATE:

- Validate your findings and develop recommendations for dissemination;
- Design a specific Women living with HIV Chapter, position paper or parallel report;
- Design a communication plan;
- Plan activities (and budget) around key dates when communication can be most effective, including 16 Days of Gender Activism, World AIDS Day, and other national advocacy dates;
- Carry out a communication campaign.

Things to keep in mind when implementing the communication plan for the PLHIV Stigma Index study results:

Make a timeline: Develop a timeline for launching the gender analysis and communication products. Include both public presentations and internal presentations to ensure women living with HIV can take ownership of the information and think of additional activities at other levels of intervention.

Map key dates: Identify key dates focused on women, including those from key populations, where the gender data from the PLHIV Stigma Index can be displayed or linked with other studies on women. For example, in the United States, March 10 is National Women and Girls HIV/AIDS Awareness Day. Utilize such dates to maximize the impact of your communication efforts.

REMEMBER!

Each communication action and message disseminated must respond to an objective.

For our Gender Communication Plan, the objectives are:

1. Disseminate the results of the gender section of the PLHIV Stigma Index study or gender-disaggregated data
2. Position messages and content based on gender-disaggregated data in the local media and digital social networks.
3. Give prominence to ICW/network of women living with HIV.
4. Strengthen the organization internal strategic communication.

"The first challenge for the PLHIV Stigma Index 2.0 women's chapter and its communication strategy is to overcome the niches of communication in terms of the HIV agenda and transform the study into an everyday topic of conversation, like in a family lunch, classrooms, public transportation, the gym or at work. For this reason, translating the women's chapter of the PLHIV Stigma Index into an everyday event is a problem of messages, media and processes; understanding the cycles and temporalities of each communicational production is a relevant variable when strategically choosing which media and messages will be put into operation. In this sense, the communication strategy has to be multi-situated: to be found in digital social networks, in public policies, in the media and in the street." [22]

Correa Rau Ayelen, ICW Argentina

What communication products can we consider for the dissemination of the gender analysis?

Reels:

Instagram **Reels** allows you to record short videos of 15 to 30 seconds, which you can edit by adjusting the speed, adding text, and incorporating music, sounds, filters, and effects. Your creativity is the limit. Here are some sample reels demonstrating how you can share stories through social media.

> Reels are highly visible and designed to be seen by a wide audience, not just your followers. This platform is a great way to creatively promote your organization or topic.

GIFs:

A GIF (Graphic Interchange Format) consists of one or more frames of about 3-10 seconds in duration, looping infinitely without sound. Here's an example of a GIF.

> This format adopts a more interactive form of media that does not require embedding a video. A GIF can be shared on social media and in messenger applications such as Telegram.

Carousel:

Instagram Carousel allows you to share up to 10 images in a single post. The first image, indicated as number 1, appears in the feed. You can add text, emojis, location, hashtags, and tags to each image. Here is an example of how to use a carousel as an advocacy tool.

> This format is ideal for presenting findings from the PLHIV Stigma Index, including the executive summary and recommendations.

Flyer:

Flyers and posters are designed to transmit or promote information or services through networks and organizations, and to broadcast events. Here is an example of how to use a flyer to share research findings.

> They are useful for sharing specific data for advocacy, launching study recommendations, and disseminating information about study presentation events or webinars.

Infographics and posters:

Infographics and posters are visual representations of information and data, combining elements of text, graphics, charts, diagrams, and sometimes video. They are effective tools for presenting data and explaining complex issues in a way that is easily understood. Here is an example of a poster for the PLHIV Stigma Index 2.0.

> Infographics are particularly strategic for presenting gender analysis data, highlighting cross-referenced variables and emphasizing key results.

Podcast:

A podcast is audio content available for streaming or download, offering an on-demand format that can be listened to on various devices. Podcasts are popular because they are convenient and accessible. Here is an example of an informative podcast.

> You can create episodes focused on different findings, such as sexual and reproductive health or internalized stigma. Podcasts can be shared on social media, websites, and through communication apps like WhatsApp.

ENGAGEMENT ACTIVITES: PRACTICE IT!

Activity #6: Understanding Context and Oppression Trees

Activity #7: Think, Create And Communicate!

THINKING ABOUT A COMMUNICATION PLAN FOR THE GENDER SECTION

A strategic communication plan focused on gender should highlight the experiences of women living with HIV regarding stigma and discrimination in the country. This can be achieved through a process of collective validation with other organizations or networks of women living with HIV. It is essential to consider this when planning the communication strategy and validation process. Without a communication plan for disseminating the results of an intersectional gender analysis, the effort will lack the necessary exposure to increase visibility and contribute to political advocacy.

THINGS TO THINK ABOUT:

Will there be a specific section in the final report to discuss and highlight the context of women with HIV and the intersectional discrimination that exists?

How will we share the findings and our proposed reforms to make them accessible and easily understandable by our community and the decision-makers we want to influence?

STEP 10:
UNDERTAKING FEMINIST ADVOCACY

Undertaking advocacy efforts to advance gender equality and confront intersectional oppressions can benefit from approaching advocacy through a gender lens. Advocacy efforts themselves can replicate harmful gendered norms with oppressive power dynamics.

START WITH A SITUATIONAL ANALYSIS - THROUGH A GENDER LENS

Stigma and discrimination are sometimes viewed a complex and challenging to measure or document and address. Decision-makers tend to prioritize quantitative statistics, such as the number of individuals tested, treated, and achieving viral load reduction, rather than addressing the emotional and social aspects of stigma and discrimination.

Conducting a situational analysis can help to identify and understand the context in which stigma and discrimination occur. A situational analysis is an assessment of the current conditions, factors, and power dynamics including social, economic, political, cultural, and environmental factors to help us understand the context of these experiences. Experiences of stigma and discrimination are often nuanced and require a more qualitative approach.

To begin, gather relevant data and research on the topic, including existing studies, reports, and personal experiences. Next, analyze this information and context through a gender lens, examining how stigma and discrimination affect individuals based on their gender identity. Consider the intersectionality of gender with other factors such as race, age, socioeconomic status, disability. Identify key patterns, trends, and disparities that emerge from the analysis. Finally, develop actionable recommendations to address the identified issues, ensuring they are gender-responsive and inclusive. Remember to engage diverse stakeholders, including those with lived experiences, throughout the process to ensure a comprehensive and accurate analysis.

Consider some sample advocacy actions based on past PLHIV Stigma Index results:

- **Argentina**: The National Senate approved a new HIV Law that replaces the 1991 Law 23.798 with a new "biomedical approach" by a new text "with a gender and human rights perspective."

- **Kazakhstan**: CSOs produced a shadow report on violence and discrimination encountered by women who use drugs, are HIV-positive, sex workers, or are imprisoned to draw attention to the government's failure to carry out the National Plan against Stigma and

In developing feminist advocacy efforts:

01 Consider the country context

02 Map the power dynamics and key stakeholders

03 Develop an advocacy action plan that anticipates pushback

04 Coalition with like-minded partners organizations

05 Target your messages to allies to support your positions

06 Identify forums for your messages and data

Engagement Activities:

Practice it!

Activity #1:
Questioning what we hear [23]

Purpose: To raise consciousness around sexism and misogyny perpetuated by our society, including ourselves, through role play.

Time: 20 minutes

Materials: Coloured paper and markers

1. Give all participants paper and markers.

2. Put one person in the middle of the circle. Take one of the example situations of discrimination from the list below and share it with the group. The person in the middle represents the woman from the example.

3. Each person will use a different colour paper to represent family and friends, police, government, society, and men. They will write down on different pieces of paper typical reasons or excuses offered to try to justify or overlook the discrimination.

4. As a group, discuss the types of justifications offered and the root of these kinds of justifications. Identify justifications based in fear and judgement and those which may arise from harmful gendered bias.

Sample Scenarios:

1. A woman loses her job as a house cleaner after her HIV status is revealed to her boss.

- **a.** What does the boss say about her?
- **b.** What does her family/friends say?
- **c.** What does the network she is part of say (if applicable)?

2. A female sex worker living with HIV is belittled by her healthcare worker during her antenatal appointment.

- **a.** What does her primary care physician say?
- **b.** What does her healthcare worker say?
- **c.** What do her co-workers say?

3. A woman is physically abused by her husband and is being pressured to stay in the relationship.

a. What does her husband say about her?
b. What does her family/friends say?
c. What do the police officers say when they make the report?

4. A group of young women born with HIV are harassed daily by their male peers for their outfits. One of them is later assaulted by one of her classmates.

a. What do classmates say about them?
b. What does the high school principal say?
c. What does the family/friends say?

5. In developing the PLHIV Stigma Index research protocol, women's networks suggested a focus on stigma experienced by older women living with HIV. However, the network leading the PLHIV Stigma Index implementation thinks it is a waste of time as it is only important to talk to women of reproductive age.

a. What does the national coordinator say?
b. What do the funders say?
c. What does the women's network say?

Activity #2:
Layers of oppression

Purpose: To explore how intersectional identities can increase and intensify experiences of stigma and discrimination, including gender bias.

Time: 20 minutes

Materials: This exercise could be done with post it notes and markers or it could be done with approximately 15- 20 scarves, old sheets or blankets.

1. Give all participants post-it notes and markers or place a pile of scarves or sheets next to a chair.

2. Ask for a volunteer to role play a person who has recently learned of her diagnosis of HIV and is considering starting treatment. As the person shares her story, ask participants to place a post-it note or scarf on her identifying and representing the obstacles she faces.

3. Either the facilitator or the role-playing volunteer can reveal different aspects of her story or her identity (E.g. she is pregnant; she is very religious; she is in an abusive relationship; she lives with her husband's family; she has children; she sells sex or has transactional sex; she uses drugs).

4. For each new or different aspect of identity that is revealed, ask participants to consider what obstacles or barriers to accessing treatment these aspects of her identity may create. For each obstacle the group identifies, participants should place a post-it note, blanket or scarf over the woman doing the role play. At the end of the exercise, consider how each scarf or post-it note creates a physical barrier to her access to treatment.

*TO SEE **VIRTUAL ADAPTATIONS** ON THIS ACTIVITY PLEASE VISIT: **wlhiv.org/stigmaindex***

Activity #3 : Advocating for women at the table

Purpose: To practice responding to arguments for exclusion or a limited role of women in the leadership of the PLHIV Stigma Index in your country.

Time: 30 minutes

Materials: Table and chairs (but can also do standing if not available)

1. Put a small table with two chairs in the middle of a room.

2. Choose two people to start the activity. One person should sit in the seat and will act as the objector who wants to exclude women and not use a gendered lens to design the SI. The other will act as the representative from the network of women living with HIV and wants to include a gender analysis as a core focus of the study. For both positions, it might be helpful to personalize the groups to who the actual players in your country or region are.

3. Starting at the beginning of the PLHIV Stigma Index process, go through all the different stages of the PLHIV Stigma Index and have the women's network advocate for the inclusion of women in the process and have the objector push back against it. Note: for each side, they need to have convincing arguments for their position. In some cases, strong cultural and/or institutional norms, policies and/or structures might be used in the argument.

Some sample scenarios:

1- The network wants to join the leadership team but they are told there is already one woman there.	Writing the funding proposal and deciding how resources are used.
2- Discussing who gets hired as consultants. The network already has another person not from the community in mind even though the women's network offers two strong candidates with expertise in community work and research studies.	Writing protocols for the research and objector says that all people living with HIV are important, so we should [not] profile gender

4. After each scene is completed or a person feels stuck in their argument, another person from the circle can switch in for one of the two seats to continue the dialogue.

5. Following the completion of the PLHIV Stigma Index process in this exercise, have everyone reflect on their thoughts and reflections about the role playing. Guiding questions: Was it realistic? Have you heard some of the arguments before from the objector? What can the network do to plan for a stronger counter argument?

After you have gone through this example list, think through a few situations that others in the group may have experienced.

Activity #4 : Setting Boundaries: I can do this, but I cannot do that

Purpose: Networks of women living with HIV are often under-resourced and overworked. The goal here is to practice establishing clear boundaries and limitations to the work that could be asked of networks of women living with HIV, ensuring that they are meaningfully involved but not taken advantage of or find that their challenges in engaging in the space are not used to exclude them.

Time: 15 minutes

Materials: Pen and paper

1. Have all the participants in the group work through these small case studies and think of a clear boundary for what they can do and what they cannot do while at the same time asserting your leadership in the partnership.

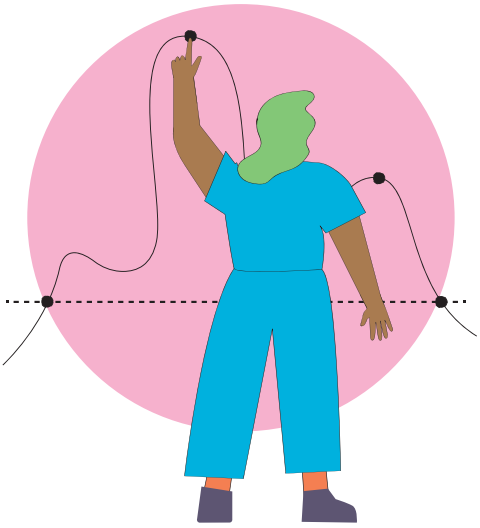
2. Write: I can [insert piece of work you commit to doing fully], but I cannot [insert a piece of work that you will not commit to take on].

Example Scenarios:

a. I ***CAN*** edit the terms of reference for the interviewers, but I ***CANNOT*** take meeting notes.

b. There is one woman who is representing your network on the monthly partnership meetings and has now been asked to be on the weekly technical workgroup calls.

c. Your team was given less than 24 hours to read and review the Protocols and give edits over the weekend.



Activity #5 :
Let's talk about data!

Purpose: To explore and compare relevant finding based on the dataset from the PLHIV Stigma Index study and interpret the data accurately.

Time: 50 minutes

Materials: Pen and paper

Based on the following table based on the four steps to a data analysis:
In the country of Lanister:

In the last 12 months, has a healthcare professional done any of the following, solely because of your HIV status? * *This is a fictional example.						Total
	NO	YES, Advised you not to mother/father a child	YES, Pressured or incentivized you to get sterilized	YES, Sterilized you without your knowledge or consent	YES, Denied your contraception/family planning services	
Gender	N	N	N	N	N	N
Cisgender female	100	160	650	50	40	1000
Cisgender male	500	35	240	25	100	900
Transgender people	5	10	120	6	4	145
Gender not disclosed	4	6	10	3	2	25
TOTAL	**609**	**211**	**1320**	**259**	**146**	**2070**

1. Data disaggregation - while looking at a database that the research partner has already created, ask yourself or your group:

- What leaps out at you when you look at this data?
- Is this disaggregated enough?
- What more might we want to know from looking at these initial numbers?

2. Contrast and compare proportions - using the formula for percentages, solve the following:

- What percentage of cisgender female and male participants have been advised not to have children?

  (160/1000) x 100
- What percentage of transgender respondents report this experience?

  (10/145) x 1000
- What does this data tell us?

3. Present the data using the table and using the guiding questions for your analysis area.

- Was this data presented clearly?
- What did you notice about how the data was presented?
- What things do we need to understand to draw conclusions?

4. Interpret the data using percentages and data tables and discuss it using the guiding questions for your analysis area.

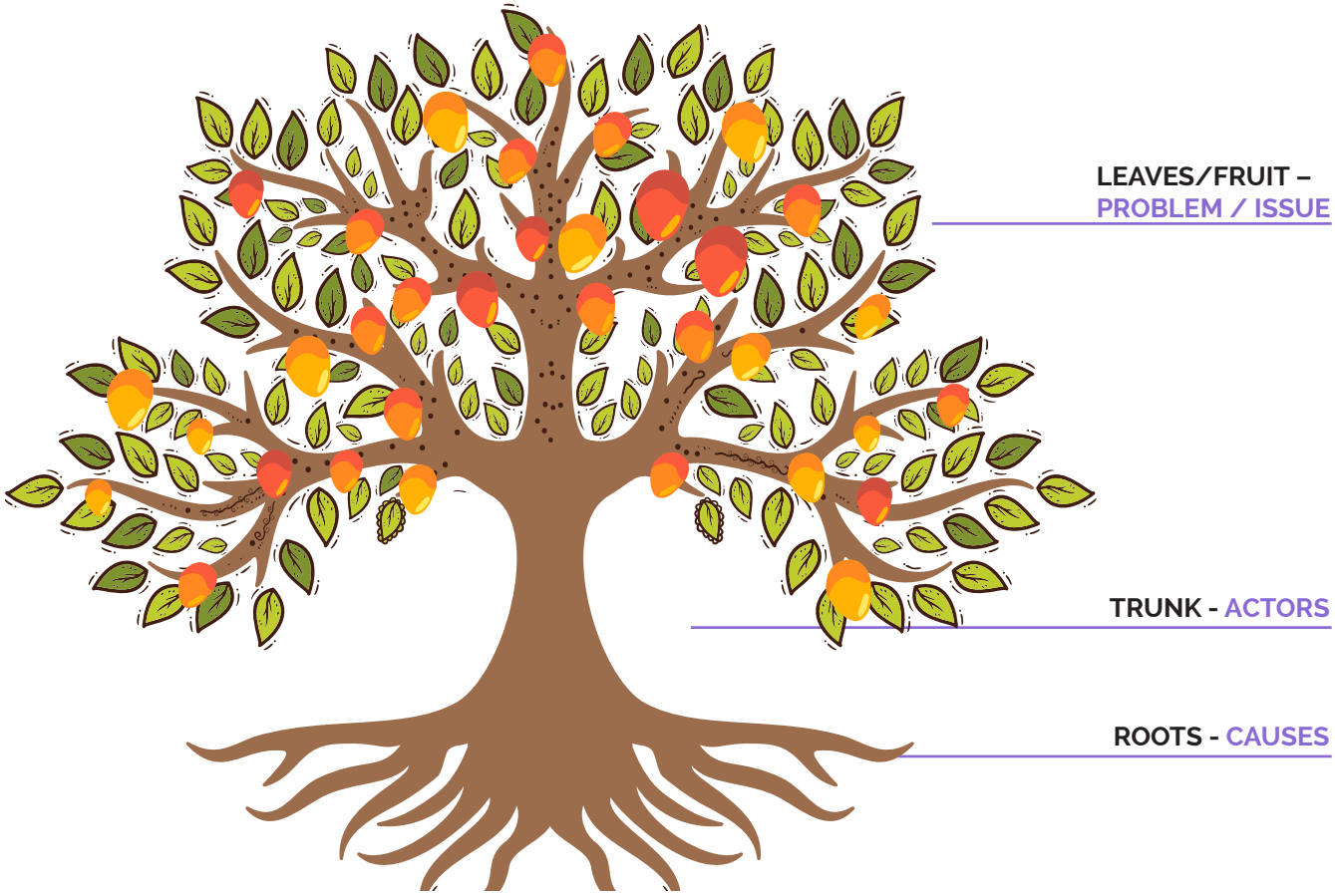
Activity #6 :
Understanding context and oppression trees

Purpose: To explore the context and factors that may need to be addressed or understood in the process of interpreting or understanding PLHIV Stigma Index data.
Think through the context in your country, community, or key population group.
Each group will develop a tree of oppression.

1. First identify the leaves/fruit: Brainstorm the challenges facing women, including women from different key populations in your communities. The leaves/fruit should link directly to the challenges you have identified. This should be the starting point and should include issues that you are aware are impacting women in your communities.

2. Secondly identify the root causes – what are the underlying factors that drive the problems that you have listed?

3. Finally, identify the actors who are responsible for the status quo, that is for upholding the situation as it is.



Activity #7 :
Think, create and communicate!

Activity #7 @activity7 2m

Objective: Identify potential journalists, communicators who work with/or need a gender and/or feminist approach so that they can write columns/notes/interviews on gender in your country's Stigma Index study.

Activity #7 @activity7 2m

Materials: Cell phone, internet, and computer.

Time: 30 minutes

Activity #7 @activity7 2m

To conclude this activity:

a. Make a list of media and key actors and add their contact email or phone number, if possible.
b. Create one standard message encouraging key actors to write about a gender-based approach to the Stigma Index.
c. Exchange notes among participants and ask them to give their opinions on the message

Activity #8 :
Stakeholder mapping and power analysis

Purpose: To identify different stakeholders to engage with during the advocacy process, and to better understand power dynamics with our stakeholders, to prioritise stakeholders, and begin to formulate a strategy. How do we build power for those who don't have it?

Time: 2 hours

Materials: Coloured paper, post it notes, scissors, flip chart, markers, tape or bluetack.

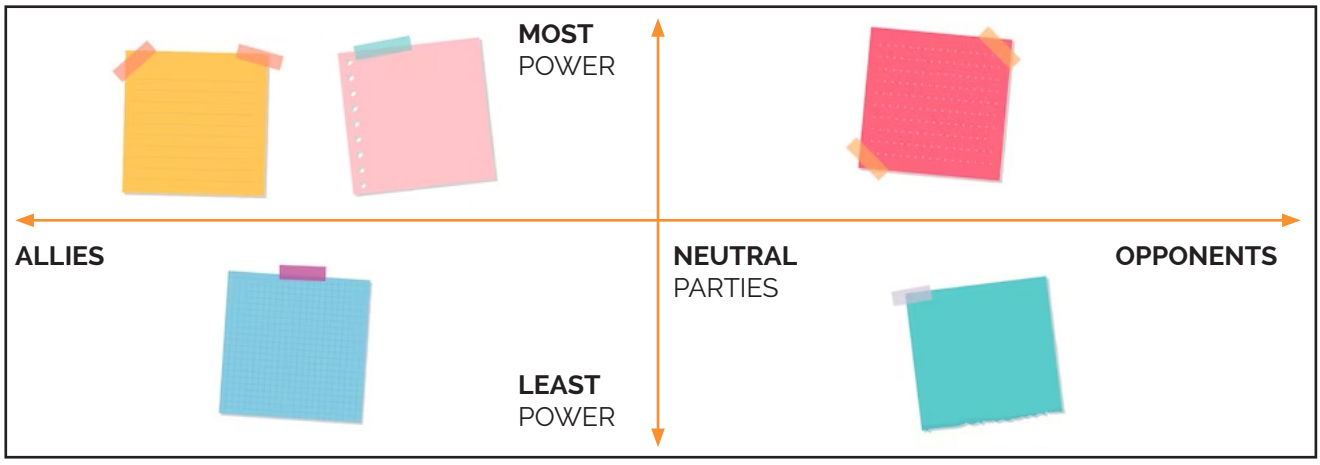
The participants will split into two groups for about 30 minutes. Both groups are joined by a facilitator, who will manage the flipchart for the exercise.

First, the groups will identify the different stakeholders to engage with during the advocacy process. For every stakeholder identified, a post-it on the flip chart should be created. Next, the groups discuss which of these stakeholders are allies, neutral parties, or opponents, and the post-its will be placed on the horizontal axis accordingly, with allies on the left and opponents on the right.

Second, the groups will discuss the power that these different stakeholders hold. According to the discussion, the stakeholders identified are then placed on the vertical axis, with those with the least power placed at the bottom, and those with the most power on top.

When the participants come back to plenary, give both groups a chance to briefly present their flip charts. Address any major differences between the two groups (if any) and then ask the participants to reflect on the groups with the least power. What are strategies you might deploy to help build power for those groups?

Visual representation:



APPENDIX

FEMINIST ADVOCACY TOOLKITs

ICW FEMINIST SCHOOL

The ICW Feminist School is a unique leadership program designed and tested by ICW network partners to serve as a building block for deepened feminist leadership and activism. The program responds to the needs of women living with HIV in all our diversity, connecting the personal to the political and allowing space for reflection on personal, community and network goals and focus. The Feminist School forms the foundation of ICW's leadership development programming.

Another World is Possible: A Feminist Monitoring & Advocacy Toolkit for Our Feminist Future, International Women's Health Coalition

The toolkit is the collective effort to translate its Feminist Response to COVID-19 Principles into guidance and evidence-based recommendations for advocacy and policymaking.

How to do Advocacy with a Gender Perspective: A Guide and a Checklist, Diakonia

This guide/checklist discusses policy advocacy work aimed at decision-makers and the general public. If you support partner organizations, the Checklist will give you a good overview of the steps that partners should have taken to integrate a gender perspective in their advocacy work. The Guide will help you ask the right questions of partners when assessing and monitoring advocacy work.

Women, HIV & Stigma: A Toolkit for Creating Welcoming Spaces, Women and HIV and AIDS Initiative (WHAI)

This toolkit was designed to be completed in stages. Take your time and work through it at your own pace, consider completing it with others at your workplace or in your community. This toolkit is a starting point and you or your organization

GENDER ANALYSIS

Gender Analysis, European Institute for Gender Equality

It provides an overview of what a gender analysis is, its definition and its purpose. As well as the basis for initiating a gender analysis to build an understanding of the different patterns of participation, involvement, behaviors and activities that women and men have in economic, social and legal structures, and the implications of these differences.

Methodological Guidelines for the Gender Analysis of National Population and Housing Census Data, , United Nations Population Fund (UNFPA)

This guide is meant to serve as a tool for the staff of National Statistical Offices (NSOs) and National Ministries responsible for gender equality and women's empowerment, and civil society gender advocates, to be used in their efforts to promote equality, human rights and equity issues between women and men through the appropriate analysis of census data.

Gender Analysis Toolkit For Health Systems, Jhpiego

The purpose of this Toolkit is to provide research questions to guide data collection when performing a project-level gender analysis. It presents illustrative general and health area-specific questions organized in matrices related to different levels of the health system. This is to identify more precisely the evidence of gender inequalities relevant to programs focused on different levels of the health system.

A Rough Guide for CBOs: Participatory approaches to working on sexual and reproductive health and human rights to promote safety in the context of gender-based violence in communities, Salamander Trust

This document is a compilation of extracts from various materials that have been published over the past 25 years regarding sexual and reproductive health and human rights to promote safety in communities that are struggling with issues around gender based violence.

Action Linking Initiatives on Violence Against Women and HIV Everywhere, ALIV(H)E framework, Salamander Trust, Athena, UNAIDS, AIDS Legal Network, Project Empower, HEARD, University of KwaZulu-Natal.

The Action Linking Initiatives on Violence Against Women and HIV Everywhere (ALIV[H]E) Framework is an applied research implementation framework. It draws on the evidence for 'what works' to prevent HIV and violence against women and adolescent girls (VAW) in all their diversity, in the context of HIV. At the same time, it aims to contribute to expanding the evidence base on what works to reduce VAW.

4m+: Perinatal Peer Mentoring Programme For Women Living With HIV, Salamander Trust, PIPE Trust, UNYPA, MAC AIDS Foundation

The 4m+ aimed to empower young women with knowledge on safe motherhood and HIV, primarily to uphold the young women's own sexual and reproductive health and rights and, in so doing, to reduce chances of vertical transmission.

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