



EVALUATION OF UN WOMEN SUPPORT TO PWN+
ON HIV AND AIDS PROJECTS IN INDIA

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AMALTAŚ

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ACRONYMS

| | |
|---------|--|
| AIDS | Acquired Immuno Deficiency Syndrome |
| ART | Anti-Retroviral Therapy |
| DAW | Division for Advancement of Women |
| DIC | Drop In Centre |
| FGD | Focus Group Discussion |
| GoI | Government of India |
| HIV | Human Immunodeficiency Virus |
| IDI | In-Depth Interview |
| INP+ | Indian Network for People Living with HIV and AIDS |
| INR | Indian Rupee |
| INSTRAW | International Research and Training Institute for Advancement of Women |
| KII | Key Informant Interview |
| MYFF | Multi Year Funding Framework |
| NACO | National AIDS Control Organisation |
| NACP | National AIDS Control Programme |
| OSAGI | Office of the Special Adviser on Gender Issues and Advancement |
| PLHIV | People Living with HIV |
| PWN+ | Positive Women's Network |
| TOR | Terms Of Reference |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNDP | United Nations Development Programme |
| UNGASS | United Nations General Assembly Special Session |
| UNICEF | United Nations Children's Fund |
| UNIFEM | United Nations Development Fund for Women |
| WLHA | Women Living with HIV and AIDS |

EXECUTIVE SUMMARY

- A In November 2011, UN Women commissioned Amaltas, a consulting and research organization based in Delhi, to carry out an evaluation of its support to the Positive Women's Network (PWN+) on HIV and AIDS projects in India. As there had been no evaluation of the overall programme, the PWN+ programme was selected for decentralized evaluation in the year 2010 -2011 as per the UN Women's Evaluation Policy and Management Results Framework. The evaluation was intended to examine UN Women's support¹ to PWN+ programmes on HIV and AIDS since 2006.
- B This report draws upon the experience and wisdom of those implementing the programmes for women living with HIV and AIDS (WLHA), present and former staff of UN Women, various primary and secondary stakeholders, documents, supervisory information and evaluation studies shared with the review team.

UN WOMEN

- C UN Women has been set up recently within the UN family in 2010 through a merger of four UN institutions concerned with gender and women. UN Women works for women's empowerment and gender equality and links women's issues to national, regional and global agendas by fostering collaboration and providing financial and technical support to gender mainstreaming and women's empowerment strategies. Guidance documents of UN Women have addressed the issue of HIV and AIDS throughout the past decade. However, it appears that the nature of support has moved from implementation projects to encourage engendering of the HIV and AIDS response to a response to issues of WLHA within the broader remit of women's issues.
- D UN Women has provided support to PWN+ from 2002. An evaluation of support was carried out in 2005 by UN Women which concluded that "strength of (the) organisation lies in understanding of women's vulnerabilities and growing violations that WLHA face in the country today". The main challenges were found to be organisational development, communication processes across networks and external agencies, and fundraising strategy.

¹ For ease of reading, we will refer throughout to UN Women, although it should be understood that work may have been initiated under UNIFEM's support prior to 2010.

POSITIVE WOMEN'S NETWORK

- E PWN+ was set up in 1998 with the goal to improve the quality of life of WLHA in India and the organisation implements programs to organize and mobilise WLHA towards self-reliance and sustainability. The membership of the organisation is now 200,000 in 14 states of India. The Tamil Nadu state network in particular, as other state networks, has further helped to create district level networks. PWN+'s mission is to build capacities, increase access to formal rights and entitlements, develop partnerships and advocate for programme and policy change in support of WLHA and children living with HIV and AIDS.
- F Activities undertaken by PWN+ with UN Women support since 2006 include raising awareness and building capacity through sensitization workshops, awareness raising campaigns, development of information-education-communication material and training on gender and violence; advocacy through developing advocacy material on WLHA rights and guidelines for Drop In Centres; and community mobilization and leadership development leading to expansion of the state and district level networks.

OVERVIEW OF HIV SITUATION IN INDIA

- G The HIV and AIDS epidemic which was first recognised in 1986 in India has shown an overall declining trajectory over the past decade. Initial estimates of people living with HIV (PLHIV) in 2002 when UN Women first began its support to PWN+ was 3.8 - 4.6 million. After an overall downward revision following a population based health survey, latest estimates in 2008 put the number of PLHIV at 2.27 million across the country.
- H About 39 percent of PLHIV are WLHA. The prevalence of HIV among women has also been declining, but more slowly than for all persons taken together. There has thus been a creeping increase in the proportion of those infected who are WLHA. A much larger number are affected by the epidemic as caregivers.
- I The overall proportion of WLHA among those infected worldwide is slightly more than 50 percent. The female face of the epidemic has now emerged. Women's biological, economic and social vulnerability has been well documented. In the Indian context, women's vulnerability is determined by underlying factors such as low social status leading to lack of power to negotiate sex and use of condoms during sex.

THE EVALUATION

- J The aim of the evaluation is to examine UN Women’s support to PWN+ on HIV and AIDS since 2006, with a view to provide findings and recommendations that would facilitate the identification of strategies and operational approaches to guide UN Women’s mandate in the area of gender and HIV and AIDS.
- K Following detailed discussions with the UN Women team, three probe areas were developed based on the objectives of the evaluation. These were: Did UN Women supported PWN+ projects empower the lives of WLHA; Did UN Women support to PWN+ has built sustainable organizational capacity of PWN+ and its members; and Was UN Women support strategic and did it lead to engendering the work on HIV.
- L A qualitative methodology was adopted utilising primary and secondary data. Purposive sampling was undertaken to meet time and access constraints. The highest ethical standards were maintained in conformity with guidance from UN Women. Consent was obtained from respondents to the study and anonymity has been ensured in reporting. Limitations of the study are reliance on qualitative data; unavailability of documentation on some issues of interest to the evaluators; time constraints; and inability to arrange meetings with some respondents.

FINDINGS

UN Women Supported PWN+ Project empower the lives of WLHA

- M PWN+ was able to provide safe space for positive women to meet and share their everyday experiences. They have conducted meetings, workshops and research to address issues raised by their cadres including local social acceptance, education of children, marriage and inheritance, health, social acceptance etc. PWN+ has also provided outreach services such as supporting health services and income generating activities for its members. Emotional support, knowledge and information on HIV and strategies for dealing with violence have each played an important role in the lives of the members.
- N Counselling provided by PWN+ has meant that many WLHA have been able to return to their natal families. Efforts to mainstream their issues has led, in the case of Tamil Nadu, to revision of age eligibility criteria for widowhood pensions. Their intervention has also been able to ensure that medical services, otherwise difficult for WLHA to access, are available to them at grassroots level. Programs have helped WLHA to access their rights through awareness generation and confidence building.

- O WLHA continue to fear discrimination and denial of services which remains rampant in society. WLHA do not, by and large, reveal their positive status. The level of acceptance of WLHA is more where networks are in place. However gains have been made through activism and wresting of rights rather than through support of local leaders.
- P The membership of PWN+ is from the lower socioeconomic background in large part. The more well to do, prefer not to take membership and do not attend community events. PWN+ interventions could not thus, be expected to have an impact on the situation of all WLHA in the country.
- Q Just-in-time support from UN Women helped to build PWN+ organisationally and was coherent with expressed needs of the WLHA in the early years. However, documentation since 2006 does not provide adequate information on the coherence of UN Women support with the requirements of PWN+ or of WLHA. A major strength is that the organisation is firmly 'grounded' in its membership and hence can provide valuable lessons to UN Women.

UN Women Support built Sustainable Organisational Capacity of PWN

- R Support of UN Women was greatly welcomed and the concordance of the mandates of the two organisations has been noted.
- S There has been a mismatch of expectation between UN Women and PWN+ in terms of organisational development. Nevertheless, PWN+ has seen strong expansion of state and district networks in this period, although several were felt to be nascent in respect of their processes and systems.
- T The leadership of PWN+ has been a matter of great discussion. While most have recognised the yeoman role that the present President has played in setting up and building the present profile of the organisation, some have expressed concern that a second line leadership is not entirely visible at this time. PWN+ has, in its most recent National Consultation in 2012, taken up the issue holding discussions on organisational development, leadership, and the organisation's interface with external partners.
- U An important observation was the weakening of day-to-day links of UN Women with PWN+. This was at a time when the overall average support to PWN+ per year was in fact increasing. The organisational support provided also appears to have suffered a decline in the period under review. PWN+ has also received funding from other funders in the period, ascribed to their growing capacity for proposal writing and implementation. This is less so for the state and district level networks where organisational development remains an important need. Nevertheless, the concern about core funding continues to be felt within the organisation.

- v Participation in various international, national and state conferences and consultations has given PWN+ leadership great visibility and the ability to take the voice of marginalised WLHA to a global audience. Yet PWN+ appears not to have fully explored the intersectionalities of its issues with those of other likeminded organisations. This appears to be an area where UN Women may help, given its evolving strategy on HIV and AIDS.

Engendering HIV Work in India

- w PWN+ has also been able to address gender issues at the ground level, yielding gains in emotional support, confidence building and local social acceptance. They have been able to make public services more accessible, be they for health, pensions, or public transport. National actions in this regard have been felt to be much fewer, perhaps owing to the state level locus of decision-making in many of these cases.
- x Some gains were made in engendering the National AIDS Control Programme (NACP) phase III. Attention to the prevalence of HIV among women and the particular vulnerability of women to HIV and AIDS was felt at the highest levels of government. This was at least in part, due to the participation of PWN+ and UN Women in discussion of the strategy for the programme. Both organisations have a seat at the table in discussions of the structure of the next phase, although expectations on the scope of support to WLHA are uncertain at this time.

RECOMMENDATIONS

- y The following recommendations have emerged from the evaluation:
 - i. UN Women needs to recognise the continuing need for support for a women's agenda in the context of HIV and AIDS, in view of the high absolute number of WLHA as well as the proposed merging of NACP with the National Rural Health Mission within the period of the NACP-IV.
 - ii. UN Women to identify technical support to further its commitment to HIV and AIDS within an 'Ending Violence against Women' agenda through consistent and reliable guidance.
 - iii. UN Women to build its partnership with a 'grounded' organisation such as PWN+ in order to locate its work within the reality of local situations.
 - iv. PWN+ to take forward its vision to develop a shared understanding of the purpose and scope of work of all networks within the PWN+ organisation.
 - v. PWN+ to nurture a second line of leadership within the organisation and to develop democratic norms which are actualised within a finite period.

- vi. PWN+ to provide handholding support to newer networks within its fold, in order that a strong programme of work to take up women's issues in the state context can be established.
- vii. PWN+ to take cognizance of its role as a women's organisation and build relationships with likeminded organisations engaged with women's issues so as to ensure that it expands the scope of its work to cover issues of all women experiencing the HIV and AIDS epidemic.
- viii. UN Women to play a convening role in discussions of the intersectionalities of HIV and AIDS and women's issues and help PWN+ to establish relationships with women's organisations.
- ix. UN Women and PWN+ to take stock of the continuing responsibility for efforts to meet community needs which is now in a position to express its demands for a better life for themselves and their families.
- x. UN Women and PWN+ to take cognizance of the continuing discrimination experienced by WLHA and its impact on their lives. They need to expand their joint work and responsibility for this area through well defined projects which utilise the strengths of the longstanding women's organisation and the core competency of UN Women.
- xi. UN Women and PWN+ to leverage existing opportunities to engender the HIV and AIDS space, thereby accomplishing the task they began a decade ago, as well as learn lessons for other engagements and situations.

CHAPTER 1

BACKGROUND AND CONTEXT

1.1 SHORT OVERVIEW OF HIV AND AIDS SCENARIO IN INDIA

Over the past three decades, HIV and AIDS has emerged as one of the most potent threats to human development and well-being impacting the socio-economic fabric with severe consequences of the global society². Following a stark increase in the estimated prevalence of the infection among populations at risk, the epidemic gradually spread to the general population. Estimations of prevalence among antenatal women are used as a proxy for the rate in the general population.

In 2002, when UN Women began its support to programs with the Positive Women's Network (PWN+), the estimated figures for People Living with HIV and AIDS (PLHIV) was 3.8 - 4.6 million³, of which about 2 million were estimated to be women. Following a population based survey in 2006 the prevalence of HIV and AIDS among the adult population was substantially revised to 0.36 percent and in 2008 it was estimated to be 0.29 percent. HIV and AIDS prevalence has declined by about 0.07 percent over the past decade from 2006 to 2008 and fallen by as much as 0.05 percent between 2007 to 2008. There is also a declining number of PLHIV in the country, with an estimated 2.27 million PLHIV in 2008 compared to 2.31 million in 2007. More recent estimations of HIV and AIDS prevalence have not yet been published.

In 2008, 39 percent of an estimated 2.27 million PLHIV were WLHA⁴. Despite progress, data show that the estimated prevalence of HIV and AIDS has not shown a similar decline for women. The distribution of WLHA is thus a gradually increasing proportion of all PLHIV. The percentage of PLHIV who are women has increased marginally from 38.4 in 2006 to 39.0 percent in 2011⁵. The National AIDS Control Program (NACP) phase III, Strategy and Implementation document also noted the increasing ratio of women testing positive among

² <http://www.unifem.org.in/pdf/HIV/nacobro.pdf> Accessed on 12 December 2011.

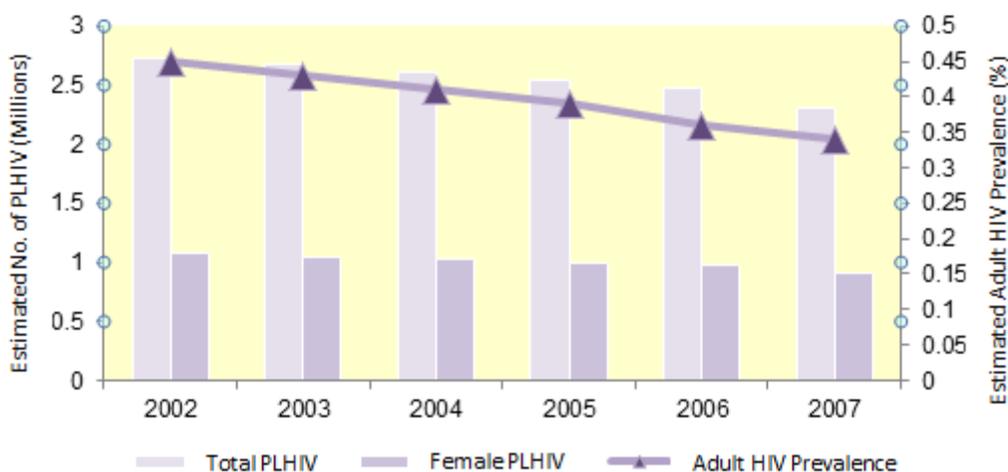
³ UNAIDS: *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections*, 2004, Geneva.

⁴ Government of India, National AIDS Control Organisation: *India Country Progress Report to UNGASS, 2010*, March 2011, New Delhi.

⁵ Government of India, National AIDS Control Organisation: *Strategy and Implementation Plan, National AIDS Control Programme Phase III (2007-2012)*, November 2006, New Delhi and Government of India, National AIDS Control Organisation: *India Country Progress Report to UNGASS, 2010*, March 2011, New Delhi.

attendees of clinics for Sexually Transmitted Diseases⁶. The UNAIDS estimates that slightly over 50 percent of all those infected with HIV worldwide are women⁷.

Figure 1. Trend of Adult HIV Prevalence and Number Of PLHIV, 2002-2007



Source: HIV sentinel surveillance and HIV estimation in India, 2007-2008

1.2 VULNERABILITY OF WOMEN TO HIV

The transmission of HIV is spurred by women’s inability to negotiate safe sex and refuse unwanted sex. Young women often have less information on HIV and AIDS than men⁸. The Behaviour Surveillance Survey 2006 found that the awareness among women of the transmission of HIV through sexual intercourse was 66.7 percent compared to 81.3 percent among men⁹. Many women do not reveal their HIV-positive status as they fear violence and thus are less likely to access help and treatment. Young women are particularly vulnerable to coerced sex and thus more vulnerable to HIV infections. Over half of new HIV infections worldwide occur in young people between the age of 15 and 24 years, of which a large proportion are women¹⁰.

⁶ Government of India, National AIDS Control Organisation. *Strategy and Implementation Plan, National AIDS Control Programme Phase III (2007-2012)*, November 2006, New Delhi.

⁷ UNAIDS. *UNAIDS report on the Global AIDS Epidemic*. 2010

⁸ NACO, Ministry of Health and Family Welfare (MoHFW), GoI. *National Behavioural Surveillance Survey General Population*. 2006.

⁹ NACO, MoHFW, GoI. *National Behavioural Surveillance Survey General Population*. 2006.

¹⁰ http://www.unifem.org/attachments/gender_issues/violence_against_women/facts_figures_violence_against_women_2007.pdf Accessed on 14 February 2012.

Today it is widely acknowledged that the epidemic especially affects women, and several studies have documented the greater biological, economic and social vulnerability of women to HIV and AIDS. Kathleen Cravero, the Deputy Executive Director of Joint United Nations Programme on HIV and AIDS (UNAIDS) wrote in 2004: “The female face of the epidemic is now a terrifying pattern. Nearly half of all adults living with HIV today are women, up from some one-third in 1985. A strategy against HIV and AIDS that does not confront gender inequality is, therefore, doomed to failure”¹¹. UN Women has, in fact, been instrumental in confronting gender equality and a number of reports produced in the last decade record its actions in this regard.

There are number of factors - biological, social and cultural determinants put women and adolescent girls at greater risk of HIV infection than men¹². Firstly, women are at a biological disadvantage in contracting HIV¹³. In the Indian context, women’s vulnerability to HIV infection is determined by a variety of underlying factors. These relate to - not having control over their own bodies and right to decide when to have sex¹⁴. The lower status of a woman leaves her more likely to be exposed to infection. As a result, women cannot negotiate safe sex and ask men to use condom. There is also lack of availability of female controlled HIV and AIDS prevention methods¹⁵.

The 2004 UNAIDS-UNIFEM report on Gender dimensions in South Asia¹⁶ quotes Ms. Bindu Babu from PWN+ and CPKT+, “Women living with HIV and AIDS need to play a central role in all HIV and AIDS policy formulation and programme implementation and there is need to recognise their lived experience as a form of expertise.” The National Association of Women in supporting the engendering of the Eleventh Five Year Plan¹⁷ makes a similar point when they say that women’s voices and perspectives must inform policy embodied in the Five Year Plan.

¹¹ UNAIDS South Asia Inter-Country Team and UNIFEM South Asia Regional Office: *The Gender Dimensions of HIV and AIDS: Challenges for South Asia – Extracts from a regional scan and South Asian regional Consultation*, August 2004, New Delhi; Foreword, p 1

¹² T. Turmen. *Gender and HIV and AIDS*. International Journal of Gynecology and Obstetrics. Elsevier Science Ireland Ltd.

¹³ UNICEF. *Childhood under Threat. The State of the World’s Children*. 2005; Zena A. Stein and Kuhn Lousie. *HIV in Women: What are the Gaps in Knowledge in AIDS in the World II*. Edited by Jonathan Mann and Daniel Tarantola, Oxford University Press, New York:1966; Dixit A.P. *Global HIV/AIDS Trends*. Vista International Publishing House. Delhi:2005

¹⁴ Dept. of Social Work, State Training Resource Centre (STRC), Delhi. *Mainstreaming Gender into HIV and AIDS Programmes*.

¹⁵ www.ncaer.org/downloads/Reports/gender.pdf Accessed on 12 January 2012.

¹⁶ UNAIDS, UNIFEM. *The Gender Dimensions of HIV and AIDS, Challenges for South Asia*. August 2004

¹⁷ National Alliance of Women organisation (NAWO), Ministry of Women and Child Development (MWCD), UNIFEM, UNDP. *Engendering the Eleventh Five Year Plan 2007-2012*. March 2008

1.3 POSITIVE WOMEN'S NETWORK

The Positive Women's Network

PWN+ is an exclusive network of WLHA is a national forum that represents the voice of HIV affected women and children across India. The vision of PWN+ is to ensure that "Women living with HIV and AIDS, children living with HIV and children affected by HIV are all empowered to live a life of dignity and equality, free from stigma and discrimination".

In 1998, four women living with HIV and AIDS joined hands to fight the discrimination that they faced from society and change their situation in life. The strong network has gradually emerged as the face of women living with HIV and AIDS in India.

Today PWN+ has a presence in 14 states of India. All state chapters are independently registered. The Tamil Nadu PWN+ state chapter has about 20 district level networks and five women-specific DIC in various districts. PWN+ has forged collaborations and partnerships with diverse stakeholders including the UN agencies, NACO, Government Departments, self-help groups, civil society organizations and corporate institutions.

UN Women has walked a long way with PWN+. It has funded several capacity building workshops, legal literacy sessions and violence against women projects etc. Representatives from PWN+ have been invited to provide inputs at national and state levels on discussions on the gender dimensions of HIV and AIDS.

PWN+ has made differences to the lives of many positive women by meeting the needs of the women and helping them to sustain their lives and children.

PWN+ was established in 1998 to improve the quality of life of women living with HIV and AIDS (WLHA) in India. It began as an offshoot of INP+, advocating for the specific issues that women face, as they come to terms with their lives affected by HIV. Its goal is to improve the quality of life of WLHA in India and the organisation implements programs to organize and mobilise WLHA towards self-reliance and sustainability.

PWN+ has been set up as an all-India network of WLHA with the mission to "change the existing situation of women and children living with HIV and AIDS in India ... build capacities, increase access to formal rights and entitlements, develop partnerships and advocate for program and policy change". Empowerment is not a destination that can be reached once and for all, but also among other things, is a

process of becoming conscious of the system which has limited one's access to knowledge and inhibiting one from exercising one's own choices¹⁸. PWN+ proposes to empower WLHA, and to bring about change through the establishment of groups at local levels and by changing societal perceptions regarding those living with HIV and AIDS.

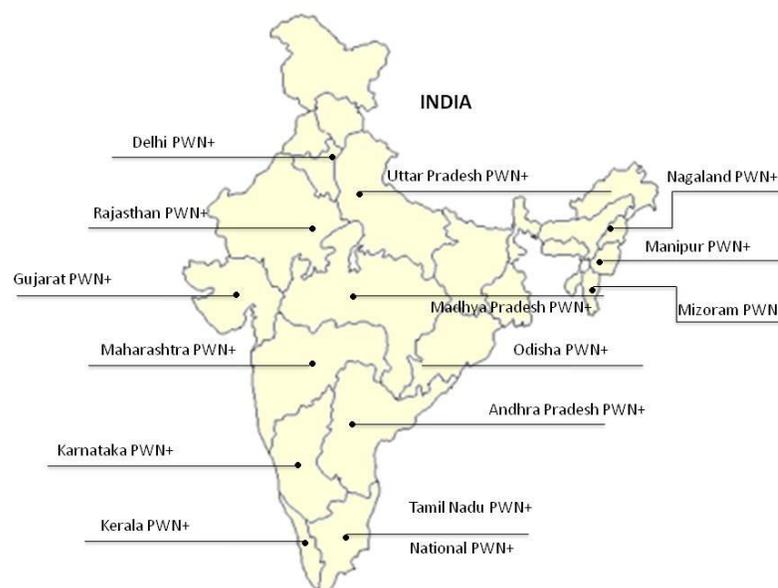
¹⁸ Quoted from *Discovering the paths to positive change in women's lives*. www.pathwaysofempowerment.org
Accessed on 2 February 2012.

The organization began to implement and organise programs, as well as mobilize WLHA toward self-reliance and sustainability. The network has been supporting the development of support groups of WLHA in many parts of the country. It helps to create linkages between women's issues and the issues of WLHA. The 2005 review of PWN+ by United Nations Development Fund for Women (UNIFEM) states, "This is part of PWN+ mandate, which has been conceptualised as a force that would change the course of HIV epidemic"¹⁹.

Since its beginning, PWN+ has become an important advocate for WLHA in India. Through its programs and activities PWN+ has reached out to them by:

- Creating a national network, and establishing chapters across several states in India
- Addressing and reducing stigma and discrimination against positive women
- Working towards societal acceptance
- Improving dissemination of information
- Improving access to services for women
- Ensuring access to quality education, health and safety for children
- Providing affirmative actions for women living with HIV in the area of livelihood employment vocational training and credit

Figure 2. Map Showing State Networks of PWN+



¹⁹ PWN+, UNIFEM. *Review of Positive Women's Network*. 2005

Following the National Consultation on WLHA in 2002 and the decision to develop an action plan of response, PWN+ and UN Women started to work in partnership to effectively address

Kousalya Periasamy and K. Padmavathy

Kousalya Periasamy was the 21 year old young bride of nine months when her husband died of AIDS. Married to her cousin, Kousalya had no idea that he had contracted HIV or that he knew of his condition when he married her. Kousalya grew from that young girl into a leader of stature. She earned her right to represent the issues of WLHA not only because she was the first woman to publicly acknowledge her positive status, but also because she, along with four other likeminded women started India's first women's organisation PWN+, dealing with the issues of positive women.

As WLHA, Kousalya and Padmavathy have had to struggle with the notions of male primacy. In the first organisation that they joined, they had to struggle to find space to discuss their issues, to establish the fact that they could be leaders in their own right, and finally, to struggle to bring gender issues to the forefront. It was at this point in their journey, that UN Women supported their thinking.

A common definition of 'leader' is one who organises group of people to achieve a common goal. And that is exactly what people like Kousalya and Padmavathy, the head of the Tamil Nadu PWN+ have been trying to do since over a decade. One respondent remarked, "Kousalya is a natural advocate". The same thought has been expressed by others.

Padmavathy has been able to make a mark as a leader in the state of Tamil Nadu. District level network staff refers to Padmavathy for any clarifications and reporting from the districts. She has been able to make a mark for herself in the big shadow of a leader like Kousalya.

the issues of WLHA.

Recommendations developed during the National Consultation provided a basis for PWN+ programme activities from 2002 to 2004.

In the beginning of the decade PWN+, with the support of UNIFEM and other partners, conducted research studies and documented the voices of WLHA in order to strengthen their advocacy work with research based findings and evidence. PWN+ conducted several legal literacy and media workshops with the support of UN Women. Further, national level advocacy activities such as public hearings and Consultations were also organized. These programs and activities led to the mobilization of WLHA and the creation of a wide network of institutions of support. PWN+ received support of ~INR 1,500,000 from UN Women during this period²⁰.

Several publications which came out during this phase document the experiences of PWN+ and the voices of WLHA²¹. Issues that were identified, covered a range of concerns such as stigma and discrimination faced by the WLHA, legal rights of WLHA and mainstreaming of gender.

²⁰ Figure computed from budget document provided by UN Women.

²¹ Please refer to document list attached in the Annex 4.

1.4 UN WOMEN MANDATE

In 2010, UN Women was set up through a merger of four UN entities, namely United Nations Development Fund for Women (UNIFEM), Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI), Division for Advancement of Women (DAW) and International Research and Training Institute for the Advancement of Women (INSTRAW). It is thus the successor to UNIFEM, which had been active in South Asia for several decades.

UN Women works for women's empowerment and gender equality and links women's issues to national, regional and global agendas by fostering collaboration and providing financial and technical support to gender mainstreaming and women's empowerment strategies²³. Women's empowerment and gender equality are central to all development priorities of UN Women. UN Women's main mandate during 2000 - 2003 was to strengthen the institutional mechanisms to address gender based violence which included HIV and AIDS. Collaborations were launched with Joint United Nations Programme on HIV/ AIDS (UNAIDS) and United Nations Population Fund (UNFPA) to address gender and HIV and AIDS. UN Women supported pilot projects were replicated and scaled up addressing gender dimensions and challenges of HIV and AIDS epidemic. The strategies developed were to support innovative and experimental activities benefiting women in line with national and regional priorities; to serve as a catalyst with the goal of ensuring the involvement of women in mainstream development activities at the pre-investment stage and to play an innovative and catalytic role in relation to the United Nations system²⁴.

In this respect, the aspirations of the PWN+ were in line the mandate of UNIFEM²⁵. UN Women support was provided with the intention to bolster and facilitate the work of PWN+. Support to PWN+ was located in UNIFEM's MultiYear Funding Framework (MYFF) 2004 - 2007 under Outcome 3²⁶. The effort was not only to support and facilitate PWN+ but also to change the environment of HIV and AIDS in India through engendering the discourse. Specific reports relating to funding support offered to PWN+ during the period under review (2006 - 2010) also highlight the rationale and expectations behind these grants:

²³ UNIFEM. *UNIFEM Strategy and Business Plan: A mid Term Review (2000-2003): Report of the Executive Director.* August 2002

²⁴ UNIFEM. *UNIFEM Strategy and Business Plan: A mid Term Review (2000-2003): Report of the Executive Director.* August 2002.

²⁵ Fund of the United Nations set up to help improve the living standards of women in developing countries

²⁶ MYFF refers to Multi-Year Funding Framework, which integrates objectives, resources and outcomes of the programme within the given priority and focus. These were initially adopted by UNDP and transformed the organisation into a results-based one. Outcome 3 of UNIFEM's MYFF for 2004-07 focused on increasing the capacity and strengthening advocacy of gender equality networks.

- Support for a one-and-a-half-month long series of events focused on legal literacy and stopping violence against WLHA in the states of Kerala and Tamil Nadu is justified under linking gender-based violence and HIV and AIDS²⁷.
- Support for the National Consultation of PWN+ between August 2008 and March 2009 refers to an approved activity to support the participation, representation and leadership of PWN+ with a view to countering the under-representation, and at times absence of women in forums where HIV and AIDS related strategies are decided, policies are formed and funds are allocated²⁸.

Table 1. Key activities under each UN Women funded Project of PWN+

| UN WOMEN funded PWN+ projects | Key Activities |
|--|---|
| Charca: Creating a sustainable model in strengthening groups of young WLHA who are better able to advocate for their issues 2005 - 2006 | <ul style="list-style-type: none"> • Facilitated capacity building programme for 25 WLHA in 2 districts - Kanpur and Guntur districts • Facilitated multi-sectoral policy roundtable in each of the two districts • Developed a resource directory for WLHA in India • Training follow up, monitoring and refresher at district level |
| UN Trust Fund in Support of Actions to Eliminate Violence against Women support for PWN+ 2005 – 2006 | <ul style="list-style-type: none"> • Conducted a base line survey for 40 positive women from Madurai district to assess their knowledge on issues of reproductive health/violence against women/property and legal rights and livelihood options • Organized 3 two-day training and capacity development workshops for these 40 positive women on reproductive health/ violence against women/property and legal rights • Comprehensive documentation of each case profile of the 40 women and referrals made • Organized one state level sensitization workshop bringing in representatives from Panchayati Raj Institutions, judiciary, health officials and police to share concerns of positive women • Conducted an end line survey with the 40 positive women. |
| Empowering Women living with HIV/AIDS to protect their legal rights and lead a violence free life 2007 | <ul style="list-style-type: none"> • Activities included street plays, the ‘Walk’ and sensitization programme with college students, positive people, people in the government and the general public • Copies of the brochures and posters were developed for the project • Training programme was conducted • End of Project Report was delivered that captured the work of PWN+ with regard to violence on HIV+ women |

²⁷ Contract between UNIFEM and PWN+, Ref: 20-PWN+ 54074.

²⁸ TOR. PWN+ 51581.

| | |
|---|--|
| National consultation and workshop for improving the participation representation and involvement of Women Living with HIV 2008 – 2009 | <ul style="list-style-type: none"> • PWN+ provided the advocacy materials such as brochures and media copies in which UN Women partnership was acknowledged |
| Strengthening & Bringing New Perspective to Women Drop In Centres with PWN+ of India Nov 2009 - Oct 2010 | <ul style="list-style-type: none"> • Revised operational guidelines and related tools developed for the women focused DIC • DIC staff has been trained for an effective implementation of the revised operational guidelines and related tools for scaling up • Formation of a partnership forum State AIDS Control Society and Non-Governmental Organisations use the PWN+ developed training tools for operationalization of the DIC guidelines in two states |
| Ensuring Specific Rights of Women living with HIV in partnership with Rajasthan Network of Positive People (RNP+) and IMPACT Partners in Social Development 2009 –2011 | <ul style="list-style-type: none"> • It aims to develop a draft state policy on issues affecting WLHA which aims to provide for a ‘minimum’ package of services which should be available to WLHA. • The program adopts a multi-pronged strategy which includes preparation of the policy by means of participatory consultation, improving the knowledge and skills of WLHA as well as of rights based policies and conducting a needs assessment on the political programmes for WLHA. |

That HIV and AIDS is an important area of intervention and engendering is encapsulated in UNIFEM’s MYFF of 2004 - 2007 and the Strategic Plan 2008 - 2011²⁹. In particular, mention is made in the MYFF 2004 - 2007 of prioritizing “the strengthening of United Nations partnerships with networks of affected and infected women, supporting capacity-building activities to enable them to mainstream their priorities into policies and programmes.” Halting and reversing the spread of HIV and AIDS among women and girls was a goal of UN Women during the MYFF 2004 - 2007³⁰. HIV and AIDS was also included under goal 2 which was ending violence against women. While HIV and AIDS was viewed as health and development issue, the epidemic was perceived as gender equality issue. Because of the epidemic the families and communities came apart. They experienced rights violations that were exacerbated by their health status and resulted in increased vulnerability. Thus the approach and the strategies with

²⁹ UNIFEM. *United Nations Development Fund for Women, Multi-year Funding Framework, 2004-2007*

³⁰ MYFF refers to Multi-Year Funding Framework, which integrates objectives, resources and outcomes of the programme within the given priority and focus. These were initially adopted by UNDP and transformed the organisation into a results-based one. That is why MYFF was introduced and used by UN systems as a mechanism for effective performance.

reference to HIV and AIDS remained more or less the same. But it strengthened its internal capacities and used the existing gender expertise more effectively³¹.

The Strategic Plan 2008 - 2011 indicates its commitment to work with HIV affected women through Outcome 6 which states “The most marginalized women (including, among others, HIV-positive women, women informal sector workers, migrant women, indigenous women, women survivors of sexual and gender-based violence in conflict situations and women with disabilities) have increased resources, capacities and voice to ensure that their priorities are included in relevant policies, programmes and budgets.” It was during the pendency of this Plan that UNIFEM merged with three other UN organisations to transform into UN Women.

The inputs provided by UNIFEM to the preparation of the NACP III strategy and implementation plan³² identifies several asymmetries owing to which women become vulnerable to HIV and AIDS, viz. material and knowledge resources, entitlements, power, risk etc. The document goes on to state, “(t)he international community has clearly endorsed that "gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV and AIDS", both at the Millennium Summit held in 2000, as well as the UN General Assembly Special Session (UNGASS) on HIV and AIDS in June 2001. The Theme of World AIDS Campaign 2004 has been identified as: Women, Girls, HIV and AIDS”.

Table 2. Key Guidance of UN Women in the Context of HIV and AIDS

| Strategic Plan | Key Points |
|--|---|
| UNIFEM Strategy & Business Plan 2000-2003 | <ul style="list-style-type: none"> • HIV and AIDS features through objective 1: Increasing options and opportunities for women, especially poor women, through focused programming for three thematic areas. HIV and AIDS addressed through 2 of the 3 themes under this objective. UNIFEM to promote women’s human rights and eliminate violence against women through its programmes to mainstream gender into HIV and AIDS strategies and to promote The Convention on the Elimination of all Forms of Discrimination Against Women(CEDAW) with the Trust Fund in Support of Actions to Eliminate Violence against Women. • UNIFEM begins work collaboratively with UNAIDS and UNFPA to address gender and HIV and AIDS. |
| UNIFEM Multi-year Funding Framework 2004-2007 | <ul style="list-style-type: none"> • HIV and AIDS warrants a separate ‘Goal’, i.e. Goal 3: Halting and reversing the spread of HIV and AIDS among women and girls. HIV and AIDS also addressed under Goal 2, i.e. Ending violence against women. • UNIFEM prioritises strengthening of United Nations partnerships |

³¹ UNIFEM. MYFF 2004-07

³² Government of India, National AIDS Control Organisation: *Strategy and Implementation Plan, National AIDS Control Programme Phase III (2007-2012)*, November 2006, New Delhi

| | |
|--|---|
| | with networks of affected and infected women, supporting capacity-building activities to enable them to mainstream their priorities into policies and programmes. |
| UNIFEM Strategic Plan 2008-2011 | <ul style="list-style-type: none"> • HIV and AIDS addressed under the larger goal of advancing gender equality and women’s empowerment. The expectations are captured under Outcome 6. |
| UNIFEM Strategic Plan 2011-2013 | <ul style="list-style-type: none"> • Goal to strengthen the responsiveness of plans and budgets to gender equality at all levels. This Goal 5 covered a component of the support that UN Women anticipated providing partnership to UNAIDS in order to ensure that women’s rights and gender equality are fully reflected in the United Nations response to the HIV and AIDS epidemic. |

Source: UNIFEM’s Strategy and Business Plan of 2000-2003; UNIFEM’s MYFF 2004-2007; and Strategic Plans of 2008-2011 and 2011-2013.

The guiding documents of UN Women have addressed the issue of HIV and AIDS throughout the decade. However, the nature in which the commitment is addressed appears to have changed, perhaps in relation to the changing pattern of the epidemic and its impact on the lives of women. The focus on taking action that advances an engendering of the response to HIV and AIDS has given way to a broadbased response to the issues of the growing number of WLHA.

CHAPTER 2

EVALUATION APPROACH

The South Asia Regional Office of UN Women³³ has supported the PWN+ since 2002, in pursuance of its goal to engender development and reduce women’s risk of and consequences from HIV and AIDS. UN Women supported activities of PWN+ and its initiatives on HIV and AIDS have not yet been systematically evaluated³⁴. In 2005, a study commissioned by UNIFEM³⁵ reviewed the impact of the work done by PWN+ in partnership with UN Women for the period of three years, i.e., 2002-2005. Under this evaluation, they identified and reviewed the existing situation of PWN+ regarding the integration of WLHA concerns into the government schemes. The study concluded that “strength of organisation lies in understanding of women’s vulnerabilities and growing violations that WLHA face in the country today”. The main challenges were found to be organisational development, communication processes across networks and external agencies, and fundraising strategy.

In order to take stock of its engagement with PWN+ since that study, UN Women commissioned an evaluation of its support in September 2011. The current evaluation is expected to provide findings and recommendations that will assist in identifying strategies and operational approaches to strengthen UN Women’s mandate in the area of gender and HIV and AIDS as well as provide recommendations for its continued support to PWN+.

2.1 AIMS AND OBJECTIVES OF THE EVALUATION

The aim of the evaluation is:³⁶

To examine UN Women’s support to PWN+ on HIV and AIDS since 2006, with a view to provide findings and recommendations that would facilitate the identification of strategies

³³ For ease of reading, we will refer throughout to UN Women, although it should be understood that work may have been initiated under UNIFEM’s support prior to 2010.

³⁴ TOR. *Final evaluation of UN Women Support to the Positive Women’s Network on HIV/AIDS Projects in India*. September 2011

³⁵ Kousalya P., Shyamala Shiveshwarkar, Akhila Sivadas and Suneeta Dhar. “Using Rights-Based Processes Towards Building Gender-Sensitive Responses for Women Living with HIV/AIDS: The UNIFEM South Asia Partnership with the Positive Women Network, India and Centre for Advocacy and Research in India”.2005

³⁶ TOR. *Final evaluation of UN Women Support to the Positive Women’s Network on HIV/AIDS Projects in India*. September 2011

and operational approaches to guide UN Women’s mandate in the area of gender and HIV and AIDS.

The objectives formulated to achieve this aim are to:³⁷

1. Develop a theory of change regarding UN Women supported interventions carried out by PWN+
2. Clarify the strategic role of UN Women vis-à-vis other donor partners in providing support to PWN+ activities
3. Identify gaps and formulate recommendations for UN Women’s support for HIV and AIDS programs and its partnership with PWN+

Following discussions with UN Women early in the course of the study, it was concluded that the first objective of developing a theory of change may not be feasible, instead that, an understanding of the rationale that guided the thinking of UN Women at the time of the support could be developed and utilised for the purpose of guiding the evaluation. Hence the evaluation focuses on objectives 2 and 3 listed above.

2.2 A FRAMEWORK FOR ANALYSIS

The following framework which sets out the relationship between UN Women and PWN+ and that of PWN+ with WLHA was developed to guide the evaluation:

Figure 4. Evaluation Framework



In the light of the above mentioned framework, three probe areas were explored. While the terms of reference for the assignment identified two primary areas of investigation, the evaluation team felt that further research focusing on the environment of HIV in the country also warranted study, could be of critical importance as regards the ability of PWN+ and UN

³⁷ TOR. *Final evaluation of UN Women Support to the Positive Women’s Network on HIV/AIDS Projects in India*. September 2011

Women to make a dent on the situation of WLHA. Further, it could be assumed that the activities funded would also have had engendering of the environment of HIV and AIDS.

Table 3. Major Probe Areas

| |
|--|
| a) UN Women supported PWN+ projects empower the lives of WLHA |
| <ul style="list-style-type: none"> • Evidence that UN Women support improved lives / Positive and negative changes on WLHA in society <ul style="list-style-type: none"> — Coherence of PWN+ activities with issues of WLHA — Effectiveness of PWN+ activities in addressing issues of WLHA and other vulnerable persons — Effectiveness of PWN+ activities changing societal perceptions — Coherence of UNWomen support with needs of PWN+ |
| b) UN Women support to PWN+ has built sustainable organizational capacity of PWN+ and its members |
| <ul style="list-style-type: none"> • Evidence that UN Women support led to organizational capacity and likely independent sustainability <ul style="list-style-type: none"> — Availability and sufficiency of UNWomen support for PWN+ organizational development activities — Development and entrenchment of organizational culture in PWN+ — Availability of current and future lines of funding — Comparison to development status of other networks e.g., INP+, Maharashtra, Rajasthan, Kerala WLHA networks |
| c) UN Women support was strategic and led to engendering the work on HIV |
| <ul style="list-style-type: none"> • Evidence that UN Women support led to engendering HIV work in India <ul style="list-style-type: none"> — Change in environmental context for a gender perspective to HIV |

2.3 EVALUATION METHODOLOGY

Keeping in mind the aim and objectives as well as the framework of the evaluation, a qualitative methodology combining both secondary and primary research methods was devised for the study. This included the following:

Secondary Research

Systematic review of literature / documentation including the following:

- a) Project-related documents such as proposals, budgets, project reports – generated by PWN+ as also by UN Women (such as monitoring and evaluation reports)
- b) Information-Education-Communication and advocacy materials generated from UN Women supported initiatives
- c) Publications as a source for further references relevant to the issues under consideration – such as reports on HIV and AIDS situation in India and the location of

women within that; stigmatisation and discrimination of HIV positive women; as well as stories of change captured from WLHA accounts, etc.³⁸.

Secondary research facilitated the overall context setting of the evaluation findings, along with providing specific examples that showcased any or all of the findings.

Primary Research

Primary research conducted using the following techniques for qualitative research constituted the major source of data for this evaluation³⁹:

- a) In-depth Interviews (IDI) with a variety of interlocutors such as PWN+ management, local leaders, UN Women (concerned) staff and other donors.
- b) Focus Group Discussions (FGD) with PWN+ members/ beneficiaries and their families
- a) Ethnographic observation during all primary interactions – to complement responses in IDI and FGD.

Study Tool Development

It was important to capture the data in such a manner that their analyses yields information relevant for the indicators developed and described in the evaluation matrix. (See Annex 5) Accordingly, study tools were generated for primary research⁴⁰. Separate guides for different segment of respondents were constructed and included - relevant UN Women staff, PWN+ management, PWN+ members, beneficiaries and families as well as other relevant stakeholders⁴¹. Study tools were reviewed by a peer who acted in the capacity of advisor to the project.

Justification for using qualitative methodology

The methodology was developed after consultations with the UN Women office regarding the availability of quantitative/qualitative data, activity tracking reports, other forms of program management information, as well as possible involvement of relevant stakeholders. It was agreed that a qualitative approach using purposive sampling would be most appropriate for responding to the evaluation questions and to learn more about the experience of the various stakeholders pertinent to this evaluation. Further, on the basis of advice from UN Women, it was agreed that the evaluation team would focus on respondents from Tamil Nadu and Delhi due to time constraints. Different levels of the PWN+ structure were covered along with

³⁸ Please refer to document list provided in Annex 4.

³⁹ Lists of anonymised respondents are available in Annex 3.

⁴⁰ Attached as an appendix to this report

⁴¹ Attached as Annex 2.

multiple locations within Tamil Nadu with a view to reducing the bias in the purposive sampling for this group of primary stakeholders. In addition, it was agreed that the team would cover a larger group of interested persons who have experience on engendering the work on HIV and AIDS in India and are familiar with the work of PWN+ and/or UN Women.

Data Collection Plan

Data collection began in the first week of January 2012 and ran through to the second week of February 2012. The main grouping of the respondents is as follows⁴²:

- a) PWN+ management and staff
- b) PWN+ State and District representatives
- c) UN Women staff
- d) Staff of other UN bodies
- e) Management of other positive networks such as INP+
- f) Beneficiaries of the PWN+
- g) Other relevant stakeholders

Data Analysis

A major source of information is the IDI and FGD that the team has conducted. The IDI and FGD were recorded after obtaining verbal consent of respondents. Data files of the interviews and discussions have been saved in a secure place. The transcripts were analysed using Atlas TI software version 6.2.

The interviews and discussions provided the team with an understanding of perspectives of various stakeholders on the areas of study and allowed the possibility to triangulate the resulting information. Thus, it was possible to generate a representation of stakeholder's perceptions. Where highly divergent views were expressed, these have been described. The sources of secondary data was examined or reviewed for information that describes or illustrate the main areas under investigation.

Besides presenting the findings as a narrative, the following techniques were used:

- a) Case Studies developed through combining document review, IDI responses and ethnographic observations. These case studies (presented as boxes in the document) provide a detailed view of select processes and results of intervention.
- b) Programme Grid which systematically presents programme information. This was very useful in understanding the trajectory of the relationship between UN Women and PWN+ in terms of mandate, grants and funding.

⁴² List, anonymized as necessary, has been provided as Annex 3.

Evaluation Matrix

An evaluation matrix was developed, which describes the evaluation questions, indicators, data sources and respondents for the study. This is attached as Annex 5.

2.4 WORK PLAN, TIMELINE & ROLE OF TEAM MEMBERS

The study was conducted to the following workplan and timeline:

Figure 5. Timeline of the Evaluation



Evaluation Team

The Project Leader of the assignment, Dr. Suneeta Singh has been responsible for the conceptualization and overall execution of the study, research rigor, finalizing the report, presentations and communicating with UN Women.

Dr. Paramita Banerjee, the consultant and Technical Lead, was responsible for contributing to the conceptualization of the study, ensuring assignment progress, and undertaking the analysis.

Ms. Sangita Dasgupta, Team Member, brought in depth knowledge of HIV and AIDS programming and women's issues to the discussion. She provided useful perspectives on the HIV and AIDS situation in India and provided inputs to the study tools, development of the analysis plan and reviewing early drafts of the report.

Ms. Priyanka Dubey, Team Anchor, was responsible to ensure that the study met the timelines agreed with UN Women, had oversight of day to day execution, and undertook document review and data collection. She worked closely with the Project Leader in all aspects of her work.

Ms. Apurva Rastogi, Team Member, was responsible for analysing the data. She too, worked closely with the Project Leader and under her guidance.

Ms. Anandi Yuvraj, Asia Pacific Regional Coordinator, International Community of Women Living with HIV, an independent consultant acting in the capacity of Project Advisor, provided peer review of the study tools, supported the development of the analysis framework and reviewed the draft report.

Ethical Safeguards

Given the extremely sensitive nature of the evaluation subject, the Project Leader paid special attention to ethical issues and monitored the project accordingly. Ms. Anandi Yuvraj herself a woman living with HIV and AIDS, but is a senior member of the management of an international non-profit organisation working with WLHA, kindly agreed to act as in an advisory capacity.

The highest ethical standards were maintained at all stages of the evaluation process. Guidance received from UN Women⁴³ was followed. Verbal consent was sought and received before each interview or focus group discussion. The evaluation team decided against seeking written consent as signing any document could possibly have biased the responses received.

Anonymity of informants has been ensured by assigning codes to the respondents and groups. To the extent possible, each IDI was conducted without others present except on the request of the respondent. Quotations from the IDI and FGD used in the report have been kept anonymous.

Key Limitations

Throughout the study, the evaluation team tried to ensure adherence to the work plan while simultaneously remaining aware and responsive to emerging information and findings. Documentation on projects funded by UN Women during the period was generally available and we received 27 documents relating to projects and their products for the period 2006 - 2011. However, project closing documentation such as a closing report or evaluation was not available for each grant.

It was possible to access most of the respondents identified in consultation with UN Women. However, meetings could not be arranged with:

- a) Some members of the UN Women team who have since left the organisation.
- b) Staff of other positive networks

⁴³ United Nations Evaluation Group (UNEG). *UNEG Ethical Guidelines for Evaluation*. March 2008.

- c) Some members from working group on Gender, National AIDS Control Programme (NACP) -IV

Interviews with local leaders could not be held at the state and district level because the networks themselves have not identified local leaders with whom they work.

CHAPTER 3

FINDINGS

The evaluation attempts to answer the questions posited by UN Women about the work carried out under their grants to PWN+ after 2006. Since long term support has been provided by the organisation, the evaluation team has also reviewed the relationship over the entire period of engagement to develop an understanding of the rationale for and expectations from the continued support.

Three primary questions are explored: 1. Did UN Women supported PWN+ projects empower the lives of WLHA; 2. Did UN Women support build sustainable organisational capacity of PWN+ and its members; and 3. Was UN Women support strategic and did it lead to engendering the work on HIV in India. Findings are presented with respect to each of these questions, referring to the subheads identified in the Evaluation Matrix.

Keeping in mind that PWN+ received funding for its activities and plans from several donors, and since evaluation was not built into the design of the support provided, only the contribution of UN Women to the PWN's vision of empowering WLHAs and infected/affected children to live a life of dignity and equality and free from stigma and discrimination can be explored. It may also be kept in mind that the present study did not have access to quantitative data. Judgements have been made on the basis of the perceptions of various stakeholders, views of whom have been triangulated against others. We have used documentary sources to support our interpretation. However, not much was available by way of evaluation of the activities with documents received being primarily descriptive in nature, such as activity reports, terms of reference or proposals.

3.1 UN WOMEN SUPPORTED PWN+ PROJECTS EMPOWER THE LIVES OF WLHA

The overall aim of UN Women in supporting PWN+ was to demonstrate that change could take place in the lives of WLHA when women mobilise, collectivise and synchronise their work efforts. The analysis focuses on providing evidence of societal changes experienced by WLHA due to UN Women's support to PWN+. Moreover, we explored whether respondents had experienced any negative changes in their lives from these societal changes.

Coherence of PWN+ activities with issues of WLHA

PWN+ was established for the stated purpose of addressing issues faced by positive women. It came into being as a result of a felt need for a women's organisation, which would systematically addresses the root causes of inequalities faced by women. Further, there was a general view that positive women needed a space to get together and share their experiences of living with HIV and AIDS⁴⁴. As such, it was felt that positive women needed a platform to voice their concerns, demand support on issues relating to violence, stigma and discrimination, legal and property issues, education support for the infected and affected children, generating livelihood opportunities. Thus they are able to claim their rights and build their strength to deal with the particular issues of positive women. Through the provision of a platform / network ,positive women could thus be empowered to speak up for their rights as well as to build strength in order to negotiate issues of particular concern to them⁴⁵.

At the time that PWN+ was set up, HIV was considered primarily as an isolated health problem. Since men were primarily affected, women's vulnerability to HIV and AIDS was neglected due to the socio-economic status of women and the status of women in society. In response to this gender-blind approach, UN Women gathered evidence from community based research⁴⁶ across eight countries which includes the regions from Latin America, Africa and Asia, in order to engender the discourse on HIV and AIDS.

The purpose of PWN+ was to improve the situation of WLHA as well as children affected by HIV in India. As such, PWN+ mission was to change the existing situation of all women living with HIV and AIDS, children living with HIV and those children affected by HIV in India towards a better life. In accordance with this mission, they built capacities, increased access to rights, developed partnerships and advocated for program and policy changes with the help and support of UN Women. The needs of marginalised communities such as WLHA include social acceptance, safe spaces, education of children, marriage and inheritance issues, health, social security etc. PWN+ undertook several initiatives to conduct various activities, programs and research to meet these goals⁴⁷.

From 2006 onwards, key activities of PWN+ included advocacy, capacity building, mainstreaming issues of WLHA, sensitisation programmes and counselling⁴⁸. PWN+ provided outreach services such as conducting meetings and disseminating information, receive counselling, etc. which enabled WLHA to make decisions about their lives. Several respondents

⁴⁴ FGD-4, 6, 8; KII-6, 23, 24

⁴⁵ FGD-9, 7; KII-13, 15, 22

⁴⁶ KII-12

⁴⁷ PWN+. *Shaping a New Reality: Positive Women's Network*.2004

⁴⁸ *Various TOR, Proposals and activity reports*

reported that PWN+ outreach workers and counsellors inform positive women about WLHA issues and assist them with Anti-retroviral Therapy (ART) centres and DIC⁴⁹. The network has not solely provided emotional support but also health services and income generating opportunities, which leveraged the skills of positive women. As a result, women's participation in public life and income generating activities increased⁵⁰. Keeping in mind that most PWN+ members are from the lower socio-economic strata⁵¹, (well to do WLHA reportedly choose to seek counselling, but not membership⁵²), many of the issues that the organisation has had to deal with related to the needs of the poorer sections of society.

One respondent remarked, "I am confident of what next step is to be taken in my life". This confidence and increase in capacity was reflected in statements of several other respondents⁵³. This capacity was built by PWN+ through trainings and capacity building sessions under various projects supported by UN Women such as Charca Project, empowering WLHA, 2008 National Consultation, Stop Violence Project, DIC Guidelines⁵⁴.

Efforts were also made to mainstream the issues of positive women. For example, PWN+ lobbied with concerned authorities to reduce the the age limit for eligibility to access widows pension scheme. The widow's pension scheme could only be accessed by 65 years old age widows, and as many members faced widowhood at younger ages, this was felt to be a significant issue for positive women. The organisation made efforts to convince the Tamil Nadu government that the age of eligibility should be reduced. PWN+ convinced the State AIDS Control Society and through them, the relevant authorities, to achieved this and today the young women aged 25 years or so get widowed by HIV in Tamil Nadu receive a pension under the widow pension scheme of the state. PWN+ also took up similar initiatives for several other schemes like Antyodaya ration card, Rashtriya Swasthya Bima Yojana, etc⁵⁵.

Several respondents also reported that the sensitisation and awareness programmes conducted by PWN+ were extremely helpful in increasing their knowledge and information about HIV, gender, difference between gender and sex, understanding violence, etc⁵⁶. These programmes were conducted under the project – Empowering WLHA to protect their legal rights and Lead a violence free life⁵⁷. Within the same project PWN+ also organised street plays,

⁴⁹ FGD-6, 7; KII-7, 24; PWN+. *Shaping a New Reality: A vision document of PWN+*. India: 2004

⁵⁰ FGD-4, 6, 7; KII-11, 15, 17, 23

⁵¹ FGD-4; KII-11

⁵² KII-7, 11, 15

⁵³ KII-6, 13, 16, 23

⁵⁴ TOR, *Proposals and activity reports reviewed of the mentioned projects*

⁵⁵ FGD-5; KII-11, 15

⁵⁶ FGD-4, 6; KII-7, 11, 15

⁵⁷ TOR, *Proposal and activity reports reviewed of the mentioned projects*

walks and sensitisation programmes with college students, people from government sector and general public⁵⁸ to campaign for better services for WLHA, to step up support and spread awareness among the general masses. Further, also conducted a sensitisation workshop to share the concerns of positive women at state level under Stop Violence Project⁵⁹. Under the Charca Project, in collaboration with Christian Aid and the National AIDS Control Organisation (NACO), PWN+ have also developed a resource directory⁶⁰ for easy access of information and knowledge of different government welfare schemes for WLHA.

PWN+ was also involved in advocating the issues of WLHA at the national and state level. It conducted three national level consultations involving different stakeholders and representatives from several states. Public hearings using a rights based approach, were conducted which enabled positive women to hear the different perspectives of many WLHA across the country and developed a better understanding of the issues affecting positive women⁶¹.

Effectiveness of PWN+ activities in addressing issues of WLHA

Individual respondents felt strongly that the network had created the space to bond and share their daily experiences. Several documents have described the fear in which PLHIV live⁶². This was echoed by respondents who noted that support group meetings conducted by PWN+ had given them the strength “to live life with renewed vigour”⁶³. They reported that by sharing their experiences and learning about each others’ coping strategies, they gained the courage to carry on with their lives. Support group meetings help them to overcome their fear and speak without restriction about their issues. Their participation in the support group comforts them and increases their confidence to face their life. Such collectives help them to gain a sense of ownership and leadership and take their decisions with increased self-reliance⁶⁴. Trainings conducted by PWN+ have helped WLHA in changing their perception towards themselves⁶⁵ which has helped them to take a positive outlook towards their life.

⁵⁸ TOR and activity report of the said project; KII-11

⁵⁹ TOR, Proposal and activity reports reviewed of the mentioned projects

⁶⁰ PWN+. *National Government Welfare Schemes Resource Directory*. Social Light Communications.2006

⁶¹ PWN+. *Public Hearing: Rights based Approach towards Concerns of WLHA in Health Settings*. New Delhi: 2007

⁶² Centre for Advocacy and Research (CFAR), PWN+, UNIFEM. *Positive Speaking: Voices of Women Living with HIV and AIDS 2003* South Asia Sub-regional Office (SASRO), New Delhi. Delhi, India:UNIFEM; 2003, KII-13, 22; FGD-4

⁶³ FGD -4; KII-11, 15

⁶⁴ FGD- 6, 7, 9; KII-15

⁶⁵ FGD-4, 5, 9

Counselling of the WLHA and their family members bolsters their self belief. Several respondents reported that due to family counselling sessions, many WLHA have been able to return to their natal families⁶⁶.

Several respondents also felt that WLHA are being provided with medical services from the health care providers because of the efforts made by PWN+. Medical services have reportedly improved even at grassroots level⁶⁷. Many respondents specifically pointed out that UN Women supported programs such as the Property Rights Program, Gender and Violence Programs have been extremely helpful in raising their awareness level and in helping them to claim their rights⁶⁸. The information received during these training sessions have created an awareness of their rights.

WLHA felt constrained in the early days of the epidemic and could not move outside their homes owing to the stigma associated with HIV and the discriminations that they faced. Many respondents reported that this has now changed as outreach workers help by providing guidance and counselling to WLHA⁶⁹. These interventions of the PWN+ have helped the WLHA to face the society with greater courage and to solve their issues⁷⁰. With the help of PWN+, WLHA have become more articulate about their rights⁷¹. Women who were once house bound and discriminated against, have become passionate advocates, fighting to resolve their own issues and standing up for the rights of WLHA.

Respondents also noted that the membership of PWN+ consisted largely of women from poorer socioeconomic background⁷². While this allowed the network to serve those most in need, this has also meant that the network has had somewhat less leverage in respect of the impact of its activities as far as the overall situation of WLHA is concerned.

Effectiveness of PWN+ activities in changing societal perceptions

Stigma has always been associated with diseases which are caused by a transgression of social norms including attitudes to sexual behaviour⁷³. Associated as it is with high risk sexual behaviours, HIV positivity faces social opprobrium which is applied without attention to particular circumstances, and often in the case of women, incorrectly imputed high risk activity.

⁶⁶ FGD -4; KII-24

⁶⁷ KII-7, 13, 18, 23

⁶⁸ KII-15

⁶⁹ KII-7, 24

⁷⁰ KII-24

⁷¹ KII- 12, 15, 20

⁷² KII-2,12

⁷³ Mahendra, V. S., L. Gilborn, B. George, L. Samson, R. Mudoi, S. Jadav, I. Gupta, S. Bharat, and C. Daly. *Reducing AIDS-related stigma and discrimination in Indian hospitals, Horizons Final Report*. New Delhi. Population Council. 2006.

Stigma and discrimination remains widely prevalent in society. WLHA do not, by and large, reveal their positive status, preferring to do so only when forced. The large majority of the women have no family support due to negative perception of people towards HIV+ women⁷⁴. The situation of widows is much worse. Interestingly, respondents also noted that the more well to do, do not wish to take membership or to attend community events⁷⁵.

WLHA continue to fear discrimination and denial of services in the society. The shift in societal attitudes is very slight according to respondents, and much more work is required. Stigma and discrimination in the hospitals and health service centres is still very prevalent⁷⁶. As an example, one respondent reported that the high adherence to ART consumption is because WLHA fear that they may have to disclose their positive status to other health providers if they fall sick as a result of AIDS, fearing discrimination. Thus, they prefer to adhere strictly to ART, thus obviating the need to visit hospitals frequently for other HIV related conditions⁷⁷. It was also reported that public sector doctors continue to practice discrimination against WLHA⁷⁸ especially with respect to surgery.

The level of acceptance of WLHA is more where the networks are strong. Ethnographic observations during the course of the study supported this perception. In the immediate communities where network is present, acceptance seemed to be much higher, whereas stories of discrimination are much more so from regions where the network's presence is weak⁷⁹.

During the course of the evaluation, it became clear that PWN+ had not made inroads to gain support from local leaders. PWN+ local leaders were not able to arrange meetings with local leaders as they do not have ongoing relationships with councillors and other important dignitaries. From discussions, it appears that PWN+ membership has had to wrest gains for the community through activism and a vociferous demand for their rights⁸⁰.

Coherence of UN Women support with needs of PWN+

In response to their gender based approach, UN Women gathered evidence from community based research in eight countries from Latin America, Africa and Asia in order to engender the

⁷⁴ KII-15

⁷⁵ KII-7, 11, 15

⁷⁶ FGD – 5; KII-2

⁷⁷ *Observation during discussion among the interpreter and a family member in Tiruppur.*

⁷⁸ FGD-5; KII- 13, 16, 23

⁷⁹ KII-2,12

⁸⁰ *Field observation*; KII – 1, 2, 3, 10, 20

discourse on HIV and AIDS⁸¹. UN Women took these findings to policy makers, demanding that HIV policies be tailored with a gender lens, and at the same time began its programme of support for women's organisations working on the issue⁸². This marked the beginning of the relationship between UN Women and PWN+.

In the early period of support by UN Women, the just-in-time support provided to several activities of PWN+ albeit small, was critical to organisational growth and coherent with the needs of the network. However since 2006, the connection between the choice of particular support provided by UN Women and the needs expressed by WLHA in the national consultations is not clear from documentation available to the evaluation team⁸³. Several respondents noted that UN Women was not able to provide the kind of technical support required for the growing PWN+ after 2007⁸⁴. More than one respondent expressed disappointment in the diminishing technical advice by UN Women in the period since 2006⁸⁵.

An important observation by several respondents was the weakening link between UN Women and PWN+ as the program officers charged with their work responsibilities left the organization⁸⁶. Respondents suggested that UN Women staff asked to administer the projects with PWN+ were less available to provide concerted technical support, perhaps because of a lack of exposure to the particular issues of WLHA, or due to preoccupation with other tasks⁸⁷. One respondent commented that there appeared to be a lack of understanding on gender, HIV and grassroots level issues⁸⁸. The enormous reach and connection of PWN+ with the ground, could provide a 'groundedness' to UN Women work in the country and region.

UN Women does not appear to have a coherent plan for the organisational development of PWN+ during the period of 2006 - 2011⁸⁹. Several respondents noted that support from UN Women became patchy after 2005. Following three new projects in 2005, no other funding was made available until March 2007. Some respondents suggested that this may have been due to friction between PWN+ and its mother organisation, the Indian Network for People Living with HIV and AIDS (INP+)⁹⁰.

⁸¹ KII-12

⁸² KII-3, 12

⁸³ *Various TOR, Proposals and activity reports*

⁸⁴ KII-1, 2, 25

⁸⁵ KII-11, 15

⁸⁶ KII-1, 2, 3, 10, 25

⁸⁷ KII-2,5,10,12

⁸⁸ KII-11

⁸⁹ KII-1, 2, 12, 25

⁹⁰ KII-11, 15, 17

As PWN+ grew, so did their needs. This appears to have been taken into account as one looks at the size of projects being provided by UN Women after 2006. The size of the first grant to PWN+ in 2002 was INR 82,800 while the last grant in 2009 was INR 11,33,287. In particular, the focus on HIV and AIDS in the context of gender became weaker with time⁹¹. MYFF 2004 – 2007 was in operation in 2006, with two of four goals related to a response to HIV and AIDS. With the new strategic plans in 2008 and 2011, the attention to engndering to HIV and AIDS response became less focussed. HIV and AIDS became a smaller element within the larger frameowrk of gender equality and women’s empowerment⁹².

Thus PWN+ was able to play an important role in the lives of WLHA with respect to their emotional and social acceptance needs. They also helped to provide access to services and successfully advocated in some cases, to provide social entitlements. However, fear of discrimination and denial of services continue to be an issue with many WLHA, one addressed by PWN+ cadres through activism rather than consultation. Technical support on organisational development to PWN+ appears to have declined since 2006, and not enough documentation is available in this respect. However, financial support from Un Women in the same period has increased on average.

3.2 UN WOMEN SUPPORT BUILT SUSTAINABLE ORGANISATIONAL CAPACITY OF PWN+

Development and entrenchment of an organisational culture in PWN+

Through its assistance to PWN+, UN Women supported the groundwork for a strong organisation. By 2006, the organisation had been established, PWN+ was a customary invitee to several national forums where policy for HIV and AIDS was being discussed, and was representing the voice of Indian WLHA at international events⁹³. Nine state networks had been established, and a decision to create a federation of organisations instead of a single organisation with state chapters had already been taken⁹⁴. PWN+ was poised for growth.

PWN+ has described a remarkable journey, marked inevitably by highs and lows. Set up under the Societies Act, PWN+ has an established membership, a committed administration and fairly competent staff. In the initial years of their relationship with PWN+, UN Women invested an enormous amount of technical support in the organisation such as preparing budgets, tracking

⁹¹ KII-11, UNIFEM’s strategic plan of 2000-2003, 2008-2011 and 2011-2013; UNIFEM’s MYFF 2004-2007

⁹² UNIFEM’s strategic plan of 2000-2003, 2008-2011 and 2011-2013; UNIFEM’s MYFF 2004-2007

⁹³ KII-1, 2, 3, 9, 10, 20, 25

⁹⁴ KII-2, 3

expenditure, reporting on time⁹⁵. Several respondents have noted that considerable hand holding was required as the capacity of the organisation and its principal executives was as yet undeveloped⁹⁶. This sentiment is echoed on both sides of the relationship and it is clear from the interviews that UN Women's support was both substantial and welcome. Some of the non-monetary support included help with leveraging funds from other donors, getting a seat at the table, bringing women's voices to the forefront and supporting documentation of work done to engender HIV and AIDS. In establishing and building such a network, this support to PWN+ was crucial and went a long way in supporting the organisation's development goals⁹⁷. Several respondents remarked that the support from UN Women was welcome as this was the only network of its kind in India, which focused on women's issues infected and affected with HIV and AIDS⁹⁸.

One respondent pointed out that "organisational strengthening is an extremely technical process and requires three categorical inputs: a) creating broad-based leadership – especially for positive people; b) creating large economic empowerment; c) seat of relevance in larger context. UN Women was unable to look at these three fundamental issues of organisational development"⁹⁹. Support from UN Women to organisational development remained superficial in the period under reference. An important contributor in this may be the lack of constant interaction that marked the later years of support as technical support specifically on HIV and AIDS issues of women became more intermittent.

Some gains have been reported especially in the first half of the decade¹⁰⁰. Respondents noted that PWN+ was weak with regard to financial reporting and other protocols of the funding organisation in the early years¹⁰¹. The HIV unit of UN Women supported them to ensure that their reporting in the required formats improved¹⁰² such as templates for activity reporting, programme planning matrix¹⁰³ etc. The UN Women finance unit trained them to track expenditure, to maintain records of their work, and report on time¹⁰⁴. Respondents have noted that PWN+ has received tremendous capacity development and have become more empowered to negotiate their own terms and be able to say no. Both hard and soft skills were

⁹⁵ KII-1, 2, 3, 10, 12, 20, 25

⁹⁶ KII- 1, 9, 20, 25

⁹⁷ KII-3, 12

⁹⁸ KII-1, 2, 3, 10, 20

⁹⁹ KII-12

¹⁰⁰ KII-1, 2, 3, 5, 10, 12, 18, 20, 25

¹⁰¹ KII-12,18,20,22

¹⁰² KII-10, 14

¹⁰³ PWN+, UNIFEM. *Report of the review of the PWN+*, 2005

¹⁰⁴ KII-10, 14

developed¹⁰⁵. A key area of support by UN Women was to develop technical skills within PWN+, making them better advocates for their own issues¹⁰⁶.

In the years under review, there appeared to be a lack of clarity of the roles played by different stakeholders. A mismatch of expectations between UN Women and PWN+ affected the growth of PWN+ in terms of organisational development¹⁰⁷. PWN+ expected technical support on the projects assigned to them, which respondents felt was missing on the part of UN Women¹⁰⁸. One respondent made a very strong statement regarding the general lack of specific planning and preparation and appropriate resources to undertake organisational development on the parts of both PWN+ and UN Women¹⁰⁹. Other respondents have also corroborated this view¹¹⁰.

More than one respondent remarked that PWN+ has grown rapidly and the number of its state and district chapters has exceeded those of INP+¹¹¹. State presence grew from nine to 14 state networks in the period under review. Each of these state networks of positive women was developed with the assistance and support of the national PWN+. However, several were not strong or mature enough for the kind of preparation and planning needed to handle diversification and expansion or indeed, for transition of leadership¹¹². Each state network is registered as a separate entity, but function under a common vision.

From interviews, it appears that the support that PWN+ received from UN Women in the first half of the decade allowed it to grow into an organisation capable to sustaining itself, with the gradual development of processes and systems¹¹³. However, progress in this regard was slow in the period under review. Respondents felt that this was because technical support from UN Women was not as available as in the past¹¹⁴. The stage of maturity could not really be achieved¹¹⁵. Some respondents who commented on the staffing of the network pointed out that whatever the commitment of the staff, well-qualified people are needed to run the organisation¹¹⁶. The study carried out by CMS Social¹¹⁷ found that most of the district level networks of PWN+ in the sample frame were still in initial stages of development except for

¹⁰⁵ KII-10, 14

¹⁰⁶ KII-2, 5

¹⁰⁷ KII-3, 5

¹⁰⁸ KII-11

¹⁰⁹ KII-25

¹¹⁰ KII-2,10, 22

¹¹¹ KII-1,25

¹¹² KII-1,2,25

¹¹³ KII-1, 10, 11, 25

¹¹⁴ KII-1,2,9,10,20,25

¹¹⁵ KII-1, 2, 3, 25

¹¹⁶ KII-12, 18

¹¹⁷ UNICEF India. *Review of Capacity Building Needs of Members and Office Bearers of Positive Women Network with a view to increase their participation and ability to advocate for the rights of PLHAs. May 2009*

Villupuram which had been set up somewhat earlier. A major finding of the study¹¹⁸ was that the capacity of office bearers and members required further support. The study suggested that intensive capacity building measures are needed to strengthen the effectiveness of district level networks which are in the early stages of development. They felt that the cohesiveness of the network had become eroded. Within PWN+, respondents noted that proliferation of leadership had become stunted due to host of reasons – lack of funds, short term projects, high turnover of the staff¹¹⁹.

Developing next level of leadership is a challenge in organisations. Within PWN+, reliance on a single leader created a certain level of stress. This meant that energies of the key person were diverted towards everyday issues rather than the critical functions of higher level planning, advocating etc.¹²⁰. Kousalya Periasamy, the President of PWN+ for the last 13 years became the most visible member, acting not only as the main driver of organisational development, but also the representative of WLHA at national and international forums¹²¹. This placed an enormous burden on her and she stepped down from leadership during the second national consultation of PWN+ in 2004 despite advice to the contrary from some members of the Board¹²².

A President was elected, but six months later Ms. Periasamy was asked to return to the position by the Board¹²³. Some respondents felt that the second line of leadership has not been allowed to grow due to lack of delegation of responsibilities and decision-making power to state and district level networks¹²⁴. PWN+ has not developed any organogram of the organisation, and the team could not obtain one. Nor was the membership by state network made available¹²⁵. Yet the emergence of leadership of the 14 state networks and the passing of national leadership from the incumbent to another leader indicates the awakening of self-confidence among the membership. While no particular results could be achieved in that brief period, the fact that another leader could be considered and elected to office was an important milestone. The focus of the National Consultation held recently in Chennai in 2012, had a special focus on organisational development and the nurturing of leadership of state networks¹²⁶.

¹¹⁸ KII-19

¹¹⁹ KII-1,5,11,12,15,20

¹²⁰ KII-5

¹²¹ KII-1, 10, 11, 20, 25

¹²² KII-1,2,7,12,20

¹²³ KII-11, 12, 25

¹²⁴ KII-3, 12, 18

¹²⁵ *Personal Communication to author.*

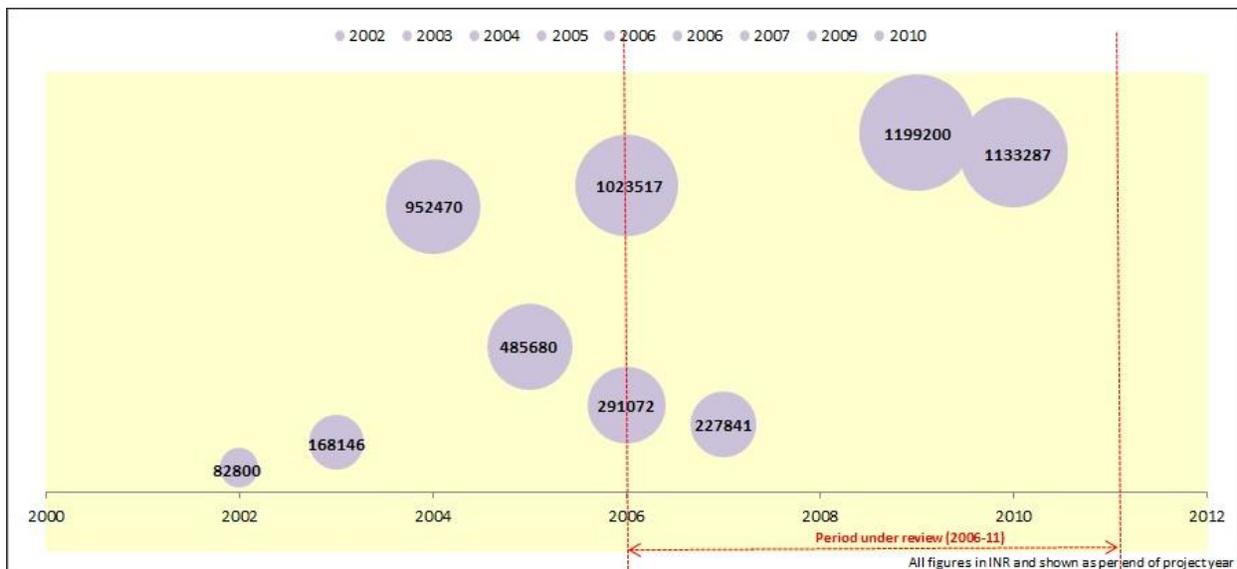
¹²⁶ *Personal Communication to author.*

Availability and sufficiency of UN Women support to PWN+ organisational development activities

In general, the findings reveal that the aspirations of PWN+ and the mandate of UN Women have correspondence. The financial support provided in the early years was welcomed particularly as it was combined with the technical assistance necessary to develop the national network.

A review of the project support provided by UN Women between 2002 - 2006 and that between 2006 - 2011 indicates that financial support increased during the later period. This is in sharp contrast to the perception expressed by both granter and grantee sides that the support had diminished in the latter period¹²⁷. In the period 2006 – 2011 over the period of six years, financial support provided by UN Women was INR 4,069,525, an average of INR 678,254 per year. In comparison, UN Women provided INR 1,494,488 in the previous 4 years, an average of INR 373,622 per year¹²⁸. Further, although no new funding was awarded in 2006, PWN+ has always had active projects with UN Women. See Figure 6 in this regard.

Figure 6. UN Women Support to PWN+ through Project Based Funding



¹²⁷ KII-1,2,5,7,11,12,20,25

¹²⁸ Various TOR, Proposals and activity reports; Budget provided by UN Women office

Sustainability of PWN+

By 2006, PWN+ had metamorphosed into a responsible organisation with a presence in nine states of the country, and commanded recognition of their ability to represent the views of WLHA.

Apart from UN Women support, PWN+ also received funding from other donors and state governments¹²⁹. Some of this may be ascribed to their growing ability nurtured by UN Women, to write better proposals as reported by several respondents¹³⁰. Participation in various consultations and conferences on women and HIV and AIDS gave them visibility and helped them become active at the national and global level¹³¹.

Some PWN+ state networks have been able to access funding, apart from that received from the PWN+ national network. This not only describes the growing maturity of the state organisations, but is also a clear indication that an alternative leadership is beginning to emerge. However, other respondents point out that PWN+ has only a few projects in the pipeline. They felt that PWN+ needs a more reliable source of core funding to ensure sustainability¹³².

PWN+ has not explored intersectionalities fully. A recent internal stock-taking of their progress recognised the need to build and nurture connects to other aspects of the women's movement¹³³ for example, domestic violence, trafficking etc. Several respondents referred to the need for PWN+ to introspect and connections with other large networks. They felt that PWN+ needs to come out of its silo and its isolated way of working¹³⁴.

From interviews with UN Women staff, it seems that the organisation is exploring a new roadmap for their continued support of an engendered approach to HIV and AIDS in India. In a context in which the absolute number of WLHA continues to grow, the time is ripe to provide a well thought out programme of work, which addresses the special needs of WLHA.

Comparison to development status of other networks

Owing to difficulties in accessing respondents, this question could not be explored. Secondary sources on the subject could not provide useful data that could be used to compare with that collected during this review.

¹²⁹ KII-1, 10, 11; PWN+ Annual Reports 2004-2005, 2007-2008

¹³⁰ KII-11, 15

¹³¹ KII-10, 11

¹³² KII-1, 2, 3, 5, 22, 25

¹³³ KII-11, 12

¹³⁴ KII-5, 12

Support of UN Women was greatly welcomed and the concordance of the mandates of the two organisations has been noted. Yet there exists a mismatch of expectations between UN Women and PWN+ in terms of organisational development. PWN+ has seen strong expansion of state and district networks in this period, although several were felt to be nascent in respect of their processes and systems. The leadership of PWN+ has been a matter of great discussion. An important observation was the weakening of day-to-day links of UN Women with PWN+. This was at a time when the overall average support to PWN+ per year was in fact increasing. Participation in various international, national and state conferences and consultations has given PWN+ leadership great visibility and the ability to take the voice of marginalised WLHA to a global audience. Yet PWN+ appears not to have fully explored the intersectionalities of its issues with those of other likeminded organisations.

3.3 ENGENDERING HIV WORK IN INDIA

At the beginning of the period under review, it was clear that some gains had been made in the engendering the National AIDS Control Program (NACP). Attention to the prevalence of HIV and the vulnerability of women to it was beginning to be felt at the highest levels of government¹³⁵. Due to their role in the transmission of HIV in India, female sex workers were being addressed as a major focus group by working groups set up to draft the NACP phase III.

Programme Acceleration Funds (PAF) funded project of UN Women aimed to catalyse positive changes in the lives of women in risk situations in India by facilitating their participation in mainstream government programmes for HIV and AIDS. It was hoped that this would slow down the falling into poverty of women affected by HIV and AIDS¹³⁶.

In focus group discussions, WLHA pointed out that PWN+ had been able to address the gender issues at the ground level. PWN+ had very successfully created the space for many women in the natal families by helping the family members understand the situation of positive women¹³⁷. A few state networks had also begun to take initiatives to bring about change in schemes and programmes, for example, Antyodaya ration card, widow pension, construction workers scheme, etc. Beneficiaries did not make the connection of gains made through PWN+ and support received from UN Women. However similar efforts seem to be lacking at the national level. Several respondents felt that gender issues were not adequately addressed by

¹³⁵ KII-1, 21, 25

¹³⁶ UNIFEM, UNDP, UNAIDS. Final Report: *Gender Capacity Development of Civil Society Organisation (CSO) and PLHIV, Communication*. 2009.

¹³⁷ KII-13, 16, 23; FGD-4, 5

working groups of NACP phase III¹³⁸. Nevertheless, a draft Gender policy has been written and there is a proposal to establish a gender desk within the national AIDS program¹³⁹.

The period between 2006 to the present has seen slow but steady gains in the fight against HIV. Prevalence rates in the population as a whole are declining. However, while the HIV prevalence rate among women is declining, it is doing so more slowly than among males. This is reflected in the gradual increase in numbers of WLHA which have consequently increased as a proportion of the total.

Preparations for NACP phase IV began in 2010. During the on-going discussions for NACP-IV, UN Women has at the forefront of discussions on gender issues relating to HIV. It is felt however, that the programme is far too focused on Prevention of Parent to Child Transmission¹⁴⁰ and targeted interventions. On the other hand, the Working Group on Gender suggests improved access to and use of HIV prevention, treatment, care and support services by women and girls; empowerment of women and girls to negotiate and advocate for their rights and entitlements to protect themselves from HIV and AIDS; creation of an enabling environment addressing structural barriers to reduce stigma and discrimination and mitigate the impact of HIV on women and girls; and reduction of gender based violence by equalizing gender and power relation by engaging men and boys¹⁴¹. The case is also being made during NACP-IV discussion to establish a separate DIC for women in every district¹⁴².

PWN+ has been able to address gender issues at the ground level, yielding gains in emotional support, confidence building and local social acceptance. They have been able to make public services more accessible although national actions in this regard have been felt to be much fewer, perhaps owing to the state level locus of decision-making in many of these cases. Some gains were made in engendering the National AIDS Control Programme (NACP) phase III. Both organisations have a seat at the table in discussions of the structure of the next phase, although expectations on the scope of support to WLHA are uncertain at this time.

The impact of the HIV epidemic is far greater on women due to the inherent inequalities that women have to face. HIV positivity attaches an additional layer to the inequalities that women face and hence interventions for positive women must recognise the intense work needed to address their especial needs.

¹³⁸ KII-1, 2, 21, 25

¹³⁹ NACO, *Gol. Mainstreaming Gender in HIV Programmes*. 2008

¹⁴⁰ KII-1, 2, 21

¹⁴¹ Report of the NACP-IV working group on gender, www.nacooline.org Accessed on 3 December 2011

¹⁴² NACP IV Minutes of the 2nd meeting of working of sub-groups on Greater Involvement of People Living with HIV and AIDS (GIPA) and stigma and discrimination

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

In its role as the UN agency mandated to support and monitor women's empowerment towards gender equality, and ensuring the representation of women's issues in international, national and local bodies, UN Women plays to a unique agenda within the UN system. It recognises that much of its task is to ensure that other UN bodies and public entities recognise the importance of both ensuring women-friendly policies and strategies in development work, but also to including women's voice in decision making. It therefore sees its role as being catalytic in nature and much of its effort is directed to establishing projects and programmes that serve to demonstrate a good practice which requires scaling up. UN Women has had the mandate to work in HIV and AIDS, although the approach and mandate has evolved from ensuring attention to women's issues under HIV and AIDS programmes, to addressing HIV and AIDS issues of women under its 'Ending violence against Women' pillar.

UN Women has been conscious that WLHA suffer under several asymmetries that exacerbate their biological vulnerability to HIV; namely, access and control of material and knowledge resources, entitlements, power, risk etc. Several international forums such as the Millennium Summit 2000 and UN General Assembly Special Session 2001 have commented on the fundamental role of gender equality and women's empowerment in reducing vulnerability of women and girls to HIV and AIDS.

At the time that UN Women began its engagement with PWN+, the HIV epidemic in India was expanding and the second phase of the NACP saw an exponential growth in the number of PLHIV. By 2005, global wisdom was that the epidemic will likely spiral out of control in India as it had done in Sub Saharan Africa. The estimated number of PLHIV in 2005 exceeded 5 million. In 2006, the numbers of PLHIV were significantly revised downwards, but the proportion of WLHA had by then, grown to over 37 percent and then to 39 percent of the PLHIV population in 2008.

PWN+ had been set up by a small but determined group of women. UN Women was able to provide valuable technical support to the young grassroots organisation. In the years under review, interactions on the technical front became less frequent, but UN Women has continued to support the organisation with both funding and technical assistance until 2011.

4.1 EMPOWERING THE LIVES OF WLHA

After being set up in 1998 and beginning its engagement with UN Women soon after in 2002, PWN+ began to take its initial steps towards setting up a sustainable organisation with the support of UN Women and other organisations. Evidence suggests that the role of UN Women in doing so was significant in the early years, but much diminished after 2007.

PWN+ has been able to accomplish much of its vision, albeit in a limited way. After an initial period of awareness generation, research and documentation, and widescale mobilization of the growing number of positive women until 2006 or so, PWN+ was able to turn its attention to organisational growth, livelihoods generation and demand for various social entitlements. There is coherence of activities supported through UN Women funding and the needs of the membership. However, it could not be assessed whether the available UN Women funding, could fund all of the needs of the organisation.

WLHA were appreciative of the support provided by PWN+ and reported that social entitlements and acceptance were more likely when PWN+ stepped in. Support provided by UN Women has been very useful in furthering these outcomes through various project activities such as legal literacy workshops, empowering through visioning, capacity building and advocacy, Stop Violence project and National Consultations. This perception is more deeply held with respect to the initial years when handholding support was provided through dedicated staff who were primarily tasked with this activity. Given that many of the earliest networks were set up in South India, and that the district networks were set up exclusively in Tamil Nadu, these places have arguably, received the greatest benefits from the organisation.

The poorest outcomes have been with regard to change in societal perceptions of WLHA. The ability of PWN+ to access and change attitudes of local leaders of the community has been limited. Local community leaders have not been fully drawn into the activities. Gains have been wrested through an attitude of confrontational activism rather than change from within. This has meant that leadership has to be charismatic and highly visible on the state and national stage.

Funding from UN Women has been very useful, but has constituted only part of the overall funding envelope of the organisation. Just-in-time funding coupled with intense handholding activities, were important to instil confidence and ensure that PWN+ management got the exposure that it needed at this time.

However, as the intensity of technical engagement of UN Women declined from 2007 onwards, a distance appears to have developed between the two organisations. The ability of UN Women to be responsive to the needs of both PWN+ as well of the constituency it serves, appears to

have diminished. As PWN+ has grown in size, its organisational needs, as well as the demands from the field have grown.

Recommendations

1. UN Women needs to recognise the continuing need for support for a women's agenda in the context of HIV and AIDS, in view of the high absolute number of WLHA as well as the proposed merging of NACP with the National Rural Health Mission within the period of the NACP-IV.
2. UN Women to identify technical support to further its commitment to HIV and AIDS within an 'Ending Violence against Women' agenda through consistent and reliable guidance.
3. UN Women to build its partnership with a 'grounded' organisation such as PWN+ in order to locate its work within the reality of local situations.

4.2 BUILDING A STRONG WOMEN'S ORGANISATION

The journey of PWN+ is a remarkable one, marked inevitably by highs and lows. Set up 15 years ago by a small group of young women, many of them HIV widows, it represents their determination to fight the discrimination that they faced from society and change their situation in life.

Membership in PWN+ has grown to approximately 20,000. Fourteen state networks have been set up, each registered with the Registrar of Societies, with its own leadership, and self sustaining. The networks are federated into the PWN+. Since 2006, five new networks have been added.

The needs of the organisation have grown as it has grown in size. It must also be recognised that this expansion has also meant that the representativeness of the organisation has grown. PWN+ caters primarily to women from the poorer section of society

Although National Consultations have been roughly held in every two years but it does not appear to have yielded a coherent plan for the organisational development of PWN+. UN Women has supported most of these consultations, each of which discussed the issue of organisational growth and, in some cases, leadership. In 2004, democratic elections held on Kousalya Perisamy's insistence led to the installation of a new President. However, the new president stepped down 6 months later and Ms. Perisamy was invited to take up the reins again. In 2012 the National Consultation began a process, which it is hoped by PWN+, will lead to democratic traditions being established and pave the way for an elected President in the near future.

Ms. Periasamy received handholding by staff of UN Women. Her participation in national and international events was supported by UN Women and other international organisations seeking an articulate and convincing representative on issues of WLHA in India. However, exclusive focus on the leader may have allowed opportunities to broadbase the leadership to slip away. Few other leaders have emerged who enjoy the stature of Ms. Periasamy. This is now sought to be redressed through efforts to build the leadership base in the state networks.

As the organisation has grown, so have its needs. The size of projects awarded by UN Women has also grown from INR 82,800 in 2002 to INR 11,33,287 in 2009. Average funding per year in the period after 2006 was about double that in the preceding period. Interestingly, perceptions among both PWN+ and UN Women are the opposite, with both sets of respondents stating the funding has declined. The role of technical assistance and its decline in the years under review seems to have a lot to do with this perception, on both sides of the relationship.

PWN+ has been able to access other funding – both at the national and the state network level. While the PWN+ national network is the recipient of several other funding projects, only a couple of state level networks that have been able to win funding support from other sources. Moreover, most of the fundings of state networks continues to be local.

Intersectionality of their issues with those of other groups is an important issue that has recently been placed in the centre stage by PWN+. The recent National Consultation 2012 in Chennai provided a visible steps of the determination to grow a strong organisation. PWN+ avowedly wishes to develop connections and collaborations with other women's organisations in the country and is planning its approach and contact strategy. However, the role of UN Women in supporting this action, or indeed this view, is not clear.

Recommendations

4. PWN+ to take forward its vision to develop a shared understanding of the purpose and scope of work of all networks within the PWN+ organisation.
5. PWN+ to nurture a second line of leadership within the organisation and to develop democratic norms which are actualised within a finite period.
6. PWN+ to provide handholding support to newer networks within its fold, in order that a strong programme of work to take up women's issues in the state context can be established.
7. PWN+ to take cognizance of its role as a women's organisation and build relationships with likeminded organisations engaged with women's issues so as to ensure that it expands the scope of its work to cover issues of all women experiencing the HIV and AIDS epidemic.

8. UN Women to play a convening role in discussions of the intersectionalities of HIV and AIDS and women's issues and help PWN+ to establish relationships with women's organisations.

4.3 ENGENDERING THE EPIDEMIC

The work of PWN+ was affected by the environment for work on women's issues within the HIV and AIDS space, and also had its own effect on that environment.

At the start of the epidemic, the number of women infected with the virus, or indeed affected by the virus through the death or infection of their husbands or children were few. This number grew exponentially as the epidemic expanded beyond the high risk groups. As the epidemic matured, the proportion of women affected by the epidemic also grew greatly. Kousalya Periasamy emerged as a leader and PWN+ set its agenda in a time when the epidemic was evolving.

What we see today is a mature epidemic with a large proportion of women affected by the worst effects of the infection. PWN+ represents the voices of those women who have suffered the tragedies of HIV and AIDS. The epidemic calls for a champion of those who are in the unfortunate position of not only losing their loved ones to the deadly disease, but also face the social ostracism, obstruction of social interaction, and denial of social entitlements in their everyday lives.

UN Women has not been able to support PWN+ to become this agent of change other than through the projects it has supported. This role has only partially been fulfilled through the work that PWN+ has undertaken. A draft Gender Policy has been developed during NACP phase III. UN Women and PWN+ are at the forefront of the discussions on Gender in NACP phase IV. These present an excellent opportunity for the two organisations to work together to ensure the engendering of HIV and AIDS in the country.

Recommendations

9. UN Women and PWN+ to take stock of the continuing responsibility for efforts to meet community needs which is now in a position to express its demands for a better life for themselves and their families.
10. UN Women and PWN+ to take cognizance of the continuing discrimination experienced by WLHA and its impact on their lives. They need to expand their joint work and responsibility for this area through well defined projects which utilise the strengths of the longstanding women's organisation and the core competency of UN Women.

11. UN Women and PWN+ to leverage existing opportunities to engender the HIV and AIDS space, thereby accomplishing the task they began a decade ago, as well as learn lessons for other engagements and situations.