



MAPPING THE HIV RESPONSE FOR WOMEN AND GIRLS



A MAPPING OF ACTIONS AND ACCOUNTABILITIES OF THE
UNAIDS AGENDA FOR ACCELERATED COUNTRY ACTION
FOR WOMEN, GIRLS, GENDER EQUALITY AND HIV



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ATHENA

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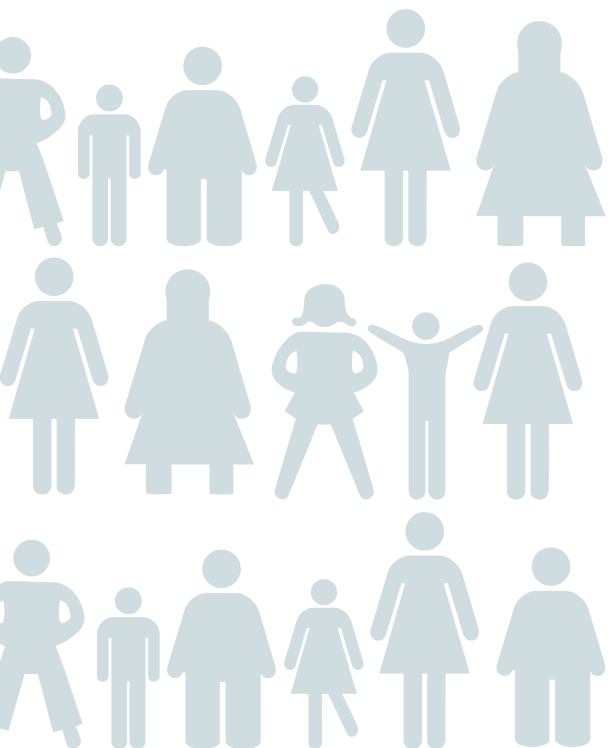
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ACRONYMS

AP	Asia Pacific	IAWG	Interagency Working Group	PANCAP	Pan Caribbean Partnership Against HIV/AIDS
APNSW	Asia Pacific Network of Sex Workers	ICRW	International Center for Research on Women	PCB	UNAIDS Programming Coordinating Board
ART	antiretroviral therapy	ICW	International Community of Women Living with HIV/AIDS	PEPFAR	US President's Emergency Plan for AIDS Relief
ARV	antiretroviral	ICWEA	International Community of Women Living with HIV Eastern Africa	PLHIV	people living with HIV
CAR	Central African Republic	IEC	information, education, communication	PMTCT	prevention of mother-to-child transmission (of HIV)
CEDAW	Committee on the Elimination of Discrimination against Women	IHP+	International Health Partnership and Related Initiatives	PNG	Papua New Guinea
CHAA	Christian HIV/AIDS Alliance	ILO	International Labour Organization	PSI	Population Services International
CIDA	Canadian International Development Agency	IMAI	integrated management of adolescent and adult illness	RBEC	(UNDP) Regional Bureau for Europe and the CIS
CIS	Commonwealth of Independent States	INPUD	International Network of People who Use Drugs	RO	(UN) Regional Office
CRN+	Caribbean Regional Network of People Living with HIV/AIDS	IP	intellectual property	SADC	Southern African Development Community
CSE	comprehensive sexuality education	IPPF	International Planned Parenthood Federation	SAARC	South Asian Association for Regional Cooperation
CBO	community-based organization	LAC	Latin America and the Caribbean	SRH/R	sexual and reproductive health/and rights
CSO	civil society organization	LSHTM	London School of Hygiene and Tropical Medicine	SRVAW	(UN) Special Rapporteur on Violence Against Women
CSW	Commission on the Status of Women	MAF	MDG Acceleration Framework	STI	sexually transmitted infection
CT	(UN) Country Team	M&E	monitoring and evaluation	SWEAT	Sex Worker Education and Advocacy Taskforce
CVC	Caribbean Vulnerable Communities	MARP	most-at-risk population (of HIV)	TB	tuberculosis
DANIDA	Danish International Development Agency	MARYP	most-at-risk young people (of HIV)	UBW	unified budget and workplan
DDR	disarmament, demobilization, reintegration	MENA	Middle East and North Africa	UN	United Nations
DfID	Department for International Development (UK AID)	MERG	(UNAIDS) Monitoring and Evaluation Reference Group	UNAIDS	Joint United Nations Programme on HIV/AIDS
DHS	Demographic and Health Surveys	MDG	Millennium Development Goal	UNDAF	United Nations Development Assistance Framework
DPKO	Department of Peacekeeping Operations	MISP	Minimum Initial Service Package	UNDG	United Nations Development Group
DRC	Democratic Republic of Congo	MNCH	maternal, newborn and child health	UNDP	United Nations Development Programme
EAC	East African Community	MSM	men who have sex with men	UNFPA	United Nations Population Fund
EECA	Eastern Europe and Central Asia	MSMGF	Global Forum on MSM and HIV	UNGASS	United Nations General Assembly Special Session
EC	European Community	MTR	Mid-Term Review	UNHCR	United Nations High Commissioner for Refugees
eMTCT	elimination of mother-to-child transmission (of HIV)	NAC	National AIDS Council	UNICEF	United Nations Children's Fund
ESA	East and Southern Africa	NACO	National AIDS Control Organization	UNIFEM	United Nations Development Fund for Women
FBO	faith-based organization	NACP	National AIDS Control Programme	UNiTE	United Nations Secretary-General's UNiTE to End Violence against Women
FC	female condom	NASA	National AIDS Spending Assessment	UNODC	United Nations Office on Drugs and Crime
FHI	Family Health International	NGO	non-governmental organization	UNSG	United Nations Secretary-General
FP	family planning	NSP	national strategic plan	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
GBV	gender-based violence	NSWP	Network of Sex Work Projects	USAID	United States Agency for International Development
GIPA	greater involvement of people living with HIV	OHCHR	Office of the United Nations High Commissioner for Human Rights	VAW	violence against women
GNP+	Global Network of People Living with HIV	OSF	Open Society Foundation	VCT	voluntary counselling and testing
GTZ	German Organisation for Technical Cooperation	PAHO	Pan American Health Organization	WCA	West and Central Africa
HIV	human immunodeficiency virus			WHO	World Health Organization
HLM	High Level Meeting			YPLHIV	young people living with HIV
IAC	International AIDS Conference				
IATT	Interagency Task Team				

INTRODUCTION

BACKGROUND OF THE AGENDA

The Joint United Nations Programme on HIV/AIDS (UNAIDS) *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV* (hereafter referred to as the *Agenda for Women and Girls* or the *Agenda*), offers a menu of strategic actions to achieve high-impact results for women and girls in the context of the HIV response. The *Agenda* addresses the rights and needs of women and girls across generalized, concentrated and low-level epidemics, with actions that can be tailored to local realities. It highlights the importance of working with networks of women living with HIV and diverse women’s groups, while engaging men and boys as partners for gender equality. It also calls for a strong partnership with the US President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to leverage resources and enhance efficiency in resource use.

The *Agenda* covers the period 2010 to 2014 and is structured around three key recommendations that correspond with the three areas identified in the UNAIDS *Action Framework for Women, Girls, Gender Equality and HIV*:

1. knowing, understanding and responding to the particular and various effects of the HIV epidemic on women and girls
2. translating political commitments into scaled-up action to address the rights and needs of women and girls in the context of HIV
3. ensuring an enabling environment for the fulfilment of the human rights of women and girls and their empowerment, in the context of HIV.

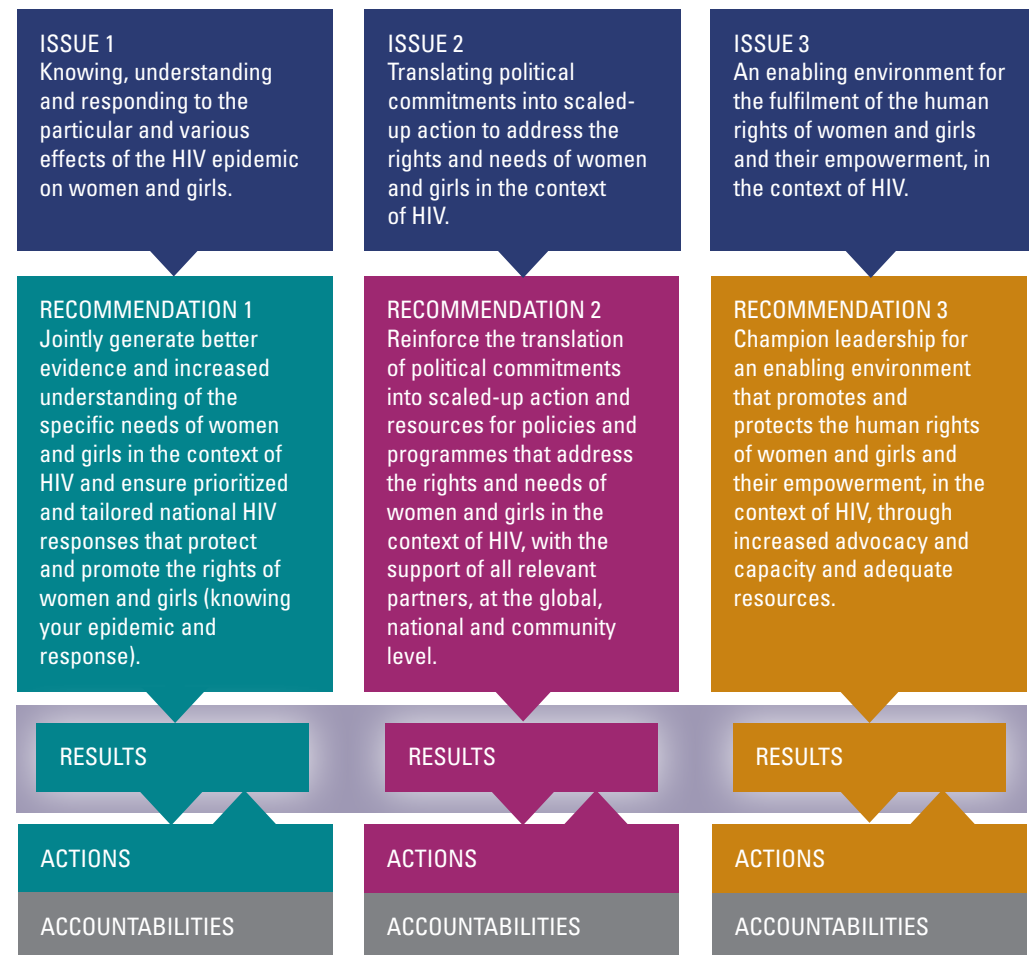
Based on these three issues, the *Agenda* articulates clear results and actions to achieve these results, while allocating specific responsibilities for UNAIDS secretariat, UN Joint Teams on AIDS, Cosponsors and UN Women (now the 11th Cosponsor).

In 2010, the UNAIDS Programme Coordinating Board (PCB) requested a Mid-Term Review of the *Agenda*, to take place in 2012. The Mid-Term Review sought to assess the *Agenda*’s effectiveness, efficiency and its contribution to building partnerships since its global launch in March 2010. Coupled with the Mid-Term Review, the mapping presented here provides complementary information about the implementation of the *Agenda*. The scope of the Mid-Term Review included actions undertaken by all partners of the *Agenda* at the global, regional and national level. The Mid-Term Review assessment of the UNAIDS family can be found in Annex IV, p. 66–77 of the Mid-Term Review, and focuses primarily on *Agenda* accountabilities.

ARCHITECTURE OF THE AGENDA

The *Agenda* is organized around three issues referred to as recommendations. Each recommendation identifies several results, and each result specifies actions and accountabilities (see Figure 1). The distinction between actions and accountabilities is that actions do not specify a party that is responsible for ensuring that the action takes place,

FIGURE 1: ARCHITECTURE OF THE AGENDA



whereas accountabilities mandate a particular UN actor(s) to take actions, including with targets, mostly time-bound for 2010 and 2011. Together, the actions and accountabilities, comprise the full scope of the *Agenda*.

This mapping includes actions and accountabilities, covering the full scope of the *Agenda*. The accountabilities are grey-shaded and presented after the actions.

MID-TERM REVIEW ANALYSIS OF AGENDA ACCOUNTABILITIES

As described in the Mid-Term Review, “*Accountability for the Agenda’s overall implementation is assigned to UNAIDS Cosponsors and the Secretariat¹, with UNDP and UNFPA serving as co-convenors. Accountability for specific actions is assigned to UNAIDS Cosponsors, the UNAIDS Secretariat and Joint UN Teams on AIDS. Government, development partners and civil society members, including women living with HIV, women’s rights organisations, key populations, and men and boys working for gender equality, are key partners in the Agenda’s implementation. At the country level, UN coordination is undertaken through the Joint UN Team on AIDS.*” (Mid-Term Review, para. 9.)

Paragraphs 50–53 of the Mid-Term Review provide an assessment of whether accountabilities have been accomplished at the global, regional and country levels. Annex IV of the Mid-Term Review also provides more detailed information about the accountabilities. The Mid-Term Review notes, “*For 2010 and 2011, 49 accountability targets specify activities, targets and deadlines, 39 of which have been analyzed. It is useful to note that the spending estimates by the UNAIDS family are based on different criteria for each agency and are therefore not comparable with each other.*” (Mid-Term Review Annex IV, p. 66).

PURPOSE OF THE MAPPING

The UNAIDS Interagency Working Group on Women, Girls, Gender Equality and HIV (IAWG) (comprising all Cosponsors and the UNAIDS Secretariat) first conducted a mapping of actions and accountabilities in 2010 in order to track progress in implementing the *Agenda*, identify gaps in implementation and strengthen coordination amongst the UN family, governments and civil society. In 2011, the IAWG convened a *Multi-Stakeholder Consultation on Implementation of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*. In response to the PCB call for continued monitoring and partnership for the

Agenda, the consultation brought together 60 gender and HIV practitioners from UNAIDS Interagency Working Group, Agenda Global Task Team and Working Group, donors and civil society partners, including networks of women living with HIV, women’s health and rights organizations and organizations of men and boys working for gender equality. Together, the group further assessed progress, gaps and barriers to implementation.

METHODOLOGY AND LIMITATIONS

This mapping of the HIV response for women, girls and gender equality in line with the *Agenda* was undertaken by the ATHENA Network on behalf of the UNAIDS IAWG.² The mapping focuses on global, regional and multi-country activities. It seeks to capture the range of actions taken toward implementing the *Agenda*, but does not summarize or analyze these activities. The final result reflects self-reporting; no independent confirmation has been undertaken.

The mapping template is based on a pre-existing template of actions and accountabilities that had been used to track UNAIDS family’s implementation of the *Agenda*. It was disseminated directly to key institutional focal points who have been actively engaged in the development, roll-out and implementation of the *Agenda* with a background note and a request for participation. It was also distributed electronically to other global and regional networks that focus on women, girls, gender equality and HIV. The template was also sent to the IAWG to update input on UN stakeholder implementation of the *Agenda*.

The mapping was conducted within a limited timeframe, simultaneously to the formal Mid-Term Review in September and October 2012. Several attempts were made to solicit civil society inputs both through listserves and through targeted email and phone requests, but the response was limited. The low response rate was perhaps due to receiving simultaneous requests from the Mid-Term Review team, and the time commitment required to complete the mapping template. It was also reflective of the general context of funding constraints, limited staffing, and resources challenges for civil society organizations that address issues of women, girls, gender equality and HIV. Some of the feedback points to the ongoing need to more consistently ensure that the UN system and civil society organizations are fully and jointly engaged in implementing the *Agenda*. Snapshots of civil society-organized good practice and innovation in line with the *Agenda* have been included for indicative purposes.

1. UNAIDS is made up of 11 Cosponsors and the UNAIDS Secretariat. The 11 Cosponsors are: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank.

2. Funding for the mapping was provided by UNFPA.

NEXT STEPS

The mapping has sought to identify progress and gaps in implementing the *Agenda*. It shows that while the UNAIDS family has taken concerted efforts to implement the *Agenda*, these diverse and extensive actions do not reach full implementation of the *Agenda*. Indeed, full implementation of all the actions in the *Agenda* would require a substantially greater commitment of human and financial resources, and should reflect country priorities.

At this stage, the following next steps can be considered:

1. The implementation of the *Agenda* has been hampered by the lack of funds specifically allocated to its implementation. At the same time, UNAIDS, governments and civil society have devoted significant resources to *Agenda*-related activities, resulting in measurable progress. However, as noted above, increased action toward achieving the results of the *Agenda* will require significant scaling up of human and financial resources;
2. Within the context of the UNAIDS *Agenda for Women and Girls*, there is a need to set strategic priorities with time-bound targets and accountabilities for UNAIDS, in accordance with global, regional and country context;
3. Achieving the results set out in the *Agenda* requires a full-scale effort, including effective collaboration of all stakeholders – UN, government, donors and civil society.

MAPPING OF RECOMMENDATION 1

RESULT 1

Quantitative and qualitative evidence on the specific needs, risks of and impacts on women and girls in the context of HIV exists through a process of comprehensive and participatory data collection, including of male and female differentials in the epidemic, and better inform the implementation of effective policies and programmes that promote and protect the rights and meet the needs of women and girls.

Recommendation 1 Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure prioritized and tailored national HIV responses that protect and promote the rights of women and girls (knowing your epidemic and response)

Action 1.1 Strengthen capacity and support governments to collect and analyse new and existing epidemiological and qualitative data disaggregated by sex, age (five-year cohorts of all age groups) and setting on how the epidemic affects women and girls, by helping to convene and support country processes in collaboration with women's organizations and networks of women living with HIV.

AGENCY	2010	2011	2012–13
UNFPA	////////////////////	<ul style="list-style-type: none"> Completed with partners the consultation draft of monitoring and evaluation (M&E) operational guidelines on HIV prevention for sex workers, men who have sex with men (MSM) and transgender people, for utilization at the national, sub-national and local level. To be released in 2012. 	<ul style="list-style-type: none"> Conduct secondary data analysis of DHS (Demographic and Health Surveys) data on the key sexual and reproductive health (SRH) and HIV service utilization patterns in Africa, and incorporate findings into M&E tools for the sexual and reproductive health (SRH)/HIV linkages programme.
UNDP	<ul style="list-style-type: none"> UNDP-led interagency initiative <i>Universal Access for Women and Girls Now! (UA Now!)</i> in 10 East and Southern African countries and India worked with national partners to engage in an assessment of the gender dimensions of HIV in those countries, analyze gaps and barriers to implementation and develop prioritized action plans. Eight of these initiatives were completed in 2010 and two in 2011. 		////////////////////
UNESCO	////////////////////	<ul style="list-style-type: none"> Joint publication with the Social Science Research Council – <i>The Fourth Wave: Violence, Gender, HIV and Culture in the 21st Century</i>. 	<ul style="list-style-type: none"> Qualitative research on links between HIV and gender-based violence (GBV) in conflict-affected countries in the Great Lakes region of Africa. Six national studies and one regional study, plus policy briefs for national governments and regional authorities.
UNICEF	<ul style="list-style-type: none"> (2009–2013) Training on MICS (Multiple Indicator Cluster Surveys) data collection – including the collection of age and sex disaggregated data (www.childinfo.org); establishment of decentralized data collection to plan context-specific (epidemiology, social and managerial factors) to address inequities in the HIV response for women and girls (roll out in 27 countries). The initiative is called <i>Monitoring Results for Equity</i> (MORES). 		
UNAIDS	<ul style="list-style-type: none"> Development of an indicator on violence against women and girls to be routinely collected and reported through GARP (General Assembly Reporting Process). 	<ul style="list-style-type: none"> Conducted innovative research to estimate numbers of women at risk of intimate partner HIV transmission in Viet Nam. Assessed gender barriers to prevention of mother-to-child transmission (PMTCT) in five countries. 	<ul style="list-style-type: none"> Work to improve gender sensitivity in modes of transmission studies, in collaboration with the World Health Organization (WHO).

Action 1.1 (continued)

AGENCY	2010	2011	2012–13
UNODC	<ul style="list-style-type: none"> • Technical support and advice to review the national legislative environment with regards to strengthening access to HIV prevention, treatment and care services for people using drugs and in the prison setting (with particular focus on vulnerable women) in Afghanistan, Azerbaijan, Kazakhstan, Kyrgyzstan, Nepal, Pakistan, Tajikistan, Turkmenistan and Uzbekistan. 	<ul style="list-style-type: none"> • Jointly with WHO produced the <i>Women's health in prison action guidance and checklists to review current policies and practices</i>. The checklists are an important tool in ensuring greater safety and better quality medical care for women in prison, and are designed to assist a review of current policies and practices relating to women's health in prisons. • Produced <i>Female drug use in Pakistan. Mapping estimates, ethnographic results and behavioural assessment</i>. This study is a part of the overall operational research which includes mapping and size estimation of females who use drugs, which forms the first key step in developing targeted interventions for this highly vulnerable key population. • Produced the paper <i>Women who inject drugs: A review of their risks, experiences and needs</i>. The focus on women who inject drugs is important for many reasons including their significantly higher mortality rates, increased likelihood of facing injection-related problems, faster progression from first use to dependence, higher rates of HIV and increased risky injecting and/or sexual risk behaviours. This paper seeks to illuminate this position through a systematic literature review utilising three main search strategies: peer-reviewed literature using electronic bibliographic databases, online for non-peer reviewed ('grey') literature and expert consultation. • Developed manual on <i>Psychological care for women in shelter homes in India</i>. This comprehensive manual highlights the issues of a neglected group of vulnerable among the vulnerable – women in shelter homes. • Conducted monitoring on risk behaviour and HIV prevalence among women using drugs and women prisoners in Afghanistan, Kazakhstan, Moldova, Nepal, Pakistan and Ukraine, and capacity building to increase knowledge on vulnerabilities, services needs and HIV and other related diseases of vulnerable women, including prison staff. • Supported the establishment of networks of national officials and women who use drugs in Afghanistan, Nepal and Pakistan to contribute to an effective, human rights-based HIV response. The initiative aims to increase advocacy, share good practices and assist prison officials, public health authorities, members of civil society and local governments to overcome the challenges linked to HIV in community and prison settings. The aim being that these networks contribute to an effective, human rights-based response to HIV in Afghanistan, Nepal and Pakistan. 	<ul style="list-style-type: none"> • Developed and produced guidelines for teaching curricula and other normative documents necessary for updating the professional education system and occupational standards; composing teaching manuals and facilitating ToT trainings to ensure provision of integrated and easily accessible, gender-sensitive, evidence-based and comprehensive services for most-at-risk populations in the community and prisons. • Technical and capacity building support to the national reporting systems, the development of mapping instruments, the update of national M&E systems based on the Technical Guide, and the development of national and local operational plans in eight countries (Azerbaijan, Moldova, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Ukraine and Uzbekistan). • Technical capacity and building support to the national reporting system in collecting data on HIV and women in prisons in Namibia, Ukraine, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Azerbaijan. In 2013 data collection on HIV prevalence and risks in prisons, representative of both men and women, in Ethiopia and Tanzania.

CIVIL SOCIETY ACTION AT A GLANCE

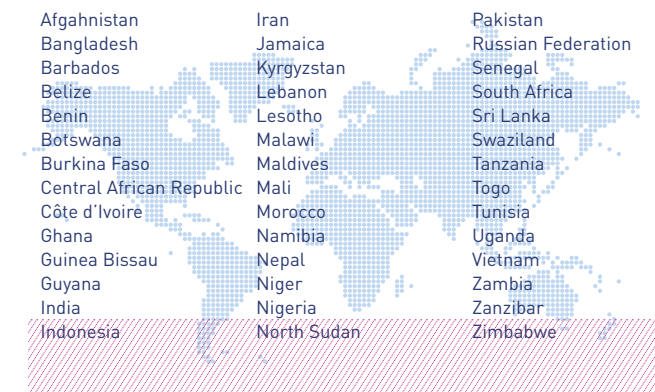
Rapid Assessment Tool for SRH and HIV Linkages

The *Rapid Assessment Tool for SRH and HIV Linkages* – developed by ICW, IPPF, GNP+, UNAIDS, UNFPA, WHO and Young Positives in 2009 – supports national assessments of the bi-directional linkages between SRH and HIV at the policy, systems and service level. Each country that has rolled out the tool has gathered and generated information that will help to determine priorities and shape national plans and frameworks for scaling-up and intensifying linkages. It includes a specific focus on human rights and gender, as well as involvement of people living with HIV, community participation and reducing stigma and discrimination.

More information and summaries of the country assessments can be found at: www.srhhivlinkages.org



COUNTRIES THAT HAVE IMPLEMENTED THE RAPID ASSESSMENT TOOL



Action 1.1 Strengthen capacity and support governments to collect and analyse new and existing epidemiological and qualitative data disaggregated by sex, age and setting on how the epidemic affects women and girls.

Action 1.2 Strengthen capacity and support governments to use data collected on women and girls in the context of HIV to develop sound interventions and activities for more effective planning of HIV programmes for women and girls, as well as for generating strategic information, for allocating resources and budgets and for developing national key advocacy messages to be promoted by government at all levels.

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> Roll-out of the <i>Rapid Assessment Tool for SRH and HIV Linkages</i> in three countries – Central African Republic (CAR), Zimbabwe and Republic of Sudan (see Recommendation 2, Result 3, Action 3.1). (See Resources.) 	<ul style="list-style-type: none"> Produced <i>HIV Prevention Report Cards</i> for key populations in Cambodia, Iran, Macedonia, Mozambique and Pakistan. Developed advocacy briefs with IPPF to better understand the country-specific SRH and HIV needs of key populations (Indonesia – people who use drugs, and Suriname – sex workers). Each brief, in the form of a country level case study, assesses how the country is integrating SRH and HIV from a service delivery point of view for a certain key population. Developed country summaries to review the experiences of countries engaged in the <i>Rapid Assessment Tool for SRH and HIV Linkages</i> roll-out. The information helps determine priorities and contribute to the development of plans and national frameworks for scaling up and intensifying SRH/HIV linkages. Roll out of the <i>Rapid Assessment Tool for SRH and HIV Linkages</i> in 19 countries (see Recommendation 2, Result 3, Action 3.1). Progression of WHO/UNFPA/Network of Sex Work Projects (NSWP) guidance on HIV and sexually transmitted infections (STIs) interventions for sex workers and their clients, with systematic reviews undertaken on violence against sex workers, community empowerment, periodic presumptive treatment and asyndromic management of STIs, and a values and preferences study undertaken by NSWP. A consultative review meeting of experts including sex workers, researchers, WHO, UNFPA, UNDP and the UNAIDS Secretariat, examined the validity of the systematic reviews. Guidelines expected to be approved and released by mid-2012 for utilization at country level. Produced with partners (World Bank, Johns Hopkins Bloomberg School of Public Health and Center for Human Rights, and NSWP) state of the art policy guidance for national implementation on the epidemic among sex workers in different regions and the cost effectiveness of interventions for/with sex workers. Funded and co-chaired the community consultation with researchers as part of the validation process. Report to be released mid-2012 and is expected to influence investments on HIV and sex work. 	<ul style="list-style-type: none"> Promote understanding of hormonal contraception and HIV among policy makers, project managers, health providers and clients through key messaging. Develop recommendations for addressing HIV and social justice including economic structural issues for women and girls in the context of HIV. Roll-out <i>People Living with HIV Stigma Index</i>, <i>HIV Prevention Reports Cards</i> and advocacy briefs in priority countries in each region. Roll out of the <i>Rapid Assessment Tool for SRH and HIV Linkages</i> in 18 additional countries in 2012 (see Recommendation 2, Result 3, Action 3.1).

Action 1.2 (continued)

AGENCY	2010	2011	2012–13
UNFPA	(See above)	<ul style="list-style-type: none"> Contributed technical input to research on specific HIV care and support needs of sex workers, MSM and transgender people. Regional research on key populations was conducted and evidence generated in six Caribbean countries (Barbados, Grenada, Guyana, Jamaica, St. Lucia, and Trinidad & Tobago). 	(See above)
UNHCR	////////////////////	<ul style="list-style-type: none"> Collected data from refugee operations (18 countries) that implement maternal and newborn care, PMTCT and GBV programmes in coordination with governments and other partners. 	<ul style="list-style-type: none"> Strengthen programmes and planning based on data from Health Information System. Support the integration of PMTCT into maternal and child health programmes in refugee settings.
UNICEF	<ul style="list-style-type: none"> (2009–2013) Collaboration with <i>Together for Girls</i> – working in nine countries (Swaziland, Kenya, Zimbabwe, Tanzania, Philippines, Malawi, Cambodia, Indonesia and Haiti) to conduct population-based surveys among boys and girls and young people aged 13–24 on experiences of physical, emotional and psychological abuse. 		
UNDP	////////////////////	<ul style="list-style-type: none"> Contributed to the increase of knowledge on vulnerabilities, service access and HIV prevention needs of previously unknown populations of MSM and transgender people. UNDP collaborated with the World Bank to publish the most comprehensive global data on HIV epidemics among MSM. For the first time, knowledge on male sex work was documented and published in six countries (Gambia, Kenya, Namibia, South Africa, Uganda and Zimbabwe). For the first time, service access needs of MSM was documented in five West African countries (Burkina Faso, Gambia, Guinea, Guinea-Bissau and Senegal) and Fiji. Country level efforts to document service access for women who have sex with women in Botswana, Namibia, South Africa and Zimbabwe. 	<ul style="list-style-type: none"> UNDP Latin America and Caribbean (LAC) HIV/AIDS Practice Area, developed an evaluation to assess the Gender and HIV/AIDS projects promoted on the last biennium: strengthening San Pedro Sula NGO capacities to include a gender, human rights and sexual minorities perspective into HIV plan and action; and <i>Women at Work</i> project. These pilot projects were promoted to ensure national responses to HIV are prioritized and customized, and to promote and protect gender equality and the elimination of all forms of violence because of gender or sexual orientation. The pilot projects under evaluation are: a Diploma of Gender and HIV (developed by the Fundación Llaves in San Pedro Sula, Honduras); the <i>Women at Work</i> project (March Foundation, Haiti), which included a small grants programme to support women living and affected by HIV, and several workshops of the Leadership Development Programme. (UNDP LAC Regional Center in Panama, Nicaragua, Panama, Peru, Belize, Honduras, Bolivia, Guyana, Grenada). Evaluation will include interviews and surveys of the beneficiaries of the activities, in order to show whether the projects have reduced the vulnerability of women and girls to HIV and jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV.

Action 1.2 (continued)

AGENCY	2010	2011	2012–13
<p>UN Women</p>	<ul style="list-style-type: none"> Supported the first national conference on gender, culture, tradition and HIV after the launch of the <i>Agenda</i> in November, Liberia. 	<ul style="list-style-type: none"> Undertook research with UNAIDS and other UN partners on intimate partner transmission of HIV in Indonesia, Lao PDR, Thailand, Cambodia and Viet Nam. The findings have been used to inform national policies and planning processes in several countries. In China, the results of studies on spousal HIV transmission together with analysis and findings from other similar studies, will feed into a meta analysis for national level strategy development for prevention of intimate partner HIV transmission. Conducted a national consultation on women, girls and gender equality in Nigeria, and used it to develop a National Action Plan for programming on issues of women, girls and gender equality. 	<p>////////////////////////////////////</p>
<p>UNAIDS</p>	<ul style="list-style-type: none"> In China, operational research was conducted on bottlenecks to scaling up PMTCT. In depth understanding of the factors that favour risk and vulnerability to HIV among women and girls (knowing your epidemic and your response). The needs and demands of women and girls are being integrated and addressed in national strategic plans (NSPs) currently under development and the resources allocated accordingly. 	<ul style="list-style-type: none"> In Argentina, supported two national networks of women living with HIV to strengthen the dissemination of the information and results of a study relating to the characteristics of women recently infected with HIV, with the aim of empowering and informing their advocacy plans. In Colombia, developed guidance for HIV responses that cater to the needs of transgender women and men, increasing the level of perception of these multiple needs and vulnerabilities. In the Philippines, supported gender situation and response analysis and development of gender-sensitive indicators. Supported capacity building of national stakeholders in gender-responsive strategic planning (AIDS Strategy and Action Plan [ASAP] training). 14 countries in West and Central Africa (as well as six in East and Southern Africa [ESA]) that developed new NSPs in 2010–2011 were supported by the integration of a gender and human rights module into the ASAP training for policymakers and technical experts. In Ethiopia, supported the use of community-based information to stimulate action in sexual and GBV prevention and management among women infected and affected by HIV. 	<ul style="list-style-type: none"> Developed a strategic package of interventions for Eastern Europe and Central Asia (EECA).

Action 1.2 (continued)

AGENCY	2010	2011	2012–13
UNODC	////////////////////	////////////////////	<ul style="list-style-type: none"> • Conducted monitoring on risk behaviour and HIV prevalence among women using drugs and women prisoners in Afghanistan, Kazakhstan, Moldova, Nepal, Pakistan and Ukraine, and capacity building to increase knowledge on vulnerabilities, services needs and HIV and other related diseases of vulnerable women, including prison staff. • Supported the establishment networks of national officials and women who use drugs in Afghanistan, Nepal and Pakistan to contribute to an effective, human rights-based HIV response. The initiative aims to increase advocacy, share good practices and assist prison officials, public health authorities, members of civil society and local governments to overcome the challenges linked to HIV in community and prison settings. • Implement HIV prevention policies and programmes among uniformed services, people living in prisons and other closed settings. • In 2013 strengthen programmes on gender sensitive, evidence-based and comprehensive services for most-at-risk populations in the community and in closed settings. <ul style="list-style-type: none"> > Support the integration of gender sensitive HIV prevention, treatment and care services in the national strategy. > Support the national conference on gender issues and capacity building to develop and implement the gender sensitive approach model for HIV prevention, treatment and care programmes for vulnerable women and girls in Ukraine and Moldova. > Provide technical assistance and build capacity of countries to review and align national policies and operational plans on illicit drugs and criminal justice with national HIV strategic plans.
WHO	////////////////////	<ul style="list-style-type: none"> • WHO, UNAIDS and GIZ developed a framework/paper on gender-sensitive M&E of the HIV response that was submitted for a peer-review. 	<ul style="list-style-type: none"> • Working with UNAIDS and GIZ to develop a practical tool to help countries do gender analysis and use data on gender and HIV.
World Bank	////////////////////	////////////////////	<ul style="list-style-type: none"> • Supporting efficiency reviews of HIV programmes in several countries with generalized HIV epidemics. These studies assess the service delivery efficiency and quality of PMTCT, female sex worker interventions, HIV counselling and testing, antiretroviral therapy (ART) and voluntary medical male circumcision, as well as unit costs, resource management, integration/linkages/referrals, and organizational and institutional factors, with the aim to improve service provision to all in need, at the lowest cost without compromising quality.

CIVIL SOCIETY ACTION AT A GLANCE

Action 1.2 Strengthen capacity and support governments to use data collected on women and girls in the context of HIV to develop sound interventions and activities for more effective planning of HIV programmes for women and girls.

What Works for Women and Girls

What Works for Women and Girls, available as a searchable website, synthesizes the vast research literature on programme interventions through to the beginning of 2012 to provide clear evidence of what works and promising interventions for women and girls that improve a range of HIV outcomes. *What Works for Women and Girls* includes findings from over 450 interventions in nearly 100 countries. The references include over 4,000 citations. *What Works for Women and Girls* is the most comprehensive review on the outcomes of interventions related to 11 different aspects of HIV and AIDS programming.

Written in clear language with policy makers and programme planners in mind, *What Works for Women and Girls* outlines the interventions that have been proven to work for women and girls, thus providing the evidence base for those designing policies and programmes. It also demonstrates the significant gaps in programming for which there are few, if any, evaluated data, thus serving to spur researchers and implementers to design and evaluate additional programming for women and girls.

What Works for Women & Girls

[Please take our 5-question survey!](#)

Evidence for HIV/AIDS Interventions

- Prevention for Women
- Prevention for Key Affected Populations
- Prevention for Young People
- HIV Testing and Counseling for Women
- Treatment
- Meeting the Sexual and Reproductive Health Needs of Women Living With HIV
- Safe Motherhood and Prevention of Vertical Transmission
- Preventing, Detecting and Treating Critical Co-Infections
- Strengthening the Enabling Environment
- Care and Support
- Structuring Health Services to Meet Women's Needs

ABOUT WHAT WORKS

- Overview
- Methodology
- Acknowledgements
- References

KEY THEMES

A comprehensive review of data from HIV/AIDS interventions for women and girls in nearly 100 countries has revealed several overarching themes:

- Women are diverse and need diverse programming
- Meeting women's sexual and reproductive health needs will impact the epidemic
- Strengthening the enabling environment is an urgent priority

NEWS

Winner of the **Gold Award for Electronic Publications** from the *Council on Foundations' Wilmer-Shields Rich Award for Excellence in Communications*

What Works Has Been Updated with the Latest Evidence - Check out the new info on the completely updated new site!

www.whatworksforwomen.org

CIVIL SOCIETY ACTION AT A GLANCE

Sexual and reproductive health and rights capacity building programme in East Africa

ICW Eastern Africa



International Community of Women Living with HIV/AIDS

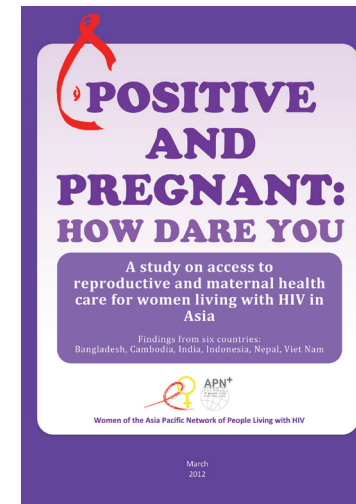
ICW East Africa developed and implemented a sexual and reproductive health and rights (SRHR) capacity building programme in partnership with ICW Southern Africa in Kenya, Uganda, Tanzania, Rwanda and Burundi aimed at building the capacity of women living with HIV in health and rights literacy using research and personal experiences to articulate an advocacy agenda based on SRHR realities and priorities for women living with HIV. The workshops combined knowledge of concepts, as much as sharing of experiences around health services, and reviewing policies, declarations and protocols that should protect women living with HIV at international and national levels.

The workshops revealed a number of SRHR issues to be prioritized, such as addressing human rights violations including denial of services, failure to respect confidentiality, denial of information and coerced sterilization.

www.icwglobal.org

Action 1.3 Equip and support community-based women's groups and networks of women living with HIV to collect and use data on how the epidemic affects women and girls in order to monitor programmes to assess their human rights impact and to contribute to national data collection.

Positive and pregnant



The women's programme of the Asia Pacific Network of People Living with HIV (APN+), with the Regional Treatment Working Group, conducted a study on HIV-positive women's access to reproductive and maternal health-care and services in six Asian countries: Bangladesh, Cambodia, India, Indonesia, Nepal and Viet Nam. The objective of the study was to assess the experience of accessing

reproductive and maternal health services as reported by HIV-positive women over 16 years of age and pregnant in the past 18 months. Key recommendations focused on the central importance of investing in networks of women living with HIV; the need to expand counselling around HIV testing; a call to uphold the rights of women living with HIV; and the need to expand social security.

The report of the study is available at: www.aidsdatahub.org/dmdocuments/positive_and_pregnant_2012.pdf

www.apnplus.org

Action 1.4 Promote and enable analysis of male/female differentials by age in national HIV research agendas, in partnership with national research institutions, women’s organizations and networks of women living with HIV, including ethical participatory research on the vulnerabilities, and specific needs, of the diversity of women, including marginalized groups such as female sex workers. Assess the impact on women of prevention approaches such as male circumcision and continued research on methods of female-initiated prevention efforts.

AGENCY	2010	2011	2012–13
UN Women	////////////////////////////////////	<ul style="list-style-type: none"> • In Thailand, Cambodia, Viet Nam and Myanmar in partnership with the UNAIDS Regional Support Team, revisited and updated the 2006 data from the Commission on AIDS in Asia on estimations of high risk partners by country, to strengthen guidance to countries to know their gendered epidemic and to increase political attention to intimate partner transmission of HIV and key affected women and girls. • In the Caribbean, undertook collaborative research with academic institutions and NGOs to develop an evidence base on the dynamics of HIV, the needs of women, and to unpack the social drivers of the epidemic, specifically, gender/sexual culture and HIV, human rights violations experienced by women living with HIV, identifying gaps in linking GBV and the spread of HIV among women and girls. 	////////////////////////////////////
UNAIDS	////////////////////////////////////	<ul style="list-style-type: none"> • Participation of women living with HIV and women’s rights advocates in the International AIDS Society scientific conference on HIV. Provided the opportunity for researchers, physicians and activists to share ideas. • In Kenya, convened a women’s HIV prevention conference to support advocacy and policy influencing for prevention interventions that address the needs of women and girls. 	////////////////////////////////////
World Bank	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> • A systematic review of HIV prevention evidence is conducted by the World Bank, UNAIDS ESA and UNFPA, grading the efficacy, effectiveness and population-level impact of all major HIV prevention interventions (such as male circumcision) including interventions with specific relevance to women and girls (PMTCT, microbicides, interventions for sex worker populations, and economic incentives for sexual risk avoidance).

Accountability 1.1 UNDP and UNIFEM to advocate and support at least 50% of countries each year that are due to report to CEDAW in accordance with the four-year reporting cycle, to include in the report quality age and sex disaggregated data on how the HIV epidemic affects women and girls.

LEAD AGENCIES	CONTRIBUTOR	2010	2011	2012–13
UNDP, UN Women	UNDP	////////////////////	<ul style="list-style-type: none"> Support to Jamaica; informal briefing for CEDAW committee; UN/CEDAW Committee Task Force set up; information note developed; support to reports from Belize. 	<ul style="list-style-type: none"> Workshop with government partners in Bahamas and Myanmar on integrating HIV into CEDAW reporting. Preparation with UNW and UNAIDS of a brief on CEDAW, HIV and post-conflict contexts; informal briefing of CEDAW committee on implications of recent HIV activities on CEDAW implementation.
	UN Women	////////////////////	<ul style="list-style-type: none"> Established a Task Force with UNDP and UNAIDS to support the CEDAW Committee as resources persons on HIV. Conducted an informal briefing with members of the CEDAW Committee and updated on the Political Declaration on HIV/AIDS (2011). Shared findings from global and regional consultations with women’s organizations and networks of women living with HIV (<i>In Women’s Words</i>). Conducted workshops with two Caribbean countries on better integration of the gender equality dimensions of HIV in CEDAW reporting. (See Resources). Supported networks of women living with HIV in skills building on using CEDAW for policy advocacy in East and South-East Asia including the production of a training tool on CEDAW and HIV, <i>Knowing your rights</i> and undertook training workshops in seven countries (Cambodia, Indonesia, Lao PDR, Malaysia, Thailand in 2011 and Myanmar and the Philippines in 2012). 	<ul style="list-style-type: none"> Facilitating coalition-building among women’s groups and women living with HIV networks across East and South-East Asia. Under the UN Women/UNAIDS/ ASEAN Foundation Programme (2010–2012), UN Women is using the CEDAW process and its Regional CEDAW Programme as an entry point to foster dialogue and partnerships between women’s rights groups and women living with HIV groups. These efforts were accelerated in 2011 in Cambodia, Lao PDR, Indonesia and Thailand.
	UNAIDS	<ul style="list-style-type: none"> Latin America and Caribbean (LAC): Costa Rica, Belize West and Central Africa (WCA): Chad EECA: Tajikistan Asia-Pacific (AP): PNG, Fiji 	<ul style="list-style-type: none"> 11–12 countries. Guidance for the UN Country Team (CT), outreach with CEDAW committee, support and capacity building to HIV-positive women’s networks (UN Women, UNDP). Mapping of country level progress to determine countries due to report over the given time period. Briefing for the CEDAW committee upon request. 	<ul style="list-style-type: none"> Technical support to the UN CTs to integrate gender into their confidential reports as well as in the support they give to governments. On-going support to NGOs to build capacity to be involved in shadow reporting. 24 countries were due to report in 2011, meaning 12 (50%) need to report.

Accountability 1.2 UN Joint Teams on AIDS to utilize the UN Development Assistance Framework (UNDAF) reviews as per the country roll-out scheme in order to assess how the epidemic affects women and girls for gender-sensitive UN development assistance programmes.

LEAD AGENCY	PARTNER	CONTRIBUTOR	2010	2011	2012-13
UN Joint Teams	UN Women	UNFPA	////////////////////	<ul style="list-style-type: none"> • 24 countries (Africa: Cameroon, Comoros, Equatorial Guinea, Guinea-Bissau, Lesotho, Liberia, Mali, Nigeria, Rwanda, Togo. Arab States: Djibouti, Jordan. Asia and Pacific: Bhutan, Fiji, India, Papua New Guinea, Samoa, Sri Lanka. Latin America: Bolivia, Colombia, Costa Rica, Cuba, Mexico, Nicaragua). • Undertake desk review. • Establish list of countries due to develop new UNDAFs. 	<ul style="list-style-type: none"> • Develop guidance and facilitate support to countries. • Support ongoing research to determine roles of schools in the reproduction of traditional gender roles, negative sexual stereotypes and gender, sexuality and HIV-based discrimination, and to identify strategies to change negative roles and create discrimination-free environments.
		UNAIDS	<ul style="list-style-type: none"> • AP: Cambodia, China, Indonesia, Pacific, Philippines, Sri Lanka, Thailand, Viet Nam, PNG. • ESA: Zimbabwe, Ethiopia, Mozambique, Malawi, Zambia. • WCA: Burkina Faso, Cameroon, CAR, Chad, Democratic Republic of Congo (DRC), Gabon, Ghana, Guinea Bissau, Liberia, Nigeria, São Tomé and Príncipe, Sierra Leone. • LAC: Chile completed; Peru, Bolivia, Nicaragua. 	////////////////////	////////////////////

Accountability 1.3 UNAIDS Secretariat to support women’s groups and networks in at least 10 countries every year, including those countries due to report each year to CEDAW, to contribute to national data collection.

LEAD AGENCY	2010	2011	2012-13
UNAIDS Secretariat	<ul style="list-style-type: none"> • AP: Cambodia, China, Fiji, Indonesia, Lao, Pacific Island States, Pakistan, Philippines, Thailand, Viet Nam, PNG. • ESA: Namibia, Botswana, Zimbabwe, Seychelles. • WCA: Cape Verde, Burkina Faso, Nigeria. • EECA: Serbia, Macedonia. • LAC: Mexico (with INMUJERES), Haiti. • Middle East and North Africa (MENA): Morocco. (UNDP Swaziland CEDAW programme) 	<ul style="list-style-type: none"> • 10 countries • UNODC to build reporting capacity around women, human rights and people who use drugs. • In partnership with women living with HIV, UNAIDS supported the addressing of HIV in CEDAW. • Indonesia, Sri Lanka, South Africa, Chad, Lesotho , Tajikistan • UN Women/UNAIDS/APN+ support to Cambodia, Indonesia, Lao PDR, Philippines, Thailand, Timor-Leste and Viet Nam. • UNAIDS Scorecard: Only 17% reported that women living with HIV or other groups of affected women, such as sex workers and women who use drugs, participated in CEDAW country reporting processes. 	<ul style="list-style-type: none"> • UNAIDS review of the inclusion of HIV in CEDAW reporting. • Angola: Support to civil society engagement in national UNGASS reporting with focus on GBV.

Accountability 1.4 UN Joint Teams on AIDS to support governments and national research institutions to include the advancement of women’s rights gender equality analysis in the HIV research agenda, in at least 10 countries every year, including those countries due to report each year to CEDAW.

LEAD AGENCY	CONTRIBUTOR	2010	2011	2012–13
UN Joint Teams	UNFPA	////////////////////	////////////////////	<ul style="list-style-type: none"> Undertake <i>Stigma Index</i> gender analysis (see Recommendation 2). Prepare and disseminate advocacy materials on overcoming HIV-related stigma related to gender and in health care settings from <i>Stigma Index</i> and other sources.
	UNAIDS	<ul style="list-style-type: none"> AP: Fiji, Pacific Island States. ESA: Kenya, Rwanda, Sierra Leone, Nigeria. LAC: Argentina, Bolivia, Chile, Ecuador, Nicaragua, Panama, Peru. WCA: Liberia, Cameroon. 	<ul style="list-style-type: none"> <i>Stigma Index</i>, led by people living with HIV, undertook community-based research into HIV-related stigma in 40 countries. 	////////////////////

Accountability 1.5 UNAIDS Secretariat to support five countries to serve as a model and include gender equality analysis in national AIDS spending assessments by 2011.

LEAD AGENCY	PARTNER	CONTRIBUTOR	2010	2011	2012–13
UNAIDS Secretariat	WHO, GIZ	UNHCR	////////////////////	<ul style="list-style-type: none"> Five countries to serve as models. Develop methodology and guidance for National AIDS Spending Assessments (NASAs) and provide technical support for five countries. 	<ul style="list-style-type: none"> Disseminate findings and determine roll-out (if successful) and usefulness of guidance.
		WHO	////////////////////	<ul style="list-style-type: none"> WHO, UNAIDS and GIZ developed a framework/paper on gender-sensitive M&E of HIV responses that was submitted for a peer reviewed paper. 	<ul style="list-style-type: none"> Working with UNAIDS and GIZ to develop a practical tool to help countries do gender analysis and use data on gender and HIV – i.e. know your epidemic, know your response in gender terms. Working with UNAIDS on gender analysis of modes of transmission studies – to develop a better understanding of HIV transmission patterns among women and girls.
		UNAIDS Secretariat	<ul style="list-style-type: none"> Peru: gender analysis of strategic information (triangulation of epi. data and finance tracking – NASA). Rwanda: part of national operational plan. 	////////////////////	////////////////////

RESULT 1 > SUMMARY OF LESSONS LEARNED AND KEY ACHIEVEMENTS

- Lessons learnt from country summaries (see Action 1.2) inform regional and global agendas through the sharing of best practices and experiences of countries that have already begun to successfully link SRH and HIV.
- Many of the *UA Now!* initiatives have highlighted both the benefits and need for broad partnerships with a range of stakeholders working on women, girls, HIV and gender equality, bringing together government ministries of women/gender, health, justice and national AIDS authorities with CSOs – particularly organizations of women living with HIV, women's health and rights organizations, AIDS service organizations and groups working to engage men and boys for gender equality. The crucial imperative for involving men and boys in bringing about transformation in existing social norms were re-emphasized.
- Evaluation is an important but underfunded part of gender equality and HIV programming and policies.

RESULT 1 > RELATED RESOURCES

- IPPF and UNFPA. *HIV Prevention Report Cards*. Available at: <http://jp.ippf.org/en/Resources/Guides-toolkits/HIV+Prevention+Report+Cards.htm>
- *Rapid Assessment Tool for SRH and HIV Linkages*. More information and summaries of the country assessments can be found at: www.srhivlinkages.org
- The *People Living with HIV Stigma Index* was developed for and by people living with HIV to measure and build evidence about the stigma experienced by people living with HIV in their communities. More information can be found at: www.stigmaindex.org
- IPPF, UNAIDS, GCWA, ICW Global and GIZ (2010). *Piecing it together for women and girls; the gender dimensions of HIV-related stigma*. Available at: www.ippf.org/resources/publications/Piecing-it-Together-Women-and-Girls-gender-dimensions-HIV-related-stigma
- World Bank (2011). *The Global HIV Epidemics among Men Who Have Sex with Men*. Available at: http://publications.worldbank.org/index.php?main_page=product_info&products_id=24048
- See the *Statement of The Bahamas to CEDAW Committee* for an example of results from the workshop. Available at: www2.ohchr.org/english/bodies/cedaw/docs/statements/StatementBahamas_CEDAW52.pdf
- WHO and UNODC (2011). *Women's health in prison action guidance and checklists to review current policies and practices*. Available at: www.unodc.org/documents/hiv-aids/WHO_UNODC_2011_Checklist_Womens_health_in_prison.pdf
- Reference Group to the United Nations on HIV and Injecting Drug Use (2010). *Women who inject drugs: A review of their risks, experiences and needs*. Available at: www.unodc.org/documents/hiv-aids/Women_who_inject_drugs.pdf
- UNODC (2011). *Psychological care for women in shelter homes in India*. Available at: www.unodc.org/documents/human-trafficking/2011/Psychosocial_care_for_women_in_shelter_homes.pdf
- UNAIDS (2011). *Scorecard on Gender Equality in National HIV Responses*. Available at: [www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/20110610_Gender%20sensitivity%20of%20AIDS%20responses\(colour%20version\).pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/20110610_Gender%20sensitivity%20of%20AIDS%20responses(colour%20version).pdf)

RESULT 2

Harmonized gender equality indicators are used to better capture the sociocultural, economic and epidemiological factors contributing to the risk of and vulnerability to HIV of women and girls.

Action 2.1 Convene a global participatory process to update the UNGASS HIV core indicators through existing mechanisms, for example the M&E Reference Group, to measure women’s and girls’ inequities in the context of HIV, working with relevant partners such as women’s groups and networks of women living with HIV, building on gender equality indicators currently used (e.g. PEPFAR, the Global Fund) and drawing on indicators used for the Millennium Development Goals, the Beijing Platform of Action and the Programme of Action of the International Conference on Population and Development, and subsequently support countries to use harmonized outcome indicators.

AGENCY	2010	2011	2012–13
UNDP	////////////////////	<ul style="list-style-type: none"> • HIV, human rights and gender mainstreaming indicators developed by UNDP for key non health sectors are being incorporated into the overall <i>Southern Africa Development Community (SADC) HIV Monitoring and Evaluation Framework</i>. This will strengthen individual country capacity to identify what change is important to track to make sure that HIV is not impacting negatively on development and vice versa. • UNDP developed the <i>MDG Acceleration Framework (MAF)</i>, a methodology to help countries identify the key bottlenecks in impeding implementation of MDG interventions and develop a prioritized set of solutions as part of an MDG Action Plan. The MAF has since been endorsed by UNDG. The MAF was rolled out in pilot countries in 2010, covering most of the MDGs, and expanded to more countries in 2011 and 2012. One country (Moldova) initiated a MAF for MDG 6, covering HIV and TB. UNDP is providing financial and technical support to Moldova to develop what will be the first MDG Action Plan for HIV. While WHO is leading the TB and treatment side of the MAF, UNDP is leading the HIV prevention side, especially with a focus on law, policy, human rights and key populations. The process in Moldova has an expected finalization date of March 2012 and a sign off on the Action Plan by June. The Action Plan should help government and development partners focus on the priority actions needed to accelerate action on MDG 6 (HIV and TB) targets. • Ukraine began conversations for conducting an HIV-focused MAF with UNDP support. 	<ul style="list-style-type: none"> • UNDP support for the explicit integration of gender and human rights into Ukraine’s MAF.
UN Women	////////////////////	<ul style="list-style-type: none"> • Took the lead in developing a compendium of harmonized indicators on gender equality and HIV; a draft compendium was prepared and two Technical Experts Groups convened, along with a partners consultation in 2010. Partners and collaborations on this initiative include: PEPFAR/OGAC, USAID, MEASURE Evaluation, UNAIDS, WHO, UNFPA, UNDP, ICW, VSO and other CSOs. 	<ul style="list-style-type: none"> • Compendium of gender equality and HIV/AIDS indicators will be finalized by the end of December 2012. The compendium will be a tool for national partners and responds to requests for better indicators for tracking gender in the HIV response. Piloting and supporting analysis and reporting, using the data collected from the implementation of harmonized indicators, will be rolled-out in select countries in 2013.

Accountability 2.1 UNAIDS and UNIFEM at the global level to support the participatory updating of UNGASS HIV core indicators by the next UNGASS reporting round.

LEAD AGENCIES	PARTNERS	CONTRIBUTOR	2010	2011	2012-13
UNAIDS, UN Women	UN Women, UNAIDS, UNFPA, GTZ, Global Fund, UNICEF, VSO, ICW, PEPFAR	UNFPA	<ul style="list-style-type: none"> UNFPA and International HIV/AIDS Alliance led the review of the UNGASS prevention indicators resulting in the UNAIDS Monitoring and Evaluation Reference Group (MERG) agreeing to all the indicators for MARPs. UNFPA and partners developed operational guidelines to monitor and evaluate programmes and services at the national, sub-national and local level for sex workers and their clients during 2011. Guidelines to contribute to an improvement in the quality of the existing UNGASS data. UNFPA in collaboration with WHO, IPPF and FHI commenced the process for pilot testing the family planning indicator ‘Percentage of HIV-positive women of reproductive age attending HIV care and treatment services with unmet need for family planning services’. The indicator allows programme managers to monitor patterns of unmet need for contraception and to identify opportunities for continued improvement in service delivery. 	<ul style="list-style-type: none"> Proposed indicator on intimate partner violence (IPV) to be included in the UNGASS indicators (under review by MERG). 	<ul style="list-style-type: none"> Undertaking a process to identify and agree upon SRH/HIV indicators.
		UNHCR	////////////////////	<ul style="list-style-type: none"> Produce menu of programmatic indicators on gender and HIV and review at stakeholders consultation (launch at interagency steering committee – UN Women, UNAIDS, UNFPA, GTZ, Global Fund, UNICEF, civil society, VSO, ICW, PEPFAR). Use and analysis of indicators (WHO, UNAIDS, GTZ). 	////////////////////
		UN Women	////////////////////	<ul style="list-style-type: none"> Led a participatory process, in collaboration with MEASURE Evaluation, USAID, PEPFAR/OGAC, UNAIDS, WHO, UNFPA, UNDP, UNICEF, Global Fund, ICW and VSO for the successful inclusion of an indicator on IPV as part of the global standard indicators and guidance for monitoring progress in implementing the Political Declaration on HIV (2011). 	////////////////////

RESULT 3

Evidence-informed policies, programmes and resource allocations that respond to the needs of women and girls are in place at the country level.

Action 3.1 Establish regional repositories of regional and national evidence on the linkages

between HIV and different forms of violence against women and girls and on what works in order to inform relevant national policies and programmes, including in conflict and crisis situations, in collaboration with national and regional research institutions, women’s groups, organizations of men and boys working for gender equality, networks of women living with HIV, female sex workers, females drug users and other relevant stakeholders, and in partnership with regional intergovernmental bodies.

AGENCY	2010	2011	2012–13
UNFPA	////////////////////	<ul style="list-style-type: none"> Produced an updated report on the intersection between HIV and GBV resulting in a solid knowledge base on HIV and GBV linkages. 	<ul style="list-style-type: none"> Fund the development of the Paolo Longo Research Initiative newsletter addressing sex work, MSM and transgender people. Facilitated the immediate transfer of information, research, reports and good practice across Country Offices and regions. The newsletter provides a monthly update on sex work research for CSOs and sex work organizations.
UNDP	<ul style="list-style-type: none"> Supported national authorities in 18 countries for the development of evidence-informed AIDS strategies and action plans (Algeria, Argentina, Bahrain, Côte d’Ivoire, Djibouti, Ethiopia, India, Iraq, Kazakhstan, Kenya, Kuwait, Libya, Madagascar, Malawi, Mauritius, Morocco, Namibia, Palestine [oPt], Panama, Rwanda, Seychelles, Swaziland, Syria, Tanzania, Tunisia, Turkmenistan, United Arab Emirates, Zambia, Yemen); and supported 14 countries for strategic planning, including through joint support with World Bank, AIDS Strategy and Action Plan peer reviews (Côte d’Ivoire, Georgia, Kazakhstan, Lao PDR, Mauritania, Mauritius, Namibia, Tanzania, Seychelles, Sudan, Switzerland, Turkmenistan, Zambia). 	<ul style="list-style-type: none"> As part of its response to addressing HIV and GBV in fragile States, UNDP supported the integration of gender and HIV into UNDP’s disarmament, demobilization and reintegration (DDR) and Early Recovery Programming. For example, UNDP provided financial support for the programme <i>A Gender-Responsive Approach for Reintegration and Peace Stabilization in Aceh</i>, in Indonesia. Funding provided support to 450 vulnerable people, with a focus on women, including female ex-combatants, women associated with armed forces and groups, and conflict victims (focus on victims of GBV in high conflict villages through involvement in the supply chain of selected bio-trade products/services). Funding support for the mapping of key populations in Aceh and capacity building of relevant government stakeholders with respect to addressing the needs of these populations in government planning. Impact: i) The most vulnerable supported through the reintegration phase and equipped to move forward with a viable livelihood option; ii) first ever mapping of key populations increases awareness of HIV and is an initial step towards ensuring continuum of care; iii) local government equipped to include key populations in development planning. Discussion paper on HIV and VAW in the Asia Pacific region developed in partnership with the IATT on women and girls. The paper collates findings of evidence available on HIV and VAW in the region and will assist the IATT position on HIV and VAW in the region. 	<ul style="list-style-type: none"> UNDP Regional Bureau for Europe and the CIS (RBEC): Regional meeting on HIV and GBV, 6–7 November 2012 (TBC). The meeting will build on the findings of both regional consultations on HIV and GBV (organized in Nairobi, Kenya – 2010 and Istanbul, Turkey – 2011). It will assess progress with action plans on the integration of GBV into NSPs on HIV/AIDS and engaging men and boys against GBV. It will also further build the capacity of participating delegations (5–7 countries including government representatives, civil society and UN staff) to document stories and testimonies of women and girls affected by HIV in the context of GBV.

Action 3.1 (continued)

AGENCY	2010	2011	2012–13
UNESCO	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> Establishment of regional repository of evidence on linkages between HIV and violence against women in the Great Lakes Region through Regional Research and Documentation Centre on Gender and Peacebuilding for the Great Lakes Region and national associate centres.
UNICEF	<ul style="list-style-type: none"> (2009–2013) In partnership with the <i>Together for Girls</i> initiative, data collection conducted in nine countries. Data collection complete in Swaziland and Tanzania. 		
UN Women	////////////////////////////////////	<ul style="list-style-type: none"> In East and South-East Asia, spearheaded efforts through the UNAIDS interagency task team(IATT) on Women, Girls, Gender Equality and HIV, for the creation of a compendium of user-friendly resources on women, girls, gender equality and HIV from across the Asia Pacific region with a view to disseminating through the Gender Equality and HIV/AIDS Web Portal and the AIDS Data Hub. In Central Asia, work focused on the linkages between VAW, HIV and gender sensitive HIV policymaking. In Tajikistan, a gender analysis of policy and legislation was completed and work undertaken with religious leaders to equip them with information on HIV prevention. Supported capacity strengthening of networks that provide services for women living with HIV and facilitated community mobilization on HIV and VAW. In Uzbekistan, training on gender aspects of HIV was incorporated into the State curricula for training and retraining of medical personnel. 	////////////////////////////////////
UNAIDS	<ul style="list-style-type: none"> Supported the <i>Women Won't Wait</i> campaign to mobilize civil society and promote awareness on GBV and HIV in eight countries in four regions: DRC and South Africa in Africa; Indonesia and Viet Nam in AP; Ukraine in EECA; and Brazil, Haiti and Peru in LAC. 	<ul style="list-style-type: none"> Established, through the <i>Together For Girls</i> partnership, robust data on the prevalence of violence against women and children in Tanzania, Kenya and Haiti (multi-year processes covering 2010–12). 	
UNODC	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> Advocate, promote and provide technical assistance in provision of PMTCT services to female drug users and women living in prisons and other closed settings (Azerbaijan, Moldova, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Ukraine, Uzbekistan, Afghanistan, Iran, Pakistan, Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia, Zimbabwe).
World Bank	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> Funded the <i>Review of the HIV Epidemics and Responses in the European Region: Summary of HIV Prevention Policy and Programme Implications 2012</i>. It emphasized the need to reduce violence and human rights violations as these contributed to vulnerability and HIV risk among female sex workers, IDUs and other vulnerable groups like migrants and prisoners.

CIVIL SOCIETY ACTION AT A GLANCE

Addressing the coerced sterilization of women living with HIV

The coerced sterilization of women living with HIV is an ongoing, and largely invisible, human rights violation in Namibia, and globally, with documented incidents from South Africa to Chile.



With support from UNDP, the Namibia Women's Health Network, AIDS Legal Network and ATHENA Network developed a good practice model for other countries to use and adapt as a tool to document and address the coerced sterilization of women living with HIV within the framework of advancing the SRHR of women living with HIV.

The networks mapped good practice as a tool for sharing experiences and adapting to national contexts throughout the region. The tool was developed by identifying strategies used to build an evidence base; documenting and analyzing advocacy responses to the issue and the litigation processes from a community perspective in Namibia; and identifying lessons learned, both successes and challenges.

The Namibian experience demonstrates how documentation, advocacy and litigation processes can all work together to address rights violations, hold the government accountable for what is taking place in its public hospitals, and afford redress to women who have been violated. Further, an issue that has been both invisible and contentious can be made visible and be brought to mainstream audiences through community-led documentation and alliance building spearheaded by women living with HIV.

The report, *Make it Everybody's Business... Lessons Learned from Addressing the Coerced Sterilization of Women Living with HIV in Namibia: A Best Practice Model*, is available online at: www.athenanetwork.org/assets/files/Make%20it%20everyone's%20business...%20--%20Report.pdf. A fact sheet is also available at: www.athenanetwork.org/assets/files/Make%20it%20everyone's%20business...%20--%20Fact%20Sheet.pdf

Action 3.1 Establish regional repositories of regional and national evidence on the linkages between HIV and different forms of violence against women and girls and on what works in order to inform relevant national policies and programmes.

Action 3.2 Support national AIDS authorities to undertake analyses of how HIV-related policies affect women and girls with a specific focus on sociocultural factors, stigma and discrimination and economic barriers that hamper women and girls to exercise their human rights. Modify or develop the policies accordingly and translate them into gender-sensitive programmes, in partnership with relevant actors, including women’s rights organisations, networks of women living with HIV, faith-based organizations (FBOs), youth, organizations of men and boys working for gender equality and traditional leaders. (These policies may include the national AIDS policies or programmatic policies such as on testing or family planning.)

AGENCY	2010	2011	2012–13
UNFPA	////////////////////	<ul style="list-style-type: none"> • Provide support for roll-out and analysis of the <i>Stigma Index</i> and report cards for key populations. 	<ul style="list-style-type: none"> • Strengthen evidence on addressing GBV in the context of eMTCT specifically through experts meeting to review good practices and draft recommendations to address GBV in HIV testing and counselling for pregnant women.
UNHCR	////////////////////	<ul style="list-style-type: none"> • Review NSPs on HIV to include women and girls living with HIV and affected households. 	<ul style="list-style-type: none"> • Support the inclusion of populations affected by humanitarian situations in national HIV strategies.
UNDP	<ul style="list-style-type: none"> • Supported the conducting of socio-economic impact assessment studies and initiatives in 22 countries (Barbados, Botswana, Cambodia, China, Dominican Republic, DRC, El Salvador, Grenada, Guatemala, Indonesia, Jamaica, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Panama, Seychelles, South Africa, St. Lucia, Swaziland, Tanzania, Tobago, Uganda, Zimbabwe). 	<ul style="list-style-type: none"> • As a result of UNDP’s technical support and policy advice, five countries (DRC, Namibia, Malawi, Mozambique, and Uganda) began research to review their legislative environments with regard to reducing stigma and strengthening access to HIV prevention, care and treatment. In addition, an Africa Regional Dialogue on HIV and the law resulted in raised awareness of critical regional issues in regard to HIV and the law and in calls for protection of vulnerable groups from senior figures (e.g. former President Mogae called for decriminalization of sex work and of same-sex consensual adult behaviour in Botswana; calls for reform of law relating to HIV in Commonwealth countries). 	<ul style="list-style-type: none"> • In partnership with South Asian Association for Regional Cooperation in Law (SAARCLAW) and UNAIDS, the UNDP Asia-Pacific Regional Centre (APRC) initiated work on conducting a legal scan on violation of rights at healthcare setting in the SAARC region.

Action 3.2 (continued)

AGENCY	2010	2011	2012–13
UN Women	<p>////////////////////////////////////</p>	<ul style="list-style-type: none"> Completed gender analysis of policy and legislation in Tajikistan, developed and applied gender assessment checklist to three provincial AIDS control programmes to assess the existing national strategic framework for gender equality in Pakistan. In the Caribbean, capacity development and technical support was provided to ensure incorporation of gender analysis in programme formulation, implementation and monitoring, especially in education, health and social sectors. 	<p>////////////////////////////////////</p> <ul style="list-style-type: none"> The global programme <i>Supporting Gender Equality in the Context of HIV/AIDS</i> is a three-year, \$3.1 million cost-sharing initiative between the EC and UN Women. The programme is being implemented in five countries – Cambodia, Jamaica, Kenya, Papua New Guinea and Rwanda – with the overall goal to integrate gender equality and human rights into key HIV policies, programmes, actions and budgets in each of the five countries, with the specific objectives of: i) promoting the leadership and participation of networks of women living with HIV and women’s organizations in priority-setting and decision making processes within national HIV responses; and ii) enhancing the capacity of national AIDS coordinating bodies to address gender equality in national HIV responses.
UNAIDS	<p>////////////////////////////////////</p>	<p>////////////////////////////////////</p>	<ul style="list-style-type: none"> Supported a participatory assessment of the gender barriers to utilization of services to prevent vertical transmission of HIV from mother to child in DRC, Ethiopia, India, Nigeria and Uganda. The findings from this report are being used to support the roll-out of the <i>Global Plan to Eliminate New HIV Infections in Children and Keep their Mothers Alive</i>.
UNESCO			<ul style="list-style-type: none"> A booklet on <i>Good Policy and Practice in HIV and Education: Gender, HIV and Education</i> to be published in late June 2012. A dissemination and communication strategy to promote the use of the publication has been developed.

Action 3.3 Support national AIDS authorities to include analyses of how the epidemic affects women and girls, as part of joint reviews of national HIV responses and the development of new national strategic plans for HIV, engaging all relevant government agencies, women’s organizations, networks of women living with HIV and organisations of men and boys working for gender equality. Realign the national strategic plan for HIV, including budgets, accordingly.

AGENCY	2010	2011	2012–13
UNFPA	////////////////////////////////////	(See Recommendation 1, Result 1, Action 2)	////////////////////////////////////
UNDP	////////////////////////////////////	<ul style="list-style-type: none"> • ESA: As a result of UNDP technical support, 10 National AIDS Councils in the region have stronger capacity to integrate gender into NSPs, which are being developed for 2012. • India: A scan of various State and central government schemes was undertaken in order to generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV, and ensure prioritized and tailored national HIV responses that protect and promote the rights of women and girls. Findings and recommendations were shared in a special meeting on social protection with the Planning Commission, women living with HIV and representatives from different government ministries. Support was also provided to constitute a special group on PLHIV recommendations to feed into the approach paper for the 12th National Five-year Development Plan. • <i>UA Now!</i> in 10 ESA countries and India brought attention to the urgent need to address women, girls and gender equality in the context of HIV, with a focus on developing multi-sectoral partnerships, priorities and action plans. Analysis and structures developed through <i>UA Now!</i> played an important role in generating evidence and advocacy, as well as M&E of key policy documents at global and country levels. For example, needs assessments by <i>UA Now!</i> helped inform the following national processes: <ul style="list-style-type: none"> > In Madagascar, a study by Action Socio Sanitaire Organisation Secours (ASOS) in two high-prevalence regions provided input into the Mid-Term Review of Madagascar’s National AIDS Strategic Plan for the first time. > In India, the International Center for Research on Women (ICRW) researched barriers to access to HIV services for female sex workers and the wives of migrant men – two groups that have not been well addressed in India’s national HIV response. Findings were presented to the National AIDS Control Organization (NACO) and inform the implementation of India’s Fourth National AIDS Control Programme (NACP). 	<ul style="list-style-type: none"> • India: As part of the <i>UA Now!</i> project, UNDP and ICRW examined the lives of women and girls in two unique settings – female sex workers in Maharashtra and wives of migrant men in Orissa. Research shows that these women are particularly vulnerable to HIV and AIDS, but there is still a need to know more about how best to minimize their risk and increase their access to services. Through surveys and in-depth interviews with these women, their spouses/partners and the health practitioners in the region, ICRW explored the factors that prevent the women from accessing HIV services. ICRW with stakeholders coordinated with NACO and developed an action plan to respond to the epidemic, and make recommendations on how to help women overcome legal, economic and social barriers to health services.

Action 3.3 (continued)

AGENCY	2010	2011	2012–13
UNDP	(See above)	<p>> In Zambia the initiative successfully contributed to development of the <i>National HIV and AIDS Strategic Framework (NASF) 2011–2015</i>, National Operational Plan, and costing of the NASF. The Zambia <i>UA Now!</i> Country Task Team supported a consultant to work with the National HIV/AIDS/STI/TB Council (NAC) to engender the new strategic framework. Development of the NASF coincided with formulation of the Sixth National Development Plan (SNDP). This provided an opportunity to engender HIV and AIDS as a cross-cutting issue and a discrete chapter in the SNDP. The work emphasized policy change utilizing existing structures such as the public sector advisory groups, civil society and private sector consultative platforms, and NAC technical working groups to integrate the needs and rights of women girls into the NASF and SNDP. A gender-responsive plan directly addresses the structural factors that hinder the national response for women and girls. In the process, widespread consultations were made with various stakeholders to generate a sense of ownership of the planning process as well as plan content. A National Gender Steering Committee, co-chaired by the Gender in Development Division and NAC provided technical input and oversight to the process.</p>	(See above)
UN Women	////////////////////	<ul style="list-style-type: none"> • In East and South-East Asia, supported countries to include the analysis of gender dimensions of HIV in national development plans, including engendering NSPs in Viet Nam, Thailand, Cambodia, Indonesia and Lao. • Supported the development of Rwanda’s National Accelerated Plan for Women, Girls, Gender Equality and HIV. • In the Caribbean, supported governments to mainstream gender equality into national HIV responses. Results include a Declaration of Commitment to eliminate stigma and discrimination and improve gender equality, signed by the Prime Minister of Jamaica and the leader of the opposition, and the creation of a gender responsive NSP on HIV for Jamaica. 	////////////////////
UNAIDS	////////////////////	<ul style="list-style-type: none"> • ‘Know your epidemic, know response’ review of HIV in Kenya brought greater attention to partner reduction, risk awareness related to multiple and concurrent sexual partnerships, couple counselling and testing and support for disclosure to address the high levels of discordancy, and increase advocacy and HIV prevention services for MSM, sex workers and people who inject drugs in Kenya. 	<ul style="list-style-type: none"> • See the Gender Assessment Tool (Recommendation 1, Result 1, Action 1.1).
UNODC	////////////////////	////////////////////	<ul style="list-style-type: none"> • In 2013, support governments to mainstream gender sensitive approaches in their national HIV programmes and strategies.

Action 3.3 (continued)

AGENCY	2010	2011	2012–13
UNESCO	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> • In Asia Pacific UNESCO is supporting the needs of key populations, particularly young key affected populations (YKAP). In Cambodia, UNESCO has been working with UNAIDS and the National AIDS Authority to develop the next Strategic Framework and Costed Operational Plan (2013–2016) on HIV response amongst men who have sex with men and transgender. In Myanmar, UNESCO is working in collaboration with UNAIDS, Ministry of Health and other local partners to conduct research to identify HIV risk and vulnerabilities among young sexual minorities. The YKAP course and Connections curriculum jointly published by UNICEF, UNFPA and UNESCO has been reviewed, revised and updated. The YKAP short course is currently being adapted for use in the Arab States, demonstrating the perceived value of the curriculum, while Timor-Leste has requested a national YKAP course (planned for August 2012). UNESCO hosted the Asia Pacific Youth Partners Advocacy Training and Strategy Meeting in preparation for the Commission on Population and Development with over 20 young participants from the region. • UNODC jointly with World Bank, to synthesize evidence and advocate for public health approaches for HIV prevention, treatment and care among women who use drugs (injection and non-injection), amphetamine-type stimulants and cocaine use, hazardous alcohol use and drug dependence treatment. Undertake synthesis and analysis of global epidemics of HIV among people who inject drugs.

Accountability 3.1 The seven Regional Directors Groups to establish regional repositories of evidence on the linkage between HIV and violence against women by 2011.

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012–13
Regional Directors Groups	WHO, IAWG, UNDP, UNAIDS	WHO	////////////////////	<ul style="list-style-type: none"> • Convened a technical consultation in partnership with UNFPA and NSWP on evidence on violence against sex workers and HIV, and good practices • Commissioned systematic reviews on violence against sex workers and HIV. 	<ul style="list-style-type: none"> • Publish systematic reviews and a publication on addressing violence against sex workers. • Publish a fact sheet on violence against women and HIV in 2012. • Publish a programming brief 'Addressing violence against women in HIV testing and counselling'. • Publish 'Is intimate partner violence a risk factor for STI and HIV – systematic review' in a peer-reviewed journal. • Publish a programming tool on addressing VAW and HIV.
		UNAIDS	////////////////////	<ul style="list-style-type: none"> • Integrating programming to address GBV and engage men and boys to advance gender equality through national HIV strategies and plans – 34 countries supported. • Development of issues brief on GBV and HIV to provide strategic information on the linkages between HIV and VAW. 	<ul style="list-style-type: none"> • DHS data on violence from 42 countries to be included in the Global Report on AIDS 2012. • Data collected in Tanzania, Kenya, Haiti and Zimbabwe through <i>Together for Girls</i>. • WCA Regional Directors Team committed to the implementation of the UN Secretary General initiative <i>Unite Against Violence Against Women</i>; UN Women Regional Office to launch and lead campaign in the region.

Accountability 3.2 UN Joint Teams on AIDS to support 30 countries in 2010 and 20 countries in 2011 that are due to develop new national strategic plans for HIV to undertake analyses of HIV-related policies.

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012-13
UN Joint Teams	IAWG, UNAIDS, UN Women, UNFPA, CSOs	UNFPA	////////////////////////////////////	<ul style="list-style-type: none"> IAWG: Global consultation to support integration of GBV into national HIV plans and implemented as part of the UNAIDS Outcome Framework and follow up with 2010 countries. Convened consultation with the IAWG on Women, Girls, Gender Equality and HIV. Supported implementation of UNAIDS Outcome Framework priority for PMTCT; provided support to select countries for implementing the PMTCT framework on prongs 1 and 2. Convened, with WHO, IPPF and UNAIDS, global/regional consultations on linkages (three consultations). 	////////////////////////////////////
		UNAIDS	<ul style="list-style-type: none"> AP: Nepal, India, Bangladesh, Sri Lanka, Pakistan, Thailand, Cambodia, Viet Nam, China, Philippines, Pacific Islands. ESA: Zambia, Angola, Zimbabwe, Namibia, Mozambique. WCA: Benin, Burkina Faso, Cameroon, Cape Verde, CAR, Chad, Côte d'Ivoire, DRC, Ghana, Mali, Mauritania, Sierra Leone, Togo. LAC: Chile. ECA: Tajikistan, Macedonia. 	<ul style="list-style-type: none"> NSP workshop in Southern Africa. 	<ul style="list-style-type: none"> Support to review of new NSP for Trinidad & Tobago.
		UN Women	////////////////////////////////////	<ul style="list-style-type: none"> UN Women, working through the Joint Teams, to support governments in Liberia, Ghana, Mozambique, Cameroon, Kenya, Rwanda, Jamaica, PNG, Cambodia, China, Indonesia and India to undertook analysis of NSPs from a gender perspective. 	////////////////////////////////////
		UNODC	////////////////////////////////////	<ul style="list-style-type: none"> Advocacy with government ministries and CSOs for the rights of people who use drugs with special emphasis on women (Bangladesh, Russia, Pakistan, Iran, Estonia, Latvia, Lithuania, India, Nepal, Bhutan, Maldives, Sri Lanka). 	<ul style="list-style-type: none"> Develop a model for gender sensitive HIV prevention and violence programming in addressing services for women using drugs and women inmates. Support governments to mainstream this.

Accountability 3.3 The World Bank to take the lead within the UN Joint Teams on AIDS in supporting 30 countries in 2010 and 20 countries in 2011 that are due to develop new NSPs for HIV, to undertake gender analyses of their national HIV response.

LEAD AGENCIES	CONTRIBUTOR	2010	2011	2012–13
World Bank lead with UN Joint Teams	World Bank	<ul style="list-style-type: none"> Developed a gender action plan in 2007 and subsequently produced operational guidelines to Bank task teams on how to integrate gender in operations and ensure gender mainstreaming in lending programmes. The World Bank and partners developed the <i>Self-Assessment Tool and Guidelines for National HIV Strategic Planning</i> that countries could use to assess their AIDS strategies. The tool and guidelines highlight the importance of having a gender analysis, and inclusion of gender variables in monitoring indicators as well as having disaggregated data to see whether interventions are equitably reaching those in need of HIV services. 	<ul style="list-style-type: none"> The Bank in partnership with the UNAIDS Cosponsors and the UNAIDS Secretariat provides a core package of services for strategic planning that includes rapid peer reviews of draft strategies and operational plans; quality assurance and coaching throughout the strategic planning process; and tools and guidelines to assist countries in developing efficient and effective national AIDS strategies. In 2011, the Bank provided operational support to several countries to enhance implementation of their national HIV response including through participation in mid-term reviews of national HIV and AIDS programmes. During the 2010–2011 reporting period: 45 countries have received support: Afghanistan (NSP), Argentina, Belize (peer review), Bhutan (peer review) Benin (epi, NSP), Brazil, Costa Rica, Côte d'Ivoire, Dominican Republic, Egypt, El Salvador, Macedonia, Georgia (NSP, OP, Peer Review), Ghana, Guatemala, Haiti, Jamaica, Jordan (SA, NSP, OP), Lao PDR, Lesotho, Liberia (NSP, M&E), Mauritius, Morocco (Gap Analysis – informed the successful Global Fund proposal), Myanmar, Nepal, Nicaragua, Niger, OECS (Caribbean States), Pakistan (NSP), Panama, Paraguay, Peru, Saint Lucia, Sierra Leone (NSP), Sudan (NSP, Resource Estimations), Syrian Arab Republic (NSP, Costed OP), Tanzania, Trinidad & Tobago, Tunisia (Harm Reduction Strategy), Ukraine (OP), Uruguay, Venezuela, Yemen (OP), Zambia (NSP, OP), Zimbabwe (Peer review). 17 Peer Reviews have been conducted and five are being planned: Benin, Belize, Bhutan, Burkina-Faso, Georgia, Ivory Coast, Jamaica, Mauritania, Namibia, Laos, Lesotho, Myanmar, OECS (Caribbean States), Nigeria, Sudan, Zambia, Zimbabwe, Bosnia–Herzegovina. 	<ul style="list-style-type: none"> Published <i>The World Development Report 2012: Gender Equality and Development</i>. The analytical core of the report constitutes a conceptual framework that examines the factors that have fostered change and the constraints that have slowed progress. The analysis focuses on the roles of economic growth, households, markets, and institutions in determining gender differences in education and health, agency, and access to economic opportunities. The analysis leads to the identification of priority areas for domestic policy action including in health and HIV-related policies.

RESULT 3 > SUMMARY OF LESSONS LEARNED AND KEY ACHIEVEMENTS

- While NSPs vary considerably, generally there is insufficient attention to key populations (especially sexual minorities), socio-economic determinants (especially those unrelated to gender) human rights and rights-based approaches, and sustainable AIDS financing. Even where these points are covered, they typically fall more within the epidemiological analysis section than in policy and programme responses. Technical support to NSP development needs to include greater attention to these issues to ensure strong, multi-sectoral AIDS plans and responses. Such support should be integrated throughout the NSP development process, and not only at the review stage.



RESULT 3 > RELATED RESOURCES

- *What Works for Women and Girls: Evidence for HIV/AIDS Interventions* aims to provide the evidence necessary to inform country-level programming.
For more information: www.whatworksforwomen.org
- UNDP, *MDG Acceleration Framework (MAF)*
For more information: www.undp.org/content/undp/en/home/mdgoverview/mdg_goals/acceleration_framework/
- UNAIDS (2011). *Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive*.
Available at: www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf
- Together for Girls. www.togetherforgirls.org
- Global Coalition of Women and AIDS (GCWA). *Issue Brief: Stopping violence against women and girls for effective HIV responses*.
Available at: www.womenandaids.net/CMSPages/GetFile.aspx?guid=c72d38e4-dfdb-441c-ad81-159866cc1491&disposition=inline



CIVIL SOCIETY ACTION AT A GLANCE

Making it happen

The Jamaica Community of Positive Women (JCW+) enables greater and more meaningful involvement of HIV positive women in the various decisions that impact their daily lives, through personal development, educating on their rights, roles and responsibilities as well as training them in leadership and advocacy skills.

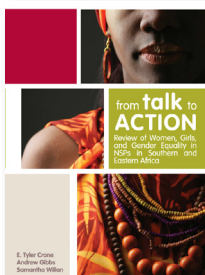
JCW+ set about working with key HIV partner organizations, such as ATHENA Network, GCWA, ICW Global, National AIDS Committee, National HVI/STI Programme, UN Women and UNAIDS to access linkages and technical support for our purpose. Since then JCW+ has partnered with them to:

- identify a core group of women for leadership and advocacy actions – a three-day workshop for 20 women identified 12 leaders and developed a two-year JCW+ Action Plan (UNAIDS)
- host a focus group discussion on PMTCT for 20 women and girls and seven men (ICW Global and GNP+)
- launch Men’s Space, a group for male partners of HIV positive women and HIV positive men who have sex with women
- increase awareness of 23 women on GBV in the context of HIV and document the experiences of 12 women as living testimonies (ICW and GCWA)
- support at least four women a month to participate in meetings and workshops that focus on gender issues and capacity building. For example, UN High Level Meeting Country reports, CEDAW and Human Rights High Commission Shadow Report, NHP/UN Women Gender Equality, HIV and Human Rights training workshops (UNAIDS, GCWA, UN Women and ATHENA Network).

CIVIL SOCIETY ACTION AT A GLANCE

Action 1.1 Support national AIDS authorities to incorporate actions to put global and regional commitments on the rights of women and girls into their national strategic HIV plans.

Putting gender equality at the heart of the HIV response



From Talk to Action: Putting Women, Girls and Gender Equality at the Heart of the HIV Response is a collaborative initiative of the Gender Equality and HIV Prevention Programme of HEARD at the University of KwaZulu Natal and ATHENA Network.

The initiative aims to: strengthen language, content and approach of national HIV strategies and plans to address women, girls, and gender equality;

expand the engagement by women living with and affected by HIV in national HIV planning processes; and foster regional networking and dialogue across civil society, in particular with networks and organizations of women living with HIV, around national planning processes on HIV.

The *Framework for Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa* was developed with 19 regional and global partners including sex worker rights' organizations, organizations of caregivers, networks of women living with HIV, and entities engaging men and boys for gender equality. National and cross-regional workshops were held to augment and strengthen technical expertise and the use of a policy analysis toolkit has been scaled up and expanded. The on-going analyses of NSPs assess whether and how policy frameworks across Southern and Eastern Africa are evolving to address gender-based violence based on the 2010 HEARD and ATHENA baseline *From Talk to Action: A Review of Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa*.

Key documents and the toolkit are available at: www.heard.org.za/gender/nsp

Engaging men and boys to address gender-based violence at a national policy level

Sonke Gender Justice Network, on behalf of MenEngage, co-hosted a technical meeting with the Government of Swaziland and UN agencies to strengthen a focus on gender-based violence (GBV) prevention and work to engage men and boys in the Swaziland National Strategic Plan (NSP) on HIV. During this meeting, held in May 2011, Sonke presented the rationale for engaging men in HIV and GBV prevention, as well as the organization's analysis of the current Swaziland NSP. The meeting then identified key activities and indicators to be included within the new NSP, and agreed that a much stronger focus on GBV is necessary. This meeting took place in response to the request of the Swaziland National Emergency Response Council on HIV and AIDS (NERCHA), and had 38 participants from Government, UN and civil society. The meeting succeeded in strengthening the capacity of NERCHA to include a stronger focus on engaging men and GBV prevention within the Swaziland national HIV response.

In Rwanda, Sonke and the Rwanda Men's Resource Centre are organizing a high level meeting to address the importance of policies that allow for, and promote, work with men and boys for HIV and GBV prevention. Government ministries, civil society and UN agencies will attend. Sonke has also been asked to run a technical workshop to review Rwanda's current NSP 2009–2012, and facilitate inputs into the forthcoming one. The recommendations made by the workshop will be presented to delegates at the high level meeting.

www.genderjustice.org.za
www.menengage.org

CIVIL SOCIETY ACTION AT A GLANCE

Action 1.1 Support national AIDS authorities to incorporate actions to put global and regional commitments on the rights of women and girls into their national strategic HIV plans.

GESTOS mobilizing civil society around the Agenda for Women and Girls



From June 2010 to September 2011, Gestos and the World AIDS Campaign collaborated to disseminate among civil society organizations the UNAIDS *Agenda*. The actions consisted mainly of organizing and facilitating workshops in 16 countries bringing together representatives of women's rights and HIV organizations, as well as UN agencies and government. The project used the Community Brief for the *Agenda* to support informed engagement by partners.

The workshops were devoted to the contents of the *Agenda*. The analysis sought to highlight the main gaps and challenges found in National AIDS policies addressing the needs of women and girls in regard to HIV prevention, treatment, care and support. Ultimately the goal was to identify possible actions that civil society could employ to address those gaps, through an advocacy plan and M&E actions, in a bid to achieve greater integration of HIV and AIDS, and policies and services for women in the national sphere, using the *Agenda* as a framework.

The consultations helped to translate the *Agenda* from a document to a living collaboration renewing and capitalising on activism from the women's rights and HIV movements. Despite the diversity of the countries engaged in terms of HIV epidemic, economy and culture, a number of recurring issues were identified for further action:

- Strengthened leadership by UNAIDS at the country level
- Continued partnership with civil society
- Provision of financial and technical support to civil society
- Commitment and accountability of governments
- Monitoring, evaluation and accountability

Key documents from this initiative are available here: www.ungassforum.org/media/publications/

Action 1.2 (continued)

AGENCY	2010	2011	2012–13
UNODC	<p>////////////////////////////////////</p>	<p>////////////////////////////////////</p>	<ul style="list-style-type: none"> • In Ukraine, supported the partnership of the women's network and governmental social services, leading to increased coverage, and leadership and empowerment of vulnerable women – drug users, women living with HIV, women inmates – in the gender policy planning process. In 2013, support networks of vulnerable women to participate in the national processes in Ukraine, Moldova, and Central Asia.

CIVIL SOCIETY ACTION AT A GLANCE

Action 1.2 Support women's groups and networks of women living with HIV at the country level to map national, regional and global commitments of governments related to women, girls, gender equality and HIV and to assess and document their implementation status to serve as strategic information for advocacy and accountability.

In Women's Words

Building on women's global meaningful participation in the 2011 HLM on AIDS, ATHENA Network and the GCWA with a consortium of global, regional and national partners, developed a global virtual consultation in nine languages, engaging approximately 800 women from over 95 countries, to provide a platform for women and girls – especially women living with and affected by HIV – to voice their priorities and vision for the future of the HIV response.

2011 HIGH LEVEL MEETING ON AIDS AND BEYOND
HIV Priorities for Positive Change

In Women's Words

ACTION AGENDA



- Ensure comprehensive and inclusive HIV services that address the visions, life-long needs, and rights of women and girls in all our diversity.
- Eliminate stigma and discrimination, and ensure full protection of the human rights of all women and girls, including our sexual and reproductive rights.
- Strengthen, invest in, and champion our leadership and equality to ensure the full and meaningful participation of women and girls, in particular those of us living with and affected by HIV, in the HIV response.
- Empower us to be catalysts of social justice and positive change, and eliminate all forms of violence against us.
- Ensure full access to information and education, including comprehensive sexuality education for all women and girls.

“NOTHING SHORT OF A SOCIAL REVOLUTION IS NEEDED TO DELIVER ON THE COMMITMENTS WE HAVE MADE TO WOMEN, GIRLS, AND GENDER EQUALITY.”
—UNAIDS Executive Director Michel Sidibe

“IF WE ARE TO TRULY CHANGE THE COURSE OF THE EPIDEMIC, INVESTING IN WOMEN'S EMPOWERMENT IS ESSENTIAL.”
—UN Women Executive Director Michelle Bachler

The Global Coalition on Women and AIDS
ATHENA
UNAIDS
UN WOMEN

Call for action:

1. Ensure comprehensive and inclusive HIV services that address the visions, life-long needs, and rights of women and girls in all our diversity.
2. Eliminate stigma and discrimination, and ensure full protection of the human rights of all women and girls, including our sexual and reproductive rights.
3. Strengthen, invest in, and champion our leadership and equality, to ensure the full and meaningful participation of women and girls, in particular we who live with and are affected by HIV, in the HIV response.
4. Empower us to be catalysts of social justice and positive change, and eliminate all forms of violence against us.
5. Ensure full access to information and education, including comprehensive sexuality education for all women and girls.

The publication was launched by a high level panel including the President of Rwanda, the Prime Minister of St. Kitts and Nevis, the UNAIDS Executive Director, the UN Women Executive Director, Frika Chiya of WAPN+, Ebony Johnson of ATHENA Network, artist and UNAIDS Goodwill Ambassador Annie Lennox, and artist and campaigner Alicia Keyes.

www.athenanetwork.org

Action 1.4 Advocate on a regional basis together with civil society partners, including those working on legal issues and human rights organizations, to members of parliament for the removal of national HIV-relevant legislation that fails to protect the rights of women and girls or discriminates against them, and monitor enforcement, in compliance with international norms and standards, including CEDAW, with particular emphasis given to those groups of women and girls who are most excluded and whose rights are most frequently violated.

AGENCY	2010	2011	2012–13
UNDP	<ul style="list-style-type: none"> Supported capacity building for adopting enabling trade and health policies and legislation and TRIPS flexibilities in 17 countries and two regions (Argentina, Belarus, Chile, Ecuador, India, Kenya, Lesotho, Namibia, Nicaragua, Paraguay, Peru, Rwanda, Tanzania, Uganda, Ukraine, Uruguay, Venezuela, Asia Pacific and East African Community [EAC]). Supported 48 countries and four regions for the review, revision and implementation of legislation to promote HIV-related rights and increased access to justice services (Albania, Antigua and Barbuda, Argentina, Barbados, Belarus, Benin, Bolivia, Burundi, Cameroon, Cape Verde, Chile, Colombia, Côte d'Ivoire, Dominican Republic, DRC, Ecuador, Egypt, Gambia, Guatemala, Guyana, Jamaica, Kenya, Lesotho, Libya, Malawi, Mali, Morocco, Mozambique, Namibia, Nepal, Nicaragua, Pakistan, Panama, Paraguay, Peru, Rep. of Congo, Rwanda, Sierra Leone, St. Kitts and Nevis, Sudan, Swaziland, Tanzania, Trinidad & Tobago, Uganda, Uruguay, Venezuela, Viet Nam, Zimbabwe, Arab convention, Organization of American States (OAS) gender-based violence report Caribbean, EAC HIV Bill and capacity building of human rights institutions in West and Central Africa). 	<ul style="list-style-type: none"> UNDP partnered with Open Society Foundations (OSF), Huairou Commission and others on a project to address the discrimination against women and girls living with and affected by HIV in the context of property rights and inheritance. Two years of consultations resulted in the publication <i>Tools for Change: Applying United Nations standards to secure women's housing, land, and property rights in the context of HIV</i>. Technical support and policy advice in five countries (DRC, Namibia, Malawi, Mozambique and Uganda) facilitated research to review their legislative environments with regard to reducing stigma and strengthening access to HIV prevention, care and treatment. In addition, an Africa Regional Dialogue on HIV and the law resulted in raised awareness of critical regional issues in regard to HIV and the law and in calls for the protection of vulnerable groups from senior figures (e.g. Former President Mogae calling for decriminalization of sex work and same-sex consensual adult behaviour in Botswana; calls for law reform relating to HIV, in Commonwealth countries). The burden of providing free antiretroviral therapy (ART) to those in need in the highest prevalence countries in Africa is reducing potential for economic development. This is exacerbated by a decline in financial support from major donors. Cheaper, generic treatment drugs can be accessed by taking advantage of TRIPS flexibilities. As a result of UNDP technical training, eight countries have strengthened capacity to use intellectual property (IP) enforcement for cheaper access to essential medicines (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Zambia). This investment set the scene for countries to actually make changes to IP laws in 2012/13 with UNDP support. 	<ul style="list-style-type: none"> The <i>Tools for Change</i> partnership provided funding and technical support to three organizations to implement an innovative method or activity around human rights over six months, as well as engage in mutual sharing of lessons learned on best uses of human rights in the struggle for land rights. (See Resources.) Community discussion on defining key affected women and girls was conducted with the Asia-Pacific UN IATT on Women, Girls, Gender Equality and HIV. The exercise focused policy and programmatic attention on women who are affected by HIV.
UNICEF	<ul style="list-style-type: none"> (2009–2013) In supporting the <i>Convention of the Rights of the Child</i>, (CRC) UNICEF facilitates the engagement of a broad array of stakeholders in the Treaty Body processes. Countries that had reports reviewed in the 2011–2012 time period (reports submitted in 2009–2010) include: Cambodia, Costa Rica, Egypt, Azerbaijan, Madagascar, Myanmar, Panama, Togo, Algeria, Cook Islands, Thailand, Turkey, Viet Nam, Albania, Bosnia and Herzegovina, Guinea-Bissau, Liberia, Namibia, Guinea, Guyana, Uzbekistan and Armenia. CRC comments may not all include responses to HIV or HIV and girls. UNICEF offices are accountable for facilitating follow-up to the Committee findings. 		
UN Women	<p>////////////////////</p>	<ul style="list-style-type: none"> In partnership with Canadian International Development Agency (CIDA), UN Women furnished small grants to 20 diverse community-based and grassroots initiatives in nine countries in sub-Saharan Africa (for a total of US\$1.5 million) designed to strengthen women's access and capacity to claim their property and inheritance rights as a means for mitigating the impact of HIV and AIDS. 	<ul style="list-style-type: none"> Implementing, in partnership with CIDA, a second phase of grants to 10 high-performing grantees from the first phase of the programme to build on these successes. The second phase includes documentation of results and lessons learned, and the convening of a policy dialogue with key decision makers at local and national levels in 2013.

Action 1.4 (continued)

AGENCY	2010	2011	2012–13
UNODC	////////////////////	////////////////////	<ul style="list-style-type: none"> • Building capacity of the State and CSOs to provide integrated and comprehensive HIV and violence prevention and support services to vulnerable women and girls (women using drugs, women living with HIV, partners of men using drugs, prisoners and ex-prisoners) in Ukraine.

CIVIL SOCIETY ACTION AT A GLANCE

Action 1.4 Advocate on a regional basis together with civil society partners, including those working on legal issues and human rights organizations, to members of parliament for the removal of national HIV-relevant legislation that fails to protect the rights of women and girls or discriminates against them.

my body
my womb
my rights

2009–2012: **End Forced Sterilization Campaign: Namibia** (documentation, litigation, community mobilization to increase government accountability for and improve informed consent procedures with regard to forced sterilizations in government hospitals).

2011–2012: **Stop Forced Sterilization Campaign: Kenya** (documentation, litigation, community mobilization to increase government accountability for and improve consent procedures with regard to forced sterilizations in government hospitals and private clinics).

2010–2012: **Stop Forced Sterilization Campaign: South Africa**

2010–2012: **Stop Forced Sterilization Campaign: Chile**

2010–2012: **Campaign to Stop Torture in Health Care** (global focus on ending forced sterilization of women living with HIV).

Partners: Open Society Foundation with the Namibia Women’s Health Network, Southern Africa Litigation Centre, Open Society Initiative for Southern Africa in Namibia; the African Gender and Media Initiative, Kenyan HIV/AIDS Ethical Legal Issues Network, Grassroots Empowerment Trust, and the Open Society Initiative for Eastern Africa in Kenya; Her Rights Initiative, Justice and Women, Women’s Legal Centre, and the Legal Resource Centre in South Africa; and the Center for Reproductive Rights and Vivo Positivo in Chile.

Accountability 1.2 (continued)

LEAD AGENCY	CONTRIBUTOR	2010	2011	2012-13
UNDP	UNAIDS	<ul style="list-style-type: none"> • AP: India (five regions), PNG, Philippines, Cambodia. • ESA: Lesotho, Swaziland, Ethiopia. • WCA: CAR, Nigeria. • MENA: Saudi Arabia, Tunisia, Yemen, Djibouti. • LAC: Brazil, Chile, Nicaragua, Trinidad & Tobago. • ECA: Ukraine. 	////////////////////	////////////////////

Accountability 1.3 UNDP to support the eight Delivering as One* countries to launch ‘know your rights’ campaigns and support the provision of free and accessible legal aid services, and the establishment or strengthening of existing forums for the enforcement of rights, by the end of 2010, with a subsequent annual roll-out of at least two countries per region.

LEAD AGENCY	CONTRIBUTOR	2010	2011	2012-13
UNDP	UNFPA	////////////////////	<ul style="list-style-type: none"> • Support at least 12 countries in 2011. • Developed guidance based on experiences in 2010. • Global Commission on HIV and Law: focus on laws that discriminate against women from which recommendations will be drawn for inclusion in national laws and policies. 	<ul style="list-style-type: none"> • 12 additional countries per year.
	UNDP	<ul style="list-style-type: none"> • 2010 completed. • 8 countries (Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay and Viet Nam). 	<ul style="list-style-type: none"> • 11 countries supported (Brazil, Cameroon, Côte d’Ivoire, Guyana, Kazakhstan, Liberia, Moldova, Philippines, Nepal, Serbia, Zambia). • Developed guidance based on experiences in 2010. • Global Commission on HIV and Law: Regional dialogue on HIV and the law in Asia Pacific in February. covered gender issues and an issues paper on how laws impact key HIV affected women and girls developed as background material. 	////////////////////

* Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay and Viet Nam.

Accountability 1.4 Regional Directors Groups to undertake a regional assessment of gender discriminatory laws with ongoing monitoring by 2011 and to establish regional advocacy and monitoring mechanisms for the removal of these laws by the end of 2012.

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012–13
Regional Directors Groups	UNDP, HRC WG, IAWG	UNFPA	////////////////////////////////////	<ul style="list-style-type: none"> Legal mapping of sex work methodology developed in partnership with UNDP, UNFPA and the Michael Kirby Centre for Public Health and Human Rights to support actions removing punitive laws, policies and practices relating to HIV and sex work. 	////////////////////////////////////
		UNDP	////////////////////////////////////	<ul style="list-style-type: none"> Ensured Global Commission on HIV and Law recommendations link to Regional Directors Group. Coordinated input from IAWG into Human Rights Council working group on laws that discriminate against women. Submitted input to the Human Rights Council working group on laws that discriminate against women relating to HIV and laws that discriminate against women. 	////////////////////////////////////
		UNAIDS	<ul style="list-style-type: none"> Data collected through UNGASS reporting mechanisms. 	////////////////////////////////////	////////////////////////////////////

RESULT 1 > RELATED RESOURCES

- Global Commission on HIV and the Law: www.hivlawcommission.org
- UNDP, OSF (2012). *Tools for Change: Applying United Nations standards to secure women’s housing, land, and property rights in the context of HIV.*
Available at: www.soros.org/sites/default/files/tools-for-change-20120416.pdf
- In Women’s Words*
ATHENA, Global Coalition on Women and AIDS, UNAIDS, UN Women. *In Women’s Words: A Dialogue for African Action*, 2011. Available at: www.athenainetwork.org/assets/files/womenswordsAFRICA_FINAL%20to%20print.pdf
Advancing our Action Agenda, 2011. Available at: www.athenainetwork.org/assets/files/FINAL%20HLM%202011%20Accountability%20Tool.pdf
Global Action Agenda and regional priorities and factsheets available at: www.athenainetwork.org/index.php?id=28



RESULT 2

All forms of violence against women and girls are recognized as violations of human rights and are addressed in the context of HIV.

Action 2.1 Advocate for and support the inclusion of HIV in the UN Secretary-General’s UNiTE to End Violence against Women campaign and support its implementation through a coalition of government and State actors, women’s groups, including female sex workers, women who use drugs, youth groups, women living with HIV and other stigmatized and marginalized groups, and development partners, as per technical guidance, based on the findings of national, regional and international research and promising programmes, including the WHO Multi-country Study on Women’s Health and Domestic Violence against Women and the Clinton Foundation/US Centers for Disease Control and Prevention/UN multi-partner initiatives to: i) raise awareness on violence against women and girls, as a cause

and consequences of HIV transmission, including sexual violence; ii) establish national data collection, analysis and reporting systems on violence against women and girls; iii) foster the development of national, comprehensive, evidence-informed responses to violence against women and girls, including sexual violence and violence against female sex workers and violence against women in prisons, conflict situations and emergencies, within the health sector and beyond; iv) integrate programmes to address and respond to violence against women within HIV prevention, treatment, care and support programmes, including access to emergency contraception, post-exposure prophylaxis and safe abortion, where legal.

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> Initiated multi-stakeholder joint programming on VAW in 10 pilot countries (Burkina Faso, Chile, Fiji, Jamaica, Jordan, Kyrgyzstan, Paraguay, Philippines, Rwanda and Yemen), bringing together UN country teams, governments and civil society resulting in the formulation of gender plans and the adoption of national legislation and policies. Developed joint technical advice documents on migration and mobility in the context of sex work; eliminating violence against sex workers; SRH and the human rights needs of sex workers; and enabling legal and policy environments. Integrated SRH/HIV/GBV in global HIV-emergencies and HIV-security forums, and in high level reports including the United Nations Secretary-General’s (UNSG) report on DDR and the revised DDR module on reintegration. Collaborated with UNDP and the Norwegian Defense College to strengthen staff capacity through delivery of the first training course on gender-DDR with a focus on SRH and HIV. 	<ul style="list-style-type: none"> Supported a multi-stakeholder consultation in St. Vincent for more than 15 Caribbean countries to share successful experiences in GBV prevention, including how HIV factors into the issue. 	<ul style="list-style-type: none"> Continue support to integrate violence against sex workers into the UNiTE campaign addressing VAW. Continue capacity strengthening of uniformed services on SRH, HIV and GBV in Latin America and Africa. Asia Pacific: Assess existing VAW and health models and approaches, and develop/strengthen VAW and health guidelines and protocols for screening, managing and referring VAW cases (in-line with WHO guidelines). Africa: Support development of a programming model for adolescents and young people in situations of commercial sexual exploitation.

CIVIL SOCIETY ACTION AT A GLANCE



Women Won't Wait

Women Won't Wait is an international coalition of organizations and networks working to promote women's health and human rights in the struggle to address HIV and AIDS and end all forms of violence against women and girls.

Women Won't Wait seeks to speed up effective responses to the linkages of violence against all women and girls and the spread of HIV.

The campaign's vision is to ensure:

- That women's and girls' human rights are respected, protected and fulfilled
- That women's and girls' vulnerability to HIV are reduced
- That there is an emphasis on building gender equality and women's empowerment in responses to HIV and violence against women and girls
- That violence against women infected and affected by HIV are addressed
- That there is greater public attention and political will to address gender-based violence.

In support of the *Agenda for Women and Girls*, the campaign was operationalized in eight countries (Brazil, DRC, Haiti, Indonesia, Peru, South Africa, Ukraine and Vietnam). This led to scaled up target advocacy at national and international level, including the UN Commission on the Status of Women, the UN High Level Meeting on HIV/AIDS and the UN High Level Meeting on Non-Communicable Diseases. The campaign made a significant contribution to action to achieve Recommendation 2, Result 2 of the *Agenda*, "All forms of violence against women and girls are recognized as violations of human rights and are addressed in the context of HIV".

<http://womenwontwait.org>

Result 2 All forms of violence against women and girls are recognized as violations of human rights and are addressed in the context of HIV.

Accountability 2.1 UN Secretary-General to communicate to UN Resident Coordinators by the first quarter of 2010 to request the inclusion of HIV in national UNiTE campaigns. WHO to support the inclusion of HIV in national UNiTE campaigns and its implementation by 2010, in the five countries already engaged, and to expand its support in line with the roll-out of the campaign.

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012-13
UNiTE Campaign, WHO	UN Women, Africa Regional UNiTE Campaign	UNHCR	////////////////////////////////////	<ul style="list-style-type: none"> Discussed with UNiTE Campaign Manager and partners to see how to better integrate HIV into UNiTE activities. UN Women: Communication with Africa Regional UNiTE Campaign to learn more about HIV activities integrated into campaign. 	////////////////////////////////////
		UNAIDS	<ul style="list-style-type: none"> AP: Regional and country levels launch. LA: Regional launch. ESA and WCA: Building on the African Chapter of UNiTE. Strengthened community structures in Côte d'Ivoire to support women living with HIV and victims of rape. 	<ul style="list-style-type: none"> Jamaica Community of Positive Women (JCW+): ICW Global/UNAIDS advocacy project, <i>I am Woman, Watch me Soar</i>, on eliminating violence against women living with HIV. 	////////////////////////////////////

Accountability 2.2 UNFPA to build the capacity of female sex workers to reduce violence against female sex workers as part of the five national UNiTE campaigns by 2010 and to expand its support in line with the roll-out of the campaign.

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012-13
UNFPA	UNDP, WHO	UNFPA	<ul style="list-style-type: none"> The UNAIDS Advisory Group on HIV and Sex Work facilitated policy dialogue with regional networks of sex workers from Africa, Asia Pacific, Europe, Latin America and North America. Four technical briefs drafted on policy to guide improved national responses to HIV and sex work. New sex work leaders developed through involvement with the Advisory Group, particularly for Africa and Asia Pacific. Fund capacity strengthening for NSWP. NSWP fully incorporated into all of UNFPA's work on HIV and sex work including joint missions, staff training, advocacy, policy development and decisions of programmatic and funding priorities, providing a clear example of the meaningful participation of sex workers in the response to HIV. 	<ul style="list-style-type: none"> The UNAIDS Advisory Group on HIV and Sex Work launched its report during the Programme and Coordinating Board of UNAIDS meeting in December 2011. It provides short guidance on key issues agreed through consensus between the UN, sex work networks and independent experts to inform national responses. The report includes four guidance papers for country level application: <ul style="list-style-type: none"> > Shifting the strategic focus from reducing demand to reducing the demand for unprotected paid sex. > The legal and policy environment and the rights of sex workers. > Differentiating sex work and trafficking. Too often sex work is seen as trafficking. > Economic empowerment for sex workers. 	<ul style="list-style-type: none"> Continue support to community-led organizations/networks to engage in programmes addressing HIV and SRH-needs of sex workers, including a regional capacity building workshop for sex worker network representatives from 18 Latin America countries and a regional multi-stakeholder meeting on HIV and sex work for eight countries in EECA. Support for community organizations of sex workers, including scholarships to the IAC Kolkata Hub for sex workers from nominated countries/regions through NSWP. Expand the End Violence Against Sex Workers Day to 16 days of activism in 20 countries. Training of law enforcement and health service providers at the municipal level on elimination of violence against sex workers.

Accountability 2.2 (continued)

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012–13
UNFPA	UNDP, WHO	UNFPA	<ul style="list-style-type: none"> The Asia Pacific Network of Sex Workers (APNSW) undertook case studies of sex workers from ethnic minority communities in four countries, resulting in the report, 'Multiple Discriminations of Ethnic Sex Workers'. It addresses the multiple vulnerabilities of ethnic minority sex workers and advocates for better inclusion in HIV programming. The collaboration, compilation, research, and analysis from this report was part of a larger process of strengthening networks and organizations of sex workers in the region. 	<ul style="list-style-type: none"> UNFPA led the establishment of the Caribbean HIV and Sex Work Technical Working Group (SWTWG) to enhance and accelerate mobilization around the response to HIV and sex work in the Caribbean, improving coordination and coherence, networking, and technical exchange. Key partners included; PANCAP, the Coalition of Caribbean Health Ministers, the Caribbean Coalition of National AIDS Programme Coordinators, the Caribbean Sex Workers Coalition, the Coalition of Caribbean Parliamentarians, the Caribbean Chief Medical Officers, the Caribbean Network of Persons Living With HIV (CRN+), CVC, CHAA, UNFPA, PAHO, UNDP, UNAIDS Secretariat, UNIFEM, CAREC, Caribbean Broadcast Media Partnership, and USAID among others. Two regional meetings held with a roadmap developed to frame work for the next biennium. A capacity building workshop for the Caribbean Network of Sex Workers held with 28 sex workers from seven countries to strengthen their network and to advocate for increased access to health services. A two-day meeting in the Caribbean brought together 52 programme managers from 11 countries as a part of the Regional Network of Programme Managers and Policy Makers responding to the need to advocate for better SRHR of sex workers. The Georgetown Declaration on HIV and Sex Work was developed, accepted and disseminated for advocacy as an outcome of the SWTWG. Sex workers from around the world supported to participate in the Regional Dialogues of the Commission on AIDS and the Law. Their input is reflected in the Report of the Commission. UNFPA funded UNDP to produce an advocacy film of the sex worker contribution to the regional dialogues for advocacy purposes. UNDP is supporting a mapping of laws, policies and access to justice affecting female sex workers in East and Southern Africa. 	<ul style="list-style-type: none"> Develop guidance on good practice and comprehensive response to HIV and sex work in Asia Pacific. Conduct regional research on violence against sex workers to inform policy and programmes (Myanmar, Nepal, Indonesia, Sri Lanka, Thailand). Support Ashodaya Academy, Regional Sex Work Learning Site Phase II on country capacity building for HIV interventions in the context of sex work.

Accountability 2.2 (continued)

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012–13
UNFPA	UNDP, WHO	UNFPA	(See above)	<ul style="list-style-type: none"> • Mauritius, Madagascar, Seychelles and Comoros supported to address violence against sex workers and provided seed funding to support sex work organizations and partners to develop a strong and coordinated End Violence Against Sex Workers 16 days of activism. A technical briefing paper on violence against sex workers developed by APNSW, UNFPA and partners for utilization in eight countries in Asia Pacific. • UNFPA ESA supported the Africa Sex Worker Alliance’s (ASWA) mission, strategies and network capacity review. ASWA to hire a lawyer in 2012 to assist in the development of a constitution and by-laws so that the network can register in South Africa and potentially in other countries where national chapters exist. UNFPA to organize a follow up capacity building workshop for ASWA to strengthen their SRHR programming, in addition to advocacy for the exercise of the human rights of sex workers. ASWA is currently funded by the Ford Foundation and OXFAM Novib with institutional strengthening grants. The UNFPA Country Offices in Kenya, Mozambique, Namibia, Malawi and Zimbabwe working closely with ASWA members. UNFPA Zimbabwe has the strongest sex worker programme in the region which provides services to at least 6,000 sex workers. Other countries plan to strengthen their sex worker programmes during 2012 including Mozambique, Rwanda, Kenya and Malawi. 	(See above)
		UNDP	<ul style="list-style-type: none"> • Capacity development of CSOs working with sex workers, lesbian and other women who have sex with women, gay, bisexual, transgender and intersex people (LGBTI) and networks of women living with HIV initiated in 2010 and ongoing in Fiji, Vanuatu, Samoa, Tonga, Papua New Guinea, Cook Islands. 	<ul style="list-style-type: none"> • Supported a mapping of laws, policies and access to justice affecting female sex workers in East and Southern Africa. • UNDP in partnership with UNFPA, supported the development of a sex worker-led methodology to conduct legal mapping. The methodology was successfully piloted and refined in Ethiopia, Malaysia, Fiji and Myanmar. • Participated in the UNAIDS Advisory Group on Sex Work, convened by UNFPA and NSWP, and led the development of guidance for UNAIDS on legal environments affecting sex workers. 	<ul style="list-style-type: none"> • UNDP RBEC: Preparation for the regional consultation on HIV and the sex work in EECA led by UNFPA. Attended the 2nd Organizing Committee meeting held on 24–26 April, 2012, Istanbul, Turkey. The consultation is planned for the first half of 2013 bringing delegations from eight countries in the region to further discuss strengthening the HIV prevention, treatment and care services for sex workers. The consultation will look to: i) support the promotion of human rights based and evidence-informed approaches; ii) increase visibility of HIV and sex work in the region;

Accountability 2.2 (continued)

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012–13
UNFPA	UNDP, WHO	UNDP	(See above)	<ul style="list-style-type: none"> In 2010 and 2011 UNDP collaborated with UNFPA, UNODC and the UNAIDS Secretariat to roll out the In-Reach training on strengthening HIV and human rights work with sex workers, people who use drugs, MSM and transgender populations for participants from nine UN Agencies from 34 countries (cross-reference with action 3.1 input from UNFPA). <p>• UNDP APRC in partnership with UNFPA Asia and the Pacific Regional Office (APRO), Partners for Prevention, Center for Advocacy on Stigma and Marginalization (CASAM) and APNSW is conducting a qualitative action research on 'Violence against sex workers: understanding factors for safety and protection'. The research project is under way in four countries (Indonesia, Myanmar, Sri Lanka and Nepal). The inception meeting for this research took place in October 2011, since then national working groups were formed in the four countries consisting of government (MoH, ministries of home affairs, ministry of women, NAP, etc.), relevant UN agencies and sex work community groups, and lead researchers were identified in the four countries.</p> <p>In August 2012 the training of trainers took place and in Q4 of 2012 most countries have obtained ethical clearance to pursue the research, have conducted extensive training with sex workers who will conduct the data gathering. In Indonesia data gathering and analysis has already taken place, and in Q1 of 2013 it will take place in the remaining countries. This study will be the first of its kind in having sex workers leading in the data gathering and working closely with the lead researchers for the data analysis. The outcome of this qualitative project will be a regional research that will identify the risks, safety and protective factors in those countries, followed by individual country research pieces. The findings will assist with evidence-based policy and programmatic action.</p>	<ul style="list-style-type: none"> iii) provide an opportunity for government-government dialogue; and iv) further strengthen networking among sex workers across the region. Support preparation of four papers highlighting the linkages between HIV and sex work: violence against sex workers; migration and mobility; punitive laws and policies; and health and rights of sex workers. National Dialogue meeting on HIV and sex work in Russian Federation 30–31 October, 2012. UNDP providing substantive and financial support to the meeting, mainly organized by UNFPA. A report on sex work and the law in Asia Pacific will be launched in Q4 of 2012. It includes description of the legal environments, human rights and HIV responses among sex workers in 48 countries of Asia Pacific. It has been conducted with UNFPA, in partnership with UNAIDS, APNSW and national sex work organizations.

Accountability 2.2 (continued)

LEAD AGENCY	PARTNERS	CONTRIBUTOR	2010	2011	2012–13
UNFPA	UNDP, WHO	UNAIDS	<ul style="list-style-type: none"> • AP: Regional sex work consultation (Cambodia, China, Fiji, Indonesia, Myanmar, Pakistan, PNG and Thailand). • ESA: Mozambique, Lesotho, Swaziland, Rwanda, Kenya, Uganda, Malawi, Namibia, Ethiopia, South Africa, Zimbabwe. • LAC: Peru, Panama. • WCA: Ghana, Togo, Guinea Bissau. 	////////////////////////////////////	////////////////////////////////////

RESULT 2 > SUMMARY OF LESSONS LEARNED AND KEY ACHIEVEMENTS

- Municipal level responses to HIV and sex work need to be strengthened. Sex workers and their clients clearly lack access to services in many municipalities and rural areas surrounding urban centres. The availability and quality of STI screening and syndromic and asyndromic management is poor in most settings outside major cities (and even within those cities).
- The lens of labour mobility needs to be applied to HIV and sex work. Both sex workers and their clients are frequently highly mobile, and many are undocumented migrants. Service provision in most countries does not meet the needs of these mobile populations and rarely take account of language and cultural differences. Very few countries are programming and implementing services along transport corridors and in border areas where sex work is common; the HIV risk and vulnerability in these settings is significant.
- Punitive laws, policies and practices continue to hamper HIV prevention and treatment efforts for sex workers around the world. Every region reports this as a major structural impediment to provide the level and types of services required to halt and reverse the HIV epidemic in the context of sex work.
- Working with sex workers' clients is insufficiently addressed. While scarce resources should not be drawn away from service provision for sex workers efforts to increase the health seeking behaviour of clients and that reinforce the need for clients to take responsibility for their own sexual behaviour are important.



RESULT 2 > RELATED RESOURCES

- UNAIDS (2009). *Guidance Note on HIV and Sex Work*. Available at: www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf
- UNAIDS (2011). *Regional Advisory Group on Sex Work Report*. Available at: www.hivalert.net/atomicDocuments/HIVAlertDocuments/20120118132730-UNAIDS%20-%20Advisory%20group%20report%20on%20HIV%20and%20Sex%20Work.pdf
- UNDP (2012). *Sex Work and the Law in Asia Pacific*. Available at: www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf
- GCWA. *Issues Brief: Women who use Drugs, Harm Reduction and HIV*. Available at: www.womenandaids.net/CMSPages/GetFile.aspx?guid=74d74180-8cba-4b95-931e-90bd0c4abef4&disposition=inline



RESULT 3

Women and girls have universal access to integrated multi-sectoral services for HIV, tuberculosis (TB) and sexual and reproductive health, including harm reduction and nutrition services and services addressing and responding to violence against women.

Action 3.1 Support the development, operationalization, utilization and monitoring of a national minimum package of integrated services for HIV, TB and SRH, including harm reduction services and services addressing and responding to violence against women and for the prevention of vertical transmission, and treatment, care, support and nutrition services, delivered through multi-sectoral HIV and primary health-care services, and strengthened referral systems, with the participation of women's groups, networks of women living with HIV, female sex workers and other stigmatized and marginalized groups.

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> Conducted consultation with 16 countries who had completed implementation of the Rapid Assessment Tool for SRH and HIV Linkages. Country summaries were developed to review the experiences of the countries engaged in the SRH and HIV Linkages Rapid Assessment Tool roll-out. The information gathered and generated through this assessment process helps to determine priorities and contribute to the development of plans and national frameworks for scaling up and intensifying HIV and SRH linkages. The lessons learnt also inform regional and global agendas level through the sharing of best practices and learning from the experiences of countries that have already begun to successfully link SRH and HIV. Eight of the country summaries were presented at the Interagency Working Group on Linkages and all 16 summaries were shared with representatives from the Rapid Assessment Tool country implementation teams who attended the consultation on the implementation of the Rapid Assessment Tool. Convened an Orientation Workshop in the African Regional Office on SRH/HIV linkages and integration, for 80 participants from government, civil society and the UN and involved in Global Fund programming in 18 countries attended. Co-convened 26th Programme Coordination Board's thematic session on linking SRH services with HIV interventions in practice and assessed the advantages and challenges of integrating services. 	<ul style="list-style-type: none"> Contributed to the <i>Global Plan Towards the Elimination of New Infections Among Children by 2015 and Keeping their Mothers Alive</i>, which calls for "HIV, maternal health, newborn and child health, and family planning programmes to work together, deliver quality results and lead to improved health outcomes". Contributed to a reconfigured IATT for the elimination of mother-to-child transmission (eMTCT) aligned with the Global Plan, ensuring harmony of goals, targets, and a rights-based approach, including coordination with maternal health initiatives (e.g. H5). Led the development of <i>Preventing HIV and Unintended Pregnancies: Strategic Framework 2011–2015</i> in support of the Global Plan and including rationale, package of services, key entry points, checklists for national implementation, and five strategies for implementing prongs 1 and 2 of eMTCT. (See Resources.) Countries are determining SRH/HIV linkages national priorities and shaping related national plans by starting with implementation of the <i>Rapid Assessment Tool for SRH and HIV Linkages</i>. 23 countries in 2010/11 have assessed linkages at the policy, systems and service delivery levels, to contribute to national plans to strengthen linkages. 16 country summaries developed highlighting the process, findings, lessons learned, recommendations and way forward (Bangladesh, Benin, Belize, Botswana, Burkina Faso, Côte d'Ivoire, Lebanon, Kyrgyzstan, Malawi, Morocco, Pakistan, Russian Federation, Swaziland, Tanzania, Tunisia and Uganda). To assess SRH/HIV linkages progress at country level, 17 impact assessments have been undertaken with the first phase of countries (Bangladesh, Benin, Belize, Botswana, Burkina Faso, Côte d'Ivoire, Lebanon, Kyrgyzstan, Malawi, Morocco, Pakistan, Russian Federation, Swaziland, Tanzania, Tunisia, Uganda and Vietnam). 	<ul style="list-style-type: none"> Undertake a process to identify and agree upon SRH/HIV indicators. Advocate for strengthening SRH and HIV linkages through organization of and participation in key events (e.g. FIGO, Rome; IAC, Washington DC; Impact for Integration consultation, Kenya; IAWG Linkages meeting) and provide technical assistance to selected countries through site visits. In all regions, support to additional countries to complete the implementation of the <i>Rapid Assessment Tool for SRH and HIV Linkages</i> and develop country summaries, including some targeted assessments on SRH/HIV for sex workers, young people and adolescents. Disseminate and support implementation of prongs 1 and 2 of the Strategic Framework and other related tools including tools for managers and providers. Prepare and disseminate examples of effective eMTCT/SRH integration, specifically disseminate the Swaziland prongs 1 and 2 case study and film <i>Lovewriter</i>. Co-convene with WHO and IPPF, the IAWG on SRH/HIV linkages to identify areas for and coordinate collaboration, share knowledge on linkages activities, discuss and undertake activities to address gaps, build and strengthen strategic alliances, and further the research agenda Update Linkages Resource Package (srhhivlinkages.org) Conduct impact study of sex work, injecting drug use, GBV and HIV in vulnerable island populations and identify specific SRH/HIV needs and how to address them.

Action 3.1 (continued)

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> The IAWG on SRH and HIV Linkages (co-led by UNFPA, WHO and IPPF) developed a linkages resource package (srhhivlinkages.org) to build a common understanding of SRH and HIV linkages, and provide an overview of the current status of linkages among key partners. UNFPA/UNAIDS developed a 7 million Euro proposal on linking SRH and HIV for Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe to be funded by the European Union for 2011 implementation. 	<ul style="list-style-type: none"> Regional SRH/HIV linkages consultations in AP, AS, EECA and ESA Regional Offices' Sub-Regional Capacity Building Meeting on eMTCT for strengthening national policies and programming for MDGs 3, 5 and 6. Regional consultation in EECA on upscaling user-friendly family planning (FP) services for people living with HIV (PLHIV) and key populations to reduce unintended pregnancies in these groups. Sub-regional capacity building workshop in ESA to strengthen policy and programme implementation of PMTCT prongs 1 and 2 (Angola, Botswana, DRC, Ethiopia, Kenya, Lesotho, Malawi, Namibia, Rwanda, South Africa, Swaziland, Uganda, Zambia, Zimbabwe). Improved access to resources on SRH/HIV linkages through the online IAWG portal www.srhhivlinkages.org. Qualitative interviews completed with young people living with HIV and representatives from key populations (including sex workers, MSM and serodiscordant couples) about their preferences and choices for accessing SRH/HIV integrated services in India, Kenya, Mexico, Swaziland and Sudan. Results triangulated with results from the <i>Stigma Index</i>, <i>Integra</i> initiative, <i>Rapid Assessment Tool</i>, IPPF Global Indicators and IPPF Service Statistics. In collaboration with the <i>Integra</i> initiative (led by IPPF, Population Council and LSHTM) in Kenya, Malawi and Swaziland, research results were analyzed on the cost benefits savings and efficiencies from linking SRH and HIV In collaboration with UNICEF and WHO, UNFPA organized a workshop on building the capacity of 48 health workers in Botswana, Lesotho, Malawi, Namibia, Rwanda, Swaziland, Uganda and Zimbabwe to provide prevention, care, support and treatment services to adolescents living with HIV, using the WHO IMAI course guidelines. As a result, two national workshops have been held in Zimbabwe and Namibia for key partners to review the achievements and challenges of responding to the needs of adolescents living with HIV, and identify priority activities to strengthen the national response. <i>Campaign for Accelerated Reduction of Maternal Mortality in Africa</i> (CARMMA) launched in 35 countries 	(See above)

Action 3.1 (continued)

AGENCY	2010	2011	2012–13
UNFPA	(See above)	<ul style="list-style-type: none"> • Supported Botswana, Lesotho, Namibia, Swaziland, Malawi, Swaziland, Zambia and Zimbabwe to secure European Union funding to strengthen SRH and HIV policy and service linkages/ integration as well as document lessons learned and best practices for replication region-wide to improve quality of national responses to SRH/HIV and inform decision making on funding allocation and policy choices and development. Relevant National Reference Committees, National Technical Advisory Committees and sub-committees (M&E and communication/advocacy sub-committees) were established to coordinate, provide technical support and M&E as well as oversee implementation. The committees supported the development of a detailed implementation plan for 2011–2014; inception reports, M&E frameworks, advocacy, communication and visibility plans. • The International Confederation of Midwives (ICM) Global Education Standards and the Essential Competencies of Basic Midwifery Practice (on which the Education Standards rely) were finalized in 2011. These include anti-natal care (competency 3), which includes treatment and support for HIV-positive pregnant woman including PMTCT measures. UNFPA is supporting 30 countries in ensuring that the midwifery curriculum is fully aligned with these standards and seven essential competencies. 15 countries have fully modified their curriculum to include all competencies. Several countries organized refresher training for practising midwives to upgrade their PMTCT skills. As part of the International Day of the Midwife, free screenings and treatment were provided to HIV-positive pregnant women. • A high level meeting was held at the Greentree Estate to accelerate progress on reproductive and neonatal health, with participants from UN partners and agencies, health ministers and senior health officials from six countries with large numbers of maternal and child deaths, the health cluster co-facilitator of the UNSG's MDG Advocacy Group and representatives from civil society. The meeting aimed to gain high level affirmation by countries and the UN of the central importance of expanding community-level access to midwifery resources, and to prioritize some of the key training, management and community mobilization actions needed. 	(See above)

Action 3.1 (continued)

AGENCY	2010	2011	2012–13
UNFPA	(See above)	<ul style="list-style-type: none"> The H4+/H5 Task Team addressing PMTCT: CIDA, signed a \$50 million, five-year agreement with UNFPA to accelerate progress in maternal, newborn and child health (MNCH) including PMTCT in all 49+ priority countries and to specifically support Burkina Faso, DRC, Sierra Leone, Zambia and Zimbabwe in accelerating the implementation of the commitments made to the Global Strategy. Focus will be on these five countries with lessons learned and evidence-based interventions used to scale up actions and commitments in the 49+ priority countries. Zimbabwe is addressing equitable access to quality and comprehensive services along the ‘continuum of care’ including improved integrated management of MNCH, reproductive and adolescent SRH and nutrition including a comprehensive PMTCT package of services at all levels. Documentation and dissemination of good practices and lessons learned in integrated SRH/maternal health/HIV prevention, including PMTCT scale-up and institutionalization of maternal death reviews to improve care, especially in emergency obstetric care, and HIV prevention proceeded in the ten focus countries of 2009 (Benin, Burkina Faso, Ethiopia, Malawi, Niger, Nigeria, Rwanda, Sierra Leone, Uganda, Zambia) and South Africa. 	(See above)
UNHCR	////////////////////	<ul style="list-style-type: none"> Integrated and strengthened linkages between SRH, nutrition and HIV in humanitarian situations to ensure that affected women and girls access the services, 	<ul style="list-style-type: none"> Strengthen linkages between SRH and HIV programmes for vulnerable women and girls in humanitarian situations, and ensure vulnerable women and girls in humanitarian emergencies have access to HIV prevention and response services. Provide continuity of ART for PLHIV at onset of humanitarian emergencies and improve access to care, support and treatment.
UNDP	<ul style="list-style-type: none"> Address stigma, discrimination and social determinants of most-at-risk populations in national AIDS plans, sector strategies or plans through multi-stakeholder partnerships implemented in 30 countries (Azerbaijan, Benin, Brazil, Burkina Faso, Côte d’Ivoire, Egypt, Ghana, Guatemala, Guyana, Honduras, India, Kazakhstan, Kenya, Kyrgyzstan, Lebanon, Mauritius, Mexico, Nicaragua, Nigeria, Saudi Arabia, Senegal, Sierra Leone, Syria, Tajikistan, Tanzania, Trinidad & Tobago, Tunisia, Ukraine, Uzbekistan, Yemen). 	<ul style="list-style-type: none"> With technical training, eight countries strengthened capacity to use intellectual property (IP) enforcement for cheaper access to essential medicines (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Zambia). This investment has set the scene for countries to actually make changes to IP laws in 2012/13 with UNDP support. 	////////////////////

Action 3.1 (continued)

AGENCY	2010	2011	2012–13
UNDP	<ul style="list-style-type: none"> 37 countries and three regions to implement policy guidance that addresses the vulnerability of MSM, transgender people or sexual minorities (Algeria, Argentina, Benin, Burkina Faso, Comoros, Costa Rica, Côte d'Ivoire, DRC, Ethiopia, Fiji, Guatemala, Honduras, Kenya, Lebanon, Lesotho, Madagascar, Malawi, Mauritius, Mexico, Morocco, Mozambique, Namibia, Nicaragua, the Philippines, Rwanda, Senegal, Seychelles, South Africa, Swaziland, Tanzania, Togo, Tunisia, Uganda, Ukraine, Yemen, Zambia, Zimbabwe, LAC Strategic Framework on MSM and Transgender People). In addition, UNDP collaborated with UNFPA, UNODC and the UNAIDS Secretariat to roll out the In-Reach training on strengthening HIV and human rights work with sex workers, people who use drugs, MSM and transgender populations for participants from nine UN Agencies from 18 countries (Zambia, South Africa, Ethiopia, Swaziland, Lesotho, Namibia, Comoros, Seychelles, Mauritius, Madagascar, Kenya, Mozambique, Rwanda, Uganda, Zimbabwe, Tanzania, Malawi, DRC). 	(See above)	(See above)
UNODC	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> 2013–2015: Standardize regional PMTCT in prison settings. Programming guidelines developed and adopted at national level (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia, Zimbabwe).
World Bank	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> In 2000 the Bank launched the Africa MAP (Multi-Country HIV/AIDS Programme), which led to an unprecedented surge in Bank AIDS financing – a total of new commitments of \$1.9 billion in five years in over 30 countries and five regional programmes – PMTCT services have been one of the key outcomes of the MAP. Indeed, since 2000, 1.5 million women have benefited from Bank financed PMTCT services. The provision of PMTCT services has facilitated the development of a whole package of prevention services for women, beyond mother-to-child transmission.

Action 3.2 Strengthen capacity and resources of and coordination among key ministries and national machineries for women to prioritize gender equality and the rights of women and girls in the context of HIV within their sectoral operational plans and budgets, in partnership with women’s groups, networks of women living with HIV and organizations of men and boys working for gender equality, in line with key global commitments on the rights of women and girls.

AGENCY	2010	2011	2012–13
<p>UNFPA</p>	<ul style="list-style-type: none"> • Provided support to the Committee on Economic, Social and Cultural Rights for the elaboration of a general comment on the right to SRH, which also covers the right to SRH of people living with HIV. 	<ul style="list-style-type: none"> • Supported the capacity of programmers and policy makers through a joint publication of a technical report on young people most at risk of HIV (MARYP). The report calls attention to young people aged 10–24 within populations considered most at risk of HIV; MSM, those who sell sex, and those who inject drugs. The report discusses the unique vulnerabilities of these young people, provides some successful programme examples from the field and makes recommendations to programmers and policy makers to empower community-based youth-led organizations to implement HIV prevention programmes. • Supported Asia Pacific capacity building for programming for MARYP in low and concentrated epidemics including through a short course for policy makers and programmers – 122 have taken the course. Eight countries developed and implemented programmes for MARYP (Indonesia, Iran, Mongolia, Nepal, Sri Lanka, Thailand, Timor-Leste and Vietnam). An EECA regional training resource for provision of services to MARYP was developed and delivered an initial training session to participants from Albania, Bulgaria, Georgia, Macedonia and Turkey. 	<p>////////////////////</p>
<p>UNDP</p>	<ul style="list-style-type: none"> • Supported national authorities and stakeholders in 26 countries to strengthen governance and coordination of HIV responses (Bangladesh, Djibouti, DRC, Egypt, Kenya, Kyrgyzstan, Lebanon, Lesotho, Libya, Malawi, Mozambique, Nicaragua, Peru, Palestine [oPt], Philippines, Papua New Guinea, Rwanda, Swaziland, Sierra Leone, Somalia, Tanzania, United Arab Emirates, Uganda, Ukraine, Yemen, Zambia). • Supported 42 countries and two regions to develop and/or implement HIV-related policies addressing gender equality in national AIDS programmes (Armenia, Belarus, Belize, Brazil, Cambodia, CAR, Costa Rica, Cote d’Ivoire, Croatia, DRC, Egypt, Ethiopia, Guyana, India, Kazakhstan, Kenya, Kyrgyzstan, Lesotho, Liberia, Libya, Lithuania, Macedonia, Madagascar, Malawi, Moldova, Montenegro, Morocco, Namibia, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Philippines, Rwanda, Russian Federation, Serbia, Suriname, Swaziland, Tanzania, Togo, Ukraine, Zambia, the African Union Gender Directorate and parliamentarian networks in WCA). 	<ul style="list-style-type: none"> • In collaboration with the Southern African Development Community (SADC) and other partners, UNDP has supported several countries (Zambia, Uganda, South Africa, Namibia, Lesotho and Botswana, with Rwanda, Mozambique and Zimbabwe potentially joining later) in the region to incorporate HIV and gender into the environmental impact assessments (EIAs) of capital projects. The rationale for this work is the understanding that many large capital projects can increase HIV susceptibility, partly through the impact such projects have on labour migration. Community HIV prevalence has been shown to be higher in areas proximal to such capital projects. The project consists of three main phases. The first phase – a legislative review and institutional capacity assessment – is completed and has informed country-specific action plans to carry the work forward. Regional EIA guidelines that incorporate HIV and gender are being developed and will be published soon. The project has the potential not just to protect many people from HIV infection in these countries but to also strengthen the capacities of environment ministries to conduct their core environmental impact assessments and to develop and implement effective mitigation plans. In fact, the work has now attracted the attention of the United Nations Environment Programme (UNEP), which wants to begin conversations on collaboration. 	<ul style="list-style-type: none"> • Findings of the discussion paper on HIV and VAW presented at the Regional Conference on Male, Youth and HIV and AIDS Networks towards the Prevention of Gender-based Violence, conducted by the ASEAN Commission of Women in November 2012. • Capacity building support provided to the Government of Cambodia to include HIV issues and key affected women and girls in the National Action Plan on violence-against-women.

Action 3.2 (continued)

AGENCY	2010	2011	2012–13
UNAIDS	<ul style="list-style-type: none"> In Honduras, supported the strengthening of knowledge of SRH among women in prison, and increasing the integral attention to HIV in prisons settings with the National Association of People Living with HIV/AIDS, Network of Honduran Positive Women, National AIDS Forum. 	<ul style="list-style-type: none"> Data obtained from the Costa Rica SRH national survey was used for the preparation of the country proposal to be submitted to the Global Fund. Through the Global Coalition on Women and AIDS (GCWA), and in collaboration with the International Network of Women who Use Drugs (INWUD), and the Women's Harm Reduction International Network (WHRIN), developed an issue brief <i>Women who Use Drugs, Harm Reduction and HIV</i>. 	<ul style="list-style-type: none"> Following the 2011 MDG 6 Forum, convened by the Russian Government, UNAIDS together with key governments, women's organizations and experts reviewed existing evidence on evaluated HIV interventions and related areas for women and girls in the region and developing, jointly with partners, technical guidance on a package of key HIV interventions for women and girls in the specific context of EECA. The purpose of the technical guidance is to support EECA countries in formulating an HIV response that takes into account the vulnerability of women and girls for HIV infection. Also, recommended interventions will guide all stakeholders active in the national and regional HIV response to plan and implement their HIV programmes based on most recent evidence on what works for women and what will have the best impact on women and girls in the concentrated epidemic of EECA countries.

Accountability 3.1 UN Joint Teams on AIDS in the 17 International Health Partnership and Related Initiatives (IHP+) countries* to support the development of a national minimum package of services by the end of 2010 and roll-out by 2011, with subsequent roll-out in an additional two countries per region per year.

LEAD AGENCY	CONTRIBUTOR	2010	2011	2012-13
UN Joint Teams		////////////////////////////////////	////////////////////////////////////	• Essential package of HIV interventions for women and girls in EECA, developed in collaboration with partners following Moscow MDG6 summit (currently being finalized).
	UNODC	////////////////////////////////////	////////////////////////////////////	• Provision of technical support to countries to ensure provision of integrated and easily accessible services for most-at-risk population in the community and in closed settings. Design and implement the programmes and strategies that will reach women and girls through gender sensitive services.

Accountability 3.2 UN Joint Teams on AIDS in the IHP+ countries support at least three key ministries (health, education and gender machineries) to implement sectoral operational plans addressing gender equality and the rights of women and girls in the context of HIV by the end of 2011. Subsequent roll-out to take place in an additional two countries per region per year.

LEAD AGENCY	CONTRIBUTOR	2010	2011	2012-13
UN Joint Teams			Cross reference with Recommendation 2, Result 1 (NSPs).	
	UNAIDS	////////////////////////////////////	• Review of linkages between MDGs 3, 4, 5 and 6. Global analysis conducted to support advocacy to ensure linkages in development agendas.	////////////////////////////////////
	UNHCR	////////////////////////////////////	• Advocated at key events and sensitization campaigns with governments and partners to support and strengthen the linkages between SRH and HIV and to ensure quality SRH/HIV services.	////////////////////////////////////

* Benin, Burkina Faso, Burundi, Cambodia, Ethiopia, Djibouti, Kenya, Madagascar, Mali, Mozambique, Nepal, Niger, Nigeria, Rwanda, Senegal, Uganda, Zambia.

RESULT 3 > SUMMARY OF LESSONS LEARNED AND KEY ACHIEVEMENTS

- Promoting the evidence for SRH/HIV linkages and integration underscores the similarities in goals and targets between SRH and HIV and fosters collaboration (e.g. recognition that HIV is leading cause of death among women of reproductive age, contributes to maternal mortality and family planning contributes to decreasing the numbers of HIV-positive infants, keeps mothers alive, and has intrinsic benefits to women).



RESULT 3 > RELATED RESOURCES

- UNFPA (2012). *Preventing HIV and Unintended Pregnancies: Strategic Framework 2011–2015*. Available at: www.unfpa.org/public/home/publications/pid/10575
- Integra initiative. www.integrainitiative.org
- Linkages resource package. www.srhshivlinkages.org
- UNHCR (2010). *HIV and sex work in refugee situation: a practical guide to launching interventions: an issue affecting women, men, girls, boys and communities*. The tool is intended to assist those working to slow transmission of HIV and other STIs in humanitarian settings. Available at: www.unhcr.org/4c7f94cd9.html
- ATHENA Network, UNAIDS (2011). *Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response*. Available at: www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110719_Community%20innovation.pdf
- Global Coalition of Women and AIDS (GCWA). *Issue Brief on Women who Use Drugs, Harm Reduction and HIV*. Available at: www.womenandaids.net/CMSPages/GetFile.aspx?guid=74d74180-8cba-4b95-931e-90bd0c4abef4&disposition=inline



CIVIL SOCIETY ACTION AT A GLANCE

Result 3 Women and girls have universal access to integrated multi-sectoral services for HIV, tuberculosis (TB) and sexual and reproductive health, including harm reduction and nutrition services and services addressing and responding to violence against women.

Lived experiences inform global policy

The Global Plan has been developed by UNAIDS to respond to the issue of vertical, or mother-to-child transmission of HIV. It provides a country level implementation framework and is calling on governments to integrate this framework into larger health and development frameworks. These should include clearly defined targets and milestones with the overall aim of achieving a 90% reduction in new acquisitions of HIV among children and a 50% reduction in AIDS-related maternal deaths.

ICW Global has been a partner in the Global Steering Committee, a reference group that provides guidance on the strategies and tactics to achieve this goal in such a way that the rights of women living with HIV are respected and that women and their families and communities are empowered to engage fully in ensuring their own health and that of their children through providing empowerment tools for women to access care, treatment and support. ICW Global has been able to draw on its regional coordinators and members in countries covered by the framework to provide grassroots advice based on the lived experience, knowledge and skills of women living with HIV and their care providers that is relevant to their cultural, social and political environments.

Community Innovation



The ATHENA Network and UNAIDS collaborated to identify key examples of community innovation to achieve sexual and reproductive health and rights through the HIV response, and vice-versa. In light of the Millennium Development Goals and the 2011 HLM on AIDS, this publication, *Community Innovation*, documents country experiences on how the promotion of gender equality, human rights and efforts to address HIV are all linked and benefit from joint action.

This document presents case studies pioneering community undertakings to advance women's sexual and reproductive health and rights through the HIV response and vice-versa, from different community perspectives. It recognizes that women face unique challenges to access and fulfill their SRHR, including gender-based violence, and therefore have less access to HIV prevention, care and support services. As such, it supports the achievement of Recommendation two, Result three of the *Agenda* "Women and girls have universal access to integrated multi-sectoral services for HIV, tuberculosis (TB) and sexual and reproductive health".

Access the publication at: www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110719_Community%20innovation.pdf

RESULT 4

Strengthened HIV prevention efforts for women and girls through promotion, protection and fulfilment of the human rights of women and girls and greater gender equality.

Action 4.1 Develop the capacity of national AIDS authorities and ministries of health to advance HIV prevention by incorporating gender equality into HIV prevention policies and programmes, including male and female condom distribution, safe and voluntary HIV testing and counselling, a gender equality education component as part of male circumcision counselling and services with subsequent follow-up, and comprehensive sexuality education, in collaboration with civil society.

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> Supplied the largest number of male condoms to low-income countries (680 million out of 2.7 million) and the second largest number of female condoms (FCs), 14 million in 2009 as compared to 14.9 million supplied by USAID. Partnered with WHO and FHI to train personnel from laboratories in Latin America and the Caribbean on the standards and specifications of the quality control of reproductive health commodities, including FC. Led to the establishment of two electronic networks of lab technicians – one for Latin America and one for Central America and the Caribbean – to share protocols and training materials in the regions. With WHO and FHI, UNFPA convened a FC workshop in which participants (manufacturers, donors and international agencies) agreed to develop a business plan to create a strategic and systematic process to support the research, design, manufacture, clinical evaluation, procurement and promotion of the FC. The <i>Condomize!</i> campaign at IAC 2010, a joint initiative (UNFPA, The Condom Project, Durex, SUPPORT, UAFC, AHF, PSI, Gobon/Guilin Latex Factory, CHANGE), raised awareness and destigmatized condoms; educated on the correct use; dispelled myths and misinformation; and distributed 1 million condoms in 100 hours. UNFPA, The Condom Project and Durex also established and promoted a web-based campaign to extend awareness and acceptance of condom use. Using social media has greatly increased the reach and immediacy of its life-saving information, behaviour change incentive and skills building techniques. 	<ul style="list-style-type: none"> Supplied the largest number of male and female public sector condoms to low-income countries in 2010 (840 million male condoms out of 2.8 billion and 9.8 million FCs out of 18 million). The Condom IATT Demand Generation Working Group (co-led by UNFPA and FHI, with representatives from Durex Network, PSI, SUPPORT, CEDPA, USAID, Columbia University, Johns Hopkins University and IPPF) developed and field-tested, with participants from 21 Dutch- and English-speaking Caribbean countries, a standard Condom Demand Generation Framework to customize effective male/female condom demand generation. A month after the field-validation workshop, three countries developed condom demand generation strategies. Eight of the 17 priority countries for young people started implementation of the framework, targeting young people. In 2010, final draft of international standard for FCs was circulated for review and approval by ISO Committee. WHO, UNFPA and FHI convened a workshop in Bangkok for manufacturers, donors and international agencies to review and discuss requirements and procedures to produce and procure quality assured FCs for the public sector. In 2011, the Female Condom Technical Review Committee comprised of internationally recognized experts drafted the first technical criteria for assessing products for approval for bulk procurement by international organizations and a consensus definition of clinically significant failure modes for FCs. This document is intended to facilitate approval processes of FCs in the pipeline. 	<ul style="list-style-type: none"> Continue support to countries, in all regions, to implement the comprehensive condom demand generation framework, specifically targeting young people and in the context of sex work. Lead the development of FC marketing strategies: recruit a vendor, organize and facilitate a NY review group consultation, participate in the field work in four countries to create national FC marketing strategies, participate at the Supply Coalition meeting to explore private sector interest in FC programming. Development of a concept note on <i>Condomize!</i> at the national level. Successful <i>Condomize!</i> campaigns held at IAC 2012 and AFRAVIH 2012 conference. Update the publication <i>The Female Condom; a powerful tool for protection.</i> (See Resources.) Development of a user-friendly guide on personal lubricants for condom users and service providers. Hold a lab technicians’ workshop on condoms and contraceptive standard and quality control in Morocco, Egypt, Algeria, Lybia, Tunisia, Sudan, South Sudan, Somalia, and Syria.

Action 4.1 (continued)

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> Safe sex kits (male and female condoms, information, education, communication [IEC] and referral information) were distributed in 11 Pacific Island countries and technical assistance for the development of a condom social marketing programme for the Pacific was provided. 	<ul style="list-style-type: none"> In 2010, UNFPA conducted two regional workshops (Ecuador and Dominican Republic) for national laboratories and regulatory authorities to address issues with commodity product rejection due to variations in the procedures, tests, testing standards and requirements. In 2011, the workshops were expanded to Africa where UNFPA trained 44 participants from 20 East and Southern African countries. In follow up, countries established networks of lab technicians to share protocols and training materials in the regions. At ICASA 2011, UNFPA and The Condom Project (in collaboration with ICASA Secretariat, DKT International, Family Guidance Association of Ethiopia, the Female Health Company and Populations Services International) made the <i>Condomize! Don't Compromise</i> campaign the most visible event of the conference. The campaign distributed 200,000 PSI condoms and 400,000 ICASA branded condoms, lubricants, 3,000 t-shirts, 6,000 educational CDs and 6,000 leaflets and 6,000 condom cases. In the community dialogue space thousands shared their challenges with inadequacy of condoms in Africa, inaccessibility of lubricants and FCs or the intolerance and violence against MSM or sex workers. At the Caribbean HIV Conference, 2,000 regional programme managers and policy makers were reached with condom innovations in social and behaviour change communication. Development and expansion of the allaboutcondoms.org web site, introducing the <i>Condomize!</i> online social networking campaign and a condom education programme with interactive games and educational materials in the six UN languages and sign language. 	(See above)
UNHCR	<p>////////////////////</p>	<ul style="list-style-type: none"> Support gender equity by integrating condom distribution to both women and men, equal access to VCT services and community sensitization targeting women and girls, men and boys in humanitarian situations. 	<ul style="list-style-type: none"> Promote gender equity in the integration of HIV and SRH services in humanitarian situations.

Action 4.1 (continued)

AGENCY	2010	2011	2012–13
UNDP	<ul style="list-style-type: none"> Supported 28 countries and two regions for design, implementation or evaluation of prevention, treatment, care and support programmes specifically intended to empower women and girls (Bhutan, CAR, Djibouti, DRC, Egypt, Ethiopia, India, Iraq, Kenya, Lesotho, Malawi, Madagascar, Morocco, Namibia, Nigeria, Mexico, Palestine (oPt), Papua New Guinea, Philippines, Rwanda, Swaziland, Tanzania, Trinidad & Tobago, Tunisia, Uganda, Ukraine, Yemen, Zambia and two regional networks [ICW Latina, CRN+]). Core unified budget and workplan (UBW) resources were used to support national networks of women and girls living with HIV to report on MDGs in 14 countries (CAR, Egypt, India, Lesotho, Mexico, Nigeria, Papua New Guinea, Ukraine, Swaziland, Trinidad & Tobago, Tunisia, Uganda, Yemen). Core and supplemental UBW resources were used to enhance national programming to address women, girls and gender equality through the <i>UA Now!</i> Initiative (India, Ethiopia, Madagascar, Malawi, Namibia, Kenya, Rwanda, Swaziland, Tanzania, Zambia). 	<ul style="list-style-type: none"> The HIV epidemic affects women disproportionately both through biological vulnerability and also through gender inequality. This leads to GBV and gender-based discrimination, which both exacerbate vulnerability to HIV. As a result of UNDP technical support, 10 National AIDS Councils in the region have stronger capacity to integrate gender into NSPs for 2012. 	<p>////////////////////</p>
UNAIDS	<ul style="list-style-type: none"> In Serbia, upgraded capacities of relevant stakeholders for gender sensitive approaches to HIV prevention. In China, supported policy formulation on discordant couple treatment and treatment as prevention. 	<ul style="list-style-type: none"> In Fiji, developed and implemented effective and evidence informed prevention strategies and methods to reduce HIV transmission within intimate relationships. In Lebanon, supported the mobilization of a VCT outreach clinic in Beirut targeting women and MSM. In Thailand, addressed the feminization of HIV through research into gender power dynamics within marriages and serodiscordant couples and the implications of finding for Thailand's Plan of Action. In Peru, awareness raising and social mobilization about women's empowerment and human rights, targeted both the general population as well as female sexual workers and transgender people. 	<p>////////////////////</p>
UNESCO		<ul style="list-style-type: none"> Publication in 2011 of <i>Good Policy and Practice in HIV and Health Education 8: Education Sector Responses to Homophobic Bullying</i>, based on the findings of the UN's first-ever international consultation to address homophobic bullying in educational institutions. A launch meeting in May 2012 brought together stakeholders (CSOs from Brazil, Turkey, Europe and USA working on homophobic bullying issues, and government officials from Namibia, Europe and USA). A lesson plan, for primary and secondary levels to address issues of discrimination and homophobic bullying, was co-developed with the IDAHO Committee. In China, technical advice provided for an online survey on homophobic bullying; the results were used for IDAHO advocacy events, reaching 300 people directly, and a further 20,000 through the media. In Thailand, supported the Rainbow Sky Association's national event against homophobia and launched a film (in English and Thai) highlighting the challenges faced by LGBT students and practical steps taken in Thai schools. Provided technical support for a study to review evidence of homo- and transphobic bullying in Thai educational institutions and make recommendations for UNESCO's response. 	

Action 4.3 Advocate for and support access to country-level comprehensive sexuality education that promotes gender equality and human rights and that equips youth with the evidence-informed knowledge, skills and resources necessary to enable them to make responsible choices about their social and sexual relationships, for young people of all age groups, in school and out of school, including through: i) National legislation/policy change for comprehensive sexuality education, as required; ii) Development, revision, monitoring and

gender-sensitive evaluation of adolescent and youth-friendly curricula, with the participation of adolescents and young people; iii) Designing and launching mass media national campaigns to reach parents, out-of-school youth and the general public with messages about comprehensive sexuality education and gender equality; iv) Supporting regional economic commissions to monitor and share lessons learned between governments on the roll-out of comprehensive sexuality education.

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> Conducted a regional workshop to provide guidance on implementing <i>UNFPA's Framework for Action on Adolescents and Youth</i> in the areas of supportive policy making, sexuality education, SRH services including HIV, and youth participation resulting in the development of Country Action Plans for 10 countries in Asia. 	<ul style="list-style-type: none"> UNFPA, in collaboration with the East and Southern Sub-regional Office, UNICEF and UNESCO, organized a capacity building workshop of 70 curriculum development specialists from the ministries of education and UN staff responsible for youth from 10 countries (Botswana, Kenya, Namibia, Lesotho, South Africa, Uganda, Zambia, Zimbabwe, Swaziland and Malawi) to design and implement effective sexuality education and HIV prevention among young people in the educational settings. As a result, Lesotho and Swaziland are in the process of revising their sexuality education curricula. 	<ul style="list-style-type: none"> All regions: Continued support to countries to design and implement comprehensive age-appropriate sexuality education programmes, including out-of-school young people and adult education, and assessments of the status of sexuality education in select countries in EECA, Africa and Asia Pacific. Finalization of the <i>Strategy on Sexuality Education</i>. International technical consultation on scaling up coverage and improving quality of schools-based sexuality education. Support for the <i>Re-thinking Sexuality Education</i> project of the Population Council. In Africa, develop adapted sexuality education curricula for young people living with HIV (YPLHIV).
UN Women	<p>////////////////////</p>	<ul style="list-style-type: none"> In Morocco, supported ALCS (Association de Lutte contre la Sida) with basic knowledge on VAW in order to provide specific information to users of the NGO services (sex workers, young people). This allows for more comprehensive sex education for young people, including about VAW. 	<p>////////////////////</p>
UNAIDS	<p>////////////////////</p>	<p>////////////////////</p>	<ul style="list-style-type: none"> Provide advocacy and leadership skills to women living with HIV and strengthen their networks in order to empower them to become effective actors in shaping the national HIV response, including developing strategies to better address the sexual and reproductive health rights and needs of women living with HIV at national, provincial and district levels in Rwanda. Working with FRSL+ /RW (Rwanda Woman Living with HIV/AIDS in the Fight Against AIDS).
UNESCO	<p>////////////////////</p>	<ul style="list-style-type: none"> Publication of <i>Good Policy and Practice in HIV and Health Education, Booklet 7: Gender, HIV and Education</i> and <i>Booklet 8: Education Sector Responses to Homophobic Bullying</i>. In ESA, three training workshops on sexuality education reached 153 participants from 15 countries, including UNESCO staff, UN, Ministry of Education and civil society counterparts (national and sub-regional workshops in Zambia and sub-regional in Tanzania, May 2012). The workshops involved curriculum developers with the aim of strengthening sexuality education curricula in schools, and included sessions on teacher training in sexuality education. Through these workshops and a previous one in 2011, 100% of UNESCO staff working on HIV and AIDS in ESA have been trained on sexuality education programming. 	

Action 4.3 (continued)

AGENCY	2010	2011	2012–13
UNESCO	(See above)	(See above)	<ul style="list-style-type: none"> • An International Technical Consultation on Scaling Up Comprehensive Sexuality Education (Paris, March 2012), brought together 40 international experts from multi-, bi-lateral and CSOs, government representatives and young people living with HIV. The resulting report published online June 2012. Based on extensive review and documentation of country experience, this publication provides national education policymakers, programme developers and planners with a conceptual framework, strategies and pathways to scaling up school-based comprehensive sexuality education (CSE). Work to disseminate evidence on CSE at global level included translations published of the Executive Summary (French, Spanish and Portuguese) and a Policy Brief on Cost- and Cost-Effectiveness of Comprehensive Sexuality Education Programmes, and an updated CD-Rom of UNESCO resources on sexuality education. • Building on processes in Latin America and Asia, UNESCO is working to build high-level political commitment for CSE in ESA through the development and launch of an education and health ministerial commitment process to support the scaling up of national responses to young people's needs for SRH education and services. A concept note agreed upon by key partners (UNAIDS, UNICEF, UNFPA, SADC Secretariat, GIZ); partnership funding secured from GIZ/German Ministry for Economic Co-operation, with additional funding under negotiation from SIDA; a High-Level Group established, comprising 12 influential experts from the ESA region to advocate and lead the process, plus a supporting Technical Coordinating Team; and a research institute will be selected by end-June 2012 to conduct a regional diagnostic study on the status of sexuality education and SRH needs and responses in 20 ESA countries. • Supported the incorporation of CSE in key policy documents in Kenya, and reviewed CSE curricula in 10 countries in sub-Saharan Africa (Botswana, Cape Verde, Lesotho, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe), and in collaboration with UNFPA in a further five countries in West and Central Africa (the Gambia, Ghana, Liberia, Nigeria and Sierra Leone). A toolkit for designing CSE curricula was developed in East and Southern Africa, and a peer review mechanism set up for the review of newly developed curricula. UNESCO's Sexuality Education Review and Assessment Tool (SERAT), has been validated by headquarters, has been adopted by UNFPA and is being adapted in collaboration with IPPF to analyse CSE in non-formal settings. SERAT will be made available publicly in July 2012. • In EECA, follow-up work to the 2011 resolution on CSE adopted at the Regional Prevention Education Conference in Almaty includes supporting the development of advocacy briefs and resources for pre- and in-service teacher training, sensitizing parents to the importance of CSE, and raising young people's awareness via the Internet, social media, peer-to-peer outreach and broadcast media. As a result of a survey in Russian and Ukraine into parents' information needs and preferred sources, UNESCO has partnered with PSYCHOLOGIES magazine to publish articles and a guide in both its printed and online versions. The print magazine is read by an estimated 600,000 people across the region, while its website receives 2 million visits per month.

Action 4.3 (continued)

AGENCY	2010	2011	2012–13
UNESCO	(See above)	(See above)	<ul style="list-style-type: none"> • Publish with GNP+ a guidance document on meeting the needs of young people living with HIV (YPLHIV) in the education sector – the first of its kind to analyse the educational experiences of YPLHIV from a global perspective. • Work at country level, includes collaboration with SAfAIDS to build 'Young Positives Friendly' educational spaces, providing safe school spaces and empowering YPLHIV in Southern Africa, developing materials to reduce stigma for teachers and learners living with HIV through the PhotoVoice concept, and a treatment literacy toolkit for YPLHIV.

Accountability 4.3 (continued)

LEAD AGENCY	CONTRIBUTOR	2010	2011	2012–13
UNESCO	UNCHR	////////////////////////////////////	<ul style="list-style-type: none"> Support country-level implementation of the International Technical Guidance on Sexuality Education (ongoing work in Botswana, Kenya, Malawi, Zambia, Zimbabwe, Lebanon, Chile, Mexico, Cambodia, China and others). 	////////////////////////////////////
	UNESCO	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> In Asia, working with the ministries of education in Indonesia and the Philippines to develop supplementary training materials based on the International Technical Guidance on Sexuality Education. In China, UNESCO revised its <i>Student Reference Book on Sexuality Education</i> and provided technical support for the preparation of a teacher training workshop to be held in August 2012. In Thailand, working with national partners and PLAN Thailand to support a sexuality programme targeted at Burmese youth in Tak province.

Accountability 4.4 UNESCO to support Member States and other key partners to improve and introduce quality sexuality education in at least four countries per region by 2012.

LEAD AGENCY	CONTRIBUTOR	2010	2011	2012–13
UNESCO	UNCHR	////////////////////////////////////	////////////////////////////////////	<ul style="list-style-type: none"> Support country-level implementation of the International Technical Guidance on Sexuality Education (ongoing work in Botswana, Kenya, Malawi, Zambia, Zimbabwe, Lebanon, Chile, Mexico, Cambodia, China and others).

RESULT 4 > SUMMARY OF LESSONS LEARNED AND KEY ACHIEVEMENTS

- Cost and availability remain the main obstacles to wider use of the female condom. High level political support is lacking or insufficient in many countries. FCs are often not included in the national essential drug lists nor accompanied with a budget line in national budgets.
- Taxes and tariffs are imposed on condoms in some countries and in others restrictive policies prevent access to condoms to some segments of the population. The main challenge to comprehensive condom programming is lack of financial resources – most programmes are largely supplied with donor funds that tend to only support commodity procurement with minimal budget to motivate users, strengthen service providers and develop IEC materials.
- Working in close collaboration with social marketing organizations has proven to be very beneficial. Promotion is key to creating demand for male and female condoms, to design attractive packages, sensitive messages, awareness campaigns and to engage the media.
- Most countries are challenged to estimate their condom consumption, which leads to condom stockouts. Other countries delay condom distribution because of long regulatory processes to control the quality of the commodities.
- There is no substitute for direct engagement of key populations in challenging and changing attitudes, and shaping rights-based approaches. Ensuring that the greater involvement of PLHIV (GIPA) principle is adhered to, including supporting participation at key events and in working groups, is of uttermost importance.
- In 2011, the IAWG on HIV and GBV in Humanitarian Emergencies for ECA noted an increase in stakeholder participation and prepared advocacy material for the regional humanitarian partnership forum for supporting the mainstreaming HIV and GBV in the regional response to the drought situation. The group conducted a satellite session on HIV in emergencies in the region at ICASA 2011 to disseminate lessons learnt and to advocate for more involvement of regional actors in addressing HIV and GBV in emergencies. In August 2012, a regional workshop on lessons learned and planning was conducted, bringing together 52 participants from East Africa. Participating countries shared their experiences and highlighted effects of the drought on vulnerable populations, including women and children. Outcomes were: Kenya established a steering committee to carry out an interagency assessment; Ethiopia established a task force to carry out partners' capacity development; Djibouti will formalize the Division of Labour; and participating countries developed a work plan on how to integrate HIV in different sectors.

RESULT 4 > RELATED RESOURCES

- UNFPA (2011). *HIV Prevention Gains Momentum: successes in female condom programming*. Case studies of selected countries such as Zimbabwe, Myanmar, Nigeria and the Caribbean where government, civil society and the private sector join efforts to educate the public and to empower individuals, especially women, to insist on their right to protect their health through correct and consistent condom use.
Available at : www.unfpa.org/public/cache/offonce/home/publications/pid/7668
- UNFPA condom campaign
www.allaboutcondoms.org
www.thecondomizecampaign.org
www.keycorrespondents.org/2011/12/08/condom-campaign-for-africa-launches-at-icasa-2011/
- UNFPA (2007). *Framework for Action on Adolescents and Youth*. Available at: www.unfpa.org/webdav/site/global/shared/documents/publications/2007/framework_youth.pdf
- UNFPA (2010). *Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health*. A report from an international consultation to review current evidence and experience.
Available at: www.unfpa.org/webdav/site/global/groups/youth/public/Comprehensive%20Sexuality%20Education%20Advancing%20Human%20Rights%20Gender%20Equality%20and%20Improved%20SRH-1.pdf
- For more information on Population Council's, *Re-thinking Sexuality Education* project, see: www.popcouncil.org/projects/102_RethinkingSexEd.asp.
It's All One Curriculum guidelines and activities can be downloaded at: www.popcouncil.org/publications/books/2010_ItsAllOne.asp
- GCWA, AIDS Legal Network, South Africa. *Building women's meaningful participation in the scale-up of prevention of vertical transmission programmes*.
Available at: www.womenandaids.net/CMSPages/GetFile.aspx?guid=c7ce0acd-8ac1-4c34-9098-c77096279025&disposition=inline

MAPPING OF RECOMMENDATION 3

RESULT 1

Women and girls are empowered to drive transformation of social norms and unequal power relations, in the context of HIV.

Recommendation 3 Champion leadership for an enabling environment that promotes and protects the human rights of women and girls and their empowerment, in the context of HIV, through increased advocacy and capacity and adequate resources

Action 1.1 Strengthen capacity and facilitate coalition-building among women’s groups, networks of women living with HIV, organizations of men working for gender equality, AIDS activists and human rights groups to create a social movement to reduce stigma and discrimination and advocate for and advance gender equality and women’s rights and empowerment for women in the context of HIV.

AGENCY	2010	2011	2012–13
UNFPA	<p>////////////////////</p> <ul style="list-style-type: none"> With UNFPA support, Youth LEAD was initiated by Seven Sisters (the Coalition of Asia Pacific Regional Networks on HIV/AIDS) in 2010 to strengthen the leadership and advocacy skills of young people from key populations. A network of focal points in over 15 countries support each other to raise the issues of young key affected populations at national and regional level. Youth LEAD has successfully participated in multiple high-level policy events, including the Asia Pacific Regional Consultation on Universal Access to HIV Prevention, Treatment, Care and Support where they successfully convinced government delegates to include wording in the consultation resolution on removing restrictions for young key affected populations accessing HIV prevention services such as age restrictions and mandatory parental consent. Provided financial support for capacity building of the HIV Young Leaders Fund, which is enabling a new leadership among young people most affected by HIV. The Fund has provided 23 grants to community projects in 19 countries since 2010 and is encouraging youth-led initiatives in advocacy, peer-based services and community mobilization. Young people determine where grants go and also provide technical support. 	<ul style="list-style-type: none"> The human rights of PLHIV and key populations were advanced and stigma addressed through: partnerships with GNP+, ICW, NSWP, MSMGF, INPUD; the production of <i>HIV Prevention Report Cards for Key Populations</i> and <i>What Works</i> series (Afghanistan, Cambodia, India, Indonesia, Iran, Macedonia, Mozambique, Nigeria, Pakistan and Surinam); production of <i>Love, Life, and HIV</i> DVD toolkit and; the roll-out of the <i>Stigma Index</i> in India, Kenya, Mexico, Swaziland and Sudan. A consultation in ESA on the <i>Agenda for Women and Girls</i> contributed to the HLM in New York and led to the establishment of a high level task force on women, girls, gender equality and HIV launched at ICASA 2011, along with the paper ‘Sexual Reproductive Health, Gender Equality and HIV’. 	<ul style="list-style-type: none"> Continue support in all regions for strengthening key populations’ networks, organizations and coalitions to reduce their vulnerability to HIV. <p>////////////////////</p>

Action 1.1 (continued)

AGENCY	2010	2011	2012–13
UNAIDS	<ul style="list-style-type: none"> • In Chad, capacity strengthening of RNTAP+ (National Network for People Living with HIV in Chad) to provide psychosocial care, empowerment and enhancement of self-esteem, and learning basic craft techniques. • In Guinea, strengthening of leadership of women in the national response to HIV: 35 women and girls trained on HIV counselling; 30 sex workers trained on HIV and sexual health. • In Honduras, strengthening the Honduran Positive Women Network and other support groups: strengthened recognition of the network in political and policy making fora; advocated successfully to integrate the rights of women living with HIV into the policies of the National Aids Authority, the Secretary of Education, the National Institute of Women (INAM) and national bodies on human rights. • In India, supported capacity development of HIV CSOs by: <ul style="list-style-type: none"> > enhanced gender responsiveness of national AIDS and economic empowerment programme for addressing women's vulnerability to HIV > production of policy briefs on GBV and HIV > creating a pool of master trainers on gender and HIV created in NIPCCD > enhanced capacities of NACO, MWCD, SACs along with their implementing NGO partners for integrating gender and HIV in programming as per gender guidelines of NACO. 	<ul style="list-style-type: none"> • Financial and technical support to Salamander Trust and ATHENA Network to convene Women's Networking Zones (WNZs) at the IAS Pathogenesis conference in Rome, and ICASA in Addis Ababa. Also supported the participation of young women living with and affected by HIV at both conferences through the <i>Young Women's Leadership Initiative</i> in partnership with ATHENA and the National Network of Positive Women Ethiopians • Support to global agenda setting events including the International Women's Summit 2011 and the Women Deliver Summit 2010. • In the Gambia, supported <i>Gender and HIV: Addressing the Vulnerability of Women and Girls</i> project: <ul style="list-style-type: none"> > built the capacity of PLHIV and MARPs (such as commercial sex workers, gatekeepers, beach boys some of who double as MSM) to assess their own vulnerability to HIV > The Gambia Teacher's Union (GTU) has integrated information on HIV into its training manual and handbook for teachers > Built capacity of Mutapola (women living with HIV group) and the secretariat now has HIV-positive women with skills in leadership and management, secretarial, financial management and accountancy. • In Benin, a <i>Knowing your epidemic, knowing your response</i> study provided understanding of the factors that increase women and girls' risk and vulnerability to HIV. The needs, demands and of women and girls are being integrated and addressed in the new AIDS NSP, currently under development and the resources allocated accordingly. • In Nicaragua, the Medica campaign <i>Artistas por la Vida (Artists for Life)</i> was designed and launched aimed at strengthening the national HIV prevention agenda with emphasis on human rights and gender through the arts. 	<ul style="list-style-type: none"> • Launched the GlobalPower Africa Women Network in May 2012 – a high level political platform of elected and appointed women representatives who are strategically positioned to advocate for the advancement of gender equality, women's empowerment and SRHR in Africa, focusing on the vulnerability of girls and women to HIV.

CIVIL SOCIETY ACTION AT A GLANCE

Action 1.1 Strengthen capacity and facilitate coalition-building among women's groups, networks of women living with HIV, organizations of men working for gender equality, AIDS activists and human rights groups to create a social movement to reduce stigma and discrimination and advocate for and advance gender equality and women's rights and empowerment for women in the context of HIV.



A space for sharing and learning

Women's Networking Zones (WZNs) have run parallel to main international and regional AIDS conferences since 2000. The WZN provides an alternative, inclusive space where community members, advocates, policy analysts, decision-makers, service providers, and researchers can share and learn together.

WZN is dedicated to promoting the meaningful involvement and leadership of women and girls; especially those living with HIV and other key affected women, including young women, women who use drugs, lesbian, bisexual or transgender women, caregivers, and sex workers. It fosters dialogue, forges new networks, raises the visibility of issues relating to HIV, and promotes the exchange of experiences, abilities and knowledge at the global level.

As a vibrant physical and shared political space, the WZN allows women in all their diversity, especially from the local community, to:

- claim ownership and leadership
- define priority issues, including marginalized, taboo, and/or emerging issues impacting girls and women
- present community-identified and -driven solutions, and examples of good practice for replication, scale up, and partnership building
- build and strengthen dialogue, partnerships and networks
- increase knowledge, skills and advocacy experience, particularly in the arena of SRHR of women and girls in the context of HIV.

For more information, evaluations and reports on the last seven WZNs visit:
<http://athenanetwork.org>

CIVIL SOCIETY ACTION AT A GLANCE

MENA-Rosa: Standing Up Speaking Out

In *Standing Up, Speaking Out*, 140 women living with HIV from ten countries in the Middle East and North Africa (MENA) express the realities that shape the hopes and grievances of their lives. The voices in the report belong to members of MENA-Rosa, the first regional group dedicated to women affected by HIV.



Through face-to-face meetings, and long-distance networking, MENA-Rosa offers women living with HIV an opportunity to talk about their many trials, and occasional triumphs, in dealing with HIV, from medical matters to family affairs. But for change to take root in their personal lives, the members of MENA-Rosa are looking to fix the big picture, raising awareness among key decision makers of their many needs, and mobilizing money to reach their goals.

Of the estimated 470,000 people living with HIV in MENA, approximately 40% are women. In a region that remains one of the only two where HIV infections and AIDS-related deaths continue to rise, the new report sheds light on a

complex set of social, cultural and economic factors that leave women most vulnerable to infection.

The report, published with the support of UNAIDS, stresses that women engaging in risk-related behaviour, including sex work and injecting drug use, without adequate protection are wide open to HIV infection. Some women are infected through their husbands and others through harmful traditional practices such as early marriage. Economic dependency, which reduces women's power to negotiate safe sex or to leave violent relationships, is also associated with heightened risk of HIV infection. Gender-related violence runs deep in MENA as indicated by a number of national surveys. As such it directly addresses Recommendation 2, Result 3 of the UNAIDS *Agenda*, "empower women and girls drive transformation of social norms and unequal power relations".

The report compiles the changes and recommendations put forward by women living with HIV in the MENA region. Some of these changes include improved access to quality education and employment for girls and women; guaranteed access to the best available care for HIV, including sustained antiretroviral therapy; special training of doctors, nurses to reduce stigma and discrimination towards people living with HIV; and better access to sexual and reproductive health information and services, including HIV prevention and testing, for both married and single women.

Action 1.1 Strengthen capacity and facilitate coalition-building among women's groups, networks of women living with HIV, organizations of men working for gender equality, AIDS activists and human rights groups to create a social movement to reduce stigma and discrimination and advocate for and advance gender equality and women's rights and empowerment for women in the context of HIV.

Action 1.2 Advocate for and support ministries of social welfare to put in place specific policies and programmes, such as microfinance and social protection schemes, that decrease women’s economic vulnerabilities and realign the burden of care between men and women, specifically targeting HIV-positive women and unpaid caregivers in order to reduce their vulnerability to, and the impact of, HIV.

AGENCY	2010	2011	2012–13
UNCHR	////////////////////	<ul style="list-style-type: none"> • Advocated for the inclusion of women at higher risk affected by humanitarian situations into country-social benefits. 	<ul style="list-style-type: none"> • Joint UNHCR, UNICEF, WFP, World Bank support for the implementation and scale up of HIV-sensitive social transfers (cash, food and vouchers) including for HIV-affected populations of humanitarian concern. • Advocate for systems of social standard and benefits to include all persons of concern including PLHIV in countries hosting forcibly displaced populations.
UNDP	////////////////////	<ul style="list-style-type: none"> • Published <i>The Socio-Economic Impact of HIV at the Household Level: A regional analysis of the impact on women and girls</i>. The report covers Cambodia, China, India, Indonesia and Viet Nam, and provides first hand evidence on the disproportionate impact of the HIV epidemic on women and girls. • E-discussion conducted on the findings of the Community of Practice on HIV, gender and human rights. • Results of the assessment of the regional socio-economic empowerment initiative for women living with and affected by HIV in Cambodia and India were compiled. Additionally, a regional mapping of socio-economic empowerment initiatives for women living with HIV was carried out. 	<ul style="list-style-type: none"> • UNDP India: As part of efforts to support NACO under the social protection strategy, UNDP with Positive Women’s Network (PWN) is implementing a CBO-led direct implementation and facilitation model in two districts in the States of Maharashtra (Nagpur district) and Rajasthan (Ajmer district). The activities are rolled out from District Women Information Centres (WICs), housed under the district level women’s networks. The WICs mobilize communities from various avenues i.e. targeted intervention programmes, health services, other networks and NGOs. The WIC acts as a catalyst, bridging the gap between community and services. The WICs provide information of entitlements and services available from the government, encourage and support the application process, support in terms of finance, and coordinate at the local level to improve access for women and children. A strong component of the programme is advocacy at district level to ensure the reduction of HIV related stigma and the confidentiality of applicants. • UNDP APRC: Plans to conduct a study on the impact of HIV at household level on women and girls in Myanmar. The findings will feed into the CEDAW reporting process.
World Bank	////////////////////	<ul style="list-style-type: none"> • Provides major support to social protection programmes at the request of countries. From 1998 to 2011, the Bank committed about \$30 billion to finance Social Protection Lending (SPL) programmes in developing and emerging countries, representing about 7% of total World Bank-wide lending commitments. In FY11 alone, the sector committed over \$4 billion in lending. The Bank recently completed an assessment of safety nets, poverty and HIV/AIDS in Botswana, Namibia and Swaziland, three middle income countries in Southern Africa with some of the highest HIV rates in the world and where formal and informal safety nets are overwhelmed by this prevalence. Following the internal guidelines of gender mainstreaming, Bank Social Protection programmes integrate a strong focus on gender issues and the particular needs of women and girls 	////////////////////

Action 1.3 Convene country-level dialogues between organizations working for women’s rights, networks of women living with HIV and organizations working with men and boys for gender equality to generate shared parameters and principles for engaging men and boys and to develop strategies to address social norms around gender and sexual relationships in ways that reduce violence, address stigma and discrimination and promote respect for the rights of women and girls, as part of HIV prevention.

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> Assessed stigma experienced by women living with HIV in healthcare settings, utilizing analyses from the <i>Stigma Index</i> in six countries – Ethiopia, India, Malawi, Mexico, Sudan and Swaziland. 	<ul style="list-style-type: none"> Sub-regional Office in ESA supported the Sex Worker Education and Advocacy Taskforce (SWEAT) and the African Sex Worker Alliance (ASWA) to conduct a preliminary situational analysis of the commercial sexual exploitation of children (adolescents and young people under the age of 18 years selling sex) in four countries, Namibia, Kenya, Mozambique and Nigeria. The preliminary results were presented at ICASA. At least 500 commercially sexually exploited children were referred for SRH services including HIV counselling and testing, antiretrovirals (ARVs), STI treatment and antenatal care. Capacity building of national NGOs and sex work organizations were prioritized to develop evidence-informed and human rights based responses, operationalizing Pillar 3 of the <i>UNAIDS Guidance Note on HIV and Sex Work 2009</i>. 	<p>////////////////////////////////////</p>
UNDP	<ul style="list-style-type: none"> Through an interagency process in Nov./Dec. 2010 and 2011, UNDP co-convened a meeting with UNW, UNAIDS, WHO, UNFPA and UNICEF, in partnership with Sonke Gender Justice, MenEngage Alliance and ATHENA Network, and including seven priority countries (Cambodia, Jamaica, Kenya, Papua New Guinea, Rwanda, South Africa and Sudan) in 2010 and 16 countries in 2011 (most of which were UNAIDS priority countries) to integrate strategies to address GBV and to engage men and boys in challenging gender inequality into national HIV responses. This innovative approach has enabled these countries to strengthen their HIV responses. The meeting was organized to respond to the commitments outlined in the <i>Agenda for Women and Girls</i>, and the concern that GBV and the engagement of men and boys for gender equality have not been sufficiently integrated into countries’ NSPs and frameworks. The desired result is that national HIV responses will take more consistent action to reduce GBV, including sexual violence, and will better integrate a focus on engaging men and boys to address the gender dimensions of HIV. 	<ul style="list-style-type: none"> At the 2011 meeting several country delegations who had taken part in 2010 were invited to report concrete results from their participation. 	<ul style="list-style-type: none"> 2012 sub-regional meeting in Southern Africa: 2 to 3 countries supported for country-level follow up.

Accountability 1.3 UNFPA to take the lead in the UN Joint Teams on AIDS in supporting at least three countries per region to jointly develop and operationalize with men and boys, in particular those working for gender equality, strategies addressing social norms around gender and sexual relationships by 2010 and subsequently roll-out to at least four countries per region per year.

LEAD AGENCIES	CONTRIBUTOR	2010	2011	2012–13
UNFPA lead UN Joint Teams	UNFPA	<ul style="list-style-type: none"> • UNFPA and the IAWG on Gender Equality and HIV convened a consultation in 15 countries on Integrating Programming to Address Gender-Based Violence and Engage Men and Boys to Challenge Gender Inequality in National AIDS Strategies and Plans, which was successful in building partnerships for action on GBV and the engagement of men and boys for gender equality. The consultation supported implementation of the UNAIDS Joint Action for Results: Outcome Framework 2009–2011 that pledges the UNAIDS family to meet the HIV needs of women and girls and stop sexual and GBV. • Worked with the Institute for Development Studies (IDS) at University of Sussex and partners on the ground in three countries – Kenya, Uganda and India – to mobilize male activists. The Mobilizing Men programme pioneered efforts to mobilize men to challenge and change the institutional policies and cultures that enable and enact sexual and GBV. • Finalized the UNFPA-Promundo men and boys toolkit <i>Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action</i>, which gives hands-on, practical information for implementing projects that result in increased involvement of men and boys. (See Resources.) • UNFPA, GTZ and the MenEngage Alliance convened a mapping exercise and consultation that increased understanding about who the key actors are and the type and scope of work with men and boys taking place in Arab States. • Supported the Working with Men for HIV/AIDS Prevention and Response workshop for 92 participants from 30 countries that resulted in the development of an Africa Regional Framework on working with men and boys for the promotion of gender and SRH (to include HIV). Inputs were made into the UNSG’s <i>Investing in our Common Future: Joint Action Plan for Women’s and Children’s Health</i>, UNFPA’s <i>Impacts of Population Dynamics, Reproductive Health and Gender on Poverty</i> and the <i>Global Synthesis Report: Key findings and proposed next steps</i>. 	<ul style="list-style-type: none"> • Convened a consultation in 20 countries Integrating Programming to Address Gender-Based Violence and Engage Men and Boys to Challenge Gender Inequality in National AIDS Strategies and Plans to strengthen partnerships for action on GBV and engagement of men and boys for gender equality. • Worked with IDS to mobilize men to end VAW through development of case studies intended to support sub-Saharan capacity development and behaviour change. • Dissemination and promotion of ‘Breakaway’ game to promote behaviour change in boys and young men (Population Media Center and Champlain College). • Developed Strategic Guidance for Engaging Men and Boys to address internal capacity building around the male involvement approach, including addressing the issue of HIV. • EECA region conducted a gender transformative workshop to build capacity in government and NGO/CSOs (Armenia, Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Tajikistan, Ukraine) Moldova, Russia and Kazakhstan also took part in an Engage Men and Boys integrative strategic planning meeting. An online package was developed for integrating GBV responses within health services including addressing HIV risk. A regional meeting on gender equity compiled recommendations, including related to HIV. See http://eeca.unfpa.org/public/pid/6719 	<ul style="list-style-type: none"> • Convene consultation on GBV and engaging men with select remaining 38 UNAIDS priority countries and other priority countries as part of South-South cooperation. • Support to Asia Pacific Partners for Prevention – the regional joint programme on GBV and male involvement.

RESULT 1 > SUMMARY OF LESSONS LEARNED AND KEY ACHIEVEMENTS

- The IAWG on Women, Girls, Gender Equality and HIV convened a consultation *Integrating Programming to Address Gender-Based Violence and Engage Men and Boys to Challenge Gender Inequality in National AIDS Strategies and Plans* in 2010, 2011 and 2012. The consultations aimed to: build effective partnerships at the national level with both existing and new partners in order to integrate a comprehensive response to violence against women and girls into national AIDS strategies and plans; and strengthen capacity to engage men and boys for promoting and addressing gender equality. As a result, the consultations were able to achieve: i) consensus and understanding regarding the mutually reinforcing cycle of GBV and HIV, and the potential role of engaging men and boys for gender equality to interrupt and halt this cycle and strengthen the national HIV response; ii) analysis of existing country plans; and iii) country level action plans to support the integration attention to GBV, and the engagement of men and boys for gender equality, in NSPs on HIV/AIDS and other relevant national policies and plans. Plans are in place to follow up in countries to identify areas for support and monitor progress.

RESULT 1 > RELATED RESOURCES

- Institute of Development Studies (2012). *Mobilising Men in Practice: Challenging sexual and gender-based violence in institutional settings*.
A report on the initiative *Mobilising Men*.
Available at: www.unfpa.org/public/home/publications/pid/10046
- UNFPA/Promundo. *Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action*. Available at: www.unfpa.org/public/home/publications/pid/6815
- An online package developed for integrating GBV responses within health services in the EECA region. www.respondgbveeca.org
- UNDP (2011). *The Socio-Economic Impact of HIV at the Household Level: A regional analysis of the impact on women and girls*.
Available at: www.undp.org/content/dam/undp/library/hiv/SEImpactOfHIVAtTheHouseholdLevelInAsia-WomenAndGirls.pdf
- Evaluations and reports from ATHENA on the WNZs at IACs 2008 and 2010 and the IAS Pathogenesis Conference in 2011 are available at:
<http://athenanetwork.org/assets/files/WNZ2008/WNZ2008%20Evaluation%20Report.pdf>
www.womeneurope.net/index.php/page/Vienna_2010/en
- *HIV Prevention Report Cards for Key Populations*. Available at www.unfpa.org/hiv/reportcard.htm
- *Love, Life, and HIV* toolkit . Available at: www.ippf.org/resources/publications/love-life-and-hiv
- *The People Living with HIV Stigma Index*. www.stigmaindex.org
- ATHENA Network (2012 forthcoming). *Integrating Strategies to Address Gender-Based Violence and Engage Men and Boys to Advance Gender Equality through National Strategic Plans on HIV and AIDS: Impact and Needs Assessment, and Case Studies Documenting Country Action*.
For other key documents on related consultations see: http://salamandertrust.net/index.php/Projects/GBV_Workshop_Istanbul_Nov_2011/

CIVIL SOCIETY ACTION AT A GLANCE



Global Power

A recent example of multi-stakeholder collaboration is the GlobalPower Women Network Africa, launched in 2012 by the African Union and the UNAIDS family. Arising from a meeting of African women parliamentarians around operationalizing the *Agenda*, the GlobalPower Women Network Africa is a high-level political advocacy platform for the advancement of gender equality, women's empowerment, and sexual and reproductive health and rights, within the context of HIV.

The network brings together elected and appointed women representatives, civil society, the private sector, among others in Africa. The inaugural meeting resulted in the Harare Call to Action, which will be presented to the forthcoming African Union Summit for consideration by its Member States. Other immediate spin-offs include the launch of the Pan African Coalition of Positive Women and a platform of African women cultural and traditional leaders. As such it contributes to the realization of the UNAIDS *Agenda* accountability, "establish and document partnerships with eminent political and religious leaders".

www.globalpowerwomennetworkafrica.org

Accountability 2.3 Establish and document partnerships with eminent political and religious leaders for women, girls and gender equality in the context of HIV by the end of 2011.

RESULT 3

Increased financial resources for women, girls and gender equality in the context of HIV.

Action 3.1 Facilitate the establishment of a capacity-building 'basket fund' with independent oversight to address fairly the needs identified by networks of women living with HIV, women's groups, including sex worker organisations, groups of men working for gender equality and marginalized groups in order that they can engage in and strengthen the national response to HIV for women and girls and gender equality.

AGENCY	2010	2011	2012-13
World Bank	<ul style="list-style-type: none"> The Malawi's Zomba Cash Transfer Programme launched by the World Bank and its partners, focused on girls' school attendance, but also yielded positive health consequences. Teenage girls receiving small stipends experienced multiple benefits such as significant declines in early marriage, teenage pregnancy, self-reported sexual activity, 75% lower infection levels of HSV- 2, and an estimated 60% reduction in HIV incidence. This cash transfer programme is funded by the Global Development Network, the Bill & Melinda Gates Foundation, the National Bureau of Economic Research Africa Project, the World Bank's Research Support Budget, and several World Bank trust funds (Gender Action Plan, Knowledge for Change Program, and Spanish Impact Evaluation fund). 		<p>////////////////////////////////////</p>

Action 3.2 Utilize the UNAIDS Universal Budget and Workplan to align the planning and monitoring of UNAIDS programming to the recommendations of the Agenda for Accelerated Country Action Operational Plan for strengthened accountability for results.

AGENCY	2010	2011	2012-13

Action 3.3 Advocate for financing institutions and mechanisms, especially PEPFAR and the Global Fund, and foundations to prioritize work to address the rights and needs of women and girls and gender equality and to commit to a minimum target percentage of each grant and/or budget to work towards gender equality and address the rights and needs of women and girls in the context of HIV.

AGENCY	2010	2011	2012–13
UNFPA	<ul style="list-style-type: none"> Organized a workshop for quality PMTCT programming, with the 20 highest HIV burden countries in Africa to re-programme existing grants and mobilize additional resources through the Round 10 applications. 	<ul style="list-style-type: none"> Organized two donor meetings during the HLM in New York and the Family Planning Conference in Dakar to stress the gap on male and female condom access resulting in Denmark and the UK committing to \$10 million and £5 million respectively, to support the intensification of male and female condom programming, especially in Southern Africa. 	<p>////////////////////////////////////</p>
UNDP	<ul style="list-style-type: none"> 32 countries intensively supported to improve implementation of Global Fund grants in the areas of procurement supply management, finance, capacity development, M&E, and programme management (PR role and support to national PR): Angola, Belize, Belarus, Bolivia, Bosnia and Herzegovina, CAR, Chad, Cuba, DRC, El Salvador, Equatorial Guinea, Haiti, Iran, Iraq, Kyrgyzstan, Liberia, Maldives, Mauritania, Montenegro, Nepal, Niger, São Tomé and Príncipe, South and North Sudan, Syrian Arab Republic, Tajikistan, Togo, Turkmenistan, Uzbekistan, West Bank and Gaza, Yemen, Zambia and Zimbabwe; In six additional countries national entity PRs are supported to improve implementation of Global Fund grants: Armenia, Cambodia, Gabon, Mali, Indonesia and PNG. 	<ul style="list-style-type: none"> UNDP, together with UNAIDS and the Global Fund, published an analysis of access to justice programming in Round 6 and 7 HIV proposals and grants in 56 low and middle income countries. The study <i>Analysis of Key Human Rights Programmes in Global Fund-Supported HIV Programmes</i>. successfully influenced the Global Fund’s new strategy to include a specific objective and operational plan on human rights and equity which includes HIV-related access to justice and stigma reduction programming. This will contribute to increasing funding and programming in these areas in Global Fund-supported HIV programmes. Building on the findings of this study, UNDP, UNAIDS, OSF and Ford Foundation held a consultation on the Global Fund and Human Rights. The consultation’s outputs were used to influence discussions on human rights and the Global Fund’s new strategy at the Global Fund’s Partnership Forum. This resulted in the inclusion of human rights as one of five substantive objectives in the Global Fund’s new strategy. 	<p>////////////////////////////////////</p>
UNICEF	<p>////////////////////////////////////</p>	<ul style="list-style-type: none"> Established the eMTCT global fund working group with membership from the IATT on eMTCT and Keeping Mothers Alive. Mobilized \$111 million for eMTCT during renewal processes from December 2011 to June 2012, including efforts to innovatively address ‘loss to follow-up’ requiring context-specific responses that may address gender barriers to service utilization. 	
UN Women	<p>////////////////////////////////////</p>	<p>////////////////////////////////////</p>	<ul style="list-style-type: none"> Undertaking a review with the Global Fund, to capture learning and strategies from implementation at the country level of the Global Fund’s gender strategy and better understand what works to address a gender-responsive HIV programme at country level. Participating in a working group at global level to provide inputs to the development of new funding models and strategic investment frameworks of the Global Fund on gender and HIV.

Action 3.3 (continued)

AGENCY	2010	2011	2012–13
UNAIDS	<ul style="list-style-type: none"> Developed a donor brief on PEPFAR to support civil society resource mobilization and advocacy. In Ghana, developed Global Fund proposal addressing gender issues, enabling the country to identify gender related issues affecting the national response to HIV. 	<ul style="list-style-type: none"> Developed donor briefs on DfID and the Global Fund to support civil society resource mobilization and advocacy. Support to civil society consultations on Global Fund. 	<p>////////////////////////////////////</p>

CIVIL SOCIETY ACTION AT A GLANCE

Action 3.3 Advocate for financing institutions and mechanisms, especially PEPFAR and the Global Fund, and foundations to prioritize work to address the rights and needs of women and girls and gender equality.



‘We hear the thunder but we see no rain’

In 2010, Salamander Trust, ATHENA and the Global Coalition on Women and AIDS (GCWA) coordinated a public session ‘We hear the thunder but we see no rain’ in the Women’s Networking Zone at the International AIDS Conference in Vienna. This panel mirrored a similar closed session held in the main conference. A session with this title was also hosted by the GCWA and Salamander Trust at the Commission on the Status of Women in March 2011.

Salamander Trust also drew up the policy brief ‘Put your money where your mouth is’ – signed by over 60 networks of women living with HIV around the world and translated into Spanish, Russian, French and Italian. The poster outlined key asks to donors and policy makers, including the UN and was delivered by women living with HIV to Michel Sidibé in New York City at a High Level Consultation on the SRHR of women living with HIV, co-hosted by UNAIDS, UNFPA and UNDP.

In 2012, Salamander Trust produced a new poster, ‘Surviving the Global Fund Crisis: What Next for Women?’ using quotes from women living with HIV to highlight key concerns regarding the Global Fund’s commitment to supporting women’s rights programmes. The poster was linked to an online petition that was sent to the Chair of the Board of the Global Fund in August 2012.

For key documents and posters visit: www.womeneurope.net

RESULT 3 > SUMMARY OF LESSONS LEARNED AND KEY ACHIEVEMENTS

- Many countries were not aware of the full scope of SRH/HIV linkages activities that the Global Fund can support. A review of proposals to ascertain whether SRH and HIV linkages have been included and accepted for funding is required to determine progress in this area.



RESULT 3 > RELATED RESOURCES

- UNDP (2011). *Analysis of Key Human Rights Programmes in Global Fund-Supported HIV Programmes*.
Available at: <http://content.undp.org/go/cms-service/download/publication/?version=live&id=3107370>
- ATHENA Network and UNIFEM. *Transforming the National AIDS Response: Advancing Women's Leadership and Participation*
Available at: www.unifem.org/attachments/products/Transforming_the_National_AIDS_Response_Advancing_Women_Leadership_Participation.pdf
- GCWA. *Donor Brief: Dialogue with Development Partners*.
Donor brief on DfID and Global Fund.
Available at: <http://womenandaids.net/CMSPages/GetFile.aspx?guid=3c666ec0-687f-4cb1-8b1f-36c8018f6ce8>



RESULT 4

Gender-responsive UNAIDS.

Action 4.1 Develop, fund and operationalize a UNAIDS institutional capacity-building plan for women, girls, gender equality and HIV, including: i) An institutional assessment of staff knowledge and capacity to incorporate gender equality into their areas of work. ii) Integration of at least one deliverable for women, girls and gender equality into the job descriptions of all management and programme staff, and assessment of performance accordingly. iii) Equipping each UN joint team on AIDS with a senior specialist on gender equality in line with the recommendations of the Second Independent Evaluation of UNAIDS.

AGENCY	2010	2011	2012–13
<p>UNFPA</p>	<ul style="list-style-type: none"> Revised <i>Strategic Framework on Gender Mainstreaming and Women’s Empowerment</i> and updated its guidance to staff on how to integrate HIV and gender into policy dialogue with partners as well as into programming initiatives. Resulted in improved integration of work on gender and HIV by UNFPA staff and partners. Conducted In-Reach training that increased capacity of UNFPA’s HIV focal points and UN Joint Teams on AIDS to support national responses to HIV and sex work, MSM, transgender people and people who use drugs. Organizations of sex workers and MSM participated as resource persons in the ESA training, working with 80 UN staff from 18 countries to develop draft work plans for implementation in 2011. This was the most direct working experience the community organizations and the UN staff have had. 	<p>////////////////////////////////////</p>	<ul style="list-style-type: none"> Continued support for In-Reach training; including roll-out, adaption to regional- and country-specific contexts, and development and review of new materials on MARYP. Support strengthening of UN Cares regional programmes and in initial priority countries.
<p>UNAIDS</p>	<ul style="list-style-type: none"> Strengthened women, girls and gender equality within the UNAIDS Secretariat through systematic training and strengthened coordination among staff and partners in support of the roll-out of the <i>Agenda for Women and Girls</i>. 	<ul style="list-style-type: none"> The Gender, Partnerships and Human Rights Teams jointly developed a cross-functional competency on gender, human rights and GIPA. The aim is to include this into the new competency set for UNAIDS staff and included core, managerial, and cross-functional competencies. This competency to further build capacities in-house, in light of UNAIDS restructuring. 	<ul style="list-style-type: none"> To ensure that new UNAIDS staff and staff who will be deployed at country level as gender, human rights and youth advisers gain an in-depth understanding of these areas as well UNAIDS policy and strategic thinking with regards to the advancement of gender equality in the HIV response, gender equality training has been systematically included into inductions for new staff as well as redeployment briefings.

Action 4.1 (continued)

AGENCY	2010	2011	2012–13
UNODC	<p>////////////////////////////////////</p>	<p>////////////////////////////////////</p>	<ul style="list-style-type: none"> In 2013 continue to provide technical support to implement comprehensive and gender sensitive HIV prevention, treatment and care services for people using drugs, and in prison settings. Advocate and provide technical assistance to countries to implement a joint HIV/TB programme and activities, and to ensure continuity of access for people who use drugs and for people living in and/or released from prisons and other closed settings. Support the implementation of HIV/TB collaborative activities within national AIDS and TB planning and programmes and to integrate TB and HIV control efforts into other programmes.

Action 4.2 Realign relevant UNAIDS technical support and policies, guidelines and tools, including the national AIDS spending assessment, for use at the country level to address gender equality and the rights and needs of women and girls in the context of HIV: i) Equip regional technical support facilities, hubs and centres with expertise on engaging men and boys in gender equality in order to provide country-level technical assistance; ii) Advocate for the 2011 Human Development Report at the regional and country level to exclusively focus on women, girls, gender equality and HIV.

AGENCY	2010	2011	2012–13
UNAIDS	<ul style="list-style-type: none"> See item on Nairobi and Istanbul workshops: Recommendation 3, Result 1, Action 1.3. 	////////////////////////////////////	////////////////////////////////////

Action 4.3 Support UN Special Envoys and Goodwill Ambassadors to use platforms and strategic opportunities to advocate for and galvanize commitment to the rights of women and girls in the context of HIV, with specific attention given to violence against women and girls, at the regional and global levels, by developing a common set of advocacy messages and a coordinated communication plan.

AGENCY	2010	2011	2012–13
UNFPA	////////////////////////////////////	<ul style="list-style-type: none"> Supported the UN Special Rapporteur on VAW (SRVAW) to undertake global research on the interpretation and implementation of the international law principle of the due diligence obligations of States. The findings will inform the 2013 thematic report of the SRVAW to the Human Rights Council. 	////////////////////////////////////
UNDP	////////////////////////////////////	<ul style="list-style-type: none"> UNDP-led interagency initiative <i>UA Now!</i> in 10 East and Southern African countries and India engaged the UN Special Envoys on HIV in Asia and Africa as key spokespersons for the initiative. 	////////////////////////////////////
UNAIDS	////////////////////////////////////	<ul style="list-style-type: none"> Annie Lennox appointed as UNAIDS Goodwill Ambassador during the launch of the <i>Agenda for Women and Girls</i> at the Commission on the Status of Women (CSW) in March 2010. In this capacity Lennox lent her voice to the cause of women, girls, gender equality and HIV at the Vienna IAC 2010, HLM 2011, Washington IAC 2012 and various other events. 	<ul style="list-style-type: none"> Dr Asha Rose Migiro’s nomination and appointment as Special Envoy for HIV/AIDS in Africa in July 2012 provides a strategic opportunity for continued high level political advocacy for women and girls rights in the context of HIV.

Accountability 4.4 Regional Directors Group to advocate for the 2011 national and regional Human Development Report to focus on women, girls, gender equality and HIV, with specific attention given to violence against women and girls. The progress report to be submitted to the UNAIDS Programme Coordinating Board by the end of 2011.

LEAD AGENCIES	2010	2011	2012–13
Regional Directors Group			

Accountability 4.5 UNAIDS and UNIFEM to develop key advocacy messages and a coordinated communication plan for UN Special Envoys and Goodwill Ambassadors on the rights of women and girls in the context of HIV, with specific attention given to violence against women and girls, by the first quarter of 2010, with thereafter an annual report to the UNAIDS Programme Coordinating Board (PCB) on achieving the intended outcomes.

LEAD AGENCIES	CONTRIBUTOR	2010	2011	2012–13
UNAIDS Programme, UN Women	UNFPA	<ul style="list-style-type: none"> Leading up to the UN 2010 Summit on the Millennium Development Goals, the UNFPA developed a publication that relates the stories of eight women who have endured the challenges of poor reproductive health. It includes key actions for accelerating progress and universal access to reproductive health for women and girls. Featured in the Swedish UN Association quarterly magazine with a reach of over 6,000. 	<ul style="list-style-type: none"> Actively partnered with the UNAIDS Secretariat and DPKO, contributing towards the adoption of new UN Security Council Resolution (UNSCR) 1983 'Impact of HIV and AIDS Epidemic on International Peace and Security'. Integrated SRH/HIV/GBV in global HIV-emergencies and HIV-security forums and in high level reports related to the above UNSCR. 	<p>////////////////////////////////////</p>
	UNAIDS	<ul style="list-style-type: none"> AP and ESA: Done through UNiTE campaign regional media meeting. LA: Regional Directors provide support to UNiTE campaign. December 2010 PCB report on actions taken under <i>Agenda for Women and Girls</i>. 	<ul style="list-style-type: none"> Annie Lennox appointed as UNAIDS Goodwill Ambassador. In this capacity she lent her voice to the cause of women, girls, gender equality and HIV at various high profile events. June 2011 PCB report produced the Scorecard on Gender Equality in National HIV Responses. It was developed to track the status of country implementation using a total of 14 strategic markers that serve as proxies for the key areas included in the <i>Agenda for Women and Girls</i>. The outcomes of 94 countries were presented at the June 2011 and December 2011 meetings of the UNAIDS Programme Coordinating Board. 	<ul style="list-style-type: none"> Dr Asha Rose Migiro's nomination and appointment as Special Envoy for HIV/AIDS in Africa in July 2012 provides strategic opportunity for continued high level political advocacy for women and girls rights in the context of HIV. As agreed during its development, the <i>Agenda for Women and Girls</i> should undergo a Mid-Term Review. The purpose is to review the outcomes of the <i>Agenda</i> with a focus on each of the three pillars as well as to address key questions regarding its impact as a catalyst for change. Report of the Mid-Term Review will be available for the December 2012 PCB. Two new gender indicators have been included in the Unified Budget, Results and Accountability Framework (UBRAF) to monitor progress; i) the Scorecard on Gender Equality in National HIV Response has been completed with the targets of 100 countries in 2013 and 117 in 2015 (UBRAF D1.3.2a) and ii) a positive score on measurements in the <i>Agenda for Women and Girls Scorecard</i> (UBRAF C3.1a). A country will satisfy the condition if it is ascertained by the UN Joint Team that three markers in the scorecard changed from red to yellow or yellow to green.

