

Gender inequality and gender-based violence

UBRAF 2016-2021 Strategy Result Area 5



The first part of the paper discusses the theoretical background of the research, including the concept of social capital and its relationship to organizational performance. It also reviews the literature on social capital and organizational performance, highlighting the need for a more comprehensive understanding of the relationship.

The second part of the paper describes the research methodology, including the sample and data collection methods. The study uses a quantitative approach, with data collected from a survey of 100 employees in a large organization. The survey measures social capital and organizational performance using established scales.

The third part of the paper presents the results of the research, including the correlation between social capital and organizational performance. The results show a positive correlation between social capital and organizational performance, suggesting that social capital is a valuable resource for organizations.

The fourth part of the paper discusses the implications of the research for practice and policy. It suggests that organizations should invest in building social capital to improve organizational performance. It also discusses the need for further research to explore the relationship between social capital and organizational performance in different contexts.

In conclusion, the research shows that social capital is a valuable resource for organizations and that it is positively related to organizational performance. This finding has important implications for practice and policy, suggesting that organizations should invest in building social capital to improve performance.

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Achievements

Strategy Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Gender equality

While new HIV infections have declined among women over the last 15 years, women and girls remain highly vulnerable to HIV. Persistent gender inequalities and gender-based violence (GBV) contribute to women's HIV risk and vulnerability, with 45% of adolescent girls in some settings reporting that their first sexual experience was forced.

The Joint Programme generated evidence of the impact of harmful gender norms on women's ability to prevent HIV and mitigate its impact. The UN Women global review, [Key barriers to women's access to HIV treatment](#), which was led by women living with HIV and governed by a global reference group, highlighted the experiences of women living with HIV in accessing quality care. Barriers to treatment and adherence include violence and/or fear of violence, stigma and discrimination, low treatment literacy, care responsibilities, and lack of access to and control over resources. Findings were published in the [Health and Human Rights Journal](#) in December 2017. In Zambia, the WFP, in partnership with the Scaling Up Nutrition Civil Society Network, studied the barriers that hinder adolescent girls' access to HIV and nutrition services. The gaps identified included low utilization of HIV testing and counselling services and inadequate behaviour change programmes addressing HIV and nutrition. The World Bank has conducted studies in several African countries to examine social drivers of transmission in young women, including a trial of different incentives (conditional and unconditional cash transfers) to determine their impact on retention in school and risk of HIV infection.

In partnership with UNFPA, the UNAIDS Secretariat, WHO, UN Women and UNICEF, UNESCO led publication of the revised International technical guidance on sexuality education (ITGSE). This reflects new evidence and good practices, bringing together education, health and gender equality. Sexuality and HIV education programmes that include gender and power dynamics are five times more effective in preventing sexually transmitted infections. The revised guidance was presented at the 19th International Conference on AIDS and STIs in Africa (ICASA) in December 2017, the UNAIDS Programme Coordinating Board (PCB), a high-level technical meeting on comprehensive sexuality education (CSE) in Oslo, and the 62nd Commission on the Status of Women (CSW).

UNDP supported 82 countries to progressively deliver universal access to basic services, which included institutional strengthening focusing on transforming gender and power relations through new policies and laws, developing national action plans on ending violence against women, access to justice for women living with HIV, integrated services for violence survivors, and advocacy and research on legal and policy environments that protect women's human rights, including those living with HIV. Results from the ILO and the Secretariat's economic empowerment programme in Malawi, Mozambique, South Africa, United Republic of Tanzania, Zambia and Zimbabwe found the proportion of women who reduced sex partners rose from 56% in 2011 to 74% in 2015, those who adopted HIV risk reduction strategies from 31% to 81% over the same period. In Uganda, a series of entrepreneurship trainings delivered by UN Women equipped young women, including those living with HIV, with social and economic skills and improved their self-esteem and confidence. Early results demonstrate improvements in attitudes among young women towards uptake and adherence to HIV treatment, an increased demand for HIV prevention commodities, and an increased search for family planning information and services, and reporting of violence cases.

The UN Women-administered UN Trust Fund to End Violence against Women awarded more than US\$ 2 million in grants to civil society groups in Cameroon, China, Cote D'Ivoire, Egypt, Haiti, Jamaica, Kenya, Myanmar, South Africa, Tanzania and Thailand for programming to challenge harmful norms and prevent violence and HIV. Grassroot Soccer, a Trust Fund grantee in South Africa, used football to educate and empower more than 8000 girls aged 13-16 years, including those living with HIV. The final evaluation revealed increased HIV knowledge and access to integrated services for violence and HIV.

Technical assistance from UN Women, UNDP, UNESCO, WHO, UNFPA and the Secretariat (as part of the Inter-Agency Working Group on Gender Equality and HIV), was key to the Southern African Development Community (SADC) adopting the 2016 CSW Resolution 60/2 on women, the girl child and HIV and AIDS. This acknowledged women and girls' vulnerabilities in the context of HIV and the importance of securing their sexual and reproductive health and rights (SRHR), ending all forms of violence and reducing the burden of care work. In 2017, UN Women, the Secretariat and UNFPA assisted SADC on an action programme to accelerate implementing the commitments of the Resolution. The Secretariat, UN Women, WHO, UNFPA, UNESCO and UNDP's policy support to Member States contributed to strong gender equality commitments in the 2016 Political Declaration on HIV and AIDS, which included a target to reduce the number of adolescent girls and young women newly infected with HIV globally each year to below 100 000 by 2020.

The report of the Secretary-General on the CSW resolution in 2017 provided reflection on recent evidence, and contributions from 30 Member States and eight UN entities. The analysis indicated that while there had been progress in the availability of antiretroviral therapy (ART) and its use by women, challenges in treatment adherence and retention remain. The report also noted a surge of new HIV infections among adolescent girls and young women in high-prevalence settings. It concluded that ending the AIDS epidemic requires an increased commitment to HIV responses rooted in gender equality and the empowerment of women and girls. Efforts should go beyond preventing GBV and eliminating mother-to-child transmission to include support to women beyond their roles as mothers or expectant mothers, including realization of their sexual and reproductive health and rights and addressing harmful gender norms.

To support country efforts to integrate gender equality priorities in national HIV strategies and Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) Concept Notes, the Joint Programme developed and piloted tools and guidance notes. These included: the Secretariat, UNICEF, UNFPA and WHO's guidance note on fast-tracking HIV prevention among adolescent girls and young women; the Secretariat and the Stop TB Partnership's gender assessment tool for national HIV and tuberculosis (TB) responses, piloted by UN Women and the Secretariat in Pakistan; WHO and the Secretariat's tool for strengthening gender-sensitive national HIV and SRH monitoring and evaluation systems, piloted for M&E staff and civil society partners from 15 countries with UN Women's support, and replicated by the Secretariat in 12 countries in eastern and southern Africa; UN Women's regional case study and guidance note on applying gender-responsive budgeting to HIV policies and programmes in Asia and Pacific; UNDP's toolkit for Country Coordinating Mechanism (CCM) gender and human rights training that was piloted in Namibia, and a discussion paper on gender and TB; UNDP-Global Fund's capacity development toolkit, with a critical enablers section on gender equality and human rights; WHO's consolidated guideline on SHRH of women living with HIV, developed in consultation with women living with HIV, UNFPA, OHCHR and the Secretariat; UN Women's framework and programming guidance for promoting gender equality in sexual, reproductive, maternal, newborn, child and adolescent health; and UNFPA's position paper and online tool on engaging men and boys for gender equality and SRHR.

UNDP, UNFPA, WHO, UNHCR, UN Women, UNICEF, the World Bank and the Secretariat provided technical advice to countries in the design and costing of their Global Fund Concept Notes. UNICEF leveraged over US\$ 6.5 million in funding from the Global Fund Catalytic Initiative to provide technical support on HIV prevention among adolescent girls and young women in seven countries. In eastern and southern Africa, work by UNICEF, the Secretariat, UNFPA and WHO culminated in integrated programming on sexual and reproductive health

(SRH), HIV and GBV, and mobilization of an additional US\$ 45 million non-core funds for 2018–2021. To ensure adequate focus and increased financing for gender equality and HIV, UN Women helped women living with HIV engage in designing Global Fund Concept Notes in Cameroon, Uganda, Viet Nam and Zimbabwe. In Zimbabwe and Uganda, this support resulted in the approved Concept Notes prioritizing programming on adolescent girls and young women and HIV, with a total US\$ 18 million allocated for three years. UNDP is working with the Global Fund on strengthening CCM capacity on gender issues related to HIV, TB and malaria.

UN Women, UNDP, UNFPA and the World Bank helped countries to integrate gender equality into national HIV strategies, operational plans, monitoring and evaluation frameworks and budgets. As a result of UN Women, UNDP, UNFPA, WHO and the Secretariat's support in 2016–2017, HIV responses in 11 countries (Cameroon, China, Kazakhstan, Morocco, Sierra Leone, South Africa, Tajikistan, Tunisia, Uganda, Ukraine and Zimbabwe) included gender equality and women's human rights issues. For example, UN Women's policy support to the women's sector of the South African National AIDS Council influenced the 2017–2022 National Strategic Plan on HIV, TB and STIs, which calls for accelerated efforts to transform unequal gender norms, eliminate harmful practices and violence against women and reduce new HIV infections among young women. UNFPA has provided technical inputs to Member State deliberations on HIV, gender equality, CSE and GBV prevention. UNDP supported 11 countries to integrate HIV, health and gender into environmental impact assessments. The World Bank, through its Umbrella Facility for Gender Equality, provides funding for investments that increase implementation of the World Bank Group gender strategy and regional gender action plans.

To support implementation of the Sustainable Development Goals (SDGs) in local and national planning, the Joint Programme led in engaging women living with HIV. Unzip the Lips, the regional movement working for the rights of key affected women and girls, and the International Community of Women Living with HIV (ICW) in Asia Pacific, supported by UN Women, UNDP, the Secretariat and other partners, launched and disseminated a video and brief, [Unzipping agenda 2030](#), identifying opportunities for monitoring and tracking of the progress towards the SDGs for women and girls. UN Women partnered with ICW Global to ensure more than 200 women living with HIV in Belarus, Democratic Republic of Congo, Kazakhstan, Kenya, Mozambique, Namibia, Russian Federation, Thailand, Ukraine and Zimbabwe are voicing their priorities and engaging with policy-makers to make the SDGs more local. A guide for networks of women living with HIV was developed and circulated, outlining key strategies to ensure that SDG implementation works for women living with HIV.

UN Women, UNFPA, UNDP, WHO, UNHCR, ILO, UNESCO and the Secretariat's advocacy resulted in greater leadership and mobilization of young women advocates and networks of women living with HIV to define a common agenda and participate meaningfully in HIV policy and programming at national, regional and global levels. UN Women supported the Women's Networking Zone at the 2016 International AIDS Conference, increasing the visibility of women's organizations and providing women living with HIV with a valued space for advocating for greater accountability, funding and implementation of actions to advance their priorities. The Secretariat, UN Women UNFPA and UNDP supported a youth engagement strategy for the High-Level Meeting on HIV and AIDS, including the ATHENA Network-led WhatWomenWant campaign, engaging 120 000 people in more than 40 countries, with 13 million followers on Twitter. Following six months of consultation, the report #WhatWomenWant was published, outlining a transformative framework to place gender squarely on the global development agenda, and what women and young women have said they need to make the commitments real in their lives. UN Women's Engagement + Empowerment = Equality project, working with the International Planned Parenthood Federation (IPPF), mobilized more than 1000 young women and adolescent girls, including 250 living with HIV, in Malawi, Kenya and Uganda, who helped design and validate the All In assessments. The Secretariat, with UN Women, UNDP and UNFPA convened a group of civil society partners to develop #TeamWomen, an initiative to promote civil society-led accountability for commitments made to women and girls in the HIV response.

Gender-based violence

To support country efforts to design and implement effective responses to gender-based violence, UN Women, UNFPA, UNDP, ILO, UNESCO, UNODC, the World Bank and the Secretariat developed and disseminated several guidance notes. These included: UN Women, UNFPA, UNDP and the Secretariat's regional policy and programme guidance, HIV and gender-based violence: preventing and responding to linked epidemics in Asia and the Pacific Region; the Essential services package for women and girls subject to violence, launched by UN Women with UNFPA, WHO and UNODC, and rolled out by UN Women in Asia and Pacific, and UNFPA in the Arab states; WHO's manual to strengthen health system response to women who are subjected to violence, based on the 2013 WHO guidelines on responding to intimate partner violence and sexual violence; the Secretariat with civil society partners' ALIV[H]E framework (Action linking initiatives on violence against women and HIV everywhere), which was implemented in India, Kenya, Malawi, South Africa, South Sudan and Zimbabwe; and the World Bank's Development Marketplace Innovations in addressing gender-based violence. UNESCO and UN Women also produced global guidance on addressing school-related gender-based violence, and UNESCO led capacity-development

workshops to support country implementation, benefiting 27 countries in Africa and Latin America and the Caribbean. In Asia and Pacific, UNESCO, UNICEF, UNGEI, UN Women, Plan International and UNiTE's curriculum tool, connect with respect, helped teachers address school-related gender-based violence.

An ILO-convened Member States meeting identified the causes and effects of violence at work, and links between violence and HIV, that shaped preparation of the 2018 Session of the ILO Governing Body. It is intended that this will inform the first global International Labour Standards on violence and harassment against women and men in the world of work. In collaboration with United Nations Volunteers and the Secretariat, UN Women conducted a study on the impact of violence and HIV on indigenous women in Paraguay and Brazil to inform implementation of their national HIV strategies and will advocate for their greater participation in national HIV responses. Maintained by UNFPA, UNHCR, UNICEF, WHO and the International Rescue Committee, the Gender-Based Violence Information Management System continues to harmonize data collection on violence in humanitarian contexts, including access to post-exposure prophylaxis, or PEP.

During the 72nd session of the General Assembly, the United Nations and European Union launched the Spotlight Initiative to eliminate all forms of violence against women and girls, with an initial contribution of €500 million. UN Women, UNDP and UNFPA are providing technical support to countries to support programming. In Africa, the joint initiative focuses on eliminating sexual and GBV and harmful practices that limit women's ability to prevent HIV, particularly young women.

UN Women, UNDP, WHO and UNFPA supported the design and implementation of national action plans on ending violence against women in Argentina, Paraguay, Peru and Viet Nam. UN Women and UNFPA's support in Viet Nam led to a 2016–2020 national thematic project on GBV prevention and response, which includes measures to prevent and address sexual violence and implement integrated GBV/HIV services. UNDP supported Zambia to improve access to justice for violence survivors and perpetrators through the fast track courts in six of 10 provinces. Efforts resulted in a decrease in the period of the review of court cases from two years in 2012 to 30 days in 2017, and an increase in the number of reported cases. In South Sudan, UNDP supported training for 341 police officers, prosecutors, social workers, judges and community leaders on investigating and responses to sexual and gender-based violence. The World Bank approved US\$ 107 million in financial grants to Burundi, Democratic Republic of the Congo and Rwanda to provide integrated health and counselling services, legal aid, and economic opportunities for survivors.

UNFPA and UNHCR implemented the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) Minimum Initial Service Package (MISP) in humanitarian emergencies, including provision of PEP, psychosocial support and mental health services for survivors of sexual violence and access to HIV prevention, treatment and care. In Syria, UNHCR supported the setting up of 70 community-based committees serving more than 175 000 beneficiaries, who were able to access information on sexual and gender-based violence, SRH and HIV. In Iran, during 2017, UNHCR helped establish a social centre, with 6532 Afghan refugees benefiting from psychological and legal counselling, life skills training and HIV and domestic violence services.

UNFPA, UNDP, UNICEF, UN Women and the UNAIDS Secretariat supported efforts to implement laws to end child marriage in Africa. UNDP assisted the SADC Parliamentary Forum in finalizing the Model Child Marriage Prevention Act. Following adoption of the Marriage, Divorce and Family Relations Bill that raised the marriage age from 15 to 18 years, and with UN Women support, Malawi's Constitution was amended to raise the marriage age to 18 and remove a loophole that allowed children aged between 15 and 18 years to marry parental consent. UNFPA, UNICEF and Girls Not Brides supported Burkina Faso, Mozambique, Uganda and Zambia to develop national action plans to end child marriage. UNFPA empowered more than 65 000 girls and 285 000 community members, increasing their knowledge and access to SRH services to prevent child marriage. In 2017, UNESCO, in consultation with UNFPA and WHO, published recommendations on education sector responses to early and unintended pregnancy, which can lead to stigma, discrimination and school drop-out, and an increased risk of HIV for adolescent girls and young women as a result. The guidance resulted in school re-entry guidelines being adopted in Kenya, and the development of a Pregnancy Prevention and Management Policy in South African schools.

UNDP convened a multi-stakeholder meeting to review implementation of Global Commission on HIV and the Law recommendations. Discussions identified challenges in advancing gender equality and access to services for women and girls in the context of plural legal systems. To help countries implement the commission recommendations and improve the legal environment for young women and adolescent girls, UNDP, with the All In initiative, conducted a systematic review of age-of-consent laws in 25 countries.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is a powerful human rights instrument for articulating, advocating and monitoring women's human rights. With UN Women, UNDP and UNFPA support, women living with HIV contributed to country reporting on CEDAW. For example, a survey by the Ukrainian network of 4000 women living with HIV on how CEDAW implementation addresses their rights

resulted in the publication, Human rights of women living with HIV in Ukraine, which informed a shadow report to CEDAW in 2017. This led to CEDAW calling for accelerated HIV prevention among women and girls in Ukraine and improved access to GBV services. The UNAIDS Secretariat, WHO and ICW engaged CEDAW in dialogue on updating its general recommendation 15, on avoidance of discrimination against women in national strategies for the prevention and control of AIDS. In Guatemala and Panama, the UNAIDS Secretariat and UN Women, with ICW and the female sex workers network RedTraSex facilitated the exchange of lessons learned on women living with HIV and sex worker engagement in CEDAW reporting.

Challenges

Women and girls experience multiple forms of discrimination because of gender inequality in the context of HIV, and it becomes more pronounced when intersecting with age, socioeconomic status, residence, race, ethnicity, religion, sexuality, HIV status, disability status, and forced displacement and other humanitarian settings. Harmful gender norms affect the ability to negotiate safe sex, build knowledge around HIV prevention and seek health services. These norms also impact on men and boys, who face negative attitudes when seeking health services, leaving them less likely to get tested for HIV and treated.

Data disaggregated by sex, age and factors such as GBV is not always readily available, preventing comprehensive gender analysis to fully reveal the inequalities faced by women and girls. This data is critical to implementing the SDGs and ensuring evidence-based and tailored programming to address the needs and priorities of the most marginalized groups of women to prevent and mitigate the impact of HIV.

The measurement components of the UBRAF indicators 5.1 and 5.2 require disaggregation and validation to better understand whether they are on track; while they show steady progress, it is not necessarily substantiated by the narrative. Additionally, the measurement components are complex and aggregate several different and important nuances, and do not necessarily constitute achievement of the indicator in its entirety.

Reduced resources push prioritization of biomedical interventions in the HIV response, limiting the number of interventions responding to structural and social drivers of the epidemic. Financing to respond to gender inequalities, and to the networks of women living with HIV, remains insufficient in national strategies and international funding mechanisms.

Women, particularly adolescent girls and young women, living with or affected by HIV are often excluded from policy-making processes. This reduces their ability to engage and influence agenda-setting, implementation and monitoring of global and national HIV responses.

Adolescent girls and young women face gender norms that put them at a disadvantage when negotiating safe sex, increasing their knowledge of HIV, or making informed – and therefore empowered – decisions around HIV prevention. They often must confront barriers to accessing HIV and SRH treatment, such as laws that require parental consent, lack of youth-friendly services or stigma in health-care settings.

Discriminatory customary and formal legal systems and frameworks create barriers for women and girls in accessing services, including for HIV, SRH and for addressing sexual and gender-based violence, especially for women and girls in plural legal systems.

Women and girls caught up in humanitarian crises are particularly vulnerable to HIV infection, which is exacerbated by the breakdown of health-care systems, gender inequalities, and sexual and gender-based violence.

Women, including those living with and affected by HIV, are disproportionately responsible for informal and unpaid care, less likely to have access to and control of land and often face barriers in advancing their economic empowerment. This affects their ability to access and pay for health services and negotiate unequal power dynamics within their households.

Key future actions

To ensure HIV responses address structural drivers, including gender norms, UN Women will continue to support integrating gender equality commitments in national efforts to implement SDG 3 on health and SDG 5 on gender equality, and in national HIV strategies, budgets and monitoring frameworks, and the scale-up of gender-responsive interventions. UNICEF, UNFPA and UNDP will engage men and boys as agents of change to transform harmful masculinity.

UN Women will convene experts on gender-responsive budgeting to assist in developing and disseminating guidance on both financing for gender equality in the HIV response and greater investment in advocacy by networks of women living with HIV.

With UNICEF, UN Women will work to promote the leadership and meaningful participation of networks of women living with HIV and adolescent girls and young women in HIV responses. They will also develop policy recommendations and ensure prevention interventions address issues of women left behind in the response, including indigenous women, women who use drugs and adolescent girls and young women. UNICEF will emphasize pre-exposure prophylaxis (or PrEP), cash transfers, keeping girls in school and CSE.

The UNAIDS Secretariat, UN Women, UNDP and UNFPA will engage with the #TeamWomen initiative to promote accountability towards the targets of the 2016 Political Declaration that emphasize gender equality and women's empowerment.

UNICEF, UNDP, UNFPA and UN Women will support country efforts to improve legal environments and repeal discriminatory laws and practices, including early marriage, to meet the human rights needs of women and girls, including those living in plural legal systems.

UN Women, UNFPA and UNDP will ensure the EU-UN Spotlight Initiative addresses the link between violence against women and HIV risk. UNESCO will further work on preventing school-related gender-based violence by adapting the connect with respect tool for African countries and establishing a platform to monitor school-related violence and bullying for SDG indicator 4.a.1, alongside convening regional consultations.

On the final day of the 41st meeting UNAIDS Programme Coordinating Board (PCB) which was dedicated to a thematic session on discrimination in health-care settings, members of the Board gave their commitment to continue working to end stigma and discrimination. The PCB nongovernmental organization delegation called for a global compact to eliminate all forms of stigma and discrimination. UN Women, UNDP and the Secretariat, the PCB NGO delegation

and the Global Network of People Living with HIV (GNP+), will co-convene the global compact to eliminate all forms of HIV-related stigma and discrimination.

UNFPA and UNHCR will continue to implement the Minimum Initial Service Package in humanitarian emergencies, including preventing and responding to sexual violence, with an emphasis on earlier expansion to comprehensive reproductive and HIV services...

The ILO, within its Women at Work Centenary Initiative to 2019, will address the greater burden of unpaid care work that women face in HIV-affected households.

Taking an integrated approach to ensure healthy lives, promote well-being and advance universal health care, WHO will heighten focus on gender, equity and human rights through its work. UNFPA's new 2018–2021 strategic plan reiterates its commitment to strengthening capacities to provide high-quality, integrated information and services for family planning, maternal health and STIs and HIV, including in humanitarian and fragile settings. The World Bank will ensure gender and GBV issues are appropriately mainstreamed across all lending projects, including health systems and HIV projects.

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