By Women For Women in West and Central Africa
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West and Central Africa Countries: By Women For Women

In West and Central Africa only 50% of women living with HIV are accessing ARV treatment and there is a significant lack of female engagement in national discussions about their treatment needs and their sexual and reproductive health and rights.

This initiative seeks to help women living with HIV be involved in shaping programmes and policies that have a major impact on their lives in 10 key countries in West and Central Africa: Burundi, Cameroon, Central African Republic, Côte d’Ivoire*, Democratic Republic of Congo, Ghana, Nigeria, Mali, Senegal* and Sierra Leone.

The By Women for Women initiative is timely given that some effective HIV medications present safety concerns during pregnancy. Ensuring that women have access to the information and support required when making decisions about their health and well-being, including sexual and reproductive health and rights and treatment choices and are able to meaningfully engage with governments and partners is critical.

The 2017 WHO Consolidated guideline on sexual and reproductive health and rights for women living with HIV supports front-line health-care providers, programme managers and public health policy-makers to better address the sexual and reproductive health and rights of women living with HIV. Since publication there has been limited investment in ensuring these guidelines are understood, disseminated and implemented in countries with significant HIV epidemics.

A checklist for meaningful community engagement of women living with HIV in implementing this guideline has been developed. The checklist process takes four-six months to complete at national level and includes six specific stages and 15 steps. The planning and convening process helps determine strategic actions for implementation.

*For Côte d’Ivoire and Senegal there is also the opportunity to invest through an associated Investment Book proposal aimed at scaling up linked sexual and reproductive health and rights and HIV interventions.
1. Why this initiative?

In West and Central Africa only 50% of women living with HIV are accessing treatment. In sub-Saharan Africa, the proportion of women aged 15-49 reporting use of a modern contraceptive method is just 29%. Various factors, including violence, forced sex and early marriage, fuel HIV among women and girls. This initiative will seek to improve overall health and well-being of women living with HIV, including improved self-efficacy, reduced violence, improved rates of viral suppression, treatment adherence, and access to essential sexual and reproductive health services as outlined in the guideline.

An increasing body of evidence highlights the barriers to women’s access to HIV treatment and related care including evidence available through research initiatives managed by and for women living with HIV. A global evidence review, commissioned by UN Women and implemented by the AIDS Vaccine Advocacy Coalition (AVAC), Athena Network, and Salamander Trust highlights the experiences of women living with HIV accessing services. This and similar research underpins this proposal.

Given that women living with HIV are rarely engaged in policy discussion or programme design in the region this initiative seeks to ensure women living with HIV are supported by regional and global civil society networks and UN technical partners on the ground to adapt and use the innovative checklist tool, a tool developed by women living with HIV, in 10 critical countries.

The Checklist highlights six specific stages and 15 steps to support this process:

**STAGE ONE: Obtain high-level commitment**
- 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

**STAGE TWO: Conduct a desk review**
- Step 5 – Review the REC and GPS 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

**STAGE THREE: Conduct a review workshop**
- Step 9 – Organize a workshop with women living with HIV
- Step 10 – Identify Workshop Participants
- Step 11 – The Workshop

**STAGE FOUR: Use The Findings**
- Step 12 – Identify Priority Initiatives
- Step 13 – Develop an Advocacy Plan
- Step 14 – Develop a Communication Plan
- Step 15 – Develop a Fundraising Strategy

**STAGE FIVE: Monitoring and evaluation**

**STAGE SIX: Sharing the work**


The checklist process will identify key actions and activities for civil society and UN technical partners – including activities focused on securing sustainable longer term financing for the initiative.

The initiative seeks to ensure that USD 200,000 activity funds are available in each country to support the implementation of the activities proposed through the checklist process.
2. What aspects make this project unique?

West and Central Africa faces numerous challenges related to HIV. The sexual and reproductive health and rights needs of women living with HIV in the region are particularly acute and the scope for individual choice in deciding treatment options may be more limited than in regions less reliant on donor funding. In this context the initiative seeks to nourish the leadership potential of women living with HIV and their allies from the women’s movement in the target countries through focused UN support and engagement from global and regional networks.

Young women living with HIV will be prioritized for inclusion to ensure their realities are prioritised in national policy process and to build leadership capacity for the future. Existing methodologies, including, for example, those focused on intergenerational knowledge exchange will be applied through implementation to support young women’s leadership.

The Guideline on sexual and reproductive health and rights of women living with HIV is available in French. For the francophone countries in the region, other tools and resources currently only available in English will be adapted and translated.

This initiative will help ensure women living with HIV in their diversity effectively engage with ministries of health in West and Central Africa to: express their needs and preferences in relation to HIV treatment; and sexual and reproductive health and rights to encourage appropriate integration and linkages of services, policies and programmes; and to shape initiatives designed to reduce barriers to women’s access to services.

It applies an approach developed by women living with HIV for women living with HIV and helps build stronger partnerships between national and local networks of women living with HIV, the women’s movement, regional and global organizations, UN technical partners and government ministries and agencies.
3. Collaboration

This project is truly an example of required collaboration to maximize results.

UN contributing partners include WHO’s HIV and RHR Departments, UNFPA, UN Women and the UNAIDS Secretariat. WHO will provide overall coordination for the initiative with the UNAIDS Secretariat channelling funds to nationally based civil society organizations through country offices.

National networks of women living with HIV will be also be technically supported by civil society global and regional partners – ICW West and Central Africa (TBC), GNP+, the Salamander Trust and ATHENA.

The approach is fully aligned to the regional strategic priorities of women living with HIV. ICW West and Central Africa is guided by a regional strategic plan 2018-2022 that seeks to secure and improve the quality of life for women living with HIV in the region through solidarity, mobilizing, organizing, advocating, research, mentoring and raising consciousness on the issues that directly impact their lives.


4. The project approach and timeline

The project timeline takes place over two years.
5. Indicators: How will we measure success?

How will this help us end AIDS by 2030?

There is now a growing and persistent understanding that we must collectively address the lack of female engagement in national discussions around HIV treatment and sexual and reproductive health.

Women are clear that their voices need to be systematically included in discussions about their health and rights. Building on established momentum over the next two years will bolster meaningful engagement and ensure stronger links between treatment as well as sexual and reproductive health and rights programmes in key countries and in global policy discussions – in line with broader universal health coverage objectives and principles of people-centred care.

Having women living with HIV more meaningfully engaged in health choices will ensure greater adherence to and sustainability of policies and programmes.

Progress will be monitored against checklist outputs (eg networks receiving core support contributions, numbers of surveys, workshops and consultations) and impact including policy changes implemented with meaningful engagement and tracking broader epidemic impact linked to improved health outcomes related to sexual health, reproductive health, human rights, gender equality, and women achieving viral suppression, improving adherence and accessing linked services.

The initiative will also monitor the number of women, including young women, gaining leadership skills through the initiative.

An increase or strengthening of initiatives focused on addressing key access barriers including reduction of violence and coercion against women living with HIV, demonstrated improvement in self-efficacy and empowerment of women living with HIV.

The ALIV[H]E Framework is proposed as a key resource for country level monitoring particularly in relation to meaningful participation and the interface between HIV and violence.

https://salamandertrust.net/resources/alivhe-framework/
## 6. Questions and Answers

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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>How many people will be reached?</td>
<td>UNAIDS estimates of women living with HIV (2017) follow: Burundi, 44,000; Cameroon, 310,000; Central African Republic, 61,000; Côte d'Ivoire, 270,000; Democratic Republic of Congo, 250,000; Ghana, 190,000; Mali, 72,000; Nigeria, 1,600,000; Senegal, 25,000 and Sierra Leone, 32,000. The initiative will seek to directly reach all women in organized networks in each country and indirectly accelerate impact for all women living with HIV.</td>
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<td>How will my money be used exactly?</td>
<td>Funds will support the activities outlined in the checklist in country and ensure technical and management oversight from the global civil society partners and UN agencies. National organizations of women living with HIV will receive pass-through grants from the global civil society partners including for core support. As described USD200,000 will also be allocated for activities to support the work planning stages of the checklist process.</td>
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<td>How will you ensure success?</td>
<td>WHO will lead on overall reporting and management including through an accountability matrix. In some country contexts this may be supported by the UNAIDS Secretariat. Global networks will support national networks in reporting.</td>
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<td>How will success be monitored? What are the indicators?</td>
<td>Progress will be monitored against checklist outputs (eg networks receiving core support contributions, numbers of surveys, workshops and consultations) and impact including policy changes implemented with meaningful engagement and tracking broader epidemic impact linked to improved SRHR outcomes and women achieving viral suppression, improving adherence and accessing linked services. An increase or strengthening of initiatives focused on addressing key access barriers including reduction of violence, coercion against women living with HIV, demonstrated improvement in self-efficacy and empowerment of women living with HIV. The ALIV[H]E Framework is proposed as a key resource for country monitoring particularly in relation to meaningful participation and the interface between HIV and violence.</td>
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<td>Who are the contributing partners?</td>
<td>ICW West And Central Africa (TBC), GNP+, the Salamander Trust and ATHENA and national networks of women living with HIV. WHO’s HIV and RHR (including HRP) Departments, WHO country offices, UNFPA and UN Women.</td>
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7. The budget

The overall cost for this 10 country initiative is USD 5.8 million – these can be broken down by country and organization as follows:

Budgets for the checklist stage for six of the 10 countries will be USD 300,000 per country with budgets of USD 500,000 proposed for Cote D’Ivoire, Cameroon, the Democratic Republic of Congo and Nigeria given the size and complexity of the countries and epidemics.

Each country is then allocated USD 200,000 to support delivery of the advocacy, communications and outreach activities proposed during the checklist phase.

Detailed budget figures can be provided upon request.