

United Nations Entity for Gender Equality and Empowerment of Women (UN Women)

Unified Budget Results and Accountability
Framework (UBRAF) 2016-2021



the first two years of life, and the third year of life is the most difficult for the child.

The first year of life is the most difficult for the child because of the physical changes that occur during this period. The child is born with a very fragile body and is very susceptible to illness.

The second year of life is the most difficult for the child because of the psychological changes that occur during this period. The child is beginning to develop a sense of self and is beginning to understand the world around him.

The third year of life is the most difficult for the child because of the social changes that occur during this period. The child is beginning to interact with other children and is beginning to understand the rules of social interaction.

The fourth year of life is the most difficult for the child because of the intellectual changes that occur during this period. The child is beginning to learn to read and is beginning to understand the world around him.

The fifth year of life is the most difficult for the child because of the emotional changes that occur during this period. The child is beginning to understand his own feelings and is beginning to understand the feelings of others.

The sixth year of life is the most difficult for the child because of the physical changes that occur during this period. The child is beginning to grow and is beginning to understand the world around him.

The seventh year of life is the most difficult for the child because of the psychological changes that occur during this period. The child is beginning to develop a sense of self and is beginning to understand the world around him.

The eighth year of life is the most difficult for the child because of the social changes that occur during this period. The child is beginning to interact with other children and is beginning to understand the rules of social interaction.

The ninth year of life is the most difficult for the child because of the intellectual changes that occur during this period. The child is beginning to learn to read and is beginning to understand the world around him.

The tenth year of life is the most difficult for the child because of the emotional changes that occur during this period. The child is beginning to understand his own feelings and is beginning to understand the feelings of others.

The eleventh year of life is the most difficult for the child because of the physical changes that occur during this period. The child is beginning to grow and is beginning to understand the world around him.

The twelfth year of life is the most difficult for the child because of the psychological changes that occur during this period. The child is beginning to develop a sense of self and is beginning to understand the world around him.

The thirteenth year of life is the most difficult for the child because of the social changes that occur during this period. The child is beginning to interact with other children and is beginning to understand the rules of social interaction.

The fourteenth year of life is the most difficult for the child because of the intellectual changes that occur during this period. The child is beginning to learn to read and is beginning to understand the world around him.

The fifteenth year of life is the most difficult for the child because of the emotional changes that occur during this period. The child is beginning to understand his own feelings and is beginning to understand the feelings of others.

The sixteenth year of life is the most difficult for the child because of the physical changes that occur during this period. The child is beginning to grow and is beginning to understand the world around him.

The seventeenth year of life is the most difficult for the child because of the psychological changes that occur during this period. The child is beginning to develop a sense of self and is beginning to understand the world around him.

The eighteenth year of life is the most difficult for the child because of the social changes that occur during this period. The child is beginning to interact with other children and is beginning to understand the rules of social interaction.

Contents

Achievements	2
UN Women's Strategy/Core Approach to HIV and AIDS	2
Highlights of 2016-2017 results	2
Meaningful participation of women living with HIV in the HIV responses	2
Transforming unequal social norms to prevent HIV and mitigate its impact	3
Implementing Actions to Address Gender-based Violence and HIV	4
Key achievements by Strategy Result Area	4
Access to treatment cascade	4
Combination prevention	5
Youth health and education	6
Gender equality	7
Gender-based violence	8
Legal literacy, access to justice and enforcement of rights	9
HIV-sensitive social protection	10

Achievements

UN Women's Strategy/Core Approach to HIV and AIDS

UN Women strives to reach those 'furthest behind first' by ensuring national HIV strategies are informed by sex- and age-disaggregated data and gender analysis; up-scale what works in tackling the root causes of inequalities, and support women and girls in all their diversity to meaningfully engage in decision-making in HIV responses at all levels. More specifically, UN Women's work is aimed at:

- Amplifying the voices of women living with HIV and young women and adolescent girls, including those living with HIV, promoting their leadership in decision-making.
- Integrating gender equality into the governance of the HIV responses (including policies, laws, national HIV strategies, institutions, budgets, and monitoring and evaluation frameworks).
- Promoting women's economic empowerment to prevent HIV and mitigate its impact.
- Addressing the intersections between HIV and violence against women.
- Promoting access to justice for women living with and affected by HIV, including access to property and inheritance rights.

Civil society is a key constituency for UN Women. It plays a vital role in promoting gender equality and women's rights at all levels. UN Women partners with international, regional and national networks of women living with HIV, women's organizations, alliances and coalitions of women caregivers, legal and human rights organizations, and community development, grass-roots and media organizations to increase the influence of women living with HIV, to promote their leadership and meaningful participation in all decisions and actions in the response to the epidemic.

Highlights of 2016-2017 results

Meaningful participation of women living with HIV in the HIV responses

UN Women invested in strengthening leadership capacity of women living with HIV in 20 countries resulting in their influential engagement in HIV responses at national, regional and global levels. UN Women has been supporting the Women's Networking Zone (WNZ) since its first convening in 2006 and supported WNZ during the 2016 International AIDS Conference in South Africa and the 2017 ICASA in Cote D'Ivoire. These efforts increased the visibility of women's organizations at the conference and provided a space for them to advocate for greater accountability, funding and implementation of actions to advance women's priorities. Designed by and for women living with HIV, 89% of WNZ events were led by women.

In Uganda, in 2017, UN Women worked with the International Community of Women living with HIV-East Africa to mobilize, build leadership capacity and mentor representatives of 32 national and district-level networks and organizations of women living with HIV, particularly young women. As follow-up to the training and mentorship programme, women successfully advocated for integration of gender equality issues into design of the PEPFAR 2017 Country Operational Plan and review of the 2018-2025 HIV Prevention Roadmap for Uganda.

Through 2016-2017, in Cameroon, China, Kazakhstan, Morocco, Sierra Leone, South Africa, Tajikistan, Tunisia, Uganda, Ukraine and Zimbabwe UN Women helped to increase participation and meaningful engagement of the networks and organizations of women living with HIV to prioritize women and girls' priorities in the national HIV strategies, budgets and monitoring frameworks. For example, in Cameroon, with UN Women support, women's organizations influenced Cameroon's 2018-2022 National HIV Strategy to prioritize gender-responsive budgeting and M&E and include actions to reduce new HIV infections among adolescent girls, prevent violence against women and strengthen legal assistance for women and men living with HIV-makers.

Transforming unequal social norms to prevent HIV and mitigate its impact

Over 2016-2017, UN Trust Fund to End Violence Against Women, administered by UN Women, awarded over US\$ 2 million in grants to civil society in Cameroon, China, Cote D'Ivoire, Egypt, Haiti, Jamaica, Kenya, Myanmar, South Africa, Tanzania and Thailand for programming to prevent violence and HIV. Grassroot Soccer, a grantee of the Trust Fund in South Africa, used the power of football to educate and empower over 8,000 girls aged 13-16, including those living with HIV, with the final evaluation attesting to increased HIV knowledge and access to violence and HIV integrated services.

In Uganda, UN Women has launched an empowerment programme for adolescent girls and young women of 15-24 years, including those living with HIV. In 2016-2017, the programme provided young women and girls in Karamoja region with life-skills training to improve self-esteem, decision making competencies and knowledge in entrepreneurship, small and medium business management and financial literacy. All participants are linked to HIV prevention, care and treatment services. The intervention also educated the larger community to address norms and practices that predispose young women and girls to HIV and violence. In 2017, the programme benefitted 265 girls with early results demonstrating improvements in attitudes towards uptake and adherence to HIV treatment, an increased demand for HIV prevention commodities, an increased search for family planning information and services and reporting of violence cases.

Implementing Actions to Address Gender-based Violence and HIV

In 2016-2017, UN Women supported the design and implementation of the national action plans and policies on violence against women in Argentina, Paraguay, Peru and Viet Nam. In Viet Nam, UN Women brokered a space for the national network of women living with HIV to collaborate with the government and provide inputs to the National Thematic Project on gender-based violence prevention and response 2016-2020. The project is an operational framework to implement the 2016-2020 National Action Plan on Gender Equality. It recognizes sexual violence against women in public spaces, introduces specific measures to implement integrated gender-based violence and HIV services and establishes a multi-stakeholder coordination mechanism.

UN Women's work with traditional and community leaders in Malawi resulted in their increased engagement and commitment to preventing HIV among girls and ending child marriage. In 2017, UN Women and other partners successfully advocated for a groundbreaking amendment of Malawi's Constitution to raise the minimum age of marriage from 15 to 18 years. With UN Women's support, Paramount Chiefs developed a unified by-laws framework to guide implementation and monitoring of the constitutional amendment and 2015 Marriage, Divorce and Family Relations Bill at the community level, to eliminate child marriage and prevent HIV among adolescent girls.

[Essential Services Package for Women and Girls Subject to Violence](#) was launched by UN Women in partnership with UNFPA, WHO and UNODC, and rolled out by UN Women and other partners in Asia and the Pacific and Arab States. The package provides service delivery guidelines to ensure the delivery of high-quality services, particularly for low- and middle-income countries, for women and girls experiencing violence, including in the context of HIV, ensuring access to post-exposure prophylaxis, HIV testing and treatment.

Key achievements by Strategy Result Area

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Access to treatment cascade

Women and girls face multiple forms of exclusion and discrimination that pose obstacles to accessing HIV services. In 2016-2017, UN Women invested in researching women's experiences of treatment availability and decision-making around uptake. For example, the [Key Barriers to Women's Access to HIV Treatment: A Global Review](#) was commissioned by UN Women and undertaken by AVAC, the ATHENA Network and Salamander Trust,

revealing social and structural barriers for women's access to HIV treatment and adherence. The review surfaced issues such as: scarcity of existing data on women's experiences with HIV treatment, violence and fear of violence as a major barrier to women seeking care and treatment, the need for confidential and respectful presentation of antiretroviral therapy programmes and that many women continue to struggle with accessing health services that do not respect human rights. The findings of this review have been presented in an article published in the [December 2017 volume of the Health and Human Rights Journal](#).

The methodology of the review was unique as it was designed, led and governed by a Global Reference Group of 14 women living with HIV from 11 countries. Women living with HIV led all stages of the review, from designing the survey questionnaires to conducting the focus group discussions and validating findings. The review engaged over 200 women living with HIV from 17 countries.

Country case studies were conducted in Kenya, Uganda and Zimbabwe. The International Community of Women Living with HIV-East Africa led the case studies in Kenya and Uganda. In Uganda, good practices used by service providers to promote the enrolment and retention of women and girls were uncovered. These included the use of mobile phones, physical visits and follow-up, establishment of youth-friendly services, support groups, counselling, decentralization of services and group-based care models.

programming.

Strategy Result Area 3: - Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

Combination prevention

UN Women supports the engagement and empowerment of adolescent girls and young women in national HIV responses. Through UN Women-facilitated interactive debates, comics, Ted Talks and other activities, in 2016-2017 over 3000 young women and adolescent girls across seven countries (Cameroon, China, Cote D'Ivoire, Liberia, Moldova, Mozambique and Sierra Leone) had their advocacy skills and knowledge on gender equality, preventing HIV and GBV improved.

Many of these young advocates continue to undertake advocacy and outreach to prevent HIV and GBV with their peers. For example, in China, in 2017 UN Women trained over 200 young women as peer educators to strengthen their capacity to promote gender equality, equitable gender relations and prevent violence against women and HIV. Twenty of these leaders designed, facilitated and monitored follow-up peer-to-peer trainings, coordinated social media campaigns and organized youth-exchange activities to reach peers. In 2017 UN Women also

worked with 34 young peer educators, who conducted over 400 sessions in three regions of central and northern Côte D'Ivoire on issues related to gender equality, violence and HIV prevention, use of condoms, and referred over 500 young people to HIV testing and other services.

With UN Women's support, over 2016-2017 Jamaica's National Family Planning Board trained and mentored over 200 adolescent girls and young women and 168 young men from marginalized communities, including those living with HIV. Participants of the mentorship programme reported increased HIV knowledge and access to HIV and family planning services, as well as enhanced understanding of their sexual and reproductive rights.

Youth health and education

UN Women supported the mobilization of young women advocates to define a common agenda and participate in HIV policy and programming at global, regional and country levels. In 2016, UN Women's 'Engagement+Empowerment=Equality' effort resulted in building leadership capacity of over 1000 young women and adolescent girls, including 250 living with HIV, in Kenya, Malawi and Uganda. Through mentoring, capacity building and peer support, young champions engaged in the design and validation of the All-In assessments. In nine months, the young champions were able to reach thousands of young women through outreach activities, including through social and print media.

UN Women convened Youth Forums in preparation for the 60th and 61st sessions of the Commission on Status of Women (CSW) in 2016-2017. The Youth Forums provided a critical opportunity for young people and adolescents, particularly young women and girls (including those living with HIV) to openly and strategically discuss the challenges and opportunities in their local, national, regional and global contexts to achieve gender equality and sustainable development. The Youth Forums had thematic discussions on sexual and reproductive health and rights and HIV/AIDS, with specific recommendations included in the outcome documents.

At the 2016 International AIDS Conference, UN Women facilitated the participation of young women advocates living with HIV, who spoke at various sessions and side events, calling for accelerated action on ending early marriages, gender-based discrimination in health care settings and promoting meaningful participation of young women living with HIV. UN Women succeeded in creating a space for young women to engage in a dialogue with the Deputy of U.S. Global AIDS Coordinator and share their success and challenges in engaging in the national HIV responses. In follow-up to the International AIDS Conference, a small Youth Advisory Group was set up by UN Women and young women to continue engagement. As a result of UN Women support and advocacy, 19 young leaders working on HIV, over half of them young women, engaged in the Women Deliver 4th Global Conference (2016) and raised the priorities of young women in the context of HIV.

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

In 2016-2017, UN Women advocated for the integration of gender equality issues into national HIV strategies in 11 countries (Cameroon, China, Kazakhstan, Morocco, Sierra Leone, South Africa, Tajikistan, Tunisia, Uganda, Ukraine and Zimbabwe), ensuring inclusion of gender-responsive actions with budgets and indicators and meaningful participation of networks of women living with HIV. In two conflict-affected provinces of Ukraine, UN Women facilitated collaboration between local authorities and the networks of women living with HIV, which resulted in local budget allocations to community-led initiatives to prevent violence and HIV among women and girls. In Cameroon, Uganda, Viet Nam and Zimbabwe, UN Women helped to facilitate meaningful engagement of women living with HIV in the design of the Global Fund Concept Notes. 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 of US\$ 8 million allocation in Zimbabwe and US\$ 10 million in Uganda.

In 14 countries (Cambodia, Cameroon, China, Kenya, Malawi, Morocco, Nigeria, South Africa, Tunisia, Tanzania, Uganda, Ukraine, Viet Nam and Zimbabwe) in 2016-2017 UN Women collaborated with the national AIDS coordinating bodies, leading to more gender-sensitive HIV planning and institutions. For example, UN Women increased the capacity of 35 civil servants of Viet Nam Authority of HIV/AIDS Control and its six provincial AIDS centres, for gender-responsive M&E in HIV. This process allowed them to identify the gaps in sex-disaggregated data and lack of interventions and indicators to measure HIV response progress for women beyond mother-to-child transmission efforts. To operationalize the national HIV strategies UN Women also helped national AIDS coordinating bodies in Cameroon, Malawi, Tanzania, Uganda and Zimbabwe to adopt Gender and HIV implementation plans.

In 2016-2017, UN Women additionally invested in the capacity strengthening of women living with HIV in 20 countries (Cameroon, China, Cote D'Ivoire, Indonesia, Jamaica, Kazakhstan, Kyrgyzstan, Malawi, Moldova, Mozambique, Nigeria, Rwanda, South Africa, Tajikistan, Tanzania, Thailand, Uganda, Ukraine, Viet Nam and Zimbabwe), resulting in their meaningful engagement in HIV responses at national, regional and global levels. A global expert group meeting Putting Gender Justice at the Centre of the Fast Track to End AIDS, convened by UN Women, engaged 47 experts from networks of women living with HIV, women's organizations, academia and UN partners and resulted in a strategic discussion with key

actions and agreements to ensure gender equality and HIV is prioritized in the High-level Meeting on HIV/AIDS, CSW and beyond.

In 2016, over 200 women living with HIV from 10 countries (Belarus, DRC, Kazakhstan, Kenya, Mozambique, Namibia, Russia, Thailand, Ukraine and Zimbabwe) increased their knowledge and engaged meaningfully in the SDGs at the national level, as a result of a partnership between UN Women and the International Community of Women living with HIV. In-country workshops, on-line mentoring and technical guidance were instrumental in ensuring the networks of women living with HIV gained critical knowledge on how to advocate for the inclusion of their perspectives in policy-making, to localize the 2030 Agenda and succeed in raising gender equality priorities at the national SDGs dialogues, technical working groups, etc. A Guide to the SDGs for Network of Women Living with HIV was developed and disseminated.

Gender-based violence

In 14 countries – Brazil, China, Cote D'Ivoire, Egypt, Indonesia, Jamaica, Kyrgyzstan, Moldova, Morocco, Paraguay, State of Palestine, Uruguay, Viet Nam and Ukraine – UN Women efforts resulted in the generation of evidence on how violence against women is linked to an increased HIV risk, that was used to inform the design and implementation of the national action plans on ending violence against women. For example, in 2017, UN Women and other partners published a study on the impact of violence and HIV on indigenous women in Brazil and Paraguay. The study will be used to advocate for greater participation of indigenous women survivors of violence, particularly those living with HIV. The study highlighted unequal gender norms and discriminatory attitudes that prevail at the community level, driving violent behaviour, low levels of HIV knowledge among women as well as a lack of capacity and opportunities to participate in the national HIV response. The study also provided policy recommendations on how to prevent violence and decrease risk of HIV among women. These included strengthening access to accurate and comprehensive sexuality education and non-discriminatory HIV/SRH services - particularly post-exposure prophylaxis for survivors of sexual violence - and enhancing leadership capacity of indigenous women, including those living with HIV.

UN Women supported countries' efforts to prevent violence and HIV, particularly among disadvantaged groups of women and girls. In 2016-2017, UN Trust Fund to End Violence Against Women, administered by UN Women, awarded over USD2 million in grants to civil society in 11 countries (Cameroon, China, Cote D'Ivoire, Egypt, Haiti, Jamaica, Kenya, Myanmar, South Africa, Tanzania and Thailand), for programming to prevent violence and HIV and to strengthen responses to violence against women living with HIV. For example, Trócaire, a grantee of the Trust Fund, implemented SASA! Faith in four rural communities of

Kenya. Twenty-eight community activists engaged with faith leaders to prevent violence and HIV among young rural women, particularly those with disabilities. A final evaluation of the project implemented by Jamaica AIDS Support for Life – another grantee of the UN Trust Fund – found a 32.4% increase in the number of women living with HIV, reporting improved health and access to violence and HIV and sexual and reproductive health services.

Strategy Result Area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

Legal literacy, access to justice and enforcement of rights

The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) is a powerful instrument for articulating, advocating and monitoring women's human rights. UN Women facilitated inputs and participation of the networks and organizations of women living with HIV in country reporting on CEDAW. For example, in Ukraine, with UN Women's support, women living with HIV co-authored the shadow report, which they presented to the CEDAW Committee members at the CEDAW session in 2017. A survey of 4000 women living with HIV was conducted in Ukraine, by the national network to assess how CEDAW implementation addresses the rights of women living with HIV. This work resulted in the CEDAW Concluding Comments to Ukraine calling for accelerated HIV prevention among women and girls and improved access to GBV services for women to prevent HIV. In Viet Nam, the national network of women living with HIV contributed to the development and review of the monitoring framework of the 2015 CEDAW Concluding Comments.

Women and girls experience multiple forms of stigma and discrimination as well as rights violations, in the context of HIV. UN Women therefore worked to enhance access to legal aid for women living with HIV, to reduce gender-based stigma and discrimination in China, Malawi, Uganda, Viet Nam and Zimbabwe. In 2016, in Viet Nam, UN Women helped the national network of women living with HIV to analyse specific forms of discrimination women face in the context of HIV and identify gender-specific bottlenecks in access to legal aid. This analysis resulted in a set of recommendations to inform necessary amendments to the Legal Aid Law.

Meanwhile, access to justice for women living and affected by HIV remains a challenge in Uganda. According to the 2011 Gender Audit, when seeking justice, women face institutional biases, discriminatory attitudes and other barriers related to the lack of economic independence, care responsibilities and violence. UN Women therefore collaborated with judicial officers, lawyers and civil society in 2016-2017 to develop and disseminate a Gender Bench Book. Guided by the CEDAW and 'Maputo Protocol', the Gender Bench Book helps the judiciary to better understand needs and priorities of women in the context of HIV. Additionally, UN Women mobilized, enhanced capacity and mentored 60 cultural and

community leaders and 78 women living with HIV in rural areas to identify women's rights violations and gender-based discrimination in the context of HIV. This work has resulted in increased trust in informal justice mechanisms at the local level, faster review of complaints, particularly from women living with HIV, and stronger coordination with the formal justice system.

In China, in 2017, UN Women collaborated with the National Centre for AIDS/STD Control and Prevention to design and pilot a Training of Trainers manual on gender-sensitive HIV services. Guided by the CEDAW provisions, the manual aims to enhance capacity of health care providers and policy-makers to promote elimination of stigma and discrimination and violence against women living with HIV.

Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health

HIV-sensitive social protection

UN Women has helped improve sustainable livelihoods for women living with HIV by facilitating their access to and control over economic resources. Throughout 2016-2017, UN Women's Fund for Gender Equality provided small grants to civil society organizations to economically empower women's groups in marginalized and impoverished communities, particularly women living with and affected by HIV. In Kyrgyzstan, the Fund for Gender Equality grantee strengthened business skills of 73 marginalized women (including women living with HIV, women who used drugs or were partners of drug users and women former prisoners). Five micro-grants were awarded to women's groups to develop business plans to set-up small enterprises and improve their livelihoods.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org