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#### **Agenda item 2**

## **UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender, Equality and HIV**

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# **UNAIDS AGENDA FOR ACCELERATED COUNTRY ACTION FOR WOMEN, GIRLS, GENDER EQUALITY AND HIV**

MID-TERM REVIEW

FINAL REPORT

12 NOVEMBER 2012



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## EXECUTIVE SUMMARY

1. As requested by the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (hereafter referred to as UNAIDS), a mid-term review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (hereafter referred to as the Agenda) was undertaken to assess its achievements and to strengthen implementation. Guided by a reference group, data was collected from multiple sources, including a country survey, structured interviews, and five country missions.
2. Since the global launch of the Agenda in 2010, 90 countries undertook a national launch, the majority of which involved multi-stakeholder engagement. Many countries accelerated action for women, girls, gender equality and HIV, with demonstrated progress in 60% of countries, particularly in translating political commitments into scaled-up action. While 10% of countries remained the same, 30% of countries regressed. UNAIDS high-impact countries made more progress to strengthen gender equality in the HIV response than others. In countries that have seen significant advancement for women and girls already, the Agenda's usefulness has been limited.
3. Country efforts resulted in stronger evidence on gender equality and HIV, to inform national HIV strategic plans. However, a more systematic approach to data collection is needed for evidence-based planning and budgeting. Whilst the Agenda fostered political commitment, more is required to move towards gender-transformative HIV responses. More countries that have launched the Agenda linked HIV and sexual and reproductive health services while some progress was made in addressing gender-based violence, advancing sexuality education and reducing stigma and discrimination. Several countries targeted women from key populations, though often in isolation and limited scale.
4. The Agenda was used as a common platform to guide partners, define goals and work together. Women in all their diversity were engaged in HIV programming, yet more remains to be done to ensure that their participation is transformative. In particular women living with HIV and women's rights organisations have not consistently been engaged in meaningful decision making and impactful implementation.
5. UNAIDS continues to be an advocate for women and girls, but better coordination is required to produce results. Just over half the UN accountability targets were achieved, with 67%, 17% and 55% achieved at the global, regional and country level, respectively. Inadequate funding was identified by stakeholders as the primary barrier to the Agenda's implementation and as the main way to further accelerate action for women and girls.
6. Based on the review's findings, five recommendations emerged for consideration:
  - *Support*: UNAIDS and development partners should provide coordinated support to governments and civil society at country level, in particular women living with HIV, women from key populations and women's rights organization, for a tailored gender transformative HIV response that enables social change for gender equality and zero tolerance for violence against women and girls.
  - *Engage*: UNAIDS, governments and development partners should meaningfully engage networks of women living with HIV, women from key populations, women's rights organizations and groups of men and boys working for gender equality in the development and implementation of relevant laws, policies, strategies and programmes to tailor the multi-sectoral HIV response to the needs and rights of women and girls in all their diversity.
  - *Assess*: UNAIDS and development partners should assess the inclusiveness of the HIV response to ensure that women, adolescent women and girls in all their diversity

including from key populations are able to access gender-sensitive and comprehensive services, including comprehensive sexuality education.

- *Fund*: UNAIDS, Governments and development partners should ensure sustained and scaled-up funding for the cause for women, girls, gender equality and HIV, as well as for the networks of women living with HIV, women from key populations and women's rights organizations, through funding mechanisms such as the Global Fund and the UBRAF, as part of shared responsibility and strategic investment approaches.
- *Collaborate*: UNAIDS should work with civil society, in particular women living with HIV, women from key populations and women's rights organizations, to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and human rights within post 2015 global development priorities, so that gains made for women, girls and gender equality in the context of HIV are sustained and expanded.

## INTRODUCTION AND BACKGROUND

7. During its 28th meeting<sup>1</sup>, the UNAIDS Programme Coordinating Board, requested the undertaking of a mid-term review of implementation of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV<sup>2</sup> (hereafter referred to as the Agenda). Dalberg Global Development Advisors, through a multi-stakeholder and competitive bidding process, was contracted to do this work, and undertook the review, in collaboration with the International Centre for Research on Women.
8. Under the leadership of the UNAIDS Executive Director, the Agenda was developed in 2009 to operationalise the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.<sup>3</sup> Welcomed at the December 2009 meeting of the UNAIDS Board, and launched at the 2010 meeting of the Commission on the Status of Women, the Agenda presents a menu of strategic actions to better respond to the needs and uphold the rights of women and girls within HIV responses. Structured around three recommendations, the Agenda's focus is on country-level implementation.<sup>4</sup>
9. Accountability for the Agenda's overall implementation is assigned to UNAIDS Cosponsors and the Secretariat,<sup>5</sup> with UNDP and UNFPA serving as co-convenors. Accountability for specific actions is assigned to UNAIDS Cosponsors, the UNAIDS Secretariat and Joint Teams<sup>6</sup>. 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.
10. Building on the Agenda, UNAIDS has subsequently prioritized gender equality and human rights as the third pillar of an effective HIV response within the UNAIDS 2011 - 2015 Strategy: Getting to Zero.<sup>7</sup> This commitment was further echoed in the 2011 UN Political Declaration on HIV/AIDS,<sup>8</sup> with Member States pledging to eliminate gender inequalities and gender-based abuse and violence.

## METHODOLOGY

11. The methodology for the mid-term review of the Agenda was developed in accordance with three overall questions outlined in the terms of reference.<sup>9</sup> In addition, the design of the review was structured around three complementary components, namely i) the efficiency of the Agenda's technical and financial support; ii) the effectiveness of actions undertaken in-country; and iii) the partnerships in the Agenda's implementation. An internal and external reference group with representatives from government, bilateral

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<sup>1</sup> UNAIDS, 28<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board, June 2011, Decision point 6.2

<sup>2</sup> UNAIDS, Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, December 2009

<sup>3</sup> UNAIDS, UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV, June 2009

<sup>4</sup> Recommendation 1: Generate and use evidence; Recommendation 2: Translate political commitments into action; Recommendation 3: Create an enabling environment

<sup>5</sup> UN Women were approved as the 11th cosponsor of UNAIDS in June 5, 2012

<sup>6</sup> UNAIDS reported on accountabilities in a report to the PCB in December 2010 at

[http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2010/pcb27\\_20101119\\_gender\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2010/pcb27_20101119_gender_en.pdf)

<sup>7</sup> UNAIDS, UNAIDS 2011 -2015 Strategy: Getting to Zero, December 2010

<sup>8</sup> UN General Assembly, Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, June 2011

<sup>9</sup> I) Have the Recommendations included in the Agenda and their corresponding Actions and Accountability Targets been implemented, and how? II) With regards to the role of key stakeholders in the operationalization of the Agenda, to what extent has the Agenda contributed to strengthened partnerships in the HIV response? III) Given the current global context how can the Agenda help further accelerate positive change for women and girls through HIV responses?

development partners, UN agencies and civil society, has guided the process, providing input throughout the process.<sup>10</sup>

12. Data was collected from multiple sources, including: i) a stakeholder survey undertaken by participants from 107 countries; ii) a joint country survey completed by 80 countries through a joint team meeting in each country; iii) 22 structured interviews conducted with actors in government, civil society and UN agencies from multiple regions; iv) desk research of 152 documents provided by the UNAIDS Secretariat and co-sponsors; v) five country missions to Cambodia, Djibouti, Guatemala, Rwanda and Zambia; vi) the Agenda's UN Accountability targets<sup>11</sup> and vii) financial data submitted by UNAIDS on the rollout of the Agenda. For a more detailed outline of the methodology and the limitations of the review, refer to Annex II.

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<sup>10</sup> For a list of reference group members, please consult Annex VI.

<sup>11</sup> The UN Accountability Targets were designed to track progress towards implementation of the Agenda by UNAIDS and to foster collaboration between partners, primarily on the regional and global level. The mapping was undertaken by the Athena Network between August and October 2012, commissioned by the UN Interagency Working Group on Women, Girls, Gender Equality and HIV. The Athena network tracked UN Accountability Targets along with the work of other actors.

## FINDINGS

### HAVE THE RECOMMENDATIONS INCLUDED IN THE AGENDA AND THEIR CORRESPONDING ACTIONS AND ACCOUNTABILITY BEEN IMPLEMENTED AND HOW?

13. This section presents findings related to country actions for women, girls and gender equality in the context of HIV, the outcomes of those actions and the support provided to countries through the Agenda. The actions reviewed align with the Agenda's three recommendations:
- (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) An enabling environment for the fulfilment of women's and girls' human rights and their empowerment, in the context of HIV<sup>12</sup>
14. The table below provides an overview of indicators developed for the implementation of Agenda actions and accountability targets. The findings that follow analyse these indicators along with other data collected. Findings are constrained by some limitations, the details of which are specified in the methodology section (see Annex II).

**Table 1 Mid-term review indicators<sup>13</sup>**

#	Action, accountability step and outcome indicators	Result
	<b>Country actions and outcomes</b>	
1	% of countries where the Agenda has been launched, and action has occurred that aligns with the Agenda in the area of "women, girls, gender equality and HIV"	<b>81%</b>
2	% of respondents that report that the frequency of actions being initiated to support women, girls and gender equality in the context of HIV has increased since the country's Agenda launch	<b>80%</b>
3	% of Agenda launch countries that have improved on more dimensions of the scorecard than they have deteriorated on	<b>60%</b>
4	% of survey respondents that report the Agenda to have been effective in strengthening the national HIV response for women, girls, gender equality and HIV	<b>65%</b>
5	% of Agenda launch countries whose status has improved/deteriorated on the indicator: "national multi-sectoral HIV strategy includes a specific <i>component</i> for Women" between 2010 and 2012	<b>Improved: 3.5%</b> <b>Deteriorated: 2.4%</b>
6	% of Agenda launch countries whose status has improved/deteriorated on the indicator: "national multi-sectoral HIV strategy includes a specific <i>budget</i> for Women" between 2010 and 2012	<b>Improved: 11.4%</b> <b>Deteriorated: 8.6%</b>
7	% of Agenda launch countries that have improved/deteriorated between 2010 and 2012 in the indicator: An Information, Education & Communication strategy on HIV for the general population that includes messaging to fight violence against women implemented	<b>Improved: 12.9%</b> <b>Deteriorated: 0%</b>
	<b>Support provided to countries</b>	
8	% of global accountability targets where the 2010 and 2011 target has been met	<b>67%</b>
9	% of regional accountability targets where the 2010 and 2011 target has been met	<b>17%</b>
10	% of national accountability targets where the 2010 and 2011 target has been met	<b>55%</b>
11	% of respondents that report the provision of technical support that met their quality standards	<b>81%</b>
12	% of respondents that report the provision of technical support produced the intended results	<b>47%</b>
13	Total reported funding allocated to the rollout of the Agenda since 2010 by UNAIDS	<b>USD 79.0M</b>

<sup>12</sup> Recommendation 3 is partly dealt in the next section on partnerships. A summary of the recommendations and the results for each recommendation of the Agenda can be found in Table 21.

<sup>13</sup> An overview of the indicator definitions and sources of information has been included in Annex V

## COUNTRY ACTIONS AND OUTCOMES

15. **SINCE THE GLOBAL LAUNCH OF THE AGENDA IN 2010, 90 COUNTRIES HAVE UNDERTAKEN A NATIONAL LAUNCH**<sup>14</sup>. By engaging senior government officials in the launch, many countries fostered the political commitment required for the Agenda's implementation and enhanced the visibility of its planned actions. For example, H.E. Ellen Johnson Sirleaf, President of Liberia, launched the country's national plan in 2010, in the company of HRH Princess Mathilde of Belgium and Michel Sidibé, Executive Director of UNAIDS. The launch was followed by scaled-up actions by the National AIDS Commission and the Ministry of Gender, strengthening linkages between HIV and gender-based violence while empowering women living with HIV to play a leading role in the HIV response through UNDP's transformational leadership programme.<sup>15</sup> A recent mid-term review of the Liberia Operation Plan of the Agenda showed that the Agenda had strengthened the HIV response, led to a stronger engagement of women living with HIV and helped to create linkages with broader efforts against gender-based violence.<sup>16</sup> In Rwanda, the First Lady, Mrs. Jeannette Kagame, launched Rwanda's national plan in 2010. As a part of the event, the National AIDS Control Commission, with support from UNIFEM, brought together more than 500 participants to review the situation of women and girls in the country and to call for accelerated action tailored to their needs. During the discussion, participants advocated to remove a clause of the Rwandan penal code that criminalized sex work. In follow up, civil society worked in close partnership with UNAIDS and UNIFEM (now UN Women) to provide evidence to parliamentarians on the implications of the planned law. While the law was not removed, the wording of the law was revised to require an onerous burden of proof before a sex worker can be convicted.
16. Countries have used the launch as an opportunity to build partnerships between stakeholders for actions dedicated to women, girls and gender equality. All but two countries reported that multiple stakeholder groups took part in the launch.<sup>17</sup> Besides government, the stakeholders included development partners, UN Agencies, and civil society organizations, such as networks of women living with HIV, women's rights organizations, key populations and networks of men and boys working for gender equality.
17. **MANY COUNTRIES HAVE ACCELERATED ACTION FOR WOMEN GIRLS, GENDER EQUALITY AND HIV SINCE THEIR LAUNCH.** Both the joint country surveys and desk review show that countries have undertaken a wide variety of actions across all three recommendations of the Agenda, building on gender equality work prior to the Agenda. Indeed, 81% of countries that launched the Agenda have initiated action in six or more of the nine results areas of the Agenda, and 44% of countries have initiated action in all results areas. Desk review data shows that countries in East and Southern Africa have undertaken the most activities. Furthermore, stakeholders noted an increase in actions for women and girls at the country level since 2010. In total, 80% of stakeholder survey respondents working on the country level indicated that the frequency of actions for women and girls had increased. Furthermore, 62% of survey respondents felt that the Agenda had been

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<sup>14</sup> The UNAIDS Secretariat country offices were provided guidance and resources to bring together high level stakeholders from diverse constituencies, including government representatives, networks of women living with HIV, civil society, development partners and the UN system to discuss the operationalization of the Agenda as adapted to the national context. Identifying strategic opportunities, the launches aimed to raise awareness and accelerate action on the issues of women, girls, gender equality and HIV. As such, the operationalization of the Agenda could in some instances have taken place before its actual launch.

<sup>15</sup> UNDP has worked to strengthen the leadership of women and girls living with HIV, through leadership development trainings held in 67 countries in 2010 and 2011.

<sup>16</sup> Ministry of Gender and Development and National AIDS Commission, Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, Operational plan for Liberia for the UNAIDS action framework: addressing women, girls, gender equality and HIV in Liberia (2012)

<sup>17</sup> Out of 80 countries for which joint country survey data was received

effective in accelerating country action. However, perceptions of effectiveness differed by stakeholder group: nearly 77% of government officials, 49% of civil society respondents and 65% of UN actors rated the Agenda to be effective.

In Kenya, the launch of the Agenda by the Minister of Gender, Children and Social Development and the National AIDS Commission was used to define a multi-sectoral approach for women, girls, and gender equality through the HIV response. In follow up, the National AIDS Commission supported the development of policy briefs on gender and HIV, as well as programming for key populations. Through a national conference for women living with HIV, it engaged diverse constituencies, including older women, youth and young girls, women living with disability and key populations. Networks of women living with HIV and women rights organisations are now, with support from the National AIDS Council and UNAIDS, involved in key policy and programming processes. Examples of these processes include the National Agenda for the Elimination of New HIV Infections Amongst Children and Keeping Their mothers Alive, and negotiations for more domestic resources for gender equality and HIV. At the same time, work on gender is being decentralized: 32 out of 47 counties have disseminated the Agenda to local level public sector officials, faith based organisations, networks of women living with HIV and NGOs working for women's rights. These counties have developed gender mainstreaming action plans and budgets.

18. **ACCELERATED COUNTRY EFFORTS RESULTED IN PROGRESS IN STRENGTHENING GENDER EQUALITY WITHIN HIV RESPONSES IN NEARLY TWO THIRDS OF COUNTRIES, BUT SOME DECLINED.** An analysis of scorecard<sup>18</sup> data showed that, overall, countries have made progress to better position gender equality within the HIV response. Of countries that have launched the Agenda, 60% improved on scorecard indicators between 2011 and 2012. However, 30% of countries declined, while 10% of countries remained the same. Most progress was made in translating political commitments into scaled-up action.
19. Countries that have progressed significantly in terms of the scorecard indicators, such as China, Lesotho, Indonesia, Malawi and Morocco, show four characteristics that seem to enable success. These countries tend to have i) strong political commitment from government, ii) a relatively active civil society, iii) sizeable financial resources and iv) receive technical support from UNAIDS in the form of strategic information, advocacy and partnership building. It is less clear what is happening in the case of countries that showed declines in scorecard indicators but respondents indicated that political commitment of government appears to be a decisive issue.
20. Stakeholder survey data shows that 66% of respondents felt that the Agenda had been effective in strengthening the national HIV response. However, perceptions of effectiveness in this area differed by stakeholder group: 88% of government officials, 48% of civil society respondents and 66% of UN actors rated the Agenda to be effective.
21. When comparing scorecard progress across regions, there is a variation in overall achievements, with some countries making particularly strong progress. Asia Pacific has made the largest progress on average, with large improvements in scorecard indicators for Thailand, Indonesia, Nepal and China.<sup>19</sup> Other regions have made broadly similar progress, with particularly strong improvements in Angola, China, Kazakhstan, Lesotho, Malawi, Mali, Morocco, Niger and Tanzania. In the 10 Latin American countries that responded to the joint country survey, there was a marginal decline in scorecard indicators that track translating political commitment into results and creating an enabling

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<sup>18</sup> The UNAIDS scorecard provides a visual overview of the programmatic status of incorporating gender equality in the HIV response.

<sup>19</sup> The second largest progress was made in the Caribbean. However, the number of respondents is small, and the average achievement across scorecard indicators is driven primarily from significant progress made in Jamaica

environment for the fulfilment of women's rights. Latin American participants in the stakeholder survey cited lack of country coordination and lack of commitment from government as their two primary barriers in implementation of the Agenda.

Building on earlier work, progress has been made in China to accelerate country action for women, girls, gender equality and HIV over the past couple of years, building on previous efforts. The government of China aimed to strengthen the gender responsiveness of China's National HIV Strategy through Global Fund AIDS programme implementation. In particular, action has focused on six strategic areas: gender disaggregated data analysis, gender-responsive programme planning and implementation, capacity building, prevention of spousal transmission, women's participation and human rights education.

- 22. UNAIDS HIGH-IMPACT COUNTRIES HAVE UNDERTAKEN MORE ACTIONS AND MADE MORE PROGRESS.** All 38 UNAIDS high-impact countries<sup>20</sup> have launched the Agenda, with the exception of Côte d'Ivoire, Haiti, Russia and the Republic of South Sudan (which is planning to launch the Agenda shortly). On average, the frequency of actions under the Agenda in high-impact countries is twice that of the other countries. The distribution of actions among the three recommendations of the Agenda (understanding your epidemic; translating political commitment into scaled-up action; and improving the enabling environment) is similar between high-impact countries and other countries. The average progress within high-impact countries on addressing gender equality through the HIV response, as measured by the scorecard, is higher than in the other countries. However, activities in large countries such as Nigeria, Democratic Republic of Congo and India appear to be limited. But overall, this finding indicates that the efforts focused on high-impact countries are producing results, whilst more attention needs to be given to non-high impact countries to improve the situation of women and girls in the context of HIV.
- 23. IN COUNTRIES THAT HAVE SEEN SIGNIFICANT ADVANCEMENT ALREADY, THE AGENDA'S USEFULNESS HAS BEEN LIMITED.** In two of the five country case missions, the uptake of the Agenda was limited. Both countries had already made significant progress for women and girls. In Zambia, the government developed its National Action Plan to reduce HIV among women and girls<sup>21</sup> before the Agenda was launched globally. Similarly, Cambodia had independently of the Agenda built a comprehensive gender programme using existing political commitment and a multi-sectoral HIV response, with strong support of UNIFEM (now UN Women). Many of these gender/HIV-related activities have been or are similar to the strategic actions included in the Agenda.
- 24. ALTHOUGH COUNTRY EFFORTS ACHIEVED STRONGER EVIDENCE ON GENDER EQUALITY AND HIV, DATA COLLECTION REQUIRES A MORE SYSTEMATIC APPROACH.** Many countries have strengthened their evidence base on gender inequality and HIV, but further work is needed to systematize data collection and translate it into national policy. The joint country survey shows that 90% of countries that launched the Agenda have initiated action to better understand their epidemic, context and response, as recommended by the Agenda. In addition, 60% of UN accountability targets related to data collection were fully completed in the agreed timelines, and 40% were partially achieved. This information suggests that countries consider data collection a pre-requisite for effective gender transformative programming, in line with the Agenda. However, when reviewing country achievements with the help of the scorecard proxy indicators, only a few

<sup>20</sup> High impact countries (38 HIC): High Burden Countries: Nigeria, Ethiopia, Mozambique, Uganda, Kenya, Tanzania, Zambia, Malawi, Zimbabwe, Cameroon, Dem. Rep. Congo, Indonesia, Ghana, Angola, Chad, Côte d'Ivoire, Burundi, Central African Republic; BRICS: South Africa, India, Russian Federation, China, Brazil; Severe/hyper endemic countries: Lesotho, Swaziland, Botswana, Namibia; Concentrated epidemics/Geo-political relevance: South Sudan, Ukraine, Myanmar, Thailand, Haiti, Iran, Rwanda, Guatemala, Jamaica, Cambodia, Djibouti.

<sup>21</sup> This process was supported by the UNDP-led Universal Access for Women and Girls Now! Initiative and provided \$140K to Zambia for this process.

countries have systematically used gender-disaggregated data, and reviewed their HIV epidemic, context and response from a gender perspective to inform the national HIV response. Several countries reported that they have data on dedicated resources budgeted and/or spent for women's and girls' programmes under the national strategic plan, Country case studies and joint country surveys point to a lack of systematic approach to the analysis of the HIV epidemic, context and response. In addition, limited capacities for routine data collection and analysis have hampered progress on ensuring evidence-informed responses to HIV. This not only calls for a more systematic undertaking of knowing your epidemic and response, but also for costing data and guidance on which programmatic actions to include for an effective gender-transformative HIV response.

25. Countries have adopted different approaches to develop evidence to inform national planning processes. In Botswana, for example, the National AIDS Coordinating Authority, Ministry of Health, Ministry of Women's Affairs and Ministry of Statistics worked together with PEPFAR to strengthen collection and analysis of sex-disaggregated epidemiological and qualitative data. The results were used to inform the National Operational Plan for scaling up HIV prevention. Chad undertook an analysis of the vulnerabilities experienced by women, reviewing epidemiological data, context and response, and used the data to inform its national strategic plan on HIV.

Morocco conducted a modes-of-transmission study that found that 70% of women living with HIV were infected by their spouse. The data were used to strengthen programmes for women as well as programmes for men who are related to key populations. In addition, follow-up operational research on clients of sex workers was initiated. In 2011-2012, Morocco also conducted an Integrated Biological and Behavioural Surveillance Survey on female sex workers. The survey provided quantitative data and indicators on prevalence and vulnerability of this population and was intended to improve combination prevention programmes<sup>22</sup>.

26. Surveyed countries also provide examples of increasing participation and capacity strengthening of networks of women living with HIV with regards to data collection, analysis, reporting and monitoring. For instance, Mexico trained and supported networks of women living with HIV to collect data on how the HIV epidemic affects women. It intends to use the findings for improved planning.
27. UN Women is currently leading a consultative process to develop a harmonized set of gender equality and HIV indicators to address the gap in global guidance on gender-sensitive monitoring and evaluation<sup>23</sup>. Work is also being undertaken to strengthen national monitoring and evaluation systems from a gender perspective, while reviewing the modes of transmission approach.
28. **Evidence has been used to inform national HIV strategic plans, but more can be done to integrate gender equality.** Some countries used the increased availability of data to develop evidence-informed national plans targeting women, girls and gender equality in the HIV response. These countries adapted the Agenda to the local context and needs. More countries have used data to inform their national response. In 2010 and 2011, UNAIDS has supported 57 countries to undertake analyses of HIV-related policies. However, country reports show that more needs to be done to systematically assess the

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<sup>22</sup> As outlined in UNAIDS (2012) Combination Prevention: Addressing the urgent need to reinvigorate HIV prevention responses globally, PCB thematic segment background paper

<sup>23</sup> In partnership with government of Cambodia, government of Ghana, MEASURE Evaluation, ICW, PEPFAR/OGAC, UNAIDS Secretariat, UNDP, UNFPA, UNICEF, USAID, WHO, and VSO

epidemic, context and response from a gender perspective and use this data to move towards a gender transformative HIV response.

29. In Djibouti, the new National Strategic HIV Plan emphasizes the issues of women and girls, and specifically mentions that the plan is a step towards “accelerating” the Agenda for women, girls and gender equality in the fight against HIV. Furthermore, prompted and funded by the Agenda, UNAIDS advocated for and provided technical and financial support for the inclusion of HIV in the National Policy on Gender 2011-2021 and corresponding National Action Plan for 2011-2016. In Rwanda, a National Action Plan<sup>24</sup> based on the Agenda was developed through a participatory process that involved interviews and focus group discussions both in Kigali and in more remote provinces. Using insights provided by women living with HIV, stakeholders identified key gaps, barriers and recommendations to inform the plan. Stakeholders were subsequently allocated roles and responsibilities for the implementation of the plan, whose budget is USD 5.7M. The country mid-term review team found that the majority of stakeholders consulted during the mission were in the process of implementing programmes related to the National Action Plan. Similarly, in Guatemala, government, UN agencies and civil society jointly developed the National Action Framework<sup>25</sup> that follows the structure of the Agenda with a special focus on gender-based violence. The framework, developed after the National Strategy, is now being incorporated into the operational plan of Guatemala’s National HIV Strategy.
30. Other countries have also taken steps to formalize links between gender equality and HIV in national strategic and action plans. For instance, the Central African Republic has developed a national action plan to integrate HIV, sexual and reproductive health with tuberculosis services, using prevention of vertical transmission as an entry point. This action plan is now being integrated into the National Strategic Plan on HIV/AIDS. Vietnam used a gender analysis to place gender centrally in the new national strategic HIV plan. UNAIDS provided technical support in the form of a gender assessment of the national response and an interagency technical mission, which made recommendations for integration of gender issues. In Malawi, the operationalizing the national strategic plan, which addresses gender inequality and integration of gender, has been decentralised to the district level. Other countries, such as Angola, Ghana and South Africa, have integrated HIV and gender-based violence prevention into ministry programmes for gender equality and women’s rights. This suggests that countries have taken a pragmatic approach HIV prevention, treatment and planning processes, taking advantages of opportunities according to the national context. More work is needed to ensure that such pragmatic approaches to embed gender equality into HIV policies and programs, or to integrate HIV into gender policies and programs, are undertaken. Eight countries that have launched the Agenda currently do not have HIV policies included in the operational planning of gender ministries. This suggests that Ministries for Gender and Women’s Affairs are still not consistently engaged and supported as part of the HIV response.
31. At the global and regional level, UNAIDS, including UNDP, UNFPA, UNWomen, WHO and the Secretariat, have worked together to strengthen national planning processes. For example, UNAIDS, civil society and development partners have jointly developed a standardized gender assessment tool to support gender-informed national strategic planning and resource mobilization. The gender assessment tool will soon be piloted in regions, and will be available in early 2013 as part of the toolkit for strategic planning and Global Fund proposals. Other multi-partner activities include: the development of a

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<sup>24</sup> Republic of Rwanda National AIDS Control Commission, National Accelerated Plan for Women, Girls, Gender Equality and HIV 2010-2014, 2010

<sup>25</sup> The National Action Framework for Girls, Adolescents, Women, GBV and HIV 2011-2015

compendium of actions to be included in national strategic plans, the ongoing adaptation of the National AIDS spending assessment tool for more effective tracking and allocation of resources for women and girls, and capacity-building of national stakeholders in gender-responsive strategic planning. On behalf of the Interagency Working Group on Women, Girls, Gender Equality and HIV, UNDP led a multi-partner process to produce a roadmap that provides guidance on integrating gender into national HIV strategies and plans. Strategic planning capacity-building activities led by the World Bank have focused on West and Central Africa and East and Southern Africa, using a new module on gender equality and human rights. The module highlights ways to partner and build the capacity of networks of women living with HIV, women's groups, national organizations focusing on gender, sexuality and AIDS, networks of men who have sex with men and transgender people.

32. **IN SOME COUNTRIES, THE AGENDA HAS FOSTERED POLITICAL COMMITMENT, THOUGH MORE BUY-IN IS REQUIRED.** Reports from some countries point towards high-level political commitments of governments for the Agenda's implementation. For instance, Zimbabwe, Rwanda, and Guatemala have developed national action plans for women, girls, gender equality and HIV, supported by senior government officials. Gender equality and HIV have also been included in national development frameworks. Niger's Socio-Economic Development Plan 2012-2015, for example, includes gender, human rights and HIV as key contributors to socio-economic development, indicating the country's commitment to the issue. However, this political commitment is not yet widespread, partly due to limited awareness of the link between gender inequality and HIV. In addition the culturally sensitive nature of issues related to gender inequality and HIV, such as gender-based violence, sex work, sexual diversity and drug use, hamper open discussion and political prioritisation.
33. Political commitment appears to be a key enabler of the Agenda's implementation, but there are challenges to securing it. Overall, stakeholder survey participants overall ranked "lack of commitment from government" as the third-most important barrier to the Agenda's implementation. Stakeholders from the Middle East and Northern Africa ranked it as their top challenge while stakeholders from Eastern Europe and Central Asia, Latin America ranked it as their second most important challenge. Women living with HIV perceived lack of government commitment their biggest challenge to implementation of the Agenda. These findings call for increased advocacy to secure buy-in from governments to respond to the needs of women and girls in the context of HIV.

Gender inequality and gender-based approaches are at the top of Jamaica's national political agenda, as evidenced by the publication in March 2011 of the National Policy for Gender Equality. As far as HIV is concerned, this political commitment is evidenced by a bipartisan political declaration to eliminate stigma, discrimination and gender inequality, signed in 2011 by the then-Prime Minister, the Honourable Bruce Golding and the then-leader of the opposition, now Prime Minister of Jamaica, the Honourable Simpson Miller. The signing has translated into a greater effort to prioritize gender mainstreaming and human rights in the national HIV response. The launch of the Agenda has been a catalyst, particularly in terms of enabling stronger UN Joint Team action on gender.

34. **ACTION AGAINST GENDER-BASED VIOLENCE HAS PRODUCED RESULTS, ALTHOUGH FURTHER WORK IS NEEDED.** Scorecard data shows that countries that have launched the Agenda are developing more data on the links between gender-based violence and HIV, and they more frequently include gender-based violence in national health policies. To date, 61% of countries that launched the Agenda have in their Ministry of Health policies to fight gender-based violence. However, one-third of these countries do not have data available on the links between gender-based violence and HIV. This is partly due to stigma and socio-cultural barriers to reporting incidents of gender-based violence which

pose a key challenge to improve data. Thus, further work is required to develop the evidence required to inform country-level policies and programs.

35. Of countries reporting through the joint country survey, 82% indicated that, since the launch of the agenda, they have conducted actions to highlight gender-based violence as an issue or to address gender-based violence in the context of HIV. Lesotho established one-stop centres for multi-sectoral services to address the needs of survivors of gender-based violence. Recognizing deeply rooted social and cultural norms and practices hindering gender equality, Lesotho used the Campaign on 16 Days of Activism Against Gender-Based Violence to raise public awareness. Sri Lanka successfully integrated HIV into its national advocacy and communication under the UNiTE campaign to end violence, as called for by the Agenda. In 2012, 11 Agenda launch countries for the first time included messaging to fight violence against women in their Information, Education and Communication strategies, according to National Composite Policy Indicator data. While 36 countries in Africa had already included messaging to fight violence against women by 2010, progress in other African countries has been limited. Only Sudan and Liberia included messaging against gender-based violence between 2010 and 2012.
36. Brazil's innovative Women and Rights campaign was developed in 2011 using a series of three videos to highlight the severity of violence against women and to call on society and government to end violence and promote gender equality. The campaign profiled the Maria da Penha Law (Law No. 11,340/06) adopted in 2006<sup>26</sup> and aimed to raise awareness on the services available for women, including the Women's Helpline, dedicated police stations for women, sheltered housing and special courts and criminal courts.
37. The multi-partner Initiative "Together for Girls"<sup>27</sup> recently completed national household surveys on violence against children in Tanzania and Swaziland. Data showed that one in three girls experienced some form of sexual violence as a child in Swaziland. Nearly three out of ten Tanzanian women reported at least one experience of sexual violence prior to age 18. The governments of both countries have taken action based on survey results. Swaziland's parliament recently passed the Child Welfare Bill and Domestic Violence and Sexual Offences Bill, and introduced police and justice sector child-friendly reforms. In Tanzania, government launched a National Plan in August 2011, engaging multiple stakeholders, including schools, health centres, police and local community groups to address the issue across ministries and civil society.
38. UNAIDS has provided country support to better address gender-based violence through a variety of means, including: normative guidance with the help of WHO, and research and programmatic support. The latter includes a series of regional workshops<sup>28</sup> with selected countries to support the incorporation of approaches to address gender-based violence, as well as the engagement of men and boys in national strategic plans. In addition, a global indicator on gender-based violence<sup>29</sup> was adopted as part of the Global AIDS Response Progress Reporting. It is intended to raise awareness on gender-based violence and to catalyse action through the HIV response accordingly.

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<sup>26</sup> The law's name is a tribute to Maria da Penha Maia, a woman whose ex-husband attempted to murder her twice, leaving her paraplegic.

<sup>27</sup> The initiative brings together private sector organizations including the Nduna Foundation, Becton Dickinson and Company, CDC and the CDC Foundation, Grupo ABC, four United Nations agencies, including UNICEF, UNAIDS, UNFPA and UN Women, PEPFAR, and the Office of Global Women's Issues.

<sup>28</sup> 30 workshops in 2010/11 conducted by UNAIDS in partnership with civil society.

<sup>29</sup> Indicator 7.2 - Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months.

[http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215\\_Global\\_AIDS\\_Response\\_Progress\\_Reporting\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf)

39. **MORE COUNTRIES ARE LINKING HIV AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES.** Of countries responding to the joint country survey, 79% have initiated actions to link HIV and sexual and reproductive health services since the Agenda's launch in their country. The large majority of these countries have integrated HIV and sexual and reproductive health services at the national level (43%) or at selected sites (52%). Just 5% of countries report no provision of linked services yet, all of which have concentrated epidemics. Improvements have been made since 2011, with an increase in the number of countries linking services at selected sites, as well as in the number linking these services on a national scale.
40. Of the reporting countries, a quarter indicated that they do not procure and distribute female condoms, while 37% make female condoms available to women from key populations, and 37% make them available to all women. Data suggests that the provision of female condoms has been undertaken separately from linking HIV and sexual and reproductive health services, as there is consistency in delivery in less than half of countries.
41. Country reports provide a range of examples on how they link HIV and sexual and reproductive health services. Djibouti used the scaling up of prevention of mother-to-child transmission of HIV to strengthen comprehensive HIV and sexual and reproductive health services. After a meeting between Djibouti's president H.E. Ismail Omar Guelleh and the UNAID's Executive Director Michel Sidibé in September 2010, the President declared the reduction of HIV transmission from parents to children as a national priority and set appropriate targets for 2015.

Ghana is operationalising a newly developed national minimum package of integrated services for HIV, tuberculosis and sexual and reproductive health, including harm-reduction services and elimination of Mother to Child Transmission at all levels as part of the multi-sectoral response. In addition, there has been capacity strengthening by government<sup>30</sup> to support the incorporation of 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. These actions are indicative of the move away from stand-alone HIV services towards integration with other health and social services for women and girls.

42. At the global level, UNFPA and the UNAIDS Secretariat are undertaking a joint project entitled Linking HIV and Sexual and Reproductive Health and Rights in seven countries<sup>31</sup> in Southern Africa between 2012 and 2014, with support from the European Union and Swedish International Development Cooperation Agency. The initiative aims to promote efficient and effective linkages between HIV and sexual and reproductive health and rights policies and services to strengthen health systems.
43. **SOME COUNTRIES HAVE INTRODUCED OR IMPROVED QUALITY SEXUALITY EDUCATION.** In line with its mandate and the accountabilities outlined in the Agenda, UNESCO provides technical leadership to countries to scale sexuality education, in particular HIV prevention for young people in educational institutions. In Lesotho, a partnership between UNICEF, UNFPA, UNESCO and the Ministry of Education focused on providing life-skills education for in- and out-of-school adolescent and youth. In Guatemala, UNAIDS used funding allocated to operationalise the Agenda to develop a gender-based violence module for a mobile sexual education program. The initiative trained students

<sup>30</sup> National AIDS authorities and the Ministry of Health

<sup>31</sup> Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe

and teachers on HIV, sexual and gender-based violence and discrimination. In Tonga, female school prefects underwent a transformational leadership and HIV training to strengthen their role as leaders in the prevention of HIV. Many of these women, currently undertaking tertiary education, have continued this advocacy work. However, in general action on reducing the vulnerabilities of girls and young women to HIV was limited.

Botswana has adopted different approaches to provide young people, in particular girls and young women, with life skills. The country has undertaken a study on community perspectives on girls' vulnerability to HIV and AIDS, with support from PEPFAR. The results will inform the next phase of the Go-Girls Initiative, which aims to reduce girls' vulnerability to HIV infection. Another approach is pursued by the Journey of Life initiative, which focuses on socialisation, gender-based violence and community involvement. The Initiative helps community members of all ages to reflect on what it takes to ensure a child succeeds on its "journey of life" from birth to adulthood. This process leads to development of community action plans and the formation of community action groups to follow through on the plans.

44. **MOST COUNTRIES HAVE TAKEN ACTION TO REDUCE STIGMA AND DISCRIMINATION.** Work is being undertaken to eliminate stigma and discrimination against women and girls in all of their diversity. However, only 79% of countries report having non-discrimination laws or regulations that specify protections for women.<sup>32</sup> Actions reported as a part of the mid-term review include: the analysis of the impact of laws on women and girls, the development of anti-discriminatory laws, awareness raising events and advocacy for the legal protection of women's rights. For example, Cameroon and Ecuador have used The People Living with HIV Stigma Index<sup>33</sup> to analyse how HIV affects women and girls, focusing on socio-cultural factors, economic barriers, stigma and discrimination, as prioritized by the Agenda.
45. Using funding allocated for the operationalization of the Agenda, the UNAIDS in Guatemala helped to develop a Gender Identity Law that would allow transgender individuals to change their name, change their legal sexual status and reinforce their human rights. Advocacy efforts to pass gender-rights laws have also been taken forward in Chad, Ukraine and Trinidad and Tobago. In Chad, the successful adoption of a gender law was followed by the creation of a Ministry responsible for micro-credit aimed at reducing women's economic vulnerability, as well as by an awareness-raising campaign. In Trinidad and Tobago, an HIV Legislative review was undertaken, including a focus on laws impacting women and girls. In Ukraine, the UNDP conducted trainings on "know your rights" for people living with HIV,<sup>34</sup> women who inject drugs, female sex workers and men who have sex with men. A number of special trainings for lawyers, representatives of law enforcement bodies, human rights organisations have also been held to support the provision of free and accessible legal aid services to enable women to claim their rights. In Egypt, UNAIDS supported the production of a film entitled *Asmaa* to show a human face to HIV that challenges stereotypes and prejudice. In just six weeks, 500K Egyptians attended screenings. The film generated debate: 230 articles have been published in national, regional and global media and 34 top rated television programs debated related issues.
46. **KEY POPULATIONS HAVE BEEN SUPPORTED, HOWEVER ACTIONS OFTEN OPERATE IN ISOLATION AND REMAIN LIMITED.** Of all the key populations, most activity has targeted sex workers, according to desk research.<sup>35</sup> Actions focus on: data collection, capacity

<sup>32</sup> Global AIDS Response Progress Reporting 2012, NCPI

<sup>33</sup> [www.stigmaindex.org/](http://www.stigmaindex.org/)

<sup>34</sup> UNDP supported "Know Your Rights" campaigns for women and girls in over 20 countries as part its Agenda mandate.

<sup>35</sup> Desk research contained reports provided by UNAIDS. UNDP shared activities related to women and girls, but did not include information about work with key populations. The PCB in 2008 mandated that work on women, girls and gender equality be undertaken separately but in coordination with work on gay, lesbian, bisexual, MSM and transgender people. While efforts

building, service provision, treatment accessibility, legal support and prevention of stigma, discrimination and violence. Reported positive examples of action in relation to key populations appear to be small-scale and often operate in isolation of broader initiatives for women and girls in the HIV response.

47. In the Democratic Republic of Congo, sex workers were educated on family planning and violence prevention. In Botswana, in addition to conducting a needs assessment study for female sex workers and men who have sex with men, work has been undertaken to build the capacity of female sex workers as peer educators on prevention of HIV infections in selected sites. Through the Ministry of Health, access to health services for female sex workers has been improved. The Government of Belarus led a national consultation to develop plans to reduce stigma of women involved in sex work, with support of the UN Joint Team on AIDS. Subsequent work included vulnerability studies of most at-risk groups, including people injecting drugs, sex workers and migrants, to inform HIV programming and resource mobilization for tailored services. In Algeria, UNAIDS has contributed to the establishment of a training and support services system for the economic empowerment of women infected and affected by HIV, including female sex workers. This is a joint initiative implemented together with three ministries and networks of people living with HIV.
48. Desk research shows that with the exception of work with transgender communities, limited actions have been undertaken to understand how women of diverse sexual orientation are differentially affected by the HIV epidemic. Similarly, limited action is directed towards people with disabilities, prisoners, asylum seekers, and racial and ethnic minorities. South Africa is implementing programmes addressing the links between HIV and hate crimes inflicted on lesbian women and other women who have sex with women. In Cameroon, sex workers and the lesbian, gay, bisexual, and transgender community have been trained on human rights and gender issues.
49. Actions focused on women who use drugs are also limited. At the global level, actions relate mostly to advocacy. For instance, the Global Coalition of Women and AIDS developed an advocacy document on women who use drugs, harm reduction and HIV. The document was written by members of the International Network of Women Who Use Drugs and the Women's Harm Reduction International Network. UNODC conducted advocacy on the rights of drug users, with special emphasis on women in selected countries.<sup>36</sup> At the country level, only Armenia and Vietnam have reported actions to support access to harm reduction facilities, with a specific gender focus. This limited reporting is consistent with the limitations found in Global AIDS Response Progress Reports, which contain little information on people who use drugs.

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have been made to ensure that desk research is comprehensive, activities targeting key populations may be under-represented due to this separation.

<sup>36</sup> Bangladesh, Russia, Pakistan, Iran, Estonia, Latvia, Lithuania, India, Nepal, Bhutan, Maldives and Sri Lanka

## SUPPORT PROVIDED TO COUNTRIES

50. **JUST OVER HALF THE UN ACCOUNTABILITY TARGETS HAVE BEEN ACHIEVED WITHIN THE AGREED-UPON TIME LIMITS.** In order to implement the Agenda, UNAIDS, the Regional Directors' Group and the Joint UN Teams on AIDS were allocated global, regional and national accountabilities. A review of 40 accountabilities<sup>37</sup> showed that 53.8% were completed within the timeline, 38.5% were partially completed, and in 7.7% of cases, no action was reported. For accountability targets designated on the global, regional and country level, a total of 67%, 17% and 55% of targets were completed within the timeline respectively. The majority of the regional level accountability targets that are partially complete or where no action has been undertaken focus on capturing and sharing good practices. Thus, there has been limited opportunity to share intra- and interregional learnings.
51. The breakdown of achievements under the country level accountabilities targets were as follows: 55% (full achievement), 40% (partial achievement) and 5% (no action). An analysis of the targets points to a number of recurring challenges and areas where improvements can be made. Where leadership has not been clearly assigned to a cosponsor or the Secretariat, achievements tend to be weaker. The limited progress made by UN joint teams on AIDS in integrating gender into national prevention strategies illustrates this. While successful action would likely require the expertise of different members of the UNAIDS family, clear delineation of responsibility is needed to ensure that targets are achieved.
52. Similarly, where accountabilities are related to processes beyond the direct control of UNAIDS, achievements are limited. For example, action was not taken on accountabilities related to the International Health Partnership (IHP). This is largely because momentum behind the IHP has stalled since the development of the Agenda. On the other hand, many countries, such as Burundi and Tajikistan, have linked the implementation of the Agenda to the Global Plan for the Elimination of New HIV Infections in Children and Keep their Mothers Alive, launched in 2011. This suggests that action under the Agenda has been strategic in terms of capitalising on opportunities in broader health and development programmes to further work on gender inequality and HIV.
53. Stakeholders noted that the UN accountability targets were a useful instrument to monitor the progress of UNAIDS. However, the accountabilities require clearer definition of responsibilities and targets. In some instances, in particular at the regional level, no co-sponsor group was tasked with following up on the Agenda to ensure implementation. In these instances, accountability targets were often not met. For more details on the status of each accountability target, refer to Annex IV.

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<sup>37</sup> 49 accountability targets were committed to for 2010 and 2011. For an explanation of why some accountability targets have been excluded, refer to the methodology section of this report. Accountability targets have been separated by year. Thus an accountability step statement in the Agenda that includes actions for completion in both 2010 and 2011 is considered to be two separate accountability targets.

54. **WHILE UNAIDS REMAINS AN ADVOCATE FOR WOMEN AND GIRLS, MORE COORDINATED SUPPORT IS REQUIRED TO ACCELERATE ACTION.** In terms of UNAIDS commitment, UNAIDS' Executive Director is a consistent advocate for the cause of women, girls, gender equality and HIV as reflected in his speeches and dialogues with governments, development partners and other key stakeholders. Furthermore, UNAIDS has reaffirmed its commitment to the Agenda by positioning gender equality centrally in its 2011 Strategy: Getting to Zero,<sup>38</sup> and by appointing dedicated gender staff at regional and country levels. While recognizing the different political and programmatic dynamics in countries, regions and globally; some interviewees pointed out that this political commitment has not translated into commensurate action. They highlighted the need to reinforce UNAIDS' commitment to implement, mainstreaming gender in UNAIDS' activities, holding UNAIDS accountable, improving monitoring and aligning targeting financing with commitments made.
55. **LACK OF FUNDING REMAINS THE PRIMARY BARRIER TO OPERATIONALISING THE AGENDA.** Funding assistance is the most frequently cited recommendation to accelerate the Agenda's implementation in the stakeholder survey. The gap between funding needed and funding received is also ranked the most important barrier to the Agenda's implementation. East and Southern Africa and Eastern Europe and Central Asia cited lack of funds as the most important barrier. Participants from the UN, key populations and other NGOs highlight lack of funding as their biggest challenge. In addition, some interviewees felt that funding barriers resulted in missed opportunities to sustain momentum for women and girls after Agenda launches. Indeed, while UNAIDS is not a funder, it can play a role in increasing access to funds by civil society. However, the only country-level UN accountability step to report no action was "facilitating the establishment of basket funding mechanisms for civil society".
56. As revealed by the scorecard findings, just one quarter of countries had comprehensive national data available, both in 2011 and 2012, on resources budgeted and/or funding spent for women's and girl's programmes through the HIV response. More countries include HIV plans and budgets in women's ministries, more national AIDS plans have a dedicated budget to support the capacity of community-based organisations, and an increasing (but still small) number of countries are funding programs for men and boys that challenge gender inequality on a national level. But less than half of countries report national availability of funding on any of the areas indicated above. Although the Global Fund round 10 launch has emphasized inclusion of interventions to support women, girls and gender equality in the context of HIV, this has not resulted in increased budget for women girls and gender equality in proposals. Only 43 percent of round 10 proposals included interventions mitigating or responding to gender-based violence, of which only one third were approved<sup>39</sup>.
57. To support effective resource mobilization, more focused efforts are required to generate standardized costing data and to develop comprehensive data on resources budgeted and spent for women and girls. According to National Composite Policy Indicator indicators, while 82 of the 90 countries that launched the Agenda include a component for women in their national multi-sectoral HIV strategy, only 54 countries have allocated a budget for women within their plans. There has been no significant change between 2010 and 2012, with nearly as many countries deteriorating on the indicator as those that improved.

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<sup>38</sup> UNAIDS, UNAIDS 2011 -2015 Strategy: Getting to Zero, December 2010

<sup>39</sup> Global Fund to fight against AIDS, TB and Malaria, Analysis of Gender-Related Activities in Global Fund HIV Proposals from Round, 2011

58. Guyana and Tanzania are examples of countries where data on budgeting and expenditure on gender within HIV responses is being systematically gathered. In Guyana, the government was supported in tracking expenditure of country-level resources allocated to programmes for women, girls, gender equality and HIV in the national AIDS spending assessments. In Tanzania, there have been on-going efforts to track expenditures on resources allocated to programs for women, girls, gender equality and HIV through a gender sensitive National AIDS Spending Assessment.
59. UNAIDS was asked to provide data on the funds allocated to the rollout of the Agenda, covering the period of the evaluation (Jan 2010 till July 2012). The data may lack precision, consistency of scope and comparability as agencies may not have developed work plan with budgets against their accountabilities in the Agenda. The review team was not able to verify the numbers provided. UNAIDS co-sponsors and secretariat reported that a total of USD79M had been allocated for the rollout of the Agenda in the period January 2010 to July 2012. The reported amount ranged from USD 13.5M<sup>40</sup> by UNESCO to USD 700K by UNICEF. In addition to UNESCO, three UN organizations allocated more than USD 10M for operationalising the Agenda: UNFPA<sup>41</sup> (USD 11M), UNAIDS Secretariat (USD12M)<sup>42</sup> and UNDP (USD11M)<sup>43</sup>. Three other UN agencies reported expenditure of between USD 5M and 10M: UNHCR (USD10M)<sup>44</sup>, UNODC (USD9M) and UN Women (USD6M)<sup>45</sup>. ILO<sup>46</sup> and WHO both allocated USD3M. No information was received from the World Bank and WFP.
60. Due to changes in the UNAIDS budgeting and accountability mechanism, it is not possible to compare resource allocation over time. Therefore, it is unclear whether resource allocation to gender equality has changed between the 2008/2009, 2010/2011 and 2012/2013 biennia. The core allocation to gender in the UBRAF<sup>47</sup> for 2012-2013 is USD 17M.<sup>48</sup> These funds are designated for co-sponsors and do not include their own organisations' resources or funding for the UNAIDS Secretariat. UBRAF funding for gender equality makes up just under 11% of total UBRAF funding for its three strategic directions (USD17M / USD155M).
61. The mid-term review found mixed views on the gender-sensitive nature of the Investment Framework.<sup>49</sup> Some appreciated gender equality being positioned as cross-cutting in the work of UNAIDS family. Others feared that by presenting gender equality and GBV as synergies with development sectors, gender is not portrayed as a primary responsibility in a comprehensive HIV response. As the Investment Framework is intended to guide resource allocation and mobilization for the HIV response at global and country level, there is a risk that countries may not sufficiently allocate resources to gender equality unless gender equality is prominently positioned.

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<sup>40</sup> The amount reported by UNESCO reflects the funds allocated on sexuality education, an area for which UNESCO is assigned accountability within the Agenda.

<sup>41</sup> UNFPA budget allocated includes 2010 and 2011

<sup>42</sup> Includes \$2M Programme Acceleration spent by UN joint team members at country level

<sup>43</sup> UNDP Agenda spending estimates do not reflect funding allocated at the country level and exclude funds allocated in 2012

<sup>44</sup> Includes budgets until end-2012

<sup>45</sup> Excludes funds allocated under UN Trust Fund to end violence against women and UN Women Fund for Gender Equality

<sup>46</sup> 2010-2011 expenditure only

<sup>47</sup> UNAIDS Budget, Results and Accountability Framework

<sup>48</sup> 28th Meeting of the UNAIDS Programme Coordinating Board, 21-23 June 2011, UNAIDS 2012-2015 UBRAF with associated budgets for the 2012/2013 biennium. Funding for gender equality comprises goals C3 and C4.

<sup>49</sup> UNAIDS, Investing for results. Results for people, 2012

62. **MONITORING AND EVALUATION AROUND GENDER EQUALITY NEEDS TO BE STRENGTHENED TO GUIDE IMPLEMENTATION.** Many stakeholder survey participants identified the absence of monitoring and evaluation guidelines for the implementation of the Agenda as a gap. They requested greater clarity on how to track progress on the Agenda's implementation at the country level and how to share knowledge with partners. In addition, some countries have indicated that they intend to undertake a mid-term review of their national action plans, while others have plans to monitor Agenda activities. These countries requested guidance to enhance performance monitoring and to systematize Agenda reporting. At the same time, some country-level stakeholders were weary of the burden of additional reporting.
63. Respondents to the interviews and surveys noted that the absence of a method for capturing and sharing good practices is a missed opportunity for learning. Indeed, three of the regional-level accountability targets that are partially complete or for which no action has been undertaken focus on capturing and sharing good practices. In some cases, countries themselves are taking the lead to address this challenge. Prompted by the Agenda, Zambia recently developed a national multi-sectoral gender scorecard for HIV and gender-based violence. The gender scorecard is currently being rolled out and will allow Zambia to track progress on gender equality in the HIV response. Workshops that provide training on the scorecard will ensure that the scorecard is implemented systematically across provinces and that comparable data is collected, in support of political advocacy.
64. At the global level, UNAIDS developed the scorecard to provide a quick visual overview of the programmatic status of incorporating gender equality in the HIV response. Stakeholders recognize that this is an imperfect but acceptable tool to track Agenda outcomes, although the absence of a 2010 baseline limits the value of the scorecard in demonstrating the Agenda's effect. Stakeholders also highlighted the need for some technical improvements. These include the clarification of definitions, in particular of amber categories; clarification of some questions to ensure consistent interpretation across countries; and the inclusion of an 'I don't know' category for all answers.
65. **TECHNICAL SUPPORT GENERALLY MEETS QUALITY STANDARDS, BUT FAILS TO CONSISTENTLY PRODUCE RESULTS.** Four in five stakeholders felt that technical support partially or fully met their quality standards. However, respondents to the stakeholder survey reported that the support produced intended results only half the time. Technical support covers a broad range of activities, most frequently in the areas of capacity building, knowledge creation/sharing and advocacy, and UN agencies are at the forefront of providing this support with more than double the frequency of any other actor. Legal support is least frequently provided, but it would be an important area to which to direct technical support and capacity building. In Guatemala, the Observatory on Human Rights, HIV and most at risk populations, supported by UNAIDS and WHO/PAHO, provided capacity building to judges and magistrates to explain the law on HIV and the mechanisms for prosecution. Since the training, in December 2010, judges have followed up with the Observatory with specific questions and to request further capacity building. In particular, technical support for national strategic planning or proposal development for resource mobilisation appears to lack gender expertise<sup>50</sup>. This is likely to contribute to the challenge of insufficient budgeting for gender at the country level.

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<sup>50</sup> Global Fund to fight AIDS, TB and Malaria, Analysis of Gender-Related Activities in Global Fund HIV Proposals from Round, 2011

## WITH REGARDS TO THE ROLE OF KEY STAKEHOLDERS IN THE OPERATIONALIZATION OF THE AGENDA, TO WHAT EXTENT HAS THE AGENDA CONTRIBUTED TO STRENGTHENED PARTNERSHIPS IN THE HIV RESPONSE?

66. This section addresses how the Agenda has fostered partnerships for strengthened HIV responses for women, girls and gender equality. The table below provides an overview of indicators developed as a part of the methodology for the mid-term review to better understand partnerships. The findings that follow analyse these indicators along with other data collected.

**Table 2 Mid-term review indicators<sup>51</sup>**

#	Partnership indicators	Result
14	% of Agenda launch countries where the Agenda was launched through multi-stakeholder engagement	97%
15	% of Agenda launch countries with multiple partner engagement in implementation	96%
16	% of Agenda launch countries with engagement of networks of women living with HIV; women's rights organizations; networks of men working for gender equality; key populations	100%
17	% of survey respondents that report the Agenda to have been effective in strengthening partnerships in the HIV response	70%

67. **THE AGENDA HAS BEEN USED AS A COMMON PLATFORM TO GUIDE PARTNERS, DEFINE GOALS AND WORK TOGETHER.** Nearly all countries that have launched the Agenda<sup>52</sup> ensured multi-partner engagement in its implementation, for three or more of the country level results in the Agenda. In addition, all countries responding to the joint country survey indicated that four groups within civil society had been consulted or included in implementing actions. These groups were: networks of women living with HIV, women's rights organizations, networks of men working for gender equality and key populations. The depth of engagement of women, in particular those living with HIV, differed among countries. In response to an open question on how the Agenda has strengthened partnerships, more than half survey respondents cited instances where the Agenda had provided a platform to guide partners, define goals and work together.

68. A total of 70% of the stakeholder survey participants indicated that the Agenda is effective in strengthening partnerships, while 20% said it had been neither effective nor ineffective and 10% indicated that the Agenda has been ineffective. Views of effectiveness differed by stakeholder group. While 89% of government officials felt that the Agenda had been effective, 61% and 73% of civil society and UN officials felt it had been effective in strengthening partnerships respectively. When asked about how the Agenda has strengthened partnerships, more than half of respondents cited instances where the Agenda has provided a platform to guide partners, define goals and work together.

69. Country reports highlight the variety in partnerships. For example, in Kenya, a national consultation of women living with HIV from diverse age groups and socio economic backgrounds, was followed by a National Convention of Faith Based Organizations. The Convention engaged both women and men networks living with HIV from the faith-based community, and resulted in a declaration towards ending AIDS in the country. Senegal has established a partnership with micro-credit organizations to increase access to income-generating activities for women living with HIV and for women engaged in sex work. In Moldova, UN, bi-laterals and civil society have since 2011 partnered on the institutional development of the nascent national network of women living with HIV. Armenia established partnerships around the development of regional plans to

<sup>51</sup> A, overview of indicator definitions and sources of information have been included in Annex V

<sup>52</sup> 96% of countries, for which data was obtained

implement the national HIV strategy, consulting with local public administration, health authorities, employment agencies and civil society organizations. Tanzania reported an increase in the proportion of public and as well as formal and informal sector operators, developing and implementing gender-sensitive HIV workplace interventions targeting women, men, girls and boys in an equitable manner. The partnership platform of the Community of Portuguese Language Countries has been leveraged for an international South-South cooperation project with groups of women living with HIV from the five regions of Brazil and five African lusophone countries. This cooperation, called the Learn to React Project, includes campaigns on the rights of women and the publication of a guide on the rights of women, in support of the Agenda.

70. Another example of regional collaboration is the GlobalPower Africa Women Network, recently launched by the African Union with support from UN Women, UNESCO, UNDP and the UNAIDS Secretariat. Arising from a meeting of African women parliamentarians around operationalizing the Agenda, the GlobalPower Africa Women Network 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.

71. **WOMEN IN ALL THEIR DIVERSITY HAVE BEEN ENGAGED IN HIV PROGRAMMING, YET MORE REMAINS TO BE DONE TO ENSURE THAT THEIR PARTICIPATION IS TRANSFORMATIVE.** The Agenda calls for meaningful engagement of women living with and affected by HIV in all their diversity, in the development, implementation and monitoring of national HIV programmes. However, a number of interviewees and country mission participants from women's rights organisations and networks of women living with HIV reported that, while they have been engaged in meetings and discussions, their role has been marginal.

72. The depth of engagement of women, in particular those living with HIV, differed among countries. A number of interviewees and country mission participants from women's rights organisations and networks of women living with HIV highlighted that, while they had been engaged in meetings and discussions, their roles were marginal and did not involve meaningful decision making and impactful implementation. Interviewees' rationales for limited engagement included lack of knowledge (on the part of the UN and civil society) on how to work effectively together; lack of cooperation between civil society actors; and unwillingness of governments and UN agencies to consult with civil society in decision making. Stakeholders reiterated these challenges in the stakeholder survey. Participants highlighted the need to engage these groups as a way to further strengthen partnerships, particularly with organisations operating on the grassroots level. In addition, civil society organisations highlighted funding constraints as a major barrier to their engagement in the implementation of the Agenda. Most civil society groups mentioned lack of funding as one of the two principle challenges to the implementation of the Agenda and cited it as a barrier inhibiting their full engagement in the Agenda's roll-out.

73. Early in 2010, civil society and UNAIDS developed a Community Brief<sup>53</sup> to facilitate the engagement of networks of women living with HIV, women's rights organizations and organizations of men and boys working for gender equality in the implementation of the

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<sup>53</sup>[http://data.unaids.org/pub/Agenda/2010/20100226\\_community\\_brief\\_for\\_the\\_agenda\\_for\\_accelerated\\_c\\_en.pdf](http://data.unaids.org/pub/Agenda/2010/20100226_community_brief_for_the_agenda_for_accelerated_c_en.pdf)

Agenda. The Brief details actions in which communities can participate: data collection; analysis of strategic information; monitoring of national, regional and global commitments related to women, girls, gender equality and HIV; and the promotion of broad social movements to advance women's rights. Civil Partners (Gestos and the World AIDS Campaign) supported the operationalization of the Brief for increased community awareness and engagement.

The Federal HIV/AIDS Prevention and Control Office in Ethiopia, in collaboration with UNAIDS, supported capacity and leadership skills building of networks of women living with HIV. The Government of Ethiopia and UNAIDS supported networks of women and girls to review the implementation status of national, regional and global government commitments related to women, girls, gender equality and HIV. By partnering with parliamentarians these networks helped inform policy changes for the rights of women and girls in the context of HIV. Ethiopia's Federal HIV/AIDS Prevention and Control Office also oversaw an assessment of barriers and gaps that hinder access to HIV/AIDS services for girls and women to better understand the specific needs of women and girls. Members of the National Network of Positive Women in Ethiopia were supported to become strong advocates, in particular for increased access to PMTCT, antenatal care and family planning and for the rights of HIV positive women. As a result, the strategic HIV plan and biannual action framework was not only tailored to the needs of women and girls, but also reflected global and regional commitments on the rights of women and girls, for scaled up action.

74. Networks of women living with HIV are regular participants in the national strategic planning processes, as shown by the analysis of scorecard indicators. However, in 2012 slightly fewer countries confirmed regular participation of networks of women living with HIV in the formal planning and review of the national HIV response, compared with 2011. Marked improvements have been made in the proportion of countries reporting regular participation of networks of women living with HIV in CEDAW processes, namely 33% in 2012, compared to 20% in 2011. Similar gains have been made in ensuring that national social protection programmes are inclusive of women living with HIV. However, much more work needs to be done to move the large number of countries that confirmed no participation to occasional, and ultimately full, engagement of women living with HIV.
75. At the regional level, emphasis has been placed on strengthening the meaningful engagement of women living with HIV. In Latin America, Balance and the Latin American chapter of the International Community of Women Living with HIV/AIDS (ICW Latina) undertook a nine-country situational analysis of services and policies. The study identified gaps in services to address the sexual and reproductive needs of women living with HIV. Thereafter, workshops were held with ICW members in each country to address priorities, develop tools for conducting dialogues with the women's rights movements, and increase participants' knowledge about sexual and reproductive health. In the Middle East and North Africa, the regional network of women living with HIV, MENA-Rosa, documented the views of 140 women living with HIV in 10 countries.<sup>54</sup> The report offers insight into the experiences and aspirations of women living with HIV in the region. In East and Southern Africa, a regional workshop brought together ICW representatives from nine countries on sexual and reproductive health, building on priorities identified at the grassroots. The workshop not only reinforced the regional voice of women living with HIV to influence international policy-making, but also fostered the revival of the regional women's movement.
76. Globally, UNAIDS has worked to engage and address the needs of women living with HIV, as well as women in all of their diversity. For example, the UNAIDS Secretariat, UN Women, and UNFPA convened a high-level consultation on the violation of sexual and

<sup>54</sup> Algeria, Djibouti, Egypt, Iran, Jordan, Lebanon, Morocco, Sudan, Tunisia and Yemen

reproductive health of women living with HIV, from which key advocacy messages which have guided ongoing work emerged. Efforts have also been made to ensure that UNAIDS actions and messages reflect the views of women and girls in all of their diversity. In preparation for the 2011 High Level Meeting on HIV/AIDS, the Global Coalition on Women and AIDS, civil society stakeholders were supported to conduct an online consultation on women's priorities. This consultation convened over 800 women from all regions of the world, to inform the UNAIDS messaging for the meeting. The UNAIDS Secretariat supported Gestos and the World AIDS Campaign to undertake 14 country-level workshops that brought together over 500 representatives of women living with HIV, women's rights and HIV organizations, to raise awareness around the Agenda and identify women's priorities in their national and local contexts. In all countries, UNAIDS and local government officials were engaged.

- 77. THE AGENDA HAS NOT CONSISTENTLY FOSTERED THE ENGAGEMENT OF KEY POPULATIONS AND OTHER GROUPS.** In regards to the engagement of key populations in operationalizing the Agenda, findings are mixed. The actions of the Agenda were designed to be inclusive of and responsive to women of all ages and status, including those who have traditionally been marginalized, following a rights-based approach. However, a variety of interviewees and country-mission participants mentioned that faith-based organisations, communities injecting drugs, sex workers, transgender populations, private sector actors, migrants, women who are no longer of sexually reproductive age and men who have sex with men could have been better engaged in the Agenda's rollout. At the same time, in concentrated epidemics, some stakeholders highlighted the need for greater focus on women and girls outside key populations.
78. While the need to strengthen the engagement of these key populations in the rollout of the Agenda was noted, the review also found numerous actions for these groups, taken under the Agenda framework. These included actions to strengthen the engagement of transgender people, such as in Chile, Papua New Guinea and Peru. In Guatemala, the Agenda was used to elaborate and validate a comprehensive health strategy for transgender populations.
79. Some countries have also taken strides to support the meaningful involvement of sex workers in the HIV response. In Uganda, sex workers were consulted in the development and review of the National Strategic Plan. In Namibia, UNAIDS collaborated with the African Sex Workers Alliance and Society for Family Health, in taking forward a literature review and rapid assessment on HIV and sex work in five towns. In Panama, actions have been taken to strengthen partnerships with female sex workers and a National Network of Sex Workers has since been created.
- 80. COORDINATION CHALLENGES PRESENT A BARRIER TO THE AGENDA'S COUNTRY-LEVEL IMPLEMENTATION.** According to stakeholder survey data, lack of country level coordination is the second-most cited global barrier to the implementation of the Agenda, and the most-cited barrier in Asia Pacific, Latin America and West and Central Africa. Among the stakeholders, governments and women's rights organisations rank this barrier as most important, above lack of funds. In some countries, coordination and collaboration is impeded by poor relationships among stakeholders. In others, frequent role changes, including in regards to staffing, within government and the UN, hinder country level coordination.
81. Interviewees, including development partners and civil society members, commented on the perceived lack of coordination and communication between UN agencies. Development partners and civil society interviewees pointed to the division of roles and responsibilities as a possible cause. Country missions revealed that communication on the Agenda had not been consistent, in particular from the headquarters and regional

offices of co-sponsors, affecting knowledge and prioritization of the Agenda. Development partners highlighted the need to clarify how the new UNAIDS Secretariat organizational structure fits with the other co-sponsors, in particular for the coordination of work.

## CONCLUSIONS AND RECOMMENDATIONS

### GIVEN THE CURRENT GLOBAL CONTEXT HOW CAN THE AGENDA HELP FURTHER ACCELERATE POSITIVE CHANGE FOR WOMEN AND GIRLS THROUGH HIV RESPONSES?

82. Based on the findings presented in the preceding sections, five major themes arise for consideration. Conclusion and recommendations below have been developed to support the acceleration of action for women, girls and gender equality in the context of HIV in the Agenda's final two years of implementation.

#### (1) GENDER TRANSFORMATIVE HIV RESPONSES

83. The mid-term review shows that countries have used the Agenda to scale up action for women, girls, and gender equality, building on prior efforts. Countries have taken a pragmatic approach to incorporating gender equality into HIV planning processes, taking advantage of opportunities and tailoring responses to the national context. However, national strategic planning processes are not informed by comprehensive data. While countries have expanded their *collection of data*, only a few countries systematically reviewed their epidemic, context and response from a gender perspective. Thus, countries are encouraged to conduct gender analyses of their epidemic, context and response, and to use this data to inform national strategic plans on HIV, gender-responsive budgets and appropriate programmatic actions. UNAIDS should provide the necessary technical support to countries to build capacities accordingly.

84. The review identified gaps in *political commitment* and indicated that HIV has not been consistently prioritised in the plans and budgets of ministries of gender and women's affairs, hindering gender transformative HIV responses. Political commitment may be hampered by a lack of information and understanding on the link between gender inequality and HIV, coupled with cultural barriers to acknowledging related sensitive issues. Therefore it is important for UNAIDS and development partners to advocate for and support strong government leadership, in particular in relation to tackling critical yet sensitive social issues, as well ensure alignment of programmes to national priorities. UNAIDS should more systemically advocate for increased participation of ministries of gender and women's affairs and provide technical support as required to broaden political support for work on gender inequality and HIV.

85. Countries pointed to weaknesses in the *monitoring and evaluation* of the Agenda, and underlined the lack of learning within and across countries, while expressing wariness of the burden of additional reporting. To reinforce the gradual move towards gender-transformative HIV responses, countries are encouraged to monitor and evaluate the Agenda through national systems, engaging civil society. This requires strengthening of their national monitoring and evaluation systems from a gender perspective, including the generation of sex- and age-disaggregated data, and the use of recently developed gender-sensitive indicators for HIV response.<sup>55</sup> To facilitate intra- and cross-regional learning on the transition to gender-transformative HIV responses, there is need to support countries to analyse what worked. In addition, innovative approaches such as South-South cooperation could help to strengthen mutual learning among networks of women living with HIV and women's rights groups. As the majority of incomplete regional

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<sup>55</sup> Moussavi, Amin, Alfvén, Papy, Schutt-Aine, Rotzinger, Wong-Gruenwald; Addressing Gender Inequality in HIV: A Framework for Gender Sensitive Monitoring and Evaluation; October 2012 (publication upcoming in IAS Journal)

UN accountability targets focused on capturing and sharing good practices, UNAIDS is encouraged to facilitate systematic learning within and across regions utilizing additional capacities of gender expertise at the regional level. Whilst the scorecard provides an efficient way to provide a quick visual overview of the programmatic status of incorporating gender inequality in the HIV response and identifies areas in need of focused action, in support of UBRAF monitoring, technical fine tuning of the indicators is required.

86. The review confirms that progress has been made on addressing *gender-based violence*. However, half the countries that have launched the Agenda lack data on gender-based violence to inform their HIV response and/or a health policy to address gender-based violence. An increasing body of evidence points to an interaction between HIV infection and gender-based violence, as well as impact on service utilization. Countries are therefore encouraged to accelerate multi-sectoral efforts to address gender-based violence for a more effective HIV response. This must include action for a strengthened evidence base on gender-based violence and HIV, and greater community awareness and mobilization, in partnership with local leaders and community-based organizations for social change in terms of harmful gender norms and practices. UNAIDS should provide technical support accordingly.
87. The majority of countries are *linking HIV and sexual and reproductive health services*, using various models. Three-quarters of countries are taking action to make female condoms available, either striving for universal access or targeting only women from key populations. The provision of female condoms appears not necessarily to be aligned with the linking of HIV and sexual and reproductive health services. Countries are encouraged to leverage the close connection between HIV and sexual and reproductive health, and to prioritize two-way linked delivery of these services tailored to the needs of women and girls, for a gender-transformative HIV response.
88. Only a modest number of countries report activities on *sexuality education*, despite its importance to counter the increased vulnerability to HIV infection faced by girls and young women. Also, action on reducing the vulnerabilities of girls and young women to HIV was limited. UNAIDS should support countries to undertake evidence-informed advocacy to increase acceptability and accelerate actions on sexuality education and women's rights, with a specific focus on the vulnerabilities of girls and young women. Similarly, UNAIDS should continue its work to reduce the *stigma and discrimination* against women living with HIV and key populations, so that they can access the services they need.
89. All above areas require quality *technical support* that is tailored to the local context and allows optimal use of available funding. While the mid-term review found that technical support provided by UN and development partners generally met quality standards, it did not consistently produce intended results. This may be due to the nature of the external environment, lack of coordination or limited the capacity of the client to use technical assistance provided. In addition, technical support tended to be short term with insufficient focus on sustained capacity development of country partners. This would require technical support to be systematically included in gender-transformative national strategic plans for HIV and budgets. UNAIDS should ensure that its technical support to countries and civil society is demand-driven, well planned, solution-oriented and aligned with national priorities, increasingly leveraging local resources, including from affected communities.
90. The lack of *country-level coordination* was the second-most frequently mentioned barrier to the implementation of the Agenda. This may in part due to limited government leadership and governance structures. In larger countries with autonomous states,

commitment and actions at federal level appeared not to automatically result in action at state levels. Within UNAIDS, weaknesses were also identified in coordination, partly arising from frequent staff turnover, competing priorities and lack of communication. UNAIDS should support governments to strengthen coordination of national efforts for gender equality within HIV responses. In large countries with complex political structures, targeted advocacy and support are required at state level, focusing on high prevalence regions. UNAIDS should improve its coordination, based on the division of labour, through appropriate means including information and training of staff and for UN Joint Teams; joint communication by the UNAIDS Inter-Agency Working Group to all UN Joint Teams. Targets related to gender equality must be included in all UN joint programmes of support for HIV as part of the monitoring of performance of UNAIDS and UNAIDS country coordinators.

91. *UN Accountability Targets* have provided a view of the current status of UNAIDS' actions in support of the implementation of the Agenda at country level. Targets showed varying levels of achievement; where accountability was not clearly defined achievements were noticeably lower. UNAIDS should update targets for the final two years of the Agenda, drawing on lessons learned from the review to improve monitoring of actions undertaken.

**RECOMMENDATION 1: UNAIDS AND DEVELOPMENT PARTNERS SHOULD PROVIDE COORDINATED SUPPORT TO GOVERNMENTS AND CIVIL SOCIETY AT COUNTRY LEVEL, IN PARTICULAR WOMEN LIVING WITH HIV, WOMEN FROM KEY POPULATIONS AND WOMEN'S RIGHTS ORGANIZATION, FOR A TAILORED GENDER TRANSFORMATIVE HIV RESPONSE THAT ENABLES SOCIAL CHANGE FOR GENDER EQUALITY AND ZERO TOLERANCE FOR VIOLENCE AGAINST WOMEN AND GIRLS.**

## **(2) ENGAGEMENT OF NETWORKS OF WOMEN LIVING WITH HIV AND WOMEN'S ORGANIZATIONS**

92. Nearly all countries that launched the Agenda ensured *multi-partner engagement* in implementation including networks of women living with HIV, networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality. The review also found that networks of women living with HIV were regular participants in the national strategic planning processes, although there appears to have been a small decline between 2011 and 2012. In most countries existing HIV coordination mechanisms are not structured to allow representation of all relevant constituencies. The engagement of networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality is critical to ensure that national strategic plans are tailored to their needs. Governments, UNAIDS and development partners alike need to create space for networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality, so they can have a seat at the table of all relevant fora.
93. Whilst multi-partner representation is encouraging, it is not sufficient. Review respondents indicated that in some instances the engagement of women and girls has been marginal. Funding was indicated as a key challenge to full participation. There is need to ensure the *meaningful engagement* of women living with HIV and women's organisations in policy and decision-making fora of the HIV response. This requires sustained organizational support to networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality. UN Joint Teams on AIDS should serve as a model by holding regular consultations with

networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality around how to accelerate the move towards a gender-transformative HIV response.

94. Outside of the HIV response, participation of networks of women living with and affected by HIV in *CEDAW* processes increased, the number of countries doing so remains small. As an established mechanism for the protection of women's rights and gender equality, CEDAW is an opportunity to ensure that the rights and needs of women living with HIV are considered an integral part of programming for development and human rights. UNAIDS, government and civil society are encouraged to include women living with HIV in CEDAW reporting and monitoring processes.

**RECOMMENDATION 2: UNAIDS, GOVERNMENTS AND DEVELOPMENT PARTNERS SHOULD MEANINGFULLY ENGAGE NETWORKS OF WOMEN LIVING WITH HIV, WOMEN FROM KEY POPULATIONS, WOMEN'S RIGHTS ORGANIZATIONS AND GROUPS OF MEN AND BOYS WORKING FOR GENDER EQUALITY IN THE DEVELOPMENT AND IMPLEMENTATION OF RELEVANT LAWS, POLICIES, STRATEGIES AND PROGRAMMES TO TAILOR THE MULTI-SECTORAL HIV RESPONSE TO THE NEEDS AND RIGHTS OF WOMEN AND GIRLS IN ALL THEIR DIVERSITY.**

### **(3) ACCESS TO SERVICES FOR WOMEN IN ALL THEIR DIVERSITY INCLUDING FROM KEY POPULATIONS**

95. While most countries reported having initiated action to provide women and girls with *universal access* to integrated multi-sectoral services for HIV, it was noted that there was limited action in providing access to vulnerable women. In particular, respondents highlighted the limited inclusion of women and girls of diverse sexual orientation; with disabilities; who use or have a partner who uses drugs; who are migrants, refugees, internally displaced or seeking asylum; racial and ethnic minorities; who are in prison; who are living in conflict or post-conflict settings, and transgender women. Several countries demonstrated that there is scope to use the Agenda to target the needs of these groups. However, reported positive examples of action in relation to each of these communities were small-scale and appeared to operate in isolation of broader initiatives for women and girls in the HIV response. UNAIDS and partners should support countries to expand understanding of the HIV epidemic, context and response, in particular on the linkages between gender inequality and HIV vulnerabilities of women from key populations.
96. In *concentrated epidemics*, UN Joint Teams are encouraged to ensure an evidence-informed and balanced approach to support women from key populations as well as women and girls more broadly. In *generalised epidemics*, additional work is needed to understand the impact of HIV on women from key populations to ensure their access to comprehensive services.
97. *Equitable access* to services for women in all their diversity including from key populations is a prerequisite for achieving MDG 6 (halt and reverse the HIV epidemic) by 2015. National programmes have successfully scaled up HIV prevention, treatment and care programmes. To ensure access for all, intensified action is needed to reach those currently excluded from services. UNAIDS should work closely with Member States, civil society and development partners to assess the effectiveness of the HIV response in terms of equity and inclusion. Tools such as the standardized gender assessment tool and the rapid assessment tool for sexual and reproductive health and HIV linkages will enable governments and order stakeholders to identify areas where more progress is

needed, to ensure that women in all their diversity and key populations are able to access the services they need.

**RECOMMENDATION 3: UNAIDS AND DEVELOPMENT PARTNERS SHOULD ASSESS THE INCLUSIVENESS OF THE HIV RESPONSE TO ENSURE THAT WOMEN, ADOLESCENT WOMEN AND GIRLS IN ALL THEIR DIVERSITY INCLUDING FROM KEY POPULATIONS ARE ABLE TO ACCESS GENDER-SENSITIVE AND COMPREHENSIVE SERVICES, INCLUDING COMPREHENSIVE SEXUALITY EDUCATION.**

#### **(4) SUSTAINED FUNDING FOR THE CAUSE FOR WOMEN, GIRLS, GENDER EQUALITY AND HIV**

98. The gap in *funding* is ranked as the most important barrier to the Agenda's implementation. Globally, development assistance for HIV has flat-lined since the onset of the financial crisis in 2008, although this is being somewhat offset by increased domestic resource allocation.<sup>56</sup> Data regarding expenditures on gender in HIV responses is limited, but what is available suggests that this spending is largely focused on programmes to end new HIV infections in children and keeping mothers alive, rather than on addressing gender inequalities.<sup>57</sup> The review showed that precise and comparable information on funding at country level for HIV and gender equality is difficult to obtain. More and better data is required to assess levels of dedicated resource allocation for women, girls, gender equality and HIV. Such data will provide governments, civil society and UNAIDS with an evidence base to ensure that political commitments for women, girls, gender equality and HIV are reflected in sustained financial support. As UBRAF core resources for gender are limited, UNAIDS should consider targeted resource mobilisation and collaboration with strategic partners to ensure that action for gender transformative HIV responses is adequately funded.
99. Funding for civil society was cited by stakeholders as necessary for engagement in the Agenda's implementation. Specifically, lack of funds to cover recurrent costs has become a bottleneck to sustain organizational capacity, in some cases threatening organisations' continued existence. For the Agenda to achieve its gender-transformative vision, governments, development partners and UNAIDS are encouraged provide dedicated funding to networks of women living with HIV, women's rights organizations and key populations to ensure they have the capacity to advocate and provide services related to HIV and gender inequality.
100. In a time of resource scarcity, one way to strengthen *sustainability* would be to give prominence to gender equality and gender-based violence in the Strategic Investment Framework. Discussions around gender equality and gender-based violence within the Investment Framework are still evolving. As such, there is still scope to ensure that smart investment and shared responsibility are put to work for women in all their diversities, and address gender inequality and gender-based violence. Planning and costing of national responses, as part of the investment approach, should ensure that investment in women, girls and gender equality is included as a critical enabler of gender transformative HIV responses. In addition, UNAIDS should support national proposal development processes, such as for the Global Fund, to ensure that gender is systematically addressed and resourced.

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<sup>56</sup> UNAIDS, Together We Will End AIDS (page 105), 2012

<sup>57</sup> Source: 2012 country progress reports ([www.unaids.org/cpr](http://www.unaids.org/cpr))

**RECOMMENDATION 4: UNAIDS, GOVERNMENTS AND DEVELOPMENT PARTNERS SHOULD ENSURE SUSTAINED AND SCALED-UP FUNDING FOR THE CAUSE FOR WOMEN, GIRLS, GENDER EQUALITY AND HIV, AS WELL AS FOR THE NETWORKS OF WOMEN LIVING WITH HIV, WOMEN FROM KEY POPULATIONS AND WOMEN'S RIGHTS ORGANIZATIONS, THROUGH FUNDING MECHANISMS SUCH AS THE GLOBAL FUND AND THE UBRAF, AS PART OF SHARED RESPONSIBILITY AND STRATEGIC INVESTMENT APPROACHES.**

## **(5) POSITION GENDER EQUALITY AND HIV IN THE POST-2015 DISCUSSIONS**

101. The UNAIDS 2011-2015 Strategy, Getting to Zero, defines *goals* to be achieved by 2015. These goals are reflected in and reinforced by the Political Declaration of the 2011 High-Level Meeting on HIV/AIDS, which guides the response of Member States. The Agenda serves as an operational tool to ensure that national AIDS responses are gender transformative and address women's and girls' complex vulnerabilities to HIV through multi-sectoral approaches, while fostering social change for gender equality, in support of the Millennium Development Goals.
102. Given the time-bound nature of the Millennium Development Goals, efforts are needed to *ensure progress is maintained and expanded* in the post-2015 era. UNAIDS is encouraged to work in close partnership with government and civil society organisation, including networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality, to generate strategic information on the importance of gender-transformative HIV responses. In addition, existing national and global political commitments for gender equality and HIV should be leveraged for gender-transformative HIV responses that foster social change for gender equality and zero tolerance for gender-based violence. Finally, in order to maintain the gains made on gender equality outcomes, the UNAIDS Secretariat, in partnership with regions, should further investigate cases where scorecard indicators indicate a marked deterioration in country, and facilitate relevant support to countries as required.
103. To achieve this, UNAIDS should engage with governments and civil society through the country, regional and global consultation processes, currently being led by the UN Development Group to work jointly towards a *post-2015 development framework* that is grounded in respect for human rights and committed to gender equality, including the sexual and reproductive health and rights of women and girls, through the HIV response. Engaging civil society, in particular networks of women living with HIV and affected by HIV, alongside governments and other development partners, is required to ensure the next set of sustainable development goals address the challenges faced by women and girls in all their diversity, for universal access to improved health and well-being. At regional and global level UNAIDS should capitalize on political platforms, such as the GlobalPower Women Network Africa and the Global Commission on HIV and the Law, and support consultations with women in all their diversity. At the country level, UNAIDS should facilitate the engagement of women living with HIV and women's rights organizations in national consultations.

**RECOMMENDATION 5: UNAIDS SHOULD WORK WITH CIVIL SOCIETY, IN PARTICULAR WOMEN LIVING WITH HIV, WOMEN FROM KEY POPULATIONS AND WOMEN'S RIGHTS ORGANIZATIONS, TO PROMOTE AND FACILITATE BETTER LINKAGES BETWEEN HIV, GENDER EQUALITY, SEXUAL AND REPRODUCTIVE HEALTH AND HUMAN RIGHTS WITHIN POST 2015 GLOBAL DEVELOPMENT PRIORITIES, SO THAT GAINS MADE FOR WOMEN, GIRLS AND GENDER EQUALITY IN THE CONTEXT OF HIV ARE SUSTAINED AND EXPANDED.**

## ANNEXES

#	Annex name	Description of contents
I	Country case studies	Country case study reports from five country missions
II	Methodology	Overview of methodology and detailed outline of review limitations
III	Data presented by TOR question	Data collected through the joint country survey, stakeholder survey and desk research organized by terms of reference question
IV	UN accountability targets	UN accountability as presented by the accountability matrix, a subset of the accountability and action matrix developed by the Athena Network with input from UNAIDS
V	Indicator and terminology definitions	List of 17 indicator definitions and the terminology definitions used in the report
VI	Interview, survey and reference group participants	List of interviewees consulted and statistics from joint team and stakeholder surveys
VII	Documents reviewed	List of documents reviewed as a part of the desk research

## **ANNEX I – COUNTRY CASE STUDIES**

### **Djibouti Country Mission Report - Summary**

#### **I. Introduction**

104. As a part of the mid-term review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (hereafter called “the Agenda”), five country missions have been undertaken. Djibouti was one of them. The objective of the country mission was to gain in-depth understanding about how the Agenda has been implemented and which partners have been involved. As such, the review team met with a wide variety of stakeholders including the government, development partners, UN agencies and civil society. The resulting case study informs the report of the mid-term review, and serves to facilitate horizontal learning.
105. Although stabilizing, Djibouti has a generalized epidemic with HIV prevalence rate estimated at 2.71%; 56% of people living with HIV are women. Approximately 80% of transmissions are attributable to heterosexual sex. Key populations (men who have sex with men and sex workers, their clients, and partners) face the highest risk factors regarding STIs and HIV, contributing to 27% of new HIV cases. HIV prevalence among sex workers reached 17.3% in 2008. About 7.2% of all new HIV cases were among partners of men who are identified as sex workers’ clients, and 0.32% of cases were among female partners of men who have sex with men.

#### **II. Main Achievements**

106. The Agenda was officially launched in May 2011, following an extended period of advocacy and informal familiarization. In the meantime, the Agenda was strategically used to influence activities, particularly promoting the revision of new or existing HIV activities to ensure they were gender sensitive.
107. Joint efforts by government, civil society and the UN, in line with the Agenda have strengthened the evidence base on gender equality and HIV, for planning and programming. An HIV modes-of-transmission study, providing insights on the link between HIV transmission and gender inequality and the specific vulnerabilities of women, informed HIV strategic planning. Studies, such as a situation analysis of priority groups, with a specific focus on the needs of vulnerable women, including those engaged in sex work, have led to strengthened programmatic action, in this case a peer to peer education programme for sex workers. Also, a study on nutritional needs of pregnant women living with HIV was used for the development of a nutritional guide for people living with HIV, including pregnant women living with HIV, and subsequent resource mobilization. Results of a livelihood study of the most vulnerable households that showed that most vulnerable women were likely to temporarily resort to sex work to cover basic needs, supported an existing micro credit pilot for most vulnerable women.
108. The Agenda has also fostered increased engagement of women living with HIV. Women living with HIV reported increased engagement in the HIV strategic planning process than before. The Agenda has strengthened political commitment, resulting in the prioritization of HIV and gender in policy and planning. Through a Presidential Decree, the elimination of parent to child transmission by 2015 was declared a national priority. The new National Strategic HIV Plan places emphasis on the issues of women and girls, and specifically mentions that the plan is a step towards “accelerating” the Agenda for women, girls and gender equality in the fight against HIV. Furthermore, prompted and funded by the Agenda, UNAIDS advocated for and provided technical and financial

support for the inclusion of HIV in the National Policy on Gender 2011-2021 and corresponding National Action Plan for 2011-2016. Advocacy was also undertaken for the integration of sexual and reproductive health, HIV, gender equality and gender-based violence in the National Health Development Plan. Similarly the new UN Development Assistance Framework gives greater prominence to gender equality and HIV.

109. The Agenda has served to strengthen the response for women, girls and gender equality in the context of HIV, building on the prior efforts of many actors.

### **III. Key Challenges**

110. Despite these achievements, significant challenges remain. Some are common to the overall HIV response, such as decreasing HIV funding. As this has implications for work on gender equality and HIV, where possible, the Agenda has been used as a selling point when advocating for resources. Other challenges directly affect the advancement of women, girls and gender equality in the context of HIV. For example, efforts to reach women are hindered by culture, religion, stigma and discrimination. This is demonstrated by the low uptake of ARV prophylaxis by pregnant women when testing HIV positive. Stigma and blame are among the underlying reasons, as they put a woman at risk of violence and/or divorce and abandonment. Efforts have been undertaken to support community interventions to tackle stigma and discrimination, and to target men and families. Similarly, blame and disgrace of survivors of rape by their families and police, delay reporting and hinder access to HIV prophylaxis. In response, guidelines for the police have been developed on how to interpret the law and on how to react in cases of GBV, as well as what services must be provided in cases of rape. Furthermore, some key populations such as sex workers or men who have sex with men, are criminalized, and banned by religious communities, posing challenges to reach them with interventions for HIV and gender-based violence.

111. As the collection of sex disaggregated national data is still a challenge, the national response relies on once-off studies on gender equality, gender-based violence and HIV. Studies have assisted existing projects in better targeting the most vulnerable women and men who have sex with men. The Department of Statistics and Demographical Studies has recently increased its total number of gender-based indicators for routine data collection, and efforts are also undertaken to develop a stronger primary data collection system for disaggregated data. Furthermore, there is a critical shortage of skilled human resources with capacity on HIV, affecting the public sector, civil society and UN alike. As such, staff need to deal with an array of issues, hindering focus on the specific needs of women and girls. In response, several efforts to build capacities among the concerned stakeholders, including women living with HIV and women leaders, have been undertaken.

### **IV. Partnerships**

112. Partnerships around the Agenda comprise of government, civil society, the UN and other development partners. On the government side, the Ministry of Health is a strong and committed partner for gender equality and HIV, as well as the Ministry of Promotion of Women, Social Affairs and Family Welfare. Relevant governmental structures include the Inter-ministerial Committee to fight HIV/AIDS, Malaria, and Tuberculosis, which has the mandate to develop national policies related to HIV, Malaria and Tuberculosis, and to stimulate a multi-sector approach; the Inter-sectoral Technical Committee for the fight against HIV/AIDS, Malaria and Tuberculosis; and the Executive Secretariat of the Inter-sectoral Technical Committee for the fight against HIV/AIDS Malaria and Tuberculosis. On the side of civil society, the National Union of Djiboutian Women, the National Network of People Living with HIV, the National Network of NGOs in the HIV response,

and Nouvel Espoir are critical partners for the implementation of the Agenda. Bilateral and multilateral partners include PEPFAR, USAID, and the UN Joint Team, among other.

## **V. Summary Lessons Learned**

113. The following lessons can be drawn from Djibouti experience of implementing the Agenda:
- High level political engagement led to scaled up programming.
  - Studies and analyses of HIV and gender, when strategically used, can greatly contribute to national responses, while only partly addressing data gaps.
  - Culturally-appropriate approaches, including appropriate language, are required to effectively address the sensitive issues of gender and human rights.
  - Broad engagement of partners, including women living with HIV, religious leaders, men engaged in gender equality, are key to changing harmful gender norms and behaviours, including gender-based violence.

## **Cambodia Country Mission Report - Summary**

### **I. Introduction**

114. As a part of the mid-term review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (hereafter called “the Agenda”), five country missions have been undertaken. Cambodia was one of them. The objective of the mission was to gain in-depth understanding about the implementation of the Agenda, including challenges faced, and partners engaged. As such, the review team met with a wide variety of stakeholders including the government, civil society, development partners and UN agencies. The resulting case study informs the report of the mid-term review, and serves to facilitate horizontal learning.
115. Cambodia has evolved from a generalized to a concentrated epidemic with an estimated HIV prevalence among adults aged 15-49 years of 0.7% in 2012. Prevalence rates are however much higher among people who inject drugs, men who have sex with men, transgender persons, and sex/entertainment workers. The gender ratio for incidence is estimated at 1:1 but currently, 53.9% of people living with HIV are women (2012). HIV transmission within married couples has become more common. HIV-related stigmatization, discrimination and gender based violence remain widespread.

### **II. Main achievements**

116. Thanks to strong national leadership and the support from various stakeholders, Cambodia had already, by 2010, a strong and comprehensive gender equality programme and a multi-sectoral HIV response. The National AIDS Authority and the Ministry of Women’s Affairs launched the Agenda in May 2011, as part of the “Gender Mainstreaming into the national HIV and AIDS Response” project. Given those on-going efforts, the Agenda seems to have made minimal direct contribution to the gender-transformative HIV response in Cambodia. In some instances however, the Agenda did have a catalytic influence, for example linking gender-based violence to HIV in an NGO’s work on gender based violence. UNDP country’s office also used the Agenda, among other documents, to mobilize resources to fund its HIV focal point.
117. Meanwhile, many current initiatives on women, girls and gender and HIV have been in line with or are similar to the strategic actions promoted by the Agenda. Examples of areas where progress have been made include:

- *Strategic information*: gender and HIV specific qualitative and quantitative data collection and use to inform policies and programmes, in particular those that mainstream gender in the national HIV response
- *Advocacy*: engagement of vulnerable groups, especially women living with HIV, in decision making and program design. UNAIDS developed fact sheets on gender, stigma and discrimination, highlighting the consequences of living with HIV for women in terms of violation of sexual and reproductive health and rights.
- *Programming*: efforts to strengthen the links between programming on HIV and gender based violence, promoting the engagement and behaviour change of men and boys. The United Nations Development Assistance Framework 2011-2015 recognises gender and HIV as cross-cutting issues. Through its Joint UN Support Programme 2011-2015, the Joint UN Team on HIV/AIDS has also committed to ensure that the national HIV response uses evidence-based gender responsive planning and budgeting and specific outcomes on gender-related issues (sexual transmission of HIV reduced, eMTCT, gender norms, including gender-based violence addressed).
- *Institutional capacity building* of national authorities and vulnerable groups around gender, HIV and gender based violence.
- *Monitoring*: a new tool, using an investment approach, was developed to track implementation and measure progress of gender specific actions in the HIV response, including the engagement of women at all levels.

### III. Challenges

118. Although many successes have been achieved since the Agenda's launch, challenges to accelerate country action for women, girls and gender equality in the context of HIV remain. Reaching women and girls at community level remains challenging. Indeed, they are not a homogenous group facing various, and sometimes evolving, risks and vulnerabilities. Furthermore, community members, in particular women living with HIV, entertainment workers, drug users, transgender people and men who have sex with men, still face high levels of stigmatization and discrimination. Legal and policy barriers have led to significant restriction of safe space among key affected women. The criminalization of sex work and the targeting of transgender people and men who have sex with men by law enforcement agents hamper provision and access to services that address their specific needs. Gender-based violence also remains a great concern as a social determinant of HIV and STI infections as rates of non-partner violence, including sexual violence, are extremely high and prevention and service delivery efforts to address gender-based violence still quite limited. Shrinking resources for HIV have put at risk the continuation of some of the gender related activities and further strains the limited funding for community level women's networks and organizations. Recently however, interest in and funding for programmes related to gender based violence have emerged in parallel with the on-going process to develop a National Action Plan on Violence Against Women.
119. Cambodia is committed to provide comprehensive HIV prevention, treatment, care and support services to key affected populations and eliminate new HIV infections. Recognizing that an enabling environment is essential, Cambodia has developed the Police Community Partnership Initiative. Led by the National AIDS Authority and Ministry of Interior, local committees including representatives from the police, local authorities, health providers and key affected community representatives are being established to coordinate action to ensure access to health and other services and address violence, stigma and discrimination issues.

#### **IV. Partnerships**

120. The institutional framework for addressing gender and HIV issues has been strengthened over recent years through a range of government and non-government coordination mechanisms. The National AIDS Authority leads the Government-Donor Joint Technical Working Group on HIV that includes Ministries, non-governmental organizations, bilateral donors and UN agencies; as well as as technical working groups on men who have sex with men, entertainment workers and gender, all of which are participated by representatives of key affected populations. The National Committee on Gender and HIV/AIDS, co-chaired by the National AIDS Authority and the Cambodian Community of Women Living with HIV, includes seven Ministries (including the Ministry of Women’s Affairs), four UN agencies (UNFPA, UNDP, UN Women and UNAIDS), six non-government organizations and four community networks. In 2012, the Ministry of Women Affairs launched a Sub Working Group on Gender Based Violence under the Technical Working Group on Gender. Gender Mainstreaming Action Groups have also been established in key ministries and institutions. Key donors and NGOs have also geared up with innovative action such as the SMARTgirl programme for entertainment workers (FHI 360 with USAID funding).

#### **V. Lessons Learned**

121. The following lessons learned and success factors are highlighted by this case study:
- Women living with HIV and key populations need to be engaged in planning, implementation and monitoring, so that programmes and policies are tailored to their needs and thus more effective. This implies the need for structural and sustainable core support for the community group organizations.
  - Institutional capacity building and strong coordination among all stakeholders including government, civil society, the UN and bilateral donors, are essential in leveraging synergies, reducing duplication and addressing critical programming gaps. The creation of a gender-advisory position in the National AIDS Authority and the strengthening of local expertise have been instrumental in ensuring that gender is mainstreamed in the national HIV response.
  - In addition to providing quality HIV and sexual and reproductive health services, an enabling policy environment is essential for safe access to those services and to promote behaviour change which requires long term investments (beyond time-limited projects).
  - Declining funding for HIV requires more strategic focus for effective interventions and mainstreaming of HIV into the broader gender agenda.
122. The mid-term review of the Agenda has been an opportunity for Cambodia to take stock of progress with key stakeholders and may allow for more systematic reviews as well as close monitoring and evaluation going forward.

### **Guatemala Country Mission Report - Summary**

#### **I. Introduction**

123. As a part of the mid-term review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (hereafter called “the Agenda”), five country missions have been undertaken, Guatemala being one of them. The objective of the mission is to gain in-depth understanding about the implementation of the Agenda, including challenges faced, and partners engaged. As such, the review team met with a wide variety of stakeholders including the government, development partners, UN

agencies and civil society. The resulting case study will inform the report of the mid-term review, and serve to facilitate horizontal learning.

124. Guatemala has a concentrated HIV epidemic, with a prevalence of 0.85% within the general population (15-49). Currently 42% of those living with HIV are women; the proportion of women living with HIV has tripled since 1984. In 2009, about 23% of pregnant women with HIV received treatment to prevent vertical transmission of HIV. Of the women living with HIV, 97% have not received an education, are illiterate or have not finished secondary school. Condom usage among uneducated women with multiple sexual partners is less than 23%. Gender-based violence forms 13% of all crimes; with 90% of intra-family violence targeting women and girls.

## **II. Main achievements**

125. The Government of Guatemala, together with the UN and civil society launched the Agenda for Women and Girls (hereafter called the Agenda) in December 2010. Building on the launch, the implementation of the Agenda was taken forward under UNAIDS leadership and with the support of UNFPA, UN Women and UNDP. In order to better understand how the epidemic affects women and girls in the context of gender-based violence, an analysis of the social determinants of gender-based violence was developed. Civil society, including networks of women living with HIV, transgender community, and organizations working for gender equality were engaged to identify factors that increase vulnerability to HIV. The resulting Situational Report on HIV and Gender-based Violence presents evidence and response strategies, in line with the Agenda, also targeting lesbians and transgender populations. Subsequently, the country developed The National Action Framework for Adolescents, Women, Girls, Gender-based violence and HIV (hereafter called the Framework). Informed by the Situational Report and the National Strategic HIV Plan, the Framework aligns the Agenda with the country-level needs and priorities. To further guide national efforts to address the needs of girls, adolescents and women in the context of gender-based violence and HIV, the Framework is being incorporated into the operational plan of the National Strategic HIV Plan.
126. Several steps have been undertaken to increase the visibility of the human rights and health needs of transgender populations, including the drafting of a National Gender Identity Law and a National Health Strategy for transgender populations. The National Health Strategy for transgender populations is a result of the framework implementation and is being led by UNFPA, with UNAIDS support. The strategy aims to provide universal access to HIV, tuberculosis and sexual and reproductive health services, as well as management of gender-based violence, considering the needs of each specific population. Guatemala has also developed a streamlined process for attending to victims of sexual violence, based on a critical paths analysis for care and referral of women victims of sexual violence, including sex workers and transgender women. It has also resulted in standardized registration and consolidated reporting across different ministries. Many of the above activities were conducted with financial support of USD 85,000 for the roll-out of the Agenda.
127. In view of the above, the mission confirmed that the Agenda in Guatemala had served to strengthen the gender focus of the HIV response, including through generating evidence, informing HIV policies and programmes and creating greater awareness on the links between gender-based violence and HIV.

### **III. Key challenges**

128. Despite the progress, several challenges have been identified, including by the technical committee overseeing the operationalization of the Agenda through the National Framework. These include persisting occurrence and cultural acceptance of gender-based violence, with lack of enforcement of related laws. There is widespread discrimination against people based on sexual identity, orientation and HIV status, hindering utilization of services and fuelling violence. There is still limited awareness about HIV, due to lack of education on the causes and effects of HIV. Moreover, government coverage and institutional capacity is insufficient to implement and monitor national plans; and is compromised by frequent rotation of governmental staff.
129. Several steps have been undertaken to address challenges, including the inauguration of the first Justice Centre for Women, by the Supreme Court, to follow up on court rulings on cases of violence against women and femicide. Stakeholders have also taken action to raise public awareness on HIV and gender-based violence, including through video clips and support for the earlier launched national chapter of the UNiTE campaign. Civil society organizations assisted in different areas. For example one organization first established strategic alliances between municipal authorities, national civil police and health centres for the care and referral of cases of gender-based violence against women and girls, followed by capacity building to address discrimination based on sexual identity, orientation and HIV status. Another organization initiated an interactive mobile programme in Guatemala's highest HIV prevalence regions to educate youth about HIV and gender-based violence, including messages against stigma and discrimination. At the same time, teachers have been equipped to take forward sexual education in schools. The government has taken steps to strengthen monitoring and implementation of actions around gender and HIV, for increased accountability. In addition, the application of mobile technology for monitoring of HIV and human rights is being explored, while a dedicated dashboard with specific indicators will be developed for the monitoring and evaluation of the Framework.

### **IV. Partnerships**

130. Several government sectors and structures are involved in the implementation of the Framework, including the Multisectoral Commission of Organizations on Prevention of STIs/HIV/AIDS; the Ministry of Public Health and Social Assistance; the Ministry of Education through its recently established Gender Unit; the National Programme for the Prevention of STIs/HIV and AIDS, and its Gender Unit. In addition, the President's and Vice President's offices are involved through the Secretariat for Women, and the Secretariat against Sexual Violence respectively. Also several civil society organizations are involved, including the Network of Positive Women in Action; the Association of Women "Gente Nueva"; the Trans Organization "Queens of the Night" and the Legal Network of People Living with HIV. Furthermore, UN, USAID and PSI are close partners.

### **V. Lessons Learned**

131. The following main lessons have been learned:
- The Agenda can be used in concentrated epidemics, targeting women in all their diversity.
  - Active participation of the government in the development of Framework for women, girls, gender equality and HIV is essential for accelerated national action.
  - The availability of data is critical for evidence-based strategic planning and programming, and secure alignment with the local context and tailoring to the

needs of target populations.

- Dedicated communication efforts need to be undertaken to engage all relevant actors
- Government and implementers need to move beyond developing policies to undertaking actions on the community level in order to have impact.

## **Rwanda Country Mission Report - Summary**

### **VI. Introduction**

132. As part of the mid-term review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (hereafter called “the Agenda”), five country missions have been undertaken, Rwanda was one of them. The objective of the mission was to gain in-depth understanding about the implementation of the Agenda, including challenges faced, and partners engaged. As such, the review team met with a wide variety of stakeholders including the government, development partners, UN agencies and civil society. The resulting case study informs the report of the mid-term review, and serves to facilitate horizontal learning.

133. Rwanda has a generalized epidemic with HIV prevalence of 3.0% among the general population aged 15-49. Women are disproportionately affected by the epidemic and have a higher HIV prevalence than men. In the age group 20-24, the prevalence rate is 3.7% among women compared to 2.2% among men. In 2010, 56% of ever-partnered women reported having ever experienced physical or sexual violence from a husband/partner and 44% of women reported having experienced physical or sexual violence from a husband or partner in the last 12 months.

### **VII. Main achievements**

134. The Government of Rwanda together with UN and other partners launched the Agenda in June 2010. Recognizing the need to tailor the Agenda to the needs of Rwanda, adjust actions to align with government targets and to make activities relevant to actors beyond the UN system, the government developed the National Accelerated Plan for Women, Girls, Gender Equality and HIV 2010-2014 (hereafter, the Accelerated Plan). The Accelerated Plan was developed through a consultative process and incorporated recommendations from consultations with a wide range of stakeholders at national and provincial level, including women living with HIV and women’s rights groups, as well as input from a workshop held in July 2010, which brought together over 100 representatives of different constituencies.

135. In November 2010, the First Lady, Mrs. Jeannette Kagame, officiated over the launch of the Accelerated Plan at the Rwandan Parliament. The launch engaged over 500 participants representing government institutions, civil society, associations of women living with HIV, development partners, and international organizations to review the situation of women and girls in the country and call for accelerated actions tailored to their needs. A technical working group on Gender and HIV will be created to coordinate the implementation of the Accelerated Plan.

136. There have been various efforts to strengthen routine collection and use of gender-specific HIV data at national and district level such as the Know Your Epidemic, or Data Demand and Use initiatives run by MEASURE Evaluation. Some of these activities will provide data to inform the National Strategic HIV Plan 2013 to 2017. The Accelerated

Plan has increased actors' awareness of the links between HIV and gender-based violence and strengthened service delivery through, for example, the planned rollout of One Stop Centres. The government created a space for women living with HIV to provide input during the development of the Accelerated Plan. Furthermore, women living with HIV have been engaged in the development of the National Elimination of Mother to Child Transmission Strategy, and have interacted with Rwandan parliamentarians on an HIV prevention bill for the East African Community. The Accelerated Plan has also helped fundraising for women, girls, gender equality and HIV, in particular for women's networks and groups. Furthermore, the Accelerated Plan has reinforced advocacy efforts to decriminalise sex work, which have resulted in reduced penalties.

137. Building on existing efforts, the Agenda has supported Rwanda to strengthen its response for women, girls and gender equality in the context of HIV. Moreover, it has assisted the Ministry of Health to strengthen its approach to gender in the health sector, before often seen as a secondary priority.

## **VIII. Key challenges**

138. Challenges to accelerate country action for women, girls and gender equality in the context of HIV remain. These challenges include stigma faced by women living with HIV and by key populations such as sex workers, which hinders provision and access to services tailored to their needs. Cultural norms that reinforce or tolerate gender inequalities and gender-based violence, and limited engagement of men and boys in HIV and reproductive health services present obstacles to further accelerate the gender equality and HIV response. Additionally, a lack of coordination and capacity at the district and local levels hamper the implementation of the Accelerated Plan at grass root level. Limited reporting of violence cases results in that data collected on HIV and gender-based violence does not offer a comprehensive view of the real situation in the country, programs are therefore not able to adequately respond to the needs of women and girls.
139. To tackle these challenges many actors, both prompted by and independently of the Accelerated Plan, have engaged in projects to raise citizen's awareness of the needs and rights of key populations and women and girls living with HIV in an effort to reduce stigma and self-stigma. Local networks and organizations have undertaken initiatives for women living with HIV building their knowledge and capabilities on rights and advocacy, and providing them with capabilities for economic empowerment. Additionally, civil society organizations and UN agencies have worked on awareness and sensitization campaigns around gender equality and gender-based violence across the country. In 2011 sub-committees for sex workers were developed at the district level. These monthly meetings between sex workers and district officials (including the police) provide local authorities with input on the development, implementation and monitoring of strategies targeted at this key population. Policy dialogues with women living with HIV have been organized to share their experiences and challenges. Field visits organized for parliamentarians have also taken place to improve their understanding the needs and rights of sex workers. The government has also developed a Policy and Strategic Plan for addressing gender-based violence (2011); and increased services for women by for example training gender-based violence and Child Protection Committees at all levels, or establishing gender desks at police offices. Furthermore, in 2012, a national level workshop was held to strengthen the engagement of men and boys in the national response to HIV and gender-based violence. The participants will advocate for an agreed upon framework of activities and strategies to be included in the next National HIV Strategic Plan. In addition, the Ministry of Gender intends to build the capacity of

gender focal points and national executive committees in districts on gender sensitive programming.

## **IX. Partnerships**

140. A wide range of stakeholders are involved in the implementation of programmes for women, girls, gender equality and HIV, including gender-based violence. These include the government ministries and related offices, the UN and other development and funding partners, such as PEPFAR, and the Global Fund. They are joined by several civil society organizations, including networks of women living with HIV, women's rights groups, national HIV umbrella organizations, organizations of men and boys involved in gender equality and addressing violence. They are brought together through a range of governmental and non-governmental coordination mechanisms.

## **X. Lessons Learned**

141. The following main lessons have been learned:
- High level political commitment and active engagement of all relevant government sectors are key to ensure accelerated action for women, girls, and gender equality through the HIV response.
  - Working with civil society organizations - in particular women living with HIV and women's rights advocates – in the development of the Accelerated Plan ensures relevance, ownership and increased implementation.
  - Concrete actions are needed to ensure accountability for results at all levels, for example performance contracts, and specific indicators to track progress.
  - Engagement of men and boys for gender equality is critical to transform harmful cultural norms.
  - Inclusion of key populations in all aspects of HIV and gender equality programmes requires broad based awareness rising of their rights and better understanding of their needs.

## **Zambia Country Mission Report - Summary**

### **I. Introduction**

142. As part of the mid-term review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (hereafter called "the Agenda"), five country missions were undertaken, Zambia was one of them. The objective of the mission was to gain in-depth understanding about the implementation of the Agenda, including challenges faced, and partners engaged. As such, the review team met with a wide variety of stakeholders including the government, development partners, UN agencies and civil society. The resulting case study informs the report of the mid-term review, and serves to facilitate horizontal learning.

143. Zambia has a generalized HIV epidemic, with an estimated HIV prevalence of 14.3% in the general population aged 15 to 49. HIV prevalence is significantly higher among women (16.1%) than among men (12.3%), and is also higher in urban areas (20%) compared to rural areas (10%). Most new HIV infections occur as the result of heterosexual transmission. The 2007 DHS indicates that 46.8% of Zambian women aged 15-49 have ever experienced physical violence since age 15, most often at the hands of a husband or partner.

## **II. Main Achievements**

144. The Agenda was officially presented in March 2011, when launching the Women, Girls, Gender Equality and HIV Scorecard (hereafter called “Scorecard”). The Scorecard, directly influenced by the Agenda, was developed to monitor progress towards Gender and HIV targets, as laid out in the National Plan of Action to Reduce HIV Infection among Women and Girls 2010 – 2014 and the National AIDS Strategic Framework 2011-2015. The indicators used were mutually agreed upon through a consultative process with government, civil society organizations, the UN and other cooperating partners. The Scorecard is currently being rolled out to five high prevalence provinces.
145. Existing political commitment supported by sex disaggregated data collected in previous years resulted in comprehensive gender and multi-sectoral HIV responses before the Agenda’s launch. One such example is the development of the National Plan of Action to Reduce HIV Infection among Women and Girls 2010 – 2014, in 2009. Furthermore, the 2009 Modes of Transmission Study identified gender disparities as an underlying structural factor sustaining high levels of HIV infections, and created a momentum to increase focus on gender during the development of the Sixth National Development Plan 2011-15 and the National AIDS Strategic Framework 2011 -2015. A multi-partner HIV and Gender Committee was set up to develop the National AIDS Strategic Framework 2011 -2015 and to ensure inclusion of gender in it. According to a stock-taking questionnaire from Zambia provided by the UNAIDS Secretariat after the mission, the Agenda was used to further guide the process and include women, girls, gender equality in the Sixth National Development Plan and in the National AIDS Strategic Framework and its Operational Plan.
146. In 2011, government commitment resulted in the adoption of Zambia’s first Gender-based violence Act. The Act ensures protection of survivors of gender-based violence and prosecution of perpetrators. In 2012, government commitment has also led to raising the Gender in Development Division to the level of Ministry: Ministry of Gender and Child Development; and to the creation of a new Ministry: the Ministry of Community Development and Mother and Child Health.
147. In recent years, there has also been a continuation of sensitization efforts targeting multiple stakeholders, implemented by nongovernmental organizations and civil society organizations. Gender equality and HIV messages and been shared with girls and boys, women and men, as well as religious and traditional leaders. These activities have focused on prevention of gender-based violence and HIV, as well as encouraging women, girls, men and boys to access and use HIV and reproductive health services. Other activities include the integration of HIV and sexual and reproductive health services; or providing integrated services to gender-based violence through for example the rollout of One Stop Centres, or through the establishment of a child help line for child victims of rape or sexual violence.

## **III. Challenges**

148. Although many successes have been achieved over the last years, challenges remain. These include high levels of gender-based violence and cultural acceptance of violence against women; criminalization of sex workers and of men who have sex with men; and limited availability and use of sex disaggregated data on HIV and gender-based violence at province and district level. In addition, there is limited coordination between newly formed government ministries due to recent structural changes in the government. Given that these ministries have interlinked responsibilities, relations between the ministries need to be strengthened through clearly defined roles and

responsibilities. One of the main challenges experienced by civil society organizations and government, is lack of funding. Lack of funding has often lead to operational difficulties and shortages of staff, and was cited as a limiting factor to implement activities related to the Agenda and to use the Scorecard. Furthermore, when received, external support tends to be project driven and not necessarily aligned to a common program. There is also room to further engage civil society in decision making.

149. A range of initiatives have been launched by various stakeholders to tackle these challenges, including efforts to address issues of cultural and traditional tolerance of male dominance and gender-based violence, engaging traditional leaders. In response to data challenges, efforts are undertaken to solve ad-hoc data gaps. Such efforts include the development of the Scorecard, as well as training monitoring and evaluation officers on effective gender analysis. To coordinate the HIV response, in 2011 Zambia developed an e-mapping tool. The tool is an online map that tracks the type of activities in the HIV response implemented by NGOs and CSOs at district level. There are also ongoing efforts to streamline duplicated work. An exercise is for example being undertaken to replace two different national guidelines on how to mainstream gender through the adoption of the SADC Protocol on Gender and Development. To alleviate funding challenges, the Churches Health Association of Zambia will serve as a channel to civil society organization for Global Fund resources. These funds will have a focus on prevention of vertical transmission, promoting male circumcision, expanding and sustaining HIV treatment, reducing new infections, maintaining a high coverage of impact mitigation, as well as strengthening counselling and testing and HIV treatment adherence. Furthermore, Zambia is also considering the establishment of an AIDS Trust Fund in the form of a levy, to increase sustainability of HIV funding.

#### **IV. Partnership**

150. A wide range of government, civil society, United Nations and other development sector partnerships have been mobilized to accelerate Zambia's national response to address gender equality, gender-based violence and HIV. At the national level, multiple sectors and structures are engaged including the Ministry of Health; the Ministry of Gender and Child Development; the Ministry of Community Development, Mother and Child Health; and the National AIDS Authority. At the decentralized level, the Local Government Authorities of Zambia are promoting community-based responses to HIV and gender equality. Several civil society organizations are involved in gender equality and HIV, including the Coalition of Zambian Women Living with HIV, and community level Safe Motherhood Action Groups working on sexual and reproductive health and maternal health.

#### **V. Lessons Learned**

151. The following lessons learned and success factors were highlighted during the mission:
- Governmental ownership, and clear definition roles and responsibilities in the gender specific HIV response are critical for coordination and sustainability.
  - Gender and HIV should be mainstreamed within governmental institutions and ministries, along with gender and HIV competencies among staff, to ensure a gender transformative national HIV response.
  - A strong national monitoring and evaluation systems is required to track activities, measure impact, and ensure accountability for the national women, girls, gender equality and HIV response.

- Efforts to change harmful gender norms must use culturally sensitive and tailored messages on HIV, gender equality and human rights, and engage a broad range of stakeholders including traditional and religious leaders, and men.
- Increased engagement of civil society, in particular of networks of women living with HIV, women's rights movements is required to accelerate action for women, girls, gender equality and HIV, aligned with local context.

## ANNEX II – METHODOLOGY

152. The methodology for the mid-term review of the Agenda was developed in accordance with the three overall questions outlined in the terms of reference:
- Have the Recommendations included in the Agenda and their corresponding Actions and Accountability targets been implemented, and how?
  - With regards to the role of key stakeholders in the operationalization of the Agenda, to what extent has the Agenda contributed to strengthened partnerships in the HIV response?
  - Given the current global context how can the Agenda help further accelerate positive change for women and girls through HIV responses?
153. The design of the review was structured around three complementary components. The first dealt with the efficiency of the Agenda's technical and financial support. The second investigated the effectiveness of actions undertaken and the difference made in-country. The final component analysed the partnerships between stakeholders in the Agenda's implementation. The scope for the mid-term review does not include the relevance and impact of the Agenda.
154. The review's findings are based on data collected from multiple sources, including:
- A stakeholder survey undertaken by participants from 107 countries. Of 371 stakeholders who began the survey, 233 completed it in full: 11% of respondents were government actors, 1% were development partners, 39% percent were civil society actors, and 48% were UN actors.
  - A joint country survey completed by 80 countries through a joint team meeting in each country. These 80 countries represent 80% of all countries that have launched the Agenda. A total of 222 representatives attended these meetings: 27% were government actors, 9% were development partners, 28% represented civil society, and 35% were UN actors. The joint country survey included a review of the scorecard, the status on proxy indicators to assess the programmatic status of HIV-related gender equality at the country level
  - Twenty-two structured interviews conducted with actors in government, civil society and UN agencies from multiple regions: 5% were government actors, 14% were development partners, 32% represented civil society, 23% were co-sponsors, and 26% represented UNAIDS Secretariat.
  - Desk research of 152 documents provided by UNAIDS and co-sponsors. Research sources included publications, progress reports, project designs and funding memos. For more information, refer to Annex VII.
  - Five country missions to Cambodia, Djibouti, Guatemala, Rwanda and Zambia. For more information, refer to Annex I. The UNAIDS Secretariat was responsible for selecting these countries.
  - An analysis of the Agenda's UN Accountability Targets,<sup>58</sup> utilizing the mapping undertaken by the Athena Network between August and October 2012, commissioned by the UN Interagency Working Group on Women, Girls, Gender Equality and HIV. This provides data on activities completed by UNAIDS under the Agenda. The detailed results of this analysis have been included in Annex IV. Dalberg Global Development Advisors and ICRW were not involved in the development or review of the UN Accountability Targets.
  - Financial data submitted by UNAIDS on the rollout of the Agenda. Data was collected by the UNAIDS Secretariat and submitted to Dalberg Global Development Advisors

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<sup>58</sup> UN Accountability Targets were developed to track UNAIDS' progress towards implementation of the Agenda and to foster collaboration between partners, primarily on the regional and global level.

155. The review team has measured 17 indicators, developed as part of the methodology, to assess the progress made in the Agenda's implementation. Table 1 and Table 2 include an overview of indicator results. Indicator definitions can be found in Annex V.
156. An internal UNAIDS Secretariat reference group and an external reference group with representatives from government, bilateral development partners, UN agencies and civil society, has guided the process, providing input on the terms of reference, the methodology, indicators and draft outputs.<sup>59</sup> The UNAIDS Secretariat has provided administrative and technical support to the review team on the development of the methodology, data collection and the development of the final report.
157. The following limitations to data collected need to be considered:
- *Attribution and contribution:* The mid-term review aims to measure progress on implementation and distil lessons learned. The review has not been designed to determine attribution of all actions to the Agenda. Many actors are working on the advancement of gender equality and HIV, related to or external to the Agenda, or building on previously initiated interventions. Case-study countries provide a clearer view of attribution as participants were asked to confirm the direct and indirect links with the Agenda. Also, the mid-term review is not suited to measure the Agenda's contribution to outcomes, in terms of improved access to services or related indicators. It was therefore decided to use the existing scorecard and National Composite Policy Indicators as outcome proxy, accepting that their findings are subject to different factors, as described below.
  - *Scorecard data:* The first review of gender equality within the HIV response, with the help of the scorecard, was undertaken only in 2011.<sup>60</sup> As such, no baseline exists for 2010, the year that the Agenda was launched. In addition, the scorecard review uses proxy indicators to assess the programmatic status of HIV-related gender equality at the country level. To limit subjectivity, countries were asked in 2011 to use a consultative process to complete the review. A similar request was made in 2012, resulting in an average of nearly eight representatives from UNAIDS, government, development partners and civil society being consulted to fill out scorecard data per country. However, respondents in some countries change from year to year. Different views and knowledge of the status of gender and HIV have in some instances resulted in variations in reporting between 2011 and 2012. Data analysed in this report reflects information held by the review team as of 15 October 2012. Finally, a few minor adjustments have been made to improve the 2012 scorecard.<sup>61</sup>
  - *UN Accountability Targets:* The Athena Network commissioned by UNFPA collected information on the 2010 and 2011 UN accountability targets. In contrast, this study collected data on 40 of the 49 2010/2011 accountability targets. The nine targets excluded were for country level actions. Four were deemed no longer relevant as they had planned to build from the International Health Partnership and Related Initiatives (IHP+), for which progress has been limited. Another five targets were excluded because in 2011, responsibility for their completion was assigned to UN Joint Country Teams. As UN Joint Country Teams were not directly asked for scorecard information, the five targets under their auspices have been excluded from the analysis.
  - *Financial data:* The Agenda was not explicitly funded until 2012 (through the UBRAF). As such, there are limitations to the extent to which UNAIDS can report on funding allocated for the rollout of the Agenda in 2010 and 2011. UNAIDS was asked to provide data on the funds allocated on the rollout of the Agenda, covering the period of the evaluation (Jan 2010 till July 2012). The data provided by co-sponsors is not

<sup>59</sup> For a list of reference group members, please consult Annex VI.

<sup>60</sup> The scorecard was a joint UNAIDS co-sponsor and Secretariat exercise, led by the Secretariat

<sup>61</sup> The fifth scorecard indicator was broadened to request information from both generalised as well as concentrated epidemics, and an option "I don't know" was included as a fourth response option.

comparable as there was no standardised reporting within UNAIDS for the Agenda. The Dalberg review team was not able to verify figures presented.

### ANNEX III - DATA PRESENTED BY TOR QUESTION

The data collected during the mid-term review of the Agenda is presented by TOR question below. The analysis of these results is presented in the main report. Sources of information have been referenced as relevant. Note that the TOR question numbers have been retained as they were stated in the original terms of reference.

#### 1) *Have the Recommendations included in the Agenda and their corresponding Actions and Accountability Targets been implemented, and how?*

For information on UN Accountability Targets, refer to Annex IV.

**Table 3 Desk research - national level actions initiated since the Agenda's launch that align with the Agenda**

Region	Recommendaton 1			Recommendation 2				Recommendation 3			
	1a	1b	1c	2a	2b	2c	2d	3a	3b	3c	3d
East and Southern Africa	51	11	35	116	35	123	83	84	41	14	1
West and Central Africa	35	4	17	63	17	51	37	55	25	7	1
Asia Pacific	41	4	11	124	12	47	33	38	14	0	2
Carribean	6	0	4	22	8	19	12	18	6	0	3
Eastern Europe and Central Asia	14	1	14	31	2	32	29	21	12	8	0
Latin America	47	0	15	66	45	51	56	85	59	2	0
Middle East and North Africa	11	1	3	22	3	22	17	12	5	1	0
<b>Total</b>	<b>205</b>	<b>21</b>	<b>99</b>	<b>444</b>	<b>122</b>	<b>345</b>	<b>267</b>	<b>313</b>	<b>162</b>	<b>32</b>	<b>7</b>

1a – 3d refer to the results in order of their listing in the Agenda, by recommendation. For a detailed list of the recommendations and results, refer to Table 21.

**Table 4 Desk research - regional and global level actions initiated since the Agenda's launch that align with the Agenda**

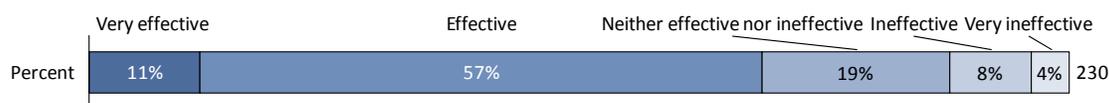
	Recommendaton 1			Recommendation 2				Recommendation 3			
	1a	1b	1c	2a	2b	2c	2d	3a	3b	3c	3d
<b>Global Actions</b>	<b>28</b>	<b>20</b>	<b>11</b>	<b>11</b>	<b>10</b>	<b>17</b>	<b>10</b>	<b>18</b>	<b>12</b>	<b>10</b>	<b>18</b>
<b>Regional Actions</b>	<b>14</b>	<b>3</b>	<b>3</b>	<b>15</b>	<b>3</b>	<b>11</b>	<b>4</b>	<b>10</b>	<b>11</b>	<b>3</b>	<b>3</b>
East and Southern Africa	4	1	1	5	1	2	2	3	5	1	0
West and Central Africa	1	0	0	4	1	1	0	2	1	0	1
Asia Pacific	1	2	1	2	1	2	1	0	0	0	0
Carribean	0	0	0	0	0	0	0	0	0	0	0
Eastern Europe and Central Asia	3	0	0	0	0	4	1	1	0	0	1
Latin America	4	0	1	1	0	2	0	3	3	2	0
Middle East and North Africa	1	0	0	3	0	0	0	1	2	0	1
<b>Total Global and Regional</b>	<b>42</b>	<b>23</b>	<b>14</b>	<b>26</b>	<b>13</b>	<b>28</b>	<b>14</b>	<b>28</b>	<b>23</b>	<b>13</b>	<b>21</b>

1a – 3d refer to the results in order of their listing in the Agenda, by recommendation. For a detailed list of the recommendations and results, refer to Table 21.

**1.1. To what extent has the Agenda contributed to strengthened knowledge, understanding and responses to the particular and various effects of the HIV epidemic on women and girls?**

**Figure 1 Percentage of times each answer was chosen to question:**

How would you rate the Agenda's effectiveness in: Strengthening knowledge, understanding and responses to the particular and various effects of the HIV epidemic on women and girls (Recommendation 1)?



Source: Stakeholder Survey Q14a, 'I don't know' responses removed.

**Table 5 Number of countries that are ranked green, orange and red in 2011 and 2012 for Recommendation 1 scorecard indicators\***

Rec.	Res.	Indicator	Green	Orange	Red	Don't know
<b>2012</b>						
1	a	Disaggregated Data	51	10	6	0
1	a	Qualitative Assessments	33	18	15	1
1	c	National Response Gender Review	27	12	27	1
1	c	GBV/HIV Data	19	22	25	1
1	c	Data on National Response for Women's Programmes	18	26	22	1
<b>2011</b>						
1	a	Disaggregated Data	46	17	4	0
1	a	Qualitative Assessments	34	13	20	0
1	c	National Response Gender Review	27	9	31	0
1	c	GBV/HIV Data	13	13	41	0
1	c	Data on National Response for Women's Programmes	19	16	32	0

\*67 countries that launched the Agenda have comparable data for 2011 and 2012, of the 72 launch countries that provided data

**Table 6 Number of countries that improved, deteriorated and remained the same on Recommendation 1 scorecard indicators between 2011 and 2012**

Rec	Result	Indicator	Improved	Deteriorated	Same	Progress*
1	a	Disaggregated Data	15	12	40	
1	a	Qualitative Assessments	18	16	32	
1	c	National Response Gender Review	19	16	31	
1	c	GBV/HIV Data	25	8	33	**
1	c	Data on National Response for Women's Programmes***	24	18	24	
<b>Total</b>			<b>101</b>	<b>70</b>	<b>160</b>	

Source: Joint country survey, 67 Agenda launch-countries with 2012 and 2011 data.

\*Green if more countries improved than deteriorated, orange if number of countries improved equal number of countries that deteriorated, red if more countries deteriorated than improved.

\*\*Number of countries that improved is more than double of those that deteriorated.

\*\*\*Wording changed slightly to include concentrated as well as generalized epidemics.

**Table 7 Number of countries within regions that improved, deteriorated and remained the same on Recommendation 1 scorecard indicators between 2011 and 2012**

Region	Improved	Deteriorated	Same	Progress*
AP	16	10	32	
CAR	5	5	10	
EECA	4	2	13	
ESA	25	16	39	
LA	14	11	25	
MENA	11	6	18	
WCA	26	20	23	
<b>Total</b>	<b>101</b>	<b>70</b>	<b>160</b>	

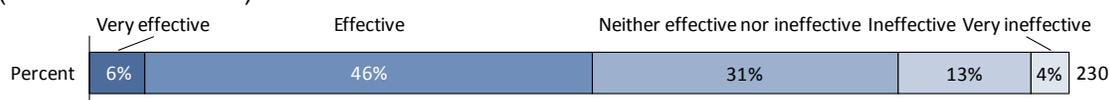
Source: Joint country survey, 67 Agenda launch-countries with 2012 and 2011 data.

\*Green if more countries improved than deteriorated, orange if number of countries improved equal number of countries that deteriorated, red if more countries deteriorated than improved.

### 1.2. To what extent has the Agenda contributed to translating political commitments into scaled-up action to address the rights and needs of women and girls in the context of HIV?

#### Figure 2 Percentage of times each answer was chosen to question:

How would you rate the Agenda's effectiveness in: Translating political commitments into scaled up action to address the rights and needs of women and girls in the context of HIV (Recommendation 2)?



Source: Stakeholder Survey Q14b, 'I don't know' responses removed.

**Table 8 Number of countries that are ranked green, orange and red in 2011 and 2012 for Recommendation 2 scorecard indicators\***

Rec.	Result	Indicator	Green	Orange	Red	Don't know
<b>2012</b>						
2	a	Funding for men/boys programs	11	34	17	5
2	a	SRH-HIV integration	29	35	3	0
2	b	Health sector GBV policy	40	11	13	3
2	c	HIV plans/budgets in women ministries	32	24	8	3
2	d	Female condoms	24	25	17	1
<b>2011</b>						
2	a	Funding for men/boys programs	5	41	21	0
2	a	SRH-HIV integration	22	39	6	0
2	b	Health sector GBV policy	30	18	19	0
2	c	HIV plans/budgets in women	23	34	10	0

Rec.	Result	Indicator	Green	Orange	Red	Don't know
		ministries				
2	d	Female condoms	19	26	22	0

\*67 countries that launched the Agenda have comparable data for 2011 and 2012, of the 72 launch countries that provided data

**Table 9 Number of countries that improved, deteriorated and remained the same on Recommendation 2 scorecard indicators between 2011 and 2012**

Rec.	Result	Indicator	Improved	Deteriorated	Same	Progress*
2	a	Funding for men/boys programs	18	10	34	
2	a	SRH-HIV integration	21	13	33	
2	b	Health sector GBV policy	22	12	30	
2	c	HIV plans/budgets in women ministries	19	11	34	
2	d	Female condoms	17	8	41	**
		<b>Total</b>	<b>97</b>	<b>54</b>	<b>172</b>	

Source: Joint country survey, 67 Agenda launch-countries with 2012 and 2011 data.

\*Green if more countries improved than deteriorated, orange if number of countries improved equal number of countries that deteriorated, red if more countries deteriorated than improved.

\*\*Number of countries that improved is more than double of those that deteriorated.

**Table 10 Number of countries within regions that improved, deteriorated and remained the same on Recommendation 2 scorecard indicators between 2011 and 2012**

Region	Improved	Deteriorated	Same	Progress*
AP	21	6	32	**
CAR	7	3	10	**
EECA	7	2	10	**
ESA	26	14	37	
LA	6	9	34	
MENA	8	7	17	
WCA	22	13	32	
<b>Total</b>	<b>97</b>	<b>54</b>	<b>172</b>	

Source: Joint country survey, 67 Agenda launch-countries with 2012 and 2011 data.

\*Green if more countries improved than deteriorated, orange if number of countries improved equal number of countries that deteriorated, red if more countries deteriorated than improved.

\*\*Number of countries that improved is more than double of those that deteriorated.

**1.3. To what extent has the Agenda contributed to strengthening an enabling environment for the fulfilment of the human rights of women and girls and their empowerment, in the context of HIV?**

**Figure 3 Percentage of times each answer was chosen to question:**

How would you rate the Agenda's effectiveness in: Strengthening the enabling environment for the fulfilment of the human rights of women and girls and their empowerment in the context of HIV?



Source: Stakeholder Survey Q14c, 'I don't know' responses removed.

**Table 11 Number of countries that are ranked green, orange and red in 2011 and 2012 for Recommendation 3 scorecard indicators\***

Rec.	Result	Indicator	Green	Orange	Red	Don't know
<b>2012</b>						
3	b	HIV+ women participation in response review	41	18	7	1
3	b	Affected women participation in CEDAW monitoring	21	28	16	2
3	a	Social protection for + women	24	32	9	2
3	c	Response budget for women organisations	31	16	19	1
<b>2011</b>						
3	b	HIV+ women participation in response review	45	16	6	0
3	b	Affected women participation in CEDAW monitoring	13	28	26	0
3	a	Social protection for + women	19	37	11	0
3	c	Response budget for women organisations	19	25	23	0

\*67 countries that launched the Agenda have comparable data for 2011 and 2012, of the 72 launch countries that provided data

**Table 12 Number of countries that deteriorated, improved and remained the same on Recommendation 3 scorecard indicators between 2011 and 2012**

Rec	Result	Indicator	Improved	Deteriorated	Same	Progress*
3	b	HIV+ women participation in response review	10	12	44	
3	b	Affected women participation in CEDAW monitoring	22	10	33	**
3	a	Social protection for + women	17	11	37	
3	c	Response budget for women organisations	27	12	27	**
<b>Total</b>			<b>76</b>	<b>45</b>	<b>141</b>	

Source: Joint country survey, 67 Agenda launch-countries with 2012 and 2011 data.

\*Green if more countries improved than deteriorated, orange if number of countries improved equal number of countries that deteriorated, red if more countries deteriorated than improved.

\*\*Number of countries that improved is more than double of those that deteriorated.

**Table 13 Number of countries within regions that improved, deteriorated and remained the same on Recommendation 3 scorecard indicators between 2011 and 2012**

Region	Improved	Deteriorated	Same	Progress*
AP	17	6	24	**
CAR	5	1	10	**
EECA	3	3	10	
ESA	17	10	34	
LA	7	10	22	
MENA	10	3	15	**
WCA	17	12	26	
<b>Total</b>	<b>76</b>	<b>45</b>	<b>141</b>	

Source: Joint country survey, 67 Agenda launch-countries with 2012 and 2011 data.

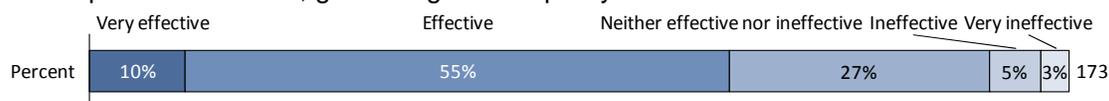
\*Green if more countries improved than deteriorated, orange if number of countries improved equal number of countries that deteriorated, red if more countries deteriorated than improved.

\*\*Number of countries that improved is more than double of those that deteriorated.

#### **1.4. What was the contribution of the Agenda to the strengthening of national HIV responses?**

**Figure 4 Percentage of times each answer was chosen to question:**

How would you rate the Agenda's effectiveness in: Strengthening your country's national HIV response for women, girls and gender equality?



Source: Stakeholder Survey Q11a, 'I don't know' responses removed. Only respondents working at the country level answered this question.

**Figure 5 Percentage of times each answer was chosen to question:**

How would you rate the Agenda's effectiveness in: Strengthening the regional and global HIV response for women, girls and gender equality?



Source: Stakeholder Survey Q13a, 'I don't know' responses removed. Only respondents working at global and regional levels answered this question.

#### **1.5. What financial support was made available to implement the Agenda at the global, regional and country levels, by the UN family, including UNAIDS and cosponsors, as well as other development partners?**

The table below present funds allocated in rolling out the Agenda by co-sponsor based on data provided by each agency. In the data collection for the purposes of the report, each co-sponsor was sent a request to provide financial information on the roll-out of the Agenda. The data provided varies in completeness and details and cannot be compared across.

**Table 6 Funding allocated to the Agenda by organization**

	Global	Regional	Country	Unclassified	Total
ILO	821,433	2,108,918			2,930,351
UNAIDS	4,424,280	1,364,860	6,487,410		12,276,550
UNDP	2,696,230	8,345,007			11,041,237
UNESCO			13,583,932		13,583,932
UNFPA				11,187,075	11,187,075
UNHCR	930,607	827,332	7,917,884		9,675,823
UNICEF	140,000	280,000	280,000		700,000
UNODC		3,274,875	5,669,846		8,944,721
UN Women	255,000			5,740,000	5,995,000
WHO	100,000			2,665,000	2,765,000
Total	9,367,550	16,200,992	33,939,072	19,592,075	79,099,689

The data may lack precision, scope and comparability as agencies may not have developed work plan with budgets against their accountabilities in the Agenda. The following caveats have been made by co-sponsors on numbers provided:

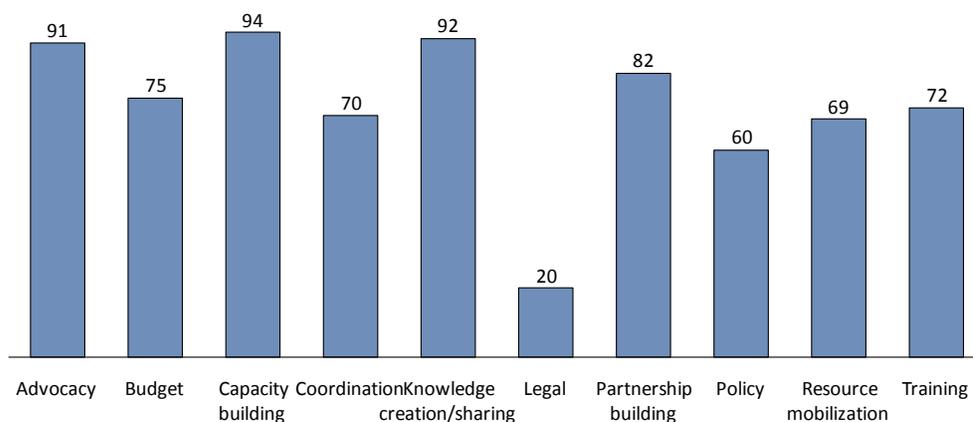
- **UNFPA:** Expenditures reflect UNFPA's financial information of the UBW priority outcomes and broad activities that directly address the needs of women and girls in the context of HIV and a percentage of the expenditures in the context of sex work to capture the work on addressing violence against sex workers. 2010-2011 calculations include the global, regional, sub-regional level expenditures through all funding streams, i.e. the UBW, extra budgetary and UNFPA core, but from the country level only UBW expenditures are reflected. At this time it was not feasible to get a breakdown of all levels. The expenditures reported come with the caveat that it could be argued that the majority of UNFPA's funds are impacting the Agenda for Women and Girls in one way or another. Not only is UNFPA the co-convening agency in the area of women and girls, the overall strategic focus of UNFPA's business plan is to improve the lives of women and young people (in particular girls). For example, the expenditures shown do not include female condom procurement (US\$33,602,346), eMTCT, comprehensive sexuality education, SRH/HIV linkages, SRH/HIV services for sex workers, support to networks of women living with HIV which are costed under different priority outcomes such as reducing sexual transmission.
- **UNESCO:** The contribution cannot be considered an exclusive contribution to the Agenda on Women and Girls, as the outcomes of sexuality education are wider than those expressed in the Agenda. However, UNESCO is responsible for a sexual education accountability step in the Agenda for which funds were allocated.
- **UNAIDS:** Country level data includes Gender PAF funds (USD 2,030,142) which are managed by the UNAIDS Secretariat, but expended by members of the UN joint teams on AIDS, primarily co-sponsors. There is therefore a risk of double counting funds if cosponsors count this same expenditure as their country level expenditure. Funding to civil society is likely underestimated as it does not include grants made by country offices or travel paid by regional or country officers for civil society representatives.
- **UNDP:** UNDP Agenda spending estimates do not reflect funding allocated at the country level and exclude funds allocated in 2012
- **UNHCR:** Funding includes a total estimate for 2012 up to December 2012

- **UN Women:** UN Women did not receive any specific funds to implement the Agenda from UBRAF/UBW, thus all UN Women funds are core UN Women funds and non-core funds raised by UN Women. Expenditures do not include staff time and associated costs. Figures do not include funds allocated through the UN Trust Fund to end violence against women (expressly for VAW-HIV inter linkages) nor the UN Women Fund for Gender Equality which has supported networks of women living with HIV, including for their economic and political empowerment. Funds do not include efforts in 'cross-thematic' investments that may include gender equality dimensions of HIV.
- **WHO:** Except for one activity reported to be global, at this time, it was not possible to disaggregate funds by global, regional and national levels.
- **ILO:** Funding estimates exclude data for 2012 which will only be available at the end of the year.

**1.6. What technical support, including but not limited to staffing support and capacity building, was made available to implement the Agenda?**

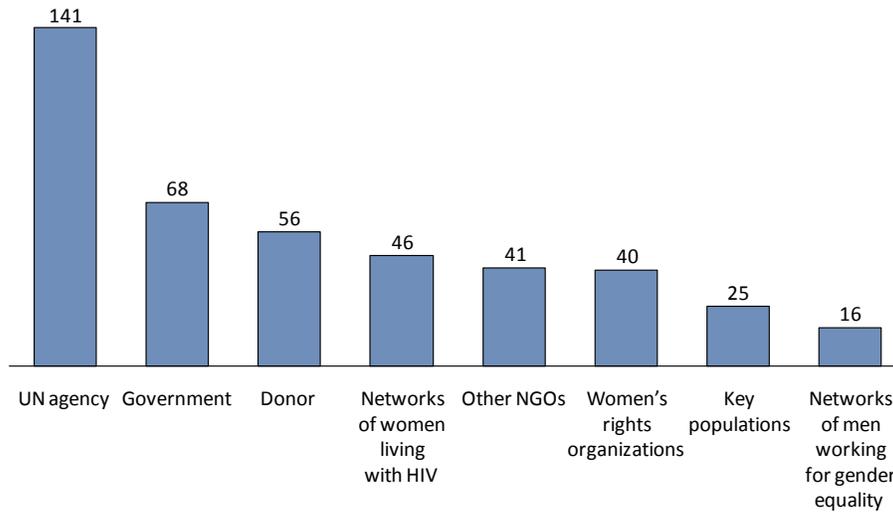
**Figure 7 Number of times each answer was chosen to question:**

What technical support was made available to you in implementing the Agenda? Tick all that apply.



Source: Stakeholder Survey Q15, 258 respondents, 'I don't know' responses, and 'I did not receive technical support' responses removed.

**Figure 8 Number of times each answer was chosen to question:**  
Who provided that support?



Source: Stakeholder Survey Q18, 258 respondents, 'I don't know' responses, and 'I did not receive technical support' responses removed.

**Figure 9 Percentage of times each answer was chosen to question:**  
Did the technical support meet your quality standards?



Source: Stakeholder Survey Q16, 'I don't know' and 'I did not receive technical support' responses removed.

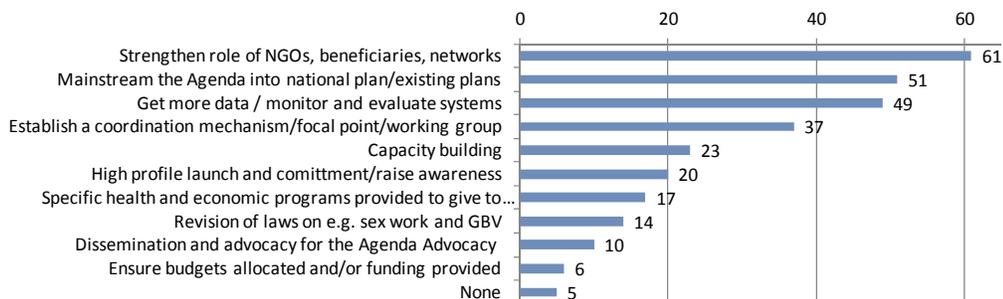
**Figure 10 Percentage of times each answer was chosen to question:**  
Did technical support produce the results you intended?



Source: Stakeholder Survey Q17, 'I don't know' and 'I did not receive technical support' responses removed.

**1.7. What has been achieved through the Agenda? What are some of the initiatives that constitute promising and best practices?**

**Figure 11 Number of times each type of answer was provided to question:**  
Please describe up to three activities undertaken through the Agenda that are promising and/or best practices?



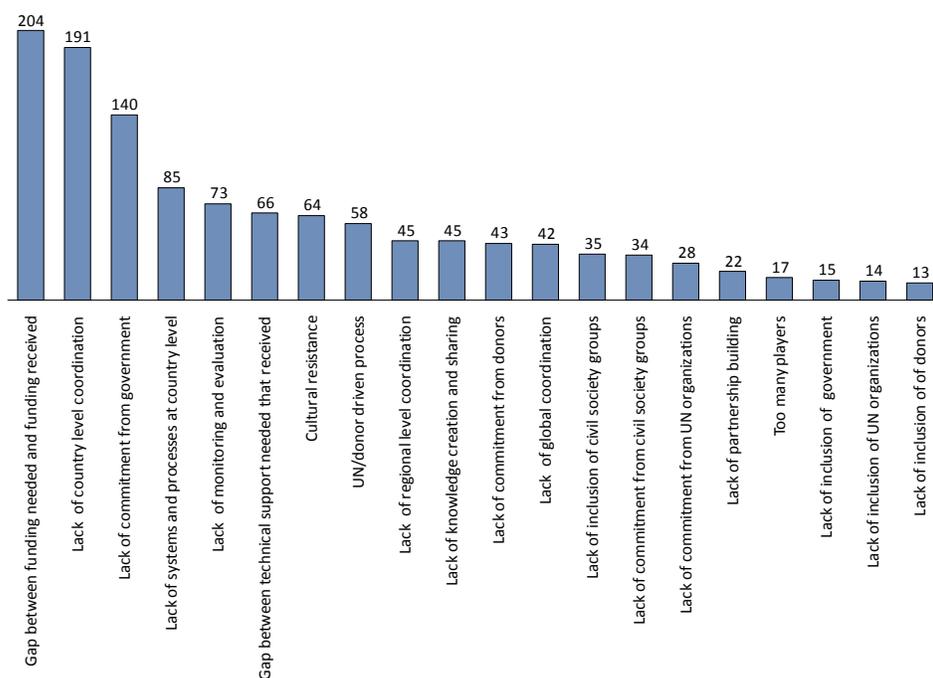
Source: Stakeholder Survey Open Question 23, 293 responses, categories included if >5 responses.

**1.8. What are some of the lessons learned through the implementation of the Agenda?**

Data to respond to this question was collected through interviews and country missions. Responses have been taken into consideration in developing findings contained in the main body of the report.

**1.9. What have been the main challenges?**

**Figure 12 Total ranking given to options in question:**  
Please rank the three biggest challenges in implementing the Agenda? (Highest value corresponds to option most perceived as a challenge)



Source: Stakeholder Survey Q22, 221 respondents, three points allocated for a challenge ranked as 'most important', two points allocated for a challenge ranked 'second most important' and one point allocated for a challenge ranked 'third most important'. Answers reflect total points per challenge.

**Table 14 Top five challenges by region**

Challenges*	ESA	MENA	WCA	EECA	LA	CAR	AP
Gap between funding needed and funding received	1	3	2	1	3	2	2
Lack of country level coordination	2		1	5	1	4	1
Lack of commitment from government	3	1	4	2	2	3	3
Lack of systems and processes at country level			3				4
Lack of monitoring and evaluation	4						5
Gap between technical support needed and technical support received					5	1	
Cultural resistance	5						
UN/development partner driven process		2	5	3			
Lack of regional level coordination							
Lack of knowledge creation and sharing		4					
Lack of commitment from development partners					4		
Lack of global coordination						5	
Lack of inclusion of civil society groups				4			
Lack of commitment from civil society groups							
Lack of commitment from UN organizations		5					
Lack of partnership building							

\*Listed in order of global priorities

**Table 15 Top five challenges by stakeholder group**

Challenges*	Govt	UN	Net. WLHIV	WR groups	Key pops	Other NGOs
Gap between funding needed and funding received	2	1		2	1	1
Lack of country level coordination	1	2	2	1	2	2
Lack of commitment from government		3	1	3		3
Lack of systems and processes at country level	5	4	4		5	
Lack of monitoring and evaluation	4		5			
Gap between technical support needed and technical support received	3					4

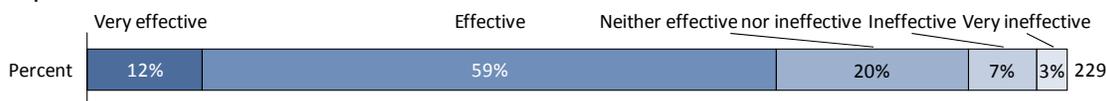
Cultural resistance						
UN/development partner driven process		5				
Lack of regional level coordination			3			
Lack of knowledge creation and sharing						
Lack of commitment from development partners				4		
Lack of global coordination				5		
Lack of inclusion of civil society groups						5
Lack of commitment from civil society groups						
Lack of commitment from UN organizations						
Lack of partnership building						
Too many players						
Lack of inclusion of government					3	
Lack of inclusion of UN organizations					4	

\*Listed in order of global priorities. Notes: Networks of men working for gender equality and development partners were excluded from this analysis due to insufficient data. WR groups = women’s rights groups; net. WLHIV = networks of WLHIV; key pops = key populations

In the survey question’s ‘comments’ section, the most frequently made comment, by 11 stakeholders was that the biggest challenge has been to implement what has been committed to.

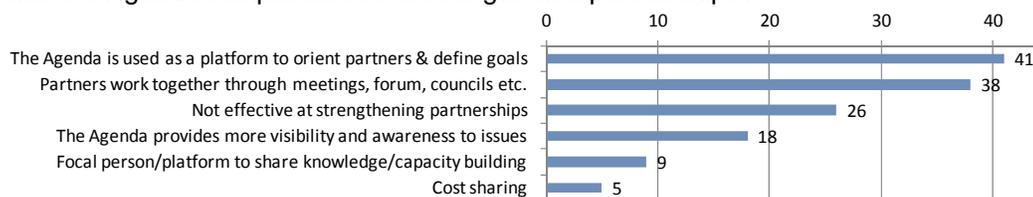
**2. With regards to the role of key stakeholders in the operationalization of the Agenda, to what extent has the Agenda contributed to strengthened partnerships in the HIV response?**

**Figure 13 Percentage of times each answer was chosen to question:**  
How would you rate the Agenda's effectiveness in: Strengthening partnerships in the HIV response?



Source: Stakeholder Survey Q14d, ‘I don’t know’ responses removed.

**Figure 14 Number of times each type of answer was provided to question:**  
How has the Agenda’s implementation strengthened partnerships?

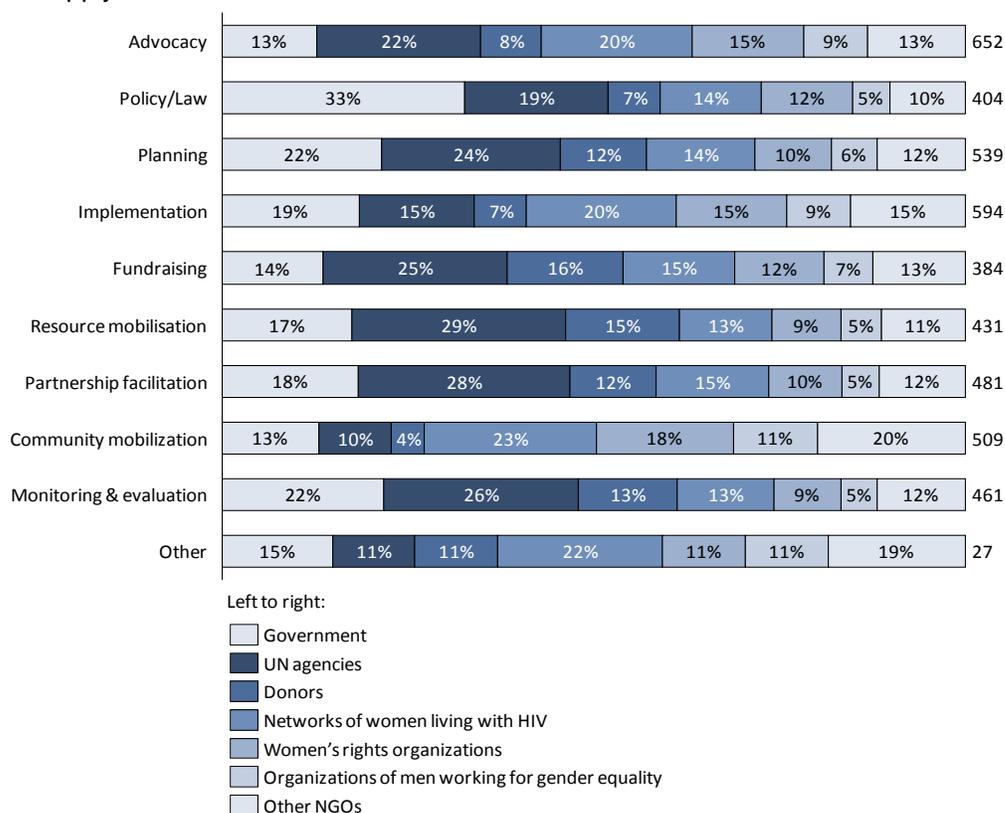


Source: Stakeholder Survey Open Question 20, 137 responses, categories included if >5 responses.

**2.1.-2.4 What has been the role of the UNAIDS family and cosponsors, government, development partners and civil society, particularly networks of women living with HIV, women’s organizations and engagement of men for gender equality? What has been the impact of these roles?**

**Figure 15 Percentage of times each answer was chosen to question:**

Please select the key Agenda roles undertaken by the following partner groups. Select all that apply.



Source: Stakeholder Survey Question 19, 258 responses.

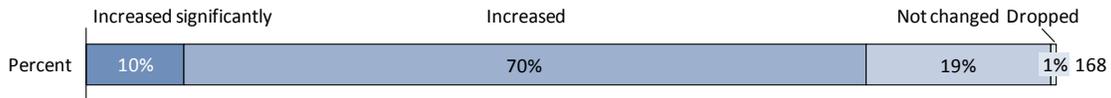
**2.5. To what extent has the Agenda benefitted from or contributed to synergies and harmonization on other initiatives on women and girls?**

Data to respond to this question was collected through country missions. Responses have been taken into consideration in developing findings contained in the main body of the report.

**3, 3.1 Given the current global context how can the Agenda help further accelerate positive change for women and girls through HIV responses? How can the Agenda assist in sustaining that change?**

**Figure 16 Percentage of times each answer was chosen to question:**

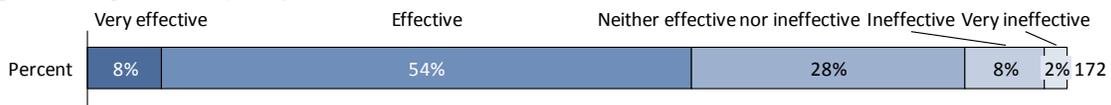
Since the Agenda’s launch in your country, has the frequency of actions being initiated to support women, girls and gender equality in the context of HIV...



Source: Stakeholder Survey Q10, ‘I don’t know’ responses removed.

**Figure 17 Percentage of times each answer was chosen to question:**

How would you rate the Agenda’s effectiveness in: Accelerating country action for women, girls and gender equality in the context of HIV?



Source: Stakeholder Survey Q11b, ‘I don’t know’ responses removed.

**Figure 18 Percentage of times each answer was chosen to question:**

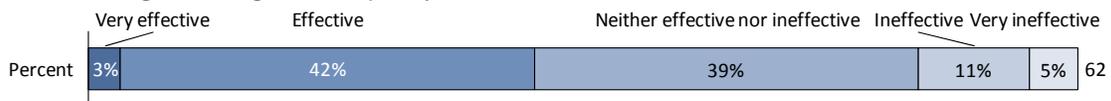
Since the global launch in March 2010, has the frequency of actions being initiated to support women, girls and gender equality in the context of HIV on a global and regional scale...



Source: Stakeholder Survey Q12, ‘I don’t know’ responses removed, only global and regional respondents answered this question.

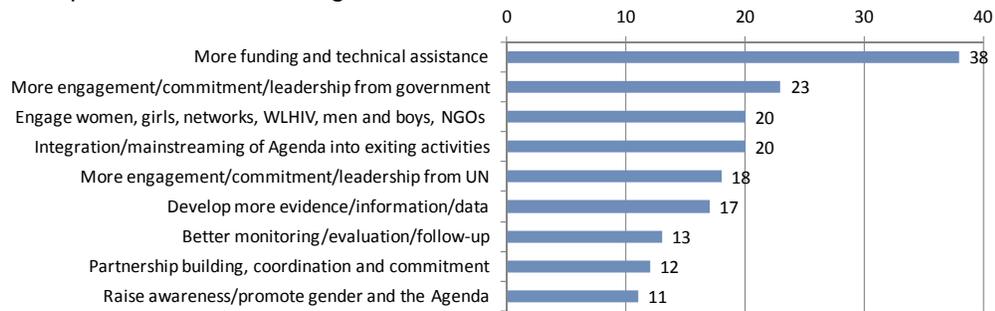
**Figure 19 Percentage of times each answer was chosen to question:**

How would you rate the Agenda’s effectiveness in: Accelerating global and regional action for women, girls and gender equality in the context of HIV?



Source: Stakeholder Survey Q13b, ‘I don’t know’ responses removed, only global and regional respondents answered this question.

**Figure 20 Number of times each type of answer was provided to question:**  
How can the implementation of the Agenda be accelerated?



Source: Stakeholder Survey Open Question 24, 175 responses, categories included if >5 responses.

**3.2. How can the Agenda support the positioning of gender equality as a critical enabler of an effective HIV response?**

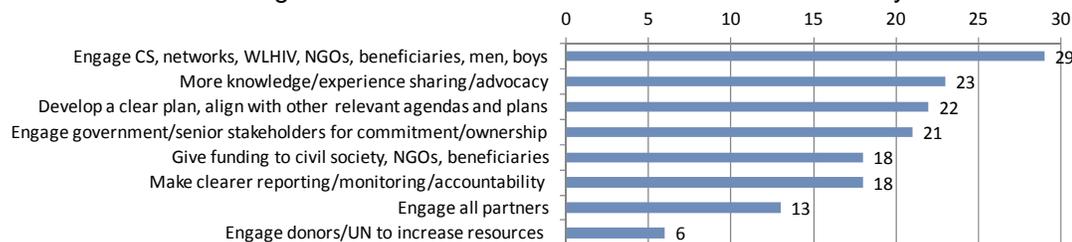
Data to respond to this question was collected through interviews and country missions. Responses have been taken into consideration in developing findings contained in the main body of the report.

**3.3. How can the monitoring of the implementation of the Agenda be strengthened, including through the strengthening of data collection? (including, but not limited to, UNAIDS Scorecard on Gender Equality in National HIV Responses)**

Data to respond to this question was collected through interviews and country missions. Responses have been taken into consideration in developing findings contained in the main body of the report.

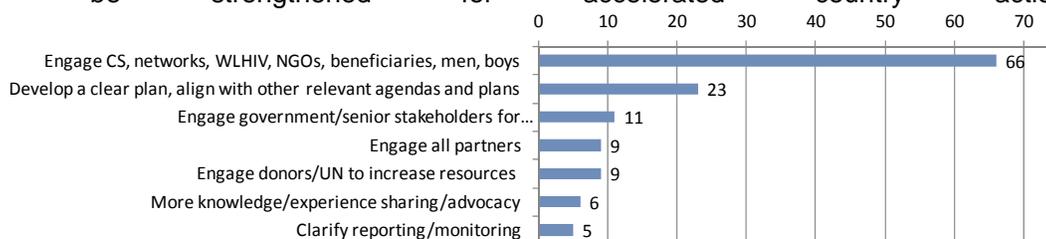
**3.4. How can the engagement, collaboration and coordination among implementation partners be strengthened for accelerated country action?**

**Figure 21 Number of times each type of answer was provided to question:**  
What recommendations do you have for how **engagement** among implementing partners can be strengthened for accelerated country action?



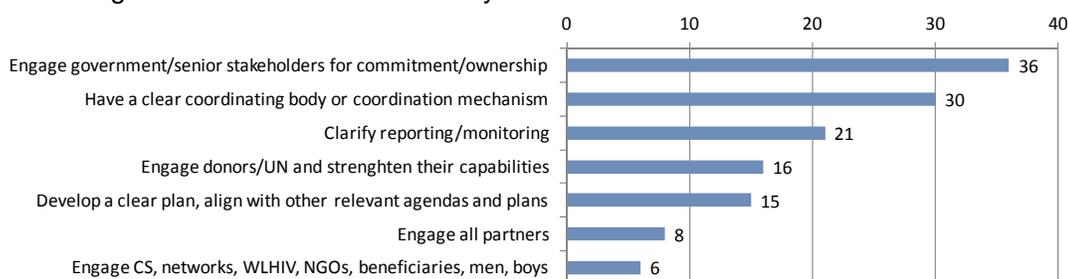
Source: Stakeholder Survey Open Question 21a, 150 responses, categories included if >5 responses.

**Figure 22 Number of times each type of answer was provided to question:**  
 What recommendations do you have for how **collaboration** among implementing partners can be strengthened for accelerated country action?



Source: Stakeholder Survey Open Question 21b, 135 responses, categories included if >5 responses.

**Figure 23 Number of times each type of answer was provided to question:**  
 What recommendations do you have for how **coordination** among implementing partners can be strengthened for accelerated country action?



Source: Stakeholder Survey Open Question 21c, 138 responses, categories included if >5 responses.

**3.5. How can dedicated funding for gender equality and HIV, including for women and girls’ networks and groups, be sustained and ensured?**

Data to respond to this question was collected through interviews and country missions. Responses have been taken into consideration in developing findings contained in the main body of the report.

**3.6. What are some of the potential key adjustments that would strengthen the implementation of the Agenda moving forward?**

Data to respond to this question was collected through interviews and country missions. Responses have been taken into consideration in developing findings contained in the main body of the report.

## ANNEX IV – UN ACCOUNTABILITY TARGETS

In order to implement the Agenda, global, regional and national accountability targets were assigned to UNAIDS. For 2010 and 2011, 49 accountability targets specify activities, targets and deadlines, 39 of which have been analyzed.<sup>62</sup> Data was collected by the Athena Network, with assistance from UNAIDS, on the 2010 and 2011 UN Accountability targets by reviewing information provided from the global and regional levels by UNAIDS.

The accountability targets have been rated according to a scorecard where:

	No action reported
	Partial completion of commitment reported within timeline specified
	Full completion of commitment within the timeline
	Accountability step relevant but not included
	Accountability step not relevant for that year

**Table 16 Summary of national, regional and global accountability targets that have been fully completed, partially completed and where not action has been reported**

Accountability targets		Total			
National level accountability targets	# actions	22	12	9	1
	% of total	100%	55%	41%	5%
Regional level accountability targets	# actions	6	1	3	2
	% of total	100%	17%	50%	33%
Global level accountability targets	# actions	12	8	3	1
	% of total	100%	67%	25%	8%

The tables below have been divided as follows: (1) three tables on the status of national, regional and global accountability targets that identify the lead agency and partners involved in each action, (2) three tables on the rationale provided by UNAIDS for the rating, (3) an explanation of result categories 1a to 3d as listed in tables.

<sup>62</sup> For an explanation of why some accountability targets have been excluded, refer to the methodology section of this report. Accountability targets have been separated by year. Thus an accountability step statement in the Agenda that includes actions for completion in both 2010 and 2011 is considered to be two separate accountability targets.

**Table 17 Status of national level accountability targets**

Result	#	Deadline	UN Accountability Step definition (from the Agenda)	Lead	Partners	2010	2011
1a	1	2010/2011	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.	UNDP, UN Women			
1a	3	2010	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.	UN Joint Teams			
1c	7	2010/2011	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.	UN Joint Teams			
1c	8	2010/2011	The World Bank to take the lead within the UN joint team 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 AIDS response.	World Bank	UNAIDS		
2a	9	2010/2011	UN joint teams on AIDS to support 30 countries in 2010 and 20 countries in 2011 due to develop new national strategic plans for HIV to incorporate actions to implement global and regional commitments into the national strategic plan, as part of the development of new national strategic plans for HIV.	UN Joint Teams			
2a	10	2010	UNDP to support at least two national networks of women living with HIV per region to map and assess progress on international gender equality and women's and girls' human rights commitments, as input to the 2010 UN Millennium Development Goals Summit.	UNDP			
2a	11	2010	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 rollout of at least two countries per region.	UNDP	UNFPA		
2b	14	2010	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 rollout of the campaign.	UNFPA	UNDP, WHO		
2c	15	2010/2011	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 rollout by 2011, with subsequent rollout in an additional two countries per region per year.	UN Joint Teams			
2c	16	2011	UN joint teams on AIDS in the 17 International Health Partnership and Related	UN Joint			

Result	#	Deadline	UN Accountability Step definition (from the Agenda)	Lead	Partners	2010	2011
			Initiatives (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 rollout to take place in an additional two countries per region per year.	Teams			
2d	17	2010	UN joint teams on AIDS to support two model countries per region to incorporate gender equality into HIV prevention policies and programmes by the end of 2010.	UN Joint Teams			
2d	19	2011	The UN Joint Teams of these countries to support translation of gender-sensitive prevention policies into programmes for women, young women and girls by the end of 2011	UN Joint Teams			
2d	20	2010	UNESCO to support Member States and other key partners to improve and introduce quality sexuality education in at least two countries per region by 2010.	UNESCO	UNAIDS		
3a	21	2010	UN joint teams on AIDS provide support to women's organizations in 25 countries through mobilizing coalitions in support of the rights of women and girls and gender equality to contribute to the 2010 UNGASS country reporting.	UN Joint Teams			
3a	22	2012	The International Labour Organization and the United Nations Children's Fund to take the lead in the UN joint teams on AIDS in supporting at least three countries per region to gauge and cost unpaid care work provided by women and girls in the context of HIV and operationalize social protection programmes for women living with HIV and female caregivers by 2012	ILO/UNICEF			
3a	23	2010/2011	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 rollout to at least four countries per region per year.	UNFPA, UN Joint Teams	IDS, Promundo, GIZ, MenEngage Alliance		
3b	24	2010/2011	UNDP to take the lead in the UN joint teams on AIDS to support leadership development programmes for women and girls living with HIV in 30 countries due to develop new national AIDS strategies by the end of 2010 and in 20 countries by the end of 2011.	UNDP	UNAIDS		
3b	25	2010	UN joint teams on AIDS advocate for 40% of positions in Country Coordinating Mechanisms to be allocated to women's groups and networks of women living with HIV by the end of 2010.	UN Joint Teams			
3b	26	2011	UN joint teams on AIDS support at least three countries per region to 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.	UN Joint Teams			
3c	27	2010/12	UN joint teams to support all 17 International Health Partnership and Related Initiatives (IHP+) countries to establish and operationalize capacity-building basket	UN Joint Teams			

Result	#	Deadline	UN Accountability Step definition (from the Agenda)	Lead	Partners	2010	2011
			funds for civil society by the end of 2010 and document lessons learned for global policy dialogue by the end of 2012.				
3d	31	2010/2011	Recruit a senior gender equality specialist under the UN resident coordinators system in the eight Delivering as One countries, by the end of 2010, and in 20 countries by the end of 2011.	UNAIDS			

Note: A total of 22 of the 31 country level 2010/2011 accountability targets were analysed as a part of the review. Of the nine targets excluded, four were deemed no longer relevant as they related to the International Health Partnership and Related Initiatives (IHP+), for which progress has been limited. Another five targets were excluded as responsibility was assigned to UN Joint Country Teams for their completion in 2011. As UN Joint Country Teams were not directly requested for this information, and partial data was available on the regional and global levels, they have been excluded from the analysis.

**Table 18 Status of regional level accountability targets**

Result	#	Deadline	UN Accountability Step definition (from the Agenda)	Lead	Partners	Result 2010	Result 2011
1a	4	2011	UNAIDS Secretariat to support five countries to serve as a model and include gender equality analysis in national AIDS spending assessments by 2011.	UNAIDS Secretariat	UN Women, WHO, UNAIDS, GIZ		
1c	6	2011	The seven regional directors groups to establish regional repositories of evidence on the linkage between HIV and violence against women by 2011.	Regional Directors Groups			
2a	12	2011	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.	Regional Directors Groups			
2d	18	2011	Subsequently, regional directors groups facilitate mechanisms for South-South learning to facilitate annual rollout in at least four countries per region by 2011.	Regional Directors Groups			
3d	32	2010	UNAIDS and UNIFEM to ensure that all regional technical support hubs have dedicated resources and expertise for engaging men and boys for gender equality by the second quarter of 2010.	UNAIDS, UN Women			
3d	33	2011	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.	Regional Directors Groups			

Note: All 6 regional level 2010/2011 accountability targets have been analysed.

**Table 19 Status of global level accountability targets**

Result	#	Deadline	UN Accountability Step definition (from the Agenda)	Lead	Partners	2010	2011
1a	2	2010/2011	UNAIDS Secretariat supports 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.	UNAIDS Secretariat			
1b	5	2011	UNAIDS and UNIFEM at the global level to support the participatory updating of UNGASS HIV core indicators by the next UNGASS reporting round.	UNAIDS & UNIFEM			
2b	13	2010	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 rollout of the campaign.	UN Secretary General, WHO	UN Women, Africa Regional UNiTE campaign		
3c	28	2010/2011	UNAIDS to ensure measurable resource allocation for gender programmes, in line with the Agenda for Accelerated Country Action, and to report results annually.	UNAIDS			
3c	29	2010/2011	UNAIDS and UNIFEM to monitor and report annually to the UNAIDS Programme Coordinating Board on the funding allocated for the agenda on women, girls, gender equality and HIV, to start in 2010.	UNAIDS, UN Women			
3d	30	2010/2011	The UN Interagency Human Resource Network to propose a UNAIDS policy on the development and operationalization of capacity-building development plans for staff to incorporate gender equality into their work by 2010. Report annually to the UNAIDS PCB on the operationalization of the policy from 2011 onwards.	UN Interagency Human Resource Network			
3d	34	2010	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 on achieving the intended outcomes.	UNAIDS, UN Women			

Note: All 12 global level 2010/2011 accountability targets have been analysed.

**Table 20 Rationale for status of accountability targets**

#	UN Accountability Step definition (from the Agenda)	2010	2011	Rationale
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.			2010: 6 countries supported out of 17 (35%). 2011: 12 countries supported out of 17 (71%). UN/CEDAW task force created an information brief on HIV integration into CEDAW, and submitted it to CEDAW committee.
2	UNAIDS Secretariat supports 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.			2010: Support provided to women's groups and networks in 23 countries out of 10 (230%). 2011: Support provided to women's groups and networks in 13 countries out of 10 (130%).
3	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.			2010: Support provided to 15 countries out of 10 (150%). 2011: Support provided to 4 countries in SE Asia to revise and update data on risk factors among women. Research undertaken in the Caribbean on gender dynamics of HIV. Community driven rollout of Stigma Index in 40 countries.
4	UNAIDS Secretariat to support five countries to serve as a model and include gender equality analysis in national AIDS spending assessments by 2011.			Training on gender responsive budgeting provided by UN Women to 2 countries, and by UNAIDS to 3 countries. Research and tools developed for better gender-sensitive data collection and analysis.
5	UNAIDS and UNIFEM at the global level to support the participatory updating of UNGASS HIV core indicators by the next UNGASS reporting round.			Gender-based violence indicator included. Data is systematically collected.
6	The seven regional directors groups to establish regional repositories of evidence on the linkage between HIV and violence against women by 2011.			This issue has been more addressed at country and global level than at regional level. Comparable Demographic and Health Survey data on violence is now available from 42 countries and will be included the Global Report on AIDS 2012. Data collected in Tanzania, Kenya, Haiti, and Zimbabwe through program "together for girls".
7	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.			2010: Support provided to 32 countries out of 30 (107%). 2011: Support provided to 25 countries out of 20 (125%).
8	The World Bank to take the lead within the UN joint team 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 AIDS response.			2010: Support provided to 26 countries out of 30 (87%). 2011: Support provided to 12 countries out of 20 (60%). In Eastern and Southern Africa, 12 National AIDS Councils were trained to integrate gender and human rights in their

#	UN Accountability Step definition (from the Agenda)	2010	2011	Rationale
				national strategic plans (which are being developed in 2012). Eight of these countries are among the UNAIDS high-impact countries and will receive intensified support through a joint UN regional activity in 2012. Gender analysis conducted of Jamaica's HIV strategy and national strategic plan. Gender analyses of 11 African country national strategic plans undertaken in 2012.
9	UN joint teams on AIDS to support 30 countries in 2010 and 20 countries in 2011 due to develop new national strategic plans for HIV to incorporate actions to implement global and regional commitments into the national strategic plan, as part of the development of new national strategic plans for HIV.			Support provided to 40 countries out of 50 (80%).
10	UNDP to support at least two national networks of women living with HIV per region to map and assess progress on international gender equality and women's and girls' human rights commitments, as input to the 2010 UN Millennium Development Goals Summit.			Support provided to 14 countries. Additional support provided to 21 countries on HIV and Millennium Development Goals linkages (250% of target). 2 regional consultations held on Millennium Development Goals 3 and 6.
11	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 rollout of at least two countries per region.			2010: Support provided to 8 "Delivering as One" countries out of 8 (100%). 2011: Support provided to 12 countries. Launch of the Global Commission on HIV and the Law.
12	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.			Regional assessment of gender discriminatory laws carried out as part of regional consultations and submission under Global Commission on HIV and the Law in all regions.
13	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 rollout of the campaign.			Launched UNiTE campaigns in 2 additional regions, Asia and Africa. Strengthened UNiTE campaigns in 2 regions, Latin America and the Caribbean in 2010. Support provided to integrate HIV into UNiTE campaigns in the African region. Advocacy project conducted in Jamaica to end violence against women living with HIV in 2011.
14	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 rollout of the campaign.			Meaningful involvement of sex workers incorporated in all UNFPA work on HIV and sex work with continued rollout at global, regional and country levels. In 2010 and 2011, In-Reach training provided on strengthening HIV and human rights work with Sex workers,

#	UN Accountability Step definition (from the Agenda)	2010	2011	Rationale
				IDU, MSM and transgender populations for participants from 9 UN Agencies from 34 countries.
15	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 rollout by 2011, with subsequent rollout in an additional two countries per region per year.			<i>Indicator no longer relevant due to limited progress of IHP+.</i>
16	UN joint teams on AIDS in the 17 International Health Partnership and Related Initiatives (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 rollout to take place in an additional two countries per region per year.			<i>Indicator no longer relevant due to limited progress of IHP+.</i>
17	UN joint teams on AIDS to support two model countries per region to incorporate gender equality into HIV prevention policies and programmes by the end of 2010.			Support provided to 7 countries in 3 regions.
18	Subsequently, regional directors groups facilitate mechanisms for South-South learning to facilitate annual rollout in at least four countries per region by 2011.			<i>Nothing reported.</i>
19	The UN Joint Teams of these countries to support translation of gender-sensitive prevention policies into programmes for women, young women and girls by the end of 2011			Consultations held with networks of women living with HIV in Global Plan priority countries.
20	UNESCO to support Member States and other key partners to improve and introduce quality sexuality education in at least two countries per region by 2010.			2010: Support provided to 34 countries.
21	UN joint teams on AIDS provide support to women's organizations in 25 countries through mobilizing coalitions in support of the rights of women and girls and gender equality to contribute to the 2010 UNGASS country reporting.			2010: Participation of ±70 networks of women's organizations in 2010 UNGASS reporting.
22	The International Labour Organization and the United Nations Children's Fund to take the lead in the UN joint teams on AIDS in supporting at least three countries per region to gauge and cost unpaid care work provided by women and girls in the context of HIV and operationalize social protection programmes for women living with HIV and female caregivers by 2012			ONGOING: UNAIDS, UNICEF and ILO work through the Social Protection Care and Support Working Group with Care Givers Action Network to support country level analysis in Ethiopia, Malawi, Zambia and South Africa. The analysis reviews the changing nature of care and the role of women and girls in providing care and support.
23	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,			2010: Consultation conducted in 15 countries. Mobilizing Men programme implemented in 3 countries. Engaging Men

#	UN Accountability Step definition (from the Agenda)	2010	2011	Rationale
	with men and boys, in particular those working for gender equality, strategies addressing social norms around gender and sexual relationships by 2010 and subsequently rollout to at least four countries per region per year.			and Boys in Gender Equality and Health: A Global Toolkit for Action developed. Africa Regional Framework on working with men and boys developed. Mapping completed in Arab States. 2011: Consultation convened with 20 countries across 5 regions on integrating gender-based violence and engaging men and boys for gender equality into national strategic plans on HIV. Gender Transformative Norms workshop convened with 6 countries in Eastern Europe and Central Asia.
24	UNDP to take the lead in the UN joint teams on AIDS to support leadership development programmes for women and girls living with HIV in 30 countries due to develop new national AIDS strategies by the end of 2010 and in 20 countries by the end of 2011.			2010: Leadership capacity of women living with HIV supported in 31 countries out of 30 (103%) 2010: Leadership capacity of women living with HIV supported in 36 countries out of 20 (180%), including "Leadership for Results" in India. Leadership capacity training provided to the International Community of Women with HIV/AIDS (ICW).
25	UN joint teams on AIDS advocate for 40% of positions in Country Coordinating Mechanisms to be allocated to women's groups and networks of women living with HIV by the end of 2010.			40%-target achieved in 41 countries across 6 regions.
26	UN joint teams on AIDS support at least three countries per region to 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.			Political and civil society women leaders from 42 countries and 3 regions (West and Central Africa, Eastern and Southern Africa, Middle East and Northern Africa) supported the joint establishment of the Global power movement for gender equality and HIV. Ongoing support provided to the Chahama network of religious leaders and AIDS in Middle East. Support provided to initiatives that raise awareness on gender and HIV among religious leaders in Malawi and Namibia.
27	UN joint teams to support all 17 International Health Partnership and Related Initiatives (IHP+) countries to establish and operationalize capacity-building basket funds for civil society by the end of 2010 and document lessons learned for global policy dialogue by the end of 2012.			<i>Nothing reported.</i>
28	UNAIDS to ensure measurable resource allocation for gender programmes, in line with the Agenda for Accelerated Country Action, and to report results annually.			2010: Report submitted to PCB on Gender Sensitivity of AIDS responses, including report on expenditure. 2010-11: Unified Budget and Work plan (UBW) report

#	UN Accountability Step definition (from the Agenda)	2010	2011	Rationale
				contains expenditure data. 2012: Expenditure data included in mid-term review.
29	UNAIDS and UNIFEM to monitor and report annually to the UNAIDS Programme Coordinating Board on the funding allocated for the agenda on women, girls, gender equality and HIV, to start in 2010.			2010: Report submitted to PCB on Gender Sensitivity of AIDS responses, including report on expenditure. 2010-11: Unified Budget and Work plan (UBW) report contains expenditure data. 2012: Expenditure data included in mid-term review.
30	The UN Interagency Human Resource Network to propose a UNAIDS policy on the development and operationalization of capacity-building development plans for staff to incorporate gender equality into their work by 2010. Report annually to the UNAIDS PCB on the operationalization of the policy from 2011 onwards.			UN Women leads the efforts to mainstream gender throughout the UN system. UNAIDS Secretariat is piloting the initiative.
31	Recruit a senior gender equality specialist under the UN resident coordinators system in the eight Delivering as One countries, by the end of 2010, and in 20 countries by the end of 2011.			Recruitments made in 4 countries across 3 regions. 2011: 34 UN Women offices were strengthened and institutionalized. (NB not directly attributable to UNAIDS Agenda for Women and Girls). 2012: UNAIDS secretariat staff was redeployed to regional and country level gender positions in 11 countries.
32	UNAIDS and UNIFEM to ensure that all regional technical support hubs have dedicated resources and expertise for engaging men and boys for gender equality by the second quarter of 2010.			Technical Support Facilities in Southern Africa, South East Asia and South Asia trained in gender issues. National gender experts in Asia and West Central Africa trained on HIV issues. 2010: Workshop in Nairobi provided capacity building on engaging men and boys against gender-based violence to 14 countries from 5 regions.
33	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.			<i>Nothing reported.</i>
34	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 on achieving the intended outcomes.			2010: UN special envoys on HIV in Asia and Africa actively engaged in advocacy on behalf of women and girls, gender equality and HIV through the UA Now! initiative and many other activities. UNAIDS' goodwill ambassadors advocated for gender equality and HIV. Most notable was Annie Lennox at the Commission on Status of Women (CSW) and International

#	UN Accountability Step definition (from the Agenda)	2010	2011	Rationale
				<p>AIDS conferences.  2011: The PCB did not request reporting to be done on achieving the intended outcomes regarding advocacy made by UN Special Envoys and Goodwill Ambassadors on the rights of women and girls in the context of HIV.</p>

**Table 21 Definition of result buckets 1a-3d**

<b>Result</b>	<b>Definition</b>
<b>Recommendation 1</b>	<b>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 AIDS responses that protect and promote the rights of women and girls (knowing your epidemic and response).</b>
1a	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.
1b	Harmonized gender equality indicators are used to better capture the socio-cultural, economic and epidemiological factors contributing to the risk of and vulnerability to HIV of women and girls
1c	Evidence-informed policies, programmes and resource allocations that respond to the needs of women and girls are in place at the country level (repositories of information, research about effectiveness of policies)
<b>Recommendation 2</b>	<b>Reinforce the translation of political commitments into scaled-up action and resources for policies and programmes that address the rights and needs of women and girls in the context of HIV, with the support of all relevant partners, at the global, national and community levels</b>
2a	Stronger accountability from governments to move from commitments to women's rights and gender equality to results, for more effective AIDS responses
2b	All forms of violence against women and girls are recognized as violations of human rights and are addressed in the context of HIV
2c	Women and girls have universal access to integrated multi-sectoral services for HIV, tuberculosis and sexual and reproductive health, including harm reduction and nutrition services and services addressing and responding to violence against women.
2d	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.
<b>Recommendation 3</b>	<b>champion leadership for an enabling environment that promotes and protects women's and girls' human rights and their empowerment in the context of HIV, through increased advocacy and capacity and adequate resources</b>
3a	Women and girls are empowered to drive transformation of social norms and unequal power relations, in the context of HIV
3b	Strong, bold and diverse leadership for women, girls and gender equality, for their participation in decision making, in the context of HIV
3c	Increased financial resources for women, girls and gender equality in the context of HIV
3d	UNAIDS gender-responsive

## ANNEX V – INDICATOR AND TERMINOLOGY DEFINITIONS

**Table 22 Terminology definitions**

Terminology	Definition
Actions	The list of activities to be accomplished by stakeholders, as used in the Agenda
Actions initiated	Actions for which implementation has begun, but has not necessarily been completed
Effectiveness	Effectiveness measures the extent to which the Agenda's actions and results were achieved, or are expected to be achieved, taking into account their relative importance
Efficiency	Efficiency measures how economically inputs (like resources, expertise and time) are converted into results
Funding for the Agenda	Funds that were committed to the rollout of the Agenda, including reprogrammed funds
Impact	The Agenda's long term goal i.e. improved lives of women and girls in the context of HIV
Inputs	The financial, human, and material resources used for the development intervention
Launch	A country that has hosted an event to initiate the implementation of the Agenda or a country that has held an event launching an activity which formally recognises the Agenda's contribution in its development
Partnerships	Partnerships assess the extent to which the Agenda has contributed to strengthened partnerships in the HIV response
Results	The outputs of actions and accountability targets, as used in the Agenda
Recommendations	The outcomes that lead to improved lives of women and girls in the context of HIV, as used in the Agenda
Technical support	Activities that contribute to a systematic, timely and demand-driven response to capacity needs at the country level
UN accountability step	An action listed in the Agenda that assigns accountability for completion by UN agencies. Accountability targets have been separated by year. Thus an accountability step statement in the Agenda that includes actions for completion in both 2010 and 2011 is considered to be two separate accountability targets.

**Table 23 Action, accountability step and outcome indicators**

#	Indicator	Definition	Source data
<b>Country actions and outcomes</b>			
1	% of countries where the Agenda has been launched, and action has occurred that aligns with the Agenda in the area of "women, girls, gender equality and HIV"	Numerator: # of countries where the Agenda has been launched and countries have undertaken activity in six or more of the nine results categories of the Agenda Denominator: 72 countries that have launched the Agenda for which a minimum of one survey response was received	Joint team survey
2	% of respondents that report that the frequency of actions being initiated to support women, girls and gender equality in the context of HIV has increased since the country's Agenda launch	Numerator: # of respondents that report that the frequency of actions has increased (increased significantly or increased) for women, girls, gender equality and HIV since the Agenda's launch Denominator: All respondents that answer the question minus those that do not know (168 stakeholders)	Stakeholder survey
3	% of Agenda launch countries that have improved on more dimensions of the	Numerator: # Agenda launch countries where more scorecard indicators improve between 2011 and 2012 than those that deteriorate	Joint country survey; 2011 Score-card results per country

#	Indicator	Definition	Source data
	scorecard than they have deteriorated on	between 2011 and 2012 Denominator: 67 countries that have launched the Agenda for which one survey response was received and data was available for 2011 and 2012	
4	% of survey respondents that report the Agenda to have been effective in strengthening the national HIV response for women, girls, gender equality and HIV	Numerator: 173 respondents that report the Agenda to have been effective (very effective, effective) in strengthening the national HIV response Denominator: All respondents that answer the question minus those that do not know	Stakeholder survey
5	% of Agenda launch countries whose status has improved/deteriorated on the indicator: "national multi-sectoral HIV strategy includes a specific <i>component</i> for Women" between 2010 and 2012	Numerator: Improved: # of countries implementing the Agenda that reported that the national multi-sectoral HIV strategy includes a specific <i>component</i> for Women in 2012 - # of countries implementing the Agenda that reported that the national multi-sectoral HIV strategy included a specific component and budget for Women in 2010 Denominator: 85 countries implementing the Agenda and that reported 2010 and 2012 data (opposite calculation for deteriorated)	Data collected as a part of the Unified Budget Results and Accountability Framework (UBRAF), reference: C3.1.1a (part of D2.3) / NCPI 2012 and 2010 AI.Q1.2
6	% of Agenda launch countries whose status has improved/deteriorated on the indicator: "national multi-sectoral HIV strategy includes a specific <i>budget</i> for Women" between 2010 and 2012 <sup>1</sup>	Numerator: Improved: # of countries implementing the Agenda that reported that the national multi-sectoral HIV strategy includes a specific <i>budget</i> for Women in 2012 - # of countries implementing the Agenda that reported that the national multi-sectoral HIV strategy included a specific component and budget for Women in 2010 Denominator: 70 countries implementing the Agenda and that reported 2010 and 2012 data (opposite calculation for deteriorated)	Data collected as a part of the Unified Budget Results and Accountability Framework (UBRAF), reference: C3.1.1a (part of D2.3) / NCPI 2012 and 2010 AI.Q1.2
7	% of Agenda launch countries that have improved/deteriorated between 2010 and 2012 in the indicator: An Information, Education & Communication strategy on HIV for the general population that includes messaging to fight violence against women implemented	Numerator: Improvement: # of countries implementing the Agenda that reported having an Information, Education and Communication strategy on HIV for the general population that includes messaging to fight violence against women implemented in 2012 - # of countries implementing the Agenda that reported having an Information, Education and Communication strategy on HIV for the general population that included messaging to fight violence against women implemented in 2010	UBRAF C4.1b NCPI 2012 AIV.Q1 data per country 2010 and 2012

#	Indicator	Definition	Source data
		Denominator: 85 countries implementing the Agenda that reported on the indicator in 2010 and 2012 (opposite calculation for deterioration)	
<b>Support provided to countries</b>			
8	% of global accountability targets where the 2010 and 2011 target has been met within the timeframe	Numerator: # of complete global accountability targets that define deadlines for 2010 and 2011 Denominator: 11 global UN accountability targets that define deadlines for 2010 and 2011	UN Accountability Targets compiled by the Athena Network with assistance from UNAIDS
9	% of regional accountability targets where the 2010 and 2011 target has been met within the timeframe	Numerator: # of complete regional accountability targets that define deadlines for 2010 and 2011 Denominator: 6 regional UN accountability targets that define deadlines for 2010 and 2011	UN Accountability Targets compiled by the Athena Network with assistance from UNAIDS
10	% of regional accountability targets where the 2010 and 2011 target has been met within the timeframe	Numerator: # of complete regional accountability targets that define deadlines for 2010 and 2011 Denominator: 22 regional UN accountability targets that define deadlines for 2010 and 2011	UN Accountability Targets compiled by the Athena Network with assistance from UNAIDS
11	% of respondents that report the provision of technical support that met their quality standards	Denominator: # of respondents that report that technical support fully or partially met their quality standards Numerator: 232 respondents for which answers to the technical support question was provided minus those that did not receive technical support and those that did not know the answer to the question	Stakeholder survey
12	% of respondents that report the provision of technical support produced the intended results	Denominator: # of respondents that report that technical support produced the intended results Numerator: 233 respondents for which answers to the technical support question was provided minus those that did not receive technical support and those that did not know the answer to the question	Stakeholder survey
13	Total reported funding allocated to the rollout of the Agenda since 2010 by co-sponsors	Total reported funding allocated by co-sponsors in the rollout of the Agenda since 2010	Co-sponsor funding data

**Table 24 Partnerships indicators**

#	Indicator	Definition	Source data
14	% of countries where the Agenda was launched through multi-stakeholder	Denominator: # of countries that indicate that the agenda was launched with more than one	Stakeholder survey

#	Indicator	Definition	Source data
	engagement	stakeholder represented Numerator: 58 countries that launched the Agenda for which a survey response was received <sup>63</sup>	
15	% of countries with multiple partner engagement in implementation	Numerator: # of countries where the Agenda has been launched and actions/activities have been initiated that align with three or more Agenda results engaging more than one partner Denominator: 72 countries that have launched the Agenda for which a minimum of one survey response was received	Joint country survey
16	% of Agenda launch countries with engagement of networks of women living with HIV; women's rights organizations; networks of men working for gender equality; key populations (denominator: 72; joint country survey)	Numerator: # of countries where the Agenda has been launched and where actions/activities initiated since the Agenda's launch involved networks of women living with HIV' women's rights organizations; networks of men working for gender equality and key populations Denominator: 72 countries that have launched the Agenda for which a minimum of one survey response was received	Joint country survey
17	% of survey respondents that report the Agenda to have been effective in strengthening partnerships in the HIV response	Numerator: # of respondents that report the Agenda to have been effective (very effective, effective) in strengthening partnerships in the HIV response Denominator: 229 respondents that answer the question minus those that did not know the answer to the question	Stakeholder survey

<sup>63</sup> Sample only includes countries that reported that the Agenda was launched. In fourteen countries, stakeholders reported that they did not know whether the Agenda had been launched or that it had not been launched, however UNAIDS records confirm that the Agenda was launched in these countries. As these countries did not respond to the question on multi-stakeholder engagement, they have been excluded from the sample

## ANNEX VI – INTERVIEW, SURVEY AND REFERENCE GROUP PARTICIPANTS

### 1. Interview participants

The review team interviewed 22 stakeholders between August and September 2012. Out of the 22 interviewed, seven were from civil society organizations, three from development partners, one was a government official, five were from UN cosponsors. The remaining six participants were from the UNAIDS Secretariat and represented six different regions.

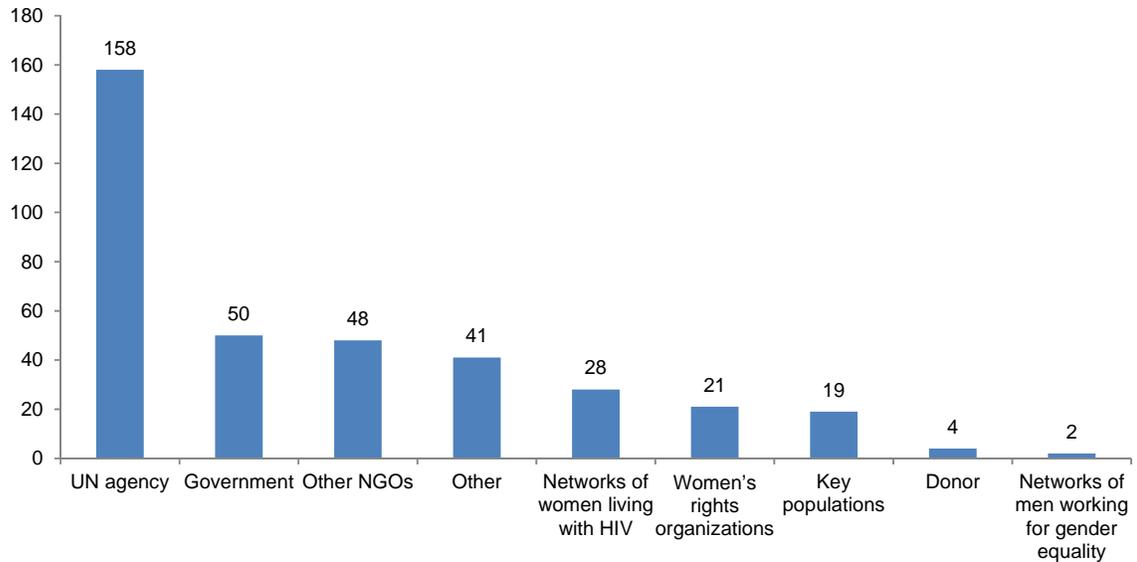
**Figure 25 List of participants interviewed**

Category	Contact	Organisation	Country	Interview
Civil Society	Adrienne Germaine	IWHC	USA	27-Aug
Civil Society	Alessandra Nilo	Gestos	Brazil	24-Aug
Civil Society	Alexandra Garita	IWHC	USA	6-Sep
Civil Society	Alice Welbourn	Salamander Trust	United Kingdom	3-Sep
Civil Society	Baby Rivona	Ikatan Perempuan Positif Indonesia (IPPI) Indonesian Positive Women Network	Indonesia	10-Oct
Civil Society	Lillian Mworeko	ICW	Uganda	14-Sep
Civil Society	Nyaradzayi Gumbonzvanda	World YWCA	Switzerland	15-Aug
Development Partner	Douglas Hamilton	Irish Aid		21-Sep
Development Partner	Michele Moloney-Kitts	USG	USA	7-Sep
Development Partner	Renee Mckenzie	CIDA	Canada	11-Sep
Government	Dr Ivan Camanor	National AIDS Commission	Liberia	16-Oct
UN	Avni Amin	WHO	Switzerland	24-Aug
UN	Fatima Ndiaye / Ms. Zug-Castillo	ILO	Switzerland	3-Sep
UN	Lynn Collins	UNFPA	USA	29-Aug
UN	Nazneen Damji	UN Women	USA	6-Sep
UN	Susana Fried	UNDP	USA	24-Aug
UNAIDS	Berthilde Gahongayire	UNAIDS Secretariat	Senegal	16-Aug
UNAIDS	Brianna Harrison	UNAIDS Secretariat	Thailand	28-Aug
UNAIDS	Erik Lamontagne	UNAIDS Secretariat	Egypt	11-Sep
UNAIDS	Hege Wagan	UNAIDS Secretariat	Panama	5-Sep
UNAIDS	Marina Semenchenko	UNAIDS Secretariat	Russia	24-Aug
UNAIDS	Michel de Groulard	UNAIDS Secretariat	Trinidad and Tobago	16-Aug

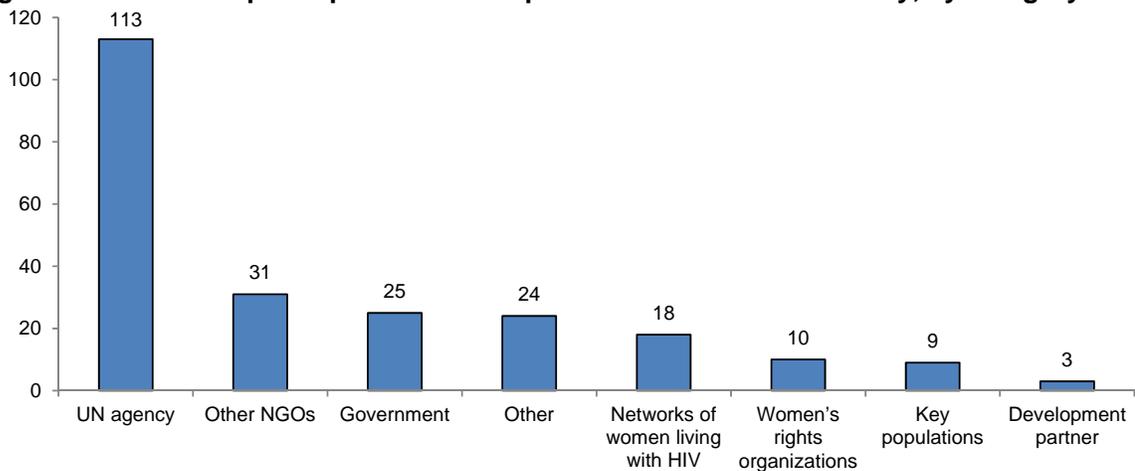
## 1. Stakeholder survey participants

A total of 371 stakeholders started the stakeholder survey from 107 countries. Of these, UN agencies comprised 43%, 32% were from NGOs, civil society, or key populations and 13% were from government. Of the remaining 12%, 11% were “other” and 1% were development partners. The survey was completed by 233 participants from 89 countries across all UNAIDS regions.

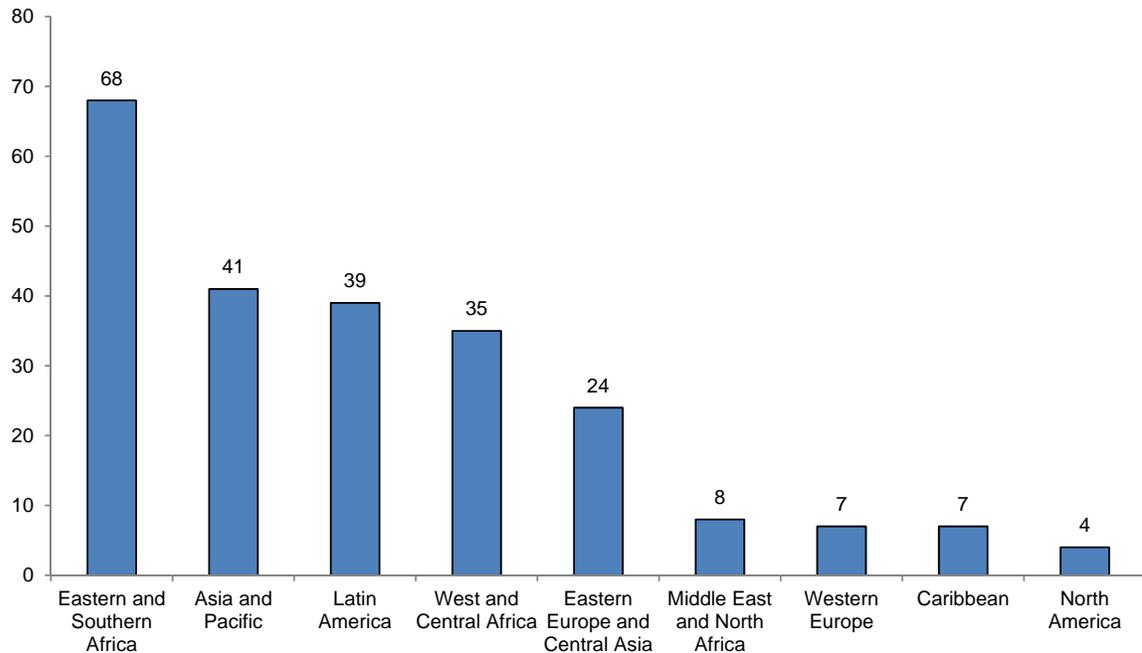
**Figure 26 Number of participants that started the stakeholder survey, by category**



**Figure 27 Number of participants that completed the stakeholder survey, by category**



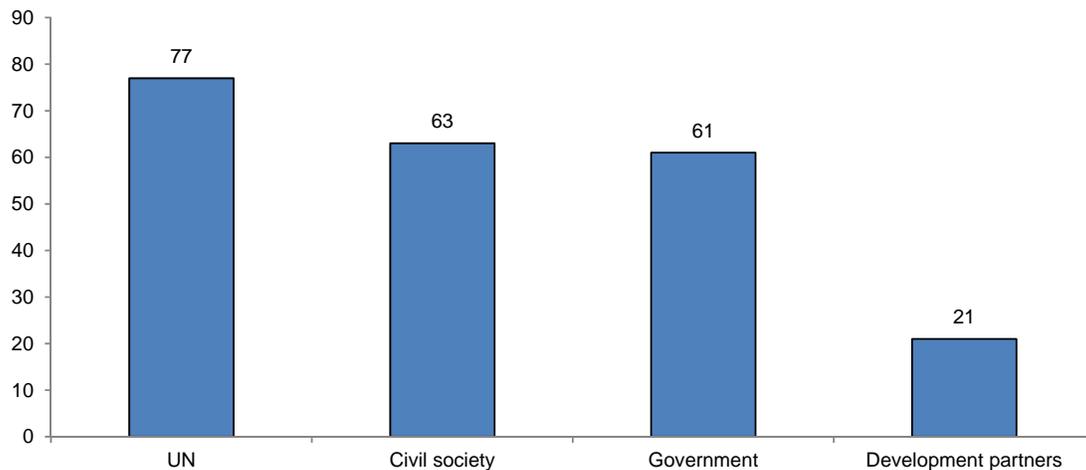
**Figure 28 Number of participants that completed the stakeholder survey, by region**



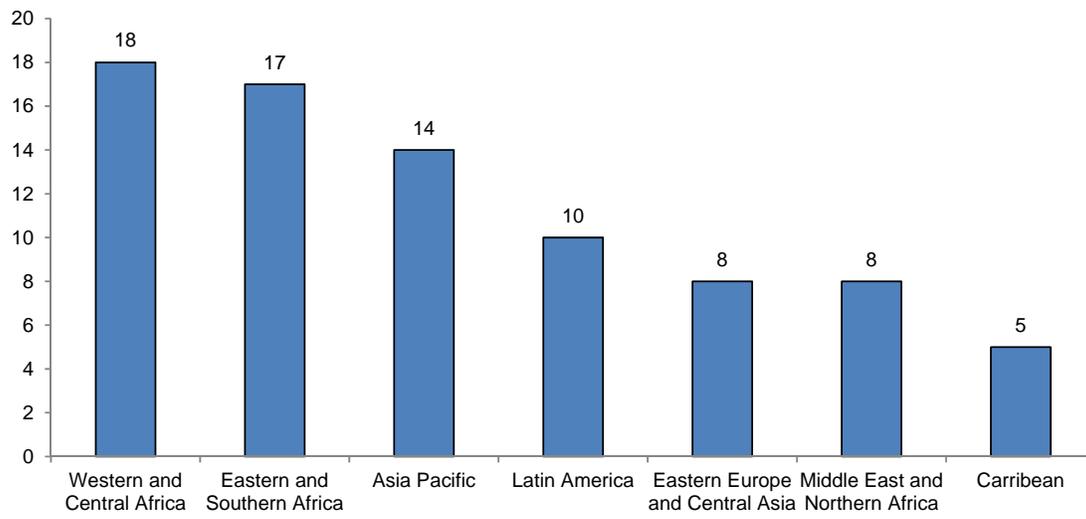
## **2. Joint country survey participants**

The joint country survey was completed by 80 countries across all UNAIDS regions. In 96% of cases the UN participated in completing the survey, in 79% of cases civil society participated, in 76% of cases government officials participated, and in 26% of cases development partners participated. Of the 80 countries the highest representation (54%) was from the Middle East and Africa: 23% were from Western and Central Africa, 21% from Eastern and Southern Africa, and 10% from the Middle East and Northern Africa. Of the remaining 46%, 18% were from Asia Pacific, 13% from Latin America, 10% from Eastern Europe and Central Asia and 6% from the Caribbean.

**Figure 29 Number of participants that were present during the completion of the joint country survey, by category**



**Figure 30 Number of countries that completed the joint country survey, by region**



### 3. Reference group participants

**Table 31 External reference group members**

<b>Organisation</b>	<b>Name</b>
Rwandan National AIDS Council	Dr. Anita Asiimwe
National AIDS Council, Liberia	Dr. Ivan Camanoro
National AIDS Commission, Indonesia,	Dr.Nafsiah Mboi
CIDA	Renee McKenzie
PEPFAR	Brianna Buehler and Lily Bertz
Ministry of Foreign Affairs, Denmark	Charlotte Elisabeth Kanstrup
UNDP	Susana Fried
UNFPA	Lynn Collins
UN Women	Nazneen Damji
UNAIDS	Ama Sande
ILO	Fatima Ndiaye
ICW	Assumpta Reginald
UNAIDS Programme Coordinating Board NGO Delegation	Mabel Bianco
Young Women's Leadership Initiative	Helena Nangombe
MYSU	Lilian Abracinskas (stepping in to replace Alessandra Nilo, Gestos, in October 2012)

**Table 32 Internal reference group members**

<b>Organisation</b>	<b>Name</b>
UNAIDS Secretariat	Eddy Beck
UNAIDS Secretariat	David Sunderland
UNAIDS Secretariat	Dirk van Hove
UNAIDS Secretariat	Samia Lounnas
UNAIDS Secretariat	Patricia Ongpin
UNAIDS Secretariat	Claudia Ahumada
UNAIDS Secretariat	Jantine Jacobi

## ANNEX VII – DESK RESEARCH DOCUMENTS REVIEWED

#	Document name	Author(s)	Format
1	2010 - 2011 PAF Proposal – Macedonia (detailed budget)	UNAIDS	PDF
2	27 <sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board, Geneva Dec 2010 – Gender sensitivity of AIDS responses	UNAIDS	PDF
3	28 <sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board UNAIDS 2012-2015 UBRAF Part I: Overview	UNAIDS	PDF
4	28 <sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board UNAIDS 2012-2015 UBRAF Part II: Results, accountability and budget matrix	UNAIDS	PDF
5	28 <sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board, Geneva June 2011 – Gender sensitivity of AIDS responses	UNAIDS	PDF
6	29th Meeting of the UNAIDS Programme Coordinating Board 2012-2015 UBRAF: Revised results, accountability and budget matrix	UNAIDS	PDF
7	29th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland	UNAIDS	PDF
8	30 <sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board (AIDS, Security and Humanitarian Response)	UNAIDS	PDF
9	30 <sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board (UNAIDS performance monitoring report 2010-2011)	UNAIDS	PDF
10	30th PCB Meeting - June 2012 - Supporting documents	N/A	Word/ PDF
11	Addressing violence against women and HIV/AIDS. What works?	WHO, UNAIDS	PDF
12	Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV – A briefing note for actions by communities	UNAIDS	PDF
13	Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV – Operational plan for the UNAIDS action framework	UNAIDS	PDF
14	AIDS Hub 2012 Washington to Chennai Technical Report –27th August 2012	Indian Community Welfare Organization	Word
15	AIDS info country profiles	N/A	Web-based
16	An investment framework for the HIV and health response for older people in sub-Saharan Africa, with a particular focus on gender issues	Francien Scholten, WHO, Department of Ageing and Life Course (ALC) in collaboration with Akiiki Bitalabehe, Ties Boerma, John Beard	Word
17	Annex 2 Template for Interim Report (Sri Lanka)	N/A	PDF
18	Checklist for PAF proposals 2010–2011 Part B Funds	UNAIDS Gender PAF (Bangladesh)	PDF
19	Civil society accelerated action to promote country action for women, girls, gender equality and HIV: A civil society contribution for moving forward the Agenda for Accelerated Action on Women, Girls, Gender Equality and HIV	UNAIDS	Word
20	Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response	UNAIDS and the ATHENA network	PDF
21	Countries Summary reports on women, girls, gender equality and HIV	WCA	Word
22	Country report on Danish Grant to UNAIDS	UNDP, PAHO and UNAIDS	Word
23	Country report on Danish Grant to UNAIDS - Benin	UNDP, Joint UN Team on AIDS, UCO Benin	Word
24	Country report on Danish grant to UNAIDS - Peru and Bolivia	UNAIDS Country Office Peru & Bolivia	Word
25	Country report on Danish Grant to UNAIDS -IOM	International Organization for Migration (IOM)	Word
26	Country: Lao PDR	UNAIDS	PDF
27	Draft Terms of Reference Development of a Tool on gender-	WHO, GIZ and UNAIDS	Word

	sensitive monitoring and evaluation of HIV programmes		
28	Fact Sheet – Treatment 2.0	UNAIDS	PDF
29	Final Technical Report- PAF 2008-2009 (Zimbabwe)	NAC, UNAIDS	Word
30	Final Costing NAP (Outcome, Output, Activities)	N/A	Excel
31	Final Indicators list: Tiers & Areas of Final Development	UN Women, UNAIDS, UNFPA, Measure, USAID, PEPFAR	PDF
32	Final narrative report: A proposal in support of an international campaign to address the intersection of violence against women and girls and HIV/AIDS	Women Won't Wait	Word
33	Final report	UNIFEM	PDF
34	Final Technical Report PAF Lebanon 2010	UNDP	PDF
35	Fonds d'accélération programmatique de l'ONUSIDA 2010 Proposition – Fonds de la Partie B – Genre	UNAIDS	PDF
36	Framework for measuring and monitoring gender equality dimensions of HIV epidemic	Avni Amin (World Health Organization)	Power Point
37	From Executive Director To All Civil Society Representatives Listed Below	UNAIDS	PDF
38	Funds invested in the UNAIDS agenda for women and girls	UNAIDS	Excel
39	Gender and HIV structures linked to the implementation of the UNAIDS' Agenda for Women and Girls in Guatemala	UNAIDS, Government of Guatemala, Civil Societies	Word
40	Gender Evaluation	N/A	Excel
41	Gender Mainstreaming into the National Comprehensive and Multi-sectoral Response to HIV and AIDS: Joint Operational Plan 2012-2013	Joint UN Team	Excel
42	Gender responsive UNAIDS	UNAIDS	Word
43	Global AIDS Progress Reporting (former UNGASS reporting) Update on Global Gender and HIV indicators	UNAIDS	Power Point
44	Global and Regional Expenditure	UNDP	Excel
45	High level consultation of influential leaders and women's advocates one day consultation on: the sexual and reproductive health and rights of women and girls living with HIV	UNAIDS, UN Women, UNFPA	PDF
46	High Level Meeting of the GlobalPOWER Women Network Africa in collaboration with the African Union and UNAIDS Harare Call to Action	Global Power Women Network Africa, UNAIDS, African Union	PDF
47	IAWG Agenda	IAWG	Word
48	ILO expenditure on women and girls	N/A	PDF
49	Impact of the global economic crisis on women, girls and gender equality	UNAIDS	PDF
50	Indicator 4 – HIV Treatment: Antiretroviral Therapy	N/A	Excel
51	Índice de Estigma y Discriminación en Personas con VIH	UNAIDS, UNDP, IPPF. The People Living with HIV Stigma Index, Observatorio de Derechos Humanos VIH y PEMAR, Red Legal y su Observatorio de Derechos Humanos VIH, GNP, Organización Panamericana de la Salud, Fundación Fernando Iturbide	PDF
52	Informe de situación sobre VIH y violencia basada en género: una aproximación desde las determinantes sociales	UNAIDS, UN Women, UNDP, UNFPA, Organización Panamericana de la Salud	PDF
53	Informe Nacional sobre los Progresos Realizados en la lucha contra el VIH y SIDA	Programa Nacional de SIDA de Guatemala, UNAIDS, ALIANZA NACIONAL, CONASIDA	PDF
54	Initiative for Lesbian Helpline in Chennai	Indian Community Welfare Organisation	Word
55	Innovative Women – and Girls – Centred Approaches Background Paper for Panel 4: Women, Girls and HIV	UNAIDS	PDF
56	Integrating programming to address gender-based violence and engage men and boys to advance gender equality through national HIV strategies and plans – Meeting Evaluation	UNDP, UNWOMEN, UNAIDS, WHO, MenEngage, ATHENA,	PDF

		Sonke Gender Justice Network	
57	Integrating programming to address gender-based violence and engage men and boys to advance gender equality through national HIV strategies and plans – Meeting Summary	UNDP, UNWOMEN, UNAIDS, WHO, MenEngage, ATHENA, Sonke Gender Justice Network	PDF
58	International Women's Health Coalition: Final Technical Report To UNAIDS- ESR/WGG11/09: December 23, 2011	IWHC	PDF
59	Inventory (non exhaustive) of actions related to UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (UCO Algeria)	UNAIDS	Word
60	List of websites on IAWG agenda	N/A	Word
61	M&E submission page	Avni Amin, Department of Reproductive Health and Research, World Health Organization	PDF
62	Marco de Acción: Niñas, Adolescentes, Mujeres, Violencia Basada en Género y VIH 2011-2015 en Guatemala	UNDP, Sistema de las Naciones Unidas en Guatemala, UNAIDS, UN Women, UNFPA	PDF
63	Matrix of actions in the Agenda	UNAIDS	Word
64	Media Advocacy Initiative of IFPEC	Indira Female Peer Educators-IFPEC	Word
65	Midterm Review of the Agenda for Accelerated country Action on Women, Girls, Gender, HIV	UNAIDS	Word
66	Midterm Review Report for the German Backup Initiative	UNAIDS	PDF
67	Mobilizing civil society for UNAIDS Action Framework for Women, Girls, Gender Equity and HIV: Mid-Term Report	GESTOS, World AIDS Campaign	Word
68	Modelo para el informe técnico final	UNFPA	PDF
69	MTR Agenda for Women Rwanda potential meetings	UNAIDS	Word
70	MTR Agenda for Women Rwanda survey list	UNAIDS	Word
71	Multi-stakeholder consultation on implementation of the Agenda, Bangkok Oct 2011	UNFPA/UNAIDS/UNWOMEN/ UNDP	Word
72	NAP Costing	Rwanda Joint UN Team	Excel
73	National Accelerated Plan for Women, Girls, Gender Equality and HIV (Rwanda)	UNAIDS, UNIFEM, CNLS	Word
74	National AIDS Authority Report on High Level Meeting on the Launching of the project implementation of “Gender Mainstreaming into the national HIV and AIDS Response”	National Aids Authority, Government of Cambodia	Word
75	National AIDS Authority Report: “ The Consultative meeting on the development of the Gender and HIV and AIDS ToT Curriculum ”	National Aids Authority, Government of Cambodia	Word
76	Number of countries supported to develop and/or implement HIV-related policies or actions addressing gender equality in national AIDS programmes.	UBW, Indira Female Peer Educators	Word
77	Official Gazette of the Republic of Rwanda	Official Gazette of the Republic of Rwanda	PDF
78	Operational Plan for Liberia, Progress review for the UN theme group on AIDS	UNAIDS	Word
79	Overview of key institutions: MTR UNAIDS agenda for women and girls Guatemala / 2012	UNAIDS, Government of Guatemala, Civil Societies	Word
80	PAF Cuba 2010 – 2011	UNAIDS	PDF
81	PAF Final Financial Report South Africa	UNFPA	PDF
82	PAF Report Country: Lebanon Year 2008- 2010	National AIDS Program, WHO	Word
83	PAF Report: Lebanon	National AIDS Program Team	Word

84	Plan Estratégico Nacional para la Prevención, Atención y Control de ITS, VIH y Sida Guatemala 2011 - 2015	Gobierno de la Republica Guatemala, Ministro de Salud Publica, CONASIDA	PDF
85	Plan Estratégico Nacional para la Prevención, Atención y Control de ITS, VIH y Sida Guatemala 2011 - 2015	Ministro de Salud Publica Y Asistencia Social, CONASIDA, Programa Nacional de Prevención y Control de ITS, VIH y SIDA	PDF
86	Planning for IATT-supported activities 2012	N/A	Word
87	Progress on Agenda Actions	N/A	Excel
88	Publicaciones Varias: Secretaria Contra La Violencia Sexual, Explotación Y Trata De Personas	Diario de Centro América	PDF
89	Reducing Women's vulnerability to HIV in Sudan	UNAIDS	PDF
90	Remarks of the UNAIDS Country Coordinator, Tony E. Lisle In the High Level Meeting on Strengthening Gender Equality in the Context of HIV/AIDS in Cambodia	UNAIDS	Word
91	Report from technical consultation on developing harmonized indicators for monitoring progress on gender equality dimensions of the HIV and AIDS response	UN WOMEN, UNAIDS, UNFPA, PEPFAR/OGAC AND MEASURE EVALUATION, WHO, ICW, UNDP, AND GFATM	Word
92	Report of the launch of the NAP Rwanda	CNLS	PDF
93	Report on Gender and Sexual Violence Pilot Survey of Selected Faith Based Organisations in Barbados	Prepared for BEA/CBMP/UNAIDS by Richard Carter	PDF
94	Report to the Danish government, Filling the Action Gap: Addressing Gender Inequality and Harmful Gender Norms	UNAIDS	PDF
95	Re-programming balance of PAF part A proposal (2006-7) for cost-sharing of the new PAF Part A proposal (2010-11)	UNAIDS India	PDF
96	Republic of Rwanda: Ministry of Gender and Family Promotion: National Policy against Gender-Based Violence	Republic of Rwanda Ministry of Gender and Family Promotion	PDF
97	Request to transfer funds to support Lesotho PAF Proposal (Supplemental on Gender and AIDS)	Joint UN Team	PDF
98	Request to transfer funds to support Mozambique PAF proposal (Supplemental Funds on Gender and AIDS)	UNAIDS and WHO Mozambique	PDF
99	Review of the Joint Operational Plan on Gender mainstreaming into national HIV and AIDS response 2012-2013 Workshop Report	National Aids Authority, Government of Cambodia, UN Women	Word
100	Rwanda HIV NSP Operational plan	CNLS	PDF
101	Rwanda Women Network PAF Support Interim Report	UNIFEM	PDF
102	Scorecard on gender equality in national HIV responses	UNAIDS	PDF
103	SEMEPI 41-2011: Estimaciones y proyecciones de VIH para Guatemala 2011	Ministerio de Salud Publica, Centro Nacional de Epidemiologia, Programa Nacional de Prevención y Control de ITS, VIH y SIDA	PDF
104	Standing up speaking out: women and hiv in the middle east and North Africa	UNAIDS	PDF
105	Supplemental Program Acceleration Funds (PAF) For Support to Country-Level Action to Implement the UNAIDS Agenda for Women and Girls	UNAIDS	PDF
106	Supplemental UNAIDS PAF Funds for support to country level action to implement the UNAIDS Agenda for women and girls (Guatemala)	Joint UN Team	PDF
107	Technical consultation on developing harmonized indicators for monitoring progress on gender equality dimensions of HIV and AIDS, New York, 21-23 September, 2011: List of Participants	UNAIDS, UN Women, UNFPA	Word
108	Terms of reference of the Asia-Pacific UN Interagency Task Team on Women, Girls, Gender Equality and HIV	UNAIDS	Word
109	The gender dimensions of HIV/AIDS and the world of work (Module 5)	ILO	PDF
110	The Role of Men and Boys in Achieving Gender Equality: Report of the Expert Group Meeting Brasilia, Brazil 21 to 24 October 2003	UN Division for the Advancement of Women, ILO, UNDP, UN Joint Programme on AIDS	PDF

111	Transfer of Funds for PAF 2010-2011 - RST/WCA, Distribution Schedule N '06	UNAIDS	PDF
112	UBRAF Indicator Menu UCO Survey Results	UNAIDS	Excel
113	UBW 2010-2011 reporting: collation of remarkable results, challenges & lessons learnt	UBW UNAIDS	Word
114	UN Support	UN, Government of Rwanda, Civil Societies	Word
115	UNAIDS Agenda for Women, Girls, Gender Equality and HIV	UNAIDS	Word
116	UNAIDS Amplified Action on Women and Girls in Latin America	UNAIDS	Word
117	UNAIDS Evaluation	UNAIDS	Excel
118	UNAIDS Financial Report	UNAIDS	Word
119	UNAIDS Financial Report (for International Women's Health Coalition)	IWHC	PDF
120	UNAIDS Gender Assessment Tool for National HIV Responses	UNAIDS	Word
121	UNAIDS PAF (China)	Joint UN Team	PDF
122	UNAIDS PAF (Lao PDR)	Joint UN Team	PDF
123	UNAIDS PAF Funds 2010/2011 Proposal (Congo)	Joint UN Team	PDF
124	UNAIDS PAF Funds 2010/2011 Proposal (Jamaica)	Joint UN Team	PDF
125	UNAIDS PAF Funds 2010/2011 Proposal-(Macedonia)	N/A	PDF
126	UNAIDS PAF Funds 2010/2011 Proposal-Part A funds (Honduras)	Joint UN Team	PDF
127	UNAIDS PAF Funds 2010/2011 Proposal-Part B funds (Argentina)	Joint UN Team	PDF
128	UNAIDS PAF Funds 2010/2011 Proposal-Part B funds (Fiji & the Pacific)	Joint UN Team	PDF
129	UNAIDS PAF Funds 2010/2011 Proposal-Part B funds (Kyrgyz Republic)	Joint UN Team	PDF
130	UNAIDS PAF Funds 2010/2011 Proposal-Part B funds (Vietnam)	UNIFEM, UNFPA, IOM, UNAIDS	PDF
131	UNAIDS PAF Proposal Bangladesh	Joint UN Team	PDF
132	UNAIDS Programme Acceleration Fund 2010/11 PAF- B Gender Proposal Submission UCO (Malawi)	Joint UN Team	PDF
133	UNAIDS Programme Acceleration Funds – 2010/2011 Proposal – Part B Funds	UNAIDS	PDF
134	UNAIDS Programme Acceleration Funds 2009/10 Proposal Part A Zambia	Joint UN Team	PDF
135	UNAIDS Programme Acceleration Funds 2010 Proposal Zambia	Joint UN Team	PDF
136	UNAIDS Programme Accountabilities under the UNAIDS Action Framework Operational Plan	UNAIDS	Word
137	UNAIDS Secretariat expenditure on Agenda for Women and Girls 2010-11	UNAIDS	Excel
138	UNAIDS Unified Budget, Results and Accountability Framework	UNAIDS	PDF
139	UNFPA Biennial Performance Report UNAIDS unified budget and work plan (UBW) 2010 – 2011	UNFPA	PDF
140	UNFPA Expenditures on Agenda Rollout	UNFPA	Excel
141	UNGASS Indicators Country Reports	N/A	PDF
142	UNHCR's funds allocated to UNAIDS's agenda for women & girls, period 2010-2012	UNHCR	PDF
143	Unified Budget Results and Accountability Framework: Core Indicator Reference	UNAIDS	PDF
144	Unified Budget Results and Accountability Framework: Core Indicator Reference Semi Final Draft	UNAIDS	Word
145	WCA 2010-2011 PAF Ghana IOM proposal	UNAIDS	PDF
146	WCA Benin gender proposal	UNAIDS	PDF
147	WCA PAF 2010 – 2011 Cote d'Ivoire proposal part B	UNAIDS	PDF
148	WCA PAF Chad final 2010	UNAIDS	PDF
149	WCA PAF gender distribution schedule Nigeria	UNAIDS	PDF
150	WCA PAF gender final Sierra Leone 2010-2011 Part B funds	UNAIDS	PDF
151	WCA PAF Guinea 2010 part B proposal	UNAIDS	PDF
152	Zimbabwe Know your epidemic - know your response	National AIDS Council and UNAIDS	PDF