

GUIDANCE NOTE ON APPLYING GENDER **RESPONSIVE BUDGETING** TO **HIV POLICIES** AND PROGRAMS IN ASIA AND THE PACIFIC

June 2017



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CONTENTS

Acronyms	2
Introduction	3
1. Definitions and Key Concepts	4
2. Budgeting Methodology–The Five-Step Approach	7
3. The Analytical Framework and Checklists	10

ACRONYMS

ART	Anti-Retroviral Therapy
FY	Fiscal Year
GBV	Gender-Based Violence
GEWE	Gender Equality and Women’s Empowerment
GF	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GRB	Gender Responsive Budgeting
HIV	Human Immune Deficiency Virus
HTC	HIV Testing and Counselling
IPV	Intimate Partner Violence
KP	Key Population
M&E	Monitoring and Evaluation
MSM	Men having Sex with Men
PMTCT	Prevention of Mother to Child Transmission of HIV
NASA	National AIDS Spending Assessment
NGO	Non-Government Organization
NSP	National Strategic Plan for HIV/AIDS
NWM	National Women’s Machinery
PEP	Post-Exposure Prophylaxis
PNC	Postnatal Care
PrEP	Pre-Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PWID	People Who Inject Drugs
STI	Sexual Transmitted Infections
SRHR	Sexual and Reproductive Health and Rights
TG	Transgender Persons
UNAIDS	Joint United Nations Program on HIV and AIDS
UN Women	United Nations Entity for Gender Equality and Women’s Empowerment
WHO	World Health Organization
WLHIV	Women Living with HIV

INTRODUCTION



The primary purpose of this Guidance on Gender Responsive Budgeting (GRB) for the HIV response in Asia and the Pacific is to offer top management, national planners, and civil society organizations a resource on how to integrate gender equality into HIV policy and planning. The note is based on a paper prepared for UN Women on *Applying GRB to the HIV Responses: A Case Study of Cambodia, Indonesia, and Thailand*,¹ and serves as a stand-alone framework for applying gender responsive budgeting to HIV policies and programming.

The guidance note contains the following:

- Definitions and key concepts
- GRB and the HIV response
- Checklists of questions for a gender sensitive HIV response and an enabling budgetary environment

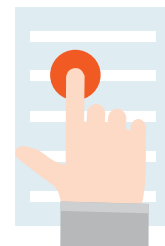
UN Women recommends using GRB methodology in the HIV response as this approach can facilitate equality and fairness in terms of HIV budget allocations and expenditures, while also increasing transparency, accountability and efficiency of public funds that aim to reverse and eventually end the HIV epidemic in Asia and the Pacific.

¹ Emma Wretblad prepared the original study for UN Women in 2015. The guidance note was extracted as a separate document after discussions with Smriti Aryal, UN Women programmatic lead on HIV. Sarah Zaidi is the author of the guidance note and prepared it in December 2016.

DEFINITIONS AND KEY CONCEPTS



Budgeting is an essential component of government’s economic policy, and as such it reflects the values of a country – “who it values, whose work it values and who it rewards ... and who and what and whose work it doesn’t.”² It is often assumed that budgets affect everyone more or less equally, but that is not the case since certain groups in society have fewer opportunities and face discrimination. The budget can transform a country by serving everyone equally and meeting the needs of the poorest. Without sufficient resource allocations, programmes and policies are worth no more than the paper they are written on.



Gender is a social and cultural construct that varies from time to time, reflecting a value system and referring to attributes and opportunities associated with being male and female in society, and the relationships between women and men and girls and boys, as well as relations between women and those between men.³ Gender determines what is expected, allowed, and valued in a woman or man in a given context, including access to power, resources, and decision-making. The concept of gender extends to those individuals whose gender identity or gender expression is different from societal expectations of traditionally binary roles of males and females. As a part of broader socio-cultural context, gender intersects and is impacted by other determinants such as class, race, ethnicity, age, sexual orientation, disability, and poverty level, which have implications for health including vulnerability to HIV.

Gender responsive budgeting (GRB) is budgeting that integrates a gender perspective, and tracks how budgets respond to gender equality. Traditionally GRB has been applied to priorities of cis-gender women and girls but it encompasses the range of diversity of persons of any sexual orientation and gender identity including those who do not conform to any gender label. Alongside examining budget allocations and revenue raising measures, GRB involves looking at budget systems, allocations and expenditures, and the roles of various key actors throughout the process. GRB aims to transform planning and budgeting processes by addressing a number of critical issues, including the care economy and legislative environments. It also entails investments in making available mechanisms, guidelines, data, and indicators that enable gender equality advocates to track progress and benefits, as well as to show how supposedly gender neutral budgets impact women and men, and other gender non-confirming people.

² D. Budlender and G. Hewitt (2003). *Engendering Budgets: A Practitioners’ Guide to Understanding and Implementing Gender-Responsive Budgets*. Commonwealth Secretariat. London.

³ UN Women. *Gender Mainstreaming*. Available at: <http://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm>



A gender transformative HIV response seeks to address the gender-specific inequalities by including actions and interventions that acknowledge women and men's different vulnerabilities, needs and demands in relation to HIV (Box 1). HIV disproportionately affects women and girls, and at the end of 2013 women accounted for 50 percent of all adults living with HIV. An estimated 19 percent of transgender women are living with HIV, and the chance of them acquiring HIV is 49 times higher than other adults of reproductive age.⁴ A gender transformative HIV response aims to understand how those with diverse gender identities can suffer additional discrimination within the constructs of binary female/male, and further draws upon the understanding of how gender inequalities interconnect with certain key groups' vulnerability to HIV. A gender transformative response advocates and supports programmatic interventions that transform the underlying social structures, policies, social norms and power relations that perpetuate gender inequality and increased risk to HIV.

A gender responsive budget (GRB) for HIV and AIDS ensures that women and men, girls and boys, and persons of differing sexual orientation or gender identity have:

- Equitable access to prevention, care, treatment, and other health services and recognition and mitigation of the burden of care placed on women and girls;
- Increased legal rights and protections by eliminating discriminatory policies, laws and legal practices, and financing policy and legal frameworks that outlaw gender-based violence; and
- Greater access to income and productive resources that can help avoid coercive and high-risk activities that increase vulnerability.

Applying gender responsive budgeting to the HIV response includes:

- Promoting the leadership and full participation in decision-making processes of women, girls and persons of differing sexual orientation or gender identities, including those living with HIV and those identified as key affected populations such as women who use drugs and intimate partners of men who use drugs, female and transgender sex workers, female migrants, transgender persons, men who have sex with men, women and girls in prisons and other closed settings, and youth.
- Drawing upon the importance of gender responsive HIV and AIDS laws, policies and planning, budgeting, and monitoring and evaluation processes.
- Recognizing the differentiated needs of women, men, and persons of differing sexual orientation and gender identity, and challenging discrimination and advocating for a gender transformative HIV response.
- Addressing harmful gender norms, relations and structural inequalities that affect a rights-based equitable HIV response.
- Supporting and recognizing the care economy, women's share of and contribution to bearing, rearing and caring for persons with HIV and AIDS.

⁴ Baral S et al. (2013). "Worldwide burden of HIV in transgender women: a systematic review and meta-analysis." *The Lancet*. Vol. 13. 3-214-222.

- Benefiting those most in need such as the poorest and the powerless. Within the context of a global economic crisis and reduced funding for HIV responses, it is clear that accountability, transparency, reduced corruption and better decision-making are especially crucial issues for both national and international actors.

Box 1.

'Knowing your epidemic – knowing your response' also refers to knowing your gender relations and inequalities, and thus being able to address them in your response. A gender responsive HIV and AIDS response needs to include specific actions for overcoming gender inequalities, and thereby contributing to the end of the HIV epidemic. These actions can include changing sexual norms, reducing gender based violence, targeting sexual reproductive health and rights and improving laws, policies and budgets.

In Asia and the Pacific, the HIV epidemic is a concentrated epidemic affecting key populations. Key populations are those most likely to be exposed to HIV or to transmit it, and they include gay men and other men who have sex with men, transgender persons, people who use drugs, sex and entertainment workers and their clients, persons in prisons and other closed settings, and sero-negative partners in sero-discordant relationships. There is also a strong link between various kinds of mobility, youth and increased risk of HIV. Engagement of key populations is considered essential for an effective HIV response.

The patterns of the HIV epidemic's growth are deeply embedded in persistent gender inequalities, where norms, tradition and culture influence not only prevention, treatment, care and support but also risks and vulnerabilities. For example, women and key populations are affected by gender-based violence and intimate partner violence and legislation further reproduces these inequalities by limiting their access to services by criminalizing certain behaviours (such as same-sex relations or carrying condoms) and not punishing other crimes, such as marital rape.

2

BUDGETING METHODOLOGY—THE FIVE-STEP APPROACH

There are several tools used for analyzing the budget through the lens of gender (Box 2). The most common and useful GRB tool to apply within an HIV response is the **Five-Step Approach** (also referred to as “gender aware policy appraisal”) discussed below.⁵

Box 2. GRB Tools

The application of these tools depends on the availability of data, expertise of personnel, time constraints, and other conditions.

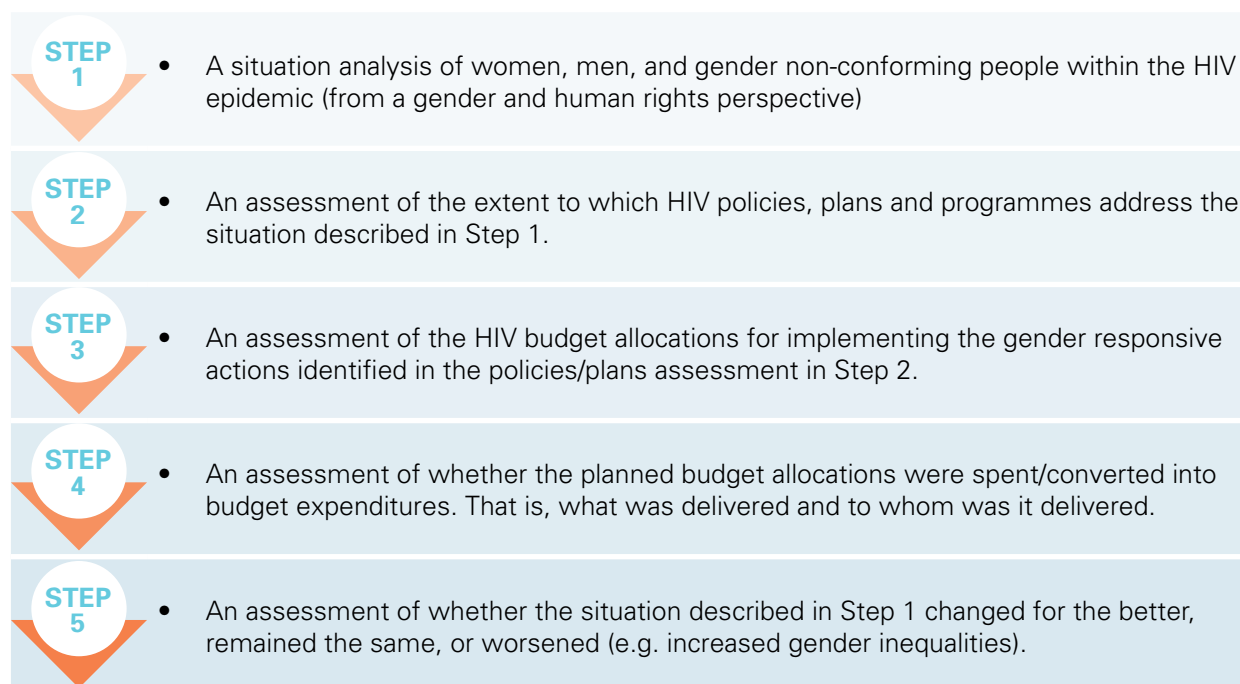
- a. Budlender’s Five-Step Approach or Gender Responsive Policy Appraisal (discussed below)
- b. Sex-disaggregated beneficiary assessment: Created by and for HIV positive women, this monitoring tool examines access to care, treatment and support for HIV, sexual and reproductive health services, and violence against women. It has been used in several African countries.
- c. Sex-disaggregated public expenditures incidence analysis: Developed by UNAIDS, this tool can be useful with the ‘investment framework for the HIV response’. There are no specific examples on the use of this tool.
- d. Revenue incidence analysis: Studies regarding HIV and gender budgeting have been carried out by Aasha Kapur in India (2007), and these have revealed the detrimental effects of user fees on women especially widows (many of them living with HIV and often the main and only income earner in their households).
- e. Impact analysis on time use: These studies from India and East Africa show the impact of HIV on women’s time use. Due to gender roles, women are primarily responsible for caring for persons living with HIV, diminishing their time in remunerated work, politics, community activities. The analysis is important in showing how governments can ‘save’ or re-allocate funds by transferring care-costs to women’s invisible and non-remunerated care economy.
- f. Rhonda Sharp’s three expenditure categories: Applicable only once budget books are available and accessible, and then it can be used to analyze sectoral budgets, or offer ways to further classify expenditure within these.

⁵ UNFPA, UNIFEM (2006) Gender Responsive Budgeting and Women’s Reproductive Rights: A Resource Pack; Budlender Debbie and Hewitt Guy (2003), Engendering Budgets A Practitioners’ Guide to Understanding and Implementing Gender Responsive Budgets; Commonwealth Secretary, UK; Hofbauer, H. (2003) Gender and Budgets, Overview Report. UK, BRIDGE. Institute of Development Studies.

The Five-Step Approach to GRB and Integration of HIV Lens

Figure 1 outlines the **Five-Step Approach** of GRB analysis. The rationale behind this tool is that budget allocations and expenditures should follow policies, plans and not the other way around. For example, if the gender dimension of HIV is not recognized or addressed, then HIV policies and programs can have a negative impact on certain groups. It is, therefore, essential to assess the gender responsiveness of policies, the coherence of political commitments and budget allocations and expenditures.

Figure 1. Key Steps in GRB Analysis

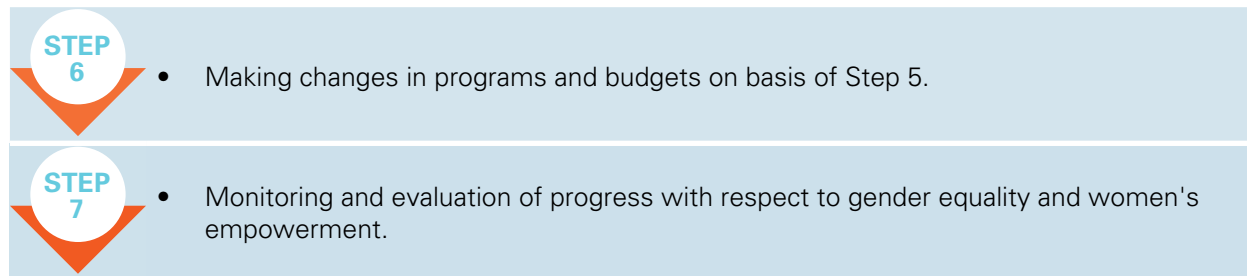


Two additional steps can also be added for purposes of making sure that results of analysis are translated into necessary changes for the next budgeting cycle (Figure 2).⁶ However, those working and preparing budgets rarely cover the last two steps, making it difficult for persons analyzing the budget to determine whether the situation described in Step 1 has changed.

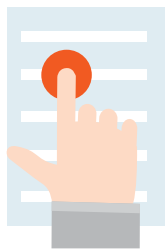
In practice, it is often difficult to move beyond steps 2 or 3 in the Five-Step approach. Generally, it is easier to describe the situation and discuss policy, and budgetary allocations and expenditures are brief and weak. But even very little (or the lack of) information can sometimes expose serious imbalances.

⁶ Klatzer E. and Ivanina T. (2013) *Gender Responsive Budgeting: Analysis of Budget Programs from a Gender Perspective*. UN Women, SIDA, and Friedrich Ebert Foundation.

Figure 2. Key steps of moving towards changing policies and budgets for gender equality outcomes



Details on Steps 6 and 7 are not included, and are beyond the scope of, the current note.



Details of the Five-Step Approach

Step 1 analyzes the situation of women, men, girls and boys, and persons of differing sexual orientations and gender identities in terms of the HIV epidemic in the national setting. It includes information on the situation of sub-groups of communities that are “most likely to be exposed to HIV or to transmit it” classified as key populations. Key populations include men who have sex with men, transgender persons, people who inject drugs, sex and entertainment workers and their clients, and sero-negative partners in sero-discordant relationships.⁷ There is also a strong link between various kinds of mobility and increased risk of HIV. After Step 1, which reviews the gendered state of the HIV epidemic in the national setting, Step 2 examines the policies, plans, and programs and assesses the extent to which they are gender responsive. Documents for this review include the National Strategic Plans on HIV, Operational Plans, and the Global Fund Concept Notes. The objective of this step is to assess whether a particular HIV policy or programme is likely to increase gender inequality, maintain a status quo, or decrease inequalities.

In Step 3, the focus shifts to the budget itself, and the main aim is to see whether the budget allocations are adequate to implement the gender responsive activities identified in Step 2. This analysis informs the reviewer of whether funds are being used to address gender equality interventions, including the empowerment of women and girls. Often allocations are provided by broad programmatic categories, and as such do not provide much information, and may require further details in terms of activities. Step 4 measures whether the planned budgeted allocations were actually converted into expenditures. This information can be difficult to obtain, but should be available through the National AIDS Spending Assessments (NASA).

⁷ UNAIDS (2011), *UNAIDS Terminology Guidelines*.

THE ANALYTICAL FRAMEWORK AND CHECKLISTS

3

For the purposes of this note and after analysis of the situation of the HIV epidemic, a framework is created to examine Steps 2 through 4 (Box 3). The framework is based on the Five-Step Approach, and after Step 1 analyzes whether HIV policies and programs are gender responsive (Step 2 and Checklist 1). The key areas selected have been identified through an analysis of the *WHO Consolidated Guidelines on HIV Prevention, Diagnosis and Treatment and Care for Key Populations* (2014), as well as *UNAIDS Key Programs to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses*. These same areas are next connected to budget allocations and expenditures (Step 3).



The enabling environment (Step 3 and Checklist 2) for developing a GRB is based on information from *Engendering Budgets: A Practitioners' Guide to Understanding and Implementing Gender-Responsive Budgets* by Debbie Budlender and Guy Hewitt and UNFPA-UNIFEM training tools: *Gender Responsive Budgeting and Women's Reproductive Rights: A Resource Pack* and *Gender Responsive Budgeting in Practice: a Training Manual*, as well as *Adjusting the Lens: fiscal policies from a gender perspective* by Raquel Coello. The second checklist assesses if the environment for constructing budgets is open and transparent, inclusive and supportive of different groups, and encouraging of civil society participation.

Box 3. Analytical Framework for a gendered HIV response in GRB

Gender responsive HIV policies and programs (Checklist 1 referring to Steps 2-4 of GRB Analysis)

- **Laws, policies and legislation** - gender equality laws, decriminalization of key populations, measures for gender based violence, social protections for those living with HIV
- **Prevention** - condoms, prevention of mother-to-child transmission, pre- and post-exposure prophylaxis, community-led services (peer educators), harm reduction programs
- **HIV testing and treatment** - voluntary and confidential testing, counselling for youth and sero-discordant couples, equal access to antiretroviral treatment and monitoring, screening and treatment for co-morbidities
- **Care and support** - psycho-social support (violence), protections for orphans, recognition of women's contribution and compensation
- **Sexual and reproductive health services** - family planning, screening and treatment for sexually transmitted infections, information and skills building on sexual and reproductive health, services for transgender persons
- **Economic empowerment and social protections** - employment and livelihood, access to social services and protections (cash transfers, food assistance, shelter etc.)
- **Human rights and gender equality** - legal rights (including legal literacy and access to justice), stigma and discrimination, training for law enforcement, judiciary and health care providers, services to address gender-based violence (especially intimate partner violence)

Enabling environment for GRB Checklist 2 referring to Step 3 of GRB Analysis

- **Budgetary planning and development** - alignment of HIV policy and budget, pro-gender budget framework, care economy inclusion, sex disaggregated data, and targeted investments GEWE
- **Actor's Capacities** - GEWE knowledge and capacity of government officials, parliamentarians, judiciary, service providers, and civil society including WLHIV, KP, and women groups
- **Community Participation** - processes and mechanisms for engaging above groups in GEWE budgetary planning and their decision-making power

Next, the areas under the analytical framework are turned into questions (Checklist 1 and Checklist 2). It is important to document answers to each question as it will provide an important benchmark and evidence for further programming needs and adjustments. Moreover, answers to checklist 2 will inform those involved where support is needed to address gaps in capacity, participation and access to budgetary information. The gender impact of planned budget activities in the HIV response needs to be assessed for Global Fund Concept Notes as well as national planning. The Global Fund, in some cases, is the largest donor on HIV and HIV and tuberculosis co-infections, and GRB review should be mandatory.

Checklist 1:

Gender Responsive HIV Prevention, Care and Treatment Services

Programmatic area	Intervention	Questions related to specific services? Or programmatic response?	
Law and Policy	Key Populations	<ol style="list-style-type: none"> 1. Is there a review of laws and policies, and how these can positively or negatively affect key populations? <ol style="list-style-type: none"> 1.1. Is the situation of women, girls, and transgender women highlighted in this review? 2. Are steps taken to decriminalize the behavior of key populations? 3. Do HIV policies have principles of engagement and empowerment of key populations, and PLHIV? <ol style="list-style-type: none"> 3.1. Is the engagement of women and girls promoted? 4. Are policies on violence against women and gender based violence referenced in HIV policies? 	
	Youth	<ol style="list-style-type: none"> 5. Is there an age of consent for adolescents and young people to access needed health and HIV services? 	
	International Treaties and Policies	<ol style="list-style-type: none"> 6. Is there a reference to international human rights law or policies on gender equality? 7. Is there a reference to international guidance on gender equality and human rights of women and key populations? 	
Prevention	Condoms	<ol style="list-style-type: none"> 8. Is comprehensive condom and lubricant programming included in policy? <ol style="list-style-type: none"> 8.1. Are women and girls prioritized in these programs? 9. Are sexual health education and awareness programmes such as the Comprehensive Sexuality Education Programme provided for young people and adolescents, especially young girls? 10. Is there a focus on empowering adolescents and young persons, especially young girls, through life-skills based education, awareness and other skills building programmes? 	
	Prevention of Mother-to-Child Transmission (PMTCT)	<ol style="list-style-type: none"> 11. Are PMTCT services available and accessible for all women, including female key populations (drug users, sex workers, migrants)? 12. Is earlier attendance of antenatal care by pregnant female key populations promoted and supported including addressing gender-related barriers? 13. Is postnatal care (PNC) for HIV+ mothers included, e.g. continued ART/ ARV as well as breastfeeding and nutritional information? 14. Does PMTCT include male engagement as a strategy in PMTCT response? 15. Is PMTCT for enhancing women's mobilization, awareness and outreach included in the response? 16. Are there referral linkages or integrated SRH or gender-based violence services for women who come to PMTCT services? 	
	Community-led prevention services	<ol style="list-style-type: none"> 17. Are women and girls participating in a meaningful way in prevention services? <ol style="list-style-type: none"> 17.1. Are key populations, especially women, girls and transgender women, participating in design, implementation and evaluation? 	
	P(r)EP	<ol style="list-style-type: none"> 18. Is Post-Exposure Prophylaxis (PEP) available and accessible? <ol style="list-style-type: none"> 18.1. Are women and girls especially targeted for PEP interventions? 19. Is Pre-Exposure Prophylaxis (PrEP) available and accessible? <ol style="list-style-type: none"> 19.1. Are key populations, especially women, girls and transgender women, being targeted? 	
	Harm Reduction Services		<ol style="list-style-type: none"> 20. Are there harm reduction programmes for people who inject drugs? 21. Do these programmes explicitly consider gender, particularly the exposure of women who inject drugs to HIV and gender related barriers in accessing these services?
			<ol style="list-style-type: none"> 22. Are gender responsive harm reductions services offered in closed settings?

Programmatic area	Intervention	Questions related to specific services? Or programmatic response?
HIV Testing and Treatment	Testing and Counseling	<p>23. Is voluntary HIV Testing and Counselling (HTC) offered to all key populations, both in the community and in clinical settings, especially focusing on women and girls?</p> <p>24. Does such HTC include young girls and boys?</p> <p>25. Does HTC emphasize the 5 Cs of HTC: consent, confidentiality, counselling, correct results and linkage to care?</p> <p>26. Is couple's counselling and testing promoted?</p> <p>27. Are social and psychological barriers connected to continuous care, especially for females, recognized?</p> <p>28. Is community engaged in developing and monitoring testing protocols?</p> <p>28.1. Is there community-led testing?</p>
	Treatment and Management	<p>29. Is Antiretroviral Therapy (ART) provided to all people living with HIV (PLHIV) and are gender-related barriers noted and addressed?</p> <p>30. Are HIV/AIDS treatment services integrated into the general health services, so as to avoid stigma and discrimination?</p> <p>31. Are interventions that increase women's access to HIV treatment outside the perinatal setting included?</p> <p>32. Is there access to routine viral load testing for women living with HIV, especially those in key populations?</p>
	Co-morbidities (excluding STI)	<p>33. Is there screening for HIV co-morbidities such as tuberculosis, hepatitis, and other infections for women and girls from key populations?</p> <p>33.1. Is there accessible treatment available for these co-morbidities?</p>
Care and Support	Psycho-social support (Gender based violence)	<p>34. Are there programs (including those led by community itself) providing counseling to HIV positive women, girls, and transgender women?</p> <p>35. Is there a connection between GBV and HIV-related services that is included in HIV plans?</p> <p>36. Is prevention of violence against key populations, especially female sex workers, female drug users and transgender women) and women living with HIV included in HIV planning?</p> <p>37. Is support and care for key populations experiencing violence provided, especially focusing on women and girls?</p>
	Orphans	<p>38. Is there financial or social support for HIV positive orphans and vulnerable children, especially adolescent girls?</p>
	Contribution & Compensation	<p>39. Are there programs recognizing and supporting women and girls in care of HIV positive family members?</p> <p>40. Is the mutual/shared responsibility of women and girls included?</p>
Sexual and Reproductive Health	Family Planning	<p>41. Is there information and counseling available on family planning for women living with HIV or women and girls in key populations?</p> <p>41.1. Is engagement of husbands or intimate partners in family planning included as a key program strategy?</p> <p>42. Are contraceptive methods provided free or at subsidized costs?</p> <p>43. Are HIV and sexual and reproductive health (SRH) services integrated, or at least, is there some strong referral linkages between SRH and HIV services, particularly for women and girls?</p> <p>44. Are conception, pregnancy, childbirth and breastfeeding information and services provided for all key populations?</p> <p>44.1. Do these specifically prioritize female key populations, including women living with HIV (WLHIV)?</p> <p>45. Is safe termination of a pregnancy included in the package of services?</p> <p>45.1. Is post-termination care included?</p>
	STI testing and treatment	<p>46. Are sexually transmitted infections (STI) prevention, screening and treatment for females in key populations and transgender persons included?</p> <p>47. Is cervical cancer screening and treatment included?</p>

Programmatic area	Intervention	Questions related to specific services? Or programmatic response?
Sexual and Reproductive Health	Knowledge of Sexual and Reproductive Health	<p>48. Are there programs for empowering women and girls on SRH related decision-making?</p> <p>49. Is information on conception, pregnancy, childbirth and breastfeeding and HIV provided to women and girls including those in key populations?</p> <p>50. Are there programs on social norm changes related to sexual reproductive health and rights such as engaging religious leaders, male head of the family, local community leaders that promote active participation of women and girls?</p>
	Transgender persons	<p>51. Are the specific SRHR needs of transgender persons prioritized and addressed?</p> <p>52. Are HIV positive persons of differing sexual orientations and gender identities informed about sexual health and wellbeing?</p>
Economic Empowerment and Social Protections	Employment and livelihood	<p>53. Is economic empowerment included, specifically targeting women living with and affected by HIV and transgender persons?</p> <p>54. Is employment, income and livelihood support, especially targeting women living with HIV and transgender persons included?</p>
	Social protection	<p>55. Do women living with HIV and women in key populations have access to social services and social protection mechanisms (e.g. cash transfers and micro-finance)?</p> <p>56. Are there any programs on food assistance, material or financial support for shelter, particularly for female-headed HIV households (especially widows) and transgender persons?</p>
Human Rights and Gender Equality	Legal rights and literacy	<p>57. Are there legal services available for violations of gender equality laws such as laws and policies on intimate partner violence, equal access to property, inheritance and custody, etc?</p> <p>57.1 Is access to justice and legal support services provided for women and girls, including those in key populations?</p> <p>58. Are gender equity programmes for men and boys, including those geared towards changing gender norms, highlighted?</p> <p>59. Are communities working on legal literacy programs such as 'know your rights'?</p>
	Stigma and discrimination	<p>60. Are community led anti-stigma campaigns, media advocacy, etc. included in programme plans?</p> <p>60.1. Are these programmes led by women and targeted to end intersecting stigma and discrimination including violence against women and girls?</p> <p>61. Are key populations friendly (free of stigma and discrimination) health services promoted?</p> <p>61.1. Is there a specific focus on women and girls and transgender women in these health services?</p> <p>62. Is training/sensitization and partnership with health workers on gender and women's/girl's issues and rights implemented?</p> <p>63. Is training/sensitization and partnership with social workers and local leaders on gender and women's/girl's issues included in policy and plans?</p> <p>64. Is training/sensitization and partnership with the justice system, including law enforcement and lawmakers, on gender and women's/girl's issues included in policy and plans?</p>
	Gender-based violence	<p>65. Do HIV programs address intimate partner violence (IPV)?</p> <p>66. Are HIV service providers trained in to handle and counsel persons experiencing IPV?</p> <p>67. Are there any services (such as safe spaces, shelters, hotlines, counseling for persons who experience GBV and also referral to health services?</p>

Checklist 2:

GRB and HIV Investment

Strategic GRB area	Questions related to a favorable GRB context
Budgeting (planning, implementation and evaluation)	<ol style="list-style-type: none"> 1. Has HIV policy and budget research from a gender perspective been undertaken (that can feed into new fiscal year (FY) and analysis)? 2. Is there a pro-gender budget framework in the country, such as a budget law explicitly recognizing gender? 3. Do any regulations exist that establish the obligation to incorporate gender in budgeting? 4. Is the HIV policy aligned with the country's long- and medium-term planning and expenditure framework? 5. Does a mapping of the interaction between different actors during the donor and national budget cycle [including spoken and unspoken rules and regulations, as well as the mechanisms and timeframes governing these cycles], exist? 6. Is the care-economy considered in the HIV investment? <ol style="list-style-type: none"> 6.1 Is women's and girls' care work recognized and valued in the HIV policy/program? 7. Are gender budget statements for HIV developed? <ol style="list-style-type: none"> 8.1 Is a baseline study which takes gender into consideration requested? 8.2 Are gender responsive objectives and/or results included? 8.3 Are sex-disaggregated as well as other demographic characteristic data/indicators included? 8.4 Are specific actions to advance gender included? 8.5 Are actions that explicitly align to the national Gender Equality Plan requested? 8.6 Is information on the investment's impact on time use requested? 8. Do the guides, formats and sheets used for budget planning (including those of donors) allow for the incorporation of gender? <ol style="list-style-type: none"> 9.1 Do the functions to be included and monitored target investments for women's empowerment and capacity development? 9.2 Are there investments aimed at creating an equal society? 9.3 Are there investments aimed at promoting social and public co-responsibility for reproduction? 9. Are there specific budget functions in the budget catalogue that promote gender equality? 10. What are the governments' and donors' rules and regulations for cross overs, e.g can resources allocated for gender equality be re-allocated to other areas if not spent during a FY? 11. Are there actions with parliamentarians [or other legislative bodies] involved in HIV budgeting to promote human rights and gender equality? 12. Are budget books and documents related to HIV easy to obtain? 13. Are budget books and documents related to HIV easy for citizens to understand? 14. Are there gender audits of HIV spending?
Capacities	<ol style="list-style-type: none"> 15. Has gender training and sensitization, including GRB, been undertaken with government actors working on HIV? 16. Has gender training and sensitization, including GRB, been undertaken with civil society actors working on HIV? 17. Are there staff/personnel responsible for gender equality within National AIDS Authority (NAA) and/or Ministry of Health (MoH)? 18. Are there staff/personnel responsible for HIV within the national women's machinery (NWM)? 19. Do the NWM and agency responsible for HIV, including MoH, coordinate and collaborate in all stages of the response (planning, implementation, evaluation)? 20. Are donor agencies involved in the HIV investment knowledgeable in GRB?
Participation	<ol style="list-style-type: none"> 21. Are there mechanisms to ensure key populations', especially female key populations', participation in the planning stage of the response? 22. Do HIV policies include principles of engagement for women, girls and key populations? 23. Are key populations, including women, involved in budget planning and formulation? 24. Are there mechanisms to ensure key populations', especially female key populations, participation in the budget implementation and evaluation? 25. Are key populations (KP), including women, involved in budget implementation and evaluation? 26. Is there an open dialogue between KP, including women, and government actors or donors [depending on who controls the largest chunk of funds] during the budget cycle?

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