



## **GENDER ASSESSMENT OF UGANDA'S HIV RESPONSE**

### **FINAL VERSION**

This assessment was undertaken by a team of consultants on behalf of The AIDS Support Organization (TASO) and the Uganda AIDS Commission (UAC) with support from The Global Fund. The consultants were: Denis Muhangi, PhD (Team Leader); Catherine Anena, PhD; and Peter Byansi.

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## ACKNOWLEDGEMENTS

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# EXECUTIVE SUMMARY

## **Introduction**

This gender assessment was conducted to assess the progress made in addressing gender issues within Uganda's HIV response during the period July 2015 to March 2018. The assessment was commissioned by The AIDS Support Organization (TASO) Uganda, the Principal Recipient of The Global Fund and was conducted between December 2017 and March 2018. Oversight for the assessment was provided by the Uganda AIDS Commission (UAC) through a Multi-sectoral Gender and HIV Steering Committee.

## **Methods**

The gender assessment was conducted through a combination of qualitative and quantitative methods. A score card methodology was used with stakeholders at national and district levels. The main tool for this assessment consisted of a scorecard adapted from previous gender assessments and scorecards, and informed by the UNAIDS tools and guidelines for conducting gender assessments. The scorecard was aligned along the thematic areas in the National Strategic Plan (NSP) for HIV&AIDS in Uganda 2015/16-2019/2020; and included gender-related indicators from the NSP and other relevant guidance documents. For each indicator, a score and a letter grade on a scale of A, B, and C, was used, whereby: A = Yes (71-100%); B = To some extent (41-70%), and C = No (0-40%).

Further qualitative data was collected from actors at different levels, through regional consultative workshops, focus group discussions and stakeholder validation meetings. Relevant documents were also reviewed. Scores for each indicator are presented in a table chart represented by color codes (traffic lights) in colors Green for A (representing good performance), Amber/Cream for B (representing moderate performance) and Red for C (representing poor performance). A gender analytical framework that focuses on access, participation and control, borrowing from the Women's Empowerment (Longwe) Framework (1990) was used to analyze the extent of gender differences in the HIV&AIDS landscape in Uganda and the factors underlying the existing patterns.

## **Summary of Key Findings**

Noticeable achievements have been made in addressing gender concerns in the HIV response since 2015. The greatest strides of achievement were found in the thematic area of care and treatment. This was attributed to the 'Test and Treat' policy, which has enabled the enrolment of almost all persons who test HIV positive. Overall, however, there are glaring gaps on many indicators, where much more effort is needed. Out of the 38 indicators assessed, only three (3) scored an A (i.e. in the range 71-100%).

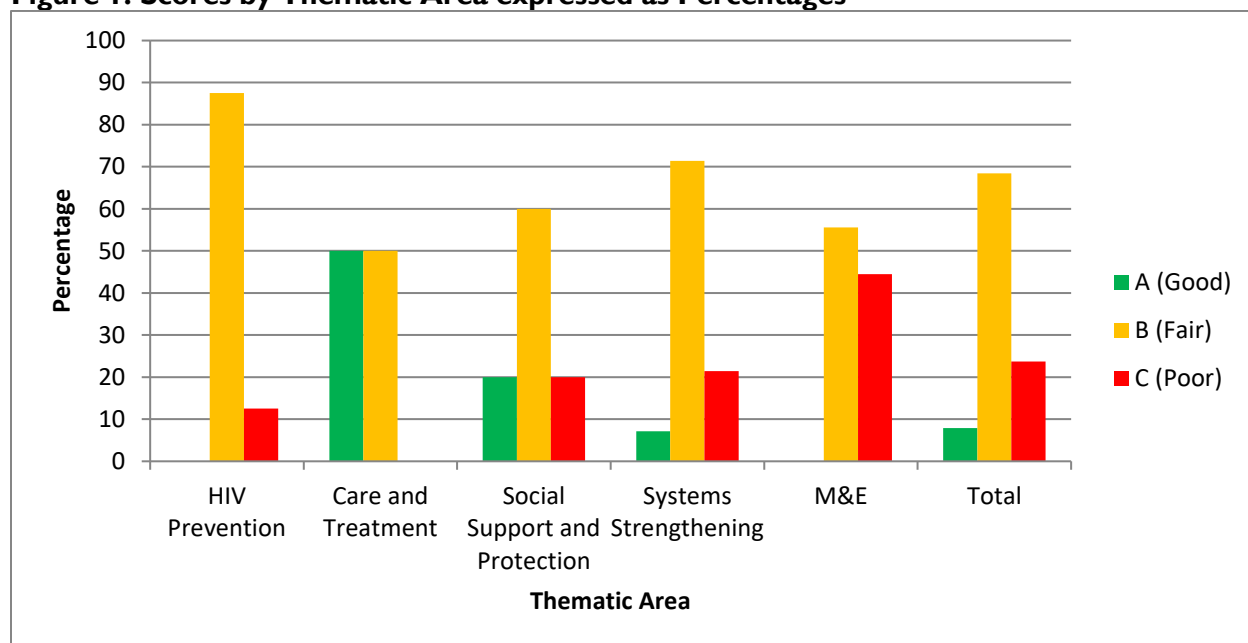
The indicators for which achievements are high (scoring 71-100%) include: enrollment of HIV positive mothers on ART to prevent HIV transmission to their babies; availability of community social support structures; and availability of gender-responsive laws, policies and frameworks. On the other hand, 26 indicators scored in category B. These include mostly indicators under HIV prevention and systems strengthening. Nine (9) indicators were rated in category C. This means that for the majority of the indicators (i.e. those that scored at level B and C), a lot more work is needed. Yet, even for those where the score is between 71-100, some remaining limitations and bottlenecks pointed out in the report need to be addressed, and efforts needed to sustain the high level of achievement. Table I summarizes the scores by thematic area.

**Table I: Summary of Scores by Thematic Area**

NSP Thematic Area	Total number of Indicators Assessed	Number of indicators scored at different levels		
		A	B	C
HIV Prevention	8	0	7	1
Care and Treatment	2	1	1	0
Social Support and Protection	5	1	3	1
Systems Strengthening	14	1	10	3
M&E	9	0	5	4
<b>Total</b>	<b>38</b>	<b>3</b>	<b>26</b>	<b>9</b>

When these scores are converted into percentages as shown in Figure I, the emerging shows that Uganda needs to invest more in HIV prevention, as well as in systems strengthening and M&E.

**Figure I: Scores by Thematic Area expressed as Percentages**



**Recommendations**

Based on the results of this assessment, the following recommendations are made:

**HIV Prevention**

- GoU and partners should channel more investment into HIV prevention and scale-up the successful interventions in HIV prevention for women, men, girls and boys.
- Partners in the HIV response should use multiple channels in order to reach diverse groups, and in particular use communication channels that are accessible to women, young people, PWDs and key populations.
- More studies should be conducted to understand the barriers to use of male and female condoms.
- UAC should establish a more viable mechanism for reporting about condoms distributed by different actors

- GoU should diversify funding sources for condoms through increased government budget allocation and increased cost recovery through social marketing
- UAC should ensure that the revised NSP, National Gender Policy and other policy frameworks are more LGBTI-inclusive, and put in place strategies to address their risks and vulnerabilities alongside other key population groups.
- Partners in the HIV response should increase the reach of interventions aimed at keeping girls in school, which ultimately reduces their risk of HIV infection and early marriage. Partners should support innovative approaches to enable girls' retention in school and re-entry of those who get pregnant or are in child labor.
- Partner agencies should empower men's organizations to reach more men with messages and activities/campaigns that promote better health seeking behaviour
- Partners in the HIV response should support formation of male post-test clubs and male support groups for men and youth (separate) for different age groups
- GoU and partners should scale up models that address gender and social-cultural norms such as "The REAL Father" model implemented in Amuru District, which proved successful among men.
- Mobile HIV testing models should be used to reach men at venues where men can be found such as formal and informal work spaces, and health and sports clubs as demonstrated by the success of some projects elsewhere.
- Targeted messaging to motivate men (e.g., protection of one's sexual partner and future children, and restoration of health through anti-retroviral treatment) should be used to increase testing uptake and linkage for men.
- Partners in the HIV response should put in place stronger strategies to integrate GBV and HIV prevention
- The MoH, MGLSD and partners should support districts which are not collecting and reporting GBV data to do so.
- GoU and partners should continue advocacy and diplomatic engagement to get all East African Community Members to commit to the East African anti FGM/C law.
- GoU should continue to work with all stakeholders at community, local government, national and international levels to campaign against and enforce laws on FGM/C both locally and across borders.

### **Care and Treatment**

- Partner agencies should engage schools more to support young people living with HIV in schools to enroll and adhere to treatment and to promote a school environment free from stigma and discrimination.
- Community-based "test and treat" strategies should be used to target men and reduce loss to follow-up associated with clinic-based ART initiation.
- Integrated approaches combining testing and treatment with other HIV interventions such as VMMC and PrEP and chronic disease screening should be used to increase intervention program efficiency while reducing stigma.

### **Social Support and Protection**

- GoU and partners should design and implement specific and tailored IEC/BCC interventions to address stigma and discrimination and the myths about HIV in minority ethnic communities.

### **Systems Strengthening**

- Partner agencies in the legal field should work closely with the Justice Law and Order (JLOS) sector to simplify the laws on HIV and gender

- UAC and partners should disseminate the laws and policies on gender and HIV to the users including people at the grassroots
- The JLOS sector should implement interventions to reduce bottlenecks to accessing justice
- UAC should formulate a leadership mobilization strategy that can guide further engagement of leaders to support gender-responsiveness in the HIV response and translate political commitments into action
- UAC and partners should adopt additional indicators that track retention in care beyond 12 months.
- GoU and development partners should provide funding for implementing the National Action Plan on Women, Girls, Gender Equality and HIV&AIDS.