

Translating Community Research Into Global Policy Reform For National Action: A Checklist For Community Engagement To Implement The WHO Consolidated Guideline On The Sexual And Reproductive Health And Rights Of Women Living With HIV

3rd edition | December 2018



“The guideline is exceptional in its effort to specifically integrate the views and preferences of women living with HIV, and in this regard, we are confident that it is an important tool for contributing to better respect for the human rights of women and girls living with HIV. We have shared this guideline and associated tools amongst relevant OHCHR colleagues, and remain committed to working with you to support its implementation.” **Dr Zeid Ra'ad Al Hussein United Nations High Commissioner for Human Rights (OHCHR)**

“This is indeed an important step to ensure the Guidelines are implemented. Zero discrimination is at the heart of the UNAIDS vision and we are therefore happy to be part of supporting the implementation of the Checklist in Kenya led by WOFAK. This work will be key in the Agenda for Zero discrimination in health care settings, and we trust that Kenya will be the first of many countries to use the Checklist as a tool to ensure all women living with HIV access the full range of quality sexual and reproductive health and rights they are entitled to.”
M. Michel Sidibe, Executive Director, UNAIDS

“Sincere congratulations on the development of the Checklist which is a welcome enhancement for the implementation of the WHO guideline addressing the SRH rights and needs of women living with HIV. UNFPA is pleased to share this added tool with our regional and country offices, we will encourage them to share it locally and help ensure capacity for its use.”
Dr Natalia Kanem, Executive Director, UNFPA

“Thank you for sending the Checklist to support the implementation of the guideline on the SRHR of women living with HIV. We will be sure to disseminate widely and to put to practical use in our work.”
On behalf of Dr. Mlambo-Ngcuka, Executive Director, UN Women

“The development of this important tool is a significant achievement – please rest assured that I, and WHO, will make every effort to support Member States in its implementation so that sexual and reproductive health and rights can be realized by women throughout the life-course.”
Dr Tedros Adhanom Ghebreyesus, Director-General, WHO

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We also acknowledge those who supported work leading up to the development of the WHO Guideline on the SRHR of women living with HIV (2017), and subsequently this Checklist, through the global community values and preferences survey and its report "[Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV](#)".¹ Special thanks to the core survey team members: Susan Bewley, E. Tyler Crone, Luisa Orza, Marijo Vazquez, Alice Welbourn; and to its Global Reference Group (GRG) members: Nukshinaro Ayo, Cecilia Chung, Sophie Dilmitis, Calorine Kenkem, Svitlana Moroz, Suzette Moses-Burton, Hajjarah Nagadya, Angelina Namiba, L'Orangelis Thomas, Negrón, Violeta Ross, Sophie Strachan, Martha, Tholanah, Patricia Ukoli and Rita Wahab.

Checklist Edition

This is the third edition of this Checklist (first published in April 2018). This Checklist and process of the development of the Guideline which it supports, has since been endorsed by the Heads of OHCHR, UNAIDS, UNFPA, UN Women and WHO. (The Checklist first edition was funded by WHO. The revisions to this second edition, have been funded by UNAIDS.) A pilot workshop, supported by UNAIDS, took place in Nairobi Kenya at the end of April 2018 with 25 women living with HIV, to review the Checklist and to validate the desk review findings. It also provided space for women to develop priorities and action plans to sustain community-led efforts on the SRHR of women living with HIV in all their diversity. This Checklist has been updated based on the workshop and its outcomes. Click on the links to view the workshop presentations by Alice [Welbourn](#) and Sophie [Dilmitis](#).

December 2018

¹ Salamander Trust (2014). Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV. WHO, Geneva, <http://salamandertrust.net/wp-content/uploads/2016/09/BuildingASafeHouseOnFirmGroundFINALreport190115.pdf>

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1. Abbreviations

AIDS	Acquired immunodeficiency syndrome
ALIV[H]E	The Action Linking Initiatives on Violence Against Women and HIV Everywhere
ART	Antiretroviral therapy
AWID	Association for Women's Rights in Development
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
FGDs	Focus Group Discussions
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPS(s)	Good practice statement(s)
GAM	Global AIDS Monitoring
HIV	Human immuno-deficiency virus
ICW	International Community of Women living with HIV
HRP	Special Programme of Research, Development and Research Training in Human Reproduction
KIIs	Key Informant Interviews
M&E	Monitoring and evaluation
MOH	Ministry of Health
NCPI	National Composite Policy Index
OHCHR	The Office of the United Nations High Commissioner for Human Rights
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
REC(s)	Recommendation(s)
SDG	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
ToR	Terms of Reference
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	UN Development Assistance Framework
UNFPA	United Nations Population Fund
VAW	Violence against women
WHO	World Health Organization

2. Introduction

In 2017, WHO published the Consolidated [guideline](#) on the Sexual and Reproductive Health and Rights (SRHR) of women living with HIV.² This seeks to support front-line health-care providers, programme managers and public health policy-makers to better address the SRHR of women living with HIV in all their diversity.^{3,4}

The starting point for this guideline is when a woman learns that she is living with HIV. This may be at any stage of her life course, whether she be a girl, adolescent, young woman, during her reproductive years or in her post-menopausal years. The guideline covers key issues for providing comprehensive SRHR-related services and support for women living with HIV. Particular emphasis is placed on creating and promoting an enabling environment to support more effective health initiatives and better health outcomes. This is especially important given that women living with HIV often face unique challenges and human rights violations related to their sexuality and reproduction within their families and communities, including from the health-care settings where they seek care. This guideline is meant to help countries more effectively and efficiently plan, develop, monitor and evaluate policies, programmes and services that promote gender equality and human rights and hence are more acceptable and appropriate for women living with HIV, taking into account the national and local epidemiological contexts.

This guideline was developed with engagement from communities of women living with HIV throughout its development, publication and dissemination. In line with this collaborative process, it discusses implementation issues that legal policies, health, social and other relevant initiatives and service delivery must address to achieve gender equality and support human rights. This guideline provides:

- Evidence-based recommendations (RECs) for the SRHR of women living with HIV in all their diversity, and focuses on where the health system has limited capacity and resources;
- Good practice statements (GPSs) on key operational and service delivery issues that need to be addressed to (i) increase access to, uptake of, and the quality of outcomes of SRH services, (ii) improve human rights and (iii) promote gender equality for women living with HIV. The new and existing recommendations and good practice statements from the guideline can be found in Annex A.

This generic Checklist highlights six specific stages and 15 steps. The stages have been adapted from the [UNAIDS 2014 Gender Assessment Tool: Towards a gender-transformative HIV response](#)⁵ and the [UNAIDS and STOP TB PARTNERSHIP Gender assessment tool for national HIV and TB responses - Towards gender - transformative HIV and TB responses](#)⁶.

² Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO <http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf;jsessionid=E4C55EB4F0754BB188903FDD6C3D69BF?sequence=1>

³ Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO <http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf;jsessionid=E4C55EB4F0754BB188903FDD6C3D69BF?sequence=1>

⁴ What do we mean by 'diversity'? See Step 1 below.

⁵ UNAIDS GENDER ASSESSMENT TOOL TOWARDS A GENDER-TRANSFORMATIVE HIV RESPONSE, UNAIDS 2014, http://www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_en.pdf

⁶ Gender Assessment Tool for National HIV and TB responses Towards Gender - transformative HIV and TB response, UNAIDS and Stop TB Partnership, http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf

The overall objective of this generic Checklist is to support women living with HIV and community activists who care about the rights of women living with HIV to guarantee effective implementation of the WHO Consolidated [guideline](#) on the SRHR of women living with HIV. This is important given that uptake of the guideline includes the meaningful engagement of women living with HIV in all their diversity.

This box below is the only guidance WHO provides on the implementation of guidelines.

Implementation of a guideline should be taken into account right from the beginning of the guideline development. Implementation is generally the responsibility of national or subnational groups, which explains why their participation in guideline development is critical. WHO headquarters and regional and country offices can support implementation activities by promoting new guidelines at international conferences and providing guideline dissemination workshops, tools, resources and overall coordination. Implementation strategies are context-specific.

The basic steps for implementing a guideline are:

- Convene a multidisciplinary working group to analyse local needs and priorities (looking for additional data on actual practice);
- Identify potential barriers and facilitating factors;
- Determine available resources and the political support required to implement recommendations;
- Inform relevant implementing partners at all levels; and
- Design an implementation strategy (considering how to encourage the adoption of the recommendations and how to make the overall context favourable to the proposed changes). Implementation or operational research can help inform field-testing and rollout strategies to promote the uptake of recommendations.

There is a range of derivative documents or tools that can be developed to facilitate implementation. These can be distributed with the guideline, or local guideline implementers can develop them. Such documents or tools may include a slide set reflecting the guideline content; a “how to” manual or handbook; a flowchart, decision aide or algorithm; fact sheets; quality indicators; checklists; computerized applications; templates, etc.

WHO HANDBOOK FOR GUIDELINE DEVELOPMENT (2ND EDITION)

3. What is this Checklist and who is it for?

The overall objective of this generic Checklist is to support women living with HIV and community activists who care about the rights of women living with HIV to guarantee effective implementation of the WHO Consolidated [guideline](#) on the SRHR of women living with HIV.

Although this Checklist has been developed for women living with HIV - advocates from other constituencies can use and adapt this generic Checklist to suit other guidelines.

Understanding and having ownership of the guideline and its new and existing RECs and GPSs is an essential component to ensure it will result in a positive impact on the health and well-being of women living with HIV. **The overall outcome is for women living with HIV to have improved and respectful care that results in better SRHR outcomes.**

Please take note of the following:

Additional issues: WHO guidelines can never be exhaustive in their content and are regularly updated. This Checklist was created to support women living with HIV to highlight both what is in the 2017 Consolidated guideline, as well as to identify areas that are considered important in your country that may not have received enough attention in the guideline. Where gaps are identified to exist, individual countries that use this Checklist may choose to include these specific issues to bring more attention to them. One example of this is how the guideline responds or not to the SRHR of trans people and/or people who are non-gender binary living with HIV, including preferred language use in this context.

Language matters: Throughout the development of this Checklist, close attention has been paid to language. Language impacts on how we think about ourselves, as individuals within our families and within society. Advocates and activists constantly use language as a tool to effect change. How we use language is critical to ensure a new discourse in HIV and SRHR that does not stigmatize, but rather catalyses empowerment.^{7,8}

⁷ Language, identity and HIV: why do we keep talking about the responsible and responsive use of language? Language matters, <http://journals.sfu.ca/jias/index.php/jias/article/view/17990/723> 2012 Dilmitis S et al; licensee International AIDS Society.

⁸ UNAIDS Terminology Guidelines 2015, http://www.unaids.org/en/resources/documents/2015/2015_terminology_guidelines

4. How to use the Checklist

The six specific stages and 15 steps provide a guide for how this work can be conducted. However, how this is finally to be determined by the women living with HIV who initiate this process. They can work through a consultant or they can perform the work themselves, if they have the required capacity.

The Checklist process is estimated to take between four and five months to complete at the national level. However, this will depend on each country's context, so is only indicated as a general guide.

Figure 1: Chart to show suggested Stages and Steps of this Checklist – Please note some of these processes may overlap.

Stages and Steps	Timeline (<4 months in total)	Who will do this?	What will the cost be?
STAGE ONE: Obtain high-level commitment <ul style="list-style-type: none"> Step 1 – Convene an advisory group of women living with HIV Step 2 – Secure High-Level Commitment Step 3 – Develop a resource plan Step 4 – Secure a lead organiser to support the process 	2 weeks 2 weeks 1 week 3 weeks		
STAGE TWO: Conduct a desk review <ul style="list-style-type: none"> Step 5 – Review the RECs and GPSs and agree the desk review outline Step 6 – Conduct the desk review Step 7 – Share the draft report with the advisory group Step 8 – Finalise the report 	7 weeks: 3 days 15 days 2 weeks 1 week		
STAGE THREE: Conduct a review workshop <ul style="list-style-type: none"> Step 9 – Organise a workshop with women living with HIV Step 10 – Identify Workshop Participants Step 11 – The Workshop 	1 month: 2 weeks 1 week 1 week		
STAGE FOUR: Use The Findings <ul style="list-style-type: none"> Step 12 – Identify Priority Initiatives Step 13 – Develop an Advocacy Plan Step 14 – Develop a Communication Plan Step 15 – Develop a Fundraising Strategy 	1 week		
STAGE FIVE: Monitoring and evaluation	Ongoing		
STAGE SIX: Sharing the work	Ongoing		

5. Background: Why is this WHO guideline needed?

There were an estimated 18.2 million (15.6 million – 21.4 million) women aged 15 years and older living with HIV in 2017. In 2016, AIDS-related illnesses remained the leading cause of death among women of reproductive age (15–49 years) globally⁹ and 29 adolescents aged 10 – 19 acquired HIV every hour.¹⁰

This guideline builds on the expansion of antiretroviral therapy (ART) and WHO’s recommendation in 2016 to offer immediate ART to all people living with HIV, as well as pre-exposure prophylaxis (PrEP) to people at substantial risk of acquiring HIV.

This guideline consolidates existing recommendations specific to women living with HIV, along with new recommendations (REC) and good practice statements (GPS), based on the available evidence from peer-reviewed publications and a global values and preferences community survey, commissioned by WHO in advance of guideline development. For more information on specific terms related to SRHR see Annex B.

The development of this guideline was uniquely grounded by this global survey, led by women living with HIV, to assess their own SRHR priorities. The report of its findings, “[Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV](#)”, was then used by WHO to inform the guideline, ensuring a woman-centred and human rights based approach across the life-course of women living with HIV in all their diversity.

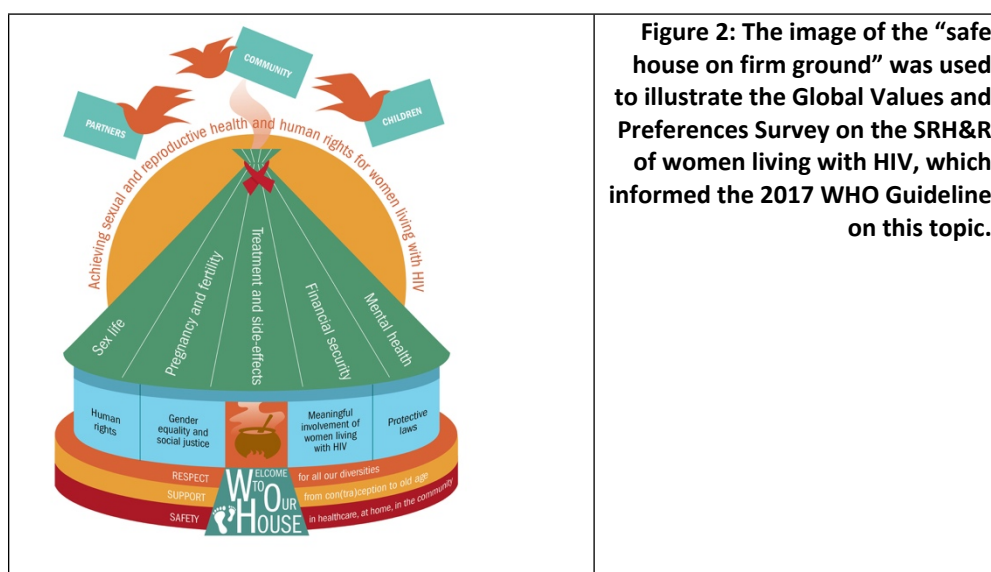


Figure 2: The image of the “safe house on firm ground” was used to illustrate the Global Values and Preferences Survey on the SRH&R of women living with HIV, which informed the 2017 WHO Guideline on this topic.

Although access to treatment has increased in the past decade, this is still not optimal. In addition, many women living with HIV struggle to access SRHR services and face stigma and discrimination and other forms of violence in their home, their community and in health care facilities. This is not only a human rights violation in itself, which can have deep physical, psychological and material consequences for women’s own health and well-being. It is now increasingly recognised that violence against women (VAW) and girls can also pose a key

⁹ Global AIDS monitoring 2017: indicators for monitoring the 2016 United Nations Political Declaration on HIV and AIDS. Geneva: UNAIDS; 2017 (http://www.unaids.org/sites/default/files/media_asset/2017-Global-AIDS-Monitoring_en.pdf)

¹⁰ UNAIDS DATA 2018, http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf

barrier to their access to services and to ART.^{11,12} This presents a huge challenge, both to women's own health and to that of their children and/or other dependents. Indeed, in some countries, the status of women's rights has arguably declined in recent years and the Association for Women's Rights in Development (AWID) has documented a chronic lack of funding for women's rights organisations over the past two [decades](#).¹³

Many women around the world face HIV-related discrimination, which takes many forms. These include, but is not limited to: mandatory HIV testing without consent or appropriate counselling; forced or coerced sterilisation of women living with HIV; coercion or forced use of specific family planning options, sometimes as a prerequisite to access to ART, health providers minimising contact with, or care of, patients living with HIV; delayed or denied quality treatment; demands for additional payment for infection control; isolation of patients living with HIV; denial of maternal health services; and violation of patients' privacy and confidentiality, including disclosure of a patient's HIV status to family members or hospital employees, without authorisation.¹⁴ For more information on adopting minimum standards in health-care settings to ensure a discrimination-free environment for patients and health-care providers see Annex C.

Implementing comprehensive and integrated SRHR and HIV programmes to meet the health and rights of women living with HIV in all their diversity requires initiatives that overcome barriers to service uptake, use and continued engagement. In all epidemic contexts, these barriers occur at the individual, interpersonal, community and societal levels. They may include challenges such as social exclusion and marginalisation, criminalisation, stigma, gender-based violence and gender inequality, among others. Strategies are needed across health system building blocks to improve the accessibility, acceptability, affordability, uptake, equitable coverage, quality, effectiveness and efficiency of health services for women living with HIV. If left unaddressed, such barriers undermine health initiatives and SRHR outcomes of women living with HIV.¹⁵

To advance women's health, it is critical that policy and programme makers uphold the SRHR of women living with HIV. This is both in order to ensure their own intrinsic rights; and also, to enable women living with HIV to access the healthcare they need. The WHO Consolidated guideline on SRHR of women living with HIV clearly reflects this, as the issue of violence is addressed throughout.

¹¹ In Women's Eyes: Key Barriers to Women's Access to HIV Treatment and a Rights-Based Approach to their Sustained Well-Being. Health Hum Rights. Orza L, Bass E, Bell E, et al. 2017;19(2):155-168.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5739367/>

¹² UN WOMEN, Key Barriers To Women's Access To HIV Treatment: A Global Review, AVAC, Athena Network, Salamander Trust, 2017 <http://www.unwomen.org/en/digital-library/publications/2017/12/key-barriers-to-womens-access-to-hiv-treatment>

¹³ 20 years of Shamefully Scarce Funding for Feminists and Women's Rights Movements, Lydia Alpizar Durán 2015, <https://www.awid.org/news-and-analysis/20-years-shamefully-scarce-funding-feminists-and-womens-rights-movements>

¹⁴ The Agenda for Zero Discrimination in Healthcare settings, UNAIDS 2017, <http://www.unaids.org/en/resources/documents/2017/2017-agenda-zero-discrimination-health-care>

¹⁵ Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO <http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf;jsessionid=E4C55EB4F0754BB188903FDD6C3D69BF?sequence=1>

Two examples of how women living with HIV track the national situation and report on their findings include:

The International Community of Women Living with HIV AIDS (ICW) Latina, created a virtual tool to raise awareness of laws, policies and regulations related to the rights of women with HIV, particularly in the areas of HIV, SRHR, VAW, and gender equality. The information was collected through reviewing the legislation in 18 countries of Latin America and the Caribbean, from December 2015 to April 2016. The tool supports national and regional political advocacy processes to advance the human rights of women with HIV and is available [here](#).¹⁶ Following this, three mobile applications are being produced for: i) women with HIV, ii) service providers; and iii) decision-makers.

‘Positive Women’ from Ukraine developed a brochure (authored by Svitlana Moroz) entitled [Human Rights of Women living with HIV in Ukraine: Findings of the community-based research through the CEDAW lens](#).¹⁷ This presents findings of women-led community-based research on SRH, gender equality and human rights, gender-based violence, economic and political opportunities of women living with HIV in Ukraine and submitted this as a [shadow report](#)¹⁸ at the 66th CEDAW Session in Geneva, Switzerland. This report provided evidence and recommendations advocating for better and non-discriminatory provision of services for women living with HIV, sex workers, women who use drugs, lesbian, bisexual women and trans people, and addressing sexual and the other types of violence, including police violence, reproductive and parental rights and multiple stigmas.

The next section starts with Stage One. This will lead you through a recommended process to fully implement the new guideline in your country.

This is usually a complex process and not necessarily a linear journey. Please read through all the steps before you embark on the process.

Identify five or six women living with HIV (as your advisory group – see below for details), who you think might be willing and interested to engage in this process. Arrange a time to meet to go through the stages and steps of this Checklist. Five or six people is considered an ideal number for a committee, to maintain a fluid decision-making process and to accomplish a significant amount of work. This can be increased, if needed, to not more than eight women, to ensure broader diversity.

Process to implement WHO Guidelines at the national level

Adaptation, implementation and evaluation are the steps that complete the guideline development process. The implementation of new guidance gives rise to new evidence of impact and new research questions. Practice needs to be continually re-evaluated, and guidance updated in light of new evidence. Although implementation and evaluation plans do not need to be described in the guideline, they should be considered by the steering group, made available to all guideline contributors and actively supported by the department authoring the guideline. The steering group and Guideline Development Group (GDG) should discuss and document a list of the tools and resources that will need to be made available to countries, such as implementation checklists, costing models and the data that inform assumptions used in economic models. The group may wish to consider which partner(s) will eventually lead guideline adaptation and implementation, the steps they will be expected to take, and any regulatory or licensing implications of specific products. Research on how best to implement guidelines shows that training, ease of use, financial and professional development incentives and feedback of results to health-care providers all need to be considered in implementation plans.

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¹⁶ [Mapeo.icwlatina.org http://mapeo.icwlatina.org/about](http://mapeo.icwlatina.org/about)

¹⁷ Human Rights of Women living with HIV in Ukraine: Findings of the community-based research through the CEDAW lens 2017. http://www.ewna.org/wp-content/uploads/2017/12/HIV-through-CEDAW-lens_eng.pdf

¹⁸ Prepared by NGOs: “Legalife-Ukraine”, “Insight”, “Positive Women”, and “Svitanok” For the submission to the 66th CEDAW Session Geneva, Switzerland 13 February 2017 - 03 March 2017 SHADOW REPORT On the situation of women who use drugs, women living with HIV, sex workers, and lesbian, bisexual women and transgender people in Ukraine http://www.ewna.org/wp-content/uploads/2017/08/CEDAWShadowReport_66-Session_Positive-Women_Ukraine.pdf

STAGE ONE: Obtain High-level National Commitment

Obtain high-level political commitment at national levels from a broad range of stakeholders, including in particular UN agencies, Ministry of Health (MOH), Ministry of Education and Ministry of Finance, and potential donors, to support a process that enables women living with HIV to review current national programming on the SRHR of women living with HIV. Where possible, identifying a prominent, credible national champion for women's health and rights can also ensure the success of this initiative. This will ensure that the right level of involvement is there from the outset, to increase opportunities for national leadership and ownership of the review and for assured action toward the full implementation of the guideline.

The following tasks could be considered, to obtain high-level commitment to review SRHR health services for women living with HIV and to understand which of the recommendations (new and existing) outlined in the Consolidated guideline are being implemented, require improvement or need to be amended in order to be aligned to the 2017 RECs and GPSs.

STEP 1 – Convene a multidisciplinary advisory group of women living with HIV

- Reach out to a network of women living with HIV who have capacity; or request a UN agency to support you to convene an advisory group of women living with HIV to analyse local visions and priorities. A sample letter of invitation to the multidisciplinary advisory group is available in Annex D.

Women living with HIV in all their diversity include but are not limited to: women who are heterosexual, lesbian, bisexual, transgender or intersex; women who use or have used drugs; women who are or have been involved in sex work; women who are single, married or in stable relationships, separated, divorced or widowed; women who are and are not sexually active; women and girls who have undergone female genital mutilation (FGM); women who have tuberculosis (TB), malaria, hepatitis B or C and/ or other co-morbidities; women who are currently or have previously been incarcerated, detained or homeless; women who are economic or political migrants; women who are indigenous; women living with disabilities; women who face or survived violence against them; as well as adolescent girls who have acquired HIV perinatally, in childhood or during adolescence. This guideline recognises that in all countries, especially in areas with high HIV prevalence, some health workers are, themselves, women living with HIV who have their own priorities, needs and aspirations that require special consideration. The guideline captures diversity across age groups, emphasizing that health services that promote SRHR are important for women throughout all stages of the life course, including the post-menopausal years. (WHO 2017 Consolidated Guideline on SRHR of women living with HIV)

- The group, led by women living with HIV, can choose to include one or two women who work on SRHR and VAW, who bring a wealth of experience but may not be women living with HIV. There is great value in appointing a strong, engaged, diverse, multidisciplinary advisory group.
- Advisory group members must commit themselves to create and extend opportunities to:
 - Support advocacy towards advancing the SRHR of women living with HIV in all their diversity;
 - Facilitate and expand advocates' involvement by establishing, building and linking partnerships/organisations/networks with this Checklist process;
 - Initiate and support powerful action towards the full implementation of the guideline at the national levels; and

- Actively share relevant information/communication about other areas relevant to women living with HIV and their SRHR.

A sample Terms of Reference (ToR) for the advisory group is available in Annex E. The advisory group's main role is to:

- Shape and guide the process, through contributing wide diversity of 'expertise through experience'. Their involvement from the outset of the process both enriches the authenticity of the process and also builds their own sense of engagement and ownership of both the process and the outcome.
- Map out existing allies within networks/organisations of women living with HIV as well as women who sit in strategic spaces who are able to influence any SRHR processes at the national level.
- Conduct the steps of this process until funding has been secured and there is a clarity around who will lead this work. This could be a paid consultant or a network or organisations of women living with HIV that have agreed to own this process and can take over the work (see Step 3 below).
- Once funding is secured, the lead organisation will outline a process to support this work internally or identify an in-country consultant to work closely with women living with HIV to facilitate this review and process.
- Ensure that women in all their diversity are included in this discussion. If face-to-face meetings are challenging due to associated costs, think of creative ways to reach out and consult women in all their diversity, such as social media (eg WhatsApp and Facebook groups).

TAKE NOTE! If it is not possible to mobilise funding and there is a desire to bring attention to the Guideline and national gaps focus on the following:

- Focus on the Guideline and do a quick review of what is in there and how this aligns to national programming and existing national laws.
- Identify 5 key areas that are absolutely essential and that you want to see implemented in the country.
- Write a letter to the MoH and copy any supportive UN Agencies and demand that this be addressed and that you would like a meeting to discuss the way forward.
- Do not give up. Whilst it is not ideal, sometimes it is possible to access smaller amounts and to do this work in phases rather than get all the funding all at once.

STEP 2 – Secure High-level National Commitment

Once established, the advisory group can undertake the following tasks:

- Map out key UN and government decision-makers who might support this initiative to undertake a review of existing SRHR services and how they align to the new guideline to strengthen SRHR services for women living with HIV.
- The mapping may also support the understanding that what is highlighted in the guideline may exist in other guidelines at the national level but may not be integrated. This mapping seeks to improve on existing but separated programmes. Often the HIV national programme does not link to the SRHR national programme and vice versa. The same goes for VAW programmes, which are then not adapted for women living with HIV.
- Identify potential barriers and opportunities or allies in building high-level support and prepare strategies to secure this support.
- Determine the cost of, and available resources to conduct this work.
- Prepare a brief two-page concept note. The concept note has two purposes: i) To build support and include others who might not be aware of this process, and ii) To reach out to key decision-makers, calling attention to the SRHR of women living with HIV and the new WHO Consolidated guideline. The concept note highlights why a review of the new SRHR guideline for women living with HIV is important in your country and how this review will enhance the effectiveness of national SRHR services. This will also support a process to obtain resources for this work. A sample concept note is available in Annex F.
- Share the concept note with any allies from relevant ministries as well as technical partners who might be able to support this initiative, along with this Checklist, highlighting why it is needed in your country, to build support with key decision makers.

STEP 3 – Develop A Resource Plan

- List and agree on the human resources required to conduct this review — including consultants and assistants—and their respective responsibilities in the process.
- Prepare a budget for the all the steps of this Checklist and include the following requirements:
 - Administrative expenditures
 - Communication (including dissemination of statements and review findings);
 - Human resources for the review analysis and coordinating women living with HIV in all their diversity;
 - Meetings and workshops (including lodging, travel and logistic costs, as needed); and
 - Other costs, as relevant to the national context.
- Confirm the availability of funds to support the review of the guideline. If necessary, prepare a proposal based on the original concept note that covers all the areas requiring funding. Use this to mobilise resources from prospective donors and or technical agencies. An example of the required budget is available in Annex G.

STEP 4 – Secure a Lead Organiser to Support the Process

- Once funding has been secured, the advisory group will identify an in-country consultant/a network of women living with HIV, or an NGO that works closely with women living with HIV who is committed to facilitating this review and process. This will guarantee adequate coordination and ensure relevant stakeholders are engaged in the entire process (beyond the advisory group who remain in an advisory capacity), from the initial review to implementing the findings. A sample ToR for the lead

- organiser is available in Annex H.
- The consultant/lead organisation/network identified to lead this process must meet the following criteria:
 - Be based in the country and have a strong national experience/presence
 - If an NGO, must have an excellent track record of working with women living with HIV and addressing the SRHR of women living with HIV
 - Have ability to host and organise women to review national policies and programmes around SRHR
 - Be committed to connect to women living with HIV in all their diversity to strengthen the SRHR of women living with HIV and agree with all the principles of the guideline
 - Have financial and human capacity to receive and administer funds.
 - Communicate closely with the advisory group, throughout the process.

 - The advisory group should:
 - Agree on roles and responsibilities and ways of working and communication
 - Define a clear, feasible and achievable timeline to prepare and undertake the rest of the process outlined here, including milestones and deadlines. Deadlines should be influenced by relevant national processes and opportunities where findings can be leveraged, to lobby for action and support applications to donors (e.g. the Global Fund), if relevant.
 - Keep an open mind and look for a consultant with all the different skills which are required at different times in this work. It is important for the advisory group to take this all into account. For example, someone with focus and analytical skills is required for the desk review; and someone with excellent facilitation skills is required to engage and motivate the workshop participants in Stage Three. The advisory group could use different consultants to conduct different pieces of this work if that would result in the best outcomes.

TAKE NOTE!

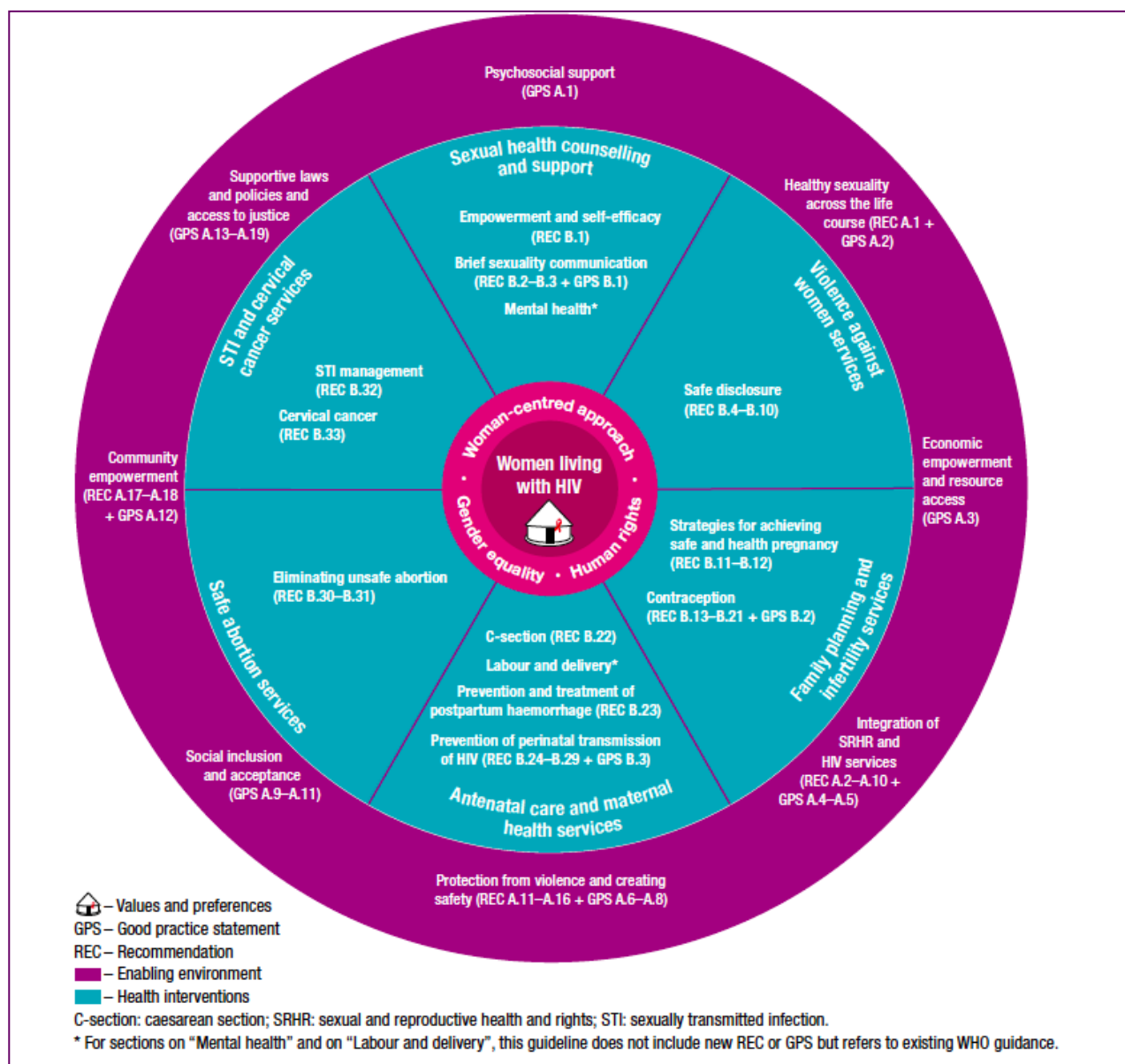
When the consultant/s is/are selected it could be beneficial for the advisory group, in its handover to the consultant, to agree on the following in a workplan that supports the ToR:

- Establish clear lines of communication and agree on specific deliverables and project milestones
- Set the workshop date early (to enable advance bookings and avoid increased flight/travel costs)
- Provide ample time for the consultant(s) to conduct the desk review and allow sufficient time for a solid review of this and time to prepare for the workshop
- Agree on providing updates on progress and challenges in conducting the desk review and workshop preparations
- Ensure early discussion and finalisation of the agenda and its facilitation and ensure that the support team arrive one day ahead of the workshop, to finalise workshop arrangements, set up the workshop room and finalise any printing in advance of participants arriving.

STAGE TWO: Conduct A Desk Review

This figure below presents a visual framework that brings together all the elements of the guideline, with women living with HIV at the core. This figure can guide the desk review, to ensure all areas are reviewed; so that women at the national level can start to identify which ones require special priority and attention. This is often obvious but if not obvious immediately, it should become clearer by the time Step 7 is reached.

Figure 3: Framework of WHO recommendations and good practice statements to advance the sexual and reproductive health and rights of women living with HIV



STEP 5 – Review the RECs and GPSs and Agree the Desk Review Outline

- The desk review should provide a comprehensive overview of national policy and implementation that should ideally be verified by Key Informant Interviews (KIIs)
- Request that the consultant review current in-country documents in the light of each and every REC and GPS, to assess if and how these are all reflected in current policies and/or in program implementation. Use the Traffic Light exercise, to score the policy environment and the programmatic implementation of all RECs and GPSs in red (not happening), yellow (somewhat happening but could be better) and green (is happening). See this as Annex I.
- As reflected in the image on the previous page – the RECs and GPSs all fit into the following areas:
 - Psychosocial support
 - Healthy sexuality across the life course
 - Economic empowerment and resource access
 - Integration of SRHR and HIV [services](#)¹⁹
 - Protection from violence and creating safety
 - Social inclusion and acceptance
 - Community empowerment
 - Supportive laws and policies and access to justice.
- The review should also consider the following initiatives related to the SRHR of women living with HIV, which are grouped into six types of services in the guideline. These include:
 - Sexual health counselling and support services
 - Violence Against Women services
 - Family planning and infertility services
 - Antenatal care and maternal health services
 - Safe abortion services; and
 - Sexually transmitted infection (STI) and cervical cancer services.
- A sample desk review outline is available in Annex K.
- Remember to consider the importance of diversity and ensure that key concerns around diversity are explicit in the desk review where relevant and appropriate.
- And remember women at all stages of the lifecycle, e.g. including adolescent girls, women

TAKE NOTE! The review should include the following

- National strategic plans, national strategies,
- The Consolidated guideline and the national policy and strategy related to SRHR including existing national guideline o the SRHR of women living with HIV
- Adolescent Sexual Reproductive Health (ASRH) policy
- Country gender assessments
- International agreements the country has ratified, National Strategic Plans
- The Global Fund Funding Request
- PEPFAR Country Operational Plan
- National laws
- DHS Survey

¹⁹ Policy Analysis Tool: Utilising a Sexual and Reproductive Health and Rights Approach in National Strategic Plans on HIV and AIDS, ATHENA and HEARD
<http://www.athenanetwork.org/assets/files/NSPs/Policy%20analysis%20tools/Tool%209%20Utilising%20a%20Sexual%20and%20Reproductive%20Health%20and%20Rights%20Approach%20in%20National%20Strategic%20Plans%20on%20HIV%20and%20AIDS>

who don't want and/or don't have children, and post-menopausal women.

STEP 6 – Conduct the Desk Review

- It is advised to allocate 25 days of work to the lead consultant. However, the number of days allocated to this review may need to shift according to the quality and quantity of the documentation provided.
- Whilst this review will take into account evidence-based initiatives where a formal evaluation process has taken place, it is also essential to consider 'grey literature' (materials and research produced by organisations outside of academic institutions) produced by women living with HIV themselves as well as, maybe, NGOs. Often what is most missing from reviews are women's own experiences of what happens to them in healthcare settings, in the workplace and/or at home and the effects these have on their lives and on their service access.
- If no data exist that speak directly to the experiences of women living with HIV, then the desk review would be strengthened by KIIs and/or Focus Group Discussions (FDGs), to obtain more in-depth, nuanced information and observations from individuals or groups of women living with HIV, with knowledge about national implementation related to the SRHR of women living with HIV.
- This preliminary analysis will include: how effectively the national system is responding to the visions and rights of women living with HIV and how relevant these services are to women living with HIV; what changes are required; and where.

STEP 7 – Share the Draft Report with the Advisory Group

- This preliminary analysis will be shared as a draft report with the advisory group for input.
- The preliminary report and elements of the final report will be developed according to the timelines and process agreed with the advisory group for feedback and review of reports. Regular supervisory calls will take place between the advisory group and the consultant/NGO to ensure that the review and other stages listed in this Checklist are on track, and to ensure that the consultant(s) has/ve access to emerging information and issues. Face to face meetings will be held as required.

STEP 8 – Finalise the Report

- With input from the advisory group, finalise the desk review report and ensure wide dissemination of the results and recommendations.

STAGE THREE: Conduct A Review Workshop

Stages One and Two in this Checklist are designed to kick-start the process and to provide women living with HIV with a baseline starting point, to mobilise national action and strengthen attention paid to the SRHR of women living with HIV. Stage Three (supported by the desk review) builds on the previous two stages, to influence national processes effectively. It ensures that countries take the right steps towards fully implementing the Consolidated guideline on SRHR of women living with HIV.

The process is designed to support women living with HIV in their efforts to strengthen an enabling environment, including addressing barriers faced by women living with HIV, such as criminalisation and discrimination in health care settings.

STEP 9 – Organise A Workshop with Women Living With HIV

Organise a workshop with women living with HIV, to continue with this Stage and Stage Four of this Checklist. The national level workshop should take place over three days, ideally as a residential workshop, to increase participants' engagement. A sample agenda for a consultative review workshop is available in Annex L.

STEP 10 – Identify Workshop Participants

Workshop participants should be drawn from different constituencies of women living with HIV, as well as including government, key bi-lateral donors, technical partners, academia and civil society. This ensures a wide range of perspectives to enrich the discussion and reflection on this and Stage Four of this tool.

- The majority of civil society participants should be women living with HIV (and advisory group members are encouraged to attend, for continuity).
- Two workshop participants could come from broader civil society, involved closely in work on SRHR, including VAW, in the context of HIV.
- All women should represent networks – we suggest two women from each of the following networks (including advisory group members)
 - Networks of women living with HIV
 - Networks of women/people who use drugs
 - Networks of sex workers
 - Young women (Representing adolescents 15-18; young women 19-25; and 28-30 representing young people) – including those born with HIV
 - Women with disabilities
 - Women who identify as lesbian or bisexual
 - Women who identify as transgender or intersex
 - Diverse contexts including residential: eg urban, pastoral, fishing, agricultural, imprisoned/detained communities – with different health care settings
 - Women from different faith networks - eg Christian, Muslim, Hindu, traditional, none.
- All participants must:
 - Be able to work well in English or the language most used in the region
 - Have some understanding of WHO guidelines in general and how these work at the national level (info support to be provided by WHO if required)
 - Demonstrate ties to national networks addressing SRHR and national processes
 - Be engaged in national work/advocacy around women living with HIV and SRHR

- Have time to do background preparation for the workshop (at least 1 day)
- Be fully available for all the residential workshop, with no concurrent commitments.

STEP 11 – The Workshop

The workshop will validate and further identify strategic initiatives to address the issues and gaps identified in the desk review, and inform the full implementation of the guideline.

The desk review must be circulated with the agenda two weeks prior to the start of the workshop. Workshop participants should also receive a link to the recorded regional webinar on the WHO Consolidated guideline, convened by WHO, as relevant background information. All the links can be accessed [here](#).²⁰

To start the workshop, the consultant will present the key findings from the desk review. This creates a good starting point for the discussions.

- The workshop will create a solid understanding of the country context, by:
 - Comparing the RECs and GPSs in the guideline with current policy and practice in the country (see also eg ATHENA and HEARD checklist on gender equity. These eight policy analysis worksheets could be used in the desk review and to inform the workshop).
 - Understanding who is funding what around the SRHR of women living with HIV in all their diversity.
 - Identifying existing policy and programmatic gaps that limit the capacity of women living with HIV to enjoy their SRHR.
 - Critiquing national policies, guidelines and programmes, identifying which support efforts toward gender equity and safety for women. How do they relate to national HIV policies (see e.g. the ATHENA checklist).
 - Understanding what is being/may be jeopardised with funding cuts around women’s rights and health, such as the global gag rule?
 - Assessing what is/isn’t working and what needs to change to align to the new RECs and GPSs?
- After the presentation on the desk review, participants are supported to go through the traffic light exercise in small groups for themselves, to ensure they also get to know the actual RECs and GPSs and to start to develop an idea of what is happening and where they need to focus their advocacy. This is also an opportunity to validate the desk review findings.
- The small groups could be formed on a regional, or a context-specific basis. One group could specifically review nationally policy, whilst each regional/contextual group could review program implementation in their region.
- Make a note of new/additional RECs/GPSs and/or research gaps which are missing from the Guideline and ensure that this feedback is formally provided to WHO regarding required updates or where areas are unclear.
- Based on this exercise, participants can populate the advocacy matrix found in Annex M.
- A key output of the workshop should be an outcomes statement prepared by participants and released shortly after the workshop concludes. It is essential that the workshop organisers share this statement widely with partners and that women living with HIV follow up on the statement to advocate for action on the recommendations.

²⁰ Salamander Trust Survey on Sexual and Reproductive Health and Human Rights of Women living with HIV - Salamander Trust <http://salamandertrust.net/project/salamander-trust-survey-sexual-reproductive-health-human-rights-women-living-hiv/>

Annex N is the draft of the statement finalised by the working group in the first pilot workshop conducted in Kenya. It includes a summary of who the participants are and highlights the key challenges and opportunities facing women in all their diversity with regard to their SRHR. The statement concludes with a series of recommendations specifically focused on the Government, technical partners and donors.

TAKE NOTE!

- Make sure the room has natural light and provides ample space for women to be comfortable
- Set up the tables so that women sit in smaller groups (Round tables of 10 works better than one large L shaped tables)
- Ensure there is enough wall space to display the traffic light reviews that each group conducts
- You will need flipchart paper and markers; at least 200 red, orange and green stickers for this exercise and ensure that all participants have paper and pens to take their own notes
- Be prepared! Ensure that all papers are printed ahead of the workshop! Avoid printing at the last minute
- Start the three days with a dinner the night before to go through the workshop objectives and allow sufficient time for generous introductions so that these do not need to be done on day 1 of the workshop
- Make sure the facilitator is skilled in facilitating participatory processes and is able to respect the times set out in the agenda.

STAGE FOUR: Use The Findings

This Stage builds on workshop outcomes and provides guidance on how to progress national efforts to meaningfully address the SRHR of women living with HIV, together with opportunities for support from WHO, UNAIDS, UNFPA, OHCHR and others.

It is essential to build an advocacy and communication plan to implement the following pillars of change: (a) advocacy and required policy changes, (b) legal, health, and other service delivery and access, (c) training and capacity building at legal/policy level; of health service and other providers; of police and judiciary; and of women living with HIV.

This process supports women living with HIV to leverage findings and build and/or re-shape their own advocacy strategies and messages. These need to be linked to existing advocacy efforts being conducted by technical partners and key stakeholders, to ensure the rollout of the new guideline on the SRHR of women living with HIV.

STEP 12 – Identify Priority Initiatives

Identify priority initiatives to address the gaps and opportunities towards fully implanting the new Consolidated guideline. Consider the following criteria when prioritising initiatives:

- Will the initiative have substantial positive impact for women living with HIV?
- Will the initiative be a catalyst for change?
- Is the initiative viable (e.g. technically feasible)?
- Is the initiative applicable and transferable to allow scale-up?
- Do local or national laws exist that support this initiative through a legal framework?
- Are national and international resources available to scale-up the identified initiative?
- Can this initiative be incorporated into ongoing programmes and/or be part of integrated service delivery?
- Can this initiative and its importance be introduced into healthcare students' curricula and/or into continuing professional development programmes?
- Does this action need to be placed on the country's policy agenda (leadership)? And if yes – who is best placed to do this?
- Are there measures to address the logistic and operational challenges identified?
- How can implementation tools be improved to make it more useful to the country's needs?

STEP 13 – Develop An Advocacy Plan

Now that the priorities have been identified, develop an advocacy plan that includes documenting the process and learnings along the way. Define strategies and activities that can support effective achievement of the priority recommendations that require implementation. This requires thinking comprehensively about what it will take to introduce and implement new or improved policies, should this be required. It is important to be realistic about what can be accomplished. For each initiative, answer the following questions:

- What do you want to influence or change?
- What actions are needed to achieve change?
- Who do you need to target?
- When will the actions happen?
- What are key milestones?
- Who will take the action?
- Where can you turn to for support?

Entry points could include the following:

- Inclusion in the HIV national strategic plan (NSP). Include local plans if countries have decentralised administration of public funds;
- Inclusion in the national GBV strategic plan;
- Inclusion in other relevant plans (eg housing, transport, employment);
- Inclusion in national health plan, health sector strategies, or midterm reviews of NSPs above;
- Elaborating the Global Fund to Fight AIDS, TB and Malaria (Global Fund) funding requests, the United States President's Emergency Plan for AIDS Relief (PEPFAR) country plans, or other donors' plans;
- Resource mobilisation opportunities;
- Establishing a national SRHR plan (or similar); and
- Inclusion in the UN Development Assistance Framework (UNDAF);
- Review of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) for your country.

STEP 14 – Develop A Communication Plan

Design a communications strategy to disseminate key priorities emerging from the overall process and workshop.

- Consider the priorities emerging from the review process and determine the key stakeholders and populations that will need further engagement.
- Select media to be used (adjusting the use of communication channels according to context and audience).
- Create (or adjust, if they already exist) the messages so that they are appropriate for both the media used and the intended audience (such as the Ministry of Health apparatus, the Parliament, health-care providers, law enforcement institutions and specific communities).
- Define how the message will be disseminated and identify the tools that will be used to do so.
- Budget for the advocacy and communication strategy and ensure this is cost-effective.
- Foster partnerships with other civil society, government bodies, universities, media outlets and so on.
- Prepare to engage with the media, regarding what women living with HIV are requesting. Ensure that individuals in or beyond the advisory group – ideally women living openly with HIV - are prepared to act as spokespersons; make your requests clear; and explain why these are essential, not only for women living with HIV, but also for the entire population.

STEP 15 – Develop A Fundraising Strategy

Develop a fundraising strategy to support the full implementation of the review findings and priority initiatives. Consider the following sources:

- Government support (country, state and city levels)
- International development and funding partners (including PEPFAR and the Global Fund)
- Private sector funding
- National and international foundations
- Crowd funding/sourcing opportunities.

STAGE FIVE: Monitoring and Evaluation

The WHO Consolidated guideline states:

6.2.1 Women living with HIV as equal partners in research

Research about women living with HIV should be conducted with, by and for women living with HIV, as equal research partners. Research that is pursued and funded in this area should include justification for why it is important to women living with HIV.

Advisory group members should also consider the need for Monitoring and Evaluation (M&E) of this process and to identify who should do this. If their government and national bodies are prepared to conduct monitoring and evaluation of the process, the advisory group should ensure that women living with HIV are meaningfully engaged in the process, as recommended above.

Tasks should include the following three main areas:

- Short term: Assess the extent to which the generic Checklist is useful and used in the specific in-country context and to what extent it leads to increased knowledge of the guideline and of the national context.
- Intermediate: Assess effectiveness in implementing the guideline with related services and programmes; and tracking and monitoring programmes and services.
- Longer-term: Document lessons learned in successfully advocating for change to prove that, through meaningful engagement of and sustained support for women living with HIV, there can be impact to secure the SRHR of women living with HIV.

Monitoring and evaluation systems are used to collect and analyse data to assess the effectiveness and impact of the guideline. The guideline should include outcome or performance measures that can be monitored for the main recommendations. Performance measures may be related to:

- Guideline dissemination;
- Adaptation and endorsement in the national context;
- Policy changes;
- Changes in end-user knowledge and understanding;
- Changes in practice performance;
- Changes in health outcomes and inequities (both by level and distribution); and
- Economic or other social consequences.

Ideally, there should be baseline measures against which to assess performance in relation to the potential change induced by the guideline.

Operational and implementation research can be performed to assess service providers' and end-users' perceptions, and the values and preferences related to guideline implementation. The guideline should propose a specific set of indicators to be monitored and evaluated, including relevant disaggregation of data.

WHO HANDBOOK FOR GUIDELINE DEVELOPMENT (2ND EDITION)

The Action Linking Initiatives on Violence Against Women and HIV Everywhere ([ALIV\[H\]E](#)) Framework²¹ is an applied research implementation framework, created by UNAIDS with civil society partners (2017), to strengthen and improve the evidence base regarding community-based initiatives to address VAW and HIV. One suggested way to measure the change sought here is through ALIV[H]E framework change matrix, shown in the figure below.

This change matrix is adapted from a matrix used by Gender at Work^{22,23} and is also similar to matrices used by the Global Fund for Women,²⁴ the Association for Women in Development (AWID)²⁵ and AmplifyChange.²⁶ It shows how two intersecting fields create four areas for potential change. The vertical line refers to people; moving from the individual at the top, to the whole society at the bottom. The horizontal line refers to spaces; moving from those governed by thoughts, beliefs, customs and practices (more unwritten or ‘informal’ areas), to those governed by rules, regulations and policies (more written or ‘formal’ areas). In each quadrant we can see examples of how gender inequality and other forms of marginalisation occur. Ultimately, all the quadrants are interconnected and influence each other. It is important to remember that all four areas are interconnected and influence each other both ‘positively’ and ‘negatively’. There is a constant tension between the quadrants and it is this tension that creates the space for change.²⁷

When developing the ALIV[H]E framework, what became clear was that what is *least* well researched or understood is Quadrant 1 – namely women’s *own* experiences of health service and/or police policies and practices, women’s *own* experiences of laws and strategies, and women’s *own* experiences of society or workplace attitudes and practices towards them. The new guideline is unique because the Values and Preferences Survey, which preceded it, shaped the guideline. The recommendations and good practices statements in the new guideline are far more reflective of and tailored to women’s *own* perspectives and experiences than previous guidelines have been.

²¹ 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. 2017, http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf

²² Gender at Work – Building Cultures of Equality, Genderatwork.org, <https://genderatwork.org/>

²³ What Is Gender at Work’s Approach to Gender Equality and Institutional Change? <https://genderatwork.org/analytical-framework/>

²⁴ Global Fund for Women, www.globalfundforwomen.org/our-impact/

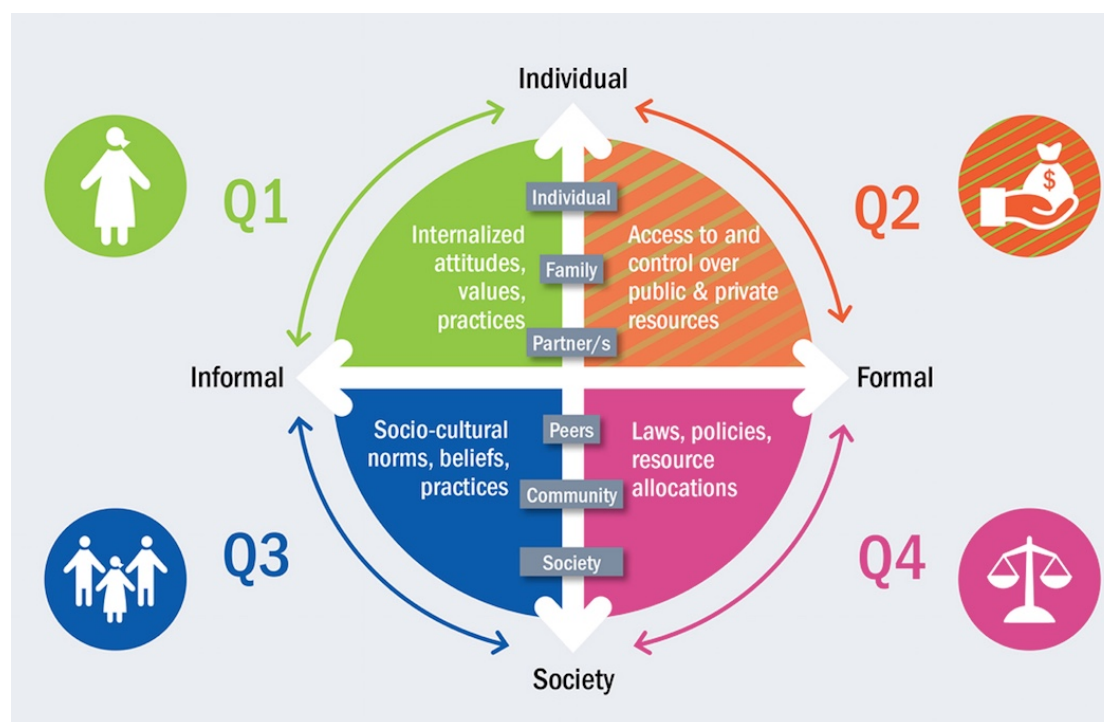
²⁵ Capturing Change in Women’s Realities: a critical overview of current monitoring and evaluation frameworks and approaches. Batliwala, S. and Pitman, A. (2010), AWID. p.18.

www.awid.org/sites/default/files/atoms/files/capturing_change_in_womens_realities.pdf

²⁶ Amplify Change. <https://amplifychange.org/toolsguides/theory-of-change/>

²⁷ 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. 2017, http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf

Figure 4: Change Matrix from the ALIV[H]E framework. UNAIDS et al 2017.



TAKE NOTE!

- Review exactly how much has been allocated to the SRHR of women living with HIV in the national budget and see if it is clear who accessed this money and for what. It is important that all of this information is made available for review – if not the advisory group must demand this level of accountability and transparency
- Review the current national monitoring and evaluation strategy and ensure that women living with HIV are engaged in this process
- Ensure the engagement of women living with HIV in monitoring by adapting/developing common monitoring and evaluation tools such as community scorecards and shadow reports and participatory community diagramming tools (see the ALIV[H]E framework for examples. If possible, conduct analyses of the effectiveness and impact of integrated SRHR and HIV initiatives for women living with HIV. This analysis could create opportunity for women living with HIV to play a more robust oversight role; to ensure accountability and transparency, critique strategies and processes (i.e. biomedical responses, public health approaches, vs rights-based programming) in order to continuously examine and expose the shortfalls, gaps and opportunities for addressing the deepening inequities which fuel vulnerability and inequality.²⁸

²⁸ Meaningful Engagement of Women in the Funding Model of the Global Fund Recommendations from Kenya, Uganda and Zimbabwe, Women4GlobalFund 2016, <http://women4gf.org/2016/10/w4gf-advocacy-brief-meaningful-engagement-of-women-in-the-global-funds-funding-model-recommendations-from-kenya-uganda-and-zimbabwe/>

STAGE SIX: Share The Work

It is important to remember that we must continue to create demand for rights-based policies and programming amongst women living with HIV. All gains must be protected or may be lost.

Consider leveraging social media platforms to reach more women living with HIV. If necessary, consider anonymous platforms (for example setting up a Facebook page of the network and not in the name of a particular person), as a way to communicate challenges and share successes.

Share what you have done with the WHO Department of Reproductive Health and Research, who created the new guideline, with the UNAIDS Gender Team, who are supporting its rollout, with regional networks of women living with HIV and through ICW Global and GNP+! Just as you have benefited from the experiences shared in this Checklist by women living with HIV in Ukraine, Latin America and the Caribbean and elsewhere, please share what you have done, so that others can, in turn, build on your experience. This is all work in progress. There is no single way to do all this and your experiences - successful and challenging - will be valuable for others to learn from.

REMEMBER TO SHARE WITH THE CHECKLIST DEVELOPERS ANY OUTCOMES FROM THIS WORK. WE ARE HERE TO SUPPORT YOU IN THIS PROCESS AND ARE EAGER TO KNOW WHERE THIS CHECKLIST CAN BE STRENGTHENED.

For additional information please contact:

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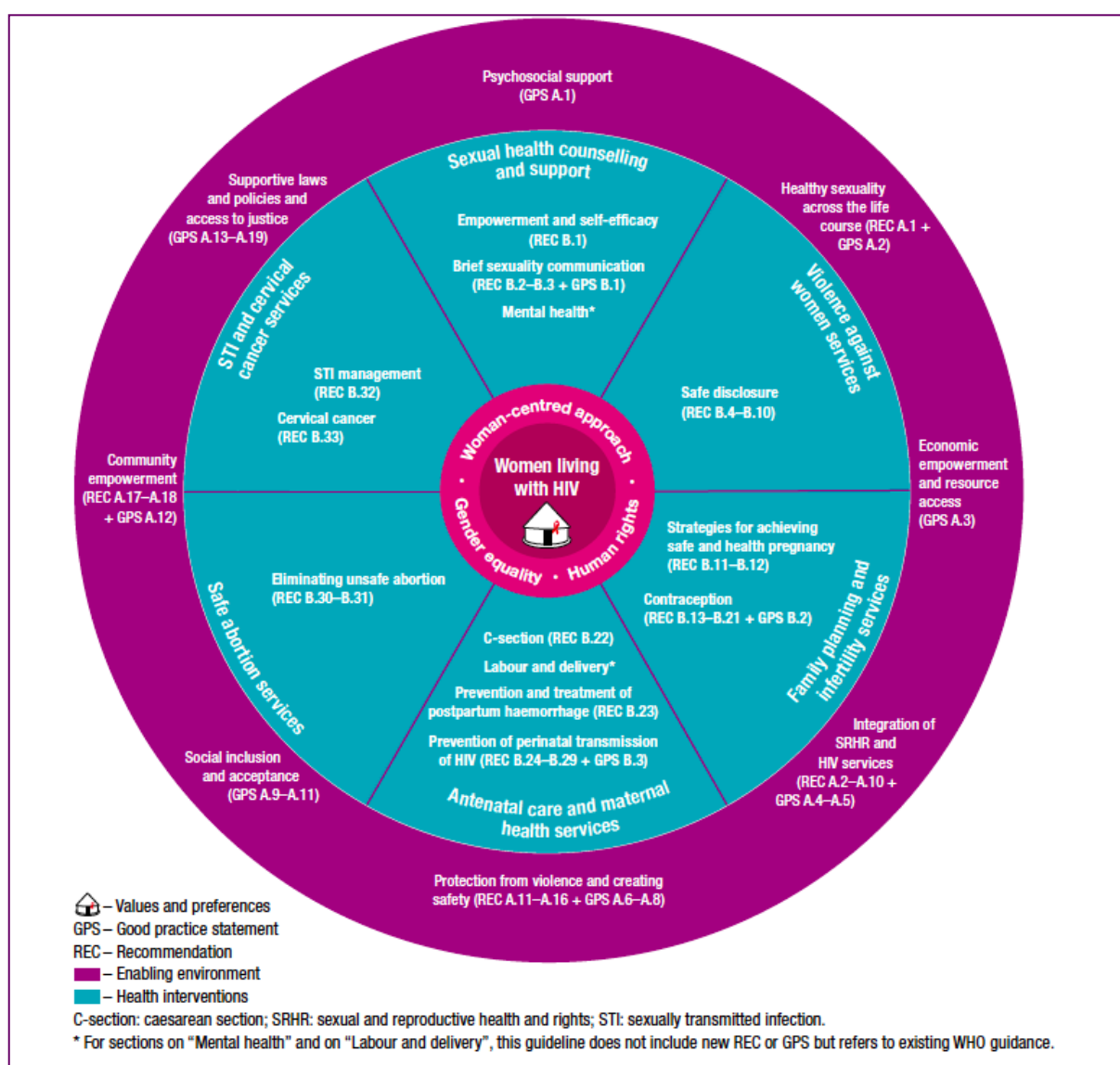
Annex A – Understanding the Recommendations and Good Practice Statements

The Executive Summary of the Guideline provides a full list of the new and existing recommendations (RECS) and good practice guidelines (GPS). It can be accessed [here](#).²⁹

Pages 4-9 list the new and existing recommendations (Table 1).

Pages 10-11 list the new and existing good practice statements (Table 2).

The Executive Summary also contains the figure entitled “Framework of WHO recommendations and good practice statements to advance the sexual and reproductive health and rights of women living with HIV”, below. See the main Checklist for a larger version of this. This shows how the RECS and GPS relate to different relevant issues.



²⁹ Executive Summary Consolidated guideline on sexual and reproductive health and rights of women living with HIV, 2017, <http://apps.who.int/iris/bitstream/handle/10665/254634/WHO-RHR-17.03-eng.pdf?sequence=1>

Annex B – Understanding Specific SRHR Terms

In late 2017, WHO published a document describing how Sexual and Reproductive Health inter-connect. To access this document in full, click [here](#).³⁰ It includes the following current working definitions:

Box 1: WHO Working Definitions

Sexual health

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sex

Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean “sexual activity”, but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Sexual rights

The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognised in international and regional human rights documents and other consensus documents and in national laws. Rights critical to the realisation of sexual health include the right/s to:

- life, liberty, autonomy and security of the person
- equality and non-discrimination
- be free from torture or cruel, inhuman or degrading treatment or punishment
- privacy
- the highest attainable standard of health (including sexual health) and social security
- marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- decide the number and spacing of one’s children
- information, as well as education
- freedom of opinion and expression, and
- an effective remedy for violations of fundamental rights³¹.

The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people’s rights to fulfil and express their sexuality and enjoy sexual

³⁰ Sexual health and its linkages to reproductive health: an operational approach. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO. <http://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf;jsessionid=81C79CA866706C33C997CE5DCE85CF52?sequence=1>

³¹ See also a more recent definition of SRHR in Starrs A et al (2018) “Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission” [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf)

health, with due regard for the rights of others and within a framework of protection against discrimination.³²

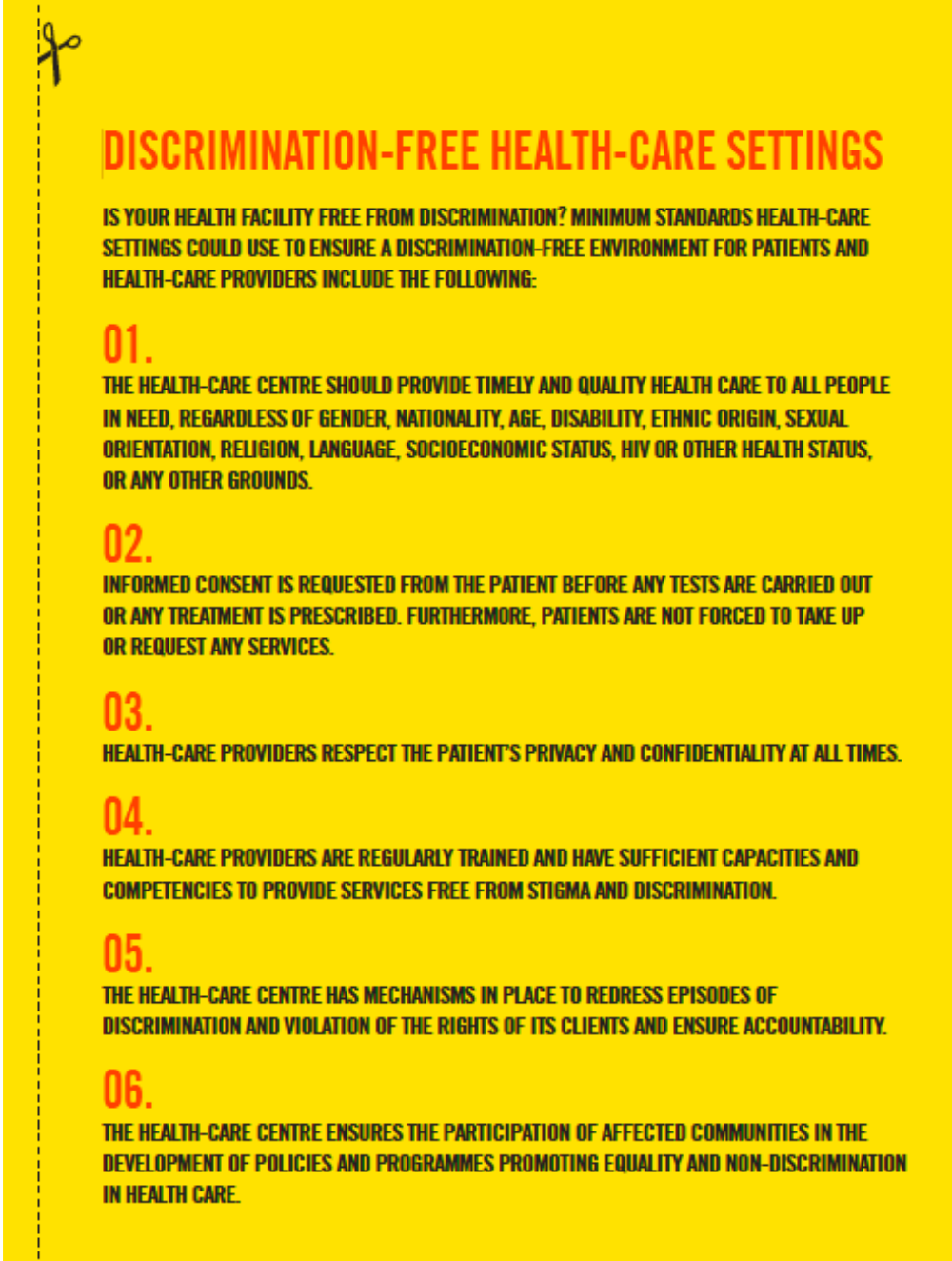
The document presents a rosette, as a “Framework for operationalizing sexual health and its linkages to reproductive health”



³² Defining sexual health, (WHO, 2006a, updated 2010)
https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

Annex C – Discrimination Free Health Care Settings – Minimum Standards

- A. In 2017, the UN released a document entitled “The Agenda for Zero Discrimination in Healthcare settings” This contains the following cut-out page which highlights 6 key statements. The full document can be accessed [here](#).³³



DISCRIMINATION-FREE HEALTH-CARE SETTINGS

IS YOUR HEALTH FACILITY FREE FROM DISCRIMINATION? MINIMUM STANDARDS HEALTH-CARE SETTINGS COULD USE TO ENSURE A DISCRIMINATION-FREE ENVIRONMENT FOR PATIENTS AND HEALTH-CARE PROVIDERS INCLUDE THE FOLLOWING:

- 01.**
THE HEALTH-CARE CENTRE SHOULD PROVIDE TIMELY AND QUALITY HEALTH CARE TO ALL PEOPLE IN NEED, REGARDLESS OF GENDER, NATIONALITY, AGE, DISABILITY, ETHNIC ORIGIN, SEXUAL ORIENTATION, RELIGION, LANGUAGE, SOCIOECONOMIC STATUS, HIV OR OTHER HEALTH STATUS, OR ANY OTHER GROUNDS.
- 02.**
INFORMED CONSENT IS REQUESTED FROM THE PATIENT BEFORE ANY TESTS ARE CARRIED OUT OR ANY TREATMENT IS PRESCRIBED. FURTHERMORE, PATIENTS ARE NOT FORCED TO TAKE UP OR REQUEST ANY SERVICES.
- 03.**
HEALTH-CARE PROVIDERS RESPECT THE PATIENT'S PRIVACY AND CONFIDENTIALITY AT ALL TIMES.
- 04.**
HEALTH-CARE PROVIDERS ARE REGULARLY TRAINED AND HAVE SUFFICIENT CAPACITIES AND COMPETENCIES TO PROVIDE SERVICES FREE FROM STIGMA AND DISCRIMINATION.
- 05.**
THE HEALTH-CARE CENTRE HAS MECHANISMS IN PLACE TO REDRESS EPISODES OF DISCRIMINATION AND VIOLATION OF THE RIGHTS OF ITS CLIENTS AND ENSURE ACCOUNTABILITY.
- 06.**
THE HEALTH-CARE CENTRE ENSURES THE PARTICIPATION OF AFFECTED COMMUNITIES IN THE DEVELOPMENT OF POLICIES AND PROGRAMMES PROMOTING EQUALITY AND NON-DISCRIMINATION IN HEALTH CARE.

³³ The Agenda for Zero Discrimination in Healthcare settings, UNAIDS 2017, <http://www.unaids.org/en/resources/documents/2017/2017-agenda-zero-discrimination-health-care>

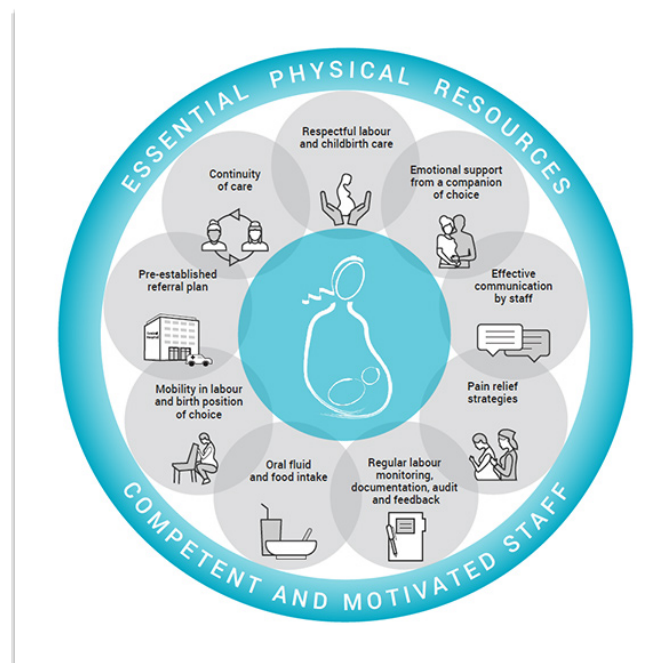
A. Respectful Care

Respectful care or person-centered care is an important contributing factor to better SRHR outcomes for all women, including in particular for women living with HIV. In many situations, disrespect and abuse have been internalised and entrenched in the system to such an extent that they seem like normal behaviour; and disrespect is widespread across countries. Abuse can fall under these seven domains: (1) physical abuse, (2) sexual abuse, (3) verbal abuse, (4) stigma and discrimination, (5) failure to meet professional standards of care which include lack of informed consent and confidentiality, improper conduct of physical examinations and medical procedures, and neglect and abandonment of women, (6) poor rapport between women and providers, and (7) health system conditions and constraints. Stigmatisation and discrimination of women living with HIV occurs across four main categories: 1) ethnicity/race/religion, 2) age, 3) socioeconomic status and 4) medical conditions.

The Respectful Maternity Care Resource Package is a set of manuals, tools, and resources to ensure high-quality, respectful maternal and newborn health services. The resources help program managers, health workers, and technical advisors set up workshops and trainings for facility-based providers and community health workers. The workshops provide practical, low-cost, and easily adaptable strategies to improve respectful care. The Respectful Maternity Care Resource Package was developed by the [Heshima project](#) as part of the USAID Translating Research into Action (TRAction) project. For additional information, click [here](#).

B. WHO recommendations: intrapartum care for a positive childbirth experience

In 2018, WHO released a document entitled “WHO recommendations: intrapartum care for a positive childbirth experience” This is a useful additional document when considering the SRHR of women living with HIV in the context of peri-natal care. The full document can be accessed [here](#).³⁴ It is accompanied by [infographics](#).³⁵ Here are two of them:



³⁴ WHO model of intrapartum care for a positive childbirth experience: transforming care of women and babies for improved health and wellbeing, (Oladapo et al., 2018), <http://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf?sequence=1>

³⁵ *Intrapartum care* http://www.who.int/reproductivehealth/topics/maternal_perinatal/intrapartum-care-infographics/en/

**ALL WOMEN HAVE A RIGHT TO A POSITIVE
CHILDBIRTH EXPERIENCE THAT INCLUDES:**



- Respect and dignity
- A companion of choice
- Clear communication by maternity staff
- Pain relief strategies
- Mobility in labour and birth position of choice

Annex D – Sample Letter of Invitation to the Advisory Group

(INSERT THE DATE)

Dear (INSERT A NAME/S),

Warm greetings to you.

As you may be aware, in 2017 WHO published its Consolidated guideline on the Sexual and Reproductive Health and Rights (SRHR) of women living with HIV, to support front-line health-care providers, programme managers and public health policy-makers to better address the SRHR of women living with HIV in all their diversity.

I seek your active engagement to kick-start a process to organise and coordinate our advocacy to ensure the full implementation of the new WHO Consolidated guideline on SRHR of women living with HIV in our own country, as well as to review the wider legal and policy frameworks and environment which enable our SRH&R to be upheld.

I am setting up an advisory group of women living with HIV to go through the newly developed WHO generic Checklist, which was designed specifically for women living with HIV in all our diversity. The Checklist will support us to assess how aligned or not current policies, programmes and services are to the new Guideline; and build advocacy to ensure the new and existing recommendations and good practice statements in the Guideline are implemented in a manner that empowers, respects and improves the lives of women living with HIV. Please take a look at the generic Checklist, which is attached to have a better understanding of what will be involved.

The advisory group will include not more than eight (8) women that represent *networks* of women living with HIV who have experienced different routes of transmission and live in different settings and appointed based on key diversities noted in the ToR.

Advisory group members commit themselves to create and extend opportunities to:

- Support advocacy towards advancing the SRHR of women living with HIV in all their diversity;
- Facilitate and expand advocates by establishing, building and linking partnerships/organisations/networks with this Checklist process;
- Initiate and support powerful action towards the full implementation of the guideline at the national levels; and
- Actively share relevant information/communication related areas of women living with HIV and SRHR.

For additional information on the advisory group please find attached the Group Terms of Reference. I would really appreciate your support and would be grateful if you could confirm your availability to me before (INSERT DATE HERE). I look forward hearing from you and to be working together on this important effort. NOTHING ABOUT US WITHOUT US!

Many thanks

(INSERT YOUR NAME HERE)

Annex E – SAMPLE TOR FOR THE ADVISORY GROUP

1. Introduction and Purpose

WHO published (2017) the Consolidated [guideline](#) on the Sexual and Reproductive Health and Rights (SRHR) of women living with HIV,³⁶ to support front-line health-care providers, programme managers and public health policy-makers to better address the SRHR of women living with HIV.

This guideline builds on advances in the expansion of antiretroviral therapy (ART) and WHO's recommendation in 2016 to offer immediate ART to all people living with HIV, as well as pre-exposure prophylaxis (PrEP) to people at substantial risk of acquiring HIV. It is a new Guideline, since its scope, content and the process of its development were very different from the Guideline of 2006, which carried the same name.

This guideline consolidates existing recommendations specific to women living with HIV, along with new recommendations (REC) and good practice statements (GPS), based on the available evidence from peer-reviewed publications and a global values and preferences study, commissioned by WHO in advance of the new guideline. The development of this guideline was uniquely grounded by this global survey, which was led by women living with HIV, to assess their own SRHR priorities. The process of starting with this survey first placed their values and preferences at the heart of the guideline. The report of its findings, "[Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV](#)"³⁷, was then used by WHO to shape the guideline, ensuring a woman-centred and human rights based approach.

This generic Checklist has been developed to support women living with HIV to guarantee effective implementation of the guideline at the national level. **This can only happen if the uptake of the WHO Consolidated guideline on SRHR of women living with HIV includes the meaningful engagement of women living with HIV in all their diversity.** If you are a woman living with HIV, understanding the implications of the guideline and its new and existing recommendations for **you** is as an essential component to ensure its success for women living with HIV in countries.

Women living with HIV or other advocates can use or adapt for use this Generic Checklist. The Checklist highlights specific stages and examples to support this process. It includes six stages, adapted from the [UNAIDS 2014 Gender Assessment Tool: Towards a gender-transformative HIV response](#)³⁸ and the [UNAIDS and STOP TB PARTNERSHIP Gender assessment tool for national HIV and TB responses - Towards gender - transformative HIV and TB responses](#)³⁹.

³⁶ Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO <http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf;jsessionid=E4C55EB4F0754BB188903FDD6C3D69BF?sequence=1>

³⁷ Salamander Trust (2014). Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV. WHO, Geneva, <http://salamandertrust.net/wp-content/uploads/2016/09/BuildingASafeHouseOnFirmGroundFINALreport190115.pdf>

³⁸ UNAIDS GENDER ASSESSMENT TOOL TOWARDS A GENDER-TRANSFORMATIVE HIV RESPONSE, UNAIDS 2014, http://www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_en.pdf

³⁹ Gender Assessment Tool for National HIV and TB responses Towards Gender - transformative HIV and TB response, UNAIDS and Stop TB Partnership, http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf

An advisory group of women living with HIV living in each specific country will analyse local visions and priorities to support a process to shape and guide the six stages outlined in the Checklist, through contributing their wide diversity of ‘expertise through experience’.

2. Composition

The advisory group will include 5-6 and not more than eight (8) women that represent *networks* of women living with HIV who have experienced different routes of transmission and live in different settings. This advisory group could be appointed based on the following diversities and criteria:

- a. Represent networks of women living with HIV in all their diversity. The advisory group will strive to ensure that the following is considered at all times with the composition of the group:
 - Diversity in Age – including Young women (Representing adolescents 15-18; young women 19-25; and 28-30 representing young people) – including those born with HIV; older women beyond child-bearing years; women in child-bearing years who cannot have and/or do not want children; women who have children.
 - Diversity in gender, sexual orientation and geography;
 - Expertise across SRHR
 - Expertise in issues affecting and impacting key affected women.
- b. Have understanding of WHO global guidelines that are developed for the health sector and WHO global recommendations and good practice statements that are developed for the global context and need to be adapted if needed for national settings
- c. Demonstrate ties to national networks addressing SRHR and national processes
- d. Are engaged in national work/advocacy around women living with HIV and SRHR
- e. Represent diverse communities which could include those listed in the criteria for workshop participants (see below)
- f. Are able to work effectively in English (since there is reading involved).
- g. Have access to computer, internet and dropbox.
- h. Have some experience of working at policy level and/or research.

3. Nomination to the Advisory Group

- Advisory group members will be identified by women living with HIV who initiate this process and are willing to utilise the Checklist based on their working relationships of networks/organisations and their involvement in advancing the SRHR of women living with HIV.
- Whilst attendance at meetings in exceptional cases may be delegated to another individual in the same organisation/network on a case-by-case basis, there will be no alternate to advisory group members.

4. Roles and Responsibilities

Members of the advisory group either represent the organisation from which they are nominated and/or are appointed as individuals through the expertise they can bring to the group. They are expected to liaise with and gather input from their organisations and/or networks in order to provide guidance to the group. Advisory group members commit to the following:

- a. Be available for up to 10 days background preparation and consultation. This includes to:

- Work closely and support the identified lead (this will either be the lead organisation or the consultant hired to conduct this work).
- Provide guidance to the lead/or consultant and agree the key documents to inform the desk review
- Agree the focus and outline of the desk review
- Review and provide any input and support any work conducted
- b. Listen to the relevant WHO [webinar](#)⁴⁰ for in the Afro region about the new guideline (see links to regional webinars [here](#))⁴¹
- c. Read/view other relevant national materials
- d. Be familiar with the Global Values and Preferences survey and the new WHO [guideline](#)
- e. Provide relevant background information from your country's context to feed into the entire country implementation process, to be conducted by the identified organisation of women living with HIV in your country, or a consultant appointed by the advisory group.
- f. Attend the workshop, if they want to.

Advisory group members commit themselves to create and extend opportunities to:

- g. Support advocacy towards advancing the SRHR of women living with HIV in all their diversity;
- h. Facilitate and expand advocates by establishing, building and linking partnerships/organisations/networks with this Checklist process;
- i. Initiate and support powerful action towards the full implementation of the guideline at the national levels; and
- j. Actively share relevant information/communication related areas of women living with HIV and SRHR.

Members of the advisory group commit to the following values that frame operations: Accountability, women-centredness, respecting diversity and fostering solidarity; collaboration and partnership, commitment to equity and gender-transformative approaches.

Members of the advisory group commit to the following principles that informs practice: Women's rights are human rights; women have the legitimate right to equitably benefit from resources; women are agents of change; and women are diverse.

5. Frequency and Timing

The advisory group will meet face-to-face at least once a month during the process, with more frequent communication around key events and activities. Otherwise there will be regular communication via eg teleconferences, WhatsApp or other means.

6. Terms of Members

A review of the composition will be conducted one month into the process to ensure that a diverse range of individuals/organisations working to advance the SRHR of women living with HIV are involved. The advisory group will be assembled for the duration of this work.

⁴⁰ AFRO Region WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV, <https://www.gotostage.com/channel/965084607443925509/recording/339ce4b3ff3440c6af6f24da3b068363/watch?source=CHANNEL>

⁴¹ Salamander Trust Website <http://salamandertrust.net/project/salamander-trust-survey-sexual-reproductive-health-human-rights-women-living-hiv/>

7. Communications

Communications will be conducted through:

- a. In person meetings
- b. Virtual meetings – through a web-based communications platform and/or WhatsApp;
- c. Emails communications through a dedicated listserv set up for the purpose and for institutional memory; and
- d. A shared Dropbox folder where core documents can be shared with advisory group members.

8. Decision-Making

Decisions will be made by consensus, and if necessary, decisions will be made with the agreement of two-thirds majority vote, based on the total number of advisory group members.

9. Minutes and Agenda

Meeting notes and/or reports will be taken and distributed by the Consultant. The Consultant will organise the agendas prior to each call/meeting with the input of advisory group members.

10. Confidentiality

Advisory group members will be accountable and uphold the highest standards of ethical behaviour and respect principles of transparency, while safeguarding confidentiality as and when required. In addition, members of the advisory group are expected to maintain confidentiality on specific documentation shared for inputs. This will be communicated clearly in communications if required.

11. Conflict of Interest

Advisory group members are obliged to declare any conflicts of interests in a timely manner to the group, and are expected to recuse themselves from conversations and/or decision-making processes. Examples of this include when an advisory group member:

- a. Receives financial or other significant benefit as a result of their position or decision-making;
- b. Has opportunity to influence funding directions, administrative, or other material decisions in a manner that leads to personal gain or advantage; and/or
- c. Has an existing or potential financial or other significant interest that impairs or might appear to impair the individual's judgment in decision-making.

12. Operating Language

The operating language will depend on the language most used in the region.

13. Cessation of Advisory Group Membership

The following will be cause for the cessation of the term of an advisory group Member:

- a. If a member is absent for three consecutive meetings (either in-person or via teleconference) without notice or justifiable reason;
- b. If the individual resigns from the advisory group;
- c. If a conflict of interest is declared that makes it untenable for the individual to fulfil the duties; and/or

- d. If there is clear evidence of the violation of values and principles listed in section 4.

14. Time Commitment and Compensation

Advisory group members will be expected to devote approximately 5 hours per week. Depending on commitments, during the year around national decision-making processes, the time might increase accordingly. Advisory group communication and/or travel costs and other related costs will be covered, subject to prior written agreement. Payment for the work undertaken by each member is subject to country context and could be voluntary, if this is locally considered acceptable.

Annex F – Sample Concept Note Outline

1. Introduction – Why this review? Who are we?
2. Context – What is the situation now?
3. Methodology and Vision
4. Objectives, Outputs and Impacts
 - A. The preliminary objectives are to:
 - 1
 - 2
 - 3
 - 4
 - B. Expected output(s) of this process include:
 - A desk review report
 - A review workshop report
 - Roadmap on related country processes with an advocacy action plan and
 - A statement from advocates with key SRHR requests and recommendations.
 - C. Expected Impact(s) include:
 - Increased effectiveness and capacity of women living with HIV to advocate for rights-based SRHR health services
 - Increased number of women living with HIV aware of the Consolidated guideline
 - Increased women living with HIV utilising the Checklist and related tools to inform SRHR programming at country level.

5. Funding Sources and Budget

The total budget of the project is estimated at US\$xxxx.

The advisory group has secured funding of US\$xxxx from other sources, and thus seeks funding of the remaining US\$xx to contribute towards the workshop. The funds are to be administered by xxxx.

A 15% administration fee will be payable to xxxx for their administrative services for handling the grant, including for logistical support, on-site support, and support in reimbursements.

Annex G – Sample Budget

Nb the project tasks and related costs listed this budget are just for example and should not be taken as complete. There may be other tasks and costs, which a specific country may wish to add.

	PROJECT TASKS	LABOUR COST (\$)	MATERIAL COST (\$)	TRAVEL COST (\$)	OTHER COST (\$)	TOTAL PER TASK
Advisory Group	Supporting the advisory group	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Monthly In person meetings	\$1.00		\$1.00	\$1.00	\$4.00
	Honorarium (If desired)	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Communication costs	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Project Management	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Subtotal	\$5.00	\$5.00	\$5.00	\$5.00	\$20.00
Consultancy	Consultancy Fees Rate per day for:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Coordinating the Advisory Group	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Desk review	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workshop	Residential Conference facilities 2 days (includes conferencing facilities, teas and lunch)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Return Transportation for women out of town	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Return Transportation for women inside town	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Accommodation (Breakfast and dinner) + out of pocket	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Workshop Facilitator	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Air tickets for the Technical support person	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Workshop Rapporteur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Printing of conference materials/Stationery	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Consultant Fees during workshop & post workshop support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Consultant Accommodation and DSA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Bank charges and administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER COST	Other cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Other cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Other cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals		\$5.00	\$5.00	\$5.00	\$5.00	\$20.00
TOTAL		\$5.00	\$5.00	\$5.00	\$5.00	\$20.00

Annex H – Sample ToR for the Consultant

1. Introduction and Purpose

WHO published (2017) the Consolidated [guideline](#) on the Sexual and Reproductive Health and Rights (SRHR) of women living with HIV, to support front-line health-care providers, programme managers and public health policy-makers to better address the SRHR of women living with HIV.

This guideline builds on advances in the expansion of antiretroviral therapy (ART) and WHO's recommendation in 2016 to offer immediate ART to all people living with HIV, as well as pre-exposure prophylaxis (PrEP) to people at substantial risk of acquiring HIV. It is a new Guideline, since its scope, content and the process of its development were very different from the Guideline of 2006, which carried the same name.

This guideline consolidates existing recommendations specific to women living with HIV, along with new recommendations (REC) and good practice statements (GPS), based on the available evidence from peer-reviewed publications and a global values and preferences study, commissioned by WHO in advance of the new guideline. The development of this guideline was uniquely grounded by this global survey, which was led by women living with HIV, to assess their own SRHR priorities. The process of starting with this survey first placed their values and preferences at the heart of the guideline. The report of its findings, "[Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV](#)", was then used by WHO to shape the guideline, ensuring a woman-centred and human rights based approach.

This generic Checklist has been developed to support community activists to guarantee effective implementation of the guideline at the national level. Women living with HIV or other advocates can use or adapt for use this Generic Checklist. The Checklist highlights specific stages and examples to support this process. It includes six stages, adapted from the [UNAIDS 2014 Gender Assessment Tool: Towards a gender-transformative HIV response](#) and the [UNAIDS and STOP TB PARTNERSHIP Gender assessment tool for national HIV and TB responses - Towards gender - transformative HIV and TB responses](#).

This Checklist has planned, systematic and deliberate Stages with steps that examine and question the national response to SRHR services and programmes for women living with HIV. Through the use of the checklist advocates can learn the extent to which the national response recognises the SRHR of women living with HIV.

2. Consultancy Scope

The consultant will be expected to closely familiarise themselves with this generic Checklist and related materials (including but not limited to the online WHO [webinar](#)⁴² for in the Afro region about the new guideline (see links to regional webinars [here](#))⁴³). The Consultant may be responsible for the following task – all of which are to be agreed and may differ, depending on when the consultant is stepping into the process:

⁴² AFRO Region WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV, <https://www.gotostage.com/channel/965084607443925509/recording/339ce4b3ff3440c6af6f24da3b068363/watch?source=CHANNEL>

⁴³ Salamander Trust Website <http://salamandertrust.net/project/salamander-trust-survey-sexual-reproductive-health-human-rights-women-living-hiv/>

- Support and coordinate the advisory group – See Stage One - Steps 1 of the Checklist onwards. This may include:
 - Organise and coordinate in person meetings
 - Take notes during the meetings and ensuring these are circulated and that any identified actions are followed up on
 - Follow up with advisory group members for documentation that was discussed and may be required for the desk review
- Secure High-Level Commitment – See Stage One - Steps 2 of the Checklist
- Develop a resource plan - See Stage One - Steps 3 of the Checklist
- Plan and undertake the desk review – See Phase Two - Steps 5 of the Checklist. This will include:
 - Review the RECs and GPSs through the Traffic Light Exercise
 - Conduct the desk review
 - Seek and ensure input on the desk review from the advisory group
 - Finalise and circulate the desk review report – two weeks ahead of the workshop so that workshop participants are able to read this and so that it informs the workshop.
- Support all work related to the workshop. This may include the following - See Phase three - Steps 9 -11 of the Checklist:
 - Facilitate a review workshop with women living with HIV, including the developing the workshop agenda prior to the workshop – If this consultant does not have the required skills to facilitate a workshop then another consultant must be identified
 - Support the advisory group to identify workshop participants
 - Review relevant materials for the methodology and content of the workshop modules
 - Undertake and report on a pre- and post-baseline survey on the workshop knowledge levels and expectations. To establish the workshop agenda, a baseline survey will be sent to participants prior to the meeting in order to gather information about participants’ knowledge and engagement in SRHR as well as their expectations for the workshop and support required after the workshop. Follow up data will be gathered at the end of the workshop to obtain feedback on new knowledge and skills acquired and plans for using the knowledge following the workshop. See attached as Annex O and P for pre- and post-workshop baseline and evaluation.
 - Oversee assigned responsibilities for workshop participants
 - Participate in workshop organising teleconferences, pre-meeting, daily debriefs during the workshop, and the debrief meeting; and ensuring that all resource people are informed of relevant sessions
 - Ensure that the workshop outcomes statement is completed and shared with key stakeholders – especially those who are mentioned via recommendations in the outcomes statement.
- Support the work post-workshop to move the advocacy forward - See Phase Four - Steps 12-15 of the Checklist.

3. Required skills and competencies

- Familiarity with the WHO guidelines and an excellent understanding of SRHR from the perspectives of women living with HIV;
- Ability to communicate with a wide range of individuals and organisations;
- Good understanding of challenges and concerns of women living with HIV in

- community civil society networks or coalition settings;
- Proven track record of facilitation and leading multi-partner consultative process;
- Excellent interpersonal skills and ability to foster good spirits and communication among women and workshop participants;
- Capacity to establish priorities and to organise work elements of a crosscutting program in a complex, dynamic environment; and
- Aptitude to consolidate information from multiple sources and synthesise information into coherent feedback.

4. Reporting and work arrangements

- Reports, receives guidance and is directly accountable to the lead organisation or the advisory group;
- Work is of a consultant nature; and
- Requires communication and coordination with advisory group as well as resource person(s) at the workshop.

5. Timeline

The consultancy will take place from _____ to _____.

6. Remuneration

For services rendered, **the CONSULTANT** shall be paid up to a maximum of **amount in words (USD figure)**, equivalent to USD xx per day. This full amount shall be released upon the finalisation of the following:

- Submission of the finalised desk review
- Submission of the workshop agenda
- Facilitation of the workshop (unless someone else will conduct this)
- Submission of comments to the draft report of the workshop and finalisation of the workshop report, including the baseline/post workshop survey and the outcomes statement
- Advocacy products that support the full implementation of the consolidated guidelines on the SRHR of women living with HIV. These could include:
 - Articulated Priority Initiatives
 - An Advocacy Pan
 - A Communication Plan
 - A Fundraising Strategy

In agreement,

Name and Signature:

Institutional team leader

Consultant

City and date:

Annex I – Traffic Lights Exercise

Review practical experiences in relation to recommendations in the WHO 2017 guideline on the SRHR of women living with HIV

Use the Traffic Light exercise, to score the programmatic implementation of all RECs and GPSs in **red** (not happening), **yellow** (somewhat happening but could be better) and **green** (is happening).

June 2018

A: CREATING AN ENABLING ENVIRONMENT

Healthy sexuality across the life course

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC A.1: Adolescent-friendly health services should be implemented in HIV services to ensure engagement and improved outcomes.	<i>Highlight if this is something that is essential to women living with HIV in all our diversity -it is important?</i>					

B: HEALTH INTERVENTIONS

Integration of SRHR and HIV services

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC A.2: In generalized epidemic settings, antiretroviral therapy (ART) should be initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings, with linkage and referral to ongoing HIV care and ART, where appropriate.						

REC A.3: Sexually transmitted infection (STI) and family planning services can be integrated within HIV care settings.						
REC A.4, A.5 and A.6: Decentralization of HIV treatment and care should be considered as a way to increase access to and improve retention in care: <ul style="list-style-type: none"> • initiation of ART in hospitals with maintenance of ART in health facilities; ----- • initiation and maintenance of ART in peripheral health facilities; ----- • initiation of ART at peripheral health facilities with maintenance at the community level. 						
REC A.7: Trained and supervised lay providers can distribute ART to adults, adolescents and children living with HIV.						
REC A.8: Trained non-physician clinicians, midwives and nurses can initiate first-line ART.						
REC A.9: Trained non-physician clinicians, midwives and nurses can maintain ART.						
REC A.10: Trained and supervised community health workers can dispense ART between regular clinical visits.						

Protection from violence and creating safety

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...	Don't know and/or don't understand	Comments?
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		RED	AMBER	GREEN		
REC A.11: Women who disclose any form of violence by an intimate partner (or other family member) or sexual assault by any perpetrator should be offered immediate support. Health-care providers should, as a minimum, offer first-line support when women disclose violence. If health-care providers are unable to provide first line support, they should ensure that someone else (within their health-care setting or another that is easily accessible) is immediately available to do so.						
REC A.12: Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis/identification and subsequent care.						
REC A.13: In-service training and training at pre-qualification level and in first-line support for women who have experienced intimate partner violence and sexual assault should be provided to health-care providers (in particular doctors, nurses and midwives).						
REC A.14: Pregnant women who disclose intimate partner violence should be offered brief to medium-duration empowerment counselling (up to 12 sessions) and advocacy/support, including a safety component, offered by trained service providers where health-care systems can support this. The extent to which this may						

apply to settings outside of antenatal care, or its feasibility in low- or middle-income countries, is uncertain.						
REC A.15: Care for women experiencing intimate partner violence and sexual assault should, as much as possible, be integrated into existing health services rather than as a stand-alone service.						
REC A.16: Mandatory reporting of intimate partner violence to the police by the health-care provider is not recommended. However, health-care providers should offer to report the incident to the appropriate authorities (including the police) if the woman wants this and is aware of her rights.						

Community empowerment

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC A.17: Provide free HIV and tuberculosis (TB) treatment for health workers in need facilitating the delivery of these services in a non-stigmatizing, gender-sensitive, confidential, and convenient setting when there is no staff clinic and/or their own facility does not offer ART, or where health workers prefer services off-site.						
REC A.18: Introduce new, or reinforce existing, policies that prevent discrimination against health workers with HIV or TB, and adopt interventions aimed at stigma reduction among colleagues and supervisors.						
REC B.1 (NEW): WHO recommends that for women living with HIV, interventions on self-efficacy and empowerment around sexual and reproductive health and rights should be provided to maximize their health and fulfil their rights.						
REC B.2: Brief sexuality-related communication (BSC) is recommended for the prevention of sexually transmitted infections among adults and adolescents in primary health services.						
REC B.3: Training of health-care providers in sexual health knowledge and in the skills of BSC is recommended.						

Violence against women services

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.4 (NEW): WHO recommends that policy-makers and service providers who support women living with HIV who are considering voluntary HIV disclosure should recognize that many fear, or are experiencing, or are at risk of intimate partner violence.						
REC B.5 (NEW): WHO recommends that interventions and services supporting women living with HIV who are considering voluntary HIV disclosure should include discussions about the challenges of their current situation, the potential associated risk of violence, and actions to disclose more safely, and facilitate links to available violence prevention and care services.						
REC B.6: Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV status to others and empowered and supported to determine if, when, how and to whom to disclose.						
REC B.7: HIV testing services for couples and partners, with support for mutual disclosure, should be offered to individuals with known HIV status and their partners.						
REC B.8: Initiatives should be put in place to enforce privacy protection and institute policy, laws and norms that prevent discrimination and promote tolerance and acceptance of people living with HIV. This can help create						

environments where disclosure of HIV status is easier.						
REC B.9: Children of school age* should be told their HIV positive status; younger children should be told their status incrementally to accommodate their cognitive skills and emotional maturity, in preparation for full disclosure.						
REC B.10: Children of school age* should be told the HIV status of their parents or caregivers; younger children should be told this incrementally to accommodate their cognitive skills and emotional maturity.						

*In the document, school-age children are defined as those with the cognitive skills and emotional maturity of a normally developing child of 6-12 years.

Family planning and infertility services

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.11: In countries where HIV transmission occurs among serodiscordant couples, where discordant couples can be identified and where additional HIV prevention choices for them are needed, daily oral PrEP (specifically tenofovir or the combination of tenofovir and emtricitabine) may be considered as a possible additional intervention for the uninfected partner.						
REC B.12: ART should be initiated in all adults living with HIV, regardless of WHO clinical stage and at any CD4 cell count.						
REC B.13: The correct and consistent use of						

<p>condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and sexually transmitted infections (STIs).</p>						
<p>REC B.14: Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2) can use the following hormonal contraceptive methods without restriction: combined oral contraceptive pills (COCs), combined injectable contraceptives (CICs), contraceptive patches and rings, progestogen-only pills (POPs), progestogen-only injectables (POIs; depot medroxyprogesterone acetate [DMPA] and norethisterone enanthate [NET-EN]), and levonorgestrel (LNG) and etonogestrel (ETG) implants (MEC Category 1). Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2) can generally use the LNG-IUD (MEC Category 2) (Part I, section 12b).</p>						
<p>REC B.15: Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) can use the following hormonal contraceptive methods without restriction: COCs, CICs, contraceptive patches and rings, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants (MEC Category 1). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) should generally not initiate use of the LNG-IUD (MEC Category 3 for initiation) until their illness has improved to asymptomatic or mild HIV clinical disease (WHO stage 1 or 2). However, women who already have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease</p>						

need not have their IUD removed (MEC Category 2 for continuation). LNG-IUD users with severe or advanced HIV clinical disease should be closely monitored for pelvic infection (Part I, section 12c).						
REC B.16: Women taking any nucleoside/nucleotide reverse transcriptase inhibitor (NRTI) can use all hormonal contraceptive methods without restriction: COCs, contraceptive patches and rings, CICs, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants (MEC Category 1) (Part I, section 12d).						
REC B.17: Women using ART containing either efavirenz or nevirapine can generally use COCs, patches, rings, CICs, POPs, NET-EN and implants (MEC Category 2). However, women using efavirenz or nevirapine can use DMPA without restriction (MEC Category 1) (Part I, section 12d).						
REC B.18: Women using the newer non-nucleoside/nucleotide reverse transcriptase inhibitors (NNRTIs), etravirine and rilpivirine, can use all hormonal contraceptive methods without restriction (MEC Category 1) (Part I, section 12d).						
REC B.19: Women using protease inhibitors (e.g. ritonavir and antiretrovirals [ARVs] boosted with ritonavir) can generally use COCs, contraceptive patches and rings, CICs, POPs, NET-EN, and LNG and ETG implants (MEC Category 2), and can use DMPA without restriction (MEC Category 1) (Part I, section 12d).						

REC B.20: Women using the integrase inhibitor raltegravir can use all hormonal contraceptive methods without restriction (MEC Category 1) (Part I, section 12d).						
REC B.21: Intrauterine device (IUD): Women using ARV medication can generally use LNG-IUDs (MEC Category 2), provided that their HIV clinical disease is asymptomatic or mild (WHO stage 1 or 2). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) should generally not initiate use of the LNG-IUD (MEC Category 3 for initiation) until their illness has improved to asymptomatic or mild HIV clinical disease. However, women who already have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed (MEC Category 2 for continuation). LNG-IUD users with severe or advanced HIV clinical disease should be closely monitored for pelvic infection (Part I, section 12d).						

Antenatal care and maternal health services

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.22 (NEW): WHO recommends that elective caesarean section (C-section) should not be routinely recommended to women living with HIV.						
REC B.23: Late cord clamping (performed approximately 1–3 minutes after birth) is recommended for all births while initiating						

simultaneous essential newborn care.						
REC B.24: ART should be initiated in all adolescents living with HIV, regardless of WHO clinical stage and at any CD4 cell count.						
REC B.25: As a priority, ART should be initiated in all adolescents with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4) and adolescents with a CD4 count \leq 350 cells/mm ³ .						
REC B.26: ART should be initiated in all pregnant and breastfeeding women living with HIV, regardless of WHO clinical stage and at any CD4 cell count, and continued lifelong.						
REC B.27: Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer (similar to the general population) while being fully supported for ART adherence.						
REC B.28: The use of amniotomy alone for prevention of delay in labour is not recommended.						
REC B.29: The use of amniotomy and oxytocin for treatment of confirmed delay in labour is recommended.						

Safe abortion services

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.30 (NEW): WHO recommends that safe abortion services should be the same for women						

living with HIV who want a voluntary abortion as for all women.						
REC B.31 (NEW): WHO suggests that women living with HIV who want a voluntary abortion can be offered a choice of medical or surgical abortion, as for all women.						

Sexually transmitted infection and cervical cancer services

Recommendation:	Do you want this REC? If not, why not?	If you <i>do</i> want this REC...			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.32: Sexually transmitted infection (STI) and family planning services can be integrated within HIV care settings.						
REC B.33: WHO recommends the human papillomavirus (HPV) vaccine for girls in the age group of 9–13 years. Girls receiving a first dose of HPV vaccine before the age of 15 years can use a two-dose schedule. The interval between the two doses should be six months. There is no maximum interval between the two doses; however, an interval of no greater than 12–15 months is suggested. If the interval between doses is shorter than five months, then a third dose should be given at least six months after the first dose. Immunocompromised individuals, including those who are living with HIV, and females aged 15 years and older should also receive the vaccine and need three doses (at 0, 1–2, and 6 months) to be fully protected.						

Annex J – Essential Resources and Reading

1. WHO Consolidated guideline on the Sexual and Reproductive Health and Rights (SRHR) of women living with HIV

The guideline discusses implementation issues that health interventions and service delivery must address to achieve gender equality and support human rights. This guideline provides:

- Evidence-based recommendations (REC) for the SRHR of women living with HIV in all of their diversity, and focuses on where the health system has limited capacity and resources;
- Good practice statements (GPS) on key operational and service delivery issues that need to be addressed to (i) increase access to, uptake of, and the quality of outcomes of SRH services, (ii) improve human rights and (iii) promote gender equality for women living with HIV.

<http://apps.who.int/iris/bitstream/10665/254885/1/9789241549998-eng.pdf>

2. Sexual health and its linkages to reproductive health: an operational approach

Sexual health and reproductive health are closely linked, but crucial aspects of sexual health can be overlooked when grouped under or together with the domain of reproductive health. In order to create broader awareness of comprehensive sexual health interventions and to ensure that sexual health and reproductive health both receive full attention in programming (including provision of health services) and research, the World Health Organization (WHO) has reviewed its working definition of sexual health to create a framework for an operational approach to sexual health. The framework, which is intended to support policy-makers and programme implementers and to provide a stronger foundation for further research and learning in sexual health, is presented and described in full in this brief. http://www.who.int/reproductivehealth/publications/sexual_health/sh-linkages-rh/en/

3. Agenda for zero discrimination in health care settings

Zero discrimination is at the heart of the UNAIDS vision, and one of the targets of a Fast-Track response, which focuses on addressing discrimination in health-care, workplace and education settings. UNAIDS and the WHO's Global Health Workforce Alliance launched the Agenda for Zero Discrimination in Health Care on 1 March 2016, which brings together all stakeholders for joint efforts towards a world where everyone, everywhere, is able to receive the health care they need with no discrimination. This means tackling discrimination in its many forms, including by removing punitive laws, policies and practices that undermine people living with HIV, key populations and other vulnerable groups, or block their access to good quality health-care services, and by empowering them to exercise their rights.

http://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf

4. Using complaints to address healthcare violations: A GUIDE FOR HEALTHCARE USERS AND COMMUNITY-BASED ORGANISATIONS August 2016

This guide is for anyone who has a complaint about healthcare services. If you are unhappy about the quality of healthcare services you received or were neglected, mistreated or discriminated against, you can use this guide. Community-based organisations, support groups, health advocacy organisations, paralegals, healthcare workers, community leaders, and the friends and families of healthcare users can also use the guide.

https://hivlawcommission.org/wp-content/uploads/2017/07/Using-Complaints-to-Address-Healthcare-Violations_Draft-7.pdf

5. From Talk to Action: Review of women and girls and gender equality in National Strategic Plans in Southern and Eastern Africa

<http://www.athenanetwork.org/assets/files/NSPs/8.%20HEARD%202011%20-%20From%20talk%20to%20action.pdf> From Talk to Action: Review of Women, Girls, and Gender Equality in National Strategic Plans (NSPs) on HIV and AIDS in Southern and Eastern Africa identifies: Evidence-informed priorities for addressing women, girls, and gender equality through HIV NSPs; Existing policy and programmatic gaps within HIV NSPs; Sample interventions and strategies for addressing women, girls, and gender equality within HIV NSPs. The Review is intended to strengthen the next generation of National Strategic Plans on HIV and AIDS in southern and eastern Africa, and to serve as an assessment tool for on-going reviews of policy and practice. This is accompanied by the Framework for women, girls and gender equality in NSPs (overview)

<http://www.athenanetwork.org/assets/files/NSPs/Framework%20for%20Women,%20Girls,%20and%20Gender%20Equality%20in%20NSPs.pdf>

6. POLICY ANALYSIS TOOLS

ATHENA has created a set of policy analysis tools designed to facilitate a gender analysis of NSPs, and applicable to other policy and interventions. The full set of worksheets are:

- [Enabling Environment: Advancing Human Rights and Access to Justice](#)
- [Meaningful Involvement of and Leadership by Women Living With and Affected by HIV](#)
- [Preventing HIV Transmission among Women and Girls](#)
- [Eliminating Gender-Based Violence and Discrimination](#)
- [Utilising a SRHR Approach in NSPs on HIV and AIDS](#)
- [Increasing Access to and Uptake of Treatment for Women and Girls](#)
- [Strengthening Care and Support by and for Women and Girls](#)
- [Accountability: Budgeting, Monitoring, Research, and Gender Expertise](#)
- [Inclusion and Engagement of the Full Diversity of Women and Girls](#)
- [Addressing GBV & involving men and boys](#)

7. Ukraine CEDAW shadow report

'Positive Women' from Ukraine developed a brochure (authored by Svitlana Moroz) entitled [Human Rights of Women living with HIV in Ukraine: Findings of the community-based research through the CEDAW lens](#). This presents findings of women-led community-based research on SRH, gender equality and human rights, gender-based violence, economic and political opportunities of women living with HIV in Ukraine. It was submitted as a [shadow report](#) at the 66th CEDAW Session in Geneva, Switzerland. This report provided evidence and recommendations advocating for better and non-discriminatory provision of services for women living with HIV, sex workers, women who use drugs, lesbian, bisexual women and trans people, and addressing sexual and the other types of violence, including police violence, reproductive and parental rights and multiple stigmas.

8. ICW Latina CEDAW shadow reports

The International Community of Women Living with HIV AIDS (ICW) Latina submitted a CEDAW shadow report available in Spanish ICW Latina/Capítulo Panamá, RedTraSex/MDDP Panamá y Development Connections.!! identificar las deudas del Estado Panameño en materia del VIH y los derechos humanos de las mujeres: Aportes al Informe Sombra sobre la aplicación en Panamá de la CEDAW.

http://users.neo.registeredsite.com/0/2/7/17704720/assets/Panama_CEDAW_informe_s60516._Mujeres_positivas_y_TRSX.Agosto_18_2017._Final_1.pdf

Following this, UNAIDS, ICW Latina, RedTraSex, Positive LAC Youth and Development Connections will carry out the regional initiative “Strengthening the participation of women living with HIV and female sex workers in the process of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in Latin America”. A full description of this initiative is available here

English:

http://users.neo.registeredsite.com/0/2/7/17704720/assets/CEDAW_women_HIV_and_FS_W..Feb.1_2018.2.pdf

Espanol

http://users.neo.registeredsite.com/0/2/7/17704720/assets/Boletin_CEDAW.Feb.1_2018.2.pdf

9. ICW Latina mapping exercise with list of 37 indicators

ICW Latina created a virtual tool to raise awareness of laws, policies and regulations related to the rights of women with HIV, particularly in the areas of HIV, SRHR, VAW, and gender equality. The information was collected through reviewing the legislation in 18 countries of Latin America and the Caribbean, from December 2015 to April 2016. The tool supports national and regional political advocacy processes to advance the human rights of women with HIV. <http://mapeo.icwlatina.org/about>

10. Link Up

Link Up has enabled 940,000 young people in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda to take control of their SRHR. Link Up has put integration at its forefront, joining SRHR interventions with existing community-based HIV programmes, connecting public and private SRHR and HIV service providers, and generating important evidence to add to the knowledge base on SRHR/HIV integration. The project has built **a cadre of over 10,500 youth leaders, role models and peer educators**, putting them at the centre of the programme’s design and delivery and in the driving seat of its advocacy work <http://www.aidsalliance.org/our-impact/link-up>

11. Accountability and redress for discrimination in healthcare in Botswana, Malawi and Zambia

Southern Africa bears a disproportionate burden of HIV globally and indications are that stigma and discrimination remain high, not only amongst people living with HIV but also amongst those most vulnerable to HIV. Stigma and discrimination are one of the biggest barriers to HIV prevention and treatment. This report is concerned with the availability, effectiveness and sufficiency of systems providing accountability and redress for persons who experience discrimination in healthcare settings. The report focuses on sex workers, lesbian, gay, bisexual and transgender (LGBT) persons, women living with HIV, and persons with disabilities in Botswana, Malawi and Zambia. This is in recognition that these groups may experience increased and multiple forms of discrimination and might find it more difficult to access processes to obtain redress. The research aims to understand the experiences of these persons in terms of discrimination in healthcare and how access to accountability and redress might be expanded through the use of quasi-judicial processes and complaints mechanisms. <http://www.southernafricalitigationcentre.org/wp-content/uploads/2016/09/Discrimination-in-healthcare-1.pdf>

12. The People Living with HIV Stigma Index.

This is a tool that measures and detects changing trends in relation to stigma and discrimination experienced by people living with HIV. In the initiative, the process is just as important as the product. It aims to address stigma relating to HIV while also advocating on the key barriers and issues perpetuating stigma - a key obstacle to HIV treatment, prevention, care and support <http://www.stigmaindex.org/>

Annex K – Sample Outline for the Desk Review

The desk review could include the following sections

1. Executive Summary (Background and summary findings, key recommendations and next steps)
2. Introduction
3. Objectives
4. Analysis methodology (Methods, scope and limitations of the review)
5. Guiding documents used in the review could include the following:
 - a. National strategic plans, national strategies,
 - b. The Consolidated guideline and the national policy and strategy related to SRHR including existing national guideline o the SRHR of women living with HIV
 - c. Adolescent Sexual Reproductive Health (ASRH) policy
 - d. country gender assessments,
 - e. international agreements the country has ratified, National Strategic Plans
 - f. The Global Fund Funding Request
 - g. Global AIDS Monitoring (GAM) and the National Composite Policy Index (NCPI)
 - h. PEPFAR Country Operational Plan
 - i. National laws
 - j. DHS Survey
 - k. laws and policies.
6. Conclusions, Recommendations and Next Steps

You could make use of at least the following sets of information to inform the desk review. These could include:

- a) National **laws** and policies (the legal framework) (eg ICW Latina’s mapping)
- b) National **health** sector policies and programmes
- c) The national DHS (demographic health survey) and other **databases** on women and girls and on women and girls living with HIV (including eg WHO, UNAIDS, UN Women, CEDAW, UNICEF country-specific data)
- d) A review of attitudes and practices towards women living with HIV as portrayed in the **media** (eg TV, radio, newspapers/magazines, social media), as relevant to your country
- e) Court cases or local **tribunals** regarding women living with HIV, and nos. of women living with HIV in the **criminal justice** system
- f) **Workplace** policies and practices regarding women living with HIV
- g) Perspectives, views and experiences of **women living with HIV themselves** for all the above – how they see each of these now and how they would like them to be in future. And what changes are needed to make this happen. (Include eg Stigma Index data if available)

- The desk review should provide a comprehensive overview of national policy and implementation that should ideally be verified by Key Informant Interviews (KIIs)
- Request that the consultant review current in-country documents in the light of each and every RECs and GPSs, to assess if and how RECs and GPS are reflected in current policies and/or in program implementation. Use the Traffic Light exercise, to score the policy environment and the programmatic implementation of all RECs and GPSs in red (not happening), yellow (somewhat happening but could be better) and green (is happening). See this as Annex I.

- As reflected in the image on the previous page – the RECs and GPSs all fit into the following areas:
 - Psychosocial support
 - Healthy sexuality across the life course
 - Economic empowerment and resource access
 - Integration of SRHR and HIV [services](#)
 - Protection from violence and creating safety
 - Social inclusion and acceptance
 - Community empowerment
 - Supportive laws and policies and access to justice.
- The review should also consider the following initiatives related to the SRHR of women living with HIV, which are grouped into six types of services in the guideline. These include:
 - Sexual health counselling and support services
 - Violence Against Women services
 - Family planning and infertility services
 - Antenatal care and maternal health services
 - Safe abortion services; and
 - Sexually transmitted infection (STI) and cervical cancer services.
- Remember to consider the importance of diversity and ensure that key concerns around diversity are explicit in the desk review where relevant and appropriate. And remember women at all stages of the lifecycle, eg including adolescent girls, women who don't want and/or don't have children, and post-menopausal women.
- Results (This preliminary analysis could focus on the red, amber and green results utilised whilst conducting the review to track the national situation and context around the SRHR of women living with HIV. The results could then feed into a narrative that highlights:
 - The quality (state), diversity and scale of SRHR laws, policies and services implemented in the country and how these align to the RECs and GPS in the Consolidated guideline on SRHR of women living with HIV
 - How effective is the national system in responding to the visions, needs and rights of women living with HIV?
 - Are you able to track how much funds are directed towards each area/activity or services provision?
 - How relevant are these services are to women living with HIV in all their diversity (and not for instance only for women living with HIV accessing MTCT or ANC clinics); what changes are required; and where?
 - Is data desegregated and if not - what is needed in order for national data to be made available and disaggregated by sex, age and vulnerability (eg drug use, sex work, disability, SOGI, ethnicity...)
 - Key challenges, gaps and successes in implementation.

Below is a diagram, which may help you think through the different parts of the process.

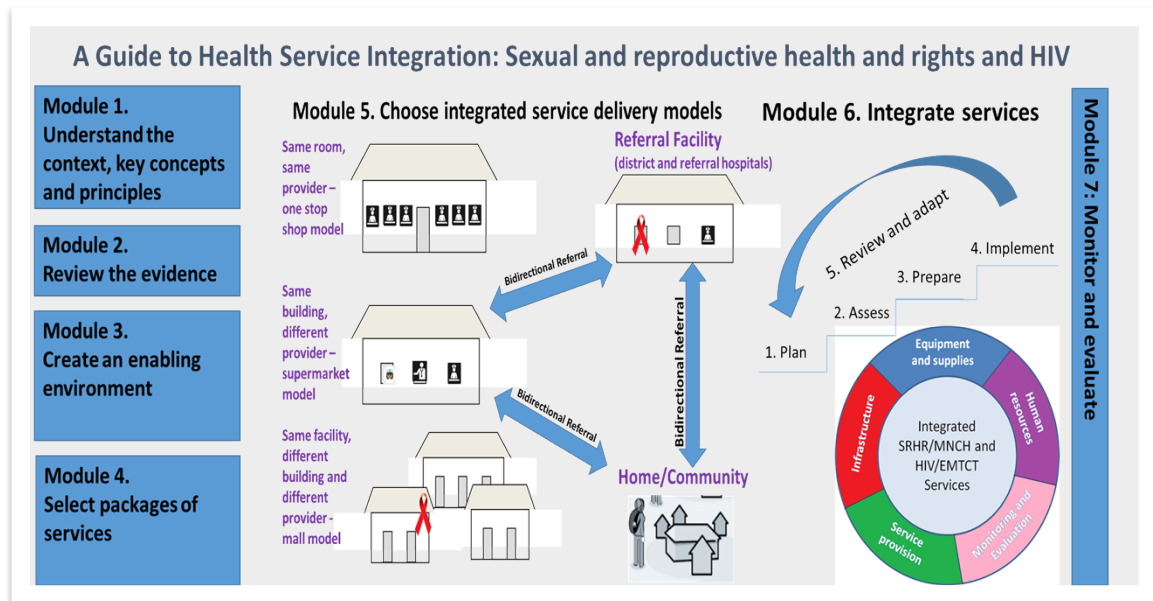


Figure 1: A guide to health service integration: SRHR and HIV for women living with HIV (WHO Draft Diagram, 2018)

Annex L – Sample Workshop Agenda

The sample agenda is for two days owing to the funding available for the Nairobi workshop. However, we would recommend three (with an evening start, the night before the three full days). Please contact Salamander Trust for further discussion on this.

Workshop Objectives

1. To increase knowledge and awareness on the WHO Consolidated guideline on the sexual and reproductive health and rights (SRHR) of women living with HIV (2017) and the Checklist process
2. To support and strengthen the capacity of women living with HIV to advocate for the full implementation of the guideline
3. To validate the desk review findings (Stage Two of the Checklist) and develop priorities and action plans (Stage Four of the Checklist) to sustain community-led efforts on the SRHR of women living with HIV in all their diversity
4. To foster solidarity and build a common agenda amongst women living with HIV, SRHR advocates, technical partners, the MOH and other sectors, within and across Kenya to fully implement the guideline.

Workshop Outputs

- Workshop report
- A country advocacy and communications plan on key priorities
- Immediate, medium and long-term commitments from workshop participants (including UN, MOH and other government partners) on next steps to advance the full implantation of the guideline
- A statement from participants with key requests and recommendations to support rights-based SRHR services and programming in Kenya. Further direction to be decided by workshop participants.

Day 0, (NAME OF DAY, DATE/MONTH/YEAR): Introductory Dinner: (Room xx)

- To welcome participants
- To orientate participants to the purpose of the initiative and workshop objectives and how the agenda is structured including quick ground rules
- To get to know each other and start visioning
- Logistics announcements

Time	Item	Presenters/ Resource
19:00-21:30	Dinner	Official welcome and introduction from UNAIDS, WHO, WOFAK

Day 1: (NAME OF DAY, DATE/MONTH/YEAR)

Objective:

- To increase knowledge and awareness on the WHO Consolidated guideline (2017) and the Checklist process
- To validate the desk review findings (Stage Two of the Checklist)
- To support and strengthen the capacity of women living with HIV to advocate for the full implementation of the WHO Consolidated guideline on the sexual and reproductive health and rights (SRHR) of women living with HIV.

Time	Session
08:00 –08:30	REGISTRATION
08:30 –09:30	<p>Session 1.1. Welcome</p> <ul style="list-style-type: none"> • Quick welcome and recap of workshop objectives and agenda, role of resource people, parking lot and suggestion bowl • Request for volunteers (rapporteur for Day 1; volunteers to develop a shared vision statement; content/logistics eyes) • Sharing of ‘headline’ results from participants’ baseline survey as well as from the visioning from the previous night.
9:30 – 10:30	<p>Session 1.2. The WHO Consolidated guideline 101 <i>Objective: To strengthen participants’ understanding of the WHO Consolidated guideline on the SRHR of women living with HIV (2017)</i></p> <ul style="list-style-type: none"> • How was the guideline created? • How is the guideline structured? • What are the recommendations (REC) and good practise statements (GPS)? • What’s new in the guideline?
10:30 –11:15	<p>Session 1.3. The Checklist <i>Objective: To strengthen participants’ understanding of the Checklist</i></p> <ul style="list-style-type: none"> • Why the Checklist is important? What is the Checklist? How does it work? • How do we navigate the Checklist and where is this workshop placed in the Checklist? • What other tools are available to support this process (ATHENA Checklist on SRHR and other tools)
11:30 –11:45	BREAK
11:45 –13:00	<ul style="list-style-type: none"> • Diving into the key RECS and GPS that came out of the desk review to focus on – getting into group work to strategise on these – Reacting to the challenges and building constructive criticism
13:00 –14:00	LUNCH
14:00 –15:30	<p>Session 1.5. Panel Discussion with women living with HIV, MoH, WHO and technical partners: What’s happening at the national level with SRHR programming? Following up on desk review findings <i>Objective: Plenary discussions on country experiences around SRHR and the visions/desires of women living with HIV (What is the experience? Where are the gaps? What do we need to strengthen based on the visioning?)</i></p>
1530 – 15:45	BREAK
15:45 –16:15	Session 1.6 Identifying and responding to advocacy barriers to SRHR at the national level

	<p><i>Objective: To enable the participants to identify and respond to advocacy barriers to SRHR programming within their country</i></p> <p>Group activity for participants to: identify and group the priority 'roadblocks' to their advocacy; and develop strategies to respond to them</p>
16:15 –17:25	<p>Session 1.7 The role of advocates, technical partners in supporting the advocacy of women living with HIV</p> <p><i>Objective: Mapping who is there, roles and what is needed from technical partners</i></p>
17:25 –17:30	<p>Session 1.8. Wrap-up of key issues raised in Day 1 and (if required) attention to parking lot issues or anything in the bowl</p>

Day 2: (NAME OF DAY, DATE/MONTH/YEAR)

Objectives:

- To support and strengthen the capacity of women living with HIV to advocate for the full implementation of the guideline
- To foster solidarity and build a common agenda amongst women living with HIV, SRHR advocates, technical partners, the MOH and other sectors, within and across Kenya to fully implement the guideline.

Time	Session
08:30 –09:00	<p>Session 2.1. Welcome</p> <ul style="list-style-type: none"> • Welcome to participants; brief reminder of objectives, Day 2 programme and ground rules; and request for rapporteur for Day 2 • Re-cap of Day 1
09:00 –09.45	<p>Session 2.2. Sharing of Workshop Statement</p> <p><i>Objective: To share the key themes and issues in the shared visioning statement</i></p> <ul style="list-style-type: none"> • Sharing the draft shared visioning statement • Feedback on the themes and issues addressed in the shared visioning statement
09.45 –10:45	<p>Session 2.3. Solidifying focus on key RECS and GPS that came out of the desk review. Group work to strategize on key RECS and GPS</p>
10:45 –11:00	BREAK
11:00 –12:30	<p>Session 2.4. Defining Visions, Challenges, Proposals and Action Plan</p> <p><i>Objective: Develop an Action Plan to ensure the full implementation of the guideline</i></p> <ul style="list-style-type: none"> • Development of an Action Plan related country processes – identifying key actions to be taken and messages to be communicated and with whom.
12:30 –13:30	LUNCH
13:30 –15:00	<p>Session 2.4. (Continued)</p> <ul style="list-style-type: none"> • Continued development of Action Plan <p>Presentation of examples of Action Plans by participants and discussion of what else needs to happen</p>
15:00 –15:15	BREAK

15:15 –15:45	<p>Session 2.5. Personal commitments</p> <p><i>Objective: To provide a space for the participants to develop a personal commitment for action in the follow-up to the workshop</i></p> <ul style="list-style-type: none"> • Development of personal commitments for action by individual participants – to be followed-up after the workshop. Identifying immediate (1 month), medium (3 months) and long-term (6 months) commitments/actions to advance the SRHR Consolidated guideline • Sharing of commitments for action as a Gallery of Action
15:45- 17:00	<p>Session 2.6. Wrap-Up</p> <ul style="list-style-type: none"> • Wrap-up of key issues raised throughout workshop • Summary of next steps • How are we going to keep in touch and continue sharing!! • Completion of end-of-workshop survey by participants

Annex M - Sample Advocacy Matrix

What do you want to influence or change? (RED REC number or GPS Number)	Why do you think this is necessary?	What actions are needed to achieve change?	Who or what process is in a position of power to influence change?	Who will support you in this effort?	Who might oppose you (allies and foes)?	When will the actions happen? What are the strategic entry points or opportunities?	Who will take the actions?	Where can you turn to for technical assistance?
1.								
2.								
3.								
4.								
5.								

Annex N - Sample Outcomes Statement

A call from participants at a workshop to the Government of Kenya, Technical Partners and Donors

There were an estimated 910 000 women living with HIV out of the 1.5 million people living with HIV in Kenya. 55% of new infections occurred amongst women and girls aged 15 and over. 29% of all new HIV transmissions occurred among adolescent girls and young women between the ages of 15-24. Kenya HIV estimates 2016, National AIDS Control Council (2017)

Women living with HIV from across Kenya gathered in Nairobi from 25–26 April 2018 to discuss key challenges and opportunities, to fully implement the [WHO 2017 Consolidated Guideline on the Sexual and Reproductive Health and Rights \(SRHR\) of women living with HIV](#).

We represent women living with HIV who come from diverse county contexts across Kenya. Some of us include women who express a different sexual orientation and gender identity; women who use drugs and engage in sex work; women of all ages, of different routes of transmission and representing diverse religions; and women also affected by cervical cancer, TB and malaria.

Our workshop takes place when key national frameworks are being reviewed across Kenya and at a time when the world is backtracking on supporting the SRHR of women generally. We want to live in a world where we can meaningfully engage in all research and decision-making that affects our lives. We want systems that respect a woman-centred, rights-based, gender equitable approach to health care that consciously adopts the perspectives of women in all our diversity. We have the right to life-long safety, support and respect. We are not homogenous, we are diverse and require services fit for purpose. We are not just beneficiaries of services. We are rights-holders with needs, aspirations and preferences that must be addressed with dignity and comprehensively, throughout our lives in line with the [UNAIDS Agenda for Zero Discrimination](#) in Health Care Settings.

In many countries, women living with HIV do not have equitable access to good-quality health services and are also faced with multiple and intersecting forms of stigma and discrimination. Furthermore, women living with HIV are disproportionately vulnerable to violence, including violations of their SRHR WHO Consolidated guideline on SRHR of women living with HIV

What is the Reality?

Substantial gaps exist, on the one hand, between what is enshrined in the Kenyan constitution and in national policies and strategies on health; and on the other hand, how these are translated into implementation. In addition, we identify the need for additional financial and human resources. We also struggle with health care providers' attitudes, which must become more responsive to our reality and needs. We appreciate that health care providers often work under pressure, often exacerbated by evaluation systems that prioritise quantity over quality. There is thus an urgent need to systematically review and address health services' attitudes and practices towards women living with HIV.

Sexual rights protect our right to decide if, when, where, how and with whom we choose to have pleasurable sexual experiences, irrespective of our HIV status. However, health care providers and others often assume that our sex lives should cease once we have HIV. Yet sexual pleasure is fundamental in our lives and sexual intimacy is known to play a valuable part in maintaining psychological wellbeing. We have the right to have confidential, non-judgmental information and tools to protect ourselves from violence, from unplanned pregnancy and from (other) STIs. Sexual rights include mutual respect, consent and equality. They also include the right to develop and sustain mutually respectful communication and relationship skills, to enable women to express our sexuality freely, if and when we choose. Reproductive rights protect our rights to make informed, voluntary and educated choices about whether or not to have children, irrespective of our HIV status. It means we decide if, when and how to have children, how many children we have, and having them safely. Implicit in reproductive rights is the right to access to non-judgmental, confidential information, skills and resources, the right to access quality healthcare for all our reproductive health issues, whether related to childbirth or not, and, if we do choose to have children, the freedom to make educated decisions about contraception, birthing and infant feeding methods.

Whilst we celebrate the gains of medicine and science and are alive today because of this, we still need time to adjust to the idea of taking medication for life. This is essential as Kenya works towards achieving

Universal Health Coverage. Life-changing decisions should never revolve around someone else's timeline in the name of 'test and treat'. We require time, space and peer-support to fully understand the reality of living with HIV and to adjust to the idea of daily medication for life. We want approaches that go beyond biomedical, and provide psychosocial support that transforms our lives. As our quality of life improves, so will our ability to take [medication for life](#).

Recommendations

Whilst most relevant policies exist, Kenya still has far to go, in order to implement comprehensive and sustainable responses for women living with HIV. We recommend the following to overcome these challenges:

Kenyan Ministry of Health and NACC

- **Conduct a thorough review of existing guidelines**, to ensure that all Kenyan policies and strategies should adopt and, be aligned to the principles of being women-centred, rights-based and gender equitable, which are at the heart of the Consolidated guideline on the SRHR of women living with HIV.
- **Meaningfully engage women living with HIV** to address existing barriers to the full implementation of RECs and GPSs, to create an enabling environment and ensure effective health interventions.
- **Develop a robust action plan to review health services attitudes and practices**. Ensure that front-line workers have the right training and guidance on gender and human rights, to better understand and respond to our needs and priorities as women living with HIV. This is essential if we are to truly overcome barriers to accessing services, given the insufficient knowledge or awareness of our needs and rights.

Technical partners or Partners 44

- **Continue to support us**. We require capacity support for critical activities such as convening our constituency and building our knowledge base to be more effective advocates in environments often resistant to change. Technical partners are mandated to support us in such efforts. Often, we need your support to participate meaningfully and to conduct effective advocacy.

Key donor partners

- Leverage other models beyond 'test and treat' that do not dictate when we start treatment – ensure that we are part of any decisions that affect our own lives.
- Review the priorities outlined in the Consolidated guideline and lobby for their inclusion into national policies and strategies as a precursor to accessing funding in Kenya
- **Continue to support organisations and networks of women living with HIV**, especially those from key affected populations, who are struggling to access funding for the important work we are doing, let alone funding to convene and develop national strategies. Kenya as a country will not be able to turn the tide on inequalities without the meaningful involvement of women in communities who are the backbone of the health care system in Kenya.



For more information, please contact Ms. Dorothy Onyango, Chief Executive Officer, WOFAK, dorothy@wofak.org **APRIL 2018**

⁴⁴ UNAIDS, UNDP, UNFPA, UNICEF, UN WOMEN, WHO

Annex O - Sample Pre-Workshop Survey from the Kenya Workshop



Beyond HIV and AIDS

Pre-Workshop Survey
SRHR Priorities For Women Living With HIV In Kenya

April 25-26, 2018

1. Personal Data

- Please tell us what year you were born in _____
- What is your county of origin/work in Kenya _____
- What is your highest academic level _____

2. Which of the following community groups do you represent and identify with?

(Please tick all that apply)

- Women living with HIV
- Young women
- Girls
- Adolescents
- Sex workers
- People who use drugs
- Lesbian, gay, bisexual, transgender, Intersex (LGBTI) communities
- Migrant workers
- Malaria communities

3. What is your gender? (Please tick one that applies)

- Male
- Female
- Other (specify)

4. In terms of your sexual orientation how do you identify yourself? (Please tick all that apply)

- Heterosexual or straight
- Homosexual
- Lesbian
- Bisexual
- Other (specify)
- Prefer not to answer

5. **How would you define Sexual and Reproductive Health and Rights?**
- Sexual Health _____
 - Sexual Rights _____
 - Reproductive Health _____
 - Reproductive Rights _____
6. **Based on how you identified yourself above, list 3 key priority sexual and reproductive health and rights (SRHR) issues that affect you?**
- _____
 - _____
 - _____
7. **What are the key interventions that could address the sexual and reproductive challenges that you are facing?**
- _____
 - _____
 - _____
 - _____
8. **Comment on the availability of SRHR services for women living with HIV in your locality?** (Tick the following if they apply):
- Everything is readily available
 - Everything is accessible
 - Some things are available in some facilities (Name the facility)
 - Most things are not available close to me
 - The most important things are not available to me
 - Nothing is available anywhere
9. **From your own experience how would you rate the quality of SRHR services for women living with HIV that is provided in your locality:** Tick the following:
- Excellent – I have no complaints
 - Good – but more can be done
 - Fair – I get all the basics that I need
 - Not good enough –my basic needs are not met
 - Poor – none of my needs are met.
10. What challenges if any have you experienced when trying to access SRHR services from facilities?
- _____
- _____
- _____
- _____
- _____
- _____
11. What recommendation would you make to ensure these SRHR services for women living with HIV are available to all women regardless of orientation/diversity?
- _____
- _____
- _____

12. Which institutions, government, non-governmental and private would you direct these recommendations to and why?

Annex P - Sample Post-Workshop Evaluation from the Kenya Workshop

To help us improve further workshops on this topic in other countries, please would you fill in this evaluation now.

1. Usefulness of the workshop

a. Overall, please describe how you found the workshop? (Please tick one)

- Very useful
 Useful
 Not useful

b. Which workshop session(s) was the most useful to you and why?

c. Which workshop session(s) was the least useful to you and why?

2. Workshop objectives

Please comment or tick the box that to show how you feel we addressed the objectives for the workshop sessions

	Fully met	Partly met	Not met
Objective 1: To increase knowledge and awareness on the WHO Consolidated guideline on the sexual and reproductive health and rights (SRHR) of women living with HIV (2017) and the Checklist process			
Objective 2: To support and strengthen the capacity of women living with HIV to advocate for the full implementation of the guideline			
Objective 3: To validate the desk review findings (Stage two of the Checklist) and develop priorities and action plans (Stage four of the Checklist) to sustain community-led efforts on the SRHR of women living with HIV in all their diversity			
Objective 4: To foster solidarity and build a common agenda amongst women living with HIV, SRHR advocates, technical partners, the MoH and other sectors, within and across Kenya to fully implement the guideline			

3. Your expectations for the workshop

Please let us know what you think about these statements

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
a. The information provided in the workshop will benefit my community/organization					
b. The information provided in the workshop has built my confidence to advocate for the guideline to be fully implemented					
c. The information provided in the workshop has built my confidence to engage more in my country					
d. The workshop provided me with an opportunity to meet new people and develop new partnerships					

4. Workshop logistics

Please let us know what you think about these statements:

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
Before the workshop					
a. I was happy with my travel arrangements					
b. The logistics information prior to arrival in Nairobi was clear and comprehensive					
During the meeting					
c. I was happy with the accommodation					
d. I was happy with the meeting space					
e. I was happy with arrangements for lunch and breaks					
f. I was happy with the out of pocket reimbursements					
Overall logistics					
g. I felt well taken care of for this workshop					

5. Other comments

Please share with us any other thoughts or feedback on the workshop

THANK YOU!