

INTEGRATING A GENDER LENS INTO THE KEY POPULATION PROGRAMME REVIEW

Nigeria's HIV epidemic places a disproportionate burden on women, female sex workers, men who have sex with men, people who inject drugs and transgender persons, reflecting deep gendered inequalities in risk and access.

NIGERIA
HIV PROGRAMME REVIEW | PROGRAMME MANAGEMENT AND EVALUATION



CONTEXT

In Nigeria, women experience nearly double the HIV prevalence of men at 1.9 percent compared with 0.9 percent. Key populations face an even higher burden. HIV prevalence is 15.5 percent among female sex workers, 25 percent among men who have sex with men, 10.9 percent among people who inject drugs and 28.8 percent among transgender persons. In comparison, prevalence in the general adult population is 1.3 percent.

Despite progress under former and current National Strategic Plans and the Global AIDS Strategy 2022, gender-based stigma, discrimination and violence continue to shape access to HIV prevention, testing and treatment. Criminalisation of sex work, same-sex relationships, drug use, and gender expression and identity beyond the binary intensifies risks and limits safety. It further discourages people from engaging with services.

The 2024 Key Population Programme Review (KPPR), led by the National Agency for the Control of AIDS (NACA) with Global Fund support and technical partnership from the West African Centre for Public Health and Development, found that female key populations and transgender persons are significantly underrepresented in programmes. It identified gaps in access and coverage of services based on gender. These gaps weaken the relevance, equity and effectiveness of Nigeria's HIV response.

Applying a gender lens was therefore essential to understand gendered patterns of risk, access and barriers across all key population groups. The KPPR applied gender-responsive approaches across the review by involving diverse population groups and drawing on both quantitative and qualitative data.

STRATEGY IN ACTION

The Nigeria country card illustrates the Programme Management and Evaluation sphere of Programme Science. It applies a gender lens to generate and interpret gender-responsive evidence that strengthens current programming and informs future decisions.



Gender-Responsive Evidence Generation

- Included representative samples from all key population subgroups, including men, women and gender-diverse individuals.
- Used multiple low-barrier and inclusive data collection methods, such as Polling Booth Surveys (PBS), the HIV Prevention Self-Assessment Tool (PSAT-Lite) and Focus Group Discussions (FGDs), to enhance meaningful participation across the gender spectrum.
- Analysed gendered barriers including stigma, violence, safety concerns and provider attitudes.
- Examined access, contact and utilisation across gender identities to identify gender-specific service gaps.



Meaningful Community Participation and Engagement

- Engaged key population led community organisations in programme review activities.
- Included FSW, MSM, PWID (men and women) and TG persons in data collection and validation discussions.



Gender Considerations in Assessment Topics

- Assessed whether services were equitably accessible to and utilised by women, men and gender-diverse persons.
- Identified gaps in safety, confidentiality and responsiveness of health services based on gendered experiences across groups.
- Sought programme improvement recommendations from diverse participants, grounded in their distinct needs and priorities.

WHAT CHANGED



Clearer visibility of gender inequalities: Programmes recognised gender as a structural determinant of HIV risk and service access.



Better identification of gendered service gaps: Sex and gender-disaggregated evidence highlighted barriers affecting HIV testing, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and antiretroviral therapy (ART) across and within gender-diverse key populations.



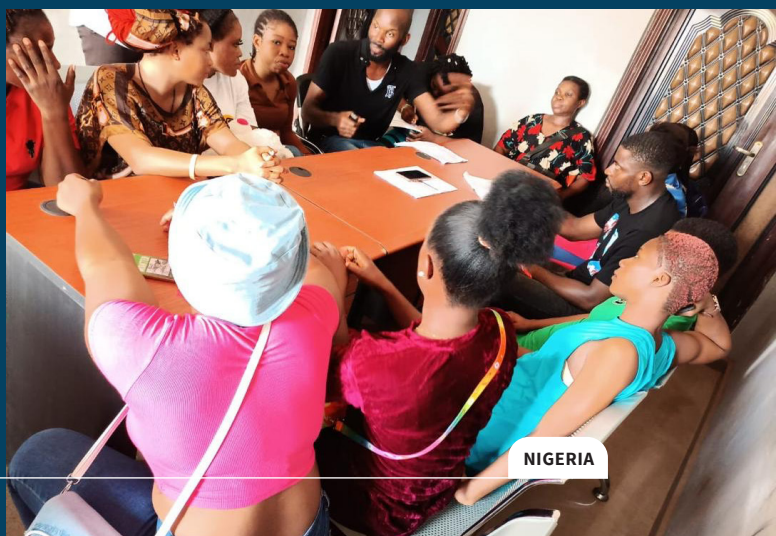
Stronger and meaningful community participation: Women, men and transgender persons contributed directly through targeted discussions and data collection and interpretation sessions.



More actionable advocacy: Findings strengthened efforts to promote policy and programmatic reforms that address gender-based violence, discrimination and exclusion.



Validation of community-led models: Evidence supported expanding the role of key population networks in peer education, outreach and advocacy.





TIPS FOR APPLICATION

- Include gender as a key criterion when selecting study populations so gender-specific needs are adequately captured.
- Add questions that explore gender-related and other structural barriers affecting services access and utilisation.
- Integrate sex and gender disaggregation into all analyses.
- Engage organisations representing or serving study populations in programme reviews.
- Use confidential, low-barrier methods such as PBS to capture sensitive data and build confidence in data safety, especially among marginalised or criminalised groups.
- Seek recommendations from study populations on how programmes can better address their gender-specific needs.
- Strengthen collaboration across NACA, the Federal Ministry of Health, gender ministries and civil-society organisations to mainstream gender in HIV programming.

TOOLS USED



Polling Booth
Survey



Prevention Self-
Assessment Tool



Focus Group
Discussions and
In-Depth Interviews



One-Stop Shop
Assessment



Desk
Review

In Programme Science, Programme Management and Monitoring focuses on using routine data, performance reviews, evaluation and learning processes to guide decisions and strengthen accountability. The KPPR demonstrates how integrating a gender lens at this stage generates clearer visibility of inequalities and ensures programme decisions respond to the realities of diverse key population groups.