



Evaluation of the UNFPA support to the HIV response (2016-2019)



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UNFPA Evaluation Office

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ABBREVIATIONS AND ACRONYMS

AfriYAN	African Youth and Adolescent Network
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Pharmaceuticals
BMGF	Bill and Melinda Gates Foundation
CARG	Community ART Referral Group
CCM	Country Coordination Mechanism (Global Fund)
CCO	Committee of Cosponsoring Organizations (UNAIDS)
CCP	Comprehensive Condom Programming
CDC	Centre for Disease Control, United States Government
CO	Country Office
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DREAMS	Determined, Resilient, Empowered, Aids-free, Mentored and Safe (young women)
EAC	East African Community
ECHO	Evidence for Contraceptive Options and HIV Outcomes
ECOM	Eurasian Coalition on Male Health
EECA	Eastern Europe and Central Asia
EECARO	Eastern Europe and Central Asia Regional Office of UNFPA
EHG	Euro Health Group
EmONC	Emergency Obstetrics and New-born Care
ERG	Evaluation Reference Group
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office of UNFPA
EWNA	Eurasian Network of Women with AIDS
FHI	Family Health International
FSW	Female Sex Worker
FTE	Full Time Equivalent
GBV	Gender-Based Violence
GPC	Global HIV Prevention Coalition
HIV	Human Immunodeficiency Virus
HRBA	Human Rights-Based Approach
HTC	HIV Testing and Counselling
IAWG	Inter-Agency Working Group
IBBS	Integrated Biological and Behavioural Surveillance Study
ICPD	International Conference on Population and Development
ILO	International Labour Organization
INGO	International Non-Governmental Organization
IPPF	International Planned Parenthood Federation
JUNTA	Joint United Nations Team on AIDS
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LNOB	Leave No One Behind
MDG	Millennium Development Goal

MDSR	Maternal Death Surveillance and Review
MEAC	Ministry of Education, Arts and Culture
MGECW	Ministry of Gender Equality and Child Welfare
MISP	Minimum Initial Service Package
MOH	Ministry of Health
MoHSS	Ministry of Health and Social Services
MoHSW	Ministry of Health and Social Welfare
MSM	Men Who Have Sex with Men
MSMIT	Men Who Have Sex with Men Implementation Tool
MSW	Male Sex Worker
MSYNS	Ministry of Sport, Youth and National Service
NAC	National AIDS Committee
NAEC	National AIDS Executive Committee
NCDC	National Centre for Disease Control
NIMART	Nurse-Initiated Management of ART
NGO	Non-Governmental Organization
NSF	National Strategic Framework
OECD	Organisation for Economic Cooperation and Development
NYC	National Youth Council
OFL	Office of the First Lady (Namibia)
OPSI	Organisasi Perubahan Sosial Indonesia
ORN	Out-Right Namibia
PCB	Programme Coordinating Board
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Fund for AIDS Relief (US)
PF	Parliamentary Forum
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
PrEP	Pre-Exposure Prophylactic
RACI	Responsible, Accountable, Consulted and Informed
RAGSI	Regional Advisory Group on Strategic Information
RATESA	Regional AIDS Team for ESA
RHSC	Reproductive Health Supplies Coalition
RIAP	Regional Intervention Action Plan
RO	Regional Office
SADC	Southern Africa Development Community
SCM	Supply Chain Management
SDG	Sustainable Development Goals
SFH	Society for Family Health Namibia
SGBV	Sexual Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SWIT	Sex Worker Implementation Tool
SYP	Safeguard Young People programme
The Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
TMA	Total Market Approach
TRANSIT	Transgender People Implementation Tool

TWG	Technical Working Group
UBRAF	Unified Budget, Results and Accountability Framework (UNAIDS)
UHC	Universal Health Coverage
UMIC	Upper Middle-Income Country
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Education Social and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNPAF	United Nations Partnership Framework
UNSDG	United Nations Sustainable Development Goals
USAID	United States Agency for International Development
USD	United States Dollar (\$)
USG	United States Government
VTC	Voluntary Testing and Counselling
WFP	World Food Programme
WHO	World Health Organization
YKP	Young Key Population

ANNEX 1: Evaluation Matrix

Area of Investigation One: Extent and scope of UNFPA support to the integration of HIV with other sexual and reproductive health and rights strategies and programmes	
Evaluation Question 1: <i>To what extent has UNFPA contributed to establishing and strengthening bi-directional linkages (policies, systems, communities and services) between HIV, SRHR and SGBV and to integrating HIV, SRHR and SGBV services?</i>	
Evaluation Criteria	<i>Relevance, Effectiveness, Efficiency</i>
Rationale	Strengthening linkages and bi-directional synergies between HIV, SRHR and SGBV is an important strategy behind many of UNFPA efforts to support the response to HIV. At the level of service users, an important result of strengthened linkages should be more integrated delivery of HIV, SRHR and SGBV services as well as integration of HIV, SRHR and SGBV behaviour change communications efforts.
Assumption 1.1: At global, regional, and national level UNFPA has effectively supported and advocated initiatives for strengthening bi-directional linkages between HIV, SRHR and SGBV policies, systems, communities and services.	
Indicators: <ul style="list-style-type: none"> National HIV Strategy and SRHR Strategies, Roadmaps and Action Plans incorporate linkages between HIV, SRHR and SGBV Health sector strategies and action plans incorporate linkages between HIV, SRHR and SGBV National SRHR action plans and programmes, including family planning incorporate links to HIV prevention Operational guidelines, service protocols and manuals for health services staff incorporate linkages between HIV, SRHR and SGBV services. Opinions of global and regional stakeholders on UNFPA role in supporting integration (and its overall level of influence) Extent to which HIV, SRHR and SGBV strategies and policies address gender equality and HIV-related stigma and discrimination (gender and human rights components). 	
Observations	Sources of Evidence
Observations from interviews and document reviews at global Level	
<ul style="list-style-type: none"> The key is taking the response to the HIV out of isolation so from that perspective, the UNFPA linkage/integration agenda is really important. However, we are not sure UNFPA has been able to take HIV and make it an integral part of Sexual and Reproductive Health and Rights (SRHR) within the UNFPA structure and programmes Even considering the global level the strongest collaboration our organization has with UNFPA around integration is the regional project in East and Southern Africa 	<ul style="list-style-type: none"> Interview with staff of UN agencies
<ul style="list-style-type: none"> There is similar work going on in the area of BCC for GBV and HIV so there is an, as yet un-grasped, opportunity to link GBV and HIV Not just a criticism of UNFPA but not much seems to be going on regarding the HIV dimension of GBV at a global level – these are twin pandemics and UNFPA and UN Women should be leading on them together 	<ul style="list-style-type: none"> Interview with staff of UN agencies

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<ul style="list-style-type: none"> The word integration almost blinds us to what we should be achieving in prevention. A foundation partner, met UNFPA, and whatever question she asked, the response would always be integration (but without much specificity) “When you don’t say specifically what it is, it does not help us. It is frustrating – the linkages language has been over-used The ECHO trial showed that our efforts have been a complete failure. Women attended services in the facilities several times, and still their needs were not met. [implying that real integration is not happening at facility level] UNFPA are working at global level to support declarations and statements on integration and seem to have programmes at regional and country level but the problem is how UNFPA maintains the focus on prevention while working on integration. 	<ul style="list-style-type: none"> Interview with staff of UN agencies
<ul style="list-style-type: none"> I can see a real struggle for all the agencies to push the integration agenda. Putting integration on the map just has not worked. In South Africa, you can hear a whole conversation about SRHR and HIV will not be even mentioned. 	<ul style="list-style-type: none"> Interview with member of civil society or donor organization at global level
<ul style="list-style-type: none"> There is a lot of talk about integration but not much attempt to show how it can work in practice. They are always talking about integration, but let us start with first things first: fix condom supply at country level. 	<ul style="list-style-type: none"> Interview with member of civil society or donor organization at global level
<ul style="list-style-type: none"> Linking and integration of HIV into/with SRHR across policies and other UNFPA organizational mechanisms and into service delivery is a key part of our “strategy” for supporting the HIV response. Integration is not just an end in itself. It is a matter of looking at clients as an individual with needs, not as an infection or a disease. In addition, as resources dwindle, we need to find ways to deal with this. 	<ul style="list-style-type: none"> Discussions with UNFPA staff during 6-7 December Workshop (Inception Phase)
<ul style="list-style-type: none"> A compelling factor driving UNFPA on integration at global level is the declining resource base for vertical and ‘siloed’ programming in HIV. This does give rise to some tension between highlighting the HIV response and integration if HIV becomes less visible because of integration. One example of global uptake of UNFPA advocacy has been the use of the SRHR/HIV integration index. 	<ul style="list-style-type: none"> Discussions with UNFPA staff during 6-7 December Workshop (Inception Phase)
<ul style="list-style-type: none"> One way that UNFPA can organize itself to better support linkages and integration is to mainstream HIV within different teams at regional level. For example, in ESARO they have integrated HIV action across teams engaged in: Adolescents and Youth, UNFPA Supplies, Harmful Practices, Gender and HIV and the upper-middle- income support team.” 	<ul style="list-style-type: none"> Discussions with UNFPA staff during 6-7 December Workshop (Inception Phase)
Regional EECARO	
<ul style="list-style-type: none"> The regional programme is integrated under outcomes for SRHR and Youth; the technical advisors work and contribute to “joint” results. For example, the Youth Advisor is connected to the CSE person in HQ and works on youth, YKP), and CSE. Other examples of “joint results” and integration: UNFPA signed the SRHR-HIV Linkages Call to Action- which helps to give “traction” to work on HIV given the reluctance to address HIV within the region, e.g. providing SRH services in prisons that include HIV, revision of health sector protocols to include HIV prevention, trained HIV network in SRH and family planning issues. Linkages are easy to make and are quite important. 	<ul style="list-style-type: none"> Interview with staff of UNFPA EECARO

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<ul style="list-style-type: none"> EECARO continued to promote integration of SRHR and HIV services by strengthening policy, systems and service delivery linkages, especially for young people, PLWH, women and KPs. 	<ul style="list-style-type: none"> UNFPA EECARO, HIV-Specific Results, 2016-2018 Results Report, p.6
Regional ESARO	
<ul style="list-style-type: none"> Strategic interventions (Outcome 1) <ul style="list-style-type: none"> Provide technical assistance and track progress for improved, quality, integrated SRH/HIV and SGBV services, including MISP, EmONC, Maternal Death Surveillance and Review (MDSR), Youth Friendly Health Services (YFHS), and fistula repair (including midwives and community health workers) Provide technical assistance and support countries to integrate SRHR/HIV/SGBV services in National Development Plans. 	<ul style="list-style-type: none"> UNFPA ESARO, Regional Interventions Action Plan for East and Southern Africa 2018-2021. Annex 2: Theory of Change, p.26
<ul style="list-style-type: none"> The main intent of the joint UN (UNFPA, UNICEF, UNAIDS and WHO) regional 2gether 4SRHR programme (2018-2021) is to expand, scale up and consolidated gains from first phase of the regional integration project In phase two, UNFPA supports work in Botswana, Eswatini, Kenya, Namibia, South Africa (UNFPA only – called “transitioning countries”), in addition to Lesotho, Malawi, Uganda, Zambia and Zimbabwe (supported by all four agencies, called “focus countries”). 	<ul style="list-style-type: none"> Interview with UNFPA ESARO. Embassy of Sweden in Zambia (2017). <i>Transition Plan for Linkages Countries not incorporated</i>
<p>The 2gether 4 SRHR programme (2018-2017) targets the following countries:</p> <ul style="list-style-type: none"> “Focus Countries - Accelerate the scale up of SRHR/HIV integration building on previous investments through the EAAR, Linkages Project and OHTA Initiative.”: Lesotho, Uganda, Malawi, Zambia, Zimbabwe “Transition/Pioneer Countries - Made considerable progress with integration, that can serve as model countries for other countries to learn from. ": Botswana, Namibia, Kenya, South Africa, Swaziland 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO <i>Presentation of the Joint UN Regional Programme to Strengthen Integrate SRHR/HIV and SGBV Services in East and Southern Africa to Accelerate Action on SDG 3 and 5. Regional Reps Meeting</i> (Power Point Presentation).
<ul style="list-style-type: none"> The Linkages Project¹ implemented by UNFPA and UNAIDS, with funding from the European Union and SIDA, supported seven countries in Southern Africa to strengthen their national health systems through i) creating an enabling 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO (2017): <i>Strengthening SRHR/HIV</i>

¹ UNFPA in partnership with UNAIDS has been implementing the Linkages Project in 7 Southern African Countries between 2011 - 2015 with funding from the EU (2011 - 2016) and SIDA (2014 - 2017). SIDA support to Linkages was channelled through the broader UNAIDS Expanded Accelerated AIDS Response towards HLM targets and elimination commitments in the ESA Region Programme (EAAR) Project. The 7 Southern African countries include: Botswana, Lesotho, Namibia, Malawi, South Africa, Swaziland, Uganda, Zambia and Zimbabwe. Kenya, South Africa, and Uganda were added to the programme in 2016.

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<p>environment by linking SRHR/HIV and SGBV in policies, strategies, operational plans, ii) piloting the provision of integrated SRHR/HIV and SGBV services and iii) documenting best practices.</p> <ul style="list-style-type: none"> • Emerging promising practices that will be scaled-up include: i) assisting countries to domesticate SADC minimum standards on SRHR/HIV and SGBV integration; ii) strengthening national coordination, iii) drawing upon the lessons learnt from the pilot sites in how to integrate at a service delivery level using different models of integration; iv) how to link communities with health care facilities; v) strengthening monitoring and evaluation of integrated SRHR/HIV and SGBV programmes, including measuring the cost efficiencies of these programmes. “ 	<p><i>and SGBV services in East and Southern Africa to accelerate action on Sustainable Development Goals 3 and 5- A Joint United Nations Regional Proposal</i></p>
<ul style="list-style-type: none"> • The overall SADC strategy on SRHR was developed with support from the UN Agencies (including UNFPA) who formed a Technical Committee to support the work. • The SADC HIV Strategy and SADC KPs Strategies are visions to be translated into national action by 2030. They thus become advocacy tools for use at national level because no MoH or Ministry of Education wants to be left behind. 	<ul style="list-style-type: none"> • Interview with UNFPA RO Programme Specialist SRH/HIV
<ul style="list-style-type: none"> • The strong presence of SADC and its sub-committee of health ministers gives ESARO a really valuable tool for advocacy at both regional and country level. Because the SADC health ministers work by consensus when a strategy or policy is approved at the SADC level it becomes an "aspirational" document for all the countries in the SADC region. 	<ul style="list-style-type: none"> • Summary of interview notes from meetings with ESARO staff and other key regional stakeholders (interview notes, 3 June 2019)
<p>National: Georgia</p>	
<ul style="list-style-type: none"> • UNFPA Georgia feels responsibility for pursuing issues that no one else is working on. It was through the initiative of the CO to have the Joint Team active in Georgia, given that UNAIDS is not based there. (UNAIDS left in 2012.) UNFPA is the member of the PAAC representing the UN HIV and AIDS theme group in this platform and is the member of CCM. • The CO has “smartly integrated” SRH-HIV into the Swedish Gender Equality Program and agenda.” • Integration is a strategic issue for the CO, given the scarce resources. “We need to be smart about integration, given our limited human resources and programme staff.” The only way to leverage action and shape the response for impact is through advocacy and collaboration. The resources must be used to enable actions and make investments to bring returns. 	<ul style="list-style-type: none"> • Interviews with UNFPA Georgia
<ul style="list-style-type: none"> • The HIV response is delivered through a vertical state programme. The Government is considering exploring potential and feasibility of integrating HIV services into Universal Health coverage and/or private health schemes for the sake of efficiency; however, a plan and mechanism for integration had yet to be developed at the time of the writing of the Georgia Transition Plan in 2016. Per the NSP, there is intended to be a gradual increase in programme coverage in line with the corresponding growth in the capacity of service providers and through the rollout of outreach strategies. Voluntary counselling and testing for risk groups will intensify at drug treatment centres, STI and TB clinics and antenatal care facilities. 	<ul style="list-style-type: none"> • Curatio International Foundation, <i>Georgia Transition Plan</i>, 2016, p.33-34

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<ul style="list-style-type: none"> UNFPA Georgia started working with Ministry for the development of the National MNH Strategy and Action Plan, which is in essence a SRHR strategy without specifically naming it as such to avoid resistance from conservative and religious groups. The strategy includes maternal health, youth RH, contraception, and safe abortion. The HIV/STI issue is noted in the strategy in a couple of places: counsellors refer clients to vertical HIV services, as needed, and VCT is integrated in ANC consultations. Other than transportation costs for referral, services are free. It should be noted that the last case of vertical transmission was three years ago. 	<ul style="list-style-type: none"> Interview with UNFPA Georgia CO
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> There is some disagreement or misunderstanding about the status of the Draft National Strategy and Action Plan 2015-2019 HIV and AIDS Response in Indonesia, produced in 2015. The plan was never formally adopted before the NAC was dissolved. However, for some stakeholders, it stands as the country's current national strategy. This strategy identifies the importance of linkages and integration: <p>“The Continuum of Care (CoC) is intended to strengthen the integration of the health care system with community-based prevention services, such as the implementation of PSTHIV through close cooperation between the district/city government, health care managers, civil society, the community, KPs and PLHIV. Specifically, CoC aims to strengthen the integration of the health system with community-based systems in order to broaden the coverage of HIV-related promotion, prevention and treatment services, as described below:</p> <ul style="list-style-type: none"> Expand HIV-related services for KPs in primary and community health facilities, including services for TB, STI, sexual and reproductive health, victims of violence, and hepatitis. Provide referral services from the community to service providers and back to the community Enhance health workers' responsiveness to HIV and AIDS programmes Scale up ART through decentralized service delivery Mitigate social and economic impacts Implement PSTHIV and SUFA within the conceptual framework of CoC. <p>Strong integration between the health care system and community-based prevention requires multisectoral planning to expand services, map out hotspots, develop outreach strategies and foster partnerships with KPs, and build the capacity of health care providers at the district/city level.” (p.25)</p> The strategy also highlights that “Sound policies and comprehensive implementation of guidelines since 2012, including the integration of PMTCT into ANC services, have helped broaden coverage and strengthen the implementation of PMTCT, and improved detection of HIV-positive pregnant women.”(p.41) 	<ul style="list-style-type: none"> National AIDS Commission, <i>Draft National Strategy and Action Plan 2015-2019: HIV and AIDS Response in Indonesia</i>, National AIDS Commission, 2015

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<ul style="list-style-type: none"> Indonesia does not have a national policy or strategy for HIV, SRHR and GBV integration. 	<ul style="list-style-type: none"> Interagency Working Group on SRH and HIV Linkages, <i>HIV and SRHR Linkages Infographic Snapshot Indonesia</i>, IAWG, 2016 Interviews with UN agency staff, government officials and members of CSOs
<p>The UNFPA Country Action Plan highlights integration as follows:</p> <ul style="list-style-type: none"> “Linking HIV and reproductive health in both concentrated and generalized epidemics is critical to synergize efforts addressing HIV, maternal health and family planning” (p.3) “Outcome 1: Increased availability and use of integrated sexual and reproductive health services, including those related to family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access” (p.8) Strategic interventions include: “Provision of evidence-based advocacy for policies on the integration of HIV and SRH within the national programme on the prevention of HIV through sexual transmission (PMTS), and its linkages with maternal health and family planning programmes” (p.10) 	<ul style="list-style-type: none"> Government of the Republic of Indonesia and UNFPA, <i>Country Programme Action Plan 2016 – 2020 for the Programme of Cooperation between The Government of Indonesia and the United Nations Population Fund</i>, 2016.
<ul style="list-style-type: none"> In 2017, UNFPA reported a range of key achievements in the field of SRHR, including supporting government to improve midwifery education standards, updating SRH-related SDG indicators, developing a costed national family planning implementation plan, and the adoption of the MISP Operational Guidelines into national disaster preparedness policies. In addition, nearly 100,000 FSWs were reached with HIV prevention through the Global Fund-financed programme. In the field of adolescent sexual reproductive health, a range of achievements were also noted, including the UNALA private sector initiative reaching over 2,500 young people with services and information, and making available Indonesia’s first comprehensive and multisectoral National Action Plan on Youth Development (2017-2019). These initiatives display a varying degree of emphasis paid to linkages and integration. <ul style="list-style-type: none"> The work on midwifery education standards, updating SRH-related SDG indicators, and the costed national family planning implementation plan did not involve any significant component promoting or laying policy guidelines for HIV-SRH integration The MISP Guidelines were written to secure a high degree of integration of HIV, ARH, GBVRH services in humanitarian settings. UNFPA work reaching FSW with HIV testing and treatment does not involve any significant component promoting or laying policy guidelines for HIV-SRH integration The UNALA initiative does not involve any significant component promoting or laying policy guidelines for HIV-SRH integration, the focus is more on reproductive health 	<ul style="list-style-type: none"> The Government of the Republic of Indonesia and UNFPA, <i>The Government of the Republic of Indonesia and UNFPA: 2017 Key Achievements</i>, Jakarta: BAPPENAS and UNFPA, undated. Interviews with UNFPA staff, UN agency staff, government officials and members of CSOs

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<ul style="list-style-type: none"> ○ The National Action Plan on Youth Development does not involve any significant component promoting or laying policy guidelines for HIV-SRHR integration (according to key informants; the document is not available in English for detailed review). 	
<ul style="list-style-type: none"> ● The level of understanding of and commitment to linkages and integration among key stakeholders in Indonesia is reported to be low. There also seems to be some challenge within the UNFPA staff group to integration as a core UNFPA strategy in both generalised and concentrated epidemic settings. ● UNFPA reported that integration is not discussed or proposed as a strategy at the national level in Indonesia. The focus is primarily on population groups and vertical approaches. ● One member of the UNFPA Indonesia team shared their view that “a comprehensive definition of ‘integration’ only makes sense in the context of a generalised HIV epidemic. In a country like Indonesia, we need to focus on specific issues to integrate. Neither MoH nor the NAC in the past understand about integration. So we have identified specific elements that are relevant, such as talking to BKKBN on dual protection, access to condoms and lubes. With PMTCT, we are trying to integrate by bringing in the issue of partner notification. But if we are assessed using integration checklist, we will not pass the test. In Asia Pacific Region we need a specific checklist that is relevant to integration as it applies here.” 	<ul style="list-style-type: none"> ● Interviews with UNFPA Indonesia staff
<p>“There’s not much happening on integration”.</p>	<ul style="list-style-type: none"> ● Interviews with UN agency staff
<ul style="list-style-type: none"> ● “We are keen to explore the integration of GBV and HIV services, but there is no consensus on integration among people working in HIV and among policy-makers. It seems to mean ‘referral systems’ to most, but I think it is deeper than this”. 	<ul style="list-style-type: none"> ● Interviews with UN agency staff
<ul style="list-style-type: none"> ● “In Indonesia, the main focus for integration is between family planning and HIV. For family planning, the strategy is the responsibility of BKKBN but implementation is through the MoH structures. At the moment, coordination between these two structures is not optimal. The same happens with PMTCT, where communication and coordination between the two sub-directorates of the MoH is not optimal.” 	<ul style="list-style-type: none"> ● Interview with UNFPA Indonesia staff
<ul style="list-style-type: none"> ● UNFPA report that the country’s current HIV programme has been designed without integration in mind and there is no particular interest in making systems more integrated. Over years, there have been some small moves to try and integrate HIV and youth friendly services, and to integrate family planning into the PMTCT programme. UNFPA report that ‘we try to shape the programme and add our core values through evidence and lobbying and through the back door by influencing others’. 	<ul style="list-style-type: none"> ● Interviews with UNFPA Indonesia staff
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<ul style="list-style-type: none"> ● “Integration of family planning continuum of care across reproductive cycle: Family planning services play a key role throughout the reproductive cycle, enabling couples to have the number of children they want to have, at the age they want to have them, ensuring the elimination of unwanted pregnancies and births, as well as the need for abortions and their consequences, and the prevention of STIs and HIV via sexual transmission. The contribution of family planning 	<ul style="list-style-type: none"> ● Family Planning Strategy Working Group, <i>A Rights-Based Strategy for Accelerating Access to Integrated Family Planning and</i>

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<p>services across the continuum of maternal and childcare to reducing mortality and improving health among mothers and children is well documented. The integration of family planning with maternal and child health services in particular is proven to be cost-efficient for clients and the health system.” (p.28)</p> <ul style="list-style-type: none"> • The strategy also highlights that alongside clinical services, it is also essential to secure interlinked non clinical services, which they highlight as including “Sexual and Reproductive Health/SRH information for adolescents, pre-marital counselling for couples, STI and HIV prevention counselling, post-partum and post-abortion counselling” (p.31) • The strategy highlights that a key activity is to ensure ”Integration of family planning messages with maternal and child health care messages as well as HIV and STI prevention messages” and to incorporate “reproductive health and family planning messages ... during STI and HIV treatment” (p.36). a key activity to achieve this is to “Review current family planning services standards (counselling – for general and specific methods, instructions on use of a method, procedures, referrals, follow-up, STI/HIV screening, and dual protection) and revise as needed.” (p.56) 	<p><i>Reproductive Health Services to Achieve Indonesia’s Development Goals.</i> Jakarta: UNFPA. (undated, but recorded as 2017)</p>
<ul style="list-style-type: none"> • UNFPA staff (from the adolescent health team) provided the UNALA pilot project as an example of their work to integrate HIV into SRHR. UNALA started in 2016 in Yogyakarta as a public-private partnership initiative to provide young people with SRH information and link them to services. The initiative has received financial support from UNFPA and Canada. However, according to the organisation implementing UNALA “We are very closely supervised by MoH and BAPPENAS so we have to apply government policy to the letter of the law. So far we don’t get involved in HIV.” 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff and members of civil society organisations
<ul style="list-style-type: none"> • The UNALA evaluation suggests that insufficient emphasis has been placed on HIV. Evaluation recommendations include “UNALA should identify ways to better target promotional activities to youth at risk of unwanted pregnancies, STI, and HIV and AIDS to increase overall project impact. This concerns sexually active unmarried and married youth, especially those who are in lower wealth quintiles, are out of school, live in villages, or are sex workers, street kids, or gang members.” 	<ul style="list-style-type: none"> • Kobilke and Majid, <i>Summary Executive - Evaluation Report. UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta, Indonesia, November 2016 to July 2018,</i> UNFPA, 2018, p.14
<ul style="list-style-type: none"> • In 2017, UNFPA supported the MoH to develop operational guidelines for a Minimum Initial Service Package called the MISP for reproductive health in ‘health crisis’ i.e. humanitarian settings. The guidelines include requirements to create a reproductive health sub-cluster “headed by a coordinator who is responsible for coordinating the MISP for RH components, including the gender-based violence, prevention of HIV transmission, maternal and neonatal health, logistics, and adolescent reproductive health”. (p. 10) Once the initial ‘emergency phase’ is concluded, the guidelines state that “comprehensive reproductive health services should be available as in a non-crisis situation. Comprehensive reproductive health services focus on the provision of a full-range of services in a life cycle approach to meet the need of foetuses, newborns, under 5 five-year-old children, adolescents, adults, and elderly. Services are provided in an integrated manner: promotive, preventive, curative, rehabilitative, and integrated with other programmes (e.g. MNH-family planning, IMS-HIV, sexual violence, adolescent reproductive health, etc.). This is to ensure that reproductive health services in normal 	<ul style="list-style-type: none"> • MoH Republic of Indonesia, <i>Operational Guideline on the Minimum Initial Service Package for Reproductive Health Implementation in Health Crisis,</i> MoH, The Republic of Indonesia, 2017, p.56

<p>Assumption 1.1: At global, regional, and national level UNFPA has effectively supported and advocated initiatives for strengthening bi-directional linkages between HIV, SRHR and SGBV policies, systems, communities and services.</p>	
<p>situations can deliver a one-stop service for a comprehensive intervention through the integrated reproductive health services”.</p>	
<ul style="list-style-type: none"> • “We have been working in one humanitarian setting in Sulawesi Central through our implementing partner YKP. This is work to provide an emergency response in which HIV is integrated”. 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff
<p>National: Namibia</p>	
<p>National Commitment to Integration of HIV/SRHR/SGBV</p> <ul style="list-style-type: none"> • The National Strategic Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/21 makes multiple references to the need to integrate HIV and SRHR services. Examples include: <ul style="list-style-type: none"> ○ “HIV Integration in the Health Care System: Integration of HIV in other health services will be strengthened and will enable timely diagnosis and treatment of HIV, TB and other non-communicable diseases.” p.4 ○ “Service providers, and in particular the MoHSS will provide the leadership necessary for the integration of HIV services within the mainstream health care service, including non-communicable diseases. Integration will not only improve service delivery but, also increase uptake and utilization.” p.12. 	<ul style="list-style-type: none"> • Republic of Namibia, MoHSS, <i>National Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22</i>. 2017, p.4 and p.12
<ul style="list-style-type: none"> • In July 2016, the MoHSS, with support from UNFPA, UNAIDS and WHO (p.5) published National Guidelines on Health Services Integration: Sexual and Reproductive Health and Rights, HIV and Other Services. The guideline document points out that the integration of HIV into other health services is called for in UN declarations, regional agreements and the NSF: <ul style="list-style-type: none"> ○ The 2011 United Nations General Assembly Political Declaration on HIV and AIDS, target number 10 calls for the ‘elimination of parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts, as well as to strengthen social protection systems. p.11. ○ One of the strategies for operationalization of the SRH Framework of the Maputo Plan of Action is integrating STI/HIV and AIDS and SRHR programmes and services. p.11. ○ The Revised NSF of 2010/11-2016/17 focuses on integration of SRHR services with HIV services to optimize efficiencies and improve coverage. p.13. 	<ul style="list-style-type: none"> • Republic of Namibia, MoHSS, <i>National Guidelines on Health Services Integration: Sexual and Reproductive Health and Rights, HIV and Other Services</i>, July 2016, p.11 and p.13
<ul style="list-style-type: none"> • In 2018, following the completion of pilot studies in Namibia at the close of the first regional program on linking HIV and SRHR (United Nations Population Fund and UNAIDS Project on Sexual and Reproductive Health and Rights and HIV Linkages in Southern Africa), the MoHSS produced a series of informative brochures to assist regional health authorities and facilities in the national roll-out of the “Namibian Primary Healthcare Integration Model”. The model had seven key features: <ul style="list-style-type: none"> ○ 1. All services in SRHR and HIV offered every day ○ 2. A nurse always works in the same screening room, which is numbered. ○ 3. On arrival a receptionist assigns a client to a room and nurse by numbering their Health Passport ○ 4. The client receives all services in one screening room ○ 5. On clients next visit the receptionist assigns them to the same nurse and the same room 	<ul style="list-style-type: none"> • Republic of Namibia, MoHSS: <ul style="list-style-type: none"> ○ The Namibian Primary Healthcare Integration Model: Rationale for Scale-Up for Policy Makers.2018, p.4 ○ The Namibian Primary Healthcare Integration Model: an evidence brief for community leaders. 2018.

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<ul style="list-style-type: none"> ○ 6. If needed, a client will be referred for HIV counselling in another room in the facility. ○ 7. If required, client will be referred to a doctor or a hospital for specialist care. ● The material produced in 2018 in support of the national roll-out included products directed at policy makers, community leaders and health service workers: <ul style="list-style-type: none"> ○ The Namibian Primary Health Care Integration Model: Rationale for Scale-up for Policy Makers. ○ The Namibian Primary Health Care Integration Model: An evidence brief for community leaders. ○ The Namibian Primary Health Care Integration Model: Transition Process Overview. ● The document for policy makers identified ten benefits to be derived from the integrated service model (p.4.): <ul style="list-style-type: none"> ○ 1. Improved efficiency through better use of the limited number of nurses available. ○ 2. Clients no longer denied health services because they are not scheduled on a given day ○ 3. Saving money and time for clients who reduce the number of repeat visits to facilities ○ 4. Increased nurse job satisfaction ○ 5. Reduced stigma and discrimination which in turn can increase adherence, reduce loss to follow up and increase use of clinics closer to the client’s home ○ 6. Improved quality of care as trust is built between the client and the care giver ○ 7. Improved quality of health information ○ 8. Smooth client flow ○ 9. Increased client satisfaction ○ 10. Increased service uptake. 	<ul style="list-style-type: none"> ● The Namibian Primary Healthcare Integration Model: Transition Process Overview. 2018.
<ul style="list-style-type: none"> ● In September 2018, following some reported difficulties in integration at health facilities which, in turn, were seen as impacting on results regarding retention of clients on ART, the Office of the Permanent Secretary of the MoHSS issued a circular addressed to all Regional Directors of Health, Chief Medical Officers, Regional Pharmacists, Principal Medical Officers and Health Care Workers. The purpose of the circular was “to reaffirm the Ministry’s commitment to integration of services and provide further details and clarification on integration of health services for immediate implementation.”p.1 ● The Circular (Circular No. 63 of 2018) included a number of directives aimed at balancing the need to press on forcefully with integration (in accordance with national guidelines) while ensuring that any losses of gains made to that point in time were minimized. The directives reiterated the importance of integration while also noting that care should be taken in the process to ensure that appropriate resources and safeguards are in place. Highlights include: <ul style="list-style-type: none"> ○ 3.1: The most important priority is that Namibians receive the services they need. ○ 3.2: Integration should follow a phased approach, of primary health care facilities as prescribed in the guidelines. ○ 3.3: All regions should ensure that the required personnel are in place, equipped with the necessary skills and orientation on all programs to take on board the comprehensive approach. 	<ul style="list-style-type: none"> ● Office of the Permanent Secretary, MoHSS, <i>Circular No. 63 of 2018</i>, p. 1-2.

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<ul style="list-style-type: none"> ○ 3.4: Regional and District level health teams should support all their primary level health care facilities to transition to integrated service delivery whilst providing the necessary guidelines for the provision of standardized, quality health services in line with the 90-90-90 targets for HIV reduction, the FP 2020 targets, child and adolescent health targets, and global targets. ○ 3.5: Changes at health facilities should take place when appropriate skills are in place, orientation and training have been provided, and necessary equipment are in place. ○ Even in an integrated system, specialized services that meet a certain population’s needs should be provided. 	
<p>Integration of HIV and SRHR (and as of 2017 and the development of the 2gether 4 SRHR programme - SGBV) as a Core Strategy of UNFPA Namibia</p> <ul style="list-style-type: none"> ● “Even before 2016, UNFPA staff met with the different Ministries of the Government of the Republic of Namibia to discuss the role the UNFPA CO and the strategic direction the UNFPA programme in Namibia should take. They had to consider a number of factors: <ul style="list-style-type: none"> ○ UNFPA is not one of the largest donors supporting the HIV response. ○ Government itself is the major investor in the HIV response, now estimated at 64 per cent of recurrent costs. ○ UNFPA should not take over any space occupied by the national government but, rather, should work within the strategies and mechanisms of the national government.” ● “All planning starts with the priorities of the NSF on HIV and the broader National Development Plan 5. Their discussions with government led to agreement that integration would be UNFPA main strategy for supporting the HIV response in Namibia. This reflected the fact that ten years of vertical programming managed by the Directorate of Special Programmes of the MoHSS was producing results but had led to neglect of the role of Primary Health Care in the HIV response.” ● “In the latest UNFPA Country Programme, UNFPA and the government have made some important changes to programming: <ul style="list-style-type: none"> ○ Dropped pursuit of outcomes in maternal health ○ SRHR/HIV Integration is now addressed under the heading of Adolescent Sexual and Reproductive Health and Rights (ASRHR) ○ Family Planning is now also under ASRHR ○ They moved from five focus regions in the fifth country programme to just two. <p>In relation to SRHR/HIV integration and to gender, they now work at the national level only.”</p>	<ul style="list-style-type: none"> ● Interview with UNFPA Namibia CO Staff
<ul style="list-style-type: none"> ● “With encouragement from UNFPA, MoHSS staff began looking into integration models and packages of intervention used in other jurisdictions and supported by UNFPA through the regional programme. Before introducing a given model, MoHSS needed to research and document the model. UNFPA support began during the pilot phase with advocacy, technical assistance and support to the pilot process, working closely with the government. Now, for the past year and half (since late 2017) UNFPA has been supporting scale-up based on the decision of MoHSS.” 	<ul style="list-style-type: none"> ● Interview with UNFPA CO Staff

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<ul style="list-style-type: none"> “UNFPA supported the National Gender Based Violence Baseline Study, which illustrates the linkages between Sexual Gender Based Violence (SGBV) and access to HIV prevention and treatment services, including ART. 	<ul style="list-style-type: none"> Interview at the Ministry of Gender Equality and Child Welfare.
<ul style="list-style-type: none"> “UNFPA supported the work of the Namibia Planned Parenthood Association (NAPPA) to operate a clinic at the Out-Right Namibia drop-in centre in Windhoek. More specifically: “A key factor in accessing testing and treatment for the community is the knowledge that a given health centre has a nurse or other service provider who treats them with sensitivity and respect. Not all health facilities/partners have well trained staff who are friendly – unlike SFH and NAPPA where they are friendly.” 	<ul style="list-style-type: none"> Interview with Out Right Namibia
<ul style="list-style-type: none"> “UNFPA was the first development partner in Namibia to really advocate for integration as a response to HIV and have been a champion of integration since – however, they acknowledge that it needs to be well planned – shortages of essential staff pose real difficulties.” 	<ul style="list-style-type: none"> Interview with SFH Namibia
<ul style="list-style-type: none"> UNESCO staff noted that UNFPA serves as the lead United Nations Country Team (UNCT) member on SRH/HIV integration, UNFPA plays a major role and provides technical leadership. Also, from the perspective of UNESCO, “UNFPA works closely with both the Directorates for Special Programmes and for Primary Health Care (within the MoHSS). On the other hand, PEPFAR/CDC is clearly pushing back hard against integration.” 	<ul style="list-style-type: none"> Interview with Staff of UNESCO Namibia
<ul style="list-style-type: none"> “UNFPA has worked mainly with UNAIDS and WHO to support the integration of HIV/SRHR/SGBV in Namibia. In the pilot testing phase, it was mainly UNAIDS and UNFPA but in the most recent phase WHO is also engaged even though all the funding for Namibia was allocated to UNFPA.” 	<ul style="list-style-type: none"> Group interview with members of the Joint United Nations Team on AIDS (JUNTA) - I
National: Turkey	
<ul style="list-style-type: none"> Output 2: Strengthened national capacity to provide sexual and reproductive health and sexual and gender-based violence response services in humanitarian settings. This will be achieved through technical assistance, capacity-building and service delivery on (a) emergency response services, strengthened by institutionalizing pre- and in-service thematic training programmes on the Minimal Initial Service Package, emergency obstetric care and clinical management of rape; (b) design of standard operational procedures on sexual and gender based violence response in humanitarian settings and outreach activities; (c) provision of sexual and reproductive health, including family planning and HIV services and empowerment of women, as well as emergency response services to address sexual and gender-based violence among refugees, including out-of-camp populations, adolescents and young refugees; (d) provision of reproductive health kits, commodities, hygiene kits, medical equipment and supplies; (e) awareness-raising of refugees and non-professional service providers through information, education and communication materials on reproductive health and sexual and gender-based violence; and (f) generation of the disaggregated data, analysis and policy formulation on refugees. 	<ul style="list-style-type: none"> UNFPA, Country Programme document for Turkey 2016-2020, p. 4
National: Zambia	
<ul style="list-style-type: none"> “The UNFPA/UNAIDS SRHR/HIV Linkages Project has been effective in incorporating the SRHR/HIV linkages in policy documents, including the development of the National Guidelines for SRH, HIV and GBV (2015). The guidelines provide 	<ul style="list-style-type: none"> UNFPA, UNICEF, UNAIDS and WHO (2017). <i>Revised Standard</i>

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<p>detailed description of standards and guidance for integrating SRH and HIV services at different levels of health facilities in Zambia. The MoH with support from UNFPA is planning to validate and disseminate the Training Manual on SRH, HIV and GBV Integration and Job Aids by the end of 2017. Additional high-level policy activities conducted in Zambia as part of the Linkages Project were national level advocacy and awareness building; strengthening the TWG; policy dialogues with Members of Parliament, inter-faith groups, adolescent and young people groups amongst other stakeholders.</p> <ul style="list-style-type: none"> Notably, the guidelines developed with support from the SRH/HIV linkages programme informed the national adolescents' health strategy and informed the adoption of an integrated approach for the National Health Strategic Plan 2017-2021. The 7th National Development Plan (2017-2021) incorporated the indicators and targets on SRHR/HIV services as a master document for national development. However, the costing of package of services and linking the health services with GBV services is not yet systematically established." 	<p><i>Joint Programme Document. Strengthening integrated SRHR/HIV and SGBV services in East and Southern Africa to accelerate action on SDG 3 and 5- A Joint United Nations Regional Proposal, p. 7</i></p>
<ul style="list-style-type: none"> The Government of Zambia (GRZ) - UNFPA Country Programme 2016-2021 focuses on three components: 1) Integrated SRH/HIV/GBV; 2) Adolescent and youth; ad 3) Population Dynamics. Under 1), the two outputs focus on increasing the capacity of national, provincial and district level institutions (including MoH) to deliver integrated high- quality services and increase demand through innovative approaches. Intervention areas under this component include, among others: "Capacity development for health care providers on integrated SRH/HIV/GBV" and "Piloting Integrated SRH and HIV service delivery models" 	<ul style="list-style-type: none"> UNFPA Zambia Power Point Presentation (year unknown). Government of Zambia (GZR) and UNFPA Country Programme 2016-2021, slides 14-16
<ul style="list-style-type: none"> The National HIV and AIDS Strategic Framework (NASF) 2017-2021 includes an objective to "strengthen the health service delivery system at national, provincial and district levels for the provision of HIV services integrated in SRH and other health care services". Programme strategies include: "i. Advocate for building of new, and upgrading of, existing health facility infrastructures to be able to provide HIV, SRH and other health services with designated spaces for adolescent friendly HIV and SRH services; ii. Scale-up national training of pre-service and in-service health workers on provision of integrated HIV and SRH and other services; iii. Institute mechanisms for task sharing and mentorship for skills transfer to ensure delivery of the essential health package; and iv.; scale up the integration of HIV services with critical health programmes i.e. non-communicable diseases (NCDs), STIs, MCH, sexual and reproductive health. 	<ul style="list-style-type: none"> National HIV/AIDS/STI/TB Council (2017). National HIV and AIDS Strategic Framework (NASF) 2017 – 2021, p. 57
<ul style="list-style-type: none"> Joint UNFPA and UNICEF SRHR/HIV Linkages Project in eight Southern African 2011-2017 (funded through the European Union (EU) and the governments of Sweden and Norway. "The project initially supported the piloting of integrated services in Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe, while Kenya, South Africa and Uganda were added to the project in 2016." The project has three main results areas related to policy, service delivery and best practices: <ul style="list-style-type: none"> Results Area 1: Linkages between SRHR and HIV integrated into national health and development strategies and plans in seven countries (Policy). Result Area 2: Improved uptake and delivery of integrated quality services for SRHR and HIV (Service Delivery). Result Area 3: Best practice models disseminated to support strengthening linkages between SRHR and HIV (Best Practice)." 	<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft. p.3

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<p>Support to Policies and Guidelines</p> <ul style="list-style-type: none"> In Zambia, the Linkages Project contributed towards the incorporation of the integration of SRHR and HIV into six policies and strategies. Integration was added to their HIV and AIDS strategic framework; national health plan; maternal, neonatal and child health roadmap; adolescent health strategic plan; overarching policy for education; and midwives strategy. In addition to these six policies, seven guidelines were revised or developed to include SRHR/HIV integration. Zambia developed national guidelines for SRHR, HIV and GBV service integration, and integration was added to their HIV treatment guidelines, HIV prevention package for KPs, adolescent and youth-friendly health services guidelines, school CSE framework, emergency obstetric care protocols, and maternal waiting home guidelines. Zambia was also only one of five participating countries in the Linkages Project to develop a Costed National Operational Plan” 	<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft. p.13
<ul style="list-style-type: none"> “The programme [Health System Strengthening and Social Accountability for RMNCAH&N Service Delivery in Central and Western Provinces] will undertake the key interventions below at required levels (...): Strengthen comprehensive SRH/HIV/GBV service integration by services providers in line with the national guidelines and complementary provisions of the Gender Equity and Equality Act No. 22 of 2015 and Anti GBV Act No.1 of 2011.” 	<ul style="list-style-type: none"> UNFPA. November 2017: Joint Programme Document. Health System Strengthening and Social Accountability for RMNCAH&N Service Delivery in Central and Western Provinces, p.23
<ul style="list-style-type: none"> UNFPA support to integrated service delivery: “UNFPA conducted the facility level assessment of the extent to which integration has been operationalized. The findings will inform the patient flow of integrated services. UNFPA collaborated jointly with WHO in advocating for the adoption of QA/QI tools for integrated SRH/HIV/SGBV services at the national level. WHO has advocated for the Institutionalize of quality assurance and continuous quality improvement in the health sector. Consensus has been reached under the leadership of the MoH director of Quality assurance on the development of a road map and the conduct of quality of care assessment for integrated Maternal and child health. Process slowed due to MoH competing priorities. (...) UNFPA supported the four target districts with comprehensive family planning capacity building tailored at increased utilization of quality family planning services by adolescents. The training provided skills that included emergency contraceptive and post abortion services to the service providers” 	<ul style="list-style-type: none"> UNFPA (2018). 2018 Work Plan and Progress Report (Excel sheet).

Online Survey

Question 4: UNFPA has effectively contributed to the development of national HIV and Sexual and Reproductive Health and Rights (SRHR) strategies and/or **programmes that link HIV prevention and SRHR policies, systems, services and communities**.

<table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th>Total Agree</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>55.17%</td> <td>128</td> </tr> <tr> <td>Agree</td> <td>37.93%</td> <td>88</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>6.47%</td> <td>15</td> </tr> <tr> <td>Disagree</td> <td>0.43%</td> <td>1</td> </tr> </tbody> </table>	Answer Choices	Responses	Total Agree	Strongly agree	55.17%	128	Agree	37.93%	88	Neither agree nor disagree	6.47%	15	Disagree	0.43%	1	<ul style="list-style-type: none"> Responses to online survey question number 4
Answer Choices	Responses	Total Agree														
Strongly agree	55.17%	128														
Agree	37.93%	88														
Neither agree nor disagree	6.47%	15														
Disagree	0.43%	1														

Assumption 1.1: At global, regional, and national level UNFPA has **effectively supported and advocated initiatives for strengthening bi-directional linkages** between HIV, SRHR and SGBV policies, systems, communities and services.

Strongly disagree	0.00%	0	
	Answered	232	
	Skipped	46	

<p>Question 7: UNFPA has effectively supported efforts to integrate Sexual Gender-Based Violence (SGBV) services as a component in the integration of HIV and SRHR</p>			<ul style="list-style-type: none"> Responses to online survey question number 7
Answer Choices	Responses		
At the policy and planning level	70.69%	164	
At the service delivery level	29.31%	68	
	Answered	232	
	Skipped	46	

<p>Question 44: Did UNFPA support integrated HIV and SRH service delivery in areas affected by the humanitarian crisis?</p>			<ul style="list-style-type: none"> Responses to online survey question number 44
Answer Choices	Responses		
Yes	88.46%	92	
No	11.54%	12	
	Answered	104	
	Skipped	174	

<p>Question 45: Did UNFPA support the integration of SGBV with HIV and/or SRH services in areas affected by the humanitarian crisis?</p>			<ul style="list-style-type: none"> Responses to online survey question number 45
Answer Choices	Responses		
Yes	94.17%	97	
No	5.83%	6	
	Answered	103	
	Skipped	175	

<p>Question 10: Please provide examples of effective efforts to integrate HIV and SRHR services in your country with the support of UNFPA. Please also describe any gaps or missed opportunities. Selected open-ended responses</p>			<ul style="list-style-type: none"> Responses to online survey question number 10
<ul style="list-style-type: none"> UNFPA has led advocacy for integration of HIV and SRHR. This has to be a continuous effort that cuts across the country and is owned by MOH going forward. 			

Assumption 1.1: At global, regional, and national level UNFPA has **effectively supported and advocated initiatives for strengthening bi-directional linkages** between HIV, SRHR and SGBV policies, systems, communities and services.

- UNFPA was instrumental in **the development of national SRH-HIV integration guideline and national training manual** of SRG-HIV integration. Along with this UNFPA played a key role in advocating for and building the capacity of the health system to respond to the needs of integrated service provision
- UNFPA supported the **rapid assessment on the extent at which SRH and HIV services were integrated at Policy, systems and service delivery**. The report of assessment was used for mobilising resources to improve on weak areas. The improvement included training of health care workers, SRH policy and strategy review in order to ensure that the interventions are integration focused, guidelines for service delivery on provision of integrated SRH, HIV and GBV were developed and health care workers were oriented on them
- **SRH policy developed with integration aspect well-articulated**. National HIV and AIDS strategic plan integrates SRH/HIV/SGBV.
- Development of the **minimum standards for integration of HIV and SRH**.
- UNFPA supported the development of **SRHR/HIV integration guidelines** and in the programme funded by Irish AID/Embassy of Ireland SRHR/HIV integration is strong.

- Question 46:** Please provide example(s) of **effective** UNFPA support to HIV prevention; **integrated HIV and SRH service delivery**; and/or integration of SGBV **in areas affected by the humanitarian setting**. Please also describe any gaps or missed opportunities. Selected open-ended responses
- Provision of integrated SRH and HIV services through **mobile outreach for affected areas**, integration of SRH/HIV/GBV in **drought assessments**, provision of **dignity kits** for young girls and women visibly pregnant.
 - UNFPA has supported **integrated reproductive health and GBV campaigns** with emphasis on family planning, HIV prevention including comprehensive and confidential HIV counselling, testing and referral to treatment, provision of PEP kits, psychosocial and medical treatment for rape cases including referral pathways... UNFPA is also lead agency for prevention of sexual exploitation and abuse including accountability to affected populations in humanitarian contexts.
 - UNFPA integrated questions on **SRH and GBV** in the assessment questionnaire for the rapid assessment on the effects of the drought to the Emaswati. 2. UNFPA supported SRH, HIV prevention and GBV services alongside food distribution with WFP in the affected communities 3. Documented the situation and interventions through a Sitrep and this led to securing more funding from the HFCB to expand service coverage to more affected communities. 4. Promoted dignity for adolescent girls and young women through provision of dignity kits as well as mama packs for the pregnant women. 5. Delivery kits for maternity units in the affected areas were also provided.
- Responses to online survey question number 46

Assumption 1.2: UNFPA supported operational models/approaches for strengthening bi-directional linkages and integrating HIV, SRHR and SGBV have been implemented.	
Indicators:	
<ul style="list-style-type: none"> • Regional and national plans for linkage and integration adopted by health authorities • National health authorities confirm adoption of plans/programmes in support of linking and integration • National linkage plans and programmes address three components of IAWGL model: <ul style="list-style-type: none"> - Enabling environment - Stronger health systems - More integrated delivery of SRHR, HIV and SGBV services • Linkage programmes supported by UNFPA at regional national level report on progress (including in integration) 	
Observations	Sources of Evidence
Global	<ul style="list-style-type: none"> • Discussions with UNFPA staff during December 6-7 Workshop (Inception Phase)
Regional: EECARO	
<ul style="list-style-type: none"> • In Georgia, UNFPA supported NCDC/GFATM in development of HIV National Strategic Plan 2019-2022, revision and update to the HIV Routine Surveillance Guidelines and developed online training courses for service providers on HIV and SRH service standards for KPs. 	<ul style="list-style-type: none"> • EECARO HIV Specific Results, 2018-2021, 2018 report, p.6
Regional: ESARO	
<ul style="list-style-type: none"> • “Through the EAC Integrated Health Programme, there has been some progress on harmonising and integrate RMNCAH, HIV and AIDS and health systems strengthening. The EAC RMNCAH Scorecard will be adopted officially in March 2019. • Major challenges include none of the six Member States of the EAC having stand-alone SRHR Bills. Therefore, countries are aware that passing this legislation at the EAC level will result in binding commitments at the country level. Contentious issues, including reproductive health rights, remain stumbling blocks to getting the legislation passed. Hence, an advocacy strategy, one that could go beyond the health sector, is required. There is also need for a common, multi-stakeholder platform where Bills and their related bottlenecks are discussed. In addition, once Bills are passed, a roadmap for domestication at country level must be developed. Therefore, linking regional-level processes with national and sub-national processes is important. “ 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): Minutes of the 2nd Annual Regional Programme Steering Committee for the 2gether 4 SRHR Programme, 14 - 15 March 2019, Malawi, p.8
<ul style="list-style-type: none"> • The Joint UN HIV and SRHR Linkages Project (2011-2017) provided significant support to policy and guideline development: • “The Linkages Project contributed towards creating an enabling environment through supporting the development, revision and incorporation of the linkages between SRHR/HIV into relevant policies, strategies, and guidelines at regional and country level. • At the regional level the Linkages Project in partnership with Save the Children supported SADC to develop the Minimum Standards on SRHR/HIV Integration drawing upon the experiences of the seven Southern African countries that were part 	<ul style="list-style-type: none"> • UNFPA ESARO (2017). <i>The Joint UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report</i>, p.16

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<p>of the Linkages Project. The overall purpose of the Minimum Standards was to benchmark and harmonize the provision of integrated SRH and HIV interventions and services among SADC Member States, with a view to accelerating the effective delivery of quality and comprehensive health and related social services for all people, irrespective of age, sexual orientation, marital status and gender. The Minimum Standards also serve as an advocacy tool that highlights the need for and benefits of an integrated SRH and HIV response. It provides direction, guidance and a mandate for integration at the systems, facility and community levels and can be used by SADC Member States as a basis for the delivery of integrated SRHR and HIV services.</p> <ul style="list-style-type: none"> • At a country level, national guidelines on SRHR, HIV Integration were developed informed by the experiences of the pilot sites and in some instances the SADC Minimum Standards. This provided a framework of the model and minimum package of integrated services to be provided. All policies and guidelines were developed taking into consideration the unique SRHR/HIV needs of adolescents and young people, women and KPs, thereby creating an enabling environment for these priority groups to access services that meets their particular SRHR needs.” • <i>“The Linkages Project contributed towards the incorporation of the linkages between SRHR and HIV into 66 policies and strategies across all 10 participating countries and supported SADC and the EAC as regional entities to provide guidance to their member states on integration.”</i> Examples: <ul style="list-style-type: none"> - Development of policy, strategy or framework on integration of SRHR/HIV - Incorporation of “integration” into national strategic plans for SRHR, HIV, RMNCAH, or adolescent SRHR - Incorporation of “integration” into national guidelines and job aids for service providers (family planning, HIV, RMNCH etc.). “The incorporation of the integration of SRHR/HIV integration into these guidelines are encouraging as it speaks to the principle of the bi-directionality of SRHR into HIV and HIV into SRHR. • However, gaps persist as only three countries (Lesotho, Malawi and Zambia) incorporated the integration of SRHR into guidelines pertaining to adolescent health, and only 2 countries (South Africa and Zimbabwe) into guidelines pertaining to gender and sexual violence.” 	
<ul style="list-style-type: none"> • “Six of the participating countries (Botswana, Kenya, Namibia, South Africa, Zambia and Zimbabwe) have defined a “minimum package of integrated services” to be provided to clients at health facilities. In some instances, the minimum package of services defined in national guidelines drew upon the SADC Minimum Standards for SRHR/HIV integration.” 	<ul style="list-style-type: none"> • UNFPA ESARO (2017). <i>The Joint UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report</i>, p.16
<ul style="list-style-type: none"> • The Joint UN (UNFPA/UNICEF) Regional Linkages Project 2011-2017 achieved the following results in three main results areas: • “Results Area 1: Provide support to 10 countries in ESA to allow full linking of HIV and AIDS and SRH in national health and broader development strategies, plans and budgets; The Linkages Project contributed towards creating an enabling environment for SRHR/HIV integration, through supporting Ministries of Health in the ten countries to: 	<ul style="list-style-type: none"> • UNFPA ESARO (2017). <i>The Joint UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report</i>, p.3-7

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<ul style="list-style-type: none"> - Coordinate national efforts to link to link SRHR and HIV - Form national partnerships to strengthen national efforts to link SRHR/HIV in policies, strategies and guidelines and within service delivery. These efforts were led by the SRHR and HIV units within the MoH, National AIDS Councils, other government departments, UN agencies, development cooperation partners and CSOs to strengthen the national integration agenda; - Develop policies and strategies that facilitated the integration of SRHR and HIV services within health facilities and guidelines that provided health care providers at different levels with guidance on the approach and package of services to be integrated depending on the nature and capacity of the health facility. (...) • Result Area 2: Enable 10 countries in ESA to integrate SRH and HIV services better and scale them up effectively; <ul style="list-style-type: none"> - Botswana, Namibia, Swaziland and Zimbabwe have significantly scaled up the provision of integrated services. Lesotho, Malawi, Zambia are taking stock from the lessons learnt from the implementation of the pilot projects and exploring how these can be drawn upon to inform the scale up of integrated services. Kenya, South Africa and Uganda that were added to the project in 2016 and have undertaken rapid assessments to inform strategies to provide integrated services. - Lessons learnt are: 1). Where integration is applied as a deliberate process within health facilities this is likely to result in improved outcomes for the health system and clients alike. Where services are integrated, and the labels demarcating services are removed this results in increased perceived confidentiality and reduced stigma and discrimination. Health care workers anecdotally observe that the integration of services has contributed towards an uptake of services such as HIV counselling and testing amongst STI clients and cervical cancer screening amongst women accessing family planning services, thus improving health outcomes. (...) • Result Area 3: Stimulate formulation and dissemination of lessons learned in the ESA region, formulate best practices and facilitate South-South cooperation in this field. <ul style="list-style-type: none"> - The Project contributed towards strengthening the monitoring and evaluation of efforts to link SRHR/HIV through contributing towards the development of the SRH and HIV Linkages Compendium of Indicators and Related Assessment Tools by field testing 2 – 3 indicators, adapting tools such as the <i>Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages</i> to inform programme design and implementation, undertaking operational research using such as client exit surveys to test client satisfaction with the provision of integrated SRHR services and the extent to which clients were receiving additional services. • Several countries documented emerging from the pilot project that were used to demonstrate how the provision of integrated services impacted on the lives of people and for other health facilities to learn from. Tools and resources were developed to strengthen health care worker – client interaction. IEC materials were developed to educate communities about the change in service delivery as a result of integration and to promote the uptake of services.” 	
<ul style="list-style-type: none"> • 2Gether 4SRHR (Regional Linkages Programme Phase II) 2018-2021 The objectives of the 2Gether 4SRHR (Regional Linkages Programme Phase II) 2018-2021 are to: 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2017): <i>Strengthening SRHR/HIV</i>

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<p>“2. Support countries in the ESA region to scale up the provision of client-centred quality assured integrated and sustainable SRHR/HIV and SGBV services by 2021, which meets the needs of all people, in particular adolescent girls, young people and KPs.</p> <p>3. Support countries in the ESA region to empower all people, but with a focus on adolescent girls, young people and KPs to exercise their SRH rights, adopt protective and promotive behaviours, and access quality integrated services in a timely manner, by 2021.</p> <p>4. Amplify the lessons learnt from the implementation of the Joint UN Regional Programme to strengthen integrated SRHR/HIV and SGBV services for all people in particular adolescent girls, youth and KPs in the ESA Region, by 2021.”</p>	<p><i>and SGBV services in East and Southern Africa to accelerate action on Sustainable Development Goals 3 and 5- A Joint United Nations Regional Proposal.</i></p>
National: Georgia	
<ul style="list-style-type: none"> • UNFPA supported the training of service providers in 2017 (Tbilisi and Kutaisi) with the objective of strengthening quality SRH, family planning and HIV prevention services for KPs and to capacitate service providers on the National Standards on HIV prevention so that they are able to implement relevant and effective interventions and provide support, consultation, referrals to KPs. Thirty-eight providers were trained in two workshops in Tbilisi and Kutaisi implemented by professionals from AIDS Centre and Tanadgoma. 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>Report on Training on National Standards on HIV prevention for key populations who are providing HIV preventive and SRH services to key populations, 2017</i>
<ul style="list-style-type: none"> • In 2018, UNFPA Georgia supported the provision of basic quality SRH services in the conflicted region of Abkhazia where the local healthcare system is not operating. An estimated 36,000 women accessed quality SRH services free of charge through this effort. Through a strategic partnership with UT, services were provided via the RH Centre in Sukhumi and four pilot PHC facilities in Gali, Gagra, Gudauta and Sukhumi and mobile teams, including: <ul style="list-style-type: none"> ○ Cervical cancer screening (free-of-charge) with reference checks, cytology quality assurance and morphology conducted in Tbilisi ○ Basic RH commodities (modern contraceptives) procured centrally through CSB and shipped and provided to clients with quality family planning counselling and pregnancy testing ○ SRH related trainings for over 30 SRH specialists and nurses • Video clip promoting family planning aired over the year on local television. 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>2018 Annual Report</i>, finalized 31 January 2019
<ul style="list-style-type: none"> • UNFPA supported provision of basic quality SRH services in the breakaway region of Abkhazia, which would otherwise remain uncovered by local healthcare system. Support for the RH Centre in Sukhumi and 10 targeted PHC facilities (mainly women consultations). Overall, 9,844 women were served during 2016-2017. Support included: <ul style="list-style-type: none"> ○ Free-of-charge cervical cancer screening ○ Provision of basic RH commodities (procured through UNFPA PSB), family planning counselling and pregnancy testing ○ Support for CHANNEL training and software ○ SRH-related trainings for over 60 RH specialists and nurses ○ Promotional video clip aired during the year on local television 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>2017 Annual Report</i>, draft 16 October 2017

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<ul style="list-style-type: none"> Establishment of and equipment provision for four family planning “cabinets” in Gali, Gudata, Gagra and Sukhumi 	
<ul style="list-style-type: none"> UNFPA led the SRH component in the EU-supported UN Joint Programme aimed at improving access to quality healthcare services for conflict-affected population in Abkhazia. A series of capacity building workshops were conducted to facilitate the newly adopted family planning protocols and train a core group of 23 SRH professionals from all regions of Abkhazia. UNFPA-supported RH commodities, STI tests and medical equipment paid for in 2015 were distributed to 10 regional health centres to serve 2,363 beneficiaries. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2016 Annual Report</i>, finalized 13 January 2017
<ul style="list-style-type: none"> UNFPA supported the rollout and promotion of the Virtual Contraceptive Consultation (ViC) for RH/family planning professionals, aimed at improving provider access, particularly from rural underserved areas, to updated knowledge about modern contraception. Four introductory ViC introductory workshops were conducted and resulted in the registration of 88 SRH professionals on the ViC platform, out of which 46 have successfully passed and obtained a certificate. Under a renewed MoH with TSMU, UNFPA supported the mainstreaming of <i>Portfolio</i>, an innovative assessment tool to measure students’ academic achievements and professional development, within the OB/GYM specialization. Two training workshops were conducted for OB/GYN residents and examiners, which allowed the residents to build their course portfolios and for the examiners to track student progress in different areas and skills. This product is intended to improve the quality of OB/GYN professional development and ensure that SRH is part of the portfolio. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2016 Annual Report</i>, finalized 13 January 2017
National: Indonesia	
<ul style="list-style-type: none"> In 2017, UNFPA reported a range of key achievements in the field of sexual reproductive health and rights, including supporting government to improve midwifery education standards, updating SRH-related SDG indicators, developing a costed national family planning implementation plan, and the adoption of the MISP Operational Guidelines into national disaster preparedness policies. In addition, nearly 100,000 female sex workers were reached with HIV prevention through the GF financed programme. In the field of adolescent sexual reproductive health, a range of achievements were also noted, including the UNALA private sector initiative reaching over 2,500 young people with services and information, and making available Indonesia’s first comprehensive and multisectoral National Action Plan on Youth Development (2017-2019). These initiatives display a varied degree of emphasis paid to linkages and integration. <ul style="list-style-type: none"> The work on midwifery education standards, updating SRH-related SDG indicators, and the costed national family planning implementation plan did not involve any significant component promoting or laying policy guidelines for HIV-SRH integration The MISP Guidelines were written to secure a high degree of integration of HIV<>ARH<>GBV services in humanitarian settings. UNFPA work reaching FSW with HIV testing and treatment does not involve any significant component promoting or laying policy guidelines for HIV-SRH integration The UNALA initiative does not involve any significant component promoting or laying policy guidelines for HIV-SRH integration, the focus is more on reproductive health 	<ul style="list-style-type: none"> The Government of the Republic of Indonesia and UNFPA, <i>The Government of the Republic of Indonesia and UNFPA: 2017 Key Achievements</i>, Jakarta: BAPPENAS and UNFPA, undated. Interviews with UNFPA staff, UN agency staff, government officials and members of CSOs

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<ul style="list-style-type: none"> • The National Action Plan on Youth Development does not involve any significant component promoting or laying policy guidelines for HIV-SRH integration (according to key informants; document is not available in English for detailed review). 	
<ul style="list-style-type: none"> • Respondents reported that family planning and HIV are not well integrated at the service delivery level. Family planning is viewed as a service for married couples, whereas HIV services are viewed as services for KPs. This is also reflected at the national level, where there are separate supply chains for ‘family planning condoms’ and ‘HIV condoms’. 	<ul style="list-style-type: none"> • Interviews with UNFPA staff, UN agency staff, government officials and members of CSOs
<ul style="list-style-type: none"> • In 2017, UNFPA supported the MoH to develop operational guidelines for a Minimum Initial Service Package called the MISP for reproductive health in ‘health crisis’ i.e. humanitarian settings. The guidelines include requirements to create a reproductive health sub-cluster “headed by a coordinator who is responsible for coordinating the MISP for RH components, including the gender-based violence, prevention of HIV transmission, maternal and neonatal health, logistics, and adolescent reproductive health”. (p. 10) Once the initial ‘emergency phase’ is concluded, the guidelines state that “comprehensive reproductive health services should be available as in a non-crisis situation. Comprehensive reproductive health services focus on the provision of a full-range of services in a life cycle approach to meet the need of foetuses, newborns, under 5 five-year-old children, adolescents, adults, and elderly. Services are provided in an integrated manner: promotive, preventive, curative, rehabilitative, and integrated with other programmes (e.g. MNH-family planning, IMS-HIV, sexual violence, adolescent reproductive health, etc.). This is to ensure that reproductive health services in normal situations can deliver a one-stop service for a comprehensive intervention through the integrated reproductive health services” (p.56). • Though defined in the definitions section (p. 71), the term ‘double protection’ is not used within the body of the MISP Operational Guideline. 	<ul style="list-style-type: none"> • MoH Republic of Indonesia, <i>Operational Guideline on the Minimum Initial Service Package for Reproductive Health Implementation in Health Crisis</i>, MoH the Republic of Indonesia, 2017
<ul style="list-style-type: none"> • “We have been working in one humanitarian setting in Central Sulawesi through our implementing partner YKP. This is work to provide an emergency response in which HIV is integrated”. • “During the humanitarian crisis in Lombok (West Nusa Tenggara) UNFPA CO worked together with Yayasan Inset (local PLHIV organization) to ensure availability and access to ARV as well as condom provision”. 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> • (2019) funding the National Development Planning Agency (BAPPENAS)(USD 295,970 for all years) in collaboration with BKKBN, MoH, Ministry of Youth and Sports, BPS, Research Institutions, NGOs, CSOs, youth networks and universities, to promote rights-based family planning through a more comprehensive and integrated planning and programming. This will include finalisation of a rights-based family planning advocacy strategy; continuing to pilot rights-based family planning in Malang, Lahat and West Aceh; and initiation of scale up and replication measures. 	<ul style="list-style-type: none"> • File: AWP Bappenas 2019 RFP, PDA, YPD_Final_Signed
<ul style="list-style-type: none"> • UNFPA has promoted the ‘case management’ approach within the GF-funded FSW programme. “Case management is the coordination of multiple services on behalf of a person who is considered a ‘case’” (p.3), i.e. ways of trying to make non-integrated services feel more coordinated from the client’s perspective. 	<ul style="list-style-type: none"> • UNFPA, <i>HIV Case Management for Female Sex Workers in Indonesia, 2017. A Model of Practice</i>, UNFPA, 2017.
<ul style="list-style-type: none"> • In 2017, UNFPA supported MoH to develop an HIV pre-marital counselling module. 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff

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National: Namibia	
<ul style="list-style-type: none"> • In 2018, in support of the process of rolling out integration of services on a national scale, the MoHSS produced a series of short briefs to be used in informing key stakeholders including policy makers, community leaders and health care service providers on the nature of the Namibia model of integration, the process to be followed and the benefits to be expected. The process overview detailed six steps in the process to be followed at regional level: <ul style="list-style-type: none"> ○ Step 0: Regional Preparation – Set up an integration task force and Receive support from national counterparts ○ Step 1: Orient and Engage – Engage health facility managers, conduct a study visit, meet with health facility staff ○ Step 2: Assess – Who, What, Where and When ○ Step 3: Prepare – Space, staff, equipment, medicine and registers, community, getting ready for day one. ○ Step 4: Implement – Allocating clients, supervision and support, common Client complaints, strengthening referral systems, addressing common implementation challenges • Step 5: Review and Report – Data capture, proposed indicators, workload analysis, sharing best practices. 	<ul style="list-style-type: none"> • Republic of Namibia, MoHSS: <ul style="list-style-type: none"> ○ <i>The Namibian Primary Healthcare Integration Model: Rationale for Scale-Up for Policy Makers.</i> 2018, p.4 ○ <i>The Namibian Primary Healthcare Integration Model: an evidence brief for community leaders.</i> 2018. • <i>The Namibian Primary Healthcare Integration Model: Transition Process Overview.</i> 2018
<p>Progress on integration during Phase One of the Regional Programme: Pilot testing</p> <ul style="list-style-type: none"> • “Over the course of the five years of implementation of Phase 1 of the Project UNFPA provided funding of approximately 555,286 USD, channelled through the MoHSS at the national level who then coordinated the implementation of the program through seven pilot sites.” 	<ul style="list-style-type: none"> • UNFPA and UNAIDS, <i>Evaluation of the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS Project on Sexual and Reproductive Health and Rights and HIV Linkages: Country Report, Namibia.</i> (June 2016)
<ul style="list-style-type: none"> • The Namibia country report for the final evaluation of phase one of the regional programme on integration listed a range of activities carried out during the first phase including: <ul style="list-style-type: none"> ○ A briefing for Parliamentarians on linkages between SRH and HIV by UNFPA, UNAIDS and the Namibia Planned Parenthood Association (NAPPA) ○ A baseline assessment at seven pilot sites involving in-depth interview with health care providers ○ Hiring an international consultant to provide technical support to the seven pilot facilities ○ Addition of two pilot sites (Kanono Clinic in Capirivi region and Okankolo clinic in Oshikoto region) ○ Development of service models based on results at the pilot sites ○ Training and engagement of young peer educators around pilot sites and with sex workers ○ A situation analysis to assess strengths, challenges and gaps in provision of adolescent friendly health services at health facility and community levels <p>Support to the NAPPA clinic to provide adolescent friendly health services.</p>	<ul style="list-style-type: none"> • UNFPA and UNAIDS, <i>Evaluation of the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS Project on Sexual and Reproductive Health and Rights and HIV Linkages: Country Report, Namibia.</i> (June 2016), p.5

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<p>Progress during Phase Two: rolling out integration</p> <ul style="list-style-type: none"> As per the report of the National Consultation Meeting on the Joint SRHR/HIV/GBV Integration and Tools Validation Meeting for SRHR/HIV/GBV Integration Tools (March 2018): “Since the launch of the Integration Guidelines in 2015, the number of integrated health facilities in Namibia has grown from seven pilot sites to 78 health facilities in almost every region of the country. Two regions – Oshikoto and d Otjozondjupa – have already nearly scaled up to every primary healthcare facility.” 	<ul style="list-style-type: none"> Republic of Namibia, MoHSS, <i>National Consultation Meeting on the Joint SRHR/HIV/GBV Integration and Validation Meeting for SRHR/HIV/GBV Tools: Meeting Report</i>. March 2018, p.4
<ul style="list-style-type: none"> “During 2016, the country committed to scale up to 52 health facilities, to date with high level commitment from the lead MoH, 62 facilities are implementing SRHR/HIV integration. Subsequently, in recognition of the great work undertaken in Namibia on SRHR/HIV Integration, the Minister of Health for Namibia was invited to be part of the Satellite Session and to share Namibia's experience around the integration 10 of SRHR/HIV at the International Conference on HIV and AIDS and STIs that took place in Abidjan, Cote D'Ivoire from 4 - 7 December 2017. In 2016, Namibia hosted the 6th Steering Committee meeting of the UNFPA and UNAIDS Regional Project on Linking HIV/SRHR/TB/ and SGBV a platform for countries to report on progress, share best practices and work on their results-based frameworks.” P.9-10. 	<ul style="list-style-type: none"> UNFPA/UNAIDS/UNICEF/WHO and the Government of the Republic of Namibia, MoHSS, <i>Strengthening integrated sexual and reproductive health and rights, HIV and Sexual and Gender-Based Violence services in East and Southern Africa. A Joint United Nations Regional Proposal. Programme Document: Namibia</i> (2018), p.9-10.
<ul style="list-style-type: none"> Current Situation in Relation to Integration (2018): <ul style="list-style-type: none"> Of 14 regions in Namibia, 7 achieved their 2017/18 targets 7 remaining regions still planning to make progress toward achieving targets 4 regions were currently scaling up in facilities using Global Fund support: Kunene (4), Omusati (4), Ohangwena (12) and Oshana (6): Total facilities scaling up in these districts = 26 Two regions surpassed targets: Oshikoto: target seven, achieved 22, Otjozonjupa: Target 8, achieved 17. Areas of ongoing activity in 2018 <ul style="list-style-type: none"> Capacity building for services providers in particular services Community mobilization for integration South to south visits among regions in Namibia to learn from each other’s experiences Advocacy packages being developed with support from UNFPA regional office Evidence published in international journal <p>Political commitment at the highest level.</p>	<ul style="list-style-type: none"> MoHSS, <i>Strengthening integrated sexual and reproductive health and rights), HIV and Sexual and Gender-Based Violence services in East and Southern Africa (ESA – Namibia)</i>. Presentation to the Namibia Country Validation Meeting, February 2018. Slide number 7
<ul style="list-style-type: none"> “During, Phase 1, the regional programme to support integration of SRHR and HIV was a-well coordinated programme supported by UNAIDS and UNFPA. In the second phase beginning in 2018 (now called 2Gether 4SRHR) Namibia became a 	<ul style="list-style-type: none"> Interview with UNFPA CO Staff in Windhoek

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<p>‘transition’ country. At first UNFPA/UNICEF/WHO were involved together and very excited at the local office level. However, the decision was made at the overall program level that in Namibia the funding would be for UNFPA only [Note: according to UNFPA ESARO there was no interest on the part of UNICEF and WHO in continuing to deliver programming in the transition countries]. This has caused some lack of engagement by other member of the UNAIDS co-sponsors. Also, there is a problem getting the Directorate for Primary Health Care (DPHC) to be engaged and to have good communications between the DPHC and the Directorate of Special Programmes”.</p>	
<ul style="list-style-type: none"> • “With UNFPA and Global Fund support the implementation moved to the next phase which was scaling up to other regions. Most of the funding for this was from donors. By 2019, integration of SRH and HIV services has rolled out to 98 out of 344 health facilities. Both the Global Fund and UNFPA are working with PHC to support regions and facilities with a high burden of HIV, mostly in the northern regions.” 	<ul style="list-style-type: none"> • Interview with Directorate of Primary Health Care, MoHSS
National: Zambia	
<ul style="list-style-type: none"> • “Despite Zambia developing the National AIDS Strategic Framework 2017-2021, the Adolescent Health Strategy 2017-2021 and the National Health Strategic Plan 2017-2021, operational plans that clearly articulates leadership of programmes including prevention are yet to be strengthened. The PrEP national guidelines that is being launched by the end of the month will enable the implementing partners to roll out the service. However, a clear size estimation of population that might need PrEP is not yet clear. The PEPFAR supported program has targeted reach 8638 people with PrEP in 2018. This needs proper coordination at national level and capacity building of service providers in dealing with client in non-discriminatory manner. In addition, there is need to establish the magnitude of problem for injecting drug users although a small case program is currently in place to ensure the implementation of needle exchange program” 	<ul style="list-style-type: none"> • Implementation of HIV Prevention Road Map 2020 First Progress Report March 2018, p.6
<ul style="list-style-type: none"> • Phase 1 of the SRHR/HIV integration project supported the implementation of the “One Stop Service Delivery Model”. The model was adopted from the “Integra Initiative” and implemented at primary, secondary and tertiary service delivery level. 	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p.19-20
<ul style="list-style-type: none"> • “UNFPA has been implementing the SRH/HIV linkages project jointly with UNAIDS. The project was implemented from 2011 to 2016 and scored significant milestones in the implementation of pilot integrated activities at nine model sites, development and dissemination of the SRH/HIV/SGBV guidelines for health workers, capacity building activities for health workers in the provision of integrated services and development of SRH/HIV/SGBV integrated training curriculum with corresponding job aids. UNFPA also implements the Safe Guard Young People programme aimed not only increasing comprehensive ASRH knowledge for young people but increase integrated service utilization services. A newly awarded project on RMNCAH-N system strengthening will be implemented jointly with UNICEF in two provinces of Zambia. Given 	<ul style="list-style-type: none"> • UNFPA 2018. Joint Programme Document Outline. Revised standard joint programme document. Country: Zambia. Programme Title: <i>Strengthening integrated sexual and reproductive health and rights, HIV and Sexual & Gender Based</i>

Assumption 1.2: UNFPA supported operational models/approaches for strengthening bi-directional linkages and integrating HIV, SRHR and SGBV have been implemented.	
<p>that this project has a government to government inbuilt mechanism, it will be pivotal in ensuring the provision of integrated services under this programme.”</p>	<p><i>Violence services in East and Southern Africa to accelerate action on Sustainable Development Goals 3 and 5 - A Joint United Nations Regional Proposal, p.1</i></p>
<ul style="list-style-type: none"> • “Zambia with support from the EU and SIDA implemented a SRHR/HIV Linkages Project aimed at implementing services that linked SRHR and HIV and vice versa.” p.6 • “The UNFPA/UNAIDS SRHR/HIV Linkages Project has been effective in incorporating the SRHR/HIV linkages in policy documents, including the development of the National Guidelines for SRH, HIV and GBV (2015). The guidelines provide detailed description of standards and guidance for integrating SRH and HIV services at different levels of health facilities in Zambia. The MoH with support from UNFPA is planning to validate and disseminate the Training Manual on SRH, HIV and GBV Integration and Job Aids by the end of 2017. Additional high-level policy activities conducted in Zambia as part of the Linkages Project were national level advocacy and awareness building; strengthening the Technical Working Group (TWG); policy dialogues with Members of Parliament, inter-faith groups, adolescent and young people groups amongst other stakeholders. Notably, the guidelines developed with support from the SRH/HIV linkages programme informed the national adolescents’ health strategy and informed the adoption of an integrated approach for the National Health Strategic Plan 2017-2021. The 7th National Development Plan (2017-2021) incorporated the indicators and targets on SRHR/HIV services as a master document for national development. However, the costing of package of services and linking the health services with GBV services is not yet systematically established. “ (p.7) 	<ul style="list-style-type: none"> • UNFPA 2018. Joint Programme Document Outline. Revised standard joint programme document. Country: Zambia. Programme Title: <i>Strengthening integrated sexual and reproductive health and rights, HIV and Sexual & Gender Based Violence services in East and Southern Africa to accelerate action on Sustainable Development Goals 3 and 5 - A Joint United Nations Regional Proposal, p.6-7</i>
<ul style="list-style-type: none"> • “The [Joint Programme on Gender Based Violence] has mainstreamed HIV services in GBV responses including Voluntary Counselling and Testing (VCT) and provision of PrEP mainly through the One Stop Centres. “ (p. 10) • “Output 1.2: MoH and partners have scaled up mechanisms for provision of integrated medical and psychosocial services to GBV survivors. A total of 400 health centres were targeted to have specialized units and staff (not necessarily OSCs) providing comprehensive services to survivors of GBV. (...) SRH/HIV/GBV guidelines that provide standards and quality of care protocols were finalized and will serve as a guidance in strengthening delivery of integrated services to women and girls affected and at risk of GBV. GBV survivors received PEP and EC services as well as routine counselling on sexual and reproductive health and HIV in drop-in centers. The target can be achieved within the remaining on year of programming. The programme also targeted to ensure that 100% of eligible GBV survivors received PEP and EC. “ (p.34) <p>“Hospital Based-One Stop Centres: A total of 4 Ones Stop Centres (OSCs) were established or strengthened by the programme to provide key support services to GBV survivors under one roof. (...)</p>	<ul style="list-style-type: none"> • <i>Independent Evaluation of the Government of the Republic of Zambia/United Nations (GRZ/UN) Joint Programme on Gender Based Violence. Final evaluation report. p.10, 34, 57, 72</i>

Assumption 1.2: UNFPA supported operational models/approaches for strengthening bi-directional linkages and integrating HIV, SRHR and SGBV have been implemented.

<p><i>Health Services-</i> a nurse provides health services such as rapid HIV testing, Post Exposure Prophylaxis (PEP) for survivors that have been sexually abused but have been found HIV negative, emergency contraceptives and treatment of physical wounds.“ (p. 57)</p> <p>“A review of the design showed that the programme planned to incorporate HIV and AIDS messages and provide emergency medical examination and treatment for survivors including the provision of post-exposure prophylaxis for HIV and emergency contraception. Implementation results revealed that the programme endeavoured to undertake these interventions. Firstly, one of the key pillars of the GBV programme was Health and it was in this component that HIV matters were addressed. Sensitization on HIV was undertaken at the community level mostly through community networks. Community networks that comprised the men’s networks were trained on GBV/STI/HIV matters and this was in line with the manuals that UNFPA had developed on behalf of the GBV Joint Programme partners. Post-exposure prophylaxis for HIV and emergency contraception were administered through the One Stop Centres as per MoH guidelines that they can only be administered in a health facility. Some survivors were not able to access this service due to delayed arrival to medical facilities mainly caused by lack of transportation, distance and cost of transportation to the nearest OSC which is housed in the health facility.” P. 72</p>	
<ul style="list-style-type: none"> • During Phase 1 (2011-2016), the project provided integrated SRHR and HIV services in 10 sites in 10 districts, reaching a total of 100,000 beneficiaries. The project targeted general population, adolescents and KPs (MSMJ, LGBTI and sex workers), the deaf and other vulnerable groups. 	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p.19-20

Online survey

<p>Question 5: UNFPA has effectively contributed to the implementation of interventions for integrating HIV prevention and SRHR service delivery in clinical settings and in communities.</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th>Total Agree</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>46.98%</td> <td>109</td> </tr> <tr> <td>Agree</td> <td>43.97%</td> <td>102</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>6.90%</td> <td>16</td> </tr> <tr> <td>Disagree</td> <td>2.16%</td> <td>5</td> </tr> <tr> <td>Strongly disagree</td> <td>0.00%</td> <td>0</td> </tr> <tr> <td></td> <td>Answered</td> <td>232</td> </tr> <tr> <td></td> <td>Skipped</td> <td>46</td> </tr> </tbody> </table>	Answer Choices	Responses	Total Agree	Strongly agree	46.98%	109	Agree	43.97%	102	Neither agree nor disagree	6.90%	16	Disagree	2.16%	5	Strongly disagree	0.00%	0		Answered	232		Skipped	46	<ul style="list-style-type: none"> • Responses to the online survey, question 5
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Assumption 1.2: UNFPA supported operational models/approaches for strengthening bi-directional linkages and integrating HIV, SRHR and SGBV have been implemented.

<p>Question 10: Please provide examples of effective efforts to integrate HIV and SRHR services in your country with the support of UNFPA. Please also describe any gaps or missed opportunities. Selected responses.</p> <ul style="list-style-type: none"> • Moving from policy and planning to implementation remain a major challenge, and integration at service level is not felt, the UNFPA team internally also works in silos within these three areas, the county planning and programme should ensure that this integration happens within UNFPA and as part of the UN Joint Team. • HIV and SRHR services are integrated at service delivery points and these service delivery points also serve as distribution points for condom and testing for HIV. UNFPA is also procuring HIV test kits for SRHR services. One major gap is that some of the outreach services do not distribute or do HIV testing due to human resource issues. However, since the structures are there, if the HR issues are addressed, it will help to improve uptake of HIV counselling and testing. Furthermore, UNFPA has been supporting the staff of the Ministry on counselling. • Needs assessment of the situation, recommendations on policy changes to make integration work, training of service providers, and support to three districts. However, while integration at service delivery level is happening, the policy level is still 'siloed' due to different RH and HIV departments of the MoH. 	<ul style="list-style-type: none"> • Responses to the online survey, question 10
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Assumption 1.3: As a result, HIV, SRHR and SGBV services and interventions have been integrated both in health service delivery settings and in behaviour change and communications efforts, especially in relation to contraceptive services and family planning, including for EMTCT.

<p><u>Indicators:</u></p>	
<ul style="list-style-type: none"> • Extent to which operational guidelines, service protocols and manuals that promote delivery of integrated HIV, SRHR and SGBV services are reportedly used by health services staff • Reported quality and clarity of operational models for integration • Programme expenditures on integration • Evaluation findings on integration initiatives • Reported experience and views of national health authorities and other implementing partners • Examples of successful/unsuccessful efforts to link HIV to SRHR services at operational level as confirmed by site visits/discussions with service providers • Data on aspects of service integration identified in the IAWG indicator list: <ul style="list-style-type: none"> - HIV counselling and testing and family planning integrated - Knowledge of HIV status - Met need for contraception - Sex worker access to services - MSM access to services 	

Observations	Sources of Evidence
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Regional ESARO

ESARO LINKAGES PROJECT 2011-2017

<p>Assumption 1.3: As a result, HIV, SRHR and SGBV services and interventions have been integrated both in health service delivery settings and in behaviour change and communications efforts, especially in relation to contraceptive services and family planning, including for EMTCT.</p>	
<ul style="list-style-type: none"> The final report of the Regional Linkages Project Phase I indicates that there has been an increase in the uptake of integrated services in the 10 countries. Programme data indicate that there was an increase in number of health facilities and districts offering integrated services, and in the number of clients who received integrated services. However, there are challenges with M&E and HMIS regarding data on integration and the positive results should therefore be taken with some caution: “A key output of the Linkages Project was to pilot the uptake and delivery of integrated quality services for SRHR and HIV. The learnings from the pilot sites provided the foundation in Botswana, Malawi, Namibia, Swaziland and Zimbabwe to scale up the provision of integrated services not only to additional health centres but also to additional districts. The number of beneficiaries of integrated services should be treated with caution as in many countries the data capturing tools, and the reporting of data into the national health information system did not make provision for the delivery of integrated SRHR services.” 	<ul style="list-style-type: none"> UNFPA ESARO (2017). <i>The Joint UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report</i>, p.21
<p>Phase II: 2gether 4 SRHR</p>	
<ul style="list-style-type: none"> Challenges and Strategies identified during the March 2019 RPSC meeting: “Inadequate documentation of the models and process of integration hampers the scaling up of the provision of integrated SRHR services. The project will make a concerted effort to document models of integrated service delivery that define the roles and responsibilities of national, subnational and health facilities in the process of integration, the package of services to be provided, referral pathways, the commodities and staff capacity required to provide integrated services.” 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO (2019): Draft: Regional Programme Steering Committee Progress Report and 2019 Work plans 14 March 2019
<p>The 2gether 4 SRHR provided the following Technical Assistance to Countries in 2018/2019:</p> <ul style="list-style-type: none"> Technical assistance was provided to Botswana and Namibia to document their models of integration Technical assistance was provided to Botswana, Eswatini, Uganda and Zimbabwe by the Regional EMTCT Validation Reviews to identify and strengthen service delivery A regional SRHR needs assessment for men and boys was initiated to inform the development of regional guidelines. 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO (2019): Draft: Regional Programme Steering Committee Progress Report and 2019 Work plans 14 March 2019 UNFPA/UNICEF/UNAIDS/WHO (2018): 2gether 4 SRHR Draft 2018 Annual Report., p.28
<ul style="list-style-type: none"> In 2019, 2gether 4 SRHR regional team provided TA to Namibia, South Africa and Eswatini: “Namibia strengthen the delivery of integrated services in line with the national guidelines. South Africa strengthen age and gender disaggregation, provision of ToP and referral mechanisms for SGBV. Eswatini - Strengthen OBGY services to integrate family planning and strengthen ART referral and SGBV. Integrate PREP into family planning. Document the Eswatini Client Management Information System as a best practice for other countries.” <p>Lessons learned:</p> <ul style="list-style-type: none"> “SGBV is not integrated in packages provided in the same way that HIV and SRH services are. Where there is a referral mechanism, it is often weak. 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO (year unknown): 2gether 4 SRHR Mid-Year Review Year2 2019. Regional Presentation July 22, 2019 (Power Point Presentation), slide 4

Assumption 1.3: As a result, HIV, SRHR and SGBV services and interventions have been integrated both in health service delivery settings and in behaviour change and communications efforts, especially in relation to contraceptive services and family planning, including for EMTCT.	
<ul style="list-style-type: none"> • PEP is in some facilities limited to ART only and does not offer emergency contraceptives and STI treatment <p>Eswatini has a functional electronic CMIS that can be showcased to other countries as best practice.”</p>	
<ul style="list-style-type: none"> • “Project stakeholders and healthcare workers observe that the integration of services has contributed towards an increase in STI clients getting tested for HIV, an increase in cervical cancer screening and testing, and an increase in family planning services among those seeking ART treatment, women delivering by skilled healthcare workers, women accessing commodities and contraceptives, HIV testing and adherence to ARVs, and ANC bookings with more mothers/women accessing ANC at the health facility. In relation to maternal health, the health care workers report decreases in home deliveries (more happening at the health facilities) and mothers are being followed more closely, as well as a decrease in ARV defaulters, and transfer-ins were also observed, which are clients receiving ARVs at non-integrated clinics coming to integrated facilities to receive treatment. “ 	UNFPA ESARO (2017). <i>The Joint UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report</i> , p.22
<ul style="list-style-type: none"> • “As compared to 2018, more countries will be implementing activities relating to post-abortion care and safe abortion in 2019. In general, and in several countries across the world, there have been efforts to address unwanted pregnancies and safe abortion care through policy advocacy and programme implementation. The regional team has attempted to standardise some of the methodologies relating to post abortion care and comprehensive abortion care, including addressing capacity gaps of healthcare workers and conducting values clarification workshops. It is also clear that HIV and SGBV has not been integrated into abortion care in a significant manner. Many countries have already developed training manuals related to values clarification and abortion care.” 	UNFPA ESARO (2019). <i>Annual Planning Meeting for the 2gether 4 SRHR Programme. 21 – 25 January 2019. Johannesburg, South Africa</i> , p.7
<p>2018 accomplishments of the 2gether 4 SRHR programme in terms of improved access to integrated services: “Assessments undertaken to strengthen the provision of services delivery – Lesotho, Uganda, Zambia.</p> <ul style="list-style-type: none"> • Increasing the number of sites providing integrated services: Botswana (54 to 123 sites) and Namibia (89 sites). South Africa is implementing a proof of concept in 10 facilities in two districts. • Programmes were initiated with adolescents to strengthen their retention in care and PMTCT outcomes in Lesotho, Malawi, Uganda, Zambia and Zimbabwe. • Kenya and South Africa provided integrated SRHR, HIV and SGBV services to 6,507 sex worker”. 	UNFPA/UNICEF/UNAIDS/WHO (2019): Draft: Regional Programme Steering Committee Progress Report and 2019 Work plans 14 March 2019
National: Georgia	
<ul style="list-style-type: none"> • UNFPA does not have resources to undertake behaviour change activities in a substantive way, although demand-side interventions are required to address many of the socio-cultural barriers that affect access to HIV prevention. UNDP has hired a team of BCC experts and one is dedicated to working on risky behaviours. The consultant is working on a desk review and has started a consultative process. NCDC is looking to partner and engage on an assessment, strategy and UN resource mobilization. This activity could be leveraged to support future demand activities. 	<ul style="list-style-type: none"> • Interview with UNFPA Georgia CO
National: Indonesia	
<ul style="list-style-type: none"> • In 2016, the Linkages project summarised the Indonesia situation thus: 	<ul style="list-style-type: none"> • Interagency Working Group on SRHR and HIV Linkages, <i>HIV and</i>

Assumption 1.3: As a result, HIV, SRHR and SGBV services and interventions have been integrated both in health service delivery settings and in behaviour change and communications efforts, especially in relation to contraceptive services and family planning, including for EMTCT.		
Questions:	Answer:	<i>SRHR Linkages Infographic Snapshot Indonesia, IAWG, 2016</i>
Are there SRHR training materials and curricula that include HIV ?	Yes (partial)	
Are there HIV training materials and curricular that include SRHR ?	Yes (partial)	
To what extent is supportive supervision for SRHR and HIV integrated at the health service delivery level?	Partially integrated	
Is there joint planning of HIV and SRHR?	No	
Is there any collaboration between SRHR and HIV for programme management/implementation ?	No	
Health facilities provide HIV services integrated with other health services : HIV counselling and testing with SRH? EMTCT with antenatal care/maternal and child health?	Many	
Schools that provided skills-based HIV and sexuality education in the previous academic year?	Data not available	
<ul style="list-style-type: none"> • "In the PMTCT programme it has been a major challenge to get the maternal health and the HIV teams at MoH to talk to each other". 		<ul style="list-style-type: none"> • Interviews with UN agency staff
<ul style="list-style-type: none"> • The case management approach UNFPA has promoted and developed for female sex workers includes "assist with sexual and reproductive health needs ... Family planning may become an important added concern for newly HIV diagnosed female sex workers. Case managers assist clients to access dual methods of contraception and to access family planning support where requested and needed (p.10) ... Newly diagnosed clients may be diagnosed with STIs or TB. Determining the level of need in relation to STI symptoms will allow caseworkers to decide whether urgent action on symptoms is required, as well as the sorts of actions to take."(p.15) 		<ul style="list-style-type: none"> • UNFPA, <i>HIV Case Management for Female Sex Workers in Indonesia, 2017. A Model of Practice</i>, UNFPA, 2017, p.10,15
<ul style="list-style-type: none"> • The evaluation team visited a private clinic (Angsamerah Clinic) known to be popular with members of KPs. This clinic operated a very discreet and fully integrated model of service delivery with the client staying in one room while s/he is provided with all relevant services. All staff had received training in HIV counselling and SRHR, gender diversity and sexuality issues. • Among the services available were STI screening, HIV counselling and testing and ART, SRH-related counselling, gynaecology, mental health, hormonal replacement treatment and PrEP. The clinic also had a specialist psychiatrist/doctor who was knowledgeable on GBV, although GBV case were referred rather than treated in house. Condoms are available free in consulting rooms and the toilets. The clinic does not provide methadone therapy, but has a referral mechanism for those who need methadone. • All clients pay, however some clients that belong to KPs who cannot afford to pay receive a discount (funded by USAID) negotiated through a partnership with certain CSOs. This clinic provided much of the inspiration and initial start-up support for the UNALA project later developed with support from UNFPA in Yogyakarta. 		<ul style="list-style-type: none"> • Site visits to public and private sector clinics and interviews with clinic managers and health workers • National AIDS Commission, <i>Draft National Strategy and Action Plan 2015-2019: HIV and AIDS Response in Indonesia</i>, National AIDS Commission, 2015.

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<ul style="list-style-type: none"> • The evaluation team also visited Puskesmas Jatinegara, i.e. public health centre. This was renowned to be one of the best examples of a Puskesmas in the country as a whole. It was also chosen as a pilot institution for the new UNFPA partner notification project. • The Puskesmas provides a very wide range of services (family planning, dentistry, maternal health, mental health, medical checks for pilgrims, non-communicable diseases, ophthalmology, etc.) spread across 23 service units. Staff reported that HIV counselling and testing are only provided in the specific HIV counselling and testing unit. Elsewhere, doctors would only raise HIV issues if a patient presents with significant symptoms that might be relevant. • The <i>Draft National Strategy and Action Plan 2015-2019: HIV and AIDS Response in Indonesia</i> highlighted that ‘The integration of HIV and sexual and reproductive health services, including STI, in the context of Psthiv needs special attention, notably at the primary healthcare level. STI and HIV services must be integrated into sexual and reproductive healthcare, while HIV services should also be integrated into maternal and child healthcare and mental health services for the rehabilitation of drug users.’ (p.50) • When asked about integration of services, the Puskesmas manager argued that her facility provided ‘one roof’ under which all needs could be met. Staff reported that two doctors had received training on how to provide friendly services to young people and people from KPs. It was expected that these doctors would act as trainers for the wider staff group, but that had yet to occur. • The Puskesmas staff stated that condoms were freely available in the HIV and family planning consultation rooms; however, the evaluation team did not find evidence of this supply. At some point in the past, the Puskesmas had made condoms available at the security post at the entrance, however this was highlighted and criticised in the media and the clinic managers removed this provision for fear of security issues. • Among the health workers interviewed at the Puskesmas was a volunteer peer support worker, tasked to follow up and support people newly diagnosed HIV positive. Working on her own, this young woman was responsible for supporting around 300 PLHIV in the community. She reported many PLHIV dropping their treatment and had found it useful to tell people that their ART would keep PLHIV handsome/beautiful. 	
<ul style="list-style-type: none"> • For the MoH, their ‘triple elimination’ work provides a good example of integration in action. This provides pregnant women with testing for hepatitis, syphilis and HIV. In reality, this is more akin to combined testing than an integrated service since any resulting treatments would be directed to different services/service providers. 	<ul style="list-style-type: none"> • Interviews with MoH
<ul style="list-style-type: none"> • In efforts to prevent transmission of HIV and syphilis from mother to child, PMTCT services and prevention of congenital syphilis are integrated with maternal and child health services (MCH) (p.1) • Until the end of 2011, there were only 94 PMTCT services (MoH, 2011), which only covered around 7% of the estimated number of pregnant women who needed PMTCT services. To expand the reach and access to services for the community, the PPIA Program was also implemented by several community institutions (p.7). Of all PMTCT services, the number of services per province reporting in 2019 was 88 services. 	<ul style="list-style-type: none"> • MoH Republic of Indonesia, <i>Program management guidelines for prevention of HIV transmission and syphilis from mother to child</i>, MoH Republic of Indonesia, 2015

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<ul style="list-style-type: none"> • "almost all of PMTCT services suggest caesarean and infant formula to pregnant women with HIV. Only one doctor who allows "normal" birth and breastfeeding. VL and CD4 test is not performed routinely in pregnant women with HIV so that doctors do not want to take the risk, as well as lactation counselling. Also, unfortunately, puskesmas generally refer pregnant women with HIV to the provincial referral hospital for delivering the baby and even for ARV treatment." • "This makes it difficult for pregnant women who live far from the provincial capital. The complicated postnatal process, including EID test and prophylaxis for infants, has created challenges for women living with HIV who live in the district level. In efforts to prevent transmission of HIV and syphilis from mother to child, PMTCT services and prevention of congenital syphilis are integrated with maternal and child health services (MCH) (p.1) 	<ul style="list-style-type: none"> • MoH Republic of Indonesia, <i>Report on the progress of HIV AIDS and sexually transmitted infections in the first quarter of 2019</i> • Interviews with member of community organisation
<p>National: Namibia</p>	
<ul style="list-style-type: none"> • "UNFPA and the MoHSS agreed that the major question was "how can we develop a model that will serve the DPHC (including SRH) needs of the population without neglecting the need for HIV prevention and treatment"?" 	<ul style="list-style-type: none"> • Interview with Staff of UNFPA CO, Windhoek
<ul style="list-style-type: none"> • Minimum Package of Services: Namibia Model of Integrated SRHR and HIV Services <ul style="list-style-type: none"> ○ 'Same Room, Same Day Service': <ul style="list-style-type: none"> ▪ ANC, PNC, family planning, immunization, screening for children and adults, dressing, TB, Pap smear, PMTCT, ART. ○ 'Different Room, Same Day Service' <ul style="list-style-type: none"> ▪ HTC • Facilitated Referral to Specialised Referral Services. 	<ul style="list-style-type: none"> • Republic of Namibia, MoHSS, <i>National Guidelines on Health Services Integration: Sexual and Reproductive Health and Rights, HIV and Other Services</i>, July 2016, p.48
<ul style="list-style-type: none"> • As per the report of the National Consultation Meeting on the Joint SRHR/HIV/GBV Integration and Validation Meeting for SRHR/HIV/GBV Integration Tools (March 2018): "Since the launch of the Integration Guidelines in 2015, the number of integrated health facilities in Namibia has grown from seven pilot sites to 78 health facilities in almost every region of the country. Two regions – Oshikoto and d Otjozondjupa – have already nearly scaled up to every primary healthcare facility." 	<ul style="list-style-type: none"> • Republic of Namibia, MoHSS, <i>National Consultation Meeting on the Joint SRHR/HIV/GBV Integration and Validation Meeting for SRHR/HIV/GBV Tools: Meeting Report</i>. March 2018, p.4
<p>Operational Extent and Nature of Integrated Services – Interviews and Site Visits</p>	
<ul style="list-style-type: none"> • "The one room, one nurse, one client is an interesting model and it can be effective. It allows full utilization of, for example, HIV/ART nurses and broadens the work experience of other nurses. The government has invested considerable financial resources in integration on a national scale but has not yet seen concrete, quantifiable results." 	<ul style="list-style-type: none"> • Interview with Staff of UNFPA CO, Windhoek
<ul style="list-style-type: none"> • For Namibia, the choice is clear, they have to integrate – they simply do not have the resources to provide separate, stand-alone services. It is one-sided and self-serving when some donors say that integration is not working. 	<ul style="list-style-type: none"> • Interview with staff of MoHSS, Directorate of Primary Health Care

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<ul style="list-style-type: none"> • “Family planning is one of the first services that was integrated into HIV services. The need is to integrate all programmes. If a client comes for FP services, they should have access to the whole range: <ul style="list-style-type: none"> ○ HIV testing ○ HIV treatment ○ STI screening • Cervical cancer screening” 	<ul style="list-style-type: none"> • Interview with staff of MoHSS, Directorate of Primary Health Care
<ul style="list-style-type: none"> • NAPPA runs integrated SRH and HIV services in their clinics. The first service they integrated into SRH was family planning; subsequently they added Ant-Retroviral Therapy (ART) and Pre-Exposure Prophylactics (PEP). Integration needs to include more services on Sexual Gender-Based Violence (SGBV) but the current level of integration does allow them to spend more time with the client. 	<ul style="list-style-type: none"> • Interview with Staff of the Namibia Planned Parenthood Association (NAPPA) at agency headquarters in Windhoek
<ul style="list-style-type: none"> • The clinic applies a modified model of integration with the following characteristics: <ul style="list-style-type: none"> ○ Clients are registered on arrival with a preference given to first-time clients who are seeking ART (they are moved forward in the queue because first time ART clients require extensive counselling and data entry in the patient register) ○ At registration clients are assigned to a specific room for their screening and counselling with a nurse/health worker – The clinic seven staff members: 1 Registered Nurse, 1 Clinical Assistant, 2 Peer Counsellors, 1 Health Assistant and 1 Community Based Reproductive Health Assistant (CBHRA) ○ Clients for HIV services (including PEP), Family Planning, Anti-Natal Care, Sexually Transmitted Infections (STI) screening are all seen in the same room. • Preliminary HTC is done by the health assistants in a separate room in the facility [Note: this is consistent with the Namibia model of integration Minimum Package of Services which indicates that HTC can be done in a separate room as long as service is provided on the same day – National Guidelines p.48]. 	<ul style="list-style-type: none"> • Interviews and Site Visit to the NAPPA Okuryangava Clinic, Windhoek
<ul style="list-style-type: none"> • Although the integration model was originally designed to provide comprehensive services in one room with one provider (and to help reduce stigma) the clinic applies a modified model of integration with the following characteristics: <ul style="list-style-type: none"> ○ Most patients are seen in one room by each nurse and those that need to be seen by a doctor are then referred to the doctor ○ Pregnant women come early to the clinic and are given priority for ANC in a slight deviation from pure integration (they are given priority in assigning visits to screening rooms but the services in each room are still mostly integrated) ○ The clinic has created a specialized space for testing and counselling for HIV. They have a Community Health Counsellor who tests for HIV – the testing is done in a separate room [This is consistent with the Namibia model which allows for HCT in a separate room] ○ Another modification has been to create a space within the pharmacy where ART is provided to ART clients 	<ul style="list-style-type: none"> • Interviews and Site Visit Observations: Khomasdal Health Centre, Windhoek

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<ul style="list-style-type: none"> • While HIV patients are not necessarily integrated among the others (for pharmaceutical services for example and for HTC), they do get other services such as Family Planning so it is integrated into, for example, ART and ART clients are happy with the services they receive. 	
<ul style="list-style-type: none"> • The clinic began the integration process in February 2019 by integrating all services but now uses separate rooms for taking vital signs and for dressing wounds. With regard to vital signs, there is not enough equipment for all the consulting rooms. For dressing wounds, although they have equipment, the problem is that not all the staff are adequately trained. Other modifications noted during the interviews and site visit include: <ul style="list-style-type: none"> ○ What have been integrated are services such as family planning, counselling, STI screening, and immunization ○ ANC is being provided separately due to problems of equipment and because staff, especially midwives are not adequately trained in other services ○ HIV treatment is not integrated into the other services, but within HIV they do screening and counselling (for STIs) as well as Family Planning, and ANC ○ Similarly, all clients who come seeking family planning receive counselling in HIV prevention and PEP • SGBV services have been integrated but if there is a potential prosecution, the clinic refers the client to Katutura Hospital where there is a SGBV protection unit. 	<ul style="list-style-type: none"> • Interviews and Site Visit: Maxulili Clinic, Okahandja Park, North Windhoek
<p>History of Integration</p> <ul style="list-style-type: none"> • The first meeting on integration with the whole team, (Onandjokwe PHC Clinic and the other clinics in the district) took place in 2017. Prior to that the hospital had separate PHC clinic and separate ART clinic. The two units were merged and the PHC clinic moved to the present centre to incorporate the ART clinic as a prelude to integration. Integration started with six facilities in the district and then expanded to the others. Prior to integration, the Regional team met with nurses from all the health centres and clinics. <p>Work Flow Under the Integrated (Current Model) at the PHC Clinic</p> <ul style="list-style-type: none"> ○ When a client enters, the receptionist collects their health passport and registers them on the patient tally. An admin assistant then carries the file throughout the facility. ○ HIV testing is done in a separate room prior to assigning the client to a screening room. Under Provider Initiated Testing and Counselling (PITC), all clients are tested. [This is consistent with the Namibia model of integration which allows for HTC in a separate room] ○ There are ten screening rooms and 3 for doctors when a referral is made from a screening room ○ The client is assigned to one of screening rooms (1 to 10) by the admin officer if it is a new client; if an existing client they go to the screening room they attended on their first visit. ○ Nurses in the screening room can prescribe and dispense ART to patients but only those on first line treatment. <ul style="list-style-type: none"> • For clients whose initial test is positive, confirmatory testing is done in a separate location in the centre. 	<ul style="list-style-type: none"> • Interviews and Site Visit to the Onandjokwe Intermediate Referral Hospital and the Onandjokwe Primary Health Care Clinic, Oshikoto Region. Interviews included facilities staff and members of the District Health Management Team

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<p>Background of the Integration Process at the Centre</p> <ul style="list-style-type: none"> An assessment done in June 2012 of ANC clients showed that they were spending a great deal of time travelling to and attending ANC services. The centre began piloting integration in October 2012 and has been integrated to the present time. An evaluation was conducted in 2015, which included exit interviews with patients and interviews with staff. As a result of the experience at the centre, health facilities in the region are referred to Okankolo as a model for how integration can be done and how it can work. <p>Adjustments to the Integrated Model</p> <ul style="list-style-type: none"> Along the way, they have made adjustments to the model for better workflow and to adjust to challenges. These include: <ul style="list-style-type: none"> Because the health centre is open 24 hours each day, they assign three nurses to each room, each one for an eight-hour shift. Nurses are assigned to the night shift for three months each year. Having the pharmacy assistants assist nurses when needed in the screening/counselling rooms. The pharmacy assistant also places the needed ARVs in the screening/services room based on the estimate for the day. This is first line treatment ART and can be up to 20 for a single room. Having administrative assistants carry the files as needed All new clients are tested under Provider Initiated Testing and Counselling and are counselled whether positive or negative Consistent with the Guidelines, HIV testing and counselling is the only thing that is not integrated into the other services because it takes much longer to counsel new clients who are positive. Counselling is done in a separate room by a health assistant. As in other centres they have established Community ART Refill Groups (CARG) 	<ul style="list-style-type: none"> Interviews and Site Visit: Okankolo Health Centre, Onandjokwe Health District, Oshikoto Region
<p>Challenges Encountered During the Integration Process in Namibia and Reactions Among Stakeholders</p>	
<ul style="list-style-type: none"> The National Consultation Meeting on SRHR/HIV and GBV Integration hosted by the MoHSS and the UN Joint Programme members (UNFPA, UNAIDS, UNICEF, WHO) in March 2018 identified a range of challenges and bottlenecks. Those noted most frequently included: <ul style="list-style-type: none"> Human Resource Constraints: Specifically <ul style="list-style-type: none"> Staff vacancies at regional, district and health facility level Large training needs – including coordinated external training and provision of in-service training, mentoring and support: especially for Nurse Initiated ART (NIMART) Initial negative attitudes and resistance to change from staff members Language barriers, especially in rural areas Donor funded staff in ART Clinics making integration more difficult when required to spend 80 per cent of time on HIV services. Infrastructure and Space <ul style="list-style-type: none"> Need to expand existing structures due to lack of screening rooms 	<ul style="list-style-type: none"> Republic of Namibia, MoHSS, <i>National Consultation Meeting on the Joint SRHR/HIV/GBV Integration and Validation Meeting for SRHR/HIV/GBV Tools: Meeting Report.</i> March 2018, p.13

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<ul style="list-style-type: none"> ▪ Need for more benches/chairs and more space in waiting areas ▪ Dilapidated infrastructure in some clinics ○ Equipment <ul style="list-style-type: none"> ▪ Shortage of basic equipment (Blood Pressure Monitors, glucometers, etc.) to equip all screening rooms leading to sharing between rooms and requiring nurses to move to find equipment ▪ Lack of funds to procure needed equipment ○ Other challenges <ul style="list-style-type: none"> ▪ Continuous sensitization of clients to ensure understanding/acceptance of the new systems ▪ Integration of some services, especially Tuberculosis, Immunization and ART, the latter because of training and follow-up requirements and tradition of stand-alone ART clinics ● The high volume of clients in some clinics. 	
<ul style="list-style-type: none"> ● “The process of integration has not been without push-back. In particular, the US Government (USG) - represented by PEPFAR/CDC - has its own interest in maintaining the vertical programme run through DSP, where CDC has its offices. This also comes at a time when relations between UNFPA and the USG are difficult given the current political environment in Washington. The USG delegation which visited UNFPA to discuss integration and its challenges seemed to be under the impression that UNFPA is the driving force behind integration when, in reality, it is a regional/national priority.” ● “One factor in the disagreement between the Directorate for Primary Health Care (DPHC) and the Directorate of Special Programmes (DSP) is the fact that the vertical HIV programmes rely on an appreciable, well-financed, infrastructure within the DSP. This has led to some conflict in recent years as the Directorate for Primary Health Care has not been as well resourced.” ● “In response to some of the controversy raised by PEPFAR/CDS, the UNFPA CO, jointly with the East and Southern Africa Regional Office (ESARO) is assisting the MoHSS with the design and implementation of a rapid assessment of the integration process which [financed by UNFPA with contracting run by ESARO]. During the planning process the Terms of Reference have been shared with PEPFAR/CDS for comment but the requested changes have been overwhelming in complexity and would require surrendering control of the review process from MoHSS/UNFPA to PEPFAR/CDC”. [Note: According to ESARO, contracting of the consulting team was to be completed in June 2019. The total budget for the review is 25,000 USD]. ● “The key challenges are first the complexity and scale of the national roll-out of the Namibia model of integration and the opposition and push-back by the USG.” 	<ul style="list-style-type: none"> ● Interview with UNFPA CO Staff
<ul style="list-style-type: none"> ● The Directorate of Special Programmes has had difficulty getting information on integration and after investing millions in training for HIV testing and counselling as well as the management of ART they feel the roll out was not well managed. ● In some regions, the Regional Chief Medical Officers say the process is working fine and in others, the CMOs are pushing back – “never in my district”, they said. 	<ul style="list-style-type: none"> ● Interview with staff of MoHSS

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<ul style="list-style-type: none"> Integration has also caused problems in data collection as some regions have few staff trained adequately in data collection and data entry. Senior staff of DSP have the view that “you should not apply the same model of integration to all the facilities. In some high-volume sites, HIV patients do not want to wait with general patients in long queues for service.” <p>Data Collection, Entry, Reporting and Analysis</p> <ul style="list-style-type: none"> Integration has not addressed the problem of integrating patient registries and data logging, entry and analysis Namibia has recently upgraded its national health information system to DHIS2, but the number and type of indicators for HIV under DHIS2 are limited DSP, PHC Directorate and the National Statistical agency are collaborating on supporting a “Situation Room” which will allow them to link different, disease-specific systems into the DHIS2. “We need to get everyone around the table and make sure that the transition does not mean that months of data are lost.” <p>Moving Forward with Integration and the Problem of Coordination</p> <ul style="list-style-type: none"> DSP indicated support for integration but want it done in a more coordinated way. “We need to find common ground among the different stake-holders”. <p>Coordination of the integration process was to be handled by the Director of Primary Health Care (MoHSS) but the appointment of the new Director was pending at the time of the recent evaluation. “As soon as the Director of PHC is appointed we (SPD and DPHC) can begin the process of reaching a consensus “.</p>	
<ul style="list-style-type: none"> There is an urgent need to provide facilities with the necessary equipment and training to support the one-nurse, one room, one patient model. In some facilities, the number of patients is overwhelming and waiting lines seem to take longer. Not all health facilities can integrate at the same pace and to the same extent depending on training, equipment, space available. “Some donors are clearly not happy about integration. In 2018, there was a lot of back and forth between UNFPA and the Global Fund on one side and PEPFAR/CDC on the other despite the national commitment to integration. The Directorate of Special Programmes has, with support from PEPFAR and CDC been pushing back against integration but without stating clearly that they are against it – at least not face-to-face in meetings.” 	<ul style="list-style-type: none"> Interview with the Directorate for Primary Health Care, MoHSS
<ul style="list-style-type: none"> “The integration process raises potential for reduced absorption and retention rates for ART/HIV treatment patients and this has resulted in a lot of resistance from PEPFAR. In the past, this has mainly been because the Ministry itself wants to pursue integration and the CDC does not. Integration could slow down progress against PEPFAR targets under its Country Operational Plan (COP) which has very hard targets that have to be reported to Washington.” <p>It would be best if stakeholders could identify areas of integration that would benefit service quality in HIV/ARTs as well as other aspects of SRH.</p> <p>Monitoring and Data</p>	<ul style="list-style-type: none"> Interview with the Global Fund Programme Management Unit, MoHSS

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<ul style="list-style-type: none"> • “PEPFAR says they need 1000 to 1200 data clerks to support data entry for their target setting and monitoring (a dashboard system for each health facility). This is to feed into a PEPFAR/CDC system rather than to support a national goal. PEPFAR/CDC has set up a strong M&E system for the HIV programme and integrating the different data system now poses a challenge to MoHSS.” • “PEPFAR resources have helped Namibia reach the 90/90/90 target but it would be foolish to pretend that external agencies and the Government of Namibia have the same overall goals – the goal of the MoHSS is to ensure that every citizen receives a reasonable level of service. They cannot say they will focus on just key hot spots or specific parts of the country that have high incidences unlike the PEPFAR approach.” 	
<ul style="list-style-type: none"> • Staff of PEPFAR and CDC in Windhoek identified a range of problems and issues regarding, especially, the rolling out of integration on a national basis following the completion of pilot tests in phase one of the integration programme. The following are not direct quotes but a list of the apparent mis-steps and challenges identified during the interview: <ul style="list-style-type: none"> ○ UNFPA did not really have strong support from the MoHSS because they focused mainly on one Directorate (PHC) to the exclusion of others. ○ The rollout of integration was flawed because the sites were selected for integration without good criteria and they (UNFPA/PHC) went ahead without keeping PEPFAR/CDC and SPD informed so that implementation happened without proper consultation and buy-in. ○ Internally, PEPFAR and CDC feel that the biggest threat to a positive response to the epidemic has been the way that integration has been rolled out. The main issue is that there was not adequate buy in from people with clinical experience in how HIV services are delivered. ○ PEPFAR/CDC feel that: “if you ask people at the integrated clinics their opinion of integration, they feel compelled to tell you what you want to hear.” ○ The pilot study in seven districts pointed to some benefits from integration but they (PEPFAR/CDC) severely question the methodology used. In their view, the positives noted in the studies are outweighed by negative impacts on HIV/ART services. ○ In some sites they actually see the level of viral suppression going backwards.” 	<ul style="list-style-type: none"> • Interview with PEPFAR/CDC
<ul style="list-style-type: none"> • “There have been issues raised by some partners about problems in some facilities apparently caused by integration and as a result, following the August 2018 meeting noted below, the MoHSS decided to carry out a rapid assessment. Specifically, PEPFAR/CDC reported that performance data was declining in some facilities, although they did not share the actual data.” • “In response to these issues, the MoHSS called a meeting in August of 2018 which included: <ul style="list-style-type: none"> ○ MoHSS – DSP ○ MoHSS – PHC ○ UN ○ USG.” 	<ul style="list-style-type: none"> • Interview with Staff of UNAIDS, Windhoek

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<ul style="list-style-type: none"> • “There is an agreed ToR for the rapid assessment which will be funded by UNFPA with the hiring process almost complete and the work to start soon.” • “The concept of integration still has strong support within the MoHSS and still shows real benefits for both patient care and efficient use of staff resources. All participants in the August 2018 meeting recognized the need for better communications.” • It is important to note that integration is not somehow the result of only a UNFPA agenda [as indicated by PEPFAR/CDC]. Integration is the accepted regional strategy as approved by SADC Ministers of Health and has been adopted as a national strategy by Namibia. The problem is largely one of communication, especially between DSP and PHC. It was much better during the pilot phase when they had a steering committee chaired by MoHSS and with participation by DSP and PHC and by UNFPA and UNAIDS as well as the Global Fund and PEPFAR/CDC on behalf of the USG. Continuation of the steering committee during the rollout phase would have been a much better strategy. The re-activation of the Steering Committee on Integration was a recommendation of the Health Development Partners.” • A key issue has always been the need for continuous training. 	
<p>Challenges and Lessons Learned in the Process of Integration Raised in Interviews and Observed During Site Visits in Windhoek and Oshikoto</p>	
<ul style="list-style-type: none"> • “At first, providing the services was very challenging and hectic, it took a couple of years to master the integrated approach, there is, however, a set of ongoing challenges:” <ul style="list-style-type: none"> ○ HIV counselling involves addressing deep social problems; it is not just a biomedical issue. ○ The staff need to spend a considerable amount of time with HIV positive clients on counselling which makes it more difficult to maintain shorter wait times for other clients ○ The need to fill out separate disease registries and maintaining separate client care booklets for PREP and ART patients presents a major burden. Setting up the record keeping for a new HIV patient takes about 40 minutes and is a considerable investment of staff time ○ There is currently a shortage of injectable contraceptives across the country and condoms are currently out of stock in the clinic, which makes it difficult to maintain the full package of services ○ Infrastructure and space is a problem, the clinic has two structures for service delivery, one of which is a modified caravan and space is very limited. 	<ul style="list-style-type: none"> • Interviews and Site Visit to the NAPPA Okuryangava Clinic, Windhoek
<ul style="list-style-type: none"> • “Integration works well in some areas but in other areas of practice it is not working well at this clinic:” <ul style="list-style-type: none"> ○ ANC services are in high demand, and there are long waiting lines, especially for first time clients ○ Not all staff are trained in HIV testing, but some are. If all nurses were trained and had access to equipment the model would be more effective ○ Waiting for long periods for a doctor results in some patients leave without receiving their medicine ○ Staff and equipment shortages are the biggest challenges faced by the clinic. For the implementation to work well they need more staff and equipment in each room ○ Data management is a major challenge. There are separate patient registers for ANC, PMTCT, ART, PREP etc. 	<ul style="list-style-type: none"> • Interviews and Site Visit Observations: Khomasdal Health Centre, Windhoek

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<ul style="list-style-type: none"> • “While this particular clinic has adequate space, the key problems are shortages of equipment and gaps in the training of staff to provide a range of services:” • The main factor keeping HIV/ART services separate is the lack of training for nurses, especially in NIMART. • Integrating family planning is made harder by the current stock-outs of injectables and oral contraceptives; they now have only one-month supply of oral contraceptives. • They do have enough staff, but their main problem is equipment: blood pressure monitors, autoclaves, ECG machines, sonar, weighing scales. • Record keeping is a major problem. Nurses have difficulty tallying the numbers in separate registers and as a result, record keeping is not of good quality. Nurses concentrate on providing services, not on maintaining the registers. 	<ul style="list-style-type: none"> • Interviews and Site Visit: Maxulili Clinic, Okahandja Park, North Windhoek
<ul style="list-style-type: none"> • “Some service providers are reluctant to deal with HIV and ART. Similarly, the medical teams in the clinics can be reluctant to take on new responsibilities. However, when they receive training and mentoring staff are able to overcome their fears. There are weaknesses in pre-service education for nurses, so with integration there is need to start with reforming the curriculum for training nurses.” • “There were problems in viral suppression for ART clients when they first started the integrated system. From a starting point of 94 per cent, the level of viral suppression declined to 83 per cent at first but then rose back to 94/95 per cent as the system stabilized. There were many new aspects to the integrated system both for the service providers and the community. Health centre staff needed to work with community members to make them comfortable with the new system. The period of disruption lasted from July to September 2018 but has since fully recovered.” • Data management is a real challenge. Some patients were lost in the transition in terms of data. ART booklets were not being filled out. • There were reportedly some declines in outcomes for focused ANC and the treatment of high-risk pregnancies. In keeping with this finding, there is a need to ensure that other, non-HIV specialties such as focused ANC are not negatively impacted by integration. Having a mentor for these other areas of practice is also a real need. 	<ul style="list-style-type: none"> • Interviews and Site Visit to the Onandjokwe Intermediate Referral Hospital and the Onandjokwe Primary Health Care Clinic, Oshikoto Region. Interviews included facilities staff and members of the District Health Management Team
<ul style="list-style-type: none"> • “Equipment is a problem, even though the Health Centre received a special allocation of equipment during the pilot phase, they have not been able to replace, or repair equipment as needed due to lack of funds.” • “Staff rotation within the service is a major problem making it necessary to provide in-service training on a more or less constant basis, but funds are lacking. When integration first started at the centre, all staff received the necessary training but when new staff come, they also need training.” • “A major challenge is the issue of record keeping. The senior nurse in charge used to go through the registers at the middle of the month and correct obvious errors and verify the number with the administrative assistant.” • “The health centre also has a problem with stock-outs, especially for family planning. At the time the evaluation team visited the stock-outs were reported for: <ul style="list-style-type: none"> ○ Injectable contraceptives (roughly one month’s supply) ○ Oral contraceptives 	<ul style="list-style-type: none"> • Interviews and Site Visit: Okankolo Health Centre, Onandjokwe Health District, Oshikoto Region

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<ul style="list-style-type: none"> ○ Some ARVs (combination ARVs specifically). In response to stock-outs, they try to borrow from other facilities and pay them back when the situation is reversed. They use a WhatsApp group of facilities to coordinate on this.” ● “There is a continuous need for effective supportive supervision from the district and regional office which has not been provided recently but was there during the pilot phase.” 	
<ul style="list-style-type: none"> ● SRH Output 1: Strengthened institutions and civil society organizations to ensure delivery of accessible and rights-based sexual and reproductive health and youth-friendly services to underserved and vulnerable groups. <u>Activities:</u> <ul style="list-style-type: none"> - Gender equality, gender-based violence and harmful practices (indicator 1: # of new institutionalized in-service training programmes on SGBV prevention and protection services, baseline: 3, target:5, indicator 2: # of schools that include gender equality – SRH in extra-curricular activities, baseline: 0, target:2) - Sexual and reproductive health and youth-friendly services (indicator 1: refugee sex work situation report finalized and disseminated, indicator 2: # of LGBTI youth reached through peer education, baseline: 0, target: 920, indicator 3: # of counselling teachers trained on youth SRH, baseline: 0, target 50) ● SRH Output 2: Strengthened national capacity to provide sexual and reproductive health and sexual and gender-based violence response services in humanitarian settings. 	<ul style="list-style-type: none"> ● UNFPA Turkey CO Work Plan 2017, p.1
<p>National: Turkey</p>	
<ul style="list-style-type: none"> ● Positive Living Association (PLA) will establish one service unit in Istanbul (Anatolian Side) in the context of Key Refugees Project. Project aims to reduce the barriers in access to protection services by Key Refugee Groups within the scope of providing access for them to better protection services on issues such as access to sexual health and reproductive health (SRH) services by vulnerable refugees, especially by women, adolescent girls and key refugee groups, and gender-based violence. The project was conducted between January 2018 and March 2019 with PLA, the Red Umbrella Sexual Health and Human Rights Association and UNFPA with the financial support of European Union Civil Support and Humanitarian Aid Office. ● The project aims to help refugees at risk meet their vital protection needs and contribute protection services mechanisms. It focuses on refugees and asylum seekers in Istanbul, Ankara, Eski ehir, Mersin, Izmir, Denizli, Yalova, Adana and Hatay through 5 service units to be opened within the scope of the project. The PLA will be responsible for 2 Istanbul Service units, organizing awareness activities, PSS, IPA and case management through these service units and in coordination with other 3 service units ● Activities: Service delivery includes ensuring adequate provision of SRH and GBV services during an emergency. Support of Mobile clinics, safe spaces, establishment of referral pathways, logistics/procurement expertise, etc. Indicator: # of key refugees (LGBTI, sex workers, people living with HIV) who received protection services through a UNFPA supported service unit in Turkey. Baseline: 0. Target: 100) - SRH and GBV response in humanitarian settings (Strengthened national capacity to provide sexual and reproductive 	<ul style="list-style-type: none"> ● UNFPA, PLA Work Plan 2018, p. 1 ● UNFPA, PLA Annual Progress Report 2018, p.5-6

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<p>health and sexual and gender-based violence response services in humanitarian settings, Indicator 1: # of beneficiaries received protection services through Istanbul service unit. Baseline: 0. Target: 2,000. Indicator2: # of beneficiaries reached through outreach workers (face to face, outside of service units). Baseline: 0. Target: 800).</p> <ul style="list-style-type: none"> • 75 per cent of targets achieved. 	
<p>National: Zambia</p>	
<ul style="list-style-type: none"> • According to UNFPA 2016 close-out report of the Phase I of the HIV and SRHR Linkages Project found that “There has been improved availability of and access to integrated services, as well as increased uptake of services and increased awareness of services. Both key informants and clients see the benefits of integrated and linked services for clients. The inception of the Project increased the number of sites providing targeted integrated services to eight. However, client exit interviews suggest while some clients are aware of additional services provided at the facility, the number of clients receiving integrated services is still minimal, and thus stakeholders should better ascertain the reasons for the minimal update in additional services.” 	<ul style="list-style-type: none"> • UNFPA and UNAIDS (2016). <i>Evaluation of the UNFPA and UNAIDS Project on SRHR and HIV Linkages in 7 Countries In Southern Africa: Country Report—Zambia</i>, p.vi
<p>“There is a need to strengthen the monitoring of integration of services: “It was highlighted that the monitoring of integration in particular the extent to which SRHR services have integrated HIV and HIV services have integrated SRHR (e.g. number of women living with HIV provided with SRHR services) must be strengthened [it was] noted that in particular support was being requested from the [UNFPA and UNAIDS] regional offices to assist with developing tools to better measure and monitor the provision of integrated services, advocacy and technical support.”</p> <ul style="list-style-type: none"> • “The SRHR Integration Project is being implemented in three model sites in the Western Province; however, the project is being scaled up to 10 additional health facilities through the training of health care providers working in these facilities. A number of activities are undertaken to generate demand for the provision of integrated services including the use of participatory drama, radio, through schools, and working with teachers. Billboards have been created to advertise where clinics are providing integrated services. The tracking of the provision of integrated services is done through a number of indicators that are being tracked. The province noted that integration has demonstrated a number of benefits including: reducing waiting times and queuing for clients and enhancing team work amongst health care providers. The provision of integrated services has also resulted in an increased uptake of services for example the offering of HCT at first antenatal visit increased from 78% in Q3 of 2014 to 98% in Q2 of 2016. • “Challenges included stock outs of commodities such as HCT kits which is not limited to the integration sites, infrastructure that often compromises confidentiality, staff shortages (in particular midwives), the management and utilisation of information for planning and management purposes. Monitoring and evaluation is a challenge in terms of a data collection tool that tracks the additional services offered to and provided by the health care providers. There is a need for a tool to track the staff that have been trained to provide integrated services so as to prevent duplication and to ensure that the system can benefit from staff that have already been trained when they rotated or moved to other sites. It was suggested that the coordination of integration efforts could be strengthened by ensuring that it is included on the provincial integrated meeting with partners being requested to share plans of what they are doing and planning.” 	<ul style="list-style-type: none"> • UNFPA Regional Office ESARO (2018). Travel Report Summary. Mission to Zambia November 2018, p.2-3

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<p>“Efficiency of the UNFPA/UNAIDS SRHR/HIV Linkages Project [Phase I]: The creation of the National Guidelines for SRH, HIV, and GBV Services Integration and the incorporation of SRHR and HIV in other national strategies and guidelines demonstrated the efficiency of the Project in influencing policy. At the service delivery level, both clients and providers noted that services are more cost-efficient in terms of client time and transport. However, they noted that there is an insufficient number of staff who are trained at the facility level in the provision of integrated services, and there is a lack of staff at the facility in general, impeding the ability to provide services.”</p>	<ul style="list-style-type: none"> • UNFPA and UNAIDS (2016). Evaluation of the UNFPA and UNAIDS Project on SRHR and HIV Linkages in 7 Countries in Southern Africa: Country Report—Zambia, p. vi
<p>“Other challenges identified were shortage of healthcare workers, and training in SRH and HIV integration, particularly for nurses, and training in counselling for physicians. Furthermore, support systems such as laboratory, transport and M&E needed to be reorganised in order to integrate SRH and HIV services, from planning and budgeting through to implementation.”</p>	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. Zambia Close Out Report Draft. Zambia Country Report Draft, p.16
<p>“Although Zambia had been providing, in some settings, integrated services for some time, the quality of service provision has improved now that integration has been more formalised at national level with the assistance of strategies, policies and guidelines. The Linkages Project has created demand creation for service commodities, and there has been an improvement of the supply chain management system, in that more commodities are going to the health facilities. The project has also contributed and strengthened the organisation of services at various health facilities. “</p>	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. Zambia Close Out Report Draft. Zambia Country Report Draft, p.20
<p>Recommendations to strengthen integration: “Improve the understanding of the concept of integration, so that it is clearly understood by all key role players and stakeholders (at national, provincial, health facility levels and among healthcare workers and the community), as there is a need to move from a theoretical understanding to a practical understanding of the concept of integration in Zambia.</p>	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. Zambia Close Out Report Draft. Zambia Country Report Draft, p.11
<p>“Information, education and communication (IEC) materials were developed both for healthcare providers, as well as for clients to strengthen the provision of integrated services and to encourage communities to take up the provision of integrated services. “</p>	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. Zambia Close Out Report Draft. Zambia Country Report Draft, p.22-23

Assumption 1.4: UNFPA has supported effective efforts to strengthen the management of supply chains for male and female condoms and lubricants (including in humanitarian settings).	
<u>Indicators:</u>	
<ul style="list-style-type: none"> • Key informant experience and opinion regarding extent to which national capacity in supply chain management (SCM) for HIV-related SRHR commodities (e.g. male and female condoms and lubricants and STI medications) has been enhanced • Reported results on UNFPA support to SCM – including volumes of procurement over time • Experience and views of supply chain managers at national and district level 	
Observations	Sources of Evidence
Regional: EECARO	
<ul style="list-style-type: none"> • In Moldova, UNFPA supported development of the costed action plan for state procurement of modern contraceptives for vulnerable groups, including youth and PLWH, and supported developed and approval of Clinical Protocols on Family Planning among youth, PLWH and disabled people. 	<ul style="list-style-type: none"> • EECARO, HIV-Specific Results, 2018-2021 Results, 2018 Report, p.6
Regional: ESARO	
<ul style="list-style-type: none"> • There are real issues with supply chains, all UNFPA procured condoms go through public supply chains operated by government. The only difference is in Uganda where the supply chain is a public/private partnership. • They (UNFPA) do try to support strengthening supply chains but many countries are not part of UNFPA Supplies (mostly the UMIC and MIC countries). • They don't see a lot of national stock-outs except that right now there is a global problem with the supply of Depo-Provera • Generally speaking, the problem with condom distribution is often that the distribution points are located in clinics and other institutional setting and do not reach the right audience. • For access to technical expertise, they partner with JSI and with the Bill and Melinda Gates Foundation. JIS did a diagnostic with support from UNFPA and BMGF [noted in the Supplies Evaluation] in 2017 and established a set of national base-lines and dashboards. This assessment was repeated in 2019 and did see some improvements. The dashboard and monitoring tool are now pretty strong. The next step is to convert it into action. • There is a need to: <ul style="list-style-type: none"> ○ A) put condom distribution in the hands of youth-led organizations ○ B) do more community-based distribution ○ C) allow enough space for the private sector in the market, which means that free distribution is problematic. • The biggest problem is never the overall supply situation, rather it is distribution to the last mile, particularly to adolescents and youth. 	<ul style="list-style-type: none"> • Interview with ESARO Team on Supply Chains and Response to HIV in Humanitarian Contexts
National: Georgia	
<ul style="list-style-type: none"> • The National Centre for Disease Control (NCDC) manages the procurement and supply of health products for HIV prevention and treatment. It uses relevant SOPs for forecasting, development of specifications, market search, procurement and distribution that are considered adequate for ensuring continuous supply of these products. ARVs are 	<ul style="list-style-type: none"> • Curatio International Foundation, <i>Georgia Transition Plan</i>, 2016, p.37

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<p>procured through the Global Fund supported Pooled Procurement Mechanism), giving the Government access to competitive prices. There is a special provision in the State Budget Law of Georgia to enable NCDC to produce through pooled procurement mechanisms without using the common state procurement mechanism. The MoLSHA is considering the possibility of procuring ARV drugs locally through the existing state mechanism. The Transition Plan recommends that this be carefully considered to ensure the high quality of health products going forward.</p>	
<ul style="list-style-type: none"> • Currently, contraceptives are not supplied through public sector health programmes. UNFPA and USAID discontinued supplies in 2015 and contraceptives are not included in the essential drugs list. Quality of condoms sold in the commercial sector are not controlled and monitored. Contraceptives are available through private pharmacies with prescription, except for emergency contraceptive pills, at relatively high prices and not affordable, especially for young people and families in need, particularly in rural areas. 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>Invest in Family Planning: Strengthening family planning policies and services for healthy families in Georgia</i>, Policy Brief, 2017
<ul style="list-style-type: none"> • UNFPA conducted a study in 2013 that identified weaknesses in government capacity to provide a supportive environment for effective family planning services, and lack of infrastructure and human resources to provide services. Family planning services are offered mainly through specialized OB/GYNs, with a limited role by primary care. Demand-side problems include low awareness, knowledge and used of contraceptive methods, although this has been slowly improving. Abortion remains an important method of fertility regulation. Legislation has been initiated to expand the waiting time for abortion from three to five days, which will increase barriers to these services. Post-abortion contraceptive counselling is not offered (only one-third received contraceptive counselling). 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>Strengthening family planning policies and services – the safe and effective way to reduce abortions in Georgia</i>, Policy Brief, 2014
<ul style="list-style-type: none"> • UNFPA published a policy brief in 2017 to forecast the cost of providing free contraceptives in Georgia in 2017-2019, but analysed IUDs and oral contraceptives for two target populations, women in vulnerable groups (youth and targeted assistance) and all women of reproductive age (15 to 49 years). Condoms were not included in this analysis. 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>The cost of free contraceptives</i>, Policy Brief for the Ministry of Labour, Health and Social Affairs of Georgia, 2017
<ul style="list-style-type: none"> • Public sector procurement of SRH commodities is for vaccines, ARVs and TB meds. All contraceptives are prescription based and available through private sector at a cost. Re procurement, the Global Fund must follow government procurement laws, which call for the lowest price, regardless of quality. Lowest bid must be accepted; quality is not checked as there are not criteria to do so. • UNFPA Georgia also did a policy review and cost-benefit analysis, which resulted in a brief to inform the government and advocate for allocating funds for contraceptive commodities. Lack of public funding for contraceptives is not seen as an issue not of money, but of political will. The Ministry does not have public support to move in this direction; it is six years to the next Presidential election and Parliamentary elections are in 2020. Currently, everything is in “stand-by mode.” 	<ul style="list-style-type: none"> • Interview with UNFPA Georgia CO
National: Indonesia	
<ul style="list-style-type: none"> • UNFPA Indonesia does not procure condoms nor play an integral role in the condom supply chain for either family planning or HIV prevention. • Since the NAC was dissolved, procurement and distribution of condoms for family planning is the responsibility of BKKBN and procurement and distribution of condoms for HIV has been listed as a role for UNFPA. However, UNFPA has not able 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff, UN agency staff, government officials and

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<p>to fulfil this role. Initially, UNFPA believed it could procure condoms using its usual channels and procedures, through the Copenhagen office. However, Indonesian regulations made this route impossible. As a result of discussions between UNFPA and MoH, the plan is now to move responsibility for ‘HIV condom’ procurement to the Global Fund supported programme.</p> <ul style="list-style-type: none"> During the period covered by the evaluation, the only UNFPA role re: the HIV condom supply chain has been: <ul style="list-style-type: none"> Fund and support work in 2016 and 2017 to review and then strengthen guidelines for SCM modelling in 9 districts: Banyuwangi, Pamekasan, Lamongan (East Java) and Kupang Municipality, Kupang District, Sikka, West Manggarai, West Sumba, and Sabu Raijua (East Nusa Tenggara). This work involved partnership with the International Council on Management of Population Programmes (ICOMP) in collaboration with BAPPENAS, IFPPD, Setneg, FBOs, Universities and CSOs Fund and support the National Population and Family Planning Board (USD195,001 total in 2018) to work in collaboration with Bappenas, IFPPD, Setneg, FBOs, Universities and CSOs to produce a policy brief on improved supply chain modelling. 	<p>members of civil society organisations</p> <ul style="list-style-type: none"> File: AWP_ICOMP_2016 File: AWP BKKBN FINAL – 8 Mar 2018
<ul style="list-style-type: none"> 2016 “Are there integrated supply systems? Fully integrated. Are there integrated ordering systems? Not integrated. Are there integrated monitoring systems? Data not available” 	<ul style="list-style-type: none"> Interagency Working Group on SRH and HIV Linkages, <i>HIV and SRHR Linkages Infographic Snapshot Indonesia, IAWG, 2016</i>
<ul style="list-style-type: none"> UNFPA was working with the NAC to develop a strategy on dual protection. This had reached draft MoU stage by the time the NAC was dissolved. Since then, UNFPA has been unable to progress this issue. In the current system, the main contribution of UNFPA to improving the condom supply chain is to disseminate information to their GF SSRs to inform relevant authorities across the country that condoms are available and inform them how condoms can be accessed. In September 2019 a different strategy, led by UNAIDS, will begin with an assessment on comprehensive condom programming and then a workshop held in collaboration with the national family planning association (BKKBN) to promote a total market solution in Indonesia. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff
National: Namibia	
<ul style="list-style-type: none"> The NSF for the HIV and AIDS Response makes specific reference to the need to improved condom prevention and distribution: “The objective is to strengthen condom programming, promotion and distribution of both male and female condoms, and promote consistent and correct use. During the implementation of the NSF, it is anticipated that advocacy will be intensified to increase the use of condoms with the last sexual partner at high risk sex from 74.7 per cent (2013) to 90 per cent by 2022.” 	<ul style="list-style-type: none"> Republic of Namibia, MoHSS, Directorate of Special Programmes, <i>National Strategic Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22, p.23</i>
<ul style="list-style-type: none"> CO staff did not indicate significant efforts to support the strengthening of supply chains for condoms and lubricants. A review of project workplans and monitoring data did not identify budgets or expenditures relating to SCM 	<ul style="list-style-type: none"> Interviews with UNFPA CO in Windhoek

Assumption 1.4: UNFPA has supported effective efforts to strengthen the management of supply chains for male and female condoms and lubricants (including in humanitarian settings).	
	<ul style="list-style-type: none"> UNFPA Namibia, Project Monitoring Data, 2016, 2017 and 2018.
<ul style="list-style-type: none"> “In Namibia the national government is responsible for procuring 100 per cent of all condoms. UNFPA and the MoHSS collaborate annually in condom planning and UNFPA is the only source of female condoms in the country. There are two different planning processes for quantifying the national condom requirement: one for HIV prevention and one for family planning but they rely on a single, integrated supply chain. Where they do sometimes run into supply chain problems is not in importing and shipping to the Central Medical Stores (CMS). Rather the CMS needs to have a better distribution plan. Condoms procured by MoHSS are provided free at health facilities and other outlets including distribution through NGOs but other branded condoms are also available at shops at a cost to interested users.” 	<ul style="list-style-type: none"> Interview with Directorate of Special Programmes, MoHSS
Assumption 1.4: UNFPA has supported effective efforts to strengthen the management of supply chains for male and female condoms and lubricants (including in humanitarian settings).	
<ul style="list-style-type: none"> Under its \$37 million grant to Namibia for 2018-2020, the Global Fund is providing “a small amount” to support condom purchases channelled through the Directorate of Special Programmes of MoHSS. It is also providing support to the Central Medical Stores to help improve infrastructure and support SCM. 	<ul style="list-style-type: none"> Interview with the Global Fund Programme Management Unit, MoHSS
<ul style="list-style-type: none"> “With regard to family planning commodities and integration, there is a problem as the national government is currently out-of-stock of injectables and there are shortages of condoms in some clinics. At the moment NAPPA clinics have only oral contraceptives.” 	<ul style="list-style-type: none"> Interview with Namibia Planned Parenthood Association, Windhoek
<ul style="list-style-type: none"> <i>Staff</i> at all five health centres visited by the evaluation team raised the issue that integration of family planning services into SRHR/HIV is currently made more difficult by shortages and stock outs of family planning commodities, most importantly stock-outs of injectable contraceptives but also including condoms. Only oral contraceptives seemed to be in good supply in all five sites. 	<ul style="list-style-type: none"> Interviews and site Visits: NAPPA Khomasdal Health Centre, Windhoek; Maxulili Clinic, Okahandja Park, North Windhoek; Onandjokwe Intermediate Referral Hospital and the Onandjokwe Primary Health Care Clinic, Oshikoto; Okankolo Health Centre, Onandjokwe Health District, Oshikoto Region
National: Turkey	
<ul style="list-style-type: none"> No documentary evidence of UNFPA support to supply chains for condoms. 	
National: Zambia	

Assumption 1.4: UNFPA has supported effective efforts to strengthen the management of supply chains for male and female condoms and lubricants (including in humanitarian settings).

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| <ul style="list-style-type: none"> The Government of Zambia (GRZ) - UNFPA Country Programme 2016-2021 focuses on “Procurement of modern contraceptives and life-saving maternal health medicines for public sector” and “Capacity development for evidence-based forecasting, quantification, logistics and supply chain management systems” under Output 2: “National, provincial and district institutions have capacity to increase demand for and improve supply of life-saving reproductive health commodities and medicines, including modern contraceptives”. | <ul style="list-style-type: none"> UNFPA Zambia Power Point Presentation (2016). Government of Zambia (GZR) and UNFPA Country Programme 2016-2021, slides 14-16 |
| <ul style="list-style-type: none"> UNFPA supports the national condom quantification exercise, but does not support strengthening of supply chains per se. It was agreed with NAC, Chemonics, MoH and other partners that there is a need to strengthen the distribution beyond the traditional public sector distribution (i.e. through the health facilities). Options to use NAC community-based distribution channels are being explored, but in such a way that no parallel systems are set up. It is unclear whether the GF will support this approach (e.g. providing funds for NAC to support community-based distribution), as they traditionally prefer to go through the national store and public sector supply chain system. | <ul style="list-style-type: none"> Interview with UNFPA Zambia, 17 July 2019 |

Online Survey

Question 8: UNFPA has effectively contributed to national efforts to strengthen the management of supply chains for male and female condoms and lubricants

Answer Choices	Responses	Total Agree
Strongly agree	46.98%	109
Agree	38.79%	90
Neither agree nor disagree	10.34%	24
Disagree	3.02%	7
Strongly disagree	0.86%	2
	Answered	232
	Skipped	46

Responses to the online survey question number 8

Assumption 1.5: UNFPA has effectively supported efforts to operationalise comprehensive condom programming at global, national and sub-national levels, with emphasis on promotion of the triple protection (HIV, STI and unwanted pregnancies) while encouraging engagement by the private sector – and these have been linked to other initiatives and programmes in HIV such as HIV testing and counselling.

- Indicators:
- National HIV, SRHR and SGBV strategies include reference to Comprehensive Condom Programming (CCP) and its goals/targets
 - National programmes and strategies address the enabling political and social environment for demand, access and utilization of male and female condoms
 - Results reports and evaluation findings on CCP programmes in case-study countries
 - Views of national health authorities

<p>Assumption 1.5: UNFPA has effectively supported efforts to operationalise comprehensive condom programming at global, national and sub-national levels, with emphasis on promotion of the triple protection (HIV, STI and unwanted pregnancies) while encouraging engagement by the private sector – and these have been linked to other initiatives and programmes in HIV such as HIV testing and counselling.</p>	
<ul style="list-style-type: none"> • Views/experience of non-governmental service providers, including private sector firms • Views of service providers in government health facilities • Experience of selected clients 	
Observations	Sources of Evidence
Global level observations	
<ul style="list-style-type: none"> • UNFPA lacks a condom “program” approach when it comes to HIV. One encounters ‘condomize’ campaigns but there is no systematic approach to identify and address gaps in national condom programming. A lot of work is being done jointly by UNAIDS and the Global Partnership Coalition. While UNFPA is involved as a co-convenor the energy for this area comes from UNAIDS and the GPC. It should be noted, however, that UNFPA ESARO was very supportive and helped to push things forward. 	<ul style="list-style-type: none"> • Interview with staff of UN Agency
<ul style="list-style-type: none"> • UNFPA tends to do more on the reproductive health and SRHR side and much less on the HIV side when it comes to ensuring condom supply. At the moment, the management aspect of condoms for HIV seems quite weak and UNFPA does not seem to have the bandwidth to sort it out. [Reflect of the fact that UNFPA Supplies is only in specific countries as a programme?] 	<ul style="list-style-type: none"> • Interview with member of civil society or donor organization at global level
Regional: ESARO	
<ul style="list-style-type: none"> • 2gether 4 SRHR supported two regional workshops in March 2019 “that built the capacity of countries to undertake Comprehensive Condom Programming and promoted the exchange of knowledge amongst UNFPA Technical focal persons on SRHR/HIV programming.” 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (year unknown): <i>2gether 4 SRHR Mid-Year Review Year2 2019. Regional Presentation July 22, 2019</i> (Power Point Presentation).
National: Georgia	
<ul style="list-style-type: none"> • There has been no social marketing of condoms or other condom programming for several years. PSI was last in Georgia in 2011/2012 but left when USAID terminated its support. 	<ul style="list-style-type: none"> • Interview with UNFPA Georgia CO
<ul style="list-style-type: none"> • The national standards for HIV prevention services for KPs are aligned with WHO/UNFPA/UNAIDS/NSWP/WB guidance, “Implementation of comprehensive HIV/STI programmes with MSM (MSMIT), sex workers (SWIT) and the National HIV and AIDS Strategic Plan (NSP for 2016-2018 and fully integrates SRH issues related to condom programming. (Note: this is the only mention of condom programming in the 2016, 2017 and 2018 Annual Reports.) 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>2016 Annual Report</i>, finalized 13 January 2017
National: Indonesia	
<ul style="list-style-type: none"> • No documents were provided by UNFPA on comprehensive condom programming. 	<ul style="list-style-type: none"> • Google Drive records
<ul style="list-style-type: none"> • Indonesia’s most recent IBBS data has not been released. The latest available data is from the 2013 IBBS. 	<ul style="list-style-type: none"> • Interviews with UNFPA staff and government officials

<p>Assumption 1.5: UNFPA has effectively supported efforts to operationalise comprehensive condom programming at global, national and sub-national levels, with emphasis on promotion of the triple protection (HIV, STI and unwanted pregnancies) while encouraging engagement by the private sector – and these have been linked to other initiatives and programmes in HIV such as HIV testing and counselling.</p>	
<ul style="list-style-type: none"> • The <i>Draft National Strategy and Action Plan 2015-2019 HIV and AIDS Response in Indonesia</i> presents the following data on HIV among sex workers: • "Behaviour change is a challenge among FSW group. The average number of clients of DFSW tends to increase in the 2011 IBBS and 2013 HIV serosurveillance/rapid behaviour survey. The condom use at last commercial sex varies in various places on both surveys. A significant decrease occurs in the proportion of condom use in last commercial sex among DFSW in Denpasar, from 90% to 76.5%, but in the same time period generally a significant increase occurs in the proportion of condom use at last sex in the location of the survey, from 49.6% to 65.5%. There is also a significant reduction of this proportion in Bandung, from 35.1% to 12.5%, and in Malang from 44.9% to 24.2%." (p.8) 	<ul style="list-style-type: none"> • National AIDS Commission, <i>Draft National Strategy and Action Plan 2015-2019: HIV and AIDS Response in Indonesia</i>, National AIDS Commission, 2015.
<ul style="list-style-type: none"> • It is reported that police sometimes treat possession of a condom as evidence that the person is a sex worker. • "...the amendment of Indonesia Penal Code as a result of a meeting between the government and the Parliament states that any person without rights and without being asked expressly displays a tool to prevent pregnancy, offers, broadcasts writings or shows to be able to obtain a pessary, can be convicted..." • "only authorized personnel can demonstrate the prevention of pregnancy in the context of implementing family planning, prevention of communicable diseases, the importance of education and health education". 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff and members of civil society organisations
<ul style="list-style-type: none"> • The <i>Draft National Strategy and Action Plan 2015-2019 HIV and AIDS Response in Indonesia</i> presents the following data on HIV among MSM: <ul style="list-style-type: none"> ○ "low consistency of condom use during last anal sex as shown in Surabaya, from 75.9% (IBBS 2011) to 53% (HIV serosurveillance/rapid behaviour survey 2013)" (p.7) ○ MSM in Papua: "Condom use at last commercial sex among men experienced a significant increase from 14.1% (2006 IBBS) to 40.3% (2013 IBBS). This indicates a positive increase in safer sexual behaviour." (p.9). 	<ul style="list-style-type: none"> • National AIDS Commission, <i>Draft National Strategy and Action Plan 2015-2019: HIV and AIDS Response in Indonesia</i>, National AIDS Commission, 2015.
<ul style="list-style-type: none"> • The <i>Draft National Strategy and Action Plan 2015-2019 HIV and AIDS Response in Indonesia</i> does not mention 'comprehensive condom programming', 'triple protection', 'dual protection', 'female condoms' or 'UNFPA'. 	<ul style="list-style-type: none"> • National AIDS Commission, <i>Draft National Strategy and Action Plan 2015-2019: HIV and AIDS Response in Indonesia</i>, National AIDS Commission, 2015.
<ul style="list-style-type: none"> • Government of Indonesia's <i>Family Planning 2020 Commitment</i> does not mention 'comprehensive condom programming', 'triple protection', 'dual protection' or 'female condoms' or 'condoms'. 	<ul style="list-style-type: none"> • Government of Indonesia, <i>Family Planning 2020 Commitment</i>, Government of Indonesia, 2017.
<ul style="list-style-type: none"> • "I do not think condom supply is the issue. There are millions of condoms in the national warehouse. But due to decentralisation, the districts need to request the condoms. It seems that many districts do not request, or they don't have the necessary warehouse facilities to store condoms at the district level, or they are not committed to ensure condom supply". (Note this refers to 'HIV condoms' which follow a different supply chain to 'family planning condoms'). 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff

<p>Assumption 1.5: UNFPA has effectively supported efforts to operationalise comprehensive condom programming at global, national and sub-national levels, with emphasis on promotion of the triple protection (HIV, STI and unwanted pregnancies) while encouraging engagement by the private sector – and these have been linked to other initiatives and programmes in HIV such as HIV testing and counselling.</p>	
<ul style="list-style-type: none"> In 2017, when UNFPA was asked to take on the role of SR for the FSW work in the Global Fund programme, UNFPA was also asked to take on responsibility for condom supply for all KPs, i.e. what are sometimes referred to as the ‘HIV condoms’ to distinguish them from condoms distributed through family planning channels. Condom distribution remained in the UNFPA workplan but never took shape due to a clash between UNFPA procurement rules and Indonesian government procurement regulations. It was reported to the evaluation team that the role will transfer to Spiritia, which is already a PR in the Global Fund programme. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> The joint assessment visit of the Global Prevention Coalition found that Indonesia had placed emphasis on outreach and HIV testing, but paid ‘limited attention to increasing access and demand’ for condoms’ and across the country there was ‘limited use of contact points with KP to promote condoms.’ (slide 26) 	<ul style="list-style-type: none"> Global Prevention Coalition, <i>Joint HIV Prevention Assessment Indonesia</i>, presentation, Jakarta, 29 September 2017
<p>National: Namibia</p>	
<ul style="list-style-type: none"> The NSF for the HIV and AIDS Response makes specific reference to the need to improved condom prevention and distribution: “The objective is to strengthen condom programming, promotion and distribution of both male and female condoms, and promote consistent and correct use. During the implementation of the NSF, it is anticipated that advocacy will be intensified to increase the use of condoms with the last sexual partner at high risk sex from 74.7 per cent (2013) to 90 per cent by 2022.” 	<ul style="list-style-type: none"> Republic of Namibia, MoHSS, Directorate of Special Programmes, <i>National Strategic Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22</i>, p.23
<ul style="list-style-type: none"> CO staff did not indicate significant efforts to support the strengthening of supply chains for condoms and lubricants. A review of project workplans and monitoring data did not identify budgets or expenditures relating to SCM 	<ul style="list-style-type: none"> Interviews with UNFPA CO in Windhoek UNFPA Namibia, Project Monitoring Data, 2016, 2017 and 2018.
<ul style="list-style-type: none"> “In Namibia the national government is responsible for procuring 100 per cent of all condoms. There is a national factory for condom production and the factory is trying to achieve WHO/UNFPA pre-qualification but so far with no success.” There are political issues around the condom factory and apparently some issues with quality control. The Ministry is trying to re-brand the locally produced condoms. UNFPA and MoHSS collaborate annually in condom planning and UNFPA is the only source of female condoms in the country. There are two different planning processes for quantifying the national condom requirement: one for HIV prevention and one for Family Planning but they rely on a single, integrated supply chain. Where they do sometimes run into supply chain problems is not in importing and shipping to the Central Medical Stores (CMS). Rather the CMS needs to have a better distribution plan. Condoms procured by MoHSS are provided free at health facilities and other outlets including distribution through NGOs but other branded condoms are also available at shops at a cost to interested users.” 	<ul style="list-style-type: none"> Interview with Directorate of Special Programmes, MoHSS

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<ul style="list-style-type: none"> Under its \$37 million grant to Namibia for 2018-2020, the Global Fund is providing “a small amount” to support condom purchases channelled through the Directorate of Special Programmes of MoHSS. It is also providing support to the Central Medical Stores to help improve infrastructure and support SCM. 	<ul style="list-style-type: none"> Interview with the Global Fund Programme Management Unit, MoHSS
<ul style="list-style-type: none"> “With regard to family planning commodities and integration, there is a problem as the national government is currently out-of-stock of injectables and there are shortages of condoms in some clinics. At the moment NAPPA clinics have only oral contraceptives.” 	<ul style="list-style-type: none"> Interview with Namibia Planned Parenthood Association, Windhoek
<ul style="list-style-type: none"> Staff at all five health centres visited by the evaluation team raised the issue that integration of family planning services into SRHR/HIV is currently made more difficult by shortages and stock outs of family planning commodities, most importantly stock-outs of injectable contraceptives but also including condoms. Only oral contraceptives seemed to be in good supply in all five sites. 	<ul style="list-style-type: none"> Interviews and site Visits: NAPPA Khomasdal Health Centre, Windhoek; Maxulili Clinic, Okahandja Park, North Windhoek; Onandjokwe Intermediate Referral Hospital and the Onandjokwe Primary Health Care Clinic, Oshikoto; Okankolo Health Centre, Onandjokwe Health District, Oshikoto Region
<p>National: Turkey</p>	
<ul style="list-style-type: none"> The implementing partner Red Umbrella Movement (RUM) provided male condoms for the registered and unregistered sex workers as part of their activities supported by UNFPA in 2017, 18 and 19. 	<ul style="list-style-type: none"> Interview with UNFPA Turkey Office
<p>National: Zambia</p>	
<ul style="list-style-type: none"> During the national stakeholder consultation on sustainable financing for RH commodities and dialogue on “20 by 20” Condom Initiative in Zambia, key topics discussed included Comprehensive Condom Programming, Total Market Approach and how to create an enabling environment for the private sector to distribute condoms topics. The National AIDS Committee (NAC) representative “highlighted the progress the government has made and the transformative impact condom programming has had in the HIV response. He described the GRZ integrated approach, which now integrates condom program in the National AIDS Strategic Framework. This was a shift from previous program years with a separate subsidiary strategy document on Comprehensive Condom Programming.” (...) The presentation highlighted the Condom supply chain bottlenecks and the need for the government and partners to work together to strengthen the condom supply chain including distribution. For instance, in (...) 2015, 66 million condoms were purchased with only 56 million distributed. (...) NAC appreciated the role of CONDOMIZE! Campaign that had created new opportunities to enhance distribution of both male and female condoms. Through the campaign, traditional ceremonies and other community events were used to discuss and distribute condoms.” 	<ul style="list-style-type: none"> MoH (2016): Report of the National Stakeholders Consultation on Sustainable Financing for Reproductive Health Commodities and dialogue on “20 by 20” Condom Initiative in Zambia. Supported by UNFPA, ILO, World Bank, UNAIDS, p.16

<p>Assumption 1.5: UNFPA has effectively supported efforts to operationalise comprehensive condom programming at global, national and sub-national levels, with emphasis on promotion of the triple protection (HIV, STI and unwanted pregnancies) while encouraging engagement by the private sector – and these have been linked to other initiatives and programmes in HIV such as HIV testing and counselling.</p>	
<ul style="list-style-type: none"> • In the past, Zambia had a Comprehensive Condom Programming Strategy, which focused on the “10 steps to condom programming”. The strategy expired in 2016, and UNFPA currently support its revision. UNFPA and UNAIDS promotes the idea of the Total Market Approach, but find it challenging to “unpack the theory” and develop concrete approaches and activities. UNFPA and MoH felt that the USAID funded consultant hired to assist with the revision focused too heavily on the social marketing and private sector, not taking the public sector sufficiently into consideration, and the draft report was hence rejected (and is now being revised and finalised). UNFPA will support the validation meeting planned for the end of 2019 (UBRAF funds). 	<ul style="list-style-type: none"> • Interview with UNFPA Zambia, 17 July 2019 • NAC for HIV/ST/TB. Zambia National HIV Prevention Coalition Roadmap. Results of the Stocktaking Exercise. September 2017
<ul style="list-style-type: none"> • The 2016 “stock-taking exercise” identified “three game changers” to be: <ul style="list-style-type: none"> ○ “Expanded and decentralized distribution channels for condoms including mandatory condom dispensers in all public places (bars, Nite clubs, Hotels and loges, shopping malls) ○ Re-launch of evidence based national SBCB campaign on condoms ○ Sustainable domestic financing for HIV response including primary prevention and condom programming” 	<ul style="list-style-type: none"> • NAC for HIV/ST/TB. Zambia National HIV Prevention Coalition Roadmap. Results of the Stocktaking Exercise. September 2017 (Power Point Presentation)
<ul style="list-style-type: none"> • As part of the development of the global level Roadmap for the HIV Coalition, UNFPA supported the national stocktaking exercise in Zambia to assess the progress made in the key pillars of prevention, identify the gaps and recommend ways of strengthening HIV prevention interventions. The stocktaking exercise found that Zambia does have a CCP strategy (which is however expired) which focuses on the following pillars: 1) Leadership, coordination and partnership; 2) Demand, access and utilisation; 3) Supply and commodity security; 4) Monitoring and evaluation; 5) Support for program implementation (p. 1). There is also mention of dual protection FP/HIV and integration with SRHR. The final report presents the following findings on CCP: <ul style="list-style-type: none"> • “Condom programing is a priority in the National Health Strategic Plan (NHSP) and the National AIDS Strategic Framework (NASF).” • “Both the NASF (2017-2021) and the NHSP (2017-2021) have set targets for condom programming in line with the 2015 UNAIDS Strategy and Political Declaration. However, there are funding, procurement and distribution challenges.” • “Both the programme and funding gaps have been estimated. Previous quantification for condoms was mainly based on the family planning needs. The current quantification, despite existing challenges is in line with international standards for HIV prevention.” • Key challenges identified: • “1. Logistical challenges in condom distribution to last mile due to their bulk packaging, leading to inconsistent and inadequate supply of both male and female condoms at service delivery point; inadequate funding also leads to inconsistent supply • 2. Limited implementation of total market approach for condoms. Public sector condoms are mainly distributed through health facilities leading to limited access by the general population • 3. Availability and access to condoms by Adolescents and young men in and out of school continue” (p. 12) 	<ul style="list-style-type: none"> • NAC for HIV/ST/TB. Zambia National HIV Prevention Coalition Roadmap. Results of the Stocktaking Exercise. September 2017, p.1-12

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<ul style="list-style-type: none"> • “Comprehensive condom programming addresses various components which include: leadership, coordination, demand, supply and support” NAC (2017) • “Although comprehensive condom programming has been implemented for many years in Zambia, there have been challenges related to the supply chain that have made it difficult for condoms to be easily and consistently accessed by all those in need. Last mile distribution is still a challenge...In addition; the national comprehensive condom programming strategy that outlines key interventions for condom promotion and distribution expired in 2014 and has not yet been replaced • There have also been gaps related to sensitisation on condoms and consistent and correct usage as evidenced by the limited uptake of female condoms. Moreover, access to and use of condoms by adolescents is low” NAC (2017).” 	<ul style="list-style-type: none"> • NAC (2018). <i>Situational Analysis Report of the National Comprehensive Condom Programming in Zambia.</i>
<ul style="list-style-type: none"> • Political and legal barriers related to condom distribution and access to HIV services persist, including laws prohibiting to distribute condoms in schools and prisons and lack of legal framework to guarantee sex workers and MSM access to HIV services without stigma and discrimination. 	<ul style="list-style-type: none"> • NAC (2018). <i>Situational Analysis Report of the National Comprehensive Condom Programming in Zambia.</i>
<p>A study of CCP and the condom market in Zambia found the following challenges in CCP in Zambia:</p> <p>Condom programme stewardship:</p> <ul style="list-style-type: none"> • National strategy and planning documents do not reflect a vision for a healthy condom market; lack of updated condom strategy as well as limited capacity to champion for critical aspects of condom programming. • Policy and regulation seek to control commercial brands and protect citizens, with issues of quality concerns and distrust of the private sector. • Zambia’s HIV program, including condoms, is completely donor dependent and therefore fragile, with limited donor coordination to fund all aspects of condom programming. <p>Condom market development:</p> <ul style="list-style-type: none"> • Limited visibility into the total condom market due to inadequate investment in collecting market information, along with lack of data use in strategy and decision-making. • Massively increased condom distribution targets could lead to supply chain challenges in the public sector, and changes in donor projects have led to supply chain challenges in the private market. • Gap in the market in demand creation efforts. <p>Condom market sustainability:</p> <ul style="list-style-type: none"> • Misaligned subsidy resulting in wasted resources and insufficient attention to equity within the national condom market.” (p.4) <p>“The landscape for condom programming in Zambia, however, is now experiencing major shifts in terms of donor support, role and relevance of implementing and support agencies, and the need for national leadership and coordination. These shifts present both opportunities and challenges for growth and impact of the total condom market. Going forward, the overall</p>	<ul style="list-style-type: none"> • Mann Global Health (2018). <i>Analysis of the State of Condom Programming for HIV Prevention. Zambia Case Study, p.4,7, 10</i>

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declining levels of HIV funding now require prioritizing sustainability and equity to ensure condom use continues to grow to meet total need.” (p. 7)

“The focus of the national condom program has been on access and affordability, leading to an over-reliance on free and subsidized condoms for everyone, and thereby creating an entry barrier for the commercial sector. Despite availability of low-priced commercial brands, there is a prevailing sense among stakeholders in Zambia that condoms priced at cost-recovery levels in private channels can only be sold to higher income groups, and are not a significant part of any solution for providing choice and sustainability in the market. Key informant interviews with NGO implementing partners and public sector also expressed suspicion about commercial actors and brands – their profit motives as well as their place in the market.” (p. 10)

Online survey

Question 9: UNFPA has effectively contributed to improving the access to condoms for sexually active people at risk of HIV/STIs and/or unwanted pregnancies through support for:

- Responses to the online survey question number 9

Answer Choices	Responses	
Condom policy, planning and coordination at national level	77.59%	180
Effective distribution of condoms to the “last mile”	40.52%	94
Effective demand generation for condoms	33.62%	78
	Answered	232
	Skipped	46

Assumption 1.6: UNFPA has effectively supported knowledge development and dissemination at global, regional and national level as well as supporting lessons learning and south-south cooperation on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV services.

Indicators:

- Quantity and type of knowledge products at global, regional levels
- Quality of global knowledge products
- Dissemination activities: volume and frequency; reach
- Reported use of global knowledge products at regional/country level
- Extent of collaboration with HIV research community

Global

- Although it is at a regional level, an example of knowledge development on linkages/integration was the **2017 regional meeting in ESARO to examine and learn lessons from what countries were doing in integration.** This followed the evaluation of the first stage linkages programme in 2016.

- Discussions with UNFPA staff during 6-7 December Workshop (Inception Phase)

<p>Assumption 1.6: UNFPA has effectively supported knowledge development and dissemination at global, regional and national level as well as supporting lessons learning and south-south cooperation on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV services.</p>	
<p>Regional: EECARO</p>	
<ul style="list-style-type: none"> UNFPA and the International Planned Parenthood Federation (IPPF) have established a partnership in the region to develop an evidence base on the HIV and SRHR needs of young KPs. Eight countries in the region have worked together for two years to gather evidence, develop action plans and encourage the direct engagement of young KPs in increasing their access to HIV and SRHR services. 	<ul style="list-style-type: none"> EECARO, HIV-Specific Results, 2018-2021 Results, 2018 Report, p.6
<p>Regional: ESARO</p>	
<ul style="list-style-type: none"> The emphasis [of the meeting] is on documenting lessons learnt from the implementation of the Linkages Project and to amplify those lessons so that all countries can benefit from and adapt these to their unique circumstances. As part of this process, UNFPA and UNAIDS jointly convened a regional technical consultation on SRHR and HIV integration on November 1-2, 2017 with a few to encourage the sharing of lessons learnt. The Regional Technical Consultation took place two days prior to the Steering Committee and the recommendations arising from the meeting were presented to the Regional Programme Steering Committee for their consideration and validation. 	<ul style="list-style-type: none"> UNFPA/UNAIDS, Final Regional Project Steering Committee Meeting for the Joint UNFPA/UNAIDS Regional Project on SRHR and HIV Linkages, November 2017, p.2
<ul style="list-style-type: none"> In 2019, the 2gether 4 SRHR regional team supported Botswana and Namibia to document their models of integration and provided technical assistance to Botswana, Eswatini, Uganda and Zimbabwe for the Regional Elimination of Mother to Child Transmission (EMTCT) Validation Group. All countries will continue efforts to provide and/or scale up the provision of integrated SRHR, HIV and SGBV services. In 2019, there will be a concerted focus on meeting the SRHR needs of KPs, men and boys, adolescents and young mothers, including Prevention of Mother-to-Child Transmission (PMTCT) services, SGBV and post-abortion care. Meeting participants raised the importance of ensuring the quality of services provided at health facilities. Countries were encouraged to consider undertaking quality of care assessments and rapid assessments on SRHR that could serve as a baseline and provide direction for areas of intervention. Participants noted the need to ensure that there are sufficient commodities and supplies to ensure that health care workers (HCWs) can deliver on providing the integrated package of services. 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO (2019): Draft: Regional Programme Steering Committee Progress Report and 2019 Work plans 14 March 2019
<ul style="list-style-type: none"> "The intention is that by the end of 2019, four of the five graduating countries [of the 2Gether 4SRHR 2018-2021] could serve as model countries that others can learn from through South-South exchange programmes. The five graduating countries will participate in the development of tools and resources and will be included in regional capacity building initiatives and technical platforms. They will form part of the regional community of practice so that all countries can continue to learn from their experiences." 	<ul style="list-style-type: none"> Embassy of Sweden in Zambia (2017). <i>Transition Plan for Linkages Countries not incorporated</i>, p.1-2
<ul style="list-style-type: none"> <u>"Learning visits between countries [in 2018]"</u> The importance of south-south collaboration as learning experiences cannot be overstated. One highlight of the Botswana learning visit to South Africa was the parental engagement model. eSwatini's visit to South Africa included learning about the national condom-branding programme, which significantly increased condom usage. Other countries were 	<ul style="list-style-type: none"> UNFPA ESARO (2019). <i>Annual Planning Meeting for the 2gether 4 SRHR Programme. 21 – 25 January 2019. Johannesburg, South Africa</i>, p.5-6

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encouraged to document their south-south visits (including indicating how these visits strengthen knowledge building and case-study strengthening) in order for them to be captured in the 2gether 4SRHR 2018 Annual Report.”	
<ul style="list-style-type: none"> • “There will also be support the African Think Tank, which has traditionally advocated for HIV financing, to reflect on and craft messages around SRHR and SGBV. Health systems support and supporting countries towards Universal Health Coverage remains a key priority for the regional team. The 2019 ICASA in Rwanda will be an ideal platform for countries to share promising practices from the Joint Programme. “ 	<ul style="list-style-type: none"> • UNFPA ESARO (2019). <i>Annual Planning Meeting for the 2gether 4 SRHR Programme. 21 – 25 January 2019. Johannesburg, South Africa, p.5-6</i>
<ul style="list-style-type: none"> • In 2019, 2gether 4 SRHR provided support to three countries to undertake a strategic assessment on unwanted pregnancies and abortion with linkages between HIV and SGBV (ongoing). 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (year unknown): <i>2gether 4 SRHR Mid-Year Review Year2 2019. Regional Presentation July 22, 2019 (Power Point Presentation).</i>
<ul style="list-style-type: none"> • The 2gether 4 SRHR aims to “Undertake community consultations on people centred UHC HIV and SRHR needs that meaningfully engages communities to develop a common community statement; Convene and support country and regional level dialogues to input in upcoming HLM declaration”. In 2019, UNFPA organized a consultation “establishing a community of practice and guidance on how to engage further on SRHR/HIV and UHC at country level; additionally informed workplans for UNFPA, UNAIDS, and SIDA'-Agreement reached with SAT on collaboration for community engagement on UHC processes in 2019/2020”. 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (year unknown): <i>2gether 4 SRHR Mid-Year Review Year2 2019. Regional Presentation July 22, 2019 (Power Point Presentation).</i>
<ul style="list-style-type: none"> • The 2gether 4 SRHR aims to “Expand existing research on adolescents and pregnant adolescents on their SRHR/HIV and SGBV needs, service utilization and to inform the Joint Programme” In 2019, a “study on transition from paediatric to adult HIV care was completed and accepted for publication. Webinar and policy brief to disseminate the learning planned for Q3/Q4. Significant progress has been made on a study of factors affecting long term ART adherence by adolescents. Expert technical support on protocol development and research methods was provided to Zimbabwe (3rd generation PMTCT study) and Tanzania (in school factors affecting HIV care and adolescent risk). “ 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (year unknown): <i>2gether 4 SRHR Mid-Year Review Year2 2019. Regional Presentation July 22, 2019 (Power Point Presentation).</i>
National: Georgia	
<ul style="list-style-type: none"> • UNFPA supported the generation of evidence on women’s reproductive health for policy advocacy, including “spearheading SRH related/SDG localized indicators integration into the MICS-6 questionnaire.” This exercise will generate high quality and internationally comparable indicators and strengthen evidence-based planning and informed decision-making processes. 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>2018 Annual Report</i>, finalized 31 January 2019, p.3
<ul style="list-style-type: none"> • UNFPA Georgia supported colleagues to attend the IV International Workshop for Health Future conducted in Istanbul to share expertise and experiences as speakers and facilitators. This supported confidence building through meaningful dialogue and direct contacts among medical professionals related to issues of interest and updates in ANC and SRH. 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>2018 Annual Report</i>, finalized 31 January 2019

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<ul style="list-style-type: none"> UNFPA Georgia supported the development of the National Cervical Cancer Screening Registry software and its incorporation into the broader National Cancer Registry. The overall aim was to deliver an organized approach to cervical cancer screening and ensure continuity of care using screening variables, data items and key performance indicators aligned with the European Cervical Cancer Association (UNFPA supported) and the International Agency for Research on Cancer (NCDC supported) recommendations and adapted for Georgia. This effort was undertaken in cooperation with national counterparts (MoHLSA, NCDC, National Screening Centre and local experts). The team developed a user manual and conducted a ToT to NCDC personnel on registry protocol and procedure, and data definitions and their interpretation. The system is ready for a national rollout. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2018 Annual Report</i>, finalized 31 January 2019
<p>The government has prioritized the EMTCT and the National EMTCT Board was created by the MoLHSA in 2017 to lead the effort. UNFPA supported NCDC representatives to participate in the WHO Regional Consultation on EMTCT of HIV and Congenital Syphilis in the WHO European Region. UNFPA joined the WHO initiative and in partnership with UNICEF provided technical assistance to NCDC to strengthen EMTCT country efforts and delivery EMTCT guiding documents aligned with the National MNH Strategy. Areas of technical assistance included:</p> <ul style="list-style-type: none"> National EMTCT self-assessment indicators with passports and data sources (based on the WHO self-assessment tool) EMTCT National Plan for 2018-2019 <ul style="list-style-type: none"> M&E plan based on targets and objectives of EMTCT National Plan. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2017 Annual Report</i>, draft 16 October 2017
<ul style="list-style-type: none"> UNFPA supported national implementing partners to attend community level training held in Bishtek on MSMIT, organized by UNFPA, the ECOM, and other civil society partners. UNFPA Georgia collaborated with EWNA, as the EECARO strategic partner. The Georgia CO Programme Analyst/HIV represented the UNFPA EECARO at the EWNA Strategic Planning meeting in 2016. In 2016, the Georgian delegation represented by the Global Fund, NCDC, PHYKP and IPPF participated in the UNFPA EECARO and IPPF EN Second Regional Consultation on HIV and SRHR among YKPs. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2016 Annual Report</i>, finalized 13 January 2017
<ul style="list-style-type: none"> UNFPA Georgia is working with UNICEF on the MICS survey now to analyse the data related to contraception. The last MICS was supported by USAID and UNFPA in 2010. According to preliminary analysis, CPR is at 41%. The 15-19 age cohort has the lowest knowledge and awareness. 	<ul style="list-style-type: none"> Interview with UNFPA Georgia CO
National: Indonesia	
<ul style="list-style-type: none"> UNFPA Indonesia have not supported any activities or produced any products focusing on bi-directional linkages between HIV and SRHR and integrating HIV and SRHR services. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff Google Drive records
<ul style="list-style-type: none"> In 2016, UNFPA and UNAIDS organised a visit to Mysore in India to learn about HIV prevention among FSW with an SRH component. OPSI and BKKBI were involved and were shown ways of reaching SW in the street, and training programmes for SW. In 2017, the Indian organisation visited UNFPA Indonesia partners in Jakarta. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff

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<ul style="list-style-type: none"> In 2018, UNFPA made funding available to the BKKBN (National Population and Family Planning Board) (USD195,001 total in 2018) in collaboration with BAPPENAS, IFPPD, Setneg, FBOs, Universities and CSOs, for work towards outputs including ‘strengthening right-based, equitable, and quality family planning policies and programmes utilising regional and international partnerships, including south-south co-operation’. This included strategic intervention 3 for UNFPA Indonesia to “continue to provide technical assistance to BKKBN, Ministry of State Secretariat, and Faculty of Medicine, Gadjah Mada University to implement South-South and Triangular Cooperation (SSTC) on four main focus, i.e. Strategic Partnership with Muslim Religious Leaders in Family Planning, International Training on Comprehensive Rights Based Family Planning Services, under the Universal Health Coverage (UHC), and Bilateral Cooperation between the Philippines and Indonesia on Family Planning Related issues”. 	<ul style="list-style-type: none"> File: AWP BKKBN FINAL - 8 Mar 2018
<p>National: Namibia</p>	
<ul style="list-style-type: none"> “At the national level, stakeholders were engaged through the conduct of an initial rapid assessment and through committee meetings. UNFPA and UNAIDS key informants reported that MoHSS convened a technical committee with a policy and strategic focus in order to vet and discuss processes and next steps, and other interventions such as evaluations which needed to be brought for discussion and approval before endorsement by MoHSS. This committee has been engaged in at least two technical consultation meetings per year conducted with all structures and stakeholders. Site visits to facilities were also conducted, and guidelines were drafted for implementation of linkages and integration of SRHR and HIV.” 	<ul style="list-style-type: none"> UNFPA and UNAIDS, <i>Evaluation of the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS Project on Sexual and Reproductive Health and Rights and HIV Linkages: Country Report, Namibia</i>. (June 2016), p.5
<ul style="list-style-type: none"> “Namibia will serve as a model country [During 2gether 4 SRHR] for other countries to learn from and is being twinned with Uganda for South-South exchange.” 	<ul style="list-style-type: none"> UNFPA/UNAIDS/UNICEF/WHO <i>Strengthening integrated sexual and reproductive health and rights, HIV and Sexual and Gender-Based Violence services in East and Southern Africa. A Joint United Nations Regional Proposal</i>. Annex E, p.2
<ul style="list-style-type: none"> “Through internal knowledge sharing, countries were able to share information, learn and adapt approaches, tools and resources, to strengthen their country programmes. The sharing of knowledge and experiences were facilitated by the Regional Offices of UNFPA and UNAIDS who brought technical expertise and continually shared the latest evidence around integration.” “Namibia developed a journal article that documents the experience of the Epako Clinic in using integrated services.” 	<ul style="list-style-type: none"> UNFPA and UNAIDS. <i>The Joint UNFPA and the Joint UNAIDS Project on Sexual and Reproductive Health Linkages in Ten Countries in East and Southern Africa: Final Programme Report</i>. 2018, p.28
<ul style="list-style-type: none"> “During the first phase of the regional programme on integration, activities in Namibia were coordinated by a “National Steering Committee on SRHR/HIV Integration chaired by the Director of Primary Health Care (PHC), MoHSS and including 	<ul style="list-style-type: none"> UNFPA and UNAIDS. <i>The Joint UNFPA and the Joint UNAIDS</i>

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representation by the MoHSS Directorates of Primary Health Care and Special Programmes as well as UNAIDS, UNFPA, and PEPFAR/CDC.”	<i>Project on Sexual and Reproductive Health Linkages in Ten Countries in East and Southern Africa: Final Programme Report. 2018, p.11</i>
<ul style="list-style-type: none"> • “The National Consultation Meeting on the Joint SRHR/HIV/GBV Integration and Validation Meeting for SRHR/HIV/GBV Tools brought together all 14 Regional Health Teams along with national level staff of UN partners to review experiences, understand the bottlenecks, and develop clear scale-up plans for ensuring a majority of primary health care facilities and ART centres will be providing integrated services by 2020.” 	<ul style="list-style-type: none"> • Republic of Namibia, Ministry of Health and Social Services, <i>National Consultation Meeting on the Joint SRHR/HIV/GBV Integration and Validation Meeting for SRHR/HIV/GBV Tools. 26th-28th March 2018: Meeting Report, p.4</i>
<ul style="list-style-type: none"> • “Health facilities in Oshikoto Region are referred to Okankolo Health Centre as a model for how integration can be implemented and how it can improve services.” 	<ul style="list-style-type: none"> • Interviews and Site Visit. Okankolo Health Centre, Onandjokwe Health District, Oshikoto Region.
National: Zambia	
<ul style="list-style-type: none"> • “The report describes how the regional emphasis of the programme was instrumental in improving SRHR/HIV integration within Zambia and the region and makes recommendations to strengthen programme implementation. A compendium of tools and resources developed in Zambia is presented, so that other countries in the region can benefit from these resources. “ 	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. Close Out Report. Zambia Country Report Draft. (2016), p.8
<ul style="list-style-type: none"> • UNFPA Zambia develops and disseminates policy briefs through “national and provincial knowledge sharing fora / symposium” – focusing broadly on SRHR issues (e.g. teenage pregnancies, child marriage, EmONC) – “it was a series of policy briefs- and inherent in those was HIV”. 	<ul style="list-style-type: none"> • Interview with UNFPA Zambia, 17 July 2019
<ul style="list-style-type: none"> • UNFPA supported the development of two policy briefs called “Status of Sexual and Reproductive Health and Rights in Zambia,” reporting on progress, gaps, and existing challenges in SRH&R. Both briefs included discussions related to HIV and AIDS. 	<ul style="list-style-type: none"> • UNFPA. Policy Brief. Status of Sexual and Reproductive Health and Rights in Zambia,” reporting on progress, gaps, and existing challenges in SRH&R. Part 1 and 2
<ul style="list-style-type: none"> • In 2017, UNFPA developed and disseminated a policy brief, which focused on adolescent pregnancy in Zambia. The policy brief contained key messages on the prevalence, effects and determinants of adolescent pregnancy as well as “hotspots” for adolescent pregnancy; and provided recommendations with regards to keeping girls in school; strengthening referrals between schools and health facilities; providing out-of-school girls with health, economic and educational opportunities; and Eliminate child marriage and support married young girls.” 	<ul style="list-style-type: none"> • UNFPA, Population Council, and Government of the Republic of Zambia. 2017. “Adolescent Pregnancy in Zambia.” Lusaka, Zambia. Policy Brief

Assumption 1.6: UNFPA has effectively supported knowledge development and dissemination at global, regional and national level as well as supporting lessons learning and south-south cooperation on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV services.	
<ul style="list-style-type: none"> In 2018, UNFPA supported the development of four policy papers: <i>“Four policy papers on SRHR, mainly on EMONC, SRHR, State of Youth, Age of Consent have been drafted and presented to the Ministry of Health for input and validation”</i> 	<ul style="list-style-type: none"> UNFPA (2018). 2018 Work Plan and Progress Report (Excel sheet).
<ul style="list-style-type: none"> The joint team planned to document best practices in 2018, but the activity was not implemented but rather postponed for 2019: “Share evidence of the efficiency, effectiveness and impact of SRHR/HIV and SGBV integration through webinars, peer review journal articles, policy briefs and corporate publications of UNFPA, UNICEF, WHO and UNAIDS (...) Facilitate documenting evidenced-based best practices and approaches on the provision of cost effective and efficient integrated SRH/HIV/SGBV services. (All PUNO) (..) The joint team will commence document scalable best practices in 2019.” 	<ul style="list-style-type: none"> UNFPA (2018). 2018 Work Plan and Progress Report (Excel sheet).
Assumption 1.7: Linkage and integration of HIV, SRHR and SGBV has contributed to improved quality-focused and client-centred services and has resulted in increased access by the most-at risk, marginalized and vulnerable, and notably KPs. Including in humanitarian settings.	
<u>Indicators:</u> <ul style="list-style-type: none"> Observed improvements in client centred services as reported by key informants Client centred service observed during site visits to service delivery points Experience/views of organisations representing women, adolescents and youth and KPs Improvements in access monitored in programme results reports Increased use of services reported in health information statistics systems (DHIS2) Client satisfaction survey results such as the UNFPA Supplies annual surveys Where available, secondary data on aspects of service integration identified in the IAWG indicator list: <ul style="list-style-type: none"> HIV counselling and testing and family planning integrated Knowledge of HIV status Met need for contraception Sex worker access to services MSM access to services 	
Observations	Sources of Evidence
Observations at global level	
<ul style="list-style-type: none"> The results of the ECHO trial showed that our efforts [at integration] had been a complete failure in many countries. Women attended services in the facilities several times, and still their needs were not met. 	<ul style="list-style-type: none"> Interview with staff of UN agency
Regional: EECARO	
<ul style="list-style-type: none"> Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. This will be achieved through interventions that enhance accountability for advancing the implementation of regional and national SRH policies that prioritize equal and equitable access to SRHR of those furthest behind first, 	<ul style="list-style-type: none"> UNFPA EECARO, Regional Interventions Action Plan (RIAP) for EECARO 2018 – 2021, p.6

<p>Assumption 1.7: Linkage and integration of HIV, SRHR and SGBV has contributed to improved quality-focused and client-centred services and has resulted in increased access by the most-at risk, marginalized and vulnerable, and notably KPs. Including in humanitarian settings.</p>	
<p>including in humanitarian settings; strengthening capacities in delivering quality integrated SRHR services, commodities and information for the most marginalized, including humanitarian settings; and a comprehensive rights-based HIV response for KPs, their sexual partners and most marginalized.</p>	
<p>Regional: ESARO</p>	
<ul style="list-style-type: none"> If the first phase of the linkages project in five countries in the region can be seen as pilot testing and proof of concept, the evaluations and end of programme reports indicate that integration of HIV into SRHR (and later SGBV) services can result in improved quality of service. The 2Gether 4 SRHR programme is focused on taking those lessons to scale nationally without losing the gains in service quality. 	<ul style="list-style-type: none"> Interview with staff of UNFPA ESARO
<ul style="list-style-type: none"> Where integration is applied as a deliberate process within health facilities this is likely to result in improved outcomes for the health system and clients alike. Where services are integrated, and the labels demarcating services are removed this results in increased perceived confidentiality and reduced stigma and discrimination. Health care workers anecdotally observe that the integration of services had contributed toward an uptake in services such as HIV counselling and testing among STI clients and cervical cancer screening among women accessing family planning services, thus improving health outcomes. 	<ul style="list-style-type: none"> UNFPA/UNAIDS, the UNFPA and UNAIDS Project on Sexual and Reproductive Health and Rights and HIV Linkages in Ten Countries in East and Southern Africa, Programme Report. 2018, p.5
<p>National: Georgia</p>	
<ul style="list-style-type: none"> As part of its commitment to quality assurance, UNFPA supported the MoLHSA to use the NCMR methodology as the quality improvement method to understand the underlying causes of severe maternal complications, to identify recommendations and to implement actions to improve quality of care. In 2018, the NCMR methodology was extended from four existing pilot sites to an additional five maternities. According to a review by international team, the implementation of the NCMR is ongoing and regular sessions are conducted throughout the year. Very good results have been achieved in nearly all the hospitals, with the majority of very low assessment scores having improved over a two-year period. Seven out of nine facilities met minimum requirements for the quality of NCMR practice. Of note are the following points: <ul style="list-style-type: none"> Women’s views are included in the methodology. Given that maternity hospitals and services are privatized, the MoHLSA has limited authority to control internal management of providers and the implementation of standards. UNFPA will continue to support the strategic priority to improve MNH services and will build upon the successful NCMR experience. UNFPA also supported the development of the ANC Regionalization Model, which categorizes ANC into three levels of clinical complexity and outlines detailed standards and requirements (infrastructure, services, equipment, supplies and staffing) to ensure risk-appropriate care for pregnant women. This model will underpin a two-year nationwide assessment of all ANC facilities to designate them according to the appropriate level of care. The ANC regionalization model can serve as a model for reorganizing and staging other health services in Georgia and the development of integrated health care networks. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2018 Annual Report</i>, finalized 31 January 2019

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<ul style="list-style-type: none"> • Quality of care is hampered by the lack of obligatory protocols and guidelines that ensure quality of care. There is no accreditation system in country. There is considered to be an integration of pharmaceutical companies and medical service providers, which is unusual in the EECA region and broader European context. 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>2018 Annual Report</i>, finalized 31 January 2019
<ul style="list-style-type: none"> • Quality of care is an important theme for the CO. It is the biggest priority within the healthcare system given the extent of privatization and because the continuing medical education system based on the Soviet model was disbanded due to corruption. There is no other way to assure providers are up-to-date. UNFPA Georgia partnered with TSMU to develop a postgraduate platform for online training in contraception and ANC and provide technical assistance in the training content and personalized tests. The University runs and maintains the platform. The online training is free-of-charge and supports “grassroots level capacity building” for providers. 	<ul style="list-style-type: none"> • Interview with UNFPA Georgia staff
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> • “In 2008, the MoH Health of the Republic of Indonesia developed a programme for reproductive health services in disaster situations, which was then implemented throughout Indonesia. At that time, the implementation was based on the guideline on reproductive health in disaster situations, translated from the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises international guideline. Since 2014, the guideline has been adapted to suit Indonesia’s context with the publication of the MISP for Reproductive Health in Crisis Situations. This MISP for RH guideline was developed based on field experiences and practices in the provision of reproductive health services in crisis situations from the tsunami that struck Aceh in 2004 until more recent disasters in 2017.” (p.2) • In 2017, UNFPA supported the government to update the Operational Guidelines for the MISP. • UNFPA reports that initially, issues for FSW and MSM were not included in the MISP, however they and their partner organisation OPSI are advocating for their inclusion. As a sign of progress, FSW and MSM are now mentioned in the technical guidance. 	<ul style="list-style-type: none"> • https://indonesia.unfpa.org/en/publications/operational-guideline-minimum-initial-service-package-misp-reproductive-health • MoH Republic of Indonesia, <i>Operational Guideline on the Minimum Initial Service Package (MISP) for Reproductive Health Implementation in Health Crisis</i>, MoH the Republic of Indonesia, 2017 • Interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> • In 2017, UNFPA reported a range of key achievements in the field of sexual reproductive health and rights, including the adoption of the MISP Operational Guidelines into national disaster preparedness policies. The MISP guidelines were written to secure a high degree of integration of HIV<->ARH<->GBV services in humanitarian settings. 	<ul style="list-style-type: none"> • The Government of the Republic of Indonesia and UNFPA, <i>The Government of the Republic of Indonesia and UNFPA: 2017 Key Achievements</i>, Jakarta: BAPPENAS and UNFPA, undated. • Interviews with UNFPA staff, UN agency staff, government officials and members of CSOs
<ul style="list-style-type: none"> • In 2017, UNFPA supported the MoH to develop operational guidelines for a Minimum Initial Service Package called the MISP for reproductive health in ‘health crisis’ i.e. humanitarian settings. The guidelines include requirements to create a 	<ul style="list-style-type: none"> • MoH Republic of Indonesia, <i>Operational Guideline on the</i>

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<p>reproductive health sub-cluster "headed by a coordinator who is responsible for coordinating the MISIP for RH components, including the gender-based violence, prevention of HIV transmission, maternal and neonatal health, logistics, and adolescent reproductive health". This is to ensure that reproductive health services in normal situations can deliver a one-stop service for a comprehensive intervention through the integrated reproductive health services" (p.56).</p>	<p><i>Minimum Initial Service Package for Reproductive Health Implementation in Health Crisis, MoH the Republic of Indonesia, 2017</i></p>
<p>National: Namibia</p>	
<ul style="list-style-type: none"> • "Key informants reported an increased proportion of clients being tested for HIV due to the provision of Provider Initiated Counselling and Testing (PICT) and that out-patient screening and follow-up has increased, and focused ante-natal care follow-up had increased by 45 per cent." 	<ul style="list-style-type: none"> • UNFPA and UNAIDS, <i>Evaluation of the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS Project on Sexual and Reproductive Health and Rights and HIV Linkages: Country Report, Namibia.</i> (June 2016), p.17
<ul style="list-style-type: none"> • "Clients who completed the client exit interviews had varying perceptions of the quality of the services they received. Just under two thirds (65.1 per cent) rated services as either good (15.4 per cent) or very good (48.7 per cent). These ratings are corroborated by the findings from Focus Group Discussions, where female clients reported that services were delivered at a high level of quality." 	<ul style="list-style-type: none"> • UNFPA and UNAIDS, <i>Evaluation of the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS Project on Sexual and Reproductive Health and Rights and HIV Linkages: Country Report, Namibia.</i> (June 2016), p.20
<ul style="list-style-type: none"> • "Female clients in the Focus Group Discussions reported that receiving integrated services saved them time and transport costs, and reduced discrimination against HIV testing and PLHIV. Female clients also noted that they preferred the facility because of proximity, affordability and reduced wait times in comparison to other facilities." 	<ul style="list-style-type: none"> • UNFPA and UNAIDS, <i>Evaluation of the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS Project on Sexual and Reproductive Health and Rights and HIV Linkages: Country Report, Namibia.</i> (June 2016), p.22
<ul style="list-style-type: none"> • At the National Consultation Meeting on the Joint SRHR/HIV/GBV Integration Programme in March 2018, the Family Health Programme, Directorate of Primary Health Care, MoHSS presented findings on the results of the seven pilot health facilities supported in the first phase of integration. The reported results were as follows: <ul style="list-style-type: none"> ○ Client waiting times reduced by 35.1 per cent (4 hours 51 minutes to 3 hours and 9 minutes) 	<ul style="list-style-type: none"> • Republic of Namibia, MoHSS, <i>National Consultation Meeting on the Joint SRHR/HIV/GBV Integration and Validation Meeting</i>

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<ul style="list-style-type: none"> ○ Time in waiting in consultation room to receive ANC services reduced by 31.2 per cent to 36 minutes ○ Productivity improved from 0.9 to 1.94 clients per nurse, per hour. 53.6 per cent ○ The number of ANC clients per month increased by 4.5 per cent ○ The number of first-time Family Planning visits increased by 14.7 per cent. As most first-time family planning visits are by adolescent girls and young women this implies increased access by this group ○ The number of routine ARV refills increased from an average of 654 per month to 761 per month ○ Improved client/nurse communications and self-reported reduced stigma ○ Improved accessibility of services with all services provided Monday to Friday ○ A focus on the person/client and not “the disease” ○ Improved nurse workload satisfaction. 	<p><i>for SRHR/HIV/GBV Tools: Meeting Report. March 2018, p.8</i></p>
<ul style="list-style-type: none"> ● Benefits for clients from the integrated SRHR/HIV model in Namibia: <ul style="list-style-type: none"> ○ 1. Improved efficiency through better use of the limited number of nurses available. ○ 2. Clients no longer denied health services because they are not scheduled on a given day ○ 3. Saving money and time for clients who reduce the number of repeat visits to facilities ○ 4. Increased nurse job satisfaction ○ 5. Reduced stigma and discrimination which in turn can increase adherence, reduce loss to follow up and increase use of clinics closer to the client’s home ○ 6. Improved quality of care as trust is built between the client and the care giver ○ 7. Improved quality of health information ○ 8. Smooth client flow ○ 9. Increased client satisfaction ○ 10. Increased service uptake. 	<ul style="list-style-type: none"> ● Republic of Namibia, MoHSS: <i>The Namibian Primary Healthcare Integration Model: Rationale for Scale-Up for Policy Makers</i>.2018, p.4
<ul style="list-style-type: none"> ● “The one room, one nurse, one client is an interesting model and it can be effective. It allows full utilization of, for example, HIV/ART nurses and broadens the work experience of other nurses.” 	<ul style="list-style-type: none"> ● Interview with Staff of the UNFPA CO
<ul style="list-style-type: none"> ● “Integration is the main and best strategy for addressing SGBV whether in health services or in and out of school settings. The Ministry’s focus on SGBV is maintained by ensuring that it is well covered in their Comprehensive Sexuality activities but it is important that health service providers are integrating SGBV recognition and response into their service protocols.” 	<ul style="list-style-type: none"> ● Interview with MYSNS
<ul style="list-style-type: none"> ● “In particular, the assessment of the pilot showed that integration encouraged young people to access HIV prevention and treatment services and to get tested and know their status. The one nurse, one room, one client model also helped to build rapport between service providers and their clients.” 	<ul style="list-style-type: none"> ● Interview with Directorate for Primary Health Care, MoHSS
<p>“UNFPA support to the development of a manual explaining the linkages between SGBV and access to HIV testing and treatment including ART should help health service providers recognized SGBV effected clients and provide them with more client-centred care.”</p>	<ul style="list-style-type: none"> ● Interview, Ministry of Gender Equality and Child Welfare

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<ul style="list-style-type: none"> • “The community needs good access to confidential testing and that is best done through integration – integration would give them more access to testing. However, the key factor in accessing testing and treatment for the community is the knowledge that a given health centre has a nurse or other service provider who treats them with sensitivity and respect.” • “Not all health facilities/partners have well trained with staff who are friendly – unlike SFH and NAPPA where they are friendly. In the first instance there might be a self-test done with the client (in an integrated facility). This would be followed by a confirmation test in another place. It is important that the person involved not be seen to move to the confirmation test because then it is assumed that they are HIV positive. It is better if the nurse takes the test sample to the separate site for confirmation [Note: In all health facilities the Evaluation Team visited testing and counselling were done separate from other functions]” • “MoHSS worked with NAPPA to provide a nurse to work in their drop-in centre and provide clinical services. The idea was to have a centre where LGBTI people could come and get tested and treated for HIV but people did not come because of stigma. It would have been better to have a full-service clinic so that people could come and begin with an innocuous problem like a headache and only later would they get around to HIV. NAPPA had to withdraw its funding because of its own funding issues and because attendance was too low. It would be better to have an integrated clinic so community members would not know you were coming for testing.” 	<ul style="list-style-type: none"> • Interview with Out-Right Namibia
<ul style="list-style-type: none"> • “Integration needs to include more SGBV, but it does allow them to spend more time with the client and thereby to build rapport and trust. This is especially important for young people and for KPs.” 	<ul style="list-style-type: none"> • Interview with Namibia Planned Parenthood Association, Windhoek
<ul style="list-style-type: none"> • The fact that PrEP and ART are given in the same room helps reduce stigma as clients may be visiting the screening room for either purpose. • After two years using this modified integrated approach, the nurse in charge finds she has a stronger and closer relationship with clients. • Delivering integrated services on a daily basis helps staff keep their skills level high • Originally trained as an HIV specialist the nurse in charge is now able to stay up to date on ANC, family planning and KPs 	<ul style="list-style-type: none"> • Interviews and site visit to the NAPPA Okuryangava Clinic, Windhoek
<p>Observations and Interview Results Regarding Improved, Client-Centred Care and Integration: Site Visits to Health Centres in Windhoek and Oshikoto Region</p>	
<ul style="list-style-type: none"> • If the elements of training, equipment and space are addressed, integration can have a very good effect • The principle is sound: provide the client with services they need in the same place, available every day from the same providers. However, this is dependent on resolving the challenges already identified: space, equipment, need for continuous training, improved pre-service training, improved mentoring and supportive supervision in key specialty areas such as Nurse Initiated Management of ART (NIMAT). 	<ul style="list-style-type: none"> • Interviews and site visit: Khomasdal Health Centre, Windhoek
<ul style="list-style-type: none"> • The eventual goal is to integrate all services (ANC/HIV/Vital Signs, etc.). • Staff are able to develop a stronger relationship with clients because they interact with them on a regular basis. 	<ul style="list-style-type: none"> • Interviews and site visit: Maxulili Clinic, Okahandja Park, North Windhoek

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<ul style="list-style-type: none"> • Under the new system the workflow has improved • As noted by the District Nurse Manager, “when we first started with integration it was a big problem for nurses going to external clinics but after a lot of training, nurses sent to the external clinics are able to do much more than ART. Similarly, all nurses are now trained in ART. This improves the effectiveness and the quality of client services at the clinics and outreach posts. In the past it was difficult to assign ART specialist nurses as back up to outreach sites as they lacked skills in other areas.” • It is very important to provide ongoing mentoring and refresher training. Under a USAID funded Technical Assistance Programme, one nurse mentor is funded for each district in the region. The nurses in all 11 sites (six high volume and five low volume for ART) are supported with mentoring under the programme • Nurses do develop better relationships with the clients based on repeated contacts using the integrated model. 	<ul style="list-style-type: none"> • Interviews and site visit to the Onandjokwe Intermediate Referral Hospital and the Onandjokwe Primary Health Care Clinic, Oshikoto Region. Interviews included facilities staff and members of the District Health Management Team
<ul style="list-style-type: none"> • The health centre has seen an improved uptake of HTC and has been able to provide greater emphasis and support to the need for dual protection (for family planning and for protection from HIV) • Before integration, services were provided on specific days, which made it difficult for the clients to know for sure they would receive services after travelling long distances. Now all services are provided from Monday to Friday • In the past, few nurses were involved in ART and the knowledge was not shared with other nurses. Now all the nurses are involved and, though it is challenging, they find it more rewarding as well • Also, HIV patients now receive services from the same provider in the same room and are not moving from room to room carrying their own, conspicuous HIV file (with a blue border) • Clients do report they are more satisfied – they know their nurse and are able to build relationships. They are also more vocal about their systems and their needs after building up their trust in the nurse they see regularly • The Community ART Referral Groups (CARG) have helped to reduce stigma in the communities which means that clients who are HIV positive are less likely to be subject to stigma when visiting the health centre. 	<ul style="list-style-type: none"> • Interviews and site visit: Okankolo Health Centre, Onandjokwe Health District, Oshikoto Region
<p>National: Turkey</p>	
<ul style="list-style-type: none"> • All the activities from 2016-19 listed under assumption 1.2 focus on the most vulnerable. • By integrating with SRHR services and focusing on the client’s needs, the quality should ideally improve; hence, UNFPA has attempted to ensure that there is more and better access for the most-at risk, marginalized and vulnerable. 	<ul style="list-style-type: none"> • Interview with UNFPA CO Staff
<p>National: Zambia</p>	
<ul style="list-style-type: none"> • UNFPA and ILO implement a joint programme for SRHR HIV services for people with disabilities. The programme aims to reduce stigma and discrimination through creating an enabling environment, build community capacity, IEC materials, and training of health workers. We have created a “module” on disability in nursing and midwifery curriculum • UNFPA has supported capacity building of the Human Rights Commissioners in Zambia on HIV, discrimination, stigma and SGBV, so that as they advocate for human rights, they also take SRHR, HIV and GBV into consideration 	<ul style="list-style-type: none"> • Interview with UNFPA Zambia CO Staff

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<ul style="list-style-type: none"> With funds from UBRAF and Zgether 4 SRHR, UNFPA supported a 3-day workshop focusing on people living with HIV and people living with disabilities Client-centred and quality focused? “YES because the minimum package of services for KPs has a component of “respectful service delivery” – but NO because it is the mandate of UNAIDS. We have a KP TWG coordinated by UNAIDS. We sit on that technical working group.” 				
<ul style="list-style-type: none"> “Providing integrated health services benefits clients as it addresses their health needs holistically. Integration improves the client – healthcare provider relationship/communication resulting in clients more likely to access healthcare services, reduces the number of times that clients need to access the health facility (they are provided with additional services during one visit on the same day), there is less loss to follow up, increases confidentiality and confidence in the services being provided and reduces stigma and discrimination. The meaningful involvement of healthcare workers, the community and beneficiaries in particular adolescents and young people, KPs and vulnerable groups in the reorganisation of services is critical, so that the reorganisation of services is owned by the healthcare workers, the communities and those that it intends to benefit. “ 		<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. Zambia Close Out Report Draft. Zambia Country Report Draft (2017), p.20 		
<ul style="list-style-type: none"> “At a services level, there were higher levels of SRH and HIV service integration, than at the policy and systems levels, particularly in rural facilities where limited space and staff have forced facilities to offer services using the same rooms and service providers. Services with high levels of bi-directional linkages include HCT, family planning and STI prevention and management; psychosocial support and family planning; and prevention for and by people living with HIV, prevention of unsafe abortion, and management of post-abortion care. Over 80% of service providers indicated that SRH services have been reoriented to accommodate HIV. However, there are inadequate mechanisms for follow-up of referrals, and major challenges included staff time, space to offer private and confidential services, and low staff motivation. In terms of the service user perspective, 60% of clients were very satisfied with the services being provided, with rural clients indicating the highest levels of satisfaction, while 88% of clients stated that they received all services sought. The main reason given for not receiving a service was its non-availability (68%). In terms of improving SRH and HIV service integration, suggestions included increased staffing and supply of ARV drugs and opening laboratories in all facilities. “ 		<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. Zambia Close Out Report Draft. Zambia Country Report Draft, p.16 		
Online survey				
Question 6: Where health authorities have integrated HIV and SRHR service delivery, this has helped to improve confidentiality and reduce stigma for those seeking HIV testing and treatments, especially people living with HIV.			<ul style="list-style-type: none"> Response to online survey question number 6. 	
Answer Choices	Responses			Total Agree
Strongly agree	34.05%	79		
Agree	49.14%	114		83.19%
Neither agree nor disagree	12.50%	29		

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Disagree	4.31%	10		
Strongly disagree	0.00%	0		
	Answered	232		
	Skipped	46		

Area of Investigation Two:

Extent UNFPA support to the HIV response corresponds to the needs of most vulnerable and at risk populations

Evaluation Question 2: *To what extent has UNFPA support to HIV strategies and programmes contributed to meeting the needs of at risk, most vulnerable and marginalized people especially (but not exclusively) adolescents and youth, key populations, women and persons with disabilities?*

Evaluation Criteria *Relevance, Effectiveness, Efficiency*

Rationale UNFPA has joint leadership under the UNAIDS division of labour for the prevention of HIV infection among adolescents and youth and KPs. In addition, UNFPA Strategic Plan, 2018 - 2021) and the guiding principles for UNFPA action in HIV emphasize the principle of No-One Left Behind, and the requirement to focus on meeting the needs of those at risk of HIV infection and most vulnerable.

Assumption 2.1: UNFPA has been effective in promoting and supporting national HIV strategies and programmes which prioritize the needs of adolescents and youth, KPs and women for access to integrated HIV and SRHR services (while recognizing the changing nature of the epidemic and its implications) and emphasize the use of quality condoms and lubricants for HIV prevention. This includes meeting the needs of those marginalized for social and economic reasons other than age, gender or membership in a KP.

Indicators:

- National HIV strategies, action plans and programmes incorporate policies and promote approaches prioritizing needs of adolescents and youth, women and KPs
- Operational guidelines for HIV and SRHR programming include measures specifically targeted to meeting needs of adolescents and youth/women/KPs for HIV prevention
- **National strategies and programme documents make specific reference** to the evolving nature of the epidemic and its implications for changing needs of adolescents and youth/women/KPs
- Where available, reported changes in national strategies, action plans, programmes and service guidelines **to reflect changes in the epidemic**

Observations

Sources of Evidence

Global

<p>Assumption 2.1: UNFPA has been effective in promoting and supporting national HIV strategies and programmes which prioritize the needs of adolescents and youth, KPs and women for access to integrated HIV and SRHR services (while recognizing the changing nature of the epidemic and its implications) and emphasize the use of quality condoms and lubricants for HIV prevention. This includes meeting the needs of those marginalized for social and economic reasons other than age, gender or membership in a KP.</p>	
<ul style="list-style-type: none"> • “They (UNFPA) must demonstrate the commitment to not leaving anyone behind. They must focus on KPs and raise issues for KPs with governments. They need to tackle criminalisation and all the big issues for KPs – access to services and rights, link between KP care and SRHR and all that. They have privileged access to government so they must use that to do what CSOs find it harder to do. 	<ul style="list-style-type: none"> • Interviews with members of civil society and donor organisations at global level
<ul style="list-style-type: none"> • “UNFPA is part of the Global Prevention Coalition. But look at their transformative results at the global level – HIV is not mentioned.” 	<ul style="list-style-type: none"> • Interviews with members of civil society and donor organisations at global level
<p>Regional: EECARO</p>	
<ul style="list-style-type: none"> • Across all outcome areas, the regional interventions action plan will ensure strategic interventions that focus on ensuring benefits for the most vulnerable and marginalized and will prioritize regional support to multi-country and cross-regional interventions. This approach includes setting more specific rights-based indicators and priority interventions for those countries that are most in need of support and will include collaboration between both programme and non-programme countries. 	<ul style="list-style-type: none"> • UNFPA EECARO, Regional Interventions Action Plan (RIAP) 2018 – 2021, p.7
<ul style="list-style-type: none"> • Strategic Plan Outcome 2 on Youth <ul style="list-style-type: none"> ○ Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health ○ Output 2.1: UNFPA COs, policymakers and regional youth networks/forums have skills and tools to conduct evidence-based advocacy for incorporating adolescent and youth rights into national laws, policies, and programmes, including in fragile contexts ○ Output 2.2: Youth networks, educational institutions, policymakers and UNFPA COs are supported to formulate and implement community and school-based comprehensive sexuality education, including HIV education, that promote human rights and gender equality ○ Output 2.3: State institutions, NGOs, academia and communities in EECARO countries have knowledge, skills and resources to advocate for, support, design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage • Strategic Plan Outcome 3 on Gender <ul style="list-style-type: none"> ○ Advance gender equality, women’s and girls’ empowerment and reproductive rights through advocacy, implementation of laws, policy, tools and promoting services for the most vulnerable and marginalized women and girls 	<ul style="list-style-type: none"> • UNFPA EECARO, Regional Programme Action Plan (RPAP) 2014–2017, p.27 • UNFPA EECARO, Regional Programme Action Plan (RPAP) 2014–2017, p.30

<p>Assumption 2.1: UNFPA has been effective in promoting and supporting national HIV strategies and programmes which prioritize the needs of adolescents and youth, KPs and women for access to integrated HIV and SRHR services (while recognizing the changing nature of the epidemic and its implications) and emphasize the use of quality condoms and lubricants for HIV prevention. This includes meeting the needs of those marginalized for social and economic reasons other than age, gender or membership in a KP.</p>	
<ul style="list-style-type: none"> ○ Output 3.1: UNFPA COs and national partners are provided with cross-country evidence and tools to advocate for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights ○ Output 3.2: UNFPA COs and national partners are provided with evidence and tools to promote laws, policies and programmes for a comprehensive multisectoral response to gender-based violence, and to prevent harmful practices and other forms of gender discrimination 	
<ul style="list-style-type: none"> ● Strategic Plan Outcome 4 on Population Dynamics <ul style="list-style-type: none"> ○ Output 4.2: UNFPA COs and national partners are equipped with knowledge and tools to produce evidence for policymakers and national partners through cutting-edge analysis on population dynamics, with the focus on disadvantaged and vulnerable populations ○ Output 4.3: Policymakers and national partners are supported to formulate and implement rights-based policies that integrate evidence on population dynamics, SRH and HIV 	<ul style="list-style-type: none"> ● UNFPA EECARO, Regional Programme Action Plan (RPAP) 2014–2017, p.35
<ul style="list-style-type: none"> ● UNFPA and IPPF EN have established a partnership in the region to develop an evidence base on the HIV and SRHR needs of young KPs. Importantly, the regional consultation focused on the development of a regional programme support document to shape local, country and regional level work on young KPs. It has brought together the best real time evidence gathered from communities, with clear focus on needed actions and directions for government and civil society partners, and the areas where community organisations of KPs and young people need to increase their engagement. 	<ul style="list-style-type: none"> ● UNFPA EECARO, HIV specific results 2016-2018 report, 2016, p.5
<ul style="list-style-type: none"> ● During 2018, EECARO focused its efforts on providing support and TA to COs in strengthening combination prevention programmes, linking and integrating HIV and SRHR and GBV, promoting gender equality and tailoring programming to address the needs of those furthest behind: KPs, including young KPs and other vulnerable and marginalized youth to reduce sexual transmission of HIV and other STIs. 	<ul style="list-style-type: none"> ● UNFPA EECARO, HIV specific results 2016-2018 report 2018, p.4
<p>Regional: ESARO</p>	
<ul style="list-style-type: none"> ● “A number of regional and global frameworks have been drafted to secure the rights of KPs including the SADC Regional strategy on HIV Prevention, Treatment and Care and SRHR Among KPs; the Minimum Standards on the Prevention SRH for KPs in SDC region; and the Resolution on Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity by the African Commission on Human and Peoples’ Rights. At country level, there are various ways to frame interventions on LGBTI issues, including as a human rights or as a public health issue. There are also sector specific frameworks such as Education for All or Safe and Inclusive School environments that countries can use to champion for better access and services for the LGBTI community. “ 	<ul style="list-style-type: none"> ● UNFPA ESARO (2019). Annual Planning Meeting for the 2gether 4 SRHR Programme. 21 – 25 January 2019. Johannesburg, South Africa, p.9
<ul style="list-style-type: none"> ● “Responding to the SRHR needs of young people with disabilities is critical as this is largely a community that has been marginalised and its SRHR needs barely considered. Many healthcare facilities, including staff members, are not equipped to deal with a range of disabilities. Any intervention relating to young people with disabilities should be within the context 	<ul style="list-style-type: none"> ● UNFPA ESARO (2019). Annual Planning Meeting for the 2gether 4 SRHR Programme. 21 – 25

<p>Assumption 2.1: UNFPA has been effective in promoting and supporting national HIV strategies and programmes which prioritize the needs of adolescents and youth, KPs and women for access to integrated HIV and SRHR services (while recognizing the changing nature of the epidemic and its implications) and emphasize the use of quality condoms and lubricants for HIV prevention. This includes meeting the needs of those marginalized for social and economic reasons other than age, gender or membership in a KP.</p>	
<p>of the ESA Commitment. The regional team will ensure the 2gether 4 SRHR Programme is discussed at the next ESA Commitment meeting. Countries should also ensure out-of-school young people with disabilities are involved in programming as evidence revealed the numbers are significant. Countries can also refer to the Regional Strategic Guidance on SRHR Access for Young Persons with disabilities. The Strategy is also accompanied by a policy analysis tool. “</p>	<p>January 2019. Johannesburg, South Africa, p.10</p>
<ul style="list-style-type: none"> • Adolescents and Young People: focused on supporting the transitions from child to adolescent to youth; life skills building, risk avoidance and prevention of unprotected sex. ESARO supports countries in integrating these messages into CSE and SBCC approaches and tools. • Marginalized Young People: supports implementing partners attempting to serve more marginalized young people including those who are incarcerated, young male and FSWs and MSM. • Young People with Disabilities: UNFPA ESARO solicited and received regional funding from the UK to work on access to SRHR services for young people with disabilities; UNFPA ESARO (using UK Funding) developed a policy analysis tool that can be used to analyse policies/plans/guidelines in SRHR/HIV to see how they address disabilities and, also, how disability policy does or does not encompass HIV/SRHR; after applying the tool, they found that disability policies rarely address HIV/SRHR; in response UNFPA developed regional policy guidance on meeting the needs of young people with disabilities; a key finding was that lack of access, disadvantage and abuse is much higher among young people with disabilities and as part of this initiative they are piloting CSE material for young people with disabilities. 	<ul style="list-style-type: none"> • Interviews with UNFPA staff
<ul style="list-style-type: none"> • UNFPA Regional Linkages Programme supported the “Assessment of Adolescent and Youth-Friendly Health Services in the East and Southern Africa Region (2015-2017)” ... review of existing adolescent and youth-friendly health services (AYFHS) guidelines, protocols and standards, and assessing how they are implemented in 23 countries of the ESA region. 	<ul style="list-style-type: none"> • UNFPA and IPPF (2017). <i>Assessment of Adolescents and Youth-Friendly Health Service Delivery in the East and Southern Africa Region Regional Report November 2017</i>, p. 15-16
<ul style="list-style-type: none"> • “Not much work has been done with Parliamentarians on meeting the needs of men and boys. UNFPA ESARO in partnership with Sonke Gender Justice has done some work with the Pan African Parliamentarians focussing on ending female genital mutilation and child marriage. ... UNFPA ESARO has been leading efforts together with the SADC Secretariat to develop a SRHR Strategy for the SADC region. The draft strategy recognises the need for more to be done to ensure that men and boys are reflected in the realm of policy, service delivery and the need to improved data disaggregation in relation to some key health outcomes to better understand the needs of men and boys. ... UNFPA ESARO will in the coming months undertake a study to better understand the SRHR needs of men and boys in the region to inform the development of a fully-fledged programme that will seek to address the needs of men and boys. UNFPA ESARO will also be translating the UNFPA/IPPF SRHR Guidelines for men and boys for the region as a means to look at how to strengthen service delivery for men and boys.” 	<ul style="list-style-type: none"> • UNFPA ESARO (year unknown). <i>Parliamentarians and Men and Boys</i>, p. 1

Assumption 2.1: UNFPA has been effective in promoting and supporting national HIV strategies and programmes which prioritize the needs of adolescents and youth, KPs and women for access to integrated HIV and SRHR services (while recognizing the changing nature of the epidemic and its implications) and emphasize the use of quality condoms and lubricants for HIV prevention. This includes meeting the needs of those marginalized for social and economic reasons other than age, gender or membership in a KP.

National: Georgia	
<ul style="list-style-type: none"> UNFPA Georgia identified as Output 2 in the Country Programme to strengthen capacity of national institutions and partners to enable inclusion of human rights and SRH needs of adolescents and youth into national policies, plans and programmes as a contribution to UNFPA Strategic Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and SRH. Strategic interventions include: <ul style="list-style-type: none"> Strengthen monitoring system for the national youth policy action plan Support participatory partnership platforms to advocate for increased investment in marginalized adolescents and youth Support integration of healthy lifestyle and RH and rights education in formal and informal education systems, including the development and revision of education materials for teachers, school doctors and students Generate evidence on causes, consequences and existing practices of early marriage, and develop prevention policies, including for ethnic minorities. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>Country Programme Theory of Change 2016-2020</i>, 2015
<ul style="list-style-type: none"> The government does not have a separate youth-oriented SRH programme and there are no services that address the specific needs of adolescents and young people who are vulnerable and most at-risk of HIV infection in Georgia. However, the new HIV and AIDS NSP 2019-2022 acknowledges the importance of implementing HIV prevention for young KPs. Recommendations regarding YKPS in the new strategy were based on the UNFPA/IPPD YKP programme tool There are no prevention programmes in Georgia oriented to transgender persons. However, the NGO sector has begun implementation of a project “Empowering Communities on the Right to Health” to empower underserved groups of trans- and HIV-positive trans-persons and support their involvement in advocacy for rights to health. In support of these efforts, UNFPA Georgia supported the translation of the TRANSIT tool (Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions); and assisted in development briefs and presentations for the training module. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2018 Annual Report</i>, finalized 31 January 2019
<ul style="list-style-type: none"> UNFPA assistance has been focused on strengthening the quality of SRH and HIV preventive interventions for KPs. In partnership with NCDC and GFTAM, UNFPA introduced the SWIT and MSMIT tools and supported training for 40 service providers from the cities with the highest prevalence rates. This was a first step towards the elaboration of an online training module in partnership with NCDC and AIDS Centre and its accreditation by Tbilisi State Medical University CME system in 2018. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2017 Annual Report</i>, draft 16 October 2017
<ul style="list-style-type: none"> The development of national comprehensive HIV prevention packages of standards (and cost calculations) for sex workers, MSM and YKP is a priority for UNFPA Georgia. UNFPA supported the elaboration of national standards with the wide participation of stakeholders from community organizations, NGOs and state program providers. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2016 Annual Report</i>, finalized 13 January 2017
National: Indonesia	

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<ul style="list-style-type: none"> • UNFPA main activity relating to HIV prevention during the period covered by the evaluation is implementation of the FSW strategy under the Global Fund – New Funding Model (NFM) programme for 2016 – 2017 and New Funding Model Continue (NFMc) 2018 – 2020. This role began through an agreement with the National AIDS Commission (up to 2017) and subsequently continued with UNFPA acting as a sub-recipient to the MoH. The FSW strategy has the following outputs: <ol style="list-style-type: none"> 1) Technical capacity delivered across the SRs and Implementation Units (IUs) for the implementation of the Sex Workers Strategy and new outreach model – National Level, Provincial and District level 2) TA/Mentoring delivered to the SRs in the development of the testing and mentoring model and HIV – SRH linkages for IUs, Peer Leaders (PLs) and Peer Educators (PLs) 3) Support provided to the high functioning IUs (Districts) and establish them as learning sites to foster scale-up • The FSW work also requires UNFPA to manage grants to 4 sub-sub-recipients (SSRs) namely PKBI Jakarta, Kalandara Foundation in Semarang, Central java, Kerti Praja foundation in Bali and PKBI Papua • The FSW programme is implemented in 88 districts (out of a national total of 514 districts) and across 56 implementation units by OPSI, the sex workers network organisation • Programmatically, the FSW strategy is narrow. It targets FSW (and not other KPs) and focuses on ‘test and treat’, i.e. recruiting FSW for HIV testing and treatment for FSW testing HIV+. It does not constitute a national HIV prevention strategy itself, is not part of a comprehensive national HIV prevention strategy and is not part of a strategy to ensure access to integrated HIV and SRHR services for adolescents and youth, KPs and women. 	<ul style="list-style-type: none"> • Outcome 02: Prevention of STIs and HIV infection—among sex workers and their clients, men who have sex with men and people who inject drugs—reduced with better outreach and more effective behaviour change delivered through CIDHS (File: UBRAF Reporting 2016_25Jan (2) asr_osm) • <i>Indonesia Country Update</i> provided by UNFPA
<ul style="list-style-type: none"> • In 2018, UNFPA reported the key achievement that “In collaboration with MoH, local government, and private sector in Yogyakarta, UNALA provided youth-friendly SRH services to fill the gap in access to services through providing youth-friendly services in the private sector, reaching over 3,400 youths aged 15-24” (p.3) It is important to note that the design and operation of the UNALA initiative does not address HIV. 	<ul style="list-style-type: none"> • The Government of the Republic of Indonesia and UNFPA, <i>The Government of the Republic of Indonesia and UNFPA: 2018 Key Achievements</i>, Jakarta: BAPPENAS and UNFPA, undated. • Interviews with UNFPA Indonesia staff and members of civil society organisations
<ul style="list-style-type: none"> • UNFPA lobbied for and supported the development of the intimate partner transmission guidelines. This began as a pilot but was subsequently endorsed as a national strategy. In December 2017, MoH changed counselling guidelines to take into account partner notification. For UNFPA this broadens their ongoing FSW work to bring others into the circle covered by HIV prevention initiatives. In particular, the push for intimate partner notification targets women at risk of HIV who are partners of men living with HIV (i.e. primarily PLHIV or MSM). It also seeks to target the male partners of FSW and male 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff

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<p>partners of women living with HIV. UNFPA present this as a good example of a pilot initiative arising from current work, which is then brought upstream to national policy.</p>	
<ul style="list-style-type: none"> • “UNFPA has been able to advocate the government to increase their attention and commitment to sensitive issues including provision of SRH information and services for young people although this is not an area that is considered in line with Gol’s policy.” (p.44) 	<ul style="list-style-type: none"> • UNFPA, <i>Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to the Government of Indonesia (GOI) 2016 – 2020</i>. Dated February 20, 2019. UNFPA.
<p>National: Namibia</p>	
<p>UNFPA Namibia Budgets and Expenditures Focused on Meeting the Needs of Adolescents and Youth and KPs</p> <ul style="list-style-type: none"> • UNFPA Namibia has directly supported programming for meeting the SRHR and HIV needs of adolescents and youth mainly through two large sources of funding: the Regional SYP and (commencing in 2018) funding from the UNAIDS Joint Programme Unified Budget, Results and Accountability Framework (UBRAF). • From 2016 to 2018, UNFPA Namibia expenditures under the SYP programme totalled \$433,083 (2016=\$135,384, 2017 = \$110,855, 2018 = \$186,844. SYP programme funds were spent by four organizations: The MSYNS; MEAC; NAPPA and UNFPA Namibia • In 2018, UBRAF expenditures by UNFPA Namibia amounted to \$55,942 (from a budget of \$92,953. The UBRAF funding was disbursed through four implementing agencies: MoHSS, NAPPA, the SFH and UNFPA. In 2019, the budget for UBRAF funds for UNFPA Namibia was 101,946 USD. UBRAF expenditures in both years were allocated mainly to enhancing access to condoms for young people (including “condomize” campaigns), and for meeting the needs of KPs. • The 2019 budget year saw a major increase in UNFPA Namibia budgets allocated to meeting the SRH/HIV/SGBV needs of adolescent and young people and of KPs. The SYP budget for 2019 is \$130,000 but this has been augmented by two large projects focused on Adolescents and Youth: <ul style="list-style-type: none"> ○ The YP1 project focuses on knowledge and skills building and has a budget of \$301,346. Implementing agencies include the MYSN and the One Economy Foundation which is the programming arm of the OFL of Namibia ○ The YP2 project focused on Adolescent and Youth access to SRHR/HIV/SGBV services and has a budget of \$157,789 in 2019. The only non-UNFPA implementing agency is NAPPA but most of the budget is allocated to meeting staffing costs for UNFPA. • In addition, the 2019 UNFPA Namibia budget includes a large allocation (\$172,848) to the Namibia Gender Equality project, which includes many activities focusing on Gender-Based Violence, (\$172,848). Non-UNFPA implementing agencies include the Ministry of Gender Equality and Child Welfare and Gender Links Namibia • For details of UNFPA expenditures focused on meeting the needs of youth and adolescents and KPs, see Annex 3. 	<ul style="list-style-type: none"> • UNFPA Namibia CO Programme Expenditure Reports (2016/17/18)

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<ul style="list-style-type: none"> UNFPA has supported the evaluation of Life-Skills-Based HIV and AIDS and Sexuality Education in Namibian Schools. For In-School CSE, UNFPA supported development of online courses and a manual for trainers UNFPA also supported the adaptation of the SADC regional manual for out-of-school CSE [Confirmed by Ministry of Youth and Sport] UNICEF is the UNCT member working on issues relating to adolescents living with HIV UNFPA has focused on skills-building and age-appropriate CSE and has worked very closely with UNESCO on this issue SADC has developed an Adolescent Girls and Young Women strategy which focuses on HIV and was supported by UNICEF Under the Compact of Commitments, which accompanies the current country programme in Namibia, the programmes UNFPA supports need to reach 60,000 adolescents and youth over five years. <p>KPs</p> <ul style="list-style-type: none"> They have supported the SFH in training nurses on how to address the needs of KPs They have provided direct support to NAPPA and, through SFH, to organizations like Out-Right Namibia. The CO worked with UNFPA ESARO on the SADC strategy for KPs. <p>Persons with Disability</p> <ul style="list-style-type: none"> They have been accessing separate funding through the headquarters of UNICEF, UNDP and UNFPA for a planned joint programme on disability. The division of labour would be: <ul style="list-style-type: none"> UNDP – Governance and coordination UNICEF – Early Childhood Development UNFPA – SRHR for persons with disabilities. UNFPA regionally was able to use the ESA Ministerial Commitments operationalized at a regional level and to use them as advocacy tools at country level. 	<ul style="list-style-type: none"> Interview with UNFPA CO, Windhoek.
<p>MYSNS – Reaching Adolescents and Youth</p> <ul style="list-style-type: none"> UNFPA provided MYSNS with ‘condomize’ materials and methodology. The Ministry see an improvement in the number of adolescents and youth seeking services since the start of the ‘condomize’ campaigns. 	<ul style="list-style-type: none"> Interview with MYSNS
<ul style="list-style-type: none"> AfriYAN has run 4-5 campaigns on HIV prevention for young people in the last year (2018/2019). They also reached out to higher education institutions during campaigns – at the universities in Windhoek (supported by UNFPA in working with university campaigns). AfriYAN are currently in discussion with UNFPA regarding efforts to return to university campuses with the ‘condomize’ type campaigns. This is part of a wider effort to scale-up the campaign to all 12 campuses of the University of Namibia. First in the two campuses in Windhoek and then with the other ten campuses across the country. “The National Youth Council has been in discussions with UNFPA in 2019 on how to secure better access to SRH/HIV for blind and deaf young people. AfriYAN plans to have workshops with groups of young people with disabilities. In the NYC, they have an organization for youth with disabilities. However, there is a lot of urgent work which needs to be done to 	<ul style="list-style-type: none"> Interview with the NYC and the AfriYAN Namibia

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<p>encourage young people with disabilities to become organized and seek better access to SRHR and to HIV prevention and treatment services.”</p> <ul style="list-style-type: none"> • “The advocacy work of AfriYAN builds on the Ministerial Commitments for ESA (SADC Ministers of Health, Education, Gender and Youth and Sports) around: <ul style="list-style-type: none"> ○ Teenage pregnancy ○ SGBV ○ HIV and AIDS.” 	
<ul style="list-style-type: none"> • “UNAIDS would like to see UNFPA take on a strong role on advocacy for KPs. This is squarely within their mandate as a UNAIDS co-sponsor. In particular, there is a gap regarding advocacy and services for commercial sex workers where not much seems to be happening. UNFPA could address this more forcefully.” 	<ul style="list-style-type: none"> • Interview with UNAIDS Namibia
<p>Assumption 2.2: UNFPA has been able to advocate for and support the implementation of Comprehensive Sexuality Education for in-school and out-of-school adolescents and youth (adolescents and youth) alongside behaviour change communications efforts aimed at adolescents and youth with the goal of preventing HIV infections.</p>	
<p><u>Indicators:</u></p> <ul style="list-style-type: none"> • Where available, survey results regarding changing knowledge of HIV causes and prevention among adolescents and youth (e.g. percentage of women and men aged 15-24 who correctly identify both ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission) • Experience and view of partners implementing interventions targeting adolescents and youth – including ministry of education staff responsible for formal and non-formal education • Guidelines and teacher training curricula for comprehensive sexuality education include HIV prevention components • Observation of adolescents and youth friendly service outlets for HIV prevention and SRHR • Experience and views of adolescents and youth attending service outlets 	
Observations	Sources of Evidence
<p>Regional: EECARO</p> <ul style="list-style-type: none"> • See EECARO under assumption 2.1 above 	
<ul style="list-style-type: none"> • Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. This will be achieved by the regional interventions action plan through ensuring increasingly responsive policies to young people's sexual reproductive health and rights, including for comprehensive sexuality education standards; facilitating integration by the regional intergovernmental bodies of the Programme of Action of the International Conference on Population and Development into national youth policies; and enhanced youth leadership, participation and empowerment especially for the furthest behind. 	<ul style="list-style-type: none"> • UNFPA EECARO, Regional Interventions Action Plan 2018-21 (RIAP), p.6
<p>Regional: ESARO</p>	

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<ul style="list-style-type: none"> • See ESARO under assumption 2.1 above 	
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> • In 2018, UNFPA Indonesia’s adolescent sexual and reproductive health team supported the MoH to review the module on ARH for teachers and develop a national action plan on adolescent health (document and official title are in local language). UNFPA advocated for HIV prevention and comprehensive sexual education to be included. The ‘adolescent reproductive health’ section of the action plan which passed approval by the MoH, Ministry of Religious Affairs and the Ministry of Education is based on the <i>International technical guidance on sexuality education An evidence-informed approach revised edition</i>, published by UNESCO in 2018. This means that many SRHR and HIV and GBV issues are covered, including body image, HIV prevention, anatomy, gender equality, how to say “no”, GBV, stigma and discrimination and some contraceptive information for students in senior high school. • The Indonesian adolescent health action plan does not cover issues of sexual orientation and gender identity. This was as a result of a backlash from teachers and religious leaders A UNFPA staff member noted ‘People tend to panic if we use the word ‘sexual’. • The action plan targets adolescents in school. UNFPA plans to work with government to address the needs of out-of-school adolescents in 2020. 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff
<p>National: Namibia</p>	
<ul style="list-style-type: none"> • The main vehicle for UNFPA Support to CSE has been the Regional SYP, which has allowed UNFPA Namibia to provide significant technical and financial support to the MYSNS and the MEAC in support of CSE throughout the evaluation period. Annual UNFPA expenditures under SYP each year have been: <ul style="list-style-type: none"> ○ 2016: \$135,384 ○ 2017: \$110,855 ○ 2018: \$186, 844 • 2019 (Budgeted): \$130,000 	<ul style="list-style-type: none"> • UNFPA Namibia Project Monitoring Reports: 2016, 17, 18 and 19.
<ul style="list-style-type: none"> • The CSE Framework for Out-of-School Young People in Namibia was adopted, with UNFPA support from the applicable Regional Framework for East and Southern Africa. It contains three major sections covering eleven units with supporting material and workbooks for teacher trainers, for instructors and for learners. An examination of the material indicates that issues relating to adolescent and youth LGBTI and their rights as well as gender equality and both genders role in eliminating SGBV are dealt with clearly and directly in the content. 	<ul style="list-style-type: none"> • Government of the Republic of Namibia, MEAC. <i>CSE Framework for Out of School Young People in Namibia.</i> 2016

Assumption 2.3: National governments respond positively to UNFPA advocacy and technical support efforts by allocating resources, altering policies and implementing programmes intended to ensure access to effective HIV and SRHR services that meet the needs of adolescents and youth, KPs, women – and other at risk and marginalized groups (also applies to evaluation question 3).	
Indicators:	
<ul style="list-style-type: none"> • Experience and view of partners implementing interventions targeting adolescents and youth/women/KPs • Guidelines, service protocols and manuals for HIV prevention services integrated into SRHR address needs of adolescents and youth/women/KPs • Level of national government funds allocated to CSE for adolescents and youth • Examples of changes in policies and laws to include provisions for quality and human-rights-based HIV and SRHR services that meet the needs of adolescents and youth, KPs and women • Observation of adolescents and youth friendly service outlets for HIV prevention and SRHR • Experience and views of adolescents and youth attending service outlets • Observation of integrated HIV and SRHR services targeted to adolescents and youth/women/KPs • Experience and views of organisations representing (and led by) adolescents and youth/women/KPs) 	
Observations	Sources of Evidence
National: Georgia	
<ul style="list-style-type: none"> • A lesson learned from the 2nd country programme (2011-2015) was that knowledge management and capacity development maximized results of evidence-based policy dialogue and promoted sense of ownership among partners 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>Georgia Country Programme Document 2016-2017</i>, p3
<ul style="list-style-type: none"> • UNFPA played a crucial role in youth policy development. The development of the policy itself should be considered an achievement. Georgia was the first of the Soviet/Balkan countries to develop a youth policy. The policy is for the whole of Government and not just the Ministry of Youth, Sports and Culture; it addresses youth participation, education, health and special needs and protections. An action plan was also developed to make youth a priority and give it greater political weight than before. Prior to this policy, youth activities were managed mainly by NGOs but they could not achieve desired results (at scale). Now different agencies will be engaged through the action plan process. A revised action plan is being worked on and the structure will provide direction/activities/budget for 14 Ministries and 15 State entities (n=200 activities). Implementation of the plan was reviewed annually until 2016; however, there has been no review since then due to structural changes at the Ministry. 	<ul style="list-style-type: none"> • Interview with Government officials, Ministry of Education
National: Indonesia	
<ul style="list-style-type: none"> • In 2019, UNFPA will partner with the Directorate General of Disease Prevention and Control (P2PML) in the MoH and CSOs to finalise guidelines on prevention HIV among intimate partners and begin pilot implementation of the planned approach for HIV prevention among intimate partners. 	<ul style="list-style-type: none"> • File: 2019_WP_P2P_Final
<ul style="list-style-type: none"> • One respondent argued that in Indonesia “advocacy has become completely reactive. It is now all about harm reduction, not about the positive changes we would like to see”. 	<ul style="list-style-type: none"> • Interviews with members of civil society organisations
<ul style="list-style-type: none"> • UNFPA 2018 workplans include a partnership with MoH (\$76,388 allocated in 2018), in collaboration with CSOs, Universities, IBI, other UN Agencies, Ministry of Education and Culture, NGOs and youth networks working to achieve 	<ul style="list-style-type: none"> • File: AWP MOH FINAL - 8 Mar 2018

<p>Assumption 2.3: National governments respond positively to UNFPA advocacy and technical support efforts by allocating resources, altering policies and implementing programmes intended to ensure access to effective HIV and SRHR services that meet the needs of adolescents and youth, KPs, women – and other at risk and marginalized groups (also applies to evaluation question 3).</p>	
<p>output of “improved policies and programmes to fulfil the rights and needs of adolescents and youth, including in humanitarian settings”. The programme of work includes targets to conduct “annual review of the implementation of the National Action Plan on School Aged Child and Adolescent Health 2017-2019”, “annual review of the use of the Module on ARH for teachers”, “concept note on public private partnerships to improve adolescent reproductive health through UNALA available” “partnerships with local government, CSOs, and private sector in 5 districts (Yogyakarta City, Sleman District, Bantul District, Kulon Progo District and Gunung Kidul District) for UNALA established”, and “UNALA model implemented in 5 districts (Yogyakarta City, Sleman District, Bantul District, Kulon Progo District and Gunung Kidul District)”.</p> <ul style="list-style-type: none"> • It should be noted that these collaborations do not contain any substantial focus on HIV as a standalone topic, integration of HIV<>SRH<>GBV, or a strong rights focus for adolescents and youth. 	
<p>National: Turkey</p>	
<ul style="list-style-type: none"> • The projects and activities 2016-19 are intended to strengthen national capacity and developed together with national authorities and can therefore assume that the government responds positively and approves of UNFPA technical support. However, LGBTI is illegal in Turkey and many activities have therefore been cancelled in some cities and provinces. UNFPA moved the activities planned to other regions where it is not illegal (yet), but they face many issues and difficulties. The government officially supports UNFPA work, but unofficially they oppose it as homophobia is becoming worse and more common in Turkey. 	<ul style="list-style-type: none"> • Interviews with UN agency staff
<p>National: Zambia</p>	
<ul style="list-style-type: none"> • The NASF 2017-2021 includes – for the first time – a comprehensive list of KPs (including sex workers and SMS). However, there are still major gaps with regards to legal framework and access to services: <ul style="list-style-type: none"> ○ The policy and legal framework does not provide an enabling environment to scale-up the standard package of care for sex workers and MSM. There is limited implementation of HIV programmes for these groups and prevailing negative attitudes and stigma towards sex workers and MSM. There is a lack of accurate data on size estimates on sex workers and MSM. ○ Although research has shown that IDUs is a growing phenomenon, there have been no programmes implemented among this group, except for few and small-scale harm reduction programmes implemented by partners. ○ “Government has provided an environment in which partners can discuss, design and implement programs for KPs. However, the policy and legal framework does not provide an environment in which KPs can access HIV prevention services without stigma and discrimination. There are no clear policy guidelines governing particular KPs such as sex workers and men who have sex with men. In addition, the legal framework does not provide an enabling environment and presents legal barriers for KPs that make it difficult to address structural issues affecting certain KPs such as gender-based violence among sex workers. 	<ul style="list-style-type: none"> • NAC for HIV/ST/TB. Zambia National HIV Prevention Coalition Roadmap. Results of the Stocktaking Exercise. September 2017, p.17-19

<p>Assumption 2.3: National governments respond positively to UNFPA advocacy and technical support efforts by allocating resources, altering policies and implementing programmes intended to ensure access to effective HIV and SRHR services that meet the needs of adolescents and youth, KPs, women – and other at risk and marginalized groups (also applies to evaluation question 3).</p>	
<ul style="list-style-type: none"> ○ Although government has allowed implementation of HIV prevention programmes for KPs, there continues to be structural barriers inhibiting programmes to be fully scaled to levels required to make an impact on the HIV epidemic. In addition, the existing services are provided by partners only. In certain cases, partners struggle to bring into the country some of the essential prevention tools for HIV among some KPs such as Lubricants. There are also negative attitudes toward KPs by both the general public and health workers. This deters KPs from accessing services such as STI and PrEP services.” 	
<ul style="list-style-type: none"> ● “Homosexuality, drug use and sex work are illegal in Zambia thus this serves as a barrier to accessing effective HIV prevention services by majority of KPs. This also promotes stigma and discrimination which hampers the uptake of services at the facility levels” 	<ul style="list-style-type: none"> ● Implementation of HIV Prevention Road Map 2020 First Progress Report March 2018
<p>Assumption 2.4: UNFPA has effectively supported coalitions and networks of adolescents and youth, KPs and women to engage meaningfully and advocate for national policies and programmes, which prioritize, access to effective integrated HIV and SRHR services (also applies to evaluation question 3).</p>	
<p><u>Indicators:</u></p> <ul style="list-style-type: none"> ● Workplans illustrate direct support of networks ● Narrative reports of network activities illustrate role of UNFPA support ● Examples of network advocacy for integrated HIV and SRHR services ● Experience and views of UNFPA staff/network representatives/national authorities 	
Observations	Sources of Evidence
<p>Regional - EECARO</p> <ul style="list-style-type: none"> ● “Even though there is little money, we work in a catalytic manner to build capacity of regional networks to raise their own money” ● “One of the examples of how our regional HIV Programme was able to respond to changes in the global and regional HIV financial architecture is the small amount of seed money that we provided to ECOM to bring regional stakeholders together to develop and submit an application for Global Fund support under the New Funding Mechanism (NFM). As a result, our efforts enabled ECOM – a relatively young and unknown at that time civil society network, to obtain a Global Fund grant of \$3 million for five countries in our region (Armenia, Belarus, Georgia, Macedonia, Kyrgyzstan) over three years. ● “Currently, we closely work with the following CSOs/networks (as our IPs) developing their capacities to address HIV in the region: <ul style="list-style-type: none"> ○ ECOM – Eurasian Coalition on Male Health www.ecom.ngo ○ SWAN - Sex Workers Advocacy Network http://www.swannet.org/ ○ EWNA - Eurasian Women’s Network on AIDS www.ewna.org ○ EHRA - Eurasian Harm Reduction Association www.harmreductioneurasia.org 	
	<ul style="list-style-type: none"> ● Interviews and correspondence with UNFPA members of staff

<p>Assumption 2.4: UNFPA has effectively supported coalitions and networks of adolescents and youth, KPs and women to engage meaningfully and advocate for national policies and programmes, which prioritize, access to effective integrated HIV and SRHR services (also applies to evaluation question 3).</p>	
<ul style="list-style-type: none"> ○ IPPF – International Planned Parenthood Federation www.ippf.org • “Regarding partners, we also work with Teenergizer, European Youth Parliament, Dance4Life, Y-Peer. We also engage with partner NGOs from other thematic areas (Gender, SRH, and Youth) to ensure that there are no silos”. 	
<ul style="list-style-type: none"> • UNFPA continued to give voice to representatives from community led organizations and provided technical and financial support to help them achieve their objectives. 	<ul style="list-style-type: none"> • UNFPA, EECARO, HIV specific results 2016-2018 report 2017, p.4
<p>Regional - ESARO</p>	
<ul style="list-style-type: none"> • At regional level, UNFPA has provided significant support to AfriYAN, which is a network of networks of youth-led organisations in their operational countries. At the regional level, most of AfriYAN’s support comes from UNFPA ESARO. AfriYAN has undertaken capacity building in all 21 countries of the region and with 42 different organizations. The goal of AfriYAN is to bring the SRHR component into the work of their member networks. • AfriYAN struggles to engage some organizations representing KPs. In Lesotho, they work with Matrix Lesotho who work on LGBTI issues. They also have a member in Lesotho that works with youth with disabilities on SRHR issues. 	<ul style="list-style-type: none"> • Interview with AfriYAN
<ul style="list-style-type: none"> • During a UNFPA regional conference, several KP networks were invited to share their experiences: “Panellist from MSM-led organizations in Zambia (Friends of Rainka), Tanzania (Community Health Education Services & Advocacy) and Zimbabwe (Gays and Lesbians of Zimbabwe), as well as a representative from the regional network African Men for Sexual Health and Rights (AMShER), spoke about the different interventions they provide as well as the continuing challenges within their country contexts. ... • UNFPA colleagues from Zimbabwe and Tanzania shared country experiences in advocacy, networking, and supporting interventions. Zimbabwe has supported a 24-hour SGBV service in a hospital in downtown Harare, with a focus on services for KPs, including MSM. The service also provides comprehensive HIV and other SRH interventions. Uptake is increasing with good partnerships with gays and lesbians of Zimbabwe and support from other civil society groups. Tanzania shared experiences regarding the current push-back at political level on lubricants and the recall of KP guidelines.” 	<ul style="list-style-type: none"> • UNFPA (2017). <i>Strengthening UNFPA Leadership on HIV Prevention in East and Southern Africa</i>
<p>National: Georgia</p>	
<ul style="list-style-type: none"> • UNFPA Georgia hosted a workshop in collaboration with Bemoni Public Union, Georgian Harm Reduction Network, the Centre for Information and Counselling on Reproductive Health – Tanadgoma, to provide information to service provider organizations on the legal context and needs related to HIV risks and SRH and on main principles of programming for young people, especially YKPs. 62 providers representing 15 organizations were trained. The organizations provide services to drug users, sex workers and the LGBT community. 	<ul style="list-style-type: none"> • UNFPA Georgia, <i>Report on Capacity development on implementation of a practical tool for HIV and SRH programmes with young key populations in Eastern Europe and Central Asia: “Health, Rights and Well-being, May 2018.</i>
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> • In its role as a SR of a Global Fund grant, UNFPA on-grants to OPSI, the sex workers’ network organisation. UNFPA financial and technical support is greatly appreciated by OPSI. Over time, UNFPA has supported OPSI on the integration of 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff

Assumption 2.4: UNFPA has effectively supported coalitions and networks of adolescents and youth, KPs and women to engage meaningfully and advocate for national policies and programmes, which prioritize, access to effective integrated HIV and SRHR services (also applies to evaluation question 3).	
<p>a human rights-based approach in their work through regular mentoring, through help with proposal writing, and by supplying interpreters. UNFPA has helped OPSI to provide input to their community research assessing health service providers providing SRH including HIV services to FSW. This was KPs research, funded by the regional network of sex workers. Mentoring from UNFPA has also helped to make sure that OPSI is fluent on sexual orientation and gender identity issues and have integrated SOIG issues into their SRH training materials, which is highly relevant because they represent TG and MSW as well as FSW.</p> <ul style="list-style-type: none"> • In 2018, UNFPA supported OPSI to develop an advocacy plan to react to government action closing brothels. This used evidence from a review that had been conducted into the impact of on HIV and health and security issues for sex workers the brothel closure initiative. • However, OPSI reported that its main support to build advocacy capacity and to undertake advocacy comes from the Partnership to Inspire, Transform and Connect the HIV response (known as the PITCH programme) and from Bridging the Gaps (both initiatives primarily funded by the Netherlands Ministry of Foreign Affairs) and from Aidsfonds, a Dutch international NGO. • A representative of OPSI stated "UNFPA really put us in a strategic position. They really empower us and involve us. They know the MOH really want us to be involved and they make that happen". • In 2018, UNFPA supported OPSI to develop booklet of HIV and SRHR and also booklet of GBV, HIV and Human Rights. 	<ul style="list-style-type: none"> • Interviews with members of CSOs
<ul style="list-style-type: none"> • UNFPA staff have close relationships with many of the other coalitions and networks of KPs (including PLHIV, female sex workers, young KPs, gay men and MSM organisation). These relationships are primarily at a personal level rather than organised as part of the UNFPA country programme implementation and they do not seem to be explicitly focused on building advocacy capacity, but rather provision of emotional and technical support. 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff and members of CSOs
National: Namibia	
<ul style="list-style-type: none"> • UNFPA has been a strong supporter of the Society for Family Health and has also supported the TWG on KPs, which involves representation from organizations representing the LGBTI community. Support to NAPPA and Out-Right, including to the formerly operational NAPPA clinic co-located with the Out-Right Offices. 	<ul style="list-style-type: none"> • Interview with UNFPA CO
<ul style="list-style-type: none"> • "UNFPA supported the development and creation of the TWG on KPs and continues to support its operation. You cannot have a TWG without the MoHSS on board. The Ministry is fully on board with the TWG as a mechanism for identifying ways for the national HIV response to reach the LGBTI community. In addition, the platform allows the community members to give guidance to MoHSS on what works in efforts to reach them. Ten years ago, the forum was non-existent and groups such as trans-gender women and men were excluded from the national plan. The current National Strategic Framework (NSF) now makes specific reference to transgender community members." 	<ul style="list-style-type: none"> • Group discussion with the members of the TWG on KPs
National: Zambia	
<ul style="list-style-type: none"> • "The meaningful involvement of adolescents and young people, men and women, and KPs in the development of policies, strategies and guidelines helps to ensure that the policies and guidelines are designed to meet their needs." 	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa.

Assumption 2.4: UNFPA has effectively supported coalitions and networks of adolescents and youth, KPs and women to engage meaningfully and advocate for national policies and programmes, which prioritize, access to effective integrated HIV and SRHR services (also applies to evaluation question 3).	
	ZAMBIA Close Out Report Draft. Zambia Country Report Draft. P. 14
Assumption 2.5: UNFPA has been effective in supporting the implementation of programming tools for provision of accessible and effective HIV and SRHR services for adolescents and youth, KPs and women (<i>also supports evaluation question 3</i>). Further, service providers have the capacity to provide these services.	
<u>Indicators:</u>	
<ul style="list-style-type: none"> Quantity and content of programming tools Examples of dissemination/training efforts for health facility staff using the programming tools supported by UNFPA Evidence that training in linking and integrating HIV into SRHR has been accompanied by measures addressing incentives, equipment, supplies and infrastructure as needed. 	
Observations	Sources of Evidence
Global	
<ul style="list-style-type: none"> “(name of person) at UNFPA was quite active developing tools to improve responses for KP communities - the SWIT and the MSMIT.. but there is no KP advocacy from UNFPA. There does not seem to be any ownership of KP issues by UNFPA. ... I think UNFPA see themselves as an SRHR outfit but not a KP programming outfit.” 	<ul style="list-style-type: none"> Interviews with members of CSO and donor organisations at global level
Regional: EECARO	
<ul style="list-style-type: none"> Role of the EECARO regional office: Provide technical support to COs; note EECARO was the focal point for global implementation tools/products used across the program, i.e., MSMIT, SWIT, DOIT, plus the latest one (with IPPF) YKPIT 	<ul style="list-style-type: none"> Interviews with UN agency staff
<ul style="list-style-type: none"> EECA RO continued to strengthen capacities of regional community-led networks of KPs (ECOM, SWAN, EWNA, EHRA), including through support to rollout of HIV programming tools: SWIT, MSMIT, IDUIT and TRANSIT. 	<ul style="list-style-type: none"> UNFPA EECARO, HIV specific results 2016-2018 report 2018, p.5
<ul style="list-style-type: none"> In partnership EWNA, EECA RO contributed to community-based research in EECA and development of tool that support women living with HIV in better understanding and using “WHO consolidated guidelines on SRHR for women living with HIV”. In partnership with UNAIDS and UN Women, EECA RO supported SWAN in testing of the newly developed NSWP Global M&E Framework for SWIT in Kyrgyzstan and development of country report card. In Moldova, community mobilization work was done, including training of CSOs on SWIT. EECARO, in partnership with IPPF EN, developed a new programming tool on HIV and SRHR among Young KPs “Health, Rights, and Well-being – a practical tool for HIV and SRH programmes with YKPs in EECA”. The tool represents two years of investments and work at global, regional and country levels and addresses community empowerment, human rights and participation, SRHR service access and delivery, legal environments, GBV, stigma and discrimination. Georgia, Kyrgyzstan and Ukraine have started rollout of the new tool. Balkan countries (Albania, Bosnia, Kosovo, Macedonia, and Serbia) have developed 2-year action plans for addressing SRHR and HIV among young KPs. Regional partners such as ECOM and SWAN 	<ul style="list-style-type: none"> UNFPA EECARO, HIV specific results 2016-2018 report 2018, p.5

Assumption 2.5: UNFPA has been effective in supporting the implementation of programming tools for provision of accessible and effective HIV and SRHR services for adolescents and youth, KPs and women (<i>also supports evaluation question 3</i>). Further, service providers have the capacity to provide these services.	
will use the tool in their programming processes starting 2019. Also, international NGO AFEW will use the newly developed tool in their programmes in EECA among YKPs.	
National: Georgia	
<ul style="list-style-type: none"> UNFPA EECA led the development of a practical tool for SRHR and HIV programmes for YKPs and conducted advocacy meetings and workshops in 2017 at national level in collaboration with CO to openly discuss challenges and opportunities faced by governments and civil society for addressing the needs of this particularly vulnerable population. UNFPA Georgia supported the NCDC in the development and preparation of the tool for use at the country level via six workshops. In total 82 participants from hard reduction organizations, HIV+ community organizations and activists, youth NGO representatives. UNFPA supported two capacity development workshops for representatives from community organizations to introduce the manual on implementing comprehensive HIV and STI programmes for men (MSMIT) in Tbilisi. Community organizations were sensitized on PrEP, MSMIT and the Health, Rights and Well-being Practical Tool for HIV and SRH Programmes for YKPs. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2017 Annual Report</i>, draft 16 October 2017
<ul style="list-style-type: none"> UNFPA provided technical assistance to NCDC/GFATM in the development of the National 2019-2022 HIV National Strategic Plan (NSP). UNFPA provided TA in the following thematic areas: HIV prevention for MSM, SW, and prisoners; AIDS Treatment and Care; M&E framework; coordination between the state and the Global Fund and health system strengthening; and transition from donor support to State funding. UNFPA advocacy ensured that the plan reflected the needs of KPs, including YKPs and transgender people for the first time and proposed practical recommendations based on the UNFPA program tools: SWIT, MSMIT, TRANSMIT, and YKP. The plan also acknowledges gender equality and human rights as core values and commits to mainstreaming these principles into actions carried out for KPs. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2018 Annual Report</i>, finalized 31 January 2019
<ul style="list-style-type: none"> UNFPA supported the translation of MSMIT and SWIT for use in programmes and interventions targeting KPs. In 2016, UNFPA supported three working group meetings with national partners, community organizations, KPs, and SRH providers (n=30) to ensure participatory approach while translating the tools, improve the capacity of community-led organizations, and sensitize providers engaged in the provision of SRH and Harm Reduction services to KPs nationwide. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2016 Annual Report</i>, finalized 13 January 2017
National – Namibia	
<ul style="list-style-type: none"> “UNFPA has provided critical financial and technical support including their service packages for KPs as well as training in SRHR. They use UNFPA research products, for example, UNFPA developed media guidelines to help them develop messages on SGBV. UNFPA also has given them access to best/good practices in combatting SGBV.” 	<ul style="list-style-type: none"> Interview with the One Economy Foundation/OFL of Namibia
National - Zambia	
<ul style="list-style-type: none"> UNFPA supported the local NGO SAfAIDS to produce a “Sex Workers Advocacy Guide” (SWAG) which contains educational messages on integrated HIV and SRHR information and services for young sex workers, including topics such as HIV/STI prevention, where and how to access integrated services, contraception and safe motherhood, SGBV, getting back to school etc.. It is based on a booklet produced by SAfAIDS regional office, and was adapted to Zambian context with UNFPA funds, in collaboration with MoH and NAC. 	<ul style="list-style-type: none"> SAfAIDS Zambia Office (2019). <i>“Sex Workers Advocacy Guide” (SWAG)</i>. Zambia edition.

Assumption 2.5: UNFPA has been effective in supporting the implementation of programming tools for provision of accessible and effective HIV and SRHR services for adolescents and youth, KPs and women (*also supports evaluation question 3*). Further, service providers have the capacity to provide these services.

Online Survey		
UNFPA has effectively supported the development and/or implementation of programming tools (guidelines, manuals, tools, etc.) for provision of HIV services for		<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey, 2019
Answer Choices	Responses	
Adolescents and youth	83.26%	184
Key populations	59.28%	131
Women of reproductive age	66.06%	146
	Answered	221
	Skipped	57

Area of Investigation Three:	
Extent of UNFPA promotion of human rights in the context of HIV	
Evaluation Question 3: <i>To what extent has UNFPA support contributed to engage and empower communities (including but not only, adolescents and youth, key populations and women) to understand and claim their rights while also effectively advocating for policies and laws affecting human rights, gender equality and access to HIV and SRHR services?</i>	
Evaluation Criteria	Relevance, Effectiveness, Efficiency
Rationale	As well as access for marginalized people, a key dimension of UNFPA support to the HIV response is its intended focus on empowerment and rights protection, including gender equality.

Assumption 3.1: UNFPA staff and key partners have a shared understanding of the meaning and importance of human rights and gender equality in the context of HIV.	
Indicators:	
<ul style="list-style-type: none"> UNFPA guidelines on human rights-based approaches (HRBA) to HIV and SRHR services – in use at CO level Extent to which implementing partners are aware and knowledgeable about the content of the Guidelines on HRBA and HIV and SRHR HIV and SRHR service guidelines incorporate some or all components of HRBA Experience and views of service providers and clients 	
Observations	Sources of Evidence
Global	
<ul style="list-style-type: none"> "We do not see UNFPA very often at the global meetings and I don't hear loud statements from them on rights issues." 	<ul style="list-style-type: none"> Interviews with members of CSO and donor organisations at global level

Assumption 3.1: UNFPA staff and key partners have a shared understanding of the meaning and importance of human rights and gender equality in the context of HIV.	
<ul style="list-style-type: none"> • "I think UNFPA has this image of being a bit old fashioned with a focus on contraception for couples, not focusing on KPs or the difficult issues or the marginalized. They are criticized for lacking teeth when they talk about issues such as abortion and HIV and KPs. We need them to have a moral and political stance on rights and they must not be fearful." 	<ul style="list-style-type: none"> • Interviews with members of CSO and donor organisations at global level
<ul style="list-style-type: none"> • Question: Has UNFPA advocated rights-based approaches to HIV prevention at the global level? Response: "Yes, around KPs but could do more on AGYW" 	<ul style="list-style-type: none"> • Interviews with UN agencies at global level
Regional: EECARO	
<ul style="list-style-type: none"> • "Leave No One Behind: UNFPA has not fully embraced (or agreed to) what this means. What are the implications of LNOB if we address the needs of those left behind first? For example, in the UNFPA business model, EECARO countries are "pink" (policy/advocacy, not service delivery), but service delivery is critical for those left behind if we are to stem the epidemic. This is a big issue in Turkey as well given the influx of Syrian refugees." 	<ul style="list-style-type: none"> • Interviews with UN agency staff
National: Georgia	
<ul style="list-style-type: none"> • UNFPA (under the UN Joint Programme for Gender Equality supported by the Swedish Government and along with UN Women and UNDP), supported a desk review to evaluate the current status, gaps and challenges within and beyond the health sector on human rights issues related to SRH and well-being, with special connection to marginalized groups, legal and policy frameworks, budgeting and financing, delivery and accessibility of health services, and the provision of remedies and redress. This was the first assessment of its kind in Georgia. 	<ul style="list-style-type: none"> • Public Defender's Office of Georgia, <i>Human rights in the context of sexual and reproductive health and well-being in Georgia: Country assessment, 2017</i>
<ul style="list-style-type: none"> • UNFPA organized the UN Care training (since 2002-2003) which increases awareness about workplace dignity and inclusion for UN staff. It includes topics related to HIV, HRBA, and anti-discrimination. 	<ul style="list-style-type: none"> • Interview with WHO
National: Indonesia	
<ul style="list-style-type: none"> • The Mid-Term Evaluation report for the UNFPA 9th Country Programme listed "Incorporation of rights-based and gender-sensitive elements into the national strategy on family planning" as an achievement in 2016. However, work is ongoing as of 2019. This is strategy development; hence, UNFPA is working with MoH, especially the Directorate of Family Health and BKKBN. The first year of implementation focused on orienting key stakeholders to the strategy. The current programme of work involves implementing the model in Aceh, Lahat (S. Sumatra) and Malang (E. Java). 	<ul style="list-style-type: none"> • UNFPA, <i>Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to the Government of Indonesia 2016 – 2020</i>. Dated February 20, 2019. UNFPA. p.52 • Interviews with UNFPA Indonesia staff • Interviews with members of CSOs and government officials
<ul style="list-style-type: none"> • UNFPA is able to use rights language – i.e. mention 'human rights' and 'rights based' approaches - in discussions with government, however many aspects of human rights and many of the most basic practical implications of adopting a rights-based approach are not to be raised. 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff and government officials
<ul style="list-style-type: none"> • UNFPA has supported OPSI, the SW network, to build their capacity in human rights. 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff

Assumption 3.1: UNFPA staff and key partners have a shared understanding of the meaning and importance of human rights and gender equality in the context of HIV.	
<ul style="list-style-type: none"> • "UNFPA will support the Government in fulfilling the rights and needs of youth and adolescents, to support the RPJMN 2015-2019, by developing an integrated and comprehensive National Action Plan on Youth Development and a Youth Development Index for Indonesia that capitalizes on the demographic dividend and improves the lives of young people in Indonesia. UNFPA will also provide support to strengthen the National Action Plan on School-Aged Child and Adolescent Health through providing reviews and policy briefs on ASRH education in schools and access to youth-friendly services, including via the private sector". (p.13) 	<ul style="list-style-type: none"> • Government of the Republic of Indonesia and UNFPA, <i>Country Programme Action Plan 2016 – 2020 for the Programme of Cooperation between The Government of Indonesia and the United Nations Population Fund, 2016.</i>
National: Namibia	
<ul style="list-style-type: none"> • In the 2014 to 2016 Period, the Regional Safeguard Young People Programme supported a study, which systematically reviewed laws and policies in 23 countries in the region. The study found: <ul style="list-style-type: none"> ○ "Only six countries in the region have set the minimum age of consent without exception [exceptions are made to accommodate marriage of younger women to older men], with prevents other laws from over-riding this age. ○ There is a lack of legal and policy provision on age of consent to medical treatment, which creates major barriers to accessing health care. ○ Only half of countries across East and Southern Africa have provisions to manage learner pregnancy but the majority of those countries approach it from a punitive perspective." 	<ul style="list-style-type: none"> • UNFPA, <i>The Safeguard Young People Programme: Three Years On: Addressing the urgent needs of youth across Southern Africa. (2017), p7.</i>
<ul style="list-style-type: none"> • "The Namibian constitution provides for equality and non-discrimination on the basis of sex, race or sexual orientation. However, there are still some existing laws in the country that prohibit certain practices that impact on the life of members of the KP. The Immoral Practices Act, which dates back to the time of the German colonists and a similar law passed by South Africa (at that time in control of Namibia) in 1980 are still on the legal books in Namibia. This became the legal basis for persecution of LGBTI people in Namibia. Although the law is not enforced, it still exists." • "There are also hateful and harmful statements made by ruling party members and by the SWAPO youth leaders and other social media influencers from time to time and Namibia lacks a basic law on hate speech. Fundamentalist Christians, often with backing from North America, also have considerable influence and can lead in pushing back against LGBTI rights." 	<ul style="list-style-type: none"> • Group Discussion with members of the TWG on KPs
National: Zambia	
<ul style="list-style-type: none"> • The NASF 2017-2021 includes a chapter on stigma and discrimination, including mention of a human rights-based approach: "Despite the existence of a raft of instruments to protect human rights and prevent discrimination, there is currently no legislation that explicitly bans discrimination based on actual or perceived HIV status. Health workers present an important inflexion point in the perpetuation or mitigation of stigma and discrimination related to HIV and AIDS. Corresponding investments should, therefore, be made into sensitisation and awareness creation for healthcare workers around their legal and ethical obligations towards clients for HIV-related and other health services. A key aspect of these obligations is the requirement to respect the dignity of clients seeking healthcare and to protect the confidentiality of any data or information obtained in the process of delivering services to them. In this regard, all health information should be 	<ul style="list-style-type: none"> • National HIV/AIDS/STI/TB Council (2017). National HIV and AIDS Strategic Framework (NASF) 2017 – 2021, p.24

Assumption 3.1: UNFPA staff and key partners have a shared understanding of the meaning and importance of human rights and gender equality in the context of HIV.																									
<p>handled by medical personnel in accordance with the law. Confidentiality is also premised on voluntary disclosure of HIV status by clients evidenced by written consent in line with the HTS guidelines.”</p>																									
<ul style="list-style-type: none"> UNFPA has supported capacity building of the Human Rights Commissioners in Zambia on HIV, discrimination, stigma and SGBV, so that as they advocate for human rights, they also take SRHR, HIV and GBV into consideration. With funds from UBRAF and 2gether 4 SRHR, UNFPA supported a 3-day workshop focusing on PLHIV and people living with disabilities. 	<ul style="list-style-type: none"> Interview with UNFPA Zambia, 17 July 2019 																								
<ul style="list-style-type: none"> “Zambia convened a workshop with the commissioners and staff of the Human Rights Commission of Zambia, the National AIDS Council, civil society representatives and UN agencies to enhance the commission’s capacity to promote, protect and fulfil human rights and address the needs of people living with HIV, LGBTI-persons, KPs and other vulnerable groups. A National Action Plan was unanimously adopted, which is now being implemented with the support from UN Interagency Team in Zambia. Actions contained in this plan include to investigate, document and report cases of discrimination in accessing HIV and other health services, including SRHR, and responses to SOGIE in line with <i>Resolution 275 of the African Commission on Human and Peoples’ Rights.</i>” 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO (2018): 2gether 4 SRHR Draft 2018 Annual Report, p. 19 																								
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<p>UNFPA has effectively promoted a human-rights based approach (HRBA) to HIV prevention and treatment in your county</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>35.12%</td> <td>72</td> </tr> <tr> <td>Agree</td> <td>40.00%</td> <td>82</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>19.02%</td> <td>39</td> </tr> <tr> <td>Disagree</td> <td>5.85%</td> <td>12</td> </tr> <tr> <td>Strongly disagree</td> <td>0.00%</td> <td>0</td> </tr> <tr> <td></td> <td>Answered</td> <td>205</td> </tr> <tr> <td></td> <td>Skipped</td> <td>73</td> </tr> </tbody> </table>	Answer Choices	Responses		Strongly agree	35.12%	72	Agree	40.00%	82	Neither agree nor disagree	19.02%	39	Disagree	5.85%	12	Strongly disagree	0.00%	0		Answered	205		Skipped	73	<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey, 2019
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<p>Please provide examples of how UNFPA has promoted a HRBA approach to HIV. Please also describe any gaps or missed opportunities</p> <p>Answered: 205 Skipped: 73</p> <ul style="list-style-type: none"> Examples include: <ul style="list-style-type: none"> All UNFPA programming and interventions including advocacy during meetings is centered on human rights based approach with special emphasis on adolescents and youths as well as gender mainstreaming. This is reflected in all documents produced at policy, strategy and operational level in connection to HIVAIDS. Modules on HRBA have been developed by international expert through the technical support of UNFPA. TOTs and trainings of all provinces have been conducted ... on Human Rights Based Family Planning Protocols. 	<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey, 2019 																								

Assumption 3.1: UNFPA staff and key partners have a shared understanding of the meaning and importance of human rights and gender equality in the context of HIV.	
<ul style="list-style-type: none"> ▪ UNFPA integrated HRBA in the comprehensive sexuality education that to be provided to young people. ▪ During deliberations at national levels in the development of strategies and documents, UNFPA always ensured that rights based approaches are evoked. • Gaps or missed opportunities include: <ul style="list-style-type: none"> ▪ Gaps exist in the areas of people living with disabilities, people who inject drugs as well as LGBT as these last two groups are so stigmatized that they are difficult to identify hence exist in hiding. If UNFPA has sufficient resources, these groups could be prioritized but with limited resources and conflicting priorities, they have not been able to receive sufficient attention, resources and support. ▪ not seen to promote the HRBA for at risk population vulnerable for HIV prevention ▪ HRBA not well spelled in service delivery guidelines (e.g. for HIV testing, linkage to care, counselling, treatment) HRBA not included in training curricula of health professionals (e.g. medical doctors, nurses, laboratory technicians, medical assistants, midwives, etc.) ▪ UNFPA has not promoted HRBA in my country 	
Assumption 3.2: Networks representing adolescents and youth, women and KPs have the capacity to meaningfully participate in and influence national dialogue and prompt changes in national policies and programmes to reduce stigma and discrimination for their members, including people living with HIV. Further, they are able to assert their right to hold service providers accountable.	
<u>Indicators:</u>	
<ul style="list-style-type: none"> • Examples of changes in national policies, laws, strategies and programmes which explicitly recognize and respond to the needs of adolescents and youth, KPs, and women (for example, anti-discrimination laws protecting people living with HIV in place, decriminalization of HIV transmission, universal access to SRHR and HIV services etc.) • Experience and views of network staff • Experience and views of national health authorities • Experience and views of policy makers in areas effecting stigma and discrimination including criminal justice, education and health among others 	
Observations	Sources of Evidence
Regional: EECARO	
<ul style="list-style-type: none"> • Major issue for the region is dealing with the political context, which includes a broader pattern of tamping down on civil society and increased stigma, and discrimination for KPs. Human rights is a critical aspect of the work being done in the region. It is easier to raise HR issues at regional than at country level. One strategy is to create space for dialogue through regional meetings where you take people out of the country so that they can raise difficult issues safely and where UNFPA can “stand by their side.” ... Must navigate ICPD in this context by strengthening civil society, rolling out practical tools for implementation, and integration of effort. 	<ul style="list-style-type: none"> • Interviews with UN agency staff
Regional: ESARO	

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<ul style="list-style-type: none"> UNFPA, as the main technical advisor and advocate for the new (2019 to 2030) SADC strategy for SRHR, was instrumental in greatly strengthening the component on the rights of KPs. Also, UNFPA supported the reporting and accountability process under the ESA commitments with annual reporting to SADC and the EAC member states. 	<ul style="list-style-type: none"> Interview with RATESA (Regional AIDS Team for ESA), UNESCO & UNAIDS
<ul style="list-style-type: none"> There is an issue of how much UNFPA is willing to support strengthening networks as opposed to delivering specific HIV prevention and treatment interventions. If UNFPA are to make the most of programmes like SYP, they will need to provide more capacity development support to organizations run by young people. There is a need to build the capacity of young people participating in SYP activities. 	<ul style="list-style-type: none"> Interview with AfriYAN
<p>National: Georgia</p>	
<ul style="list-style-type: none"> UNFPA supported a Round Table and training among professional networks and civil society activists for the rights of women and girls to raise awareness on violence against women who live with HIV and AIDS, use drugs and practice sex work during the 16 days Against GBV Campaign in partnership with EWNA, ACESO and Women's Fund in Georgia. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2016 Annual Report</i>, finalized 13 January 2017
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> 2016-17 collaboration in Yogyakarta with Yayasan Siklus Sehat Indonesia over the UNALA initiative, including targets to establish "at least two formal collaborations with the existing youth networks/civil organisation to support the provision of SRH information and promoting UNALA" in 2016 and 6 in 2017. However, it should be noted that the UNALA initiative does not have direct focus on HIV. 	<ul style="list-style-type: none"> File: MYWP 2016-2017 YSSI UNFPA, <i>The Concept: UNALA - an innovation in making investing in youth sustainable</i>, UNFPA, undated
<ul style="list-style-type: none"> In 2018, UNFPA supported OPSI to develop an advocacy plan to react to government action closing brothels. This used evidence from a review that had been conducted into the impact of on HIV and health and security issues for sex workers the brothel closure initiative. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff
<p>National: Namibia</p>	
<ul style="list-style-type: none"> "The involvement of young people, not only as beneficiaries but also as partners and leaders in the programme at all levels – has brought a fresh perspective to policy discussions. UNFPA supported AfriYAN to establish platforms for youth to influence policy at local, national and international meetings and events, including UN General Assemblies and conferences. By the end of 2016, AfriYAN had established chapters or youth advisory panels in Namibia, South Africa, Zambia and Zimbabwe 	<ul style="list-style-type: none"> UNFPA, <i>The Safeguard Young People Programme: Three Years on: Addressing the urgent needs of youth across Southern Africa. (2017)</i>, p.16
<ul style="list-style-type: none"> One key UNFPA role in supporting effective engagement by networks is support to the OFL on her work with KPs and work around SGBV. The MoHSS and the OFL (and the First Lady herself) are very vocal and active in advocating for the rights of the LGBTI community and in bringing them into the dialogue on national policy. 	<ul style="list-style-type: none"> Interview with UNFPA CO
<ul style="list-style-type: none"> "The OFL is a strong public advocate for the requirement that public services and society as a whole need to be responsive to the needs of different communities including: LGBTI persons, Commercial Sex Workers, Young people with disabilities, Tribal people, Young People in Nomadic Communities." 	<ul style="list-style-type: none"> Interview with the One Economy Foundation/OFL of Namibia
<p>National: Zambia</p>	

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<ul style="list-style-type: none"> The 2gether4SRHR 2019 annual work plan includes activities to increase participation of local NGOs representing youth and KPs Build capacity for CSO KP networks working to advocate for access to rights-based services men on SRHR/HIV and SGBV” 		<ul style="list-style-type: none"> Annual Planning Meeting for the 2gether 4 SRHR Programme 21 – 25 January 2019. Country presentations: 2018 Annual Report and 2019 Work Plan (Power Point Presentation), slide 25 																																										
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International NGOs	39.49%	77	
National NGOs or CSOs	72.31%	141	
Religious coalitions	33.85%	66	
Adolescent and young girls	70.77%	138	
Adolescent and young boys	59.49%	116	
Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)	27.18%	53	
Female sex workers and their clients	52.31%	102	
Male sex workers and their clients	21.54%	42	
People who inject drugs	7.69%	15	
Prisoners and other incarcerated people	8.72%	17	
People Living with HIV or AIDS	61.54%	120	
People with disabilities	20.51%	40	
Women of reproductive age	54.36%	106	
Other (please specify)		9	
	Answered	195	
	Skipped	83	

UNFPA support to HIV networks, coalitions and partnerships has contributed to more and better joint policy development and/or programming on HIV prevention at national level

Answer Choices	Responses	
Strongly agree	30.26%	59
Agree	46.67%	91
Neither agree nor disagree	18.97%	37
Disagree	3.59%	7
Strongly disagree	0.51%	1
		19
	Answered	5
	Skipped	83

- UNFPA HIV Evaluation Online Survey, 2019

<p>Assumption 3.3: UNFPA has contributed to developing the capacity of health workers to deliver HIV prevention services (including access to rights-based family planning) in a manner free from stigma and discrimination with services more accessible to adolescents and youth (sometimes called youth friendly SRHR), KPs, women and those with disabilities.</p>	
<p>Indicators:</p> <ul style="list-style-type: none"> • Evidence that training in linking and integrating HIV into SRHR has been accompanied by measures addressing incentives, equipment, supplies and infrastructure as needed • Extent to which training for health staff integrates avoidance of stigma and discrimination, gender sensitivity, attitudes towards KPs, youth-friendly service delivery, and sexual and reproductive rights and choices • Experience and views of national health authorities • Experience and views of health workers • Experience and views of adolescents and youth, KPs and women on HIV and SRHR services • Where survey data reports it, percentage of people living with HIV who report experiences of HIV-related discrimination in health care settings • Views of staff of organisations and networks representing HIV and SRHR needs of adolescents and youth, KPs and women. 	
<p>Regional: ESARO</p>	
<ul style="list-style-type: none"> • In 2018, “Meaningful investments were made in building the capacity of existing and future cadres of health care providers through transferring knowledge, skills and addressing health care worker attitudes, so that SRHR services are rights based, responsive, fair, efficient and meet the needs of all people. At regional level, country teams were made aware of how their own values, attitudes and norms can undermine programme implementation on key issues, such as abortion and KP. A regional workshop with 48 participants drawn from eight countries on unintended pregnancies, contraceptives and safe post abortion care developed national action plans for the next three years to strengthen the delivery of comprehensive abortion services within the context of their legal framework. • Across eight countries, 4,166 health workers, including 141 senior health managers at national and sub-national level, 2,351 health care workers and 1,674 community health care workers were skilled to deliver client centred quality integrated SRHR, HIV and/or SGBV service. Five countries improved the pre- and in-service training curricula for nurses, midwives and community health care workers on the provision SRHR, HIV and SGBV services, for adolescents, KPs and men and boys respectively.” 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): 2gether 4 SRHR: Summary of Key Accomplishments for 2018,
<ul style="list-style-type: none"> • “A values clarification workshop for the 10 country teams held to clarify the relationship between personal beliefs and professional responsibilities on issues relating to LGBTQI and abortion.” 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): Draft: Regional Programme Steering Committee Progress Report and 2019 Work plans 14 March 2019
<ul style="list-style-type: none"> • In 2019 “All countries will invest in building the capacity building of health workers across various aspects of SRHR, including comprehensive and post-abortion care, adolescent friendly services and SRHR services for KPs. Several countries will undertake reviews to strengthen pre-service, training curricula and supportive supervision in all countries.” 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): Minutes of the 2nd Annual Regional Programme Steering Committee for the 2gether 4 SRHR

<p>Assumption 3.3: UNFPA has contributed to developing the capacity of health workers to deliver HIV prevention services (including access to rights-based family planning) in a manner free from stigma and discrimination with services more accessible to adolescents and youth (sometimes called youth friendly SRHR), KPs, women and those with disabilities.</p>	
	<p>Programme, 14 - 15 March 2019, Malawi, p.7</p>
<p>National: Georgia</p>	
<ul style="list-style-type: none"> • Re training in MSMIT tool, it supports the capacity to communicate re HIV prevention and supports capacity development of community organizations as it emphasizes community development and strengthening and how to motivate action among MSM. 	<ul style="list-style-type: none"> • Group discussion with NGO social workers
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> • In 2016, UNFPA was involved in an activity under the GF financed programme to train health care providers on reducing stigma and discrimination for FSW. The training was originally planned to focus specifically on FSW, but MoH were keen to expand it to cover MSM as well. So UNFPA reprogrammed the training and it became known as the IPSD programme (Indonesian acronym, translated as ‘implementation of reduction of stigma and discrimination’). This training is still used by Linkages, UNAIDS, UNFPA, WHO, MOH. It is currently being implemented by MOH with GF money and Linkages in Jakarta. 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff
<p>National: Namibia</p>	
<ul style="list-style-type: none"> • Both the SYP and the 2Gether 4SRHR regional programmes have budgeted and spent resources on training service providers in both the health and education sector to provide services more appropriate to the needs of adolescents and youth and to KPs. • For the SYP programme, the amounts expended for training service providers each year were 2016 = \$7,556, 2017 = \$15,561, 2018 = \$19,960, 2019 (Budgeted) = \$4,500. • For the Linkages Programme (Phase 1) and 2Gether 4SRHR (Phase 2), annual reported expenditures in training were: 2016 = \$44,986, 2017 = \$13,776, 2018 = \$16,496 and in 2019 (budgeted) = \$23,925 • Note: not all of the training expenditures for these programmes will have focused on providing rights-based services free from stigma and discrimination but at least some proportion of these training expenditures have been focused on appropriate provision of professional Youth Friendly Services and services to KPs. 	<ul style="list-style-type: none"> • UNFPA Namibia Project Monitoring Reports: 2016, 17, 18 and 19.
<ul style="list-style-type: none"> • In 2017, in Namibia, the Safeguard Young People Programme Reported: “240 Frontline duty bearers were trained in GBV” 	<ul style="list-style-type: none"> • UNFPA, <i>Safeguard Youth Programme: Annual Report, 2017</i>, (September 2018), p.5
<ul style="list-style-type: none"> • “There is still a challenge to overcome negative attitudes among service providers when young people try to access SRHR services. According to national policy, every adolescent in every facility must be able to access SRH services.” 	<ul style="list-style-type: none"> • Interview with the Directorate for Primary Health Care, MHSS
<ul style="list-style-type: none"> • “In 2019, with UNFPA support, the SFH conducted a two-day training event for health workers on how to provide competent SRHR services with members of KPs (in partnership with the OFL of Namibia). SFH also makes use of a standardized tool on training health workers in the clinical treatment of SGBV.” 	<ul style="list-style-type: none"> • Interview with the SFH, Windhoek

Assumption 3.4: UNFPA has contributed to effective efforts to protect young women and girls, including those at risk of early marriage, from gender-based violence especially in relation to HIV prevention; and to provide young women and girls with information leading to empowerment through knowledge and behaviour change for HIV prevention. Further, HIV prevention has been integrated into efforts to improve clinical and other services for survivors of GBV.

Indicators:

- Percentage of women aged 15-49 years who experience physical or sexual violence from a male intimate partner (12 months)
- Reported trends (where available) in early marriage (as context)
- Where survey data reports it (as in recent DHS), proportion of women and men who say that wife beating is an acceptable way for husbands to discipline their wives
- National strategies and programmes developed and implemented with goal of preventing/reducing GBV – with specific reference to preventing HIV
- National HIV strategies/roadmaps/ workplans incorporate efforts to protect women and girls from GBV and from coercion with its impact on HIV
- Presence of laws, policies and regulations that protect adolescents and youth, KPs, women and PLIHV against GBV
- Staff of facilities report that post-GBV clinical care integrates HIV and SRHR
- Views of national health and HIV authorities
- Views and experience of networks and organisations engaged in protecting women and girls from GBV, including in relation to HIV prevention.

Observations	Sources of Evidence
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Regional: ESARO	
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<ul style="list-style-type: none"> • The 2019 annual planning meeting for the regional 2gether 4 SRHR programme recommended countries to intensify their focus and actions on SGBV: “Some country-level assessments in various thematic areas have highlighted an inadequate focus on SGBV. Countries have recognised this gap and there are commitments, particularly from Lesotho, Uganda and Namibia, to address in this in regard to programme implementation as well as data generation. Countries such as Malawi and Zimbabwe are benefitting from the Spotlight Initiative, which has clear outcomes on the integration of SGBV and SRHR. Countries can learn from the experience of Zambia, where SGBV is a mature, well-funded programme. Zambia has also adopted the WHO handbook for healthcare workers to respond to domestic violence, and there has been demand by healthcare providers for capacity building to integrate SGBV into HIV and family planning services. “ 	<ul style="list-style-type: none"> • UNFPA ESARO (2019). <i>Annual Planning Meeting for the 2gether 4 SRHR Programme. 21 – 25 January 2019. Johannesburg, South Africa</i>, p.5
<ul style="list-style-type: none"> • Zambia: UNFPA implements a programme to fight child marriages which integrates HIV prevention and SRHR 	<ul style="list-style-type: none"> • Interview with UNFPA in Zambia, 17 July 2019
<ul style="list-style-type: none"> • “Young KPs: As discussions broadened, there was evidence of unreached and invisible groups of young KPs. These included young people who sell sex (people under the age of 18 years who sell sex are defined as sexually exploited minors), and young LGBTI people. These young KPs are neglected in the overall HIV response due to legal barriers, including age of consent and restrictions to accessing services. There was recognition that data and strategic information (SI) on these populations are scarce. However, it was noted that while SI should point towards where action should be directed, lack of data should not be a reason for lack of action because qualitative evidence exists at community level;” 	<ul style="list-style-type: none"> • UNFPA and IPPF (2017). <i>Assessment of Adolescents and Youth-Friendly Health Service Delivery in the East and Southern Africa Region Regional Report November 2017</i>, p.4
<ul style="list-style-type: none"> • UNFPA are focusing on addressing SGBV in three areas: FGM, spotlighting harmful social norms and preventing child marriage. In order to do this effectively they need to strengthen their technical capacity in gender at the CO level. 	<ul style="list-style-type: none"> • Interview with UNFPA ESARO Gender Programme
<ul style="list-style-type: none"> • One way that UNFPA can enter into the discussion of gender equality and GBV (and HIV prevention) is through the Universal Periodic Review of human rights at country level. This review serves as a strategic entry point into advocacy for 	<ul style="list-style-type: none"> • Interview with UNFPA ESARO Gender Programme

Assumption 3.4: UNFPA has contributed to effective efforts to protect young women and girls, including those at risk of early marriage, from gender-based violence especially in relation to HIV prevention; and to provide young women and girls with information leading to empowerment through knowledge and behaviour change for HIV prevention. Further, HIV prevention has been integrated into efforts to improve clinical and other services for survivors of GBV.

UNFPA. Currently, there is **no over-arching regional framework for gender equality and gender mainstreaming**. UNFPA are working with partners on the latest draft of the **regional gender strategy (2018 to 2021)** which should be able to provide real guidance to countries. The entry point is SGBV but it is not yet as clear as it could be.

National: Georgia

- UNFPA is collaborating with UNDP and UN Women on a SIDA funded project to support **policy, institutional and grass roots level interventions to promote gender equality**. Within the Joint Programme, the agency roles include UNFPA on RH/Rights, UNDP on policy and law development and UN Woman on violence; however, all agencies work together across these issues.
 - Policy level: Work with Executive Branch on strategies, laws and briefs
 - Institutional level: Work with MoE, MoH and Public Defender’s Office
 - Grassroots level: Work with media and promote youth participation
- UNFPA is collaborating with the MoLHSA on an **institutional response to violence against women whereby physicians will have to monitor, document and provide services to victims of sexual violence**. An input/output form was piloted in Gauhati and Tbilisi. Services include emergency contraception (EC), abortion, Pap smears, and HIV tests, free-of-charge, paid by the State. Activities include:
 - Development of SOPs on how to complete the input/output forms, along with a pilot conducted to ensure that training and supportive supervision was completed effectively. There was a huge resistance to filling out these forms among the trainees
 - SOPs include mandatory notification for major trauma (gun/knife wounds)
 - NCDC digitized the forms. Providers had a difficult time filling out all the fields; requested training
 - Medical education for physicians does not include counselling skills and there is no pre-service training. Therefore, the e-module platform for continuing education is the strategy being employed to support capacity development in this and other issues.
- UNFPA is working with the **Public Defender’s Office**, a national human rights organization within the Human Rights Monitoring Framework. PDO **monitors RH well-being** via country assessments to see how well Georgia is keeping international commitments. The country inquiry looks at how people experience the laws. The PDO submits an annual report to Parliament, followed by parliamentary resolutions and PDO follows up actions.
- The **Parliament developed a Gender Equality Action Plan, which includes aspects of HIV**. The Executive Branch oversees the Gender Equality Commission, which is responsible for drafting the monitoring, and evaluation plans while the Legislative Branch oversees the gender equality council, which is responsible for policy and law development.
- **Work on awareness and attitudes** is being undertaken by PDO and Tanadgoma
- UNFPA is anticipating a second round of funding; a first draft is currently under review by SIDA.

- Interview with UNFPA Georgia CO

<p>Assumption 3.4: UNFPA has contributed to effective efforts to protect young women and girls, including those at risk of early marriage, from gender-based violence especially in relation to HIV prevention; and to provide young women and girls with information leading to empowerment through knowledge and behaviour change for HIV prevention. Further, HIV prevention has been integrated into efforts to improve clinical and other services for survivors of GBV.</p>	
<ul style="list-style-type: none"> • Main achievement so far has been to establish mechanisms for financial support to monitor human rights. The monitoring methodology is well established, and this has helped to build capacity. UNFPA has been a strong partner, always ready to support, provide its expertise and collaborate. UNFPA hired the consultant who heled to develop the monitoring guidelines on the issue of human rights in SRH, and financed the monitoring methodology. 	<ul style="list-style-type: none"> • Interview with Public Defender's Office
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> • <i>The UNFPA 2016 Annual Report</i> (p.4) shared five results relating to efforts to protect young women and girls: <ul style="list-style-type: none"> ○ "Evidence-based advocacy and policy dialogue on harmful practices resulted in the inclusion of child marriage and others into the national Ministry of Women's and Child Protection (MoWECP) priority agenda. The dialogue re-opened discussions for inclusion of these harmful practices in Indonesia's reported SDG indicators. ○ Improved coordination for health sector response to domestic and gender-based violence as well as the inclusion of male involvement approaches in the National Framework on GBV prevention and SRHR. ○ Improved quality assurance for the Indonesia's first Violence Against Women survey and strengthened coordination among related ministries in the conduct of the survey. ○ Improved national GBV prevention and response programme referencing the situation analysis on GBV in humanitarian settings in Indonesia. ○ Improved capacity of local partners in the integration of men and boys engagement approach in GBV prevention to contribute to the National Framework of Male Involvement" 	<ul style="list-style-type: none"> • The Government of the Republic of Indonesia and UNFPA, <i>The Government of the Republic of Indonesia and UNFPA: 2016 Key Achievements</i>, Jakarta: BAPPENAS and UNFPA, undated.
<ul style="list-style-type: none"> • In 2018, UNFPA key achievements in regard to gender equality, including <ul style="list-style-type: none"> ○ "8,465 people (7,191 females and 1,274 males) received services through RH and GBV outreach ○ 1,704 people have participated in Focus Group Discussions on GBV ○ An orientation of the global Clinical Management of Rape (CMR) protocol was organized for the RH sub-cluster in Jakarta ○ 20 non-health volunteers trained on Prevention of GBV in emergencies by UNFPA, central PKBI & Yayasan Pulih ○ GBV training materials developed and 45 GBV focal points, local government officials, women NGOs and volunteers in North Lombok received training using the materials." (p.8) <p>Also:</p> <ul style="list-style-type: none"> ○ The Background Paper of RPJMN on Gender Equality and Women Empowerment 2020-2024 ○ A revised Manual of TOT on GBV Case Management for National Facilitator and Health Service Providers ○ Guidelines on Prevention of FGM/C for Health Service Providers and the Abandonment of FGM/C for CSO using a Family Approach ○ A Modelling Strategy of Child Marriage Prevention ○ Bogor Declaration of strengthened commitment of Religious Leaders on the Abandonment of FGM/C through a National Meeting of Ulema and Pesantren Based Dialogues in 4 provinces on the abandonment of FGM/C 	<ul style="list-style-type: none"> • UNFPA, <i>Government of Indonesia – UNFPA Strategic Partnership Ninth Country Programme 2016-2020 Annual Report 2018</i>, Jakarta: UNFPA, undated.

<p>Assumption 3.4: UNFPA has contributed to effective efforts to protect young women and girls, including those at risk of early marriage, from gender-based violence especially in relation to HIV prevention; and to provide young women and girls with information leading to empowerment through knowledge and behaviour change for HIV prevention. Further, HIV prevention has been integrated into efforts to improve clinical and other services for survivors of GBV.</p>	
<ul style="list-style-type: none"> ○ Youth Facilitators Networks on the Abandonment of FGM/C and 4 Youth Dialogues in 2 Child Forums and 2 High Schools.” (p.21) 	
<ul style="list-style-type: none"> ● In 2018, “1,281 girls received, with support from UNFPA, prevention, protection services, and/or care related to child, early, and forced marriage” and “1,036 girls and women received, with support from UNFPA, prevention, protection services, and/or care related to female genital mutilation” (p.1) 	<ul style="list-style-type: none"> ● File: ID_UNFPA_Results_05_30
<ul style="list-style-type: none"> ● In 2019, UNFPA supported the Ministry of Women’s Empowerment and Child Protection (USD 234,288 for all years) in collaboration with National Commission on Violence Against Women, MoH and NGOs to develop a road map and action plan for FGM/C abandonment, developing a background paper on increasing the age of marriage, holding a national dialogue on male involvement within national policies and programmes, making available SOPs of the National Framework on Male Involvement in SRHR and GBV prevention at the national and sub level, developing guidelines on the prevention of sexual and gender based violence in humanitarian settings. 	<ul style="list-style-type: none"> ● File: AWP MOWECP GEN_HUM 2019 Final
<ul style="list-style-type: none"> ● When UNFPA developed their intimate partner notification model, they realised the GBV component was missing. They knew GBV issues were a major concern for intimate partners disclosing their status. UNFPA did not have money to address this but collaborated with UNWOMEN. UNWOMEN had UNBRAAF money available and allocated USD 35,000 USD into the collaboration to pay for consultants and a workshop. Collaboration with UNWOMEN enables UNFPA to bring in good inputs from key gender stakeholders. ‘We had the concept and they had the stakeholders and the money to make this possible’. In addition, UNFPA report that UNWOMEN have not yet established a strong relationship with MOH, so this collaboration has helped them ease their way into the working group on partner notification and thus created an entry point to form a UNWOMEN-MOH relationship (which had been missing since the NAC was dissolved). 	<ul style="list-style-type: none"> ● Interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> ● UNFPA is working with WHO and UNWOMEN to develop proposals for a pilot initiative for 2020. “There is growing evidence that the relationship between violence against women and HIV infection in women and girls may be indirectly mediated by HIV risk-taking behaviours. Studies show that women’s experience of violence is linked to increased risk-taking including having multiple partners, non-primary partners (or partnerships outside marriage) or engaging in transactional sex. The links between intimate partner violence and HIV and AIDS are explained by biological as well as sociocultural and economic factors. UN Women has jointly contributed to support the implementation of Partner Notification in particular by developing SOP for addressing the violence and how to prevent it from occurring in the intimate partner relations. The SOP will be an integral part of the Partner Notification both in health care and community settings. UN Women already recruited a national consultant to conduct review of the existing tools such as global and national guidelines and develop contextualized SOP based on the review.” (p.4) 	<ul style="list-style-type: none"> ● UNFPA, <i>Concept Note Support for Pilot Implementation of Partner Notification in Health Care and Community Setting in Indonesia</i>. WHO, UNFPA and UN WOMEN. 2019 – 2020
<p>National: Namibia</p>	
<ul style="list-style-type: none"> ● For UNFPA in Namibia, the SYP with its focus on CSE and engaging adolescents and youth through social media (the Tune Me mobile App) has been an important vehicle for addressing SGBV. In 2017, UNFPA, under the SYP programme supported the OFL in documenting and publishing online stories on SGBV. Similarly, in 2019, the SYP programme was 	<ul style="list-style-type: none"> ● UNFPA Namibia, Project Monitoring Reports: 2016/17/18 and 19.

<p>Assumption 3.4: UNFPA has contributed to effective efforts to protect young women and girls, including those at risk of early marriage, from gender-based violence especially in relation to HIV prevention; and to provide young women and girls with information leading to empowerment through knowledge and behaviour change for HIV prevention. Further, HIV prevention has been integrated into efforts to improve clinical and other services for survivors of GBV.</p>	
<p>used to support the One Economy Foundation/OFL in its Break Free/Be Free campaigns on SGBV. In 2019, the Namibia CO of UNFPA also provided funding to the Ministry of Gender Equality and Child Welfare to generate knowledge documents and engage in policy dialogue and advocacy on SGBV.</p> <ul style="list-style-type: none"> It is also worth noting that the second phase of the regional programme on linking and integrating HIV, SRHR and SGBV services: 2Gether 4SRHR was expanded to encompass integration of HIV/SRHR and SGBV services in the delivery of health care. 	
<p>National: Zambia</p>	
<ul style="list-style-type: none"> UNFPA implements activities under the “Global Programme to End Child Marriage” funded by CIDA and DFID from 2016-2019. 	<ul style="list-style-type: none"> UNFPA Zambia (2019). Overview of UNFPA Support to HIV Response in Zambia (Excel sheet submitted by UNFPA Zambia HIV Focal Point)
<ul style="list-style-type: none"> In 2018, UNFPA supported the national NGO Young Women Christian Association (YWCA) to conduct activities to prevent child marriage at community level. Overall goal is “Increased capacity of national, provincial and district institutions to design and implement comprehensive programmes for marginalized adolescent girls including safe spaces for those at risk of child marriage”. 	<ul style="list-style-type: none"> YWCA 2018 Annual Work Plan

<p>Area of Investigation Four:</p>	
<p>Extent of UNFPA efforts as a broker to facilitate the participation of a broad spectrum of actors and contribute to forging partnerships</p>	
<p>Evaluation Question 4: <i>To what extent has UNFPA been effective at global, regional and country level in forging and/or supporting networks, coalitions and partnerships to ensure meaningful participation of governments, civil society (especially adolescents and youth and key populations) and the private sector in dialogue and action on HIV prevention – including participation in programme design, planning and implementation?</i></p>	
<p>Evaluation Criteria</p>	<p><i>Effectiveness, sustainability, coordination</i></p>
<p>Assumption 4.1: UNFPA has effectively supported platforms for south-south cooperation and joint lessons learning on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV (also applies to assumption 1.6).</p>	
<p><u>Indicators:</u></p> <ul style="list-style-type: none"> Type and number of platforms and mechanisms for south-south consultation and cooperation supported by UNFPA Frequency of south-south meetings/workshops/interactions on linkages/integration 	

Assumption 4.1: UNFPA has effectively supported platforms for south-south cooperation and joint lessons learning on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV (also applies to assumption 1.6).	
<ul style="list-style-type: none"> Reported utility of south-south cooperative efforts on linkages/ integration supported by UNFPA. 	
Observations	Sources of Evidence
<ul style="list-style-type: none"> See observations and sources of evidence for Assumption 1.6 above. 	
Global	
<ul style="list-style-type: none"> The GPC was established in October 2017 to put HIV prevention back into focus. Getting UNFPA on board was key in terms of leveraging their political leadership. The GPC is happy to have UNFPA political and technical strengths as co-convenor. UNFPA Executive Director has been very supportive in terms of the global leadership. Her support has sent signals to her deputies re their own engagement. They have been really supportive and engaged in terms of the global HIV agenda. The GPC working group conceptualized the five prevention pillars and established the thinking and global advocacy that guides the work of the Coalition. It meets four times a year and includes UNFPA, UNAIDS, UNICEF and WHO. Political leadership from UNFPA/Natalia for the coalition has been good and important. 	<ul style="list-style-type: none"> Interview with UN agency staff at global level
<ul style="list-style-type: none"> Their biggest contribution relates to the GPC and their global leadership has been critical. It was not a given; you needed someone who would push it. Really appreciated UNFPA global support for the coalition and its structure/approach. This has resulted in buy-in from Ministries and civil society. This is a major achievement and should not be minimized. For that to happen you need both UNFPA and UNAIDS support – and this needs to be maintained. That kind of partnership, joint engagement, and cross learning has been helpful. 	
<ul style="list-style-type: none"> Members of the Global HIV Prevention Coalition are noted below: <ul style="list-style-type: none"> Co-conveners: UNAIDS and UNFPA International organizations: <ul style="list-style-type: none"> African Union Bill and Melinda Gates Foundation (BMGF) Children’s Investment Fund Foundation Joint UN Programme on HIV and AIDS Secretariat and cosponsors Reproductive Health Supplies Coalition SADC The Global Fund Pepfar AFRIYAN AVAC Global Action for Trans Equality (GATE) Global Forum on MSM and HIV (MSMGF) Global Network of People living with HIV (GNP+) Global Network of Sex Work Projects (NSWP) 	<ul style="list-style-type: none"> https://hivpreventioncoalition.unaids.org/membership-2/

<p>Assumption 4.1: UNFPA has effectively supported platforms for south-south cooperation and joint lessons learning on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV (also applies to assumption 1.6).</p>	
<ul style="list-style-type: none"> ▪ International Community of Women Living with HIV (ICW) ▪ International HIV and AIDS Alliance ▪ International Network of People Who Use Drugs (INPUD) ▪ International Network of Religious Leaders Living with or personally affected by HIV and AIDS (INERRLA+) ▪ IPPF ○ Member states: Angola, Botswana, Brazil, Cameroon, China, Côte d'Ivoire, DRC, Eswatini, Ethiopia, France, Germany, Ghana, India, Indonesia, Iran, Kenya, Lesotho, Malawi, Mexico, Mozambique, Myanmar, Namibia, Netherlands, Nigeria, Norway, Pakistan, South Africa, Sweden, Uganda, Ukraine, UK, Tanzania, Zambia and Zimbabwe 	
<p>Regional: EECARO</p>	
<ul style="list-style-type: none"> • UNFPA and IPPF EN have established a partnership in the region to develop an evidence base on the HIV and SRHR needs of young KPs. Eight countries in the region have worked together for two years to gather evidence, develop action plans and encourage the direct engagement of young KPs in increasing their access to HIV and SRHR services. Governments, civil society, community members, IPPF Member Associations and UNFPA COs from Albania, Bosnia & Herzegovina, Georgia, Kyrgyzstan, Serbia, Tajikistan and Ukraine came together for the second regional consultation, to strengthen the evidence base for programming; sharing examples of promising practice and innovations in local level approaches; and a commitment for increased engagement by regional community-led and community-engaged networks of KPs and youth organisations. Importantly, the regional consultation focused on the development of a regional programme support document to shape local, country and regional level work on young KPs. It has brought together the best real time evidence gathered from communities, with clear focus on needed actions and directions for government and civil society partners, and the areas where community organisations of KPs and young people need to increase their engagement. • A further significant milestone came with the launch of the YKP Programming Tool on World AIDS Day, again with partners. The tools have been developed in a very participatory manner and have been recognized globally. 	<ul style="list-style-type: none"> • UNFPA EECARO, HIV specific results 2016-2018, p.1
<p>Regional: ESARO</p>	
<ul style="list-style-type: none"> • In 2017, “UNFPA convened a regional workshop for HIV prevention programming in East and Southern Africa (ESA). The workshop was hosted for the 23 ESA COs, in the region, which is the epicentre of the AIDS epidemic. It brought together sexual reproductive health, HIV, gender, communications and youth focal persons from UNFPA 14 COs in East and Southern Africa, as well as representatives from the communities of young people, Men having Sex with Men (MSM), sex workers, and resource persons in the areas of young people, MSM, sex workers, including advocacy and condom programming.” (p. 1) • “...the workshop had three fundamental discussions and outcomes: a) agreed regional programming frameworks on young people, MSM and sex workers; b) overarching advocacy messages relating to all of these populations; and c) a possible road map for positioning UNFPA at country level (p. 20) “A fundamental part of the workshop was on building consensus on the documents that would provide minimum standards in ESARO on programming for young people, MSM and sex workers.” (p.18) 	<ul style="list-style-type: none"> • UNFPA (2017). <i>Strengthening UNFPA Leadership on HIV Prevention in East and Southern Africa</i>, p.1, 20, 18

<p>Assumption 4.1: UNFPA has effectively supported platforms for south-south cooperation and joint lessons learning on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV (also applies to assumption 1.6).</p>	
<ul style="list-style-type: none"> • “The regional team facilitated an exchange visit between Botswana and South Africa on strengthening SRHR, HIV and SGBV outcomes for adolescent girls and young women and KPs. Technical support was also provided to Lesotho and Kenya (see country progress report for additional information) through two joint missions to learn from and strengthen country implementation. • The joint mission to Lesotho was designed to support the UN Country Team implementing the 2gether 4 SRHR Programme to take stock and review progress made with the implementation of the Year 1 work plan, and to develop the work plan and budget for 2019. The MoH expressed that the SRHR Programme brought the UN together and that the UN team is pushing the Ministry to demonstrate results. The Ministry also noted that despite the initial delay in implementation, good progress has been made. A brainstorming was held regarding the Year 2 work plan building upon programme implementation in Year 1 and the 4-year work plan developed at the programme inception. • A journal supplement that shares experiences on the provision of integrated services to the general population and KPs was developed in partnership with USAID and Johns Hopkins University (JHU). The supplement is intended to share lessons learnt from countries and civil society on the integration of SRHR, HIV and SGBV into programmes for the general population and KPs. The partnership between USAID and JHU enabled the sharing of experiences from across the continent on approaches to strengthening the provision of integrated services. • A webinar was convened, and a document is being finalised to share lessons learnt from the OHTA programme on improving postnatal retention in PMTCT. Working to generate new and critical knowledge on the effective provision of SRHR, HIV and SGBV services to adolescent mothers, a partnership was established with Oxford and Cape Town University to conduct operational research on the issue. “ 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2018): <i>2gether 4 SRHR Draft 2018 Annual Report</i>, p. 37
<ul style="list-style-type: none"> • “In 2018, the region amplified lessons learnt through facilitating cross-country study tours, webinars, supporting the development of a journal on integration and operational research on pregnant and adolescent youth to strengthen PMTCT outcomes. Country-level activities included exchange visits by sites to integrated sites to facilitate learning, and knowledge sharing activities. • In 2019, support will be provided to SADC and EAC to convene regional fora of SRHR managers to share lessons learnt and emerging practices. Activities will leverage regional and global events to amplify the work of the 2gether 4 SRHR programme. Countries will continue to convene learnings and knowledge exchange, both virtually and in person and to document emerging and promising practices. “ 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): Minutes of the 2nd Annual Regional Programme Steering Committee for the 2gether 4 SRHR Programme, 14 - 15 March 2019, Malawi, p. 8
<ul style="list-style-type: none"> • The following results were achieved by the 2gether 4 SRHR in 2018: <ul style="list-style-type: none"> ○ South-south exchange between Botswana and South Africa on strengthening SRHR, HIV and SGBV outcomes for adolescent girls and young women and KPs ○ Peer review journal supplement on the provision of integrated services to the general population and KPs is being finalised with USAID ○ Webinar convened and document being finalised to share lessons learnt from the OHTA programme on improving postnatal retention in PMTCT 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): <i>Draft: Regional Programme Steering Committee Progress Report and 2019 Work plans</i>, 14 March 2019

<p>Assumption 4.1: UNFPA has effectively supported platforms for south-south cooperation and joint lessons learning on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV (also applies to assumption 1.6).</p>	
<ul style="list-style-type: none"> ○ Operational Research: Partnership established with Oxford and Cape Town ○ Provision of SRHR, HIV and SGBV services to adolescent mothers ○ Technical support was provided to Lesotho and Kenya through two joint missions to learn from and strengthen country implementation ○ Eswatini undertook a mission to South Africa to learn from their experience in condom reprogramming ○ Uganda conducted a knowledge sharing bazaar on SRHR, HIV and SGBV ● A lesson learned was that coherent guidance is needed to document emerging and promising practices. The regional team will review and harmonise different agency guidelines on the documentation of promising practices. 	
<p>National - Georgia</p>	
<ul style="list-style-type: none"> ● UNFPA Georgia is represented on the Regional Advisory Group on Strategic Information (RAGSI) for the ECOM GFTAM grant on behalf of UNFPA EECARO. An assessment was conducted of existing strategic information on HIV in MSM and Trans-people in Armenia, Belarus, Georgia, Kyrgyzstan and Macedonia for an understanding of the epidemic context, vulnerability and exposure to risk among different populations and options to alleviate the burden of HIV and its impacts. ● UNFPA Georgia also represented UNFPA EECARO, while working on development of UN Common Position Paper on Ending Tuberculosis, HIV and Viral Hepatitis through Intersectoral Collaboration. This position paper was developed within the framework of the United Nations Sustainable Development Goals Issue-based Coalition on Health and Well-being for All at All Ages in Europe and Central Asia. The paper was endorsed at the Regional UN System Meeting for Europe and Central Asia, in Geneva 9 May 2018 and officially launched at the UN General Assembly in New York, through a dedicated side event co-organized by the Slovak Republic, WHO and IOM regional offices 27 September 2018. The process was led by the WHO Regional Office. 	<ul style="list-style-type: none"> ● UNFPA Georgia, <i>2017 Annual Report</i>, draft 16 October 2017
<ul style="list-style-type: none"> ● UNFPA Georgia has strong links with regional HIV networks. There is a strong team at EECARO that leads the process. 	<ul style="list-style-type: none"> ● Interview with UNFPA Georgia
<ul style="list-style-type: none"> ● UNFPA is well connected to regional networks like ECOM (on men’s engagement), a regional advisor group advocating for the rights of MSM and trans-people to access to services free of discrimination and bias. ● UNFPA works on supporting partners with capacity-building/training, information sharing, introducing new tools and guidelines from WHO and others, training with service providers. UNFPA shares resources and updates all organizations working in the field (10-12 different organizations). 	<ul style="list-style-type: none"> ● Interview with NGO partner staff, Georgia
<ul style="list-style-type: none"> ● UNFPA organized a study tour to Scotland, supported the development of a webpage to ensure that all studies are available online and updated all monitoring and indicators re adolescent birth. The web portal is mainstreamed with the action plan. UNFPA “used a small amount of money to leverage something useful.” 	<ul style="list-style-type: none"> ● Interview with Government officials, Georgia
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> ● The UNFPA 2016 Annual Report mentions “Knowledge sharing through South-South and Triangular Cooperation with 12 Asian and African countries on strategic partnerships for family planning with Muslim religious leaders (MRLs); comprehensive, rights-based clinical family planning; bridging leadership with district leaders; and Islamic youth leaders in 	<ul style="list-style-type: none"> ● The Government of the Republic of Indonesia and UNFPA, <i>The Government of the Republic of Indonesia and UNFPA: 2016 Key</i>

Assumption 4.1: UNFPA has effectively supported platforms for south-south cooperation and joint lessons learning on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV (also applies to assumption 1.6).	
adolescent reproductive health, in partnership with Ministry of State Secretariat, National Population and Family Planning Board (BKKBN) and University of Gadjah Mada (UGM).” (p. 2)	<i>Achievements</i> , Jakarta: BAPPENAS and UNFPA, undated.
<ul style="list-style-type: none"> The UNFPA, Mid Term Review Evaluation Report (p.52) noted achievements of: <ul style="list-style-type: none"> In 2016: “South-South Cooperation with 12 Asian and African countries on the role of Muslim Leaders in FP, on comprehensive, rights-based clinical family planning, the role of Islamic Youth Leaders in adolescent reproductive health.” In 2017: “Continued South-South Cooperation through the international training programme and the bilateral programme with the Philippines (government co-financing/financial contribution)” In 2018: “Continued South-South Cooperation through the international training programme and the bilateral programme with the Philippines (government co-financing/financial contribution)” 	<ul style="list-style-type: none"> UNFPA, <i>Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to the Government of Indonesia (GOI) 2016 – 2020</i>. Dated February 20, 2019. UNFPA. p.52
National: Turkey	
<ul style="list-style-type: none"> International workshop on best practices in humanitarian youth field in health and protection sectors Young and Refugee Good Practices International Conference was held between 23- 26th May 2017 in İstanbul, Conrad Bosphorus Hotel. Fifteen participants from 6 different countries and 80 participants from Turkey joined this conference. The workshop was led by a team from UNFPA, Youth Approaches to Health Association (YAHA) and TOG (Community Volunteers Foundation). 	<ul style="list-style-type: none"> UNFPA, <i>TOG Annual progress report 2017</i>, p. 5
National: Namibia (For detailed evidence of south-south cooperation in Namibia see assumption 1.6 above)	
National: Zambia	
<ul style="list-style-type: none"> Key stakeholders in Zambia felt that the platforms established by UNFPA to support sharing of information and lessons learned were very useful. These included the Regional Programme Steering Committee Meeting (UN agencies), Knowledge Sharing Meetings and the Regional Technical Consultations. <ul style="list-style-type: none"> “The advantage of the project being regional was that it provided an opportunity for Zambia to share information about how integration was taking place, but it also showed the Zambian Government how successful integration can be, especially when they were able to see the successes of other countries with similar contexts. It showed them that Zambia could also achieve the same results “ “The Linkages Project also allowed Zambia to learn about resources and tools that can be used for integration, many which were used to improve working with KPs.” “Zambia did not participate in a South-South learning exchange” In 2017, there was also a felt need to strengthen communication between the regional and the COs, and to create platforms for more frequent/regular exchange of information and catch-up meetings: <ul style="list-style-type: none"> “Recommendations (...) Strengthen communication between the regional and COs, ensuring the sharing of information on progress, documenting lessons learnt and creating more frequent platforms for the exchange of information and more frequent catch up meetings.” 	<ul style="list-style-type: none"> UNFPA and UNAIDS, <i>the UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft</i>, p. 24
Online Survey	

Assumption 4.1: UNFPA has effectively supported platforms for south-south cooperation and joint lessons learning on strengthening bi-directional linkages and integrating HIV, SRHR and SGBV (also applies to assumption 1.6).		
<ul style="list-style-type: none"> Question 31: UNFPA has effectively supported exchange among countries at a regional level to support the HIV response 		<ul style="list-style-type: none"> Online survey
Answer Choices	Responses	
Strongly agree	26.15%	51
Agree	37.44%	73
Neither agree nor disagree	26.67%	52
Disagree	9.74%	19
Strongly disagree	0.00%	0
	Answered	195
	Skipped	83

Assumption 4.2: The support provided by UNFPA to global, regional and national partnerships (including for example HIV prevention coalitions) has contributed to more and better joint policy development and programming on HIV prevention. UNFPA support has also contributed to re-positioning HIV prevention as an essential component of SRHR with broad participation.

- Indicators:
- Inter-governmental statements of policies and strategies for HIV, SRHR and SGBV reflect need for integration and protection of rights of adolescents and youth/women/KPs
 - HIV prevention re-positioned as high priority in global and regional intergovernmental HIV strategies and policies
 - Views of national health authorities and national HIV commissions
 - Views of members of global, national HIV prevention coalitions.

Observations	Sources of Evidence
Global	
<ul style="list-style-type: none"> UNFPA is a member in the GPC, established in 2017 with membership from the 25 highest HIV burden countries, UNAIDS cosponsors, donors, and civil society and private sector organizations. Its goal is to strengthen and sustain political commitment for primary prevention by setting a common agenda among key policymakers, funders and programme implementers. Its creation followed the declaration by the UN General Assembly that ending AIDS as a public health threat by 2030 required a “fast-track” response with three milestones to reach by 2020: <ul style="list-style-type: none"> Reduce new HIV infections to fewer than 500,000 globally Reduce AIDS-related deaths to fewer than 500,000 globally Eliminate HIV-related stigma and discrimination The Prevention 2020 Road Map was developed and includes a 10-point plan for accelerating HIV prevention at the country level in light of the evidence that declines in new HIV infections remain too slow and targets are being missed by a wide margin. The Road Map focuses on five prevention pillars: 	<ul style="list-style-type: none"> UNAIDS, <i>HIV Prevention 2020 Road Map: Accelerating HIV prevention to reduce new infections by 75%</i>, accessed from: www.hivpreventioncoalition.usaid.s.org/road-map/

<p>Assumption 4.2: The support provided by UNFPA to global, regional and national partnerships (including for example HIV prevention coalitions) has contributed to more and better joint policy development and programming on HIV prevention. UNFPA support has also contributed to re-positioning HIV prevention as an essential component of SRHR with broad participation.</p>	
<ul style="list-style-type: none"> ○ Combination prevention for adolescent girls, young women and their male partners in high-prevalence locations, mainly in Africa ○ Combination prevention programmes for all KPs ○ Strengthened national condom and related behavioural change programmes ○ Voluntary medical male circumcision (VMMC) within context of male SRH provision ○ Offering pre-exposure prophylaxis (PrEP) to population groups at substantive risk 	
<ul style="list-style-type: none"> ● The Global Prevention Coalition was launched in 2017 at a meeting of global policymakers, donors, MoH officials and civil society focused on development a HIV prevention roadmap. It calls for the acceleration of global and national prevention efforts to address the lack of progress in reducing new infections in adults and adolescents globally. UNAIDS and UNFPA co-lead the GPC. According to the first progress report in March 2018, the following results were achieved by the GPC: <ul style="list-style-type: none"> ○ Twenty-three of 25 countries participating in the Coalition developed 100-day action plans, which included establishing or strengthening national prevention leadership and oversight, setting or revising targets, and addressing legal and policy barriers. ○ Expansion of the HIV Prevention Coalition ○ Development of a global support structure, with a secretariat established at UNAIDS to track progress 	<ul style="list-style-type: none"> ● UNAIDS, <i>Implementation of the HIV Prevention 2020 Road Map, First Progress Report, March 2018</i>
<ul style="list-style-type: none"> ● UNAIDS and UNFPA worked together to initiate the GPC. UNFPA was originally very committed and gave the initiative high political investment through active involvement of the Executive Director. As a result, they were able to bring on Gates, the Global Fund and PEPFAR and got a lot of initial traction. However, high-level political support from UNFPA has declined over time. For a while, the focus was on pushing countries to consider the condom gap, but recently they have been less political. Civil society actors recognise that the gap is political and not technical, therefore, political leadership and support at the highest level remains very important. ● The GPC has great potential. It should create safe space for ministers to talk about how to push a rights-based approach for HIV prevention. This has not happened as yet. ● “We need them to be technically stronger, braver and more assertive.” ● “We don’t feel their leadership on HIV prevention.” 	<ul style="list-style-type: none"> ● Interview with member of CSO or donor organization at global level
<ul style="list-style-type: none"> ● In terms of HIV prevention, there is not much from UNFPA in terms of leadership or messaging at global level. It tends to be UNAIDS that raises issues of SRHR more broadly and HIV. ● UNFPA should be pushing for more domestic funding of the HIV response and keep the focus on prevention and not get sidetracked by giving too much attention and resources to treatment. They must demonstrate the commitment to not leaving anyone behind. They must focus on KPs and raise issues for KPs with government, i.e., tackle criminalisation, access to services and rights, link between KP care and SRHR, etc. ● “GBV is becoming more prominent at global level, but UNFPA hasn’t been active on that, not in terms of concrete achievements.” 	<ul style="list-style-type: none"> ● Interview with member of CSO or donor organization at global level

<p>Assumption 4.2: The support provided by UNFPA to global, regional and national partnerships (including for example HIV prevention coalitions) has contributed to more and better joint policy development and programming on HIV prevention. UNFPA support has also contributed to re-positioning HIV prevention as an essential component of SRHR with broad participation.</p>	
<ul style="list-style-type: none"> • “UNFPA has an added mandate for programming, they should have core topics they focus on for influencing government and for their programming.” 	
<ul style="list-style-type: none"> • Although UNFPA is part of the GPC, HIV is not mentioned at the level of their transformational results. • Condom programming has been incorporated into more general SRH work. There is “condomize;” however, it is not strategic. Since the UNAIDS funding and funding to co-sponsors has decreased, there has been no particular focus on condoms. UNFPA tends to site with reproductive health on condom supply and that part of the system seems to work. However, they are not so visible on the HIV condom side. Right now, the management of condoms for HIV seems weak and UNFPA does not seem to have the bandwidth to sort it out. 	<ul style="list-style-type: none"> • Interview with member of CSO or donor organization at global level
<ul style="list-style-type: none"> • UNFPA has done some good work on prevention at global level; however, they should be much more closely linked in to the GPC. There are more resources going to treatment than prevention and UNFPA has not been able to reverse that. • UNFPA can/should focus more attention on prevention especially in terms of replicating success with KPs in Asia and condom programming. • UNFPA has achieved a lot at regional and country level but need to get more visibility for their attention to KPs and young people, including AGYW. 	<ul style="list-style-type: none"> • Interviews with staff from UN agencies at global level
<p>Regional: EECARO</p>	
<ul style="list-style-type: none"> • EECARO involvement in GPC: Because of the proximity to Geneva, the HIV EECARO advisor often represents UNFPA globally at meetings. 	<ul style="list-style-type: none"> • Interview with UNFPA EECARO staff
<ul style="list-style-type: none"> • The role of the EECARO regional office is to: <ul style="list-style-type: none"> ○ Interface with regional networks (SRH, Population and Development agenda, Youth, etc.) ○ Provide technical support to COs ○ Also, EECARO was the focal point for global implementation tools/products used across the program, i.e., MSMIT, SWIT, DOIT, plus the latest one (with IPPF) YKPIT. • EECARO takes best practices and norms and adapts/applies for the region • Even though there is little funding available, EECARO works in a catalytic manner to build capacity of regional networks to raise their own money, i.e. \$10,000 was used to help the network, EuroMen, raise \$1m from the Global Fund. • The regional programme is integrated under outcomes for SRHR and Youth; the technical advisors work and contribute to “joint” results. For example, the EECARO youth advisor is linked to the advisor at HQs and works on youth, YKPs, CSE. Other examples of “joint results” and integration: <ul style="list-style-type: none"> ○ Event in Balkans last year looked both at youth and LNOB (leaving no one behind), and helped to strengthen work on HIV because of the setting ○ UNFPA signed the SRHR-HIV Linkages Call to Action which helped to give “traction” to work on HIV given the reluctance to address HIV within the region, e.g., providing SRH services in prisons that include HIV, revision of health 	<ul style="list-style-type: none"> • Interviews with UNFPA EECARO staff

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<p>sector protocols to include HIV prevention, trained HIV network in SRH and family planning issues. Linkages are easy to make and are quite important.</p>	
<ul style="list-style-type: none"> • Regional policy dialogue on HIV and migration in Central Asia and Russian Federation was initiated. Specific focus was placed on addressing the needs of migrant KPs. Technical workshop was held in Astana, Kazakhstan for experts from governmental and civil society sectors from Kazakhstan, Kyrgyz Republic, Russian Federation, Tajikistan, Turkmenistan and Uzbekistan. INGOs such as Aids fund East-West (AFEW), International Federation of Red Cross (IFRC), regional networks Eurasian Coalition of Mens Health (ECOM), East Europe and Central Asia Union of PLWH (ECUO), Eurasian Harm Reduction Association (EHRA), Eurasian Women’s Network on AIDS (EWNA) and Sex Worker Advocacy Network (SWAN), as well as UN agencies (WHO, IOM, UNICEF, UNAIDS) also took part in the discussions which resulted in the development of specific recommendations to the governments, CSOs, donor and international organizations, and the UN. 	<ul style="list-style-type: none"> • UNFPA EECARO, <i>HIV Specific Results 2016-2018</i>, p.5
<p>Regional: ESARO</p>	
<ul style="list-style-type: none"> • “The Southern African Development Community’s (SADC) ground breaking and far-reaching Regional Strategy for Sexual and Reproductive Health and Rights (SRHR) 2019–2030, and corresponding Score Card to measure progress, was approved by the Ministers of Health and Ministers responsible for HIV & AIDS from the 16 SADC Member States. The Sexual and Reproductive Health and Rights (SRHR) Strategy for the SADC Region (2019–2030) provides a framework for the Member States to fast-track a healthy sexual and reproductive life for the people in the region, and for all people to be able to exercise their rights. The first ever multi-sectoral score card to be adopted by a regional entity was also given the ministerial green light. The purpose of the scorecard is for the region to measure progress on achieving implementation of the strategy and the sustainable development goals.” 	<ul style="list-style-type: none"> • ESARO News Release, Nov. 13, 2018. Accessible at: • https://esaro.unfpa.org/en/news/groundbreaking-regional-strategy-sexual-and-reproductive-health-gets-ministerial-approval
<ul style="list-style-type: none"> • “This work would not have been possible without the financial and technical assistance of UNDP, UNFPA and UNAIDS through their Regional Offices for East and Southern Africa”. • “This strategy is expected to serve as a guide to Member States in designing and implementing appropriate Sexual and Reproductive Health (SRH) and HIV Prevention, treatment and care programmes for KPs focusing on the major issues that need to be addressed at policy, legal, institutional and facility levels.” 	<ul style="list-style-type: none"> • SADC, <i>Regional Strategy for HIV Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations</i>, (2018) p. 2.
<ul style="list-style-type: none"> • “UNFPA has been an active partner with the SADC Parliamentary Forum, especially on research and advocacy for improving the legal environment, including: <ul style="list-style-type: none"> ○ Discriminatory age of consent laws ○ Development of a model law on early marriage. “ • “UNFPA support helped the SADC Parliamentary Forum to link to the East African Legislative Forum (the Parliamentary network of the East Africa Community). 	<ul style="list-style-type: none"> • Interview with the SADC Parliamentary Forum, Windhoek
<ul style="list-style-type: none"> • “UNFPA was able to use the East and Southern Africa Ministerial Commitments (ESA 2013) operationalized at a regional level as advocacy tools.” 	<ul style="list-style-type: none"> • Interview with UNFPA CO, Windhoek

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<ul style="list-style-type: none"> • “There is a regional framework for CSE for out-of-school young people which was developed with UNFPA support and adopted by the SADC Ministers of health, education and youth. This was further adopted to a CSE Framework for Out of School Young People in Namibia (2016).” 	<ul style="list-style-type: none"> • Interview with the MYSNS
<ul style="list-style-type: none"> • “The advocacy work of AfriYAN Namibia builds on the Ministerial Commitments for East and Southern Africa (SADC Ministers of health, education and youth) in relation to teenage pregnancy, Sexual and Gender Based Violence and HIV and AIDS.” 	<ul style="list-style-type: none"> • Interview with AfriYAN Namibia
<ul style="list-style-type: none"> • “The SADC HIV Strategy and SADC KPs Strategies are visions to be translated into national action by 2030. They thus become advocacy tools for use at national level because no MoH or Ministry of Education wants to be left behind.” 	<ul style="list-style-type: none"> • Interview with UNFPA ESARO
<p>National: Georgia</p>	
<ul style="list-style-type: none"> • The collaboration between UNICEF and UNFPA is very good. They have good experience in MCH. Collaboration started with the 2010 Plan, which the government approved but did not carry out, for political reasons. When government acceptance finally came, UNICEF no longer had the resources to support it. Government then invited in other stakeholders and UNFPA joined. Each organization was assigned regional areas to work in and the effort was well coordinated by Government (2015-2016) using the same implementing partners. During this time, UNFPA was tasked to support the RH strategy, which grew into the MCH strategy. UNFPA invited UNICEF to participate in this effort. The implementation plan for the MCH strategy is more of a wish list, due to limitation of resources in both agencies. • In July, WHO will evaluate status of the plan of action. Promising signs exist that health is becoming more important to the Government, then perhaps for donors (EU). Currently EU is not financing health; health is packaged with its support for public administration. • Deputy Ministry for PHC is writing the Health Sector Development Strategy now. This will inform donor strategies for overall development. • Other examples of good collaboration between UNICEF and UNFPA included the conduct of the EMTCT assessment, report and indicators and the collaboration on the MICS (with UNFPA taking the lead for the RH module and analysis). • Reason for good collaboration: local, capable staff working together for decades, with both responsibility and authority coupled with scarcity of resources, which forces partners to work and fundraise together. • UNFPA does an excellent job coordinating the UBRAF process; UNICEF provides information on indicators related to its work and UNFPA enters data and coordinates responses to inquiries in a helpful and timely way. • There has been lots of joint work in the past on youth and adolescence, e.g.: <ul style="list-style-type: none"> ○ Support for youth camps where UNFPA supported HIV awareness and UNICEF supported drug abuse awareness. • Worked together on UN Joint Strategy on youth; UNFPA doing a good job on youth advocacy. Minister is becoming more interested and Prime Minister’s office will take the lead on this issue 	<ul style="list-style-type: none"> • Interview with UN agency staff, Georgia

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<ul style="list-style-type: none"> The Prevention Task Force was a project-based coordination activity funded by USAID. It assembled all stakeholders for coordination (prior to CCM being established). PTF elects members to the CCM on a rotational basis. PTF has value as a coordinating mechanism although there is no longer financial support. It is still functioning; two NGOs form the secretariat. It serves as a forum for exchange and technical input/advice. It is very active in December when members are working on funding proposals. CCM is the major body of coordination for the HIV response and has 28 members representing government and non-government actors; the Minister of Health chairs. GF more likely, will phase out in 2025 and it is not clear what will happen to CCM then. 	<ul style="list-style-type: none"> Interview with UNFPA Georgia CO
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> The report of the Mid Term Review of the UNFPA Indonesia 9th Country Programme does not mention the term ‘HIV’ in either the conclusions or the recommendations. 	<ul style="list-style-type: none"> UNFPA, Mid Term Review Evaluation Report, <i>UNFPA 9th Country Programme of Assistance to the Government of Indonesia (GOI) 2016 – 2020</i>. Dated February 20, 2019. UNFPA.
<ul style="list-style-type: none"> “Even before the Global Fund programme began, UNFPA already had a role influencing policy in specific areas. We were able to persuade government that it was also important to consider HIV prevention for the intimate partners of sex workers and other KPs. Now we have government buy in and have a pilot in 5 cities funded through UBRAF and growing interest from the Global Fund.” 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> There is little evidence that UNFPA has attempted to position HIV prevention as a priority issue for Indonesia beyond its work on the FSW and partner notification. The evaluation team asked whether UNFPA has contributed to positioning HIV prevention as an essential component of SRHR with broad participation. We were told, <i>“Working in the background is the best way. Be silent but effective. You have to be super-skilful to work with government.”</i> UNFPA does not give a clear message that HIV is an essential component of SRHR. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff, government officials and members of CSOs
<p>National: Zambia</p>	
<ul style="list-style-type: none"> “In Zambia, the Linkages Project has been catalytic in that it provided an opportunity for the MoH to re-introduce and discuss Primary Health Care (PHC). Now the MoH is talking about integration, and their involvement in the project has influenced their decision to go back to providing PHC. The Linkages Project has also been catalytic in that it has created momentum for government and UN agencies to talk about and prioritise integration. Government buy-in has helped advocate for the benefits of integration to other partners in Zambia and contributed to the awareness of SRHR/HIV integration at national level”. 	<ul style="list-style-type: none"> UNFPA and UNAIDS. <i>The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft</i>, p. 3-4.
<ul style="list-style-type: none"> “Partnerships were key to the successful implementation of the Linkages Project in Zambia. Partners who contributed to the SRHR/HIV Linkages Project in Zambia included the MoH and the Ministry of Education, UN partners, including UNFPA 	<ul style="list-style-type: none"> UNFPA and UNAIDS. <i>The UNFPA and UNAIDS Project on SRHR and</i>

<p>Assumption 4.2: The support provided by UNFPA to global, regional and national partnerships (including for example HIV prevention coalitions) has contributed to more and better joint policy development and programming on HIV prevention. UNFPA support has also contributed to re-positioning HIV prevention as an essential component of SRHR with broad participation.</p>																									
<p>and UNAIDS, other development partners, including the EU, the U.S President’s Emergency Plan for AIDS Relief (PEPFAR) and the Swedish International Development Assistance (Sida), CSOs including PPAZ and Marie Stopes Zambia, provincial and district medical officers, maternal and child health coordinators and information officers, healthcare providers, client support groups and community leaders.</p> <ul style="list-style-type: none"> In terms of policy development and guidelines, the MoH spearheaded the revisions. In addition, support for the inclusion of SRHR and HIV in policies and guidelines was provided by the MoH at national and provincial levels, the National Aids Council, and the UNAIDS and UNFPA COs and regional support teams. The MoH also provided training, mentorship and supervision of healthcare workers, as well as M&E, technical support and quality assurance. They also were responsible for distributing policies, protocols and guidelines.” 	<p><i>HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p. 11.</i></p>																								
<ul style="list-style-type: none"> “The consultative and inclusive approach to policy development observed in Zambia is one of the key successes of the Linkages Project, with the MoH leading the process and bringing together key stakeholders from different sectors to participate in the development or review of policies, strategies and guidelines, therefore ensuring that a broad spectrum of views was considered.” “There was a lack of coordination among SRH and HIV partners at the implementation level, resulting in duplication in some areas and underservice in others, affecting the flow of information from communities to the national level. Within the MoH, there was no joint SRH and HIV planning and budgeting for programmes.” 	<ul style="list-style-type: none"> UNFPA and UNAIDS. <i>The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p. 13, 16</i> 																								
<p>Online survey</p>																									
<ul style="list-style-type: none"> Question 26: UNFPA support to HIV networks, coalitions and partnerships has contributed to more and better joint policy development and/or programming on HIV prevention at national level <table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>30.26%</td> <td>59</td> </tr> <tr> <td>Agree</td> <td>46.67%</td> <td>91</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>18.97%</td> <td>37</td> </tr> <tr> <td>Disagree</td> <td>3.59%</td> <td>7</td> </tr> <tr> <td>Strongly disagree</td> <td>0.51%</td> <td>1</td> </tr> <tr> <td></td> <td>Answered</td> <td>195</td> </tr> <tr> <td></td> <td>Skipped</td> <td>83</td> </tr> </tbody> </table>	Answer Choices	Responses		Strongly agree	30.26%	59	Agree	46.67%	91	Neither agree nor disagree	18.97%	37	Disagree	3.59%	7	Strongly disagree	0.51%	1		Answered	195		Skipped	83	<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey, 2019
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<ul style="list-style-type: none"> Question 29: UNFPA has worked actively to re-position HIV prevention as an essential component of SRHR at national level <table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>40.00%</td> <td>78</td> </tr> </tbody> </table>	Answer Choices	Responses		Strongly agree	40.00%	78	<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey, 2019 																		
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Agree	39.49%	77	
Neither agree nor disagree	15.38%	30	
Disagree	4.10%	8	
Strongly disagree	1.03%	2	
	Answered	195	
	Skipped	83	

Assumption 4.3: The development of policies and programmes for HIV prevention is characterized by the participation of diverse actors as advocated by UNFPA—especially organisations representing and led by adolescents and youth, KPs and women. This may include private sector participation in a total market approach to distribution of condoms for HIV prevention.

- Indicators:
- Extent and frequency of national consultations on HIV prevention policy
 - Extent and frequency of participation by organisations representing and led by adolescents and youth, women and KPs in national forums and platforms for HIV prevention
 - Reported involvement of private sector actors in consultations on national HIV prevention strategies and programmes
 - Experience and views of national health authorities
 - Experience and views of staff of organisations representing adolescents and youth/women/KPs
 - Experience and views of organisations representing social marketing agencies and private sector firms engaged in distribution and sale of family planning products including condoms and lubricants.

Observations	Sources of Evidence
Regional: EECARO	
<ul style="list-style-type: none"> • Re regional networks, UNFPA helps to create the space to build their solidarity and knowledge; “We stand by the MSM, SW and transgender networks and help create the safe space that allows them to connect and work.” The 2016 evaluation of EECARO offers a model for catalysing networks for the broader program. • “We need to measure not just the mobilization of resources but how resources are leveraged. (There is not an indicator to support consistent monitoring of leverage. Means different things to different people). Remember the groups we work with are community organizations (e.g., Women living with HIV in Ukraine, Indigo in Kyrgyzstan), some who cannot register or function as an NGO in the usual way. We can’t have the same expectations for these networks as we do for other, more established national NGOs.” 	<ul style="list-style-type: none"> • Interview with UNFPA EECARO staff
<ul style="list-style-type: none"> • “The EHP’s (EECARO HIV Programme) regional partnerships with KP networks not only address the needs of vulnerable populations and strengthening civil society but, through partnering with the most appropriate organisations, has also 	<ul style="list-style-type: none"> • UNFPA, <i>Final Evaluation Report of Eastern Europe and Central Asia</i>

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<p>leveraged other strategic partners and funding opportunities. UNFPA/EECA has demonstrated that it is uniquely placed to address the needs of KPs in the region and can fill major gaps caused by the withdrawal of donors.”</p> <ul style="list-style-type: none"> “EHP has provided technical assistance and programme development aimed at HIV and KPs, YKPs and marginalised populations including Egyptian and Roma minority groups. A successful partnership at the regional level that has helped raise EECARO’s profile has been the joint initiative with the International Planned Parenthood Federation (IPPF) to host 57 FDGs among 569 YPs who sell sex, YPs who use drugs, young MSM, young transgender people, YPs living with HIV and YPs who have been imprisoned, all between 18 and 24 years of age. Other work on HIV and SRHR of YKPs has brought together government officials, community members and service providers from eight countries. There are many other examples of where the EHP has been able to influence country-level work on HIV and MSM/SWs, policy and public advocacy for condom demand generation, and outreach methodology on STI prevention and management.” 	<p><i>Regional Programme, 2017, p.30,32</i></p>
<ul style="list-style-type: none"> “Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. This will be achieved by the regional interventions action plan through ensuring increasingly responsive policies to young people’s sexual reproductive health and rights, including for comprehensive sexuality education standards; facilitating integration by the regional intergovernmental bodies of the Programme of Action of the International Conference on Population and Development into national youth policies; and enhanced youth leadership, participation and empowerment especially for the furthest behind.” (p. 6) 	<ul style="list-style-type: none"> UNFPA EECARO, <i>Regional Interventions Action Plan, 2018-2021</i>, p.6
<p>Regional: ESARO</p>	
<ul style="list-style-type: none"> UNFPA has been a very significant partner to AMSHER as a regional coalition. UNFPA has worked to ensure AMSHER takes part in meetings and consultations at the SADC level around the needs of KPs. It has helped them make connections with Sida to ensure their voices are included in research undertaken (with Sida support) by African Population (the regional branch of the Population Council). “UNFPA works extensively on consultation. They don’t just start up a process and advocate for policies without proper community participation.” An example of UNFPA support to participation can be seen in Swaziland [now eSwatini]. The government (with support from UNDP and UNFPA) started a process to improve the competency of health care services for LGBTI community members. UNFPA supported involvement by AMSHER and other local LGBTI representative organizations in the dialogue on improved services and in the development of the manual. UNFPA also supported their involvement in the development of a regional manual for pre-service and in-service training of police officers. This was part of an effort to bring together government organizations and regional CSOs. 	<ul style="list-style-type: none"> Interview with African Men for Sexual Health and Rights (AMSHER)
<p>National: Georgia</p>	
<ul style="list-style-type: none"> YKP collaboration has focused on invitations to events in SRHR. For example, such a meeting included the UNFPA and IPPF EECA Regional Consultation on HIV and SRHR among Young KPs during the 31 Oct-3 Nov 2018 UNFPA EECA team 	<ul style="list-style-type: none"> Interview with Youth NGO representatives, Georgia

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<p>meeting and consultation in Kiev, Ukraine. This focused on how to use the YKP platform of many organizations working with KPs. Many youth organizations do not have a focus on KPs.</p> <ul style="list-style-type: none"> • There is a need to examine terminology regarding what is meant by “meaningful participation.” Youth need to participate in actual activities, not just in meetings as “tokens.” Questions need to be asked regarding how activities or attitudes have changed as a result of youth input. Face to face interactions with young people directly will help to raise opportunities for young people that are systemic and sustainable. (Note: this point was made generally re youth participation, and not directed at UNFPA. UNFPA is regarded as being very focused on ensuring that youth voices are heard.) • Only one group, Women in Reality, is working on SRHR issues in women with disabilities. The 2016-2018 action plan has not been implemented. Their attendance at meetings (see below) has opened up a new world. 	
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> • UNFPA ensured wide participation of key groups when developing guidelines for FSW programme outreach. • “The workshop to develop guidelines for basic outreach was ... attended by 20 participants from the SSRs (PKBI DKI Jakarta, Yayasan Kalandara, Yayasan Kerti Praja, and PKBI Papua), the MoH, OPSI Network, Indonesia AIDS Coalition and UNFPA. During the workshop, participants provided input to the guidelines (The Outreach Implementation Manual for Female Sex Workers Programme in Indonesia) and on-site revision was conducted.” (p.10) 	<ul style="list-style-type: none"> • UNFPA Indonesia, <i>Final Report January - December 2018 Technical Assistance and Capacity Development to Support Implementation of the Global Fund Programme on Female Sex Workers</i> (Files: GF_MOH_2018_Annual Report_TimShared with Annex_2019_03_20_All) • UNFPA, <i>Outreach Implementation Manual for Female Sex Workers Programme in Indonesia. Final Version.</i> UNFPA (undated)
<ul style="list-style-type: none"> • “UNFPA CO and OPSI have demonstrated constructive collaboration since the development of concept note of the New Funding Model (NFM) FSW programme. To strengthen the FSW programme within this NFM and to increase sex worker community role, participation, and accountability in the national FSW programme, the CO is developing a technical assistance plan to build technical capacity of OPSI for the implementation of the FSW strategy and community led outreach model, including simple case management.” (p.1) 	<ul style="list-style-type: none"> • <i>Terms of Reference. Technical Assistance Plan for OPSI (Indonesia Sex Worker National Network) to Support the Global Fund National Female Sex Worker Programme 2019 – 2020</i> (File: ToR TA PLAN OPSI – Final (1))

<p>Assumption 4.3: The development of policies and programmes for HIV prevention is characterized by the participation of diverse actors as advocated by UNFPA—especially organisations representing and led by adolescents and youth, KPs and women. This may include private sector participation in a total market approach to distribution of condoms for HIV prevention.</p>	
<ul style="list-style-type: none"> • The Global Fund programme plays a central role in the national response. Development of other national policies and programmes for HIV prevention has to a large extent been overtaken by emphasis on the need to successfully implement and subsequently renew the GF financed programme (which has a particular emphasis on a test and treat approach, and does not have strategies for many of the other necessary activities to ensure that HIV prevention policies and programmes are comprehensive at national level). 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff, government officials, members of CSOs
<p>National: Namibia</p>	
<ul style="list-style-type: none"> • “UNFPA has been a strong supporter of the Society for Family Health and has also supported the TWG on KPs which involves representation from organizations representing the LGBTI community.” 	<ul style="list-style-type: none"> • Interview with UNFPA CO for Namibia
<ul style="list-style-type: none"> • “NANASO worked with UNFPA and with the SADC Parliamentary Forum on SRHR advocacy for Parliamentarians to ensure access for adolescents and young people. NANASO also works with UNFPA to support Civil Society Organizations such as Out-Right Namibia and the SFH dealing with KPs and provide access to SRHR.” 	<ul style="list-style-type: none"> • Interview with Namibia Network of AIDS Service Organizations
<ul style="list-style-type: none"> • In each region, AfriYAN engages in advocacy and dialogue with a range of key stakeholders around the issues of teenage pregnancy, SGBV and HIV and AIDS. Stakeholders include: <ul style="list-style-type: none"> ○ Youth and adolescents ○ Traditional leaders ○ Government officials ○ Parents ○ Teachers ○ Police • The dialogue begins by engaging with each group one at a time and then in a common forum.” 	<ul style="list-style-type: none"> • Interview with AfriYAN Namibia
<ul style="list-style-type: none"> • “UNFPA works hard to make sure that organizations representing adolescents and youth are “in the tent” regarding the national dialogue on HIV and AIDS. 	<ul style="list-style-type: none"> • Interview with AfriYAN Namibia
<ul style="list-style-type: none"> • “UNFPA works hard to ensure that Out-Right Namibia has a seat at the table and is involved in policy discussions. In particular, the HIV focal person at UNFPA communicates with them to make sure they get to take part in forums. She also linked them to NAPPA so they could work together.” 	<ul style="list-style-type: none"> • Interview with Out-Right Namibia
<ul style="list-style-type: none"> • “UNFPA support to the OFL has helped build alliances with CSOs representing the LGBTI community and other KPs.” 	<ul style="list-style-type: none"> • Interview with the SFH, Windhoek
<ul style="list-style-type: none"> • “UNFPA supported the development and creation of the TWG on KPs and continues to support its operation. Members include: the MHSS, Out-Right Namibia, Trans-Namibian Trust, Namibia Diverse Women and the SFH. You cannot have a TWG without the MoHSS on board.” 	<ul style="list-style-type: none"> • Group Discussion with Members of the TWG on KPs, Namibia
<p>National: Zambia</p>	

<p>Assumption 4.3: The development of policies and programmes for HIV prevention is characterized by the participation of diverse actors as advocated by UNFPA—especially organisations representing and led by adolescents and youth, KPs and women. This may include private sector participation in a total market approach to distribution of condoms for HIV prevention.</p>																									
<ul style="list-style-type: none"> • During the development of the proposal for the joint UN programme to improve SRHR among disabled people; several NGOs representing disabled people were involved, while also establishing strong partnerships with national level key stakeholders. • “Government consultations were held in Lusaka with MCDSW responsible for disability issues and social services, with MoH responsible for provision of HIV and SRH services, among others, and with the Central Statistical Office for the purposes of data collection. • The main outcome has been the establishment of relationships with key stakeholders at central level, as well as a clearer view on the national plans for Luapula province. This has ensured the alignment of the current intervention with policies that are already in place and in pipeline and the possibility of a stronger buy-in from the Government. (...) Representatives from several key Disabled People's Organizations (DPOs) in Lusaka and Civil Society Organizations (12 and 7, respectively) were invited for consultations to validate the assumptions made during the writing of the expression of interest and to share their expertise on challenges faced by PLWD in Zambia, and in particular give inputs on the proposed project focus. Their contribution gave great depth to the proposal as it highlighted barriers to access to services as well as discriminatory behaviours they experienced, which substantiated the assumptions made before the consultations. Meeting with a large number of organization allowed also for a more capillary mapping on interventions already in place and in pipeline, in the area of access to HIV/SRH services and Social protection by PLWD.” 	<ul style="list-style-type: none"> • UN Partnership in the Rights of Persons with Disabilities (Zambia). <i>Template for Project Proposals: Title: Accessible HIV/SRHR services and social protection for people with Disabilities in Luapula province (ILO, UNFPA, WHO)</i>, p. 10. 																								
<ul style="list-style-type: none"> • While NAC has a long-standing collaboration with the national PLWHA network, “a wider platform for engagement of, and collaboration with, other key and vulnerable populations and networks will need to be proactively pursued by NAC and other actors and partners in the national response.” 	<ul style="list-style-type: none"> • Zambia National AIDS Commission, <i>National HIV and AIDS Strategic Framework (NASF) 2017 – 2021</i>, p.25 																								
<p>Online survey</p>																									
<ul style="list-style-type: none"> • Question 27: UNFPA has been active in advocating for participation of the following coalitions and networks in the national HIV response: <table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses</th> </tr> </thead> <tbody> <tr> <td>Adolescent and young girls</td> <td>84.10%</td> <td>164</td> </tr> <tr> <td>Adolescent and young boys</td> <td>72.82%</td> <td>142</td> </tr> <tr> <td>Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)</td> <td>26.15%</td> <td>51</td> </tr> <tr> <td>Female sex workers and their clients</td> <td>50.26%</td> <td>98</td> </tr> <tr> <td>Male sex workers and their clients</td> <td>22.56%</td> <td>44</td> </tr> <tr> <td>People who inject drugs</td> <td>7.69%</td> <td>15</td> </tr> <tr> <td>Prisoners and other incarcerated people</td> <td>9.74%</td> <td>19</td> </tr> </tbody> </table>	Answer Choices	Responses		Adolescent and young girls	84.10%	164	Adolescent and young boys	72.82%	142	Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)	26.15%	51	Female sex workers and their clients	50.26%	98	Male sex workers and their clients	22.56%	44	People who inject drugs	7.69%	15	Prisoners and other incarcerated people	9.74%	19	<ul style="list-style-type: none"> • UNFPA HIV Evaluation Online Survey, 2019
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People Living with HIV or AIDS	57.95%	113
People with disabilities	22.05%	43
Women of reproductive age	60.00%	117
Other (please specify)		13
	Answered	195
	Skipped	83

<ul style="list-style-type: none"> Question 28: UNFPA has actively encouraged private sector participation on HIV prevention, for example through a better national coordination of condom distribution 			<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey, 2019
Answer Choices	Responses		
Strongly agree	22.56%	44	
Agree	33.33%	65	
Neither agree nor disagree	31.28%	61	
Disagree	11.28%	22	
Strongly disagree	1.54%	3	
	Answered	195	
	Skipped	83	

Assumption 4.4: National governments have been responsive to UNFPA advocacy for and support of meaningful participation of non-governmental actors in dialogue on HIV prevention policies and programmes including in programme development, implementation and accountability.

Indicators:
As per assumption 4.3

Observations	Sources of Evidence
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National: Georgia

<ul style="list-style-type: none"> HIV has been the responsibility of the National Centre for Disease Control (NCDC) since its establishment in 1996. In 2014, it began coordinating the Global Fund grants. NCDC has been involved in all developments as the State Department of Surveillance for HIV, TB and STIs. Collaboration with UNFPA is institutional and goes beyond HIV. UNFPA channels financial resources and TA where NCDC is lacking in experience. They are quick and responsive in evaluating and providing assistances for needs identified. UNFPA supported the development of the National HIV Strategy by hiring a local consultant to complement the international consultant provided by the Global Fund to ensure that the process was well balanced. They are currently 	<ul style="list-style-type: none"> Interview with government official, Georgia
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<p>Assumption 4.4: National governments have been responsive to UNFPA advocacy for and support of meaningful participation of non-governmental actors in dialogue on HIV prevention policies and programmes including in programme development, implementation and accountability.</p>	
<p>working on surveillance guidance. The current guideline was developed in 2009 and is outdated. UNFPA was quick to support a collaborative process for the guidelines development; WHO will support the translation and review process.</p> <ul style="list-style-type: none"> • Re UNFPA collaboration on SRH, the Global Fund supported a technical review panel to support recommended changes to improve implementing partner capacity in SRH. UNFPA has ready-to-use tools to support capacity building for the Harm Reduction Network and Tanadgoma. The National AIDS Centre offers treatment, which provide social and psychological support. UNFPA used to supply condoms, but no longer. • NCDC has a new project to support testing centers that offer VCT and SRH to YKPs in university settings. Although not yet collaborating with UNFPA on this project, the YKP tools will be translated to use in it. • UNFPA does a good job despite challenges. Though they have a small budget, it is very well leveraged. The funding is very important and flexibility is key. UNFPA is able to address country needs. UNFPA has the strongest technical capacity within UN family. It chairs the HIV thematic group, which coordinates within the UN family. All UN agencies have very small budgets but use them effectively. For example, the development of EMTCT assessment and plan with UNICEF. Unfortunately, it is not being implemented as the Deputy Minister left. However, the new Minister is interested. Now we are training OB/GYNs and will work on implementing updated guidelines. 	
<ul style="list-style-type: none"> • UNFPA collaboration has been healthy and solid. The Ministry (Education) works comfortably with UNFPA, more than any other international organization. The only area to improve would be to have more funding to fulfil its mandate. They cannot tackle the situation if they have no money to work on youth direction. UNFPA agreed to support politic revision and this is greatly appreciated. The staff are all very capable and collaborative. 	<ul style="list-style-type: none"> • Interview with Government officials, Georgia
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> • "UNFPA has been able to advocate the government to increase their attention and commitment to sensitive issues including provision of SRH information and services for young people although this is not an area that is considered in line with Gol's policy." (p.44) 	<ul style="list-style-type: none"> • UNFPA, <i>Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to the Government of Indonesia (GOI) 2016 – 2020.</i> Dated February 20, 2019. UNFPA.
<ul style="list-style-type: none"> • "When we became a major player in the Global Fund work, it kind of tied our hands to talk about sensitive issues such as human rights. Our approach changed from "professional" to "co-worker" in which there was pressure not to confront sensitive issues. We no longer had the distance necessary to advocate and leverage on issues. Before we did not have such strong relationships, but we could be more risky in challenging on issues. Now we have to stay more in line and use the Representative or the KP communities to raise the more sensitive issues with government". 	<ul style="list-style-type: none"> • Interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> • At the time of the evaluation field visit, draft amendments to Indonesia's Penal Code were before parliament. Among others, these amendments, if passed, would criminalise sex outside of marriage and limit the ability of people other than professional health service providers from distributing condoms, among other limitations on the HIV prevention 	<ul style="list-style-type: none"> • Interviews with UN agency staff, Indonesia

Assumption 4.4: National governments have been responsive to UNFPA advocacy for and support of meaningful participation of non-governmental actors in dialogue on HIV prevention policies and programmes including in programme development, implementation and accountability.	
response. This was predicted to have wide-ranging implications for access to services for KPs and young people in particular, as well as for the general public.	
<ul style="list-style-type: none"> One respondent worked in an organisation focusing specifically on advocacy. They believe that most HIV and SRHR advocacy tends to be technical in nature and tends to target the MoH. In contrast, they believe that advocacy should target the Ministry of Internal Affairs, because that ministry oversees all the local structures through which policy is amended and implemented (or not) at local level. 	<ul style="list-style-type: none"> Interview with members of CSO, Indonesia
National: Namibia	
<ul style="list-style-type: none"> “There is a reasonably good space for CSOs within the policy process for HIV, but the biggest challenge is securing adequate resources.” 	<ul style="list-style-type: none"> Interview with NANASO
<ul style="list-style-type: none"> “The MoHSS recognizes that youth organizations are essential in reaching this segment of the population. In the national dialogue, the National Youth Council is recognized as the voice of youth. This participation extends all the way down to regional youth organizations, including AfriYAN.” 	<ul style="list-style-type: none"> Interview with AfriYAN Namibia
<ul style="list-style-type: none"> “The national government does recognize that CSOs have a role in ensuring services are appropriate to the LGBTI community but could do more in ensuring that CSOs are involved in training and sensitizing health sector staff. ORN have found in recent sessions the new staff from MoHSS that they deal with is receptive to their input.” 	<ul style="list-style-type: none"> Interview with Out-Right Namibia
<ul style="list-style-type: none"> “The MoHSS is fully on board with the TWG as a mechanism for identifying ways for the national HIV response to reach the LGBTI community. The platform allows the community members to give guidance to MoHSS on what works in efforts to reach them. The Ministry of Justice is also an open door for dialogue.” 	<ul style="list-style-type: none"> Group Discussion with Members of the TWG on KPs, Namibia
National: Turkey	
<ul style="list-style-type: none"> UNFPA Turkey CO supports networks representing young people, women and KPs: <ul style="list-style-type: none"> Red Umbrella Sexual Health and Human Rights Association (RUM - Network of Sex Workers) advocated for strengthening SRHR and services for Turkish sex workers through organizing round table meetings and training of trainers (ToTs) for sex workers. They also advocated for strengthening SRH and services for Syrian sex workers through publication of Syrian sex worker situation report, IEC, outreach activities and round table meetings Conducted capacity building activities for young Syrians with YAHA (Youth network) including training of peer educators in SRHR, peer education activities and developing and printing IEC materials 	<ul style="list-style-type: none"> Interviews with UNFPA Turkey CO staff
<ul style="list-style-type: none"> According to the 2016 close-out report for the SRHR/HIV Linkages project for phase 1: “Findings in terms of country ownership related to policy were positive, with Zambia taking ownership of the development and implementation of guidelines and policies.” 	<ul style="list-style-type: none"> UNFPA and UNAIDS. <i>The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p.17</i>
<ul style="list-style-type: none"> Zambian political leadership showed commitment for supporting an enabling environment for implementation of HIV prevention services, including setting up and supporting the HIV prevention Technical Working Groups and the provision 	<ul style="list-style-type: none"> Zambian NAC, MoH, UNFPA and UNICEF (2017). <i>Stronger</i>

Assumption 4.4: National governments have been responsive to UNFPA advocacy for and support of meaningful participation of non-governmental actors in dialogue on HIV prevention policies and programmes including in programme development, implementation and accountability.																									
of space for partners to provide socially sensitive and controversial services to certain KPs. The National AIDS Council (NAC) has taken a proactive leadership role to advocate for a policy and legal framework that enables government and its partners to provide HIV services to KP. Together with the MoH and other partners, NAC has set targets for most HIV prevention services and various applications for funding have been successful in the recent past. There remains a need for a transformative leadership that is bold enough to change the existing policy and legal landscape in order to increase access to HIV prevention services for KPs and adolescents.	<i>Leadership and Adequate Financing. Discussion Paper No 1. 2017</i>																								
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<ul style="list-style-type: none"> Question 30: The national government in your country has been responsive to UNFPA advocacy for and support of participation by non-governmental actors in the national HIV response <table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>33.85%</td> <td>66</td> </tr> <tr> <td>Agree</td> <td>45.64%</td> <td>89</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>18.46%</td> <td>36</td> </tr> <tr> <td>Disagree</td> <td>2.05%</td> <td>4</td> </tr> <tr> <td>Strongly disagree</td> <td>0.00%</td> <td>0</td> </tr> <tr> <td></td> <td>Answered</td> <td>195</td> </tr> <tr> <td></td> <td>Skipped</td> <td>83</td> </tr> </tbody> </table>	Answer Choices	Responses		Strongly agree	33.85%	66	Agree	45.64%	89	Neither agree nor disagree	18.46%	36	Disagree	2.05%	4	Strongly disagree	0.00%	0		Answered	195		Skipped	83	<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey 2019
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Area of Investigation Five:	
Extent UNFPA has optimized its comparative advantage within the UNAIDS division of labour and has contributed to the collective strength of the cosponsors	
Evaluation Question 5: To what extent has UNFPA been able to ensure its comparative advantages at global, regional and national levels are recognized within its roles and responsibilities under the UNAIDS division of labour?	
Evaluation Criteria	<i>Coordination, Efficiency, Effectiveness</i>
Rationale	It is essential that UNFPA is able to accept and carry out functions at global, regional and national level which reflect its comparative advantages among the UNAIDS cosponsors

Assumption 5.1: At global, regional and country level, UNFPA has been able to match its comparative advantages in mandate, brand recognition, and technical capacity to the tasks it takes on under the UNAIDS UBRAF. At country level, specifically, the Joint United Nations Team on AIDS (JUNTA) organisational structure and programming process recognizes and encourages a division of labour that assigns to UNFPA the role and responsibilities that capitalize on its distinctive advantages.

Indicators:

- Variation in roles taken on by UNFPA (under the UNAIDS cosponsor division of labour at country level) matched with changes in context of the epidemic and UNFPA technical capacity and mandate
- Experience and views of UNFPA CO staff
- Experience and views of national health and HIV authorities
- Experience and views of members of the JUNTA at country level
- Experience and views of implementing partners.

Observations	Sources of Evidence
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Global level	
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<ul style="list-style-type: none"> • The UBRAF outlines the role of the Joint Programme in the AIDS response and is designed to maximize the effectiveness and impact of the HIV-related resources of the UN delivering as one. The UBRAF presents the Division of Labour between and among the Secretariat (UNAIDS) and the cosponsors based on the comparative advantage and mandates of each organization, in-country presence, existing national capacities and resources, and the availability of funding from difference sources. • UNAIDS is the only co-sponsored joint programme within the UN system. The 11 cosponsors are: <ul style="list-style-type: none"> ○ Office of the United Nations High Commissioner for Refugees (UNHCR) ○ United Nations Children’s Fund (UNICEF) ○ World Food Programme (WFP) ○ United Nations Development Programme (UNDP) ○ United Nations Population Fund (UNFPA) ○ United Nations Office on Drugs and Crime (UNODC) ○ United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) ○ International Labour Organization (ILO) ○ United Nations Education, Scientific and Cultural Organization (UNESCO) ○ World Health Organization (WHO) ○ The World Bank • In the UBRAF, UNFPA is noted as having a role in the following outputs (along with other cosponsors): <ul style="list-style-type: none"> Output 1.2 High-burden cities fast track HIV services Output 1.5 Mechanisms developed to provide HIV-related services in humanitarian settings Output 1.6 Mechanisms to ensure access to medicines and commodities strengthened Output 2.1 Access and quality of comprehensive eMTCT services improved Output 3.1 Targeted combination prevention programmes defined and implemented 	<ul style="list-style-type: none"> • UNAIDS, <i>UNAIDS Unified Budget, Results and Accountability Framework 2016-2021</i>, UNAIDS/PCB (37)15.19, Issue date: 20 October 2015
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<p>Assumption 5.1: At global, regional and country level, UNFPA has been able to match its comparative advantages in mandate, brand recognition, and technical capacity to the tasks it takes on under the UNAIDS UBRAF. At country level, specifically, the Joint United Nations Team on AIDS (JUNTA) organisational structure and programming process recognizes and encourages a division of labour that assigns to UNFPA the role and responsibilities that capitalize on its distinctive advantages.</p>	
<p>Output 3.2 Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened</p> <p>Output 4.1 Evidence-based HIV services for KPs implemented</p> <p>Output 5.1 Structural and social change interventions to transform unequal gender norms and systemic barriers defined and implemented</p> <p>Output 5.2 Strategic actions for women and girls included and resourced in AIDS responses</p> <p>Output 5.3 Actions to address and prevent all forms of gender-based violence implemented</p> <p>Output 6.2 National capacity to promote legal literacy, access to justice and enforcement of rights expanded</p> <p>Output 6.3 Constituencies mobilized to eliminate HIV-related stigma and discrimination in healthcare</p> <p>Output 7.3 Technological, service delivery and mHealth innovations fostered</p> <p>Output 8.1 Decentralization and integration of HIV-related services strengthened</p>	
<ul style="list-style-type: none"> • The Division of Labour outlines roles and responsibilities of each cosponsor organization and the UNAIDS Secretariat to collectively deliver integrated and impactful contributions at country, regional and global levels. It has one or two convening agencies per programmatic area to facilitate the contributions of the remaining cosponsors and to ensure quality of overall results in each area. • The role of convening partners is to provide technical leadership, tools and timely updates; advance the strategic focus of the area; convene agency partners for agenda-setting and planning; involve agency partners on setting standards, developing/revision guidance, policy development, etc.; and solicit necessary management support and human resources capacity to convene work and for resource mobilization. • UNFPA is named a (co)convenor in the following Division of Labour areas: <ul style="list-style-type: none"> ○ HIV prevention among KPs (with UNDP) ○ HIV prevention among young people (with UNICEF and UNESCO) ○ Decentralization and integration of SRHR and HIV services (with WHO) • UNFPA is an agency partner on all but one other Division of Labour area, including: <ul style="list-style-type: none"> ○ HIV testing and treatment ○ HIV services in humanitarian emergencies ○ Elimination of mother-to-child transmission of HIV and keeping mothers, children and adolescents alive and well ○ Gender inequality and gender-based violence ○ HIV prevention among young people ○ HIV sensitive social protection ○ HIV and universal health coverage, tuberculosis/HIV, other comorbidities and nutrition ○ Investment and efficiency ○ Human rights, stigma and discrimination 	<ul style="list-style-type: none"> • UNAIDS, <i>UNAIDS Joint Programme Division of Labour Guidance Note</i>, 2018

<p>Assumption 5.1: At global, regional and country level, UNFPA has been able to match its comparative advantages in mandate, brand recognition, and technical capacity to the tasks it takes on under the UNAIDS UBRAF. At country level, specifically, the Joint United Nations Team on AIDS (JUNTA) organisational structure and programming process recognizes and encourages a division of labour that assigns to UNFPA the role and responsibilities that capitalize on its distinctive advantages.</p>	
<ul style="list-style-type: none"> • The only area in which UNFPA is not assigned involvement is harm reduction for people who use drugs and HIV in prisons. 	
<ul style="list-style-type: none"> • The work of UNFPA is organized around three “transformative and people-centered results.” These include 1) an end to preventable maternal deaths, 2) an end to the unmet need for family planning, and 3) an end to gender-based violence and all harmful practices. All three results contribute to the overall goal to achieve universal access to sexual and reproductive health and reproductive rights. • Under Outcome 1 in the current UNFPA strategic plan (Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence), the following excerpts relate to UNFPA organizational strategy to address HIV: <ul style="list-style-type: none"> ○ “Outcome 1 will focus on the sexual and reproductive health targets that were not achieved through the Millennium Development Goals. It will contribute to the achievement of the 2030 Agenda and respond to the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016-2030. Millennium Development Goal targets 5a and 5b were not achieved, and high maternal mortality and low use of family planning are a major concern in regions such as West Africa. Knowledge about HIV prevention among people aged 15 to 24 remains unacceptably low, especially in view of the trends in new HIV infections in Central Asia, Eastern Europe and Southern Africa. This outcome will directly contribute to achieving Sustainable Development Goal 3, focusing on maternal mortality, skilled birth attendance, met need for family planning, adolescent birth rates and HIV incidence. ○ UNFPA will focus first on increased utilization of integrated sexual and reproductive health services and reproductive rights for those who are furthest behind. UNFPA will enhance national capacities to: (a) develop and implement policies, including financial protection mechanisms, such as prepayment schemes, that provide integrated sexual and reproductive health services that benefit adolescents and youth; and (b) design and effectively implement national-level programmes that prioritize access to information and services by women, adolescents and youth who are furthest behind, including in humanitarian settings. UNFPA will also address the sexual and reproductive health needs and the reproductive rights of those considered most vulnerable, including first-time young mothers and adolescent girls, especially those living in poor urban settings, indigenous women, women living with disabilities, and populations living with or at risk of HIV.” • Under Outcome 2 (Every adolescent and youth, in particular adolescent girls, is empowered to have access to SRHR, in all contexts) <ul style="list-style-type: none"> ○ “UNFPA will support the strengthening of national development policies and programmes to enhance adolescents’ and young people’s chances of completing schooling and accessing high-quality education, including comprehensive sexuality education. This will empower them to access integrated sexual and reproductive health services, including HIV and gender-based violence services, in all contexts, including humanitarian and fragile contexts. 	<ul style="list-style-type: none"> • UNFPA, <i>UNFPA Strategic Plan 2018-2021 – FINAL</i>. 2017, p.6, 8-9

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<ul style="list-style-type: none"> ○ UNFPA will focus on strengthening policies and advocacy for large-scale, sustainable sexuality education that is comprehensive and reaches young people in and out of school. This work will include teaching, teacher training, the development of curricula, and community engagement, including outreach to the most vulnerable adolescent girls, who are at high risk of unwanted pregnancies, sexual exploitation and abuse. UNFPA will also ensure that men and adolescent boys have opportunities, including through comprehensive sexuality education programmes, to challenge harmful notions of masculinity and promote gender equality.” ● There are no specific mentions of HIV under Outcome 3 (Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings) or Outcome 4 (Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development), although these are crosscutting and contribute to impact on the other outcomes. 	
<ul style="list-style-type: none"> ● Selected Indicators related to HIV outlined in the current UNFPA Strategic Plan 2018-2021 are noted below: <ul style="list-style-type: none"> ○ Goal level Impact Indicator 5: No. of new HIV infections per 1,000 uninfected populations, by sex, age and KPs <ul style="list-style-type: none"> ▪ Note: This is a common indicator with the UNAIDS, UNFP and UNICEF ○ Outcome 1, Output 1, <ul style="list-style-type: none"> ▪ Indicator 1: <ul style="list-style-type: none"> ● No. of women who have utilized integrated SRH services ● No. of adolescents who have utilized integrated SRH services ● No. of youth who have utilized integrated SRH services ● No of disabled women, adolescent and youth who have utilized integrated SRH services ○ Outcome 1, Output 2, <ul style="list-style-type: none"> ▪ Indicator 2.1: No. of countries that have applied the SRH/HIV integration index ○ Outcome 2, Indicator 1: <ul style="list-style-type: none"> ▪ Percentage of women 15-24 years old who correctly identify both ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission ▪ Percentage of men 15-24 years old who correctly identify both ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission ○ Outcome 2, Output 6: <ul style="list-style-type: none"> ▪ Indicator 6.2: No of countries that operationalized school-based CSE curricula in accordance with international standards ▪ Indicator 6.3: No. of countries with a national mechanism or strategy in place to deliver out-of-school CSE in accordance with international standards. 	<ul style="list-style-type: none"> ● UNFPA, <i>UNFPA Strategic Plan 2018-2021. Annex 1 – Integrated results and resources framework – FINAL</i>. Accessed from: https://www.unfpa.org/strategic-plan-2018-2021

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<ul style="list-style-type: none"> In the previous UNFPA Strategic Plan, HIV under Outcome 1 (Increased availability and use of integrated sexual and reproductive health services {including family planning, maternal health and HIV} that are gender-responsive and meet human rights standards for quality of care and equity in services), HIV was one of three pillars. “The next three outputs represent the three major pillars of the work on SRH: family planning, maternal health, and HIV. In each of the three outputs, UNFPA will be active across the full range of interventions needed to ensure quality of care: increasing supply of services, generating demand, and improving the enabling environment. The relative balance between these three areas will vary depending on local circumstances, as will the programme strategies.” 	<ul style="list-style-type: none"> UNFPA, <i>UNFPA Strategic Plan 2014-2017</i>, p.6, accessed from: https://www.unfpa.org/resources/strategic-plan-2014-2017
<ul style="list-style-type: none"> Within the integrated results framework for the UNFPA Strategic Plan 2014-2017, the following selected indicators were in place for HIV-related reporting <ul style="list-style-type: none"> At the goal level, impact indicator 3: HIV prevalence among population aged 15-24 years (total male/female) Under Outcome 1, increased availability and use of integrated SRH services, including family planning, maternal health and HIV <ul style="list-style-type: none"> Outcome 1 indicator 7: Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male) Under Outcome 1, Output 4: Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS UBRAF commitments <ul style="list-style-type: none"> Indicator 4.1: No of countries that have SBCC strategies for adolescents and youth including those from KPs Indicator 4.2: No. of countries that have reached the implementation stage of the UNFPA 10-step strategic approach to comprehensive condom programming Indicator 4.3: No. of countries that have at least one community-based sex worker-led organization engaged in the design, implementation, and monitoring of programmes that address HIV and SRH needs of sex workers. Under Outcome 2, Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of CSE and SRH. <ul style="list-style-type: none"> Outcome 2 indicator 1: Percentage of young women and men aged 15-24 who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male) Outcome 2, output 6, indicator 6.2: No of countries where UNFPA advocates for allowing adolescents and youth to have legal access to quality SRH counselling and HIV services. 	<ul style="list-style-type: none"> UNFPA, <i>The UNFPA Strategic Plan, 2014-2018, Annex 1: Integrated results framework</i>
<ul style="list-style-type: none"> “There is an informal condom working group with UNAIDS which includes UNFPA, BMGF, IPPF, PSI and AVAC and a few others who have been working for a few years to increase the salience of condoms.” 	<ul style="list-style-type: none"> Interviews with civil society organisations and donor agencies at global level

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<ul style="list-style-type: none"> • The Division of Labour (DoL) tells each co-sponsor who they are supposed to be, but it does not capture all the dimensions of their capacity – at the field level, it may not hold up. The DoL is a political document and is useful for accountability, but it has to be applied flexibly • It has been important, but a difficult way of managing things, “In terms of critical work that needs to be done, our own organizational strategic plans must also drive things.” • The DoL also is also important for convening at global level, helps with global coordination and drives reporting and data collection from the other partners • UNFPA has a key role to play in thought leadership for KPs in the new DoL. Prior to that they focused mainly and women and girls and GBV. UN Women has the sole lead on GBV at global level, but UNFPA can make a big contribution. While the DoL is fixed at global level, it is quite flexible at the country level. UNFPA has a comparative advantage on young KPs but seem to focus less on AGYW. 	<ul style="list-style-type: none"> • Interviews with staff from UN agencies at global level
<ul style="list-style-type: none"> • “It is no longer clear what the prioritization of HIV within UNFPA; how is HIV positioned within UNFPA activities?” • “HIV threatens the achievement of the bullseye.” • “There has been an overall reduction of resources through UBRAF. What is the change management plan to address the new resource landscape?” • “How do we reposition ourselves and use existing resources to support an HIV agenda?” • Staff expressed an overall sentiment that the loss of resources for HIV has resulted in a diminishing of the UNFPA comparative advantage to address a range of issues, such as condom programming, sexuality education, and adolescents and youth. 	<ul style="list-style-type: none"> • Discussion with UNFPA staff at 6-7 December 2018 HIV staff workshop (Inception Phase)
<p>Regional: EECARO</p>	
<ul style="list-style-type: none"> • “The value-added of UNFPA is because of our mandate with youth, data, and gender. We are better positioned than other groups taking HIV head-on because of the conservative political environment.” • The regional program in HIV is integrated under outcomes for SRHR and youth. UNFPA signed the SRHR-HIV Linkages Call to Action. This helped to give traction to work on HIV given the reluctance to address HIV within the region. Activities aligned to the call to action included providing SRH-HIV services in prisons, revising health sector protocols to include HIV prevention, training HIV networks in SRH and family planning issues. “Linkages are easy to make and are quite important.” • The UBRAF contributes to confusion regarding mandate, even though UNFPA mandate has not changed. Resource and structural changes at UNFPA HQs have resulted in an attempt to try to mainstream HIV within other programs. “It is not clear how strategy is communicated to COs. What does this mean for them? How to manage the loss of resources? The loss of people who understood/had capacity? There is no consistent application of a strategic or conceptual framework, resulting in a major lost opportunity. “Mainstreaming” is a buzzword rather than a concept with operational implications. We are a co-signatory so we cannot walk away. But we need to know how to mandate/strategize; needs to be consistent across the board at all levels.” 	<ul style="list-style-type: none"> • Interview with UNFPA EECARO staff

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<ul style="list-style-type: none"> • The partnership with UNFPA is very solid. “We work together on the UN Division of Labour and co-convene on issues related to ensuring access to services for KPs (MSM, trans, and SWs). We also work together to build the capacity of civil society and regional networks.” • Works with UNFPA on comprehensive programming to disseminate and apply implementation tools (MSMIT, SWIT, TRANSMIT). Working on rollout with civil society to use the tools. 	<ul style="list-style-type: none"> • Interview with UN agency staff at regional level, EECA
<p>Regional: ESARO</p>	
<ul style="list-style-type: none"> • While UNAIDS has responsibility for addressing GBV in emergencies, UNFPA has the lead on non-emergency efforts at addressing GBV. • At both regional and national level, UNFPA only gets involved in stakeholder consultations when they can show it is clearly within their mandate. • The Safeguard Youth Programme (SYP) is coordinated by UNESCO but with a clear division of labour: UNESCO supports in-school CSE and UNFPA has an involvement in both In-School (curriculum development and support to teacher training) Out-of-School CSE where it works on: <ul style="list-style-type: none"> ○ Behaviour Change Communication (BCC) ○ Adolescent and Youth Friendly Health Services ○ Ending child marriage ○ Youth participation ○ Laws and policies. • The agencies involved in the programme develop very specific workplans. In each case, one agency leads, and the others have very clear responsibilities and accountabilities. • There is a Regional Inter-Agency Working group of all four partners that meets each month. At country level, four of the five countries (Lesotho, Malawi, Uganda, Zambia and Zimbabwe) also have inter-agency working groups. The other country uses the H6 meetings to coordinate work on the linkages project. 	<ul style="list-style-type: none"> • Interviews with UNFPA ESARO Staff
<ul style="list-style-type: none"> • There is close cooperation between UNFPA and UNESCO on CSE with UNESCO mainly responsible for in-school CSE and UNFPA for supporting out-of-school activities. • UNFPA has led the development of international technical guidance on out-of-school CSE at a global level (on-going) but with consultations at regional and country level (consultations led by UNFPA). • Under RATESA, UNFPA is the convener (along with UNESCO and UNICEF) for HIV Prevention. • UNFPA is also very active in the working group on Integration and Programme Efficiency, which was established in April 2019. • UNFPA plays a critical role in coordinating on prevention, especially by ensuring that agencies have plans for supporting prevention activities at regional/national level. 	<ul style="list-style-type: none"> • Interview with UN agency staff within RATESA (Regional AIDS Team for Eastern and Southern Africa),

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<ul style="list-style-type: none"> • The UNFPA technical team on different aspects of UNFPA (integration, adolescents and youth, GBV) is very strong (names four key people in UNFPA ESARO) and they make themselves available for joint work aimed at young people, especially with UNICEF and UNESCO. • A key element in UNFPA profile and presence in the HIV response in ESA has been the very high level of public commitment of the Regional Director of UNFPA and the clear communication that this is a high priority for UNFPA senior management in the region. 	
<p>National: Georgia</p>	
<ul style="list-style-type: none"> • UNFPA Georgia was found to provide high added value based on comparative advantages related to its long-standing in-country presence, close contact and cooperation with various stakeholders and its in-depth knowledge of the political and cultural context and its people at national and local levels. The CO is also skilled in facilitating and supporting processes of political and inter-institutional dialogue, has strong convening power and is guardian of institutional memory in a continuously changing context. • “The added value of UNFPA as a development partner is high particularly where UNFPA has acted as a facilitator and its ability and commitment to place sensitive themes on the national agenda, such as the reduction of maternal mortality, gender equality, youth health and rights.” Moreover, the CO has demonstrated that it can make significant changes in strategy and practice, albeit slowly, has become an authority on Reproductive Health and population development, has growing competence in youth health and HIV and AIDS, and is an increasingly powerful advocate in these areas. In each of its three focus areas, UNFPA has made good use of its comparative strengths, thus bringing added value to the global external aid received by the country.” 	<ul style="list-style-type: none"> • Gotsadze, Tamar, <i>The United Nations Population Fund Second Country Programme for Georgia 2011-2015, Country Program Review Report</i>, January 2015, p 83-84
<ul style="list-style-type: none"> • Priority areas for UN support are advocacy, policy advice and capacity development. Under the Health Focus area, this includes SRH, family planning, MCH, ASRH, HIV prevention, response to domestic and gender-based violence, as these critical interventions are still not adequately integrated in the primary health care. In terms of the division of labour, UNFPA will continue advocating for a HIV prevention with special focus on KP and youth; will support strengthening national systems to deliver integrated SRH services. WHO will continue to provide policy advice and technical assistance in development and implementation of HIV strategies and action plans with focus on KP. • Future directions (as defined in 2015) for UNFPA as chair of the UN JT on HIV and AIDS to address the significant gaps in policies and regulatory mechanisms for quality assurance of health services include: <ul style="list-style-type: none"> ○ Continue to support to the National Center for Disease Control and Public Health (NCDC&PH) as the PR of the Global Fund and CCM to work on priority needs for transition period • Establish a policy and advocacy advisory council, develop effective mechanisms (standards of service) for transitioning of HIV prevention activities to the state funding, and develop operational policies, regulations and guidelines to address issues affecting access to HIV services. The policy and advocacy plan for sustainable HIV response will focus on 	<ul style="list-style-type: none"> • UN Joint Team on HIV and AIDS, Georgia, <i>UN Joint Programme Monitoring and Reporting, Country Report for Georgia</i>, 2015, p.3

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<p>development and promotion of specific mechanisms for increased involvement of PLWH and KAPs, as well as civil society organizations and networks in the development and delivery of essential HIV services including community-based outreach.</p>	
<ul style="list-style-type: none"> As the Global Fund is transitioning its support in Georgia, UNFPA is well positioned as a major partner of NCDC and GFTAM regarding policy development on HIV prevention for KPs including YKPs, regulations and guidelines to address issues affecting access to HIV services, and ensuring that the programme tools (MSMIT, SWIT, IDUIT) are mainstreamed within transition and sustainability plans. 	<ul style="list-style-type: none"> UNFPA Georgia, <i>2017 Annual Report</i>, draft 16 October 2017
<ul style="list-style-type: none"> UNAIDS left Georgia in 2012. The local prevention task force (PTF) was created in 2003 with support from USAID; however, USAID left in 2014 and there are no vestiges of Pefpar. WHO provides technical assistance. UNFPA is leading the UN joint team and is leveraging its work through advocacy and collaboration. 	<ul style="list-style-type: none"> Interview with UNFPA Georgia CO staff
<ul style="list-style-type: none"> UNFPA convenes the thematic group on HIV and AIDS, which includes UN agencies, and the World Bank. UNFPA leads the development of joint action plans, reviews progress, shares information on new developments, brings info from UN perspective into the CCM and prepares reports on behalf of the joint team. UNFPA is very active on the UN Country team and partners well with Government. Activities are driven by the UNDAF for sustainable development (2016-2020). Joint work started with MAPS (Mainstreaming, Acceleration Priority Strengthening). There are five technical directions/sectional groups. WHO leads the health group with active participation from UNICEF and UNFPA. UNDP leads on process re who is doing what and communicates with Government. Focal points in health identify new issues and gaps. UNFPA leads the UN team on HIV. WHO participates as a member with focal points. The UN team develops a joint workplan and shares technical information. UNFPA also participate in PAAC under the CCM (WHO is also a member). Other joint activities include working together on the surveillance document with the AIDS Centre and NCDC (WHO will translate and conduct technical review) and the EMTCT initiative to develop national strategy and indicators. During the last two years, a joint workplan was developed to produce joint outputs and deliverables and conduct joint fundraising. The key objective under the UNDAF is to improve access to quality services by vulnerable populations. Within that outcome, UNFPA and WHO had separate and joint outputs. UNFPA compiles the indicators for UNAIDS/UBRAF, WHO provides technical inputs for reports, etc. Collaboration is determined by a document signed by 14 UN agencies at regional level with the main idea to work on the social determinants of health. WHO has a road map to scale up the HIV response, it is intended to address gaps over two years, e.g., in testing. In July, a ministerial meeting was held in Amsterdam to discuss how to approach KPs. The country needs to do much more to address the first 90 goal. It has improved from 48-67 per cent. More involvement of civil society and greater community involvement is needed. Also, criminalization must be addressed. There is a National Strategic Plan and budget for HIV; however, the Government has not approved the budget. It is under negotiation between the Global Fund and Government. 	<ul style="list-style-type: none"> Interviews with UN Agency staff, Georgia

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<ul style="list-style-type: none"> The partnership between UNFPA and other UN agencies is fruitful, serious and professional. UNFPA is flexible, for example, works with MoE on standards of RH, linked to HIV prevention for student populations. As part of the effort within the UN Disaster Management Group to develop emergency plans (for earthquake and flooding), UNFPA introduced the Minimum Integrated Service Package (MISP). 	
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> In the current division of labour in the JUNTA, UNFPA focuses primarily on female sex workers and to as much lesser extent women most at risk of HIV. In terms of future roles, the evaluation team heard different plans/proposals. One stakeholder stated that the focus would be expanded soon to include young KPs (previously the focus for UNICEF) whereas a different stakeholder stated that UNFPA would take a new, non-KP-specific role focusing on access to comprehensive HIV prevention. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff and UN agency staff
<ul style="list-style-type: none"> Early in 2017, when the NAC was dissolved, MoH asked UNFPA to take on the FSW programme implementation as a SR in the Global Fund mechanism. This was major commitment involving a large budget. The UNFPA Regional Office approved the CO to take on this implementing role, even though Indonesia was designated as a yellow quadrant country. One UNFPA CO staff member stated, <i>“senior management consider this is not a long-term strategy.”</i> This commitment to implementing the FSW programme has come to shape UNFPA role within the UN division of labour and its focus in terms of HIV prevention. The UNFPA Indonesia CO has a number of different teams relevant to HIV. These teams include maternal health and family planning, population and data, gender, humanitarian, adolescent SRH and youth, advocacy, HIV. Among the UNFPA staff there appears to be consensus that working across teams proves challenging and their work is therefore not integrated. Staff report that it is hard to bring people together and agree shared initiatives and targets across the teams. “UNESCO is present in Indonesia, but not working on HIV. In the JUNTA we have not unpacked who is responsible for CSE (not since 2013 as far as I can remember). We have only discussed young KPs. UNICEF has been the lead. But we will soon have a new platform called the UN Youth Working Group with UNICEF and UNFPA as co-chairs.” 	<ul style="list-style-type: none"> Various interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> “I feel that UNFPA working directly on outreach to KPs may not be the correct role. I would have thought they would focus on the strategy level. I’m really not sure how UNFPA ended up focusing on FSW rather than reproductive health”. “I have been involved in a lot of joint UN meetings. The JUNTA here in Indonesia is one of most effective and active UN meetings I have seen. UNAIDS makes it successful. They even involve the community representatives every two months. As for partnership among JUNTA members, we have exchanged some ideas with UNFPA and will work together on GBV and HIV issues. Gradually we are working more closely together on partner notification”. “I find it really useful to work jointly with other UN programmes. By combining resources, we achieve more together. We have benefitted a lot from the technical expertise of UNFPA, and their expertise working at community level.” “We do not have any specific efforts to improve SRHR within the PMTCT programme. WHO and UNFPA haven’t discussed how to raise this with the national programme”. 	<ul style="list-style-type: none"> Various interviews with UN agency staff in Indonesia

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<ul style="list-style-type: none"> • “UNFPA comparative advantage should be in family planning commodities”. 	
<ul style="list-style-type: none"> • Whereas the UN Joint Team on AIDS Programme of Support for 2017-2019 was structured according to overall objectives, objectives and outputs, with contributions from all UN agencies located within a single joint plan, the revised version of the JUNTA plan 2018-19 takes the form of a simple list of disparate activities. It is structured by UN agency and lists activities under each organisational heading, with no attempt to highlight potential synergies or actual collaboration by partners. 	<ul style="list-style-type: none"> • <i>UN Joint Team on AIDS Programme of Support for 2017-2019 (Indonesia)</i> • <i>Joint Plan 2018-2019 revision (Indonesia)</i>
<ul style="list-style-type: none"> • “UNFPA special focus on youth and development aligns closely with and complements the work of other UN Agencies such as UNICEF and WHO. Since 2013, task division between UN Agencies under UNFPA for youth and development has been in place in the form of United Nations Inter-Agency Network on Youth Development (IANYD).”(p.64) 	<ul style="list-style-type: none"> • UNFPA, <i>Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to the Government of Indonesia 2016 – 2020</i>. Dated February 20, 2019. UNFPA.
<ul style="list-style-type: none"> • UNFPA is working with WHO and UN WOMEN to develop proposals for a pilot initiative for 2020. “WHO has recommended partner testing since 2012, the assisted HIV partner notification is in line with and builds on existing WHO recommendations supporting couples and partner testing, including offering HIV testing to the households, family members and partners of people who are HIV-positive. The voluntary assisted HIV partner notification services is part of a comprehensive package of testing and care offered to people living with HIV. ... The CO in collaboration with the MoH will engage an institution to work on the pilot implementation of the HIV prevention among intimate partner in five cities in Indonesia (West Jakarta, Bandung, Denpasar, Surabaya, and Makassar). This consultancy work will look into HIV prevention programme particularly on outreach targeting KP and psychosocial support programme for PLHIV, strategy formulation to reach intimate partners including data collection and reporting and increase the capacity of NGOs to prevent sexual transmission among intimate partners. As for mentoring and coaching in the local level, the national team which consist of UNFPA, UN Women, Yayasan Spiritia and the pilot institution will visit the 5 piloting districts every quarter”. (pp. 1, 3) 	<ul style="list-style-type: none"> • UNFPA, <i>Concept Note Support for Pilot Implementation of Partner Notification in Health Care and Community Setting in Indonesia</i>. WHO, UNFPA AND UN WOMEN. 2019 – 2020.
<ul style="list-style-type: none"> • Among the UN agencies there is general agreement that in most cases roles are divided according to KP group: <ul style="list-style-type: none"> ○ UNFPA are generally held to be focused on female sex workers, because of their function as a sub-recipient of the GF financed programme. In the future, they are also tasked with focusing on young KPs. ○ UNICEF used to focus on young KPs but is relinquishing this. Their focus is on PMTCT primarily. ○ UNDP are intended to focus on MSM and the transgender communities, but encountered challenges when their actions were deemed to contravene government wishes; UNDP has largely stepped back from working with MSM as a result ○ UNODC focus on PWUD and prisoners ○ UNWOMEN focus on GBV ○ WHO focus on technical/clinical guidelines, provide technical support to MoH 	<ul style="list-style-type: none"> • Interviews with staff from UNFPA, UNICEF, UNDP, UNAIDS in Indonesia

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<ul style="list-style-type: none"> ○ UNESCO does not have a national office presence in Indonesia. In practise, responsibility for CSE is reported to be shared between UNFPA, UNICEF and UNESCO. ● UN agency staff report that no agency is explicitly responsible for advocating the integration of HIV, SRHR, and GBV for KPs in the general public health system, or for advocating the value of integration in services for the general population. 	
<p>National: Zambia</p>	
<ul style="list-style-type: none"> ● “While UNFPA Namibia has used core resources and UBRAF funds to finance HIV related action since 2016, another driver of UNFPA support to the HIV response in Namibia has been the enduring presence of two large-scale regional programmes with their own sources of funding. ● The first of these is a regional programme in support of integrating HIV SRHR and SGB services which has been implemented in two phases. The second large regional project providing programmatic funding to UNFPA Namibia is the Safeguard Young People Programme (SYP) funded by Swiss Development Cooperation. SYP is a “comprehensive programme that aims to empower adolescents and young people aged 10 to 24 to protect themselves from sexually Transmitted Infections (STIs) including HIV, unintended pregnancies, unsafe abortions, early marriages, gender-based violence and harmful cultural practices while promoting gender equitable norms and protective behaviours.” 	<ul style="list-style-type: none"> ● UNFPA, <i>Evaluation of the UNFPA Support to the HIV Response (2016-2019): Draft Country Note: Namibia</i>, November 2019, p.19
<ul style="list-style-type: none"> ● UNFPA co-chairs (with UNICEF) Pillar Number 2 of the new (2019) United Nations Partnership Framework on Social Protection. The UNPAF is a mechanism for coordinating the work of the entire United Nations Country Team, not just the Joint United Nations Team on AIDS (JUNTA) The Pillars and their chairs include: <ul style="list-style-type: none"> ○ Health – WHO ○ Education and Skills – UNICEF ○ Protection against violence – UNFPA ○ Social Protection – UNFPA/UNICEF 	<ul style="list-style-type: none"> ● Interview with UNFPA CO (Namibia)
<ul style="list-style-type: none"> ● In the UN team, UNFPA is responsible for supporting the work of the Ministry in CSE for out of school youth. ● Regarding the DOL, UNAIDS has worked hard to keep the basic DOL for co-sponsors so that the national level mirrors and “domesticates” the global one. The current United Nations Partnership Framework (UNPAF) has a distinct HIV programme; previously, HIV was a crosscutting issue under the UNPAF. ● UNFPA and UNESCO collaborate closely in CSE development and implementation in Namibia. UNFPA plays a major role in the promotion and support of in-school CSE< including curriculum development, teacher training and support to universities training, and review of the life-skills curriculum ● Within the Joint Plan, UNFPA played to its main strengthens family planning, condoms and education. 	<ul style="list-style-type: none"> ● Interviews with staff from UN agencies and selected members of the Joint UN Team on AIDS in Namibia
<p>National: Turkey</p>	
<ul style="list-style-type: none"> ● The excel sheet entitled, <i>Social inclusion joint work plan 2019</i>, featured a major coordinating effort among UN organizations and national authorities to divide task among themselves according to what they are already doing, or have mandate to do. The tasks are listed, and UNFPA include: 	<ul style="list-style-type: none"> ● UNDP Turkey, <i>Social Inclusion Joint Workplan 2019</i>, excel sheet lines 33-42

<p>Assumption 5.1: At global, regional and country level, UNFPA has been able to match its comparative advantages in mandate, brand recognition, and technical capacity to the tasks it takes on under the UNAIDS UBRAF. At country level, specifically, the Joint United Nations Team on AIDS (JUNTA) organisational structure and programming process recognizes and encourages a division of labour that assigns to UNFPA the role and responsibilities that capitalize on its distinctive advantages.</p>	
<p>Output 1.2.1 Strengthened institutions (including the health system) and CSO's capacity to ensure universal health coverage and the delivery of accessible, people-centered and rights-based health services (including sexual and reproductive health, youth-friendly services and primary health care for underserved and vulnerable groups)</p> <p>Indicator 1: # of new SOPs for vulnerable</p> <p>Indicator 2: # of pre- and in-service training programmes covering services for vulnerable groups</p> <p>Indicator 3: # of the HIV VCT centres</p> <p>Indicator 4: # of youth reached through peer education activities</p> <p>Indicator 5: # of national stakeholder workshops conducted on vulnerable groups</p>	
<ul style="list-style-type: none"> “During the 4th year of the 6th Country Programme, the UNFPA CO will continue to reach to more of the most vulnerable people and groups including refugees, strengthening interventions for marginalized youth, enhancing advocacy role by promoting gender equality and coordinated gender based violence protection and prevention services, as well as promoting ICPD mandate within the SDGs and conducting research on UNFPA mandate areas. The programme will link development and humanitarian programmes to strengthen resilience of public institutions.” 	<ul style="list-style-type: none"> UNFPA <i>Turkey CO Workplan, 2019</i>, p.1
<ul style="list-style-type: none"> Turkey CO work on humanitarian assistance with population of Syrian refugees has resulted in a lot of lessons learned from their quick, nimble response to the crisis. These lessons will be applicable post-crisis re how to address the needs of LGBTI, PLHIV, GBV etc. and have relevance for other offices within and perhaps outside the region. NEW National HIV Action Plan 2019-24 was signed officially in July 2019 – has been under way for 3 years, but political issues delayed. The agreement is between MOH, UNFPA and WHO. 	<ul style="list-style-type: none"> Interview with UNFPA Turkey CO staff
<p>National: Zambia</p>	
<ul style="list-style-type: none"> UNFPA staff member notes that there is a very clear division, for example PMTC is WHO and UNICEF, and adolescents and youth are under UNFPA and UNICEF. During the discussions on the country envelope, it becomes clear who does what and what each organisations envelope is. However, for youth interventions, it is not so clear, as the other UN agencies can also work with youth because it is crosscutting, and it therefore sometimes become “fuzzy”: “Everyone does a little bit of youth and it gets fuzzy.” UNFPA sees its comparative advantage in HIV, integrating with SRHR, stigma & discrimination and SGBV. UNFPA coordinates its SGBV work together with UNDP and collaborate closely with UNAIDS and UNDP for KPs. “UNFPA has its clear comparative advantage in SRHR and condoms.” 	<ul style="list-style-type: none"> Interview with UNFPA Zambia CO staff
<ul style="list-style-type: none"> “Implementation of SRH/ HIV program has its own pillar under the “delivery as one” mechanism. All the UN agencies relevant to the program are member in the result group. The SRH/HIV result group has an annual action plan. Based on the new NASF, new health strategic plan, 7th national development plan, and UBRAF guidance, the development of the SRH/HIV result group action plan is on schedule. The proposed project is fully integrated in the Zambia UNDAF process, which is focused on “delivering as one” model and called the “Sustainable Development Partnerships Framework-SDPF”. 	<ul style="list-style-type: none"> UNFPA. Joint Programme Document Outline. Revised Standard Joint Programme Document. Country: Zambia. Programme <i>Title: Strengthening</i>

<p>Assumption 5.1: At global, regional and country level, UNFPA has been able to match its comparative advantages in mandate, brand recognition, and technical capacity to the tasks it takes on under the UNAIDS UBRAF. At country level, specifically, the Joint United Nations Team on AIDS (JUNTA) organisational structure and programming process recognizes and encourages a division of labour that assigns to UNFPA the role and responsibilities that capitalize on its distinctive advantages.</p>																										
<p>In addition to the UNDAF framework, SRH/HIV interventions are coordinated at both policy and technical levels under the UN through the H6+ mechanism. The H6+ mechanism comprising of the 4 UN participating agencies plus World Bank and UNDP have been instrumental and successful in Managing UN joint programmes.”</p>		<p><i>integrated sexual and reproductive health and rights/HIV and Sexual & Gender Based Violence services in East and Southern Africa to accelerate action on Sustainable Development Goals 3 and 5 - A Joint United Nations Regional Proposal, 2018, p.6</i></p>																								
<ul style="list-style-type: none"> “Interlocutors from implementing UN agencies such as UNDP, WHO, UNICEF, ILO, IOM, UNHCR, UNFPA were unanimous in stating that the joint GBV programme was aligned to their comparative advantages, priority areas and their mandate which was to work through government.” 		<ul style="list-style-type: none"> <i>Independent Evaluation of the Government of the Republic Of Zambia/United Nations (GRZ/UN) Joint Programme on Gender Based Violence. Final Evaluation Report, p.35</i> 																								
<p>Online survey</p>																										
<ul style="list-style-type: none"> Question 34: As a member of the Joint UN Team on AIDS (JUNTA), UNFPA has effectively used its comparative advantages to support the national HIV response <table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>36.84%</td> <td>70</td> </tr> <tr> <td>Agree</td> <td>39.47%</td> <td>75</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>20.00%</td> <td>38</td> </tr> <tr> <td>Disagree</td> <td>3.68%</td> <td>7</td> </tr> <tr> <td>Strongly disagree</td> <td>0.00%</td> <td>0</td> </tr> <tr> <td></td> <td>Answered</td> <td>190</td> </tr> <tr> <td></td> <td>Skipped</td> <td>88</td> </tr> </tbody> </table>	Answer Choices	Responses		Strongly agree	36.84%	70	Agree	39.47%	75	Neither agree nor disagree	20.00%	38	Disagree	3.68%	7	Strongly disagree	0.00%	0		Answered	190		Skipped	88		<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey 2019
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<ul style="list-style-type: none"> Question 36: The members of the Joint UN Team on AIDS (JUNTA) are consistent in “speaking with one voice” and advocating for a coherent set of laws, policies and programmes in the HIV response. <table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>30.00%</td> <td>57</td> </tr> <tr> <td>Agree</td> <td>44.74%</td> <td>85</td> </tr> </tbody> </table>	Answer Choices	Responses		Strongly agree	30.00%	57	Agree	44.74%	85		<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey 2019 															
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Neither agree nor disagree	22.11%	42	
Disagree	3.16%	6	
Strongly disagree	0.00%	0	
	Answered	190	
	Skipped	88	

Assumption 5.2: UNFPA supported activities and investments are strategically important to the HIV response, at global, regional and national level.

- Indicators:**
- National HIV strategies/roadmaps/action/plans/ programmes reflect advocacy and policy engagement by UNFPA (and cosponsors)
 - UNFPA supported activities concentrated in functional areas designated as high priority in national HIV strategies and programmes
 - UNFPA supported activities in HIV prevention and rights protection positioned to influence national policies and programmes going forward
 - Experience and views of national health and HIV authorities
 - Experience and views of members of the JUNTA at country level and bilateral agencies supporting the HIV response.

Observations	Sources of Evidence
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Global

- | | |
|--|---|
| <ul style="list-style-type: none"> • Refer to Assumption 4.2 for evidence related to UNFPA strategy related to condom programming at global level as part of strategy to reposition HIV prevention as a critical issue in the HIV response. | |
| <ul style="list-style-type: none"> • In the HIV Prevention 2020 Road Map, UNFPA is identified as the technical assistance focal point for the area of work related to condoms. UNFPA is considered a support agency for two additional areas, KPs and HIV prevention among adolescent girls, young women and their male partners (high-prevalence settings) | <ul style="list-style-type: none"> • UNAIDS, <i>HIV Prevention 2020 Road Map – Accelerating HIV prevention to reduce new infections by 75%, 2016</i> |
| <ul style="list-style-type: none"> • During this meeting of the GPC, there was an update on condom programming. The update included a landscaping report in progress on condom programming including the observations: <ul style="list-style-type: none"> ○ Social marketing programmes have been affected by reduced funding. BMGF and UNAIDS are working together to develop a proposal for revitalizing social marketing in high prevalence countries. ○ There are specific components (supply, demand, and management) to condom programs that are often missed. ○ Family planning organizations such as UNFPA and IPPF “do not seem to have a distinct strategy towards condoms as part of the contraceptive mix (one that advocates for dual protection in high HIV incidence locations, or sets condom distribution targets), and their investments in condom and condom promotion appear to have been declining.” • In relation to the latter point, “The UNAIDS Secretariat called for IPPF and UNFPA to consider clarifying their corporate commitments/position vis-à-vis condom distribution, promotion and investments.” | <ul style="list-style-type: none"> • UNAIDS, <i>Global HIV Prevention Working Group Meeting Notes, 11-12 September 2018 (Geneva), p.7</i> |

Assumption 5.2: UNFPA supported activities and investments are strategically important to the HIV response, at global, regional and national level.	
<ul style="list-style-type: none"> • A KI indicated disillusionment with UN agencies, especially recently when their resources have been dwindling. As a result, they become more “self-serving,” rather than focus on ensuring that key partners from civil society are occupying the key spaces in HIV prevention advocacy and policy. They need to do a better job with policy and advocacy with what they have. 	<ul style="list-style-type: none"> • Interview with member of CSO or donor organization at global level
<ul style="list-style-type: none"> • UNFPA has privileged access to government, so they must use that to do what CSOs find it harder to do. • The ICPD+25 conference is coming up, but there has not been any great push visible from UNFPA on HIV. It is not clear that they even see HIV as part of the conference focus. “It’s a silo thing.” • UNFPA is facing a new resource scenario, but they cannot drop HIV. It is a key part of SRHR. “We can’t talk about SRHR without HIV or vice versa.” Within the UN system UNAIDS seems to have a convening function, but UNFPA has an added mandate for programming. They should have core topics they focus on for influencing government and for their programming. 	<ul style="list-style-type: none"> • Interview with member of CSO or donor organization at global level
<ul style="list-style-type: none"> • HIV is mentioned under the commitment to: “Achieve universal access to sexual and reproductive health and rights as part of UHC, by committing to strive for: (4) Access for all adolescents and youth, especially girls, to comprehensive and age-responsive information, education and adolescent-friendly comprehensive, quality and timely services to be able to make free and informed decisions and choices about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies, all forms of sexual and gender-based violence and harmful practices, sexually transmitted infections, including HIV and AIDS, to facilitate a safe transition into adulthood.” 	<ul style="list-style-type: none"> • Republic of Kenya, Ministry of Foreign Affairs: Denmark, Ministry of Foreign Affairs and UNFPA, <i>Nairobi Statement on ICPD+25: Accelerating the Promise</i>, accessed from: www.naibosummiticpd.org
<ul style="list-style-type: none"> • UNAIDS and other co-sponsors look to UNFPA on leadership for prevention among AGYW and expect/need them to be doing more globally in this area. • UNFPA shares co-leadership with UNICEF on reaching youth; seems focused on CSE and prevention messages within the CSE mandate. • UNFPA has done good work on prevention at global level, but can/should be much more closely linked in to the GPC. 	<ul style="list-style-type: none"> • Interviews with staff from UN agencies at global level
<ul style="list-style-type: none"> • The results from the study by the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium were published in mid-2019 and suggested that there remains a “substantial unfinished agenda to meet the range of needs of those at risk for unplanned pregnancy and HIV infection, including stronger global and national commitments and accountability for informed choice for family planning and HIV prevention and treatment.” • In the words of a global KI, “The recent ECHO trial showed that our efforts at integration have been a complete failure. Women enrolled in the study attended services at facilities several times during the course of the study, and still their needs were not met. This is where we would have expected UNFPA to jump on the news, but we have not seen anyone from their SRHR side worrying about this in a visible fashion. WHO is rallying behind this now. Their HIV team has teamed up with their SRHR team to offer practical strategies to move this forward. It has been an interesting thing – wouldn’t you think the SRHR people at UNFPA would have picked up on this – how to improve on the contraceptive choice and HIV choice and rights and preventive measures for both?” 	<ul style="list-style-type: none"> • Nogushi, L.M., Princess N. Simelela, “How should we listen to ECHO?” <i>The Lancet</i>, Vol. 394, Issue 10195, p 275-276, DOI: https://doi.org/10.1016/S0140-6736(19)31387-X • Interview with staff from UN agency at global level

Assumption 5.2: UNFPA supported activities and investments are strategically important to the HIV response, at global, regional and national level.	
<ul style="list-style-type: none"> The Global Prevention Coalition is an important vehicle for work on prevention, as this has been a neglected area in the UNAIDS response. 	<ul style="list-style-type: none"> Interviews with UNFPA staff at global level
<ul style="list-style-type: none"> The BMGF supported a condom landscape assessment in 2018, which assessed condom program functions in eight countries via case studies to diagnose root causes and prioritize failing functions and recommend improvements to condom programs. Key findings included failures of specific condom programming functions (planning leadership, coordinated financing, insufficient investment, insufficient program intelligence, failure to consistently monitor condom eco-system, limited role of commercial actors to diversify national response and support long-term sustainability). Recommendations include investing resources in building program information as a public good for better decision-making, targeted and leveraged donor investment in demand creation, and improving the supply chain with targeted funding to last mile interventions. 	<ul style="list-style-type: none"> Mann Global Health, <i>New Models for Funding Condom Programs</i>, Presentation, July 2018 Mann Global Health, <i>The Condom Program Pathway</i>,
<ul style="list-style-type: none"> The rationale for HIV as “core to UNFPA work” is that HIV provides threats to achievement of the “bullseye.” Priorities include facilitation reduction in sexual transmission, empowering young people to prevent HIV, meeting the HIV needs of women and girls, empowerment MSM, integration of HIV with SRH services across policy, service delivery and other organizational mechanisms. Framework for UNFPA work in HIV includes the GPC, comprehensive condom programming, comprehensive sexuality education, promotion of integration models. GBV is another area for integration across SRHR, family planning, maternal health and HIV. 	<ul style="list-style-type: none"> Discussions with UNFPA HIV staff during 6-7 December 2018 team meeting
Regional: EECARO	
<ul style="list-style-type: none"> EECARO is committed to working on HIV prevention with or without UBRAF. The regional office Decided to pay for the HIV Technical advisor position and invested core resources for the position given the serious nature of the epidemic. The regional office works in two main ways: 1) technical support for COs and 2) improving the regional political and resource environment. Regional commitments are informed by country, e.g., ICPD global and regional review in 2014 was good advocacy platform and EECARO supported youth participation from Kyrgyzstan and Bosnia. Regional work is more bottom up than top down. “The UBRAF mechanism is messy, 3 tranches of funds/year with one month to implement. Not a good source of funds.” 	<ul style="list-style-type: none"> Interviews with UNFPA EECARO staff
Regional: ESARO	
<ul style="list-style-type: none"> “In order to deliver as one UN, programme planning and coordination among UN partners is key. There is evidence that common work planning has improved for year 2 and that many 2gether 4SRHR activities have been integrated into countries’ UNDAFs. Countries should reflect on engagement with other UN partners even if the partnership is not financial in nature. Countries must also bear in mind their comparative advantages and where they are able to fill a thematic gap. A refining of focus will ensure resources go to areas that can have the most impact and are complimenting ongoing initiatives in countries and in the region.” 	<ul style="list-style-type: none"> UNFPA ESARO (2019). Annual Planning Meeting for the 2gether 4 SRHR Programme. 21 – 25 January 2019. Johannesburg, South Africa, p. 4
<ul style="list-style-type: none"> In the new 2gether 4SRHR programme, which is now in the second year of a four-year joint programme (UNFPA, UNAIDS, UNICEF and WHO), UNFPA convenes and provides leadership in this program. 	<ul style="list-style-type: none"> Interview with UN agency staff at RATESA (Regional AIDS Team for Eastern and Southern Africa

Assumption 5.2: UNFPA supported activities and investments are strategically important to the HIV response, at global, regional and national level.	
<ul style="list-style-type: none"> The Lusaka regional office of SIDA is the main donor for the programme and they communicate most directly with UNFPA as the lead agency. 	
National: Georgia	
<ul style="list-style-type: none"> UBRAF funding is considered a “bridge” for UNFPA activities, i.e., while HIV is not the major mandate for UNFPA, however, UNAIDS does not have a presence in the region except in Ukraine. Given that there is an upward trend in HIV infections, there is still a window to stop it from becoming a generalized epidemic. For a “tiny amount of money” for HIV, UNFPA is doing a good job with very little through a targeted approach. STI issues are ignored in this region; could be an important part of UNFPA niche. UNFPA Georgia works to leverage its small amount of resources by working with others. For example, under the gender portfolio, UNFPA CO works with UNDP and UNICEF in a silo-free manner. The work in this project is to strengthen SVC response to address violence; UNFPA has worked to include HIV and SRH linkages as part of the strategy. Unfortunately, there are no indicators for leverage to showcase how resources are being invested in order to make strategic returns. 	<ul style="list-style-type: none"> Interview with UNFPA Georgia CO staff
<ul style="list-style-type: none"> There is a need to have a balance between advocacy and capacity building. Advocacy will not solve all problems without concerted effort to follow-up with capacity to address the issues. UNFPA is in a position, when working with Government, to use the more principled approach to push change. 	<ul style="list-style-type: none"> Interview with Youth NGO representatives, Georgia
National: Indonesia	
<ul style="list-style-type: none"> “As requested by the MoH, starting April 2016, UNFPA provided support to the transition of the merging of the role of NAC to the MoH, by implementing the FSW programme while providing technical assistance for the programme, including at seaports. UNFPA managed programme implementation as well as grant management to four (4) national SRs that covered 88 districts, in direct coordination with MoH as the current FSW programme primary recipient (PR).” (p.2) 	<ul style="list-style-type: none"> UNFPA Indonesia, <i>Final Report January - December 2018 Technical Assistance and Capacity Development to Support Implementation of the Global Fund Programme on Female Sex Workers</i> (Files: GF_MOH_2018_Annual Report_TimShared with Annex_2019_03_20_All)
<ul style="list-style-type: none"> “In broad overview, the performance of the UNFPA in supporting the FSW component of the National HIV and AIDS program appears to have been satisfactory and, in some respects, exemplary. UNFPA was put in a difficult position but seems to have “held the ship steady” during the transition period and led what appears to have been a successful transition to a new, potentially more effective HIV outreach model for FSW.” (p.32) 	<ul style="list-style-type: none"> Magnani, Sutrisna and Indrasar, <i>Evaluation Report, Global Fund Program Evaluation, UNFPA Technical Assistance and Capacity Development to Support Implementation of the Indonesia National AIDS Commission’s Global Fund TA and Training Plan 2016 – 2017, UNFPA, 2018</i>

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<ul style="list-style-type: none"> In 2016, the Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to The Government of Indonesia (GOI) 2016 – 2020 reported that “Provision of evidence on HIV transmission to intimate partners resulted in government-led pilot to improve outreach and policies among Key-Affected Populations” (p.52) 	<ul style="list-style-type: none"> UNFPA, <i>Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to the Government of Indonesia (GOI) 2016 – 2020</i>. Dated February 20, 2019. UNFPA.
<ul style="list-style-type: none"> UNFPA ongoing work to implement the FSW programme and its linked work on intimate partner notification are important components of the national HIV prevention response in Indonesia. However, according to many respondents, a fundamental challenge of working with the GF financed programme is that success is defined in terms of numbers not quality. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff, UN agency staff, government officials and members of CSOs
<ul style="list-style-type: none"> UN Women and UNFPA report “Activities addressing linkage of HIV and violence against women including the Papua Province, and including prevention of intimate partner violence in IPT module” (p.3) 	<ul style="list-style-type: none"> <i>UBRAF Country Summary Report 2018 Indonesia</i>
<ul style="list-style-type: none"> In 2018, UNFPA supported the development of an outreach implementation manual for FSW. It is reported that this led to increased HIV testing and access to treatment for FSW. 	<ul style="list-style-type: none"> <i>UBRAF Country Summary Report 2018 Indonesia</i>
<ul style="list-style-type: none"> “Here there is no modality for government to fund NGOs, so it is very difficult for civil society organisations to operate. So UNFPA are playing an important role”. 	<ul style="list-style-type: none"> Interviews with UN agency staff, Indonesia
National: Namibia	
<ul style="list-style-type: none"> “The UNFPA CO works closely with implementing partners for both planning the new country programme and for development of the annual workplan but it all starts with the priorities of the National Strategic Framework (NSF) on HIV and the broader National Development Plan 5. Their discussions with government led to agreement that integration would be UNFPA main strategy for supporting the HIV response in Namibia. This reflected the fact that ten years of vertical programming managed by the DSP of the MoHSS was producing results but had led to neglect of the role of Primary Health Care in the HIV response.” 	<ul style="list-style-type: none"> Interview with UNFPA CO, Namibia
<ul style="list-style-type: none"> “UNFPA has been most active in the critically important area of supporting those Namibian organizations that work closely with KPs and on prevention of HIV for Adolescent Girls and Young Women (AGYW)” “The OFL sees UNFPA as the go-to organization on issues related to SRHR, especially for youth and adolescents and for KPs”. UNFPA is helping the Ministry of Youth, Sport and National Service (MYSNS) in 2019 in the development of a National Youth Policy to be submitted to cabinet. This will be followed by working on the development of a National Youth Development Framework for approval near the end of the year (2019). 	<ul style="list-style-type: none"> Interview with government officials, Namibia
<ul style="list-style-type: none"> “A strategically important area that UNFPA could become more involved in is advocacy to help unlock government resources for CSOs and to ensure that government engages more directly with civil society on policy issues around HIV.” In particular, UNFPA has been effective in advocacy for KPs and in the development of tools such as the practitioner’s handbook on SGBV. 	<ul style="list-style-type: none"> Interview with representatives from CSOs in Namibia

Assumption 5.2: UNFPA supported activities and investments are strategically important to the HIV response, at global, regional and national level.																									
<ul style="list-style-type: none"> “UNFPA support to Civil Society Organizations engaged in providing out-of-school CSE is a very significant, strategic contribution on behalf of the United Nations Country Team (UNCT) “There is a high and escalating incidence of SGBV with a clear inter-section between rape and HIV infection. So, while there is a general decline in the overall infection rate this is not true for adolescent girls and young women and SGBV is a major factor in that. This argues for a strong role for UNFPA in supporting the response to SGBV. UNFPA chairs the UN working group on Gender and SGBV.” 	<ul style="list-style-type: none"> Interviews with staff from UN agencies and selected members of the Joint UN Team on AIDS in Namibia 																								
Online survey																									
<ul style="list-style-type: none"> Question 33: UNFPA supported HIV interventions are strategically important to the HIV response in your country <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>50.00%</td> <td>95</td> </tr> <tr> <td>Agree</td> <td>38.95%</td> <td>74</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>10.00%</td> <td>19</td> </tr> <tr> <td>Disagree</td> <td>1.05%</td> <td>2</td> </tr> <tr> <td>Strongly disagree</td> <td>0.00%</td> <td>0</td> </tr> <tr> <td></td> <td>Answered</td> <td>190</td> </tr> <tr> <td></td> <td>Skipped</td> <td>88</td> </tr> </tbody> </table>	Answer Choices	Responses		Strongly agree	50.00%	95	Agree	38.95%	74	Neither agree nor disagree	10.00%	19	Disagree	1.05%	2	Strongly disagree	0.00%	0		Answered	190		Skipped	88	<ul style="list-style-type: none"> UNFPA HIV Evaluation Online Survey 2019
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<ul style="list-style-type: none"> See Assumption 5.1 																									
Observations	Sources of Evidence																								
Global																									
<ul style="list-style-type: none"> “In the Division of Labour, we co-lead in a few areas, but have a fear of stepping back from other areas, as we could lose visibility. However, we are a small organization with limited capacity.” “We at headquarters cannot relate to 160+ countries. Regional offices are in a better position and able to provide more nuanced support for HIV because of the different epidemics regionally, i.e., in Eastern Europe epidemic is among MSM versus Africa where it is generalized and focused on young people. “The change in structure has implied a cut of staff at HQ, regional and country level. We still have a lot of unfinished business. How has that change impacted the perception of UNFPA and its role in HIV sphere, especially at country level? My sense is that there are fewer people trying to do the same amount of work in the same way.” 	<ul style="list-style-type: none"> Interviews with UNFPA staff at global level 																								

Assumption 5.3: UNFPA maintains the technical capacity required to carry out effectively the tasks assigned to it at global, regional and national levels as part of the UNAIDS consortium.	
<ul style="list-style-type: none"> UNFPA needs a critical mass to cover what is needed – integration of HIV and SRH requires a strong pillar with a critical mass of people who know enough about both HIV and SRH. One risk is that UNFPA does not see the need for HIV experts; however, experts are needed to do integration properly. “As the HIV team (and individuals within that team), we are unable to do justice to all the different areas we are responsible for at global level.” “Within the workplan, there are 70 activities to be looked at, such as guidance on health and protection needs of sex workers in humanitarian settings, input to UNOCD in prisons, update on UN guidance on HIV and sex work, anti-trafficking policy paper to differentiate trafficking from sex work, etc.” UNFPA brings the SRH content into these different streams of guidance or policies. At global level, staff can take on policy guidance whereas regional and COs are in a better position for capacity building at country level. However, the volume of programming for capacity building has dropped drastically given resource constraints. 	
<ul style="list-style-type: none"> UNFPA staff working on HIV expressed concerns regarding the level of organization priority given to work in HIV and “whether HIV is still relevant in the UNFPA hierarchy.” “For HIV to subsist at UNFPA it cannot stand alone; HIV needs to be fully integrated within other programs.” The change in UNFPA strategy has resulted in changes and gaps in the HIV effort. There was a re-shifting of resources, which impacted staffing levels. At the height of the effort, UNFPA had 100 staff; now there are 11-12. At full strength, UNFPA promoted SRHR-HIV linkages but “didn’t plan a transition well enough.” UNFPA engagement in the GPC has “energized some of the senior leadership;” however, HIV is “not clearly seen within the strategic plan” or transformative results. Merging the SRHR and HIV branches creates an opportunity to build strength at HQ level; however, “we are worried about maintaining UNFPA leadership within the Division of Labour.” 	<ul style="list-style-type: none"> Discussions with UNFPA HIV staff during 6-7 December 2018 team meeting
<ul style="list-style-type: none"> “Overall, the core indicators of the bull’s eye have been retained, i.e., maternal mortality ration, proportion of births attended by skilled health personnel for the poorest quintile, proportion of demand satisfied for modern contraceptives, adolescent fertility rate, and gender inequality index, except for HIV prevalence 15-24 year olds, which has been adjusted for consistency with the focus in SDG-indicator 3.3.1.” [Note: the new indicator is HIV incidence rate, adults.] 	<ul style="list-style-type: none"> UNFPA, <i>UNFPA Strategic Plan, 2018-2021, Annex 4, Business Model</i>. 2017, p.14
<ul style="list-style-type: none"> There does not seem to be much capacity left at UNFPA in HIV field. Before their budget was cut, they seemed to have some power to convene relevant stakeholders. It was useful that their remit was broader than UNAIDS, so they could bring together a wider group of actors. It is now hard to find UN agencies being the “brave ones” to bring up difficult issues with ministers and civil society stakeholders. Overall UNDP seems more likely to be prepared to take on those uncomfortable roles. It seems UNFPA is becoming more diplomatic than brave. CSOs are left feeling disenchanting. “Who is monitoring the role that UNFPA is playing?” 	<ul style="list-style-type: none"> Interview with member of CSO or donor organization at global level
<ul style="list-style-type: none"> UNFPA does not always have technical capacity; they are not very organized or focused. There seems to be a lack of leadership on the technical side. 	<ul style="list-style-type: none"> Interview with member of CSO or donor organization at global level

Assumption 5.3: UNFPA maintains the technical capacity required to carry out effectively the tasks assigned to it at global, regional and national levels as part of the UNAIDS consortium.	
<ul style="list-style-type: none"> UNFPA should be “our agency” in the SRHR and HIV field, so it is concerning if they are not active and not very technically strong. 	
<ul style="list-style-type: none"> “If there was no UNFPA, we wouldn’t really miss them.” UNFPA needs to be technically stronger, braver and more assertive. 	<ul style="list-style-type: none"> Interview with member of CSO or donor organization
<ul style="list-style-type: none"> “All the UN partners have a problem with capacity in West Africa.” Two different opinions were expressed re technical focus on youth – one interviewee noted that UNFPA team has technical focus on youth and CSE and was doing good work on developing the capacity of youth networks; another said there is some strong capacity in CSE and at regional level on integration and programming for youth; however, not as strong as it used to be. UNFPA leads the way in ESA, but UNICEF takes the lead in WA. UNFPA team is considered fairly strong on YKPs (MSM, injecting drug users). 	<ul style="list-style-type: none"> Interviews with staff from UN agencies at global level
<ul style="list-style-type: none"> “Global and regional interventions complement country interventions, ensuring cohesion of programmes at all levels to promote the Programme of Action of the International Conference on Population and Development and the 2030 Agenda for Sustainable Development. UNFPA, together with its partners, seeks to expand the use of innovation and knowledge upon which better maternal and reproductive health and reproductive rights can be built; to inform and promote international norms and standards; to provide policy and technical guidance; and to help in facilitating cross-border solutions, for instance in humanitarian settings.” In contrast to global-level interventions, those at the regional level focus on: (a) advocacy and policy dialogue with regional and sub-regional entities and in multi-country settings; (b) facilitation of regional inter-agency collaboration and coordination, through inter-agency task forces, working groups and joint programmes; (c) provision of technical advisory support to country programmes and intergovernmental regional processes; (d) capacity-building of countries and knowledge-sharing, including brokering national, regional and interregional resources; and (e) programmatic support to COs and programmes. In providing technical and programmatic support to COs and programmes, the regional interventions offer primary assistance, whereas global interventions can step in as necessary to provide assistance coordinated by regional offices. For example, due to both financial limitations and the relatively small size of the organization, UNFPA is unable to maintain dedicated capacity within each regional office to ensure alignment of the national, regional and global level reporting on the Programme of Action of the International Conference on Population and Development, with the Sustainable Development Goals follow-up and review. As such, guidance is provided from the global level to complement regional capacity.” 	<ul style="list-style-type: none"> UNFPA, <i>UNFPA Strategic Plan 2018-2021, Annex 6, Global and Regional Interventions</i>, 2017, p.2-3
Regional: ESARO	
<ul style="list-style-type: none"> At regional level, UNFPA has considerable technical horsepower on: <ul style="list-style-type: none"> Adolescents and youth CSE 	<ul style="list-style-type: none"> Interviews with UN agency staff within RATESA (Regional AIDS Team for ESA)

Assumption 5.3: UNFPA maintains the technical capacity required to carry out effectively the tasks assigned to it at global, regional and national levels as part of the UNAIDS consortium.	
<ul style="list-style-type: none"> ○ Gender ○ Prevention ○ Integration 	
<ul style="list-style-type: none"> ● UNFPA has strong expertise and is seen as the place to go for support around adolescents and youth and KPs. 	<ul style="list-style-type: none"> ● Interview with AfriYAN
National: Georgia	
<ul style="list-style-type: none"> ● Per 3rd Country Programme document, “in line with the new business model, UNFPA CO will consist of a non-resident UNFPA country director, an assistance representative, two national programme analysts and several support staff. Given the new focus on upstream engagement, the CO will adjust the profile of its staff to be able to advance the UNFPA agenda through partnerships, negotiation, communications and other skills associated with advocacy and policy advice.” 	<ul style="list-style-type: none"> ● UNFPA Georgia, <i>Georgia Country Program document 2016-2020</i>, p.5
<ul style="list-style-type: none"> ● The 2nd country program review in 2015 indicated that UNFPA made good use of its human and financial resources to implement the country program. It managed to mobilize more resources from the government and other donors than planned, demonstrated a high financial program implementation rate, and built national ownership through planned execution through its partnerships with governmental and non-governmental partners. Stability of core staffing contributed to strong implementation of program activities in Georgia. 	<ul style="list-style-type: none"> ● Gotsadze, Tamar, <i>The United Nations Population Fund Second Country Programme for Georgia 2011-2015, Country Program Review Report</i>, January 2015, p.39-44
National: Indonesia	
<ul style="list-style-type: none"> ● “UNFPA is performing well. It is proactive, trusted by government and CSOs, and ‘there when needed.’” 	<ul style="list-style-type: none"> ● Interviews with UN agency, Indonesia
National: Namibia	
<ul style="list-style-type: none"> ● “The ESARO Upper Middle-Income Country (UMIC) Hub has been very helpful in providing support. They have provided technical support, helped with resource mobilization, and organized inter-country meetings on HIV. They also help the CO to link with other technical resources at ESARO on an as-needed basis. This has 	<ul style="list-style-type: none"> ● Interview with UNFPA CO in Namibia
<ul style="list-style-type: none"> ● “UNFPA key contributions have been around advocacy at regional and national levels (see question two) and technical support to Comprehensive Sexuality Education.” ● “The Ministry has a long history of collaboration with UNFPA during which it received excellent technical support.” ● “UNFPA supports the MoHSS Directorate of Primary Health Care with technical support in all key areas of HIV services, especially for adolescent services.” ● “Family Planning is a key component of SRHR and one of the strategic areas where UNFPA provides technical support to the Directorate for Primary Health Care.” ● “UNFPA provided important technical support to the development of the Adolescent Girls and Young Women and KPs components of the current Global Fund Grant Programme in Namibia.” 	<ul style="list-style-type: none"> ● Interviews with government officials in Namibia

Assumption 5.3: UNFPA maintains the technical capacity required to carry out effectively the tasks assigned to it at global, regional and national levels as part of the UNAIDS consortium.	
<ul style="list-style-type: none"> “UNFPA have technical strengths in the areas of health sector integration, education for out of school youth and KPs as well as responding to Sexual Gender Based Violence in the context of the HIV Response.” 	<ul style="list-style-type: none"> Interviews with selected members of the Joint United Nations Team on AIDS, Namibia
<ul style="list-style-type: none"> “UNFPA is an essential source of both financial and technical support.” 	<ul style="list-style-type: none"> Interview with representative from civil society organization, Namibia
National: Zambia	
<ul style="list-style-type: none"> UNFPA staff member believes that UNFPA is “still able to maintain the technical capacity required to carry out its tasks as part of UNAIDS. We multitask and are still able to convene the global HIV coalition with UNAIDS. At regional level, we have taken the mantra of integration, and we have forced HIV funds to integrate with SRHR.” 	<ul style="list-style-type: none"> Interview with UNFPA Zambia CO staff

Area of Investigation Six:	
Extent of UNPFA efforts to support the coordination of actions and resources to strengthen national leadership in the HIV response	
Evaluation Question 6: To what extent has UNFPA effectively supported and participated in platforms for coordinating and sustaining resources and programmes aimed at preventing HIV?	
Evaluation Criteria	<i>Coordination, Sustainability</i>
Rationale	UNFPA and its partners are engaged in a common effort to encourage national leadership to increase sustainable national investments in HIV prevention over time. This requires concerted and coordinated efforts advocacy and associated financial and technical support along with responsive national authorities capable of making and realizing associated commitments.
Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.	
Indicators:	
<ul style="list-style-type: none"> See assumption 5.1 above 	
Observations	Sources of Evidence
Global	
<ul style="list-style-type: none"> UNFPA has worked hard since taking on the chair of the Co-Sponsor Coordinating Committee of UNAIDS and has always participated in that structure. 	<ul style="list-style-type: none"> Interview with CSO at global level

Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.	
<ul style="list-style-type: none"> There is an opportunity for UNFPA at global level to be more linked into the Global Prevention Coalition (GPC) even though it acts as a co-convenor. It was stronger at the beginning but could do more to help raise the prevention dimension of condom programming in discussions of the GPC. 	<ul style="list-style-type: none"> Interview with UN agency at global level Interview with CSO at global level
<ul style="list-style-type: none"> There are only five countries in the region receiving UBRAF funds and the level of funding is very low. It will be even lower in 2020 as the Global Fund is dramatically decreasing its level of funding in the region. As a result, there are no real resources and very few mechanisms for coordination at the regional level. There is also a strong reluctance on the part of national governments to recognize the HIV epidemic formally, especially in relation to KPs, which further argues against formal regional coordination bodies. 	<ul style="list-style-type: none"> Interviews with UNFPA staff at 6-7 December headquarters workshop
Regional: EECARO	
<ul style="list-style-type: none"> The UNFPA regional intervention action plan (RIAP) has a strong HIV component and they use that to coordinate with member of the UN regional team. This is not so complex because in EECA no other UN agencies have dedicated HIV programmes 	<ul style="list-style-type: none"> Interviews with UNFPA staff at 6-7 December headquarters workshop
Regional: ESARO	
<ul style="list-style-type: none"> The SADC Parliamentary Forum can coordinate its work around the different legislative calendars of its member parliaments. These are made public at the beginning of each session. UNFPA support has assisted SADC PF to become more coordinated and more active as an over-sight body. In particular, it helps the PF to bring to MPs the evidence they need to be effective. 	<ul style="list-style-type: none"> Interview with staff of the SADC Parliamentary Forum
<ul style="list-style-type: none"> The Regional AIDS Team for Eastern and Southern Africa (RATESA) is a key vehicle for coordination. There are four working groups under the RATESA banner: <ul style="list-style-type: none"> 1. Prevention (UNFPA, UNICEF, UNESCO) 2. Treatment/eMTCT (WHO/UNICEF) 3. Social Justice (ILO/WFP/UNFPA for GBV) 4. Integration and Programme Efficiency (World Bank, UNDP, WHO) but with active participation by UNFPA on the integration file. Among all the RATESA agencies, UNFPA has put in considerable effort to contribute to the joint UNAIDS programme, not just with designated HIV and AIDS people but by giving the programme access to their technical expertise in other areas. The regional 2gether 4S RHR programme (four years, now in its second year) has its own coordinating mechanism. There is a Regional Steering Committee, which includes governments, UN organizations and CSOs. There is also an Inter-Agency Working Group, which works with regional coordinating mechanisms (SADC, EAC). All four agencies work together in five of the countries with UNFPA on its own providing support to the other five. Each agency has its own work programme under the regional HIV programme, but they coordinate closely on the work programme both regionally and at country level. Under the overall joint programme, the work plan is specified for each agency using the RACI model. For a given activity in the work programme it is clear which agency(ies) are: <ul style="list-style-type: none"> Responsible 	<ul style="list-style-type: none"> Interview with staff of RATESA (Regional AIDS Team for Eastern and Southern Africa) member organizations: UNESCO, UN-AIDS

<p>Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.</p>	
<ul style="list-style-type: none"> ○ Accountable ○ Consulted ○ Informed. ● This is defined for all activities under each objective of the programme. RACI is based on a UNICEF model for program planning. They have not yet established a working model for new Working Group on Efficiency. 	
<p>National: Georgia</p>	
<ul style="list-style-type: none"> ● Terms of reference for the JUNTA in Georgia reference the role of UNFPA as chair, as designated by the Resident Coordinator through a collegial process among UN Country team members. The JUNTA was “revitalized” in April 2014 with UNFPA as chair; since August 1, 2014 UNFPA became a member of the Country Coordinating Mechanism, representing the UN in the main platform for dialogue and participatory decision-making on HIV-related issues. ● Although the role is rotational, UNFPA has held the chairmanship since 2014. The role of the Chairperson/Chair Agency is to ensure than an annual work plan for the JUNTA is established, implemented and monitored. 	<ul style="list-style-type: none"> ● UN JT on HIV and AIDS, Georgia, <i>Terms of Reference</i>, undated
<ul style="list-style-type: none"> ● The 2016 JUNTA Report on Implementation was prepared by UNFPA and outlines the main activities in support of two key outcomes: <ul style="list-style-type: none"> i. Coordinated UN support to strengthen HIV prevention with particular focus on KAPs, including YKP. Outcome indicator: <ul style="list-style-type: none"> ▪ Recommendations of service standards for KPs elaborated for integration of quality service standards ii. UN Joint Advocacy and Policy Dialogue to strengthen national response to HIV and AIDS. Outcome indicators: <ul style="list-style-type: none"> ▪ UNPSD 2016-2020 integrates HIV and AIDS ▪ Quarterly meetings of the JUNTA conducted ● Advocate for strengthened HIV prevention among KAP through CCM Policy and Advocacy Advisory Council. (UNFPA Programme Analyst/HIV as the representative of JUNTA Chair Agency to represent the UN in Policy and Advocacy Advisory Council) 	<ul style="list-style-type: none"> ● UN JT on HIV and AIDS, Georgia, <i>Annual Report on Implementation of the Joint Work Plan for 2016</i>, undated
<ul style="list-style-type: none"> ● The 2017 JUNTA Annual Report on Implementation was prepared by UNFPA and outlines the main activities in support of two main outcomes: <ul style="list-style-type: none"> i. Outcome 1: Coordinated UN support to strengthening HIV prevention with a particular focus on KPs. Outcome indicator: <ul style="list-style-type: none"> ▪ Advocacy and technical assistance provided for implementation of National Standards on HIV prevention for KPs ii. Outcome 2: UN Joint advocacy and policy dialogue to strengthen national response to HIV and AIDS, with particular focus on HIV prevention. Outcome indicators: <ul style="list-style-type: none"> ▪ UNPSD 2016-2020 integrates HIV and AIDS ▪ Quarterly meetings of the JUNTA conducted ● Advocate for strengthened HIV prevention among KPs through CCM and PAAC 	<ul style="list-style-type: none"> ● UN JT on HIV and AIDS, Georgia, <i>Annual Report on Implementation of the Joint Work Plan for 2017</i>, undated

<p>Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.</p>	
<ul style="list-style-type: none"> • The 2016 JUNTA Annual Report notes how different agencies work either independently or together in support of the outcomes, e.g., <ul style="list-style-type: none"> ○ UNFPA: Advocacy through CCM and PAAC, support for National Sustainability and Transition Planning, advocacy to prioritize development of national comprehensive HIV prevention packages/standards (including costing) for SWs, MSM, and YKPs; elaboration of relevant national standards through process engaging wide number of participants and aligning with international standards; supported translation of MSMIT and SWIT tools for adoption and institutionalization into PHC and community; participation in UNFPA EECAO and IPPF EN 2nd regional consultation on HIV and SRHR (Kiev, 2016); and support for World AIDS Day ○ UNHCR: Produced information brochure on State Universal Healthcare Programme in Georgia for refugees, asylum seekers and humanitarian status holders detailing protection concerns, such as management of TB or HIV infection and AIDS; integration of HIV into broader UNHCR projects such as SGBV project and mobile visits in rural areas in Gali, Ochamchira and Tkvarcheli districts in Abkhazia region. ○ WHO: Supported strengthened human resource capacity through participation of national specialists in WHO-organized regional trainings/workshops and technical consultations ○ IOM: Launched a two-year regional project, Enhancing Mechanisms for Prevention, Detection and Treatment of HIV and AIDS and Tuberculosis among Migrant and Mobile Populations in South Caucasus Countries to be implemented in close coordination with IOM Missions in Armenia and Azerbaijan. IOM will work with governmental institutions in charge of HIV and AIDS and TB surveillance to ensure capacity building of relevant national authorities and facilitate progress of cross-border referral mechanisms. 	<ul style="list-style-type: none"> • UN JT on HIV and AIDS, Georgia, <i>Annual Report on Implementation of the Joint Work Plan for 2016</i>, undated
<ul style="list-style-type: none"> • The 2017 UN JT Annual Report notes how different agencies work either independently or together in support of the outcomes, e.g., <ul style="list-style-type: none"> i. UNFPA: provided strategic input directly to the development of the HIV prevention standards, which were included in the National Sustainability and Transition Plan, while serving as member of the PAAC (representing UN on behalf of HIV JT). This included cost calculations for HIV prevention services for KPs (MSM and SW KP). In addition, UNFPA embedded SWIT and MSMIT tools within standards for HIV prevention for KPs; developed first ever training module on HIV prevention and SRH service standards for KPs and supported pilot training for service providers (n=40); advocated (NCDC and the Global Fund) for HIV prevention services; supported community organizations in implementation of the Global Fund grant on rights to health for MSM, transgender people, including participation in RAGSI for the ECOM Global Fund grant on behalf of EECAO and strategic data collection; conducted two capacity development workshops for five community organizations to introduce the MSMIT; collaborated with EWNA and supported the development of the Strategic Plan and Action Plan to address needs of women living with HIV, including SWs, and GBV work with SWAN member organization; generated evidence from focus group discussions among YKPs on access and barriers to HIV/SRHR services; conducted six workshops on how to delivery HIV and SRHR programmes for YKPs for 82 participants from harm 	<ul style="list-style-type: none"> • UN JT on HIV and AIDS, Georgia, <i>Annual Report on Implementation of the Joint Work Plan for 2017</i>, undated

Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.	
<p>reduction service organizations, SRHR service provider organizations, LGBT community organizations, HIV-positive community organizations and activists, SW community organizations and activities, and youth NGO representatives.</p> <p>ii. WHO/UNFPA/UNICEF: UNFPA joined WHO in partnership with UNICEF to strengthen EMTCT country efforts and delivery the EMTCT guiding documents aligned with the National MNH Strategy 2017-2030.</p> <p>iii. WHO: supported WHO mission from headquarters and WHO/Euro to facilitate National Spectrum-STI modelling estimation of STI prevalence trends with NCDC/the Global Fund.</p> <p>iv. World Bank: finalized an epidemic and allocative efficiency analysis to establish an optimized mix of HIV investments and inform prioritization decision; supported epidemic and response analysis for PWID and IST as separate programmes, conducted health financing system assessment, transition protocol for HIV and AIDS and TB to facilitate the move away from external financing.</p>	
National: Indonesia	
<ul style="list-style-type: none"> In mid-2016, the Presidential office raised the possibility of dissolving the country's National AIDS Commission (NAC). Dissolution then occurred in 2017 Presidential decree no 124/2016, established on 31 December 2016, and states that the NAC completes its work no later than 31 December 2017 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> The HIV Technical Working Group, organised as part of the Global Fund mechanism, has become very important for coordination and leadership since the NAC was dissolved. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff
<ul style="list-style-type: none"> The UN Joint Team meets monthly for updates. In 2018, UNFPA, WHO, Linkages and MoH were working together on developing the partner notification guidelines. 	<ul style="list-style-type: none"> Interviews with UN agency staff
National: Namibia	
<ul style="list-style-type: none"> The current coordination framework includes the structures: <ul style="list-style-type: none"> i. The Cabinet: Cabinet is the highest policy making body on HIV and AIDS in Namibia ii. The Meeting of Senior Civil Servants: This is a monthly meeting of the Permanent Secretaries. It has the responsibility of ensuring harmonization and alignment of the national response with government policy frameworks.... iii. The National AIDS Executive Committee (NAEC): The composition is multi-sectoral with representation from all stakeholders drawn from public and private sectors, civil society and the development partners with a mandate to provide technical leadership, facilitate programme development and planning, oversee capacity development and technical assistance, partnership strengthening and management of strategic information..... iv. Regional AIDS Coordinating Committees (RACOCS): RACOCS are multisectoral committees whose membership is drawn from all stakeholders operating in a specific regional with the mandate to facilitate and coordinate the regional response.... 	<ul style="list-style-type: none"> Republic of Namibia, MoHSS, <i>National Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22</i>. 2017, p.58

Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.	
v. Constituency AIDS Coordinating Committees (CACOCS): CACOCS are responsible for co-ordinating the community response and operate under the auspices of their constituency councils.	
<ul style="list-style-type: none"> As per a diagram of the National Response Coordination Framework, the National AIDS Executive Committee (NAEC) is supported by a set of committees reporting directly to it. Among the most important of these is the set of Technical Advisory Committees (TAC) which themselves are supported by different TWGs. “The participation of the United Nations agencies is coordinated by UNAIDS through the United Nations Joint Team on HIV and AIDS.” 	<ul style="list-style-type: none"> Republic of Namibia, MoHSS, <i>National Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22</i>. 2017, p.58,59
<ul style="list-style-type: none"> The National Gender Policy (2010-2020) has its own dedicated coordinating structure headed by the National Gender Permanent Task Force, supported by a Coordination Mechanism Secretariat. Under the authority of the Permanent Task Force there are National Gender Plan of Action Clusters, including those for: <ul style="list-style-type: none"> i. Gender-Based Violence and Human Rights ii. Health, HIV and AIDS iii. Education and the Girl Child iv. Poverty, Rural and Economic Development v. Governance, Peace and Security vi. Media Research, Information and Communications. 	<ul style="list-style-type: none"> Republic of Namibia, Ministry of Gender Equality and Child Welfare, <i>Coordination Mechanism for the Implementation of the National Gender Policy (2010-2020)</i>, November, 2015
<ul style="list-style-type: none"> “The United Nations Joint Team on AIDS (JUNTA) was established in 2007 and is composed of all UN staff working full-time or part time on HIV and AIDS. In Namibia, the Joint Team is comprised of staff members from the following organizations: FAO, ILO, IOM, UNAIDS, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UNRC, WFP and WHO was appointed by the respective heads of agencies. The JUNTA works to: <ul style="list-style-type: none"> Support the established national AIDS Coordination Structures and mechanisms in its efforts to plan, implement and monitor the multi-sectoral and expanded national response; Constitute an entry point for national stakeholders to access HIV and AIDS technical assistance and support from the UN system; and Formulate, implement and monitor the UN Joint Programme of Support to the national HIV response based on the NSF”. 	<ul style="list-style-type: none"> <i>The United Nations Joint Programme of Support for AIDS in Namibia: 2014-2018</i>. (July 2015), p.36
<ul style="list-style-type: none"> The United Nations Partnership Framework (UNPAF) is “a vehicle for strategic partnership and resource planning to drive programmes through which the United Nations Country Team (UNCT) would support Namibia in the implementation of its development goals under vision 2030. The UNPAF is organized around four pillars: Institutional Environment, Education and Skills, Health and Poverty Reduction.” 	<ul style="list-style-type: none"> <i>The United Nations Partnership Framework (UNPAF) 2014-2018: Namibia Annual United Nations Country Results Report, 2016</i>. (June, 2017), p.6
<ul style="list-style-type: none"> The UNPAF has its own coordinating mechanisms including at its apex the UNFPA Joint Steering Committee co-chaired by the Ministry of Economic Planning and the United Nations Resident Coordinator. At the operational level, it is supported by the meetings of the United Nations Country Team (UNCT) chaired by the Resident Coordinator. On matters of HIV and 	<ul style="list-style-type: none"> Government of the Republic of Namibia, United Nations Namibia, <i>United Nations Partnership</i>

Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.	
AIDS, the Joint UN Team on HIV and AIDS (JUNTA) provides input to the UNCT. In this way, the JUNTA is connected directly to the UNPAF coordinating mechanism as illustrated in the Governance Structure and Implementation Mechanisms for the UNFPAF. (p.15).	<i>Framework (UNPAF) 2019-2023.</i> (2019), p.13
<ul style="list-style-type: none"> “HIV and AIDS Namibia has launched the new 2017/18-2021/22 Strategic Framework on HIV and AIDS linked with NDP 5 and to the 2016 United Nations Political Declaration for Ending AIDS by 2030. Building on the previous Joint Program, the UN has developed a new Joint Programme on HIV and AIDS aligned with this UNPAF. Under this programme, the UN will continue to work with different sectors and with civil society, to address HIV and AIDS in the different Pillars of the UNPAF. The programme will focus on three main areas: i) strengthen the combination prevention focusing on adolescent girls, young people, male engagement and KPs; ii) support the development and implementation of the Road Map for the elimination of HIV transmission from mother to child by 2022, iii) support resource mobilization, implementation and sustainability of the framework for epidemic control in Namibia, and support integration of food and nutrition in HIV and AIDS activities.” 	<ul style="list-style-type: none"> Government of the Republic of Namibia, United Nations Namibia, <i>United Nations Partnership Framework (UNPAF) 2019-2023.</i> (2019), p.15
<ul style="list-style-type: none"> The National School Health Task Force is the main coordinating body for efforts in health and education and it has multi-sector participation including: <ul style="list-style-type: none"> o UNICEF/UNESCO/UNFPA o The University of Namibia (for teacher training) o Republic of Namibia Ministries of: <ul style="list-style-type: none"> ▪ Health and Social Services ▪ Education, Arts and Culture ▪ Sports, Youth and National Services ▪ Gender Equality and Child Welfare 	<ul style="list-style-type: none"> Interview with the HIV and AIDS Management Unit of the MEAC
Views and Experience of Key Informants Regarding UNFPA Participation and Effectiveness of Coordinating Mechanisms	
<ul style="list-style-type: none"> “Regional coordinating structures (within Namibia) have not been working well recently and need to be revived. The Regional Health Education Task Forces are weak in many of the regions. There is also the Regional AIDS Coordinating Committees coordinated by the Office of the Governor in each Region and draws membership from all the Ministries in the region and the CSOs involved in HIV programmes. There seems to be many parallel structures nationally and regionally with overlapping agenda and competing for time/participation by the same stakeholders”. 	<ul style="list-style-type: none"> Interview with the HIV and AIDS Management Unit of the MEAC
<ul style="list-style-type: none"> “In the national structure for coordinating action in the HIV response, under the National AIDS Executive Committee (NAEC) which is the overall coordinating body, there are a number of Technical Advisory Committees which in turn have Technical Working Groups. For example, there is a TAC on HIV, which has a Technical Working Group (TWG) on STIs and Condom programming. TWG’s report to TACs, which, in turn, report to the NAEC. [Nota Bene: In conversations with other key informants, including for example, the Global Fund, the NAEC is not seen as especially dynamic.] Other Technical Working Groups and their relative level of activity are: <ul style="list-style-type: none"> o Adult Girls and Young Women – strong in the beginning but less active now 	<ul style="list-style-type: none"> Interview with UNFPA CO

Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.	
<ul style="list-style-type: none"> ○ KPs – reasonably active, supported by the Society for Family Health with UNFPA assistance ○ Condoms ○ Treatment of HIV ○ PMTCT quite active. ● There used to be a Maternal and Child Health Committee with a sub-group on SRH/HIV integration, but this is now dormant. 	
<ul style="list-style-type: none"> ● “During the first (pilot) phase of the Integration programme there was a steering committee on integration with participation by Directorate of Special Programmes and the Directorate for Primary Health Care within the MoHSS as well as by UNFPA and PEPFAR/CDC. However, this steering committee was not continued during the second phase as the MoHSS proceeded to roll out integration across the country.” 	<ul style="list-style-type: none"> ● Interview with UNFPA CO
<ul style="list-style-type: none"> ● “Coordination bodies need to be strengthened and made more visible and active. The NAEC lacks both resources and information. This lack of information occurs because different UN agencies and departments of MoHSS are busy writing proposals and chasing resources.” 	<ul style="list-style-type: none"> ● Interview with the Directorate of Special Programmes, the MoHSS
<ul style="list-style-type: none"> ● “There are many coordinating bodies and platforms, but they do not receive adequate funding and support and are often not taken seriously by the NAEC.” ● “There are TACS (Technical Advisory Committees) under the NAEC which work with varying degrees of effectiveness: <ul style="list-style-type: none"> ○ The TAC on Treatment Works Well ○ The TAC on Combination Prevention has Technical Working Groups on: <ul style="list-style-type: none"> ▪ KPs ▪ Adolescent Girls and Young Women (AGYW) ▪ PrEP ○ The TAC on Monitoring and Evaluation meets but does not produce very much – it is mainly a vehicle for donor conversations on data gathering. ○ The TAC on HIV Response Coordination and Management does not meet but does have a functioning TWG on Resource Mobilization, which seems to function fairly well but has no one to report to. ● The problem is that we don’t have a strong, driving advocacy from the NAEC on the need to prioritize investment in HIV prevention.” 	<ul style="list-style-type: none"> ● Interview with the Global Fund Management Unit, MoHSS
<p>In reference to the coordinating structure of the National Gender Programme:</p> <ul style="list-style-type: none"> ● “UNFPA has been active in support of the TWG on GBV and Human Rights and in the cluster for Gender and Health. However, UNFPA could have a more prominent role in the coordination cluster on Gender and Health which is not working very well and has not implemented its terms of reference and plan of action (MoHSS is supposed to chair this group but it does not meet often).” ● “Clusters/TWGs on GBV and Education work well but the one on HIV and SRHR does not. The Cluster on GBV is chaired by the Ministry of Gender. UNFPA has also supported the establishment and operation of regional clusters on GBV.” 	<ul style="list-style-type: none"> ● Interview with the Ministry of Gender Equality and Child Welfare

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<ul style="list-style-type: none"> • “UNFPA provides considerable technical support to the Technical Working Group on condom programming under the NAEC structure.” 	<ul style="list-style-type: none"> • Interview with the SFH
<ul style="list-style-type: none"> • “The TWG on KPs provides a platform where MoHSS and the organizations representing KPs can have a dialogue. It was set up as an integral part of the national mechanism for coordinating action on HIV (the National AIDS Executive Committee - NAEC). The Society for Family Health serves as the Secretariat. UNFPA supported the establishment of the TWG and continues to support its operation through the Society for Family Health.” 	<ul style="list-style-type: none"> • Group Discussion with members of the TWG on KPs.
<ul style="list-style-type: none"> • “There has not been good coordination and consultation across the Directorate for Primary Health Care/Directorate of Special Programmes divide over the roll-out of integration. This may be because the Steering Committee on Integration which they co-chaired during the pilot-test phase was not continued during the roll-out phase.” • “There needs to be better coordination around issues relating to adolescents and youth as well. And while all the key actors are involved in the Health and Education Task Forces (National, Regional, Constituency) they are not so effective. There is also the monthly health development partners Working Group chaired by WHO and WHO is active in make sure those meetings happen. On combatting S there is no conflict on policies but there is a failure to take advantage of possible synergies.” 	<ul style="list-style-type: none"> • Interview with PEPFAR/CDC
<ul style="list-style-type: none"> • “From the UN side they meet as the JUNTA on the last Thursday of every month. This then means that they are prepared to present any HIV questions/issues to the subsequent meeting of the UNCT which meets on the first Thursday each month.” 	<ul style="list-style-type: none"> • Interview with UNAIDS Namibia
<ul style="list-style-type: none"> • “UNESCO and UNFPA take part in the National School Health Task Force which has a sub-committee to monitor performance against the East and Southern Africa (ESA) Ministerial Commitments on CSE and SRH for young people. They also take part in the Adolescent Girls and Young Women (AGYW) Technical Working Group (TWG) under the NAEC structure.” • “The SADC meeting of Ministries of Health, Education and Youth has a standing item which requires regular review of the experience of countries in the region as they roll out CSE in order to comply with the ESA commitments. In these regular reviews, the government of Namibia is seen as a high achiever (doing well). UNESCO also participates in a gender-themed TWG which is co-led by UNFPA and the Ministry of Gender.” 	<ul style="list-style-type: none"> • Interview with UNESCO CO
<ul style="list-style-type: none"> • “Within the coordinating structure of UNCT/JUNTA they have a Technical Working Group on Health which includes UNFPA, UNAIDS, UNICEF and WHO. An issue arising from all this (see definitions of adolescent and youth health in question two) is the problem of sending a consistent message on health for adolescents and youth. Sometimes their government partners want to know: What is the UN telling us on adolescent health? When the WHO discusses the need for SRHR for adolescent girls and young women they want to put it in a larger strategy for adolescent health generally, while UNFPA can just refer to the SADC strategy for adolescent SRHR.” • They are currently in the process of de-linking the Resident Coordinator function from one of the UN agencies to the “newly created Resident Coordinator Office which will be independent. Until a new RC is named the UNICEF Representative is acting as the UN Resident Coordinator in Namibia.” 	<ul style="list-style-type: none"> • Interview with members of the Joint UN Team on AIDS (IOM, WHO, Office of the Resident Coordinator, UNICEF, UN Women, World Food Programme)

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<ul style="list-style-type: none"> • “The JUNTA has a secretariat at UNAIDS and the Secretary (UNAIDS) keeps everyone informed. They make planning decisions within the JUNTA and these are communicated to the subsequent meeting of the UNCT by the head of UNAIDS.” 	
National: Turkey	
<ul style="list-style-type: none"> • The UNFPA CO contributes all technical and policy advocacy areas in a proactive manner. There is a National AIDS Commission established in 1996. MoH is leading the commission activities. During recent years, MoH is conducting the meetings on and off. UNFPA, WHO, and the NGOs are the members of the commission. In addition to the National AIDS Commission a STI, Science Board established in 2018 acting as a technical advisory board and on-demand UNFPA provides a contribution to the activities. • In the context of the United Nations Development Cooperation Strategy Turkey 2016-2020, the HIV and AIDS Working Group established under the coordination and supervision of Turkey UN RC and chaired by WHO. In 2019, The HIV and AIDS Working Group merged to Social Inclusion Result Group by UN Country Team. 	<ul style="list-style-type: none"> • E-mail correspondence with UNFPA CO in Ankara
National: Zambia	
<ul style="list-style-type: none"> • “The UN Country Team is using a dual method of coordination under the H6 and Result Group 5 of the UN Sustainable Development Group. The H6 is used as a platform, however, as UN Country Team in Zambia has moved to the deliver as one modality under the UN Sustainable Development Framework it was recommended that result group 5, SRHR/HIV, would be the most appropriate platform as the programme is broader than H6. This Result Group is led by the UNAIDS Country Director as delegated by the UN Resident Coordinator. National Coordination of the Programme is through the RMNCAH Steering Group Chaired by the MoH. “ 	<ul style="list-style-type: none"> • Interview with UNFPA Zambia CO
<ul style="list-style-type: none"> • The Zambia 2gether4SRHR Q1 2019 progress report highlights the following achievements in terms of improved coordination: <ul style="list-style-type: none"> - National RMNCAH-N TWG convened to coordinate and provide technical oversight of the programme. - At subnational level, the provincial and district MNCH TWGs provide technical and administrative oversight in the implementation of activities • Annual review meeting which spearheads programmatic planning and strategic interventions 	<ul style="list-style-type: none"> • Zambia 2gether4SRHR Q1 2019 progress report
<ul style="list-style-type: none"> • The 2016 “stock-taking exercise” final report highlighted that there is a need to “Strengthen linkages among TWGs (Family planning, HIV, VMMC, Supply chain) to enhance coordination” and “Strengthen community coordination mechanism for condom promotion and distribution using the NAC structures/platform” 	<ul style="list-style-type: none"> • National Council for HIV/ST/TB (NAC). <i>Zambia National HIV Prevention Coalition Roadmap. Results of the Stocktaking Exercise. September 2017</i> (Power Point Presentation)
<ul style="list-style-type: none"> • The NASF 2017-2019 clearly depicts the national structure for coordinating the HIV response at all levels, with various TWG and sub-committees and defined chair and co-chair for each platform. The CCP and SBCC TWG is chaired by the MoH, whereas the KP TWG is co-chaired by NAC, MoH and Justice. 	<ul style="list-style-type: none"> • National HIV/AIDS/STI/TB Council (2017). National HIV and AIDS Strategic Framework (NASF) 2017 – 2021, p.63

<p>Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.</p>	
<ul style="list-style-type: none"> The NASF 2017-2019 notes challenges (status 2016) in coordinating the HIV response – in particular between national and sub-national (district) levels: “the greatest challenge to improved coordination of the national response has been the lack of management authority of the coordination mechanisms. Membership of the various structures mandated to coordinate the national response is voluntary, with each member reporting through their organisation. This has resulted in weak coordination of the response. This is particularly true with regard to sharing of data with District AIDS Task Forces (DATFs).” 	<ul style="list-style-type: none"> National HIV/AIDS/STI/TB Council (2017). National HIV and AIDS Strategic Framework (NASF) 2017 – 2021, p 63
<p>Coordination</p> <ul style="list-style-type: none"> Leadership from the MoH was a key factor in bringing together partners to plan around SRHR/HIV integration. The MoH was very supportive of the process, and coordination did in fact help strengthen SRHR/HIV integration in Zambia as it provided a platform to leverage resources and provide capacity building for healthcare workers. In Zambia, the project was coordinated by the National Project Coordinator based at UNFPA, who worked with a programme focal person at the MoH. (...) Members of the National Technical Committee met at least once a month to review the annual report and set priorities, and plan the work for the following year.” 	<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p.9
<ul style="list-style-type: none"> “Learning: Participation in the national coordination mechanism provided an opportunity and platform for partners to learn, share information, identify and discuss promising practices, share expertise, brainstorm and find joint solutions to challenges and formalise decision making. “ 	<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p.10
<ul style="list-style-type: none"> UNFPA and UNICEF joint programme to strengthen systems for RMNCAH&N are coordinated with DFID/USAID/Sida support : DfiD in collaboration with USAID and SIDA (Sweden) “are providing coordinated support to the government along the RMNCAH & N continuum of care in six (6) of Zambia’s ten (10) provinces. The DfiD component in Western and Central provinces has the aim of improving efficiency and effectiveness of service delivery with consequent positive impact on health system performance. The component provided through a UN Joint programme with the United Nations Population Fund (UNFPA) and United Nations Children Fund (UNICEF), comprises of RMNCAH-N and Social Accountability interventions, including selected Health System Strengthening actions”. 	<ul style="list-style-type: none"> UNFPA. November 2017: Joint Programme Document. Health System Strengthening and Social Accountability for RMNCAH&N Service Delivery in Central and Western Provinces, p.3-4
<ul style="list-style-type: none"> The Zambia close-out report of the Regional SRHR and HIV Integration Project (2011-2017) recommends that the MoH should strengthen the coordination and collaboration between internal HIV and SRHR departments so that the integration policies can be translated into practice at the institutional level. The overall idea is to strengthen joint planning, programming, budgeting and M&E. <p>“Recommendations to strengthen coordination</p> <ul style="list-style-type: none"> - Break down the silo’s: The government should strengthen the collaboration between the reproductive health and HIV departments at national level and between national and sub-national levels within the MoH to promote joint planning, programming, budgeting, and M&E. 	<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p.4

Assumption 6.1: Global, regional and national coordination platforms (including the JUNTA) have been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention and coordinating subsequent external support.	
<ul style="list-style-type: none"> - Multisectoral Response: Integrating SRHR/HIV requires a multisectoral response, and other ministries need to be capacitated to understand integration and ensure that their policies and plans speak about integration. - Appoint a national manager/coordinator to drive and sustain the momentum around integration including mobilising leadership and commitment from middle-management to top management to ensure that integration policies and guidelines are translated into action. 	
Assumption 6.2: Platforms and structures for coordinating support to the HIV response do not duplicate the work of other structures for coordinating action in HIV, SRHR and SGBV.	
<u>Indicators:</u>	
<ul style="list-style-type: none"> • Frequency of meetings of platforms for coordinating the HIV response and related platforms for coordination of other SRHR interventions (including mother and child health and family planning) • Overlapping mandates (or not) of HIV, SRHR and SGBV related coordinating platforms • Cross-membership in platforms for coordinating action in HIV and in SRHR • Reported overlap or duplication of effort among coordinating platforms as reported by participants 	
Observations	Sources of Evidence
Regional: ESARO	
<ul style="list-style-type: none"> • In some countries, e.g. Zambia and Malawi, there are multiple TWG working on integration of HIV, SRHR and SGBV, and there is a need to harmonize and potentially merge into one TWG, although all countries had an overall national integration steering committee for the Regional Linkages Phase I project. 	<ul style="list-style-type: none"> • UNFPA ESARO (2017). The Joint UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report, p.10
<ul style="list-style-type: none"> • “In 2018, all 10 countries [covered by the 2gether 4 SRHR programme] supported the convening of multi-sectoral coordinating mechanisms for SRHR, HIV and SGBV by the MoH. However, efforts need to make to ensure that these are reflective of all partners in particular, bilateral development partners, civil society and academia. “ 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2018): 2gether 4 SRHR Draft 2018 Annual Report, p.20
<ul style="list-style-type: none"> • Countries teams supported the MoH to convene and participate in multi-sectoral coordinating mechanisms for SRHR, HIV and SGBV to ensure a coordinated response and to prevent duplication. 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): 2gether 4 SRHR: Summary of Key Accomplishments for 2018
<p>Countries in the ESARO took different approaches to coordination of the 2Gether 4 SRHR programme, such as for example:</p> <ul style="list-style-type: none"> • Lesotho: “UN Coordination: The work of the 2gether 4 SRHR Programme in Lesotho is being coordinated through the RMNCAH +6 Platform. Three interagency working group meetings (RMNCAH6+) have been held to discuss programme implementation. The 2gether 4 SRHR Programme has been seen as a great learning curve and that there is a commitment to working together, demonstrated by the sharing TORs for implementing partners to avoid duplication, providing regular updates to each other and undertaking joint visits to the districts. 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): Draft, Mid-Year Progress Report: 2018 2gether 4 SRHR Programme

Assumption 6.2: Platforms and structures for coordinating support to the HIV response do not duplicate the work of other structures for coordinating action in HIV, SRHR and SGBV.

- **National Coordination: National Steering Committee oversees the implementation of the programme and has held two meetings to date.** The first meeting reflected on the outcomes of the RPSC, discussed the way forward, and the Year 1 work plan. Each meeting is used to assess progress, identify gaps and to examine how other partners, such as PEPFAR can contribute towards the programme. The third meeting will provide an overview of the progress on the objectives.”
- **Zambia:** “The UN Country Team is using a **dual method of coordination under the H6 and Result Group 5 of the UN Sustainable Development Group**. The H6 is used as a platform, however, as UN Country Team in Zambia has moved to the deliver as one modality under the UN Sustainable Development Framework it was recommended that result group 5, SRHR/HIV, would be the most appropriate platform as the programme is broader than H6. This Result Group is led by the UNAIDS Country Director as delegated by the UN Resident Coordinator. National Coordination of the Programme is through the RMNCAH Steering Group Chaired by the MoH.”
- **Malawi:** “The UN team meets frequently to coordinate, share information and clarify issues. **The coordination of the Programme is through the Joint Programme on AIDS** as all four agencies are members of this structure. Coordination at the Heads of Agency Level is through the UN Country Team.
- **Uganda:** “The Joint Team meets on a monthly basis or as need be. There is overall good participation by all agencies, but agency **participation is also hampered by crisis** taking place in the region that distracts attention away from the programme, e.g. Ebola crisis. However, the **joint team has served as a good platform to keep track of what agencies are doing on SRHR, HIV and GBV and on issues relating to integration**. In Uganda, the programme reports under the Joint Programme on AIDS, as this is an established UN structure.
- **Zimbabwe:** The Zimbabwe country team reported that they are collaborating very closely and have held frequent meetings to plan and undertake joint activities, such as the High-Level Advocacy Meeting and the district sensitization workshops. It was noted that participation in **coordination efforts are often hampered by competing demands** in relation to other areas of work.
- The work of the 2gether 4 SRHR Programme is also reported upon in the Health Development Fund, a MoH wide funding mechanism, where various donors are represented. The 2gether 4 SRHR team was encouraged to find a Heads of Agency (HoA) mechanism that can be provided with regular programme updates and to where issues that arise can be brought to the attention of the HoA. It was noted that the HoA are still ultimately accountable for the implementation of the programme.
- A national steering committee that is led by the Government of **Zimbabwe** oversees the coordination of the programme at the national level. The National Steering Committee is being expanded to include other government ministries who have been invited by the Permanent Secretary of Health.”

National: Georgia

Assumption 6.2: Platforms and structures for coordinating support to the HIV response do not duplicate the work of other structures for coordinating action in HIV, SRHR and SGBV.	
<ul style="list-style-type: none"> The CCM is the major body of coordination for the national response for HIV and AIDS (and TB). However, one of the weaknesses is that the CCM is not “well placed” within the government hierarchy and lacks legal power to assure effective coordination across different sectors. Plans are underway to improve CCM coordination (based on a 2016 EHG mission) and includes the development and approval of a costed HIV and AIDS National Strategy and Action Plan for 2019-2023 and recommendations for optimal positioning of CCM within the governmental hierarchy. 	<ul style="list-style-type: none"> Curatio International Foundation, <i>Georgia Transition Plan</i>, 2016, p.30-31
National: Indonesia	
<ul style="list-style-type: none"> The NAC in Indonesia acted as a government body and also as an agent for civil society. It played a relatively progressive role in the national HIV response and provided overall leadership and coordination. The NAC strongly pushed community groups to stand up and link with official stakeholders for service delivery, research and advocacy. When the NAC was dissolved, the leadership role has not yet been taken up by government. More than one respondent in the HIV evaluation commented that in Indonesia the national response to HIV is currently on ‘autopilot’. A member of a civil society organisation told the evaluation team “we are on autopilot. We do not have any leadership on HIV prevention in Indonesia. We – like others – are working without a clear vision of where we are going”. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff, UN agency staff and members of CSOs
<ul style="list-style-type: none"> The country’s main coordinating platform/structure for support to the HIV, TB and Malaria response is a Country Coordinating Mechanism or CCM formed under the auspices of the Global Fund grant project. The HIV Technical Working Group which consist of member and non-member of CCM have more technical roles to develop TWG annual work plan; lead, assist and monitor the GF project proposal development; to determine proposal’ content and focuses; to propose the new PRs; to offer budget location among PRs and to monitoring PRs’ performance and provide recommendation action. The country currently does not have a standalone National AIDS Commission; functions of the NAC were held by Coordinating Ministry of Human Development and Culture. After the NAC dissolved in 2017, MoH no longer has responsibility as the secretariat of NAC 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff Presidential Decree No 124/2016 on National AIDS Commission
<ul style="list-style-type: none"> One member of a civil society organisation commented on the lack of leadership and coordination since the NAC was dissolved. They told the evaluation team of plans to create a new coordinating structure across civil society organisations. However, the respondent noted “we (i.e. civil society) do not have a good track record in trusting each other. We tend to work in silos. The priority is to reclaim trust. There could be a role for UNFPA to help us”. 	<ul style="list-style-type: none"> Interviews with members of CSOs
<ul style="list-style-type: none"> UNFPA and UNAIDS have discussed the need to create a national technical working group on human rights. The ambit of this TWG would go beyond HIV. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff
National: Namibia	
<ul style="list-style-type: none"> “For education and health, Regional coordinating structures (within Namibia) have not been working well recently and need to be revived. The Regional Health Education Task Forces are weak in many of the regions. There is also the Regional AIDS Coordinating Committees coordinated by the Office of the Governor in each Region and drawing membership from all the Ministries in the region and the CSOs involved in HIV programmes. There seems to be many 	<ul style="list-style-type: none"> Interview with the HIV and AIDS Management Unit of the MEAC

Assumption 6.2: Platforms and structures for coordinating support to the HIV response do not duplicate the work of other structures for coordinating action in HIV, SRHR and SGBV.

parallel structures nationally and regionally with overlapping agendas and competing for time/participation by the same stakeholders.”

National: Zambia

<p>“National Governance</p> <ul style="list-style-type: none"> In Zambia, there were several organisational structures created to implement the Linkages Project. The project was overseen by a National Inter-agency Technical Committee whose role was to provide technical oversight for the project. (...) To avoid creating several parallel structures similar to the National Technical Committee, the M&E TWG was anchored under the already existing M&E TWG under the MoH. Key members of the National Technical Committee included representatives from the MoH, the National AIDS Council, UNFPA, UNAIDS, CSOs such as the PPAZ, Marie Stopes Zambia, and other organisations through TWGs, as well as provincial medical officers. The National Technical Committee was chaired by the Permanent Secretary, who also participated in the UNFPA/UNAIDS Regional Reference Group.” 	<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report Draft, p.9
<ul style="list-style-type: none"> “The existing national coordinating mechanisms for SRHR/HIV and SGBV integration include the Maternal and Newborn and Child Health Interagency Coordinating Committee (MNCH ICC), Safe motherhood TWG, Family Planning TWG, Child health TWG, Integrated HIV TWG, and Adolescent Health TWG. This coordination mechanism has both government, bilateral, NGO, FBO, CSO and UN membership and meets monthly.” 	<ul style="list-style-type: none"> UNFPA 2018. Joint Programme Document Outline. Revised Standard Joint Programme Document. Country: Zambia. Programme Title: <i>Strengthening integrated sexual and reproductive health and rights/HIV and Sexual & Gender Based Violence services in East and Southern Africa to accelerate action on Sustainable Development Goals 3 and 5 - A Joint United Nations Regional Proposal</i>, p.9

Assumption 6.3: External partners, including UNFPA, have worked in concert to promote **institutionalization of sustainable national investments** in the HIV response that are appropriate to the evolving and emerging challenges and needs posed by the epidemic in that country.

<p>Indicators:</p> <ul style="list-style-type: none"> Agreed strategies and approaches among UNAIDS cosponsors and multilateral and bilateral partners regarding promotion of national investment in HIV response Trends over time in national investment in the HIV response both in absolute terms and in relation to external support Changes in national budget procedures and criteria which institutionalize investments in HIV: i.e. commencing a specific, regular budget line for HIV budgets at national, regional, district level Integration of HIV budgeting and resource allocation into efforts to put national health systems on a sustainable footing including development of national health insurance schemes/programmes

<p>Assumption 6.3: External partners, including UNFPA, have worked in concert to promote institutionalization of sustainable national investments in the HIV response that are appropriate to the evolving and emerging challenges and needs posed by the epidemic in that country.</p>	
<ul style="list-style-type: none"> • Efforts to encourage private insurers and/or private, for profit, firms to invest in national and local HIV response. 	
Observations	Sources of Evidence
Regional: ESARO	
<p>“UNFPA invested its existing core and non-core resources to complement the funds provided through the regional programme. This included cost sharing on positions, and procurement of commodities and supplies through its supplies programme. Non-core resources were also utilised in support of the programme. UBRAF funds received from UNAIDS supported the linking of SRHR and HIV into HIV policies, strategies and guidelines. The Safeguard Young People Programme, funded by the Swiss Development Corporation, complemented the health systems strengthening approach of Linkages with mobilising youth and young people. In Zambia, a joint Reproductive, Maternal, Neonatal, Child, Adolescent Health (RMNCAH) programme being undertaken with UNICEF, funded by DFID, expanded the programme beyond the pilot sites to two provinces. The rapid assessment undertaken in Zimbabwe provided the platform for the Integrated Support Programme, later renamed to the Health Development, jointly funded by DFID, Irish AID and SIDA to rollout training of healthcare workers on integration beyond the three Centres of Excellence.</p> <ul style="list-style-type: none"> • “Partners contributed additional technical expertise [to the Linkages Phase I programme] that strengthened the national integration programme. This included undertaking joint advocacy and collaborating to develop policies, strategies and guidelines on integration as well as strengthening service delivery. For example, Legabibo in Botswana provided training to health care workers on providing integrated services to the LGBTI community. In Namibia, JPHIEGO, with funding from USAID, supported the MoH to do an assessment of integration in the Hardap Region and trained health care workers and reorganised services. In Zambia supported was provided to the International Organisation for Migration (IOM) on how to provide integrated services to meet the needs of migrant populations. “ 	<ul style="list-style-type: none"> • UNFPA ESARO (2017). <i>The UNFPA and the UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report</i>, p.18-19
<ul style="list-style-type: none"> • The ESARO/SYP team does a considerable amount of work trying to save and extend the resources they have available under SYP. For example: <ul style="list-style-type: none"> ○ UNFPA itself tops-up core and non-core expenditures ○ The ESARO team and the programme support a great deal of south-south lessons learning and information exchange ○ ESARO has worked to document experience from the eight participating countries and communicate and extend the experience to all countries in the region • The programme often begins by taking the international (global and regional) standards and tools and helping to have them adopted as national standards (as on CSE). 	<ul style="list-style-type: none"> • Interview with UNFPA ESARO, M&E Specialist for Youth and SI Specialist, MICS
<ul style="list-style-type: none"> • The Regional AIDS Team for Eastern and Southern Africa is a key vehicle for coordination. • There are four working groups under the RATESA banner: <ul style="list-style-type: none"> ○ 1. Prevention (UNFPA, UNICEF, UNESCO) ○ 2. Treatment/eMTCT (WHO/UNICEF) ○ 3. Social Justice (ILO/WFP/UNFPA for GBV) 	<ul style="list-style-type: none"> • Interview with RATESA (Regional AIDS Team for ESA), UNESCO and UNAIDS

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<ul style="list-style-type: none"> ○ 4. Integration and Programme Efficiency (World Bank, UNDP, WHO) but with active participation by UNFPA on the integration file. ● Among all the RATESA agencies, UNFPA has put in considerable effort to contribute to the joint UNAIDS programme, not just with designated HIV/AIDS people but by giving the programme access to their technical expertise in other areas. ● The regional 2gether 4SRHR programme (four years, now in its second year) has its own coordinating mechanism. There is a Regional Steering Committee, which includes governments, UN organizations and CSOs. There is also an Inter-Agency Working Group, which works with regional coordinating mechanisms (SADC, EAC). All four agencies work together in five of the countries with UNFPA on its own providing support to the other five. ● Each agency has its own work programme under the regional HIV programme, but they coordinate closely on the work programme both regionally and at country level. Under the overall joint programme, the work plan is specified for each agency using the RACI model. For a given activity in the work programme it is clear which agency(ies) are: <ul style="list-style-type: none"> ○ Responsible ○ Accountable ○ Consulted ○ Informed. ● This is defined for all activities under each objective of the programme. RACI is based on a UNICEF model for program planning. They have not yet established a working model for new Working Group on Efficiency. 	
<p>Lessons learned from the Regional Linkages Project Phase I with regards to coordination and partnership:</p> <ul style="list-style-type: none"> ● “Leadership: In all countries the MoH chaired the National Steering Committee that led and coordinated the integration agenda. Government leadership ensured alignment to national priorities and plans and leveraged additional financial and human resources. ● Engaging political leaders (i.e., mayors from cities/towns) as champions of integration is key to mobilise and motivate the community to seek integrated services. ● Learning: Participation in the national coordination mechanism provided an opportunity and platform for partners to learn, share information, identify and discuss promising practices, share expertise, brainstorm and find joint solutions to challenges and formalise decision making. ● Limited Availability: Participants often belong to other coordinating entities; have competing interests, issues, priorities and assignments that limited their participation or their ability to follow up on action points. ● Need to strengthen Information flow: Information shared, and decisions made in the national coordinating entities need to filter down to sub-national levels (provincial or district).” ● (Note: See comprehensive list of coordinating structures by country in the final report) 	<ul style="list-style-type: none"> ● UNFPA ESARO (2017). The Joint UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report, p.12
<p>During the 2018 meeting to validate work plans prior to submission to the Regional Steering Committee,</p> <ul style="list-style-type: none"> ● “Countries shared information on different agencies that are supporting the integration efforts at a country level that could be approached to support continued funding for the five countries to scale up the provision of integrated services. 	<ul style="list-style-type: none"> ● UNFPA ESARO (2018). <i>Report from the Validation Meeting, 28 February 2018</i>, p.14-15

<p>Assumption 6.3: External partners, including UNFPA, have worked in concert to promote institutionalization of sustainable national investments in the HIV response that are appropriate to the evolving and emerging challenges and needs posed by the epidemic in that country.</p>	
<p>Countries should incorporate integration into country level Global Fund concept notes. A regional Global Fund proposal needs to demonstrate the additional value of the regional approach for the Global Fund. Participants noted that it would be worth exploring writing a regional proposal for the five countries beyond 2019. The European Union is about to launch the spotlight initiative for the prevention and response to GBV. Seven countries in Africa are eligible of which only three countries in ESA will be selected by a steering committee. PEPFAR has recently expressed an interest to put funds into integration that are relevant to their mandate and interest. Japan has been a major partner in funding health systems strengthening. Participants noted the need for continued advocacy for integration as part of the primary health care approach so that when governments allocate funding it is to the integrated approach. It was noted that the advocacy for increased resources for integration is tied to improving the monitoring of integrated services so as to demonstrate results.”</p>	
<p>On the sustainability of 2gether4SRHR: “Regional sustainability:</p> <ul style="list-style-type: none"> • Aligned to and will accelerate regional efforts to support member states to achieve the 2030 Agenda for Sustainable Development, adopted by UN Member States in 2015 and SDG 3 and 5. • Strengthens the coordination and collaborative efforts of UNAIDS, UNFPA, UNICEF and WHO through the Regional UN Development Group for East and Southern Africa (R-UNDG) to strengthen the efforts of UN country teams. • Aligned to and complements existing programmes and financial resources committed by the regional and COs of UNAIDS, UNFPA, UNICEF and WHO. The Programme will be administered by the financial and administrative units of the respective agencies. Implementation embedded and managed by existing technical programme units responsible for SRHR/HIV and SGBV of the four agencies. • Creates a powerful voice to leverage the investments and efforts of other donors and partners, including and importantly PEPFAR and the Global Fund, to integrate SRH services including HIV and SGBV, to prioritize ending AIDS among adolescent girls, young women and KPs, to achieve universal realization of SRHR. <p>Country sustainability:</p> <ul style="list-style-type: none"> • Complements existing efforts by the four agencies as elaborated through the UNDAF and individual country program documents agreed upon between the different agencies and their government counterparts, aligned to their Global and Regional Strategic Plans. • Will promote and foster joint programing, complement existing resources received by COs to accelerate existing efforts by UN country teams to strengthen SRHR/HIV and SGBV outcomes, drawing upon existing human, financial and programmatic resources. • Government leadership and ownership of this programme will be secured from the onset through the development of the Joint Country Proposal • A relevant government convened and led national and sub-national coordinating entity responsible for overseeing the implementation of the Programme. • Alignment to existing national plans, and programmes to integrate SRHR/HIV and SGBV. 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO: <i>Steering Committee Summary Presentation. 2gether4SRHR programme</i> (Power Point Presentation), slide 44-45

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<ul style="list-style-type: none"> • An M&E plan, with agreed upon indicators, reporting formats and operational research to inform implementation of the programme. • A transition strategy that demonstrates how the programme will be integrated within and funded through country plans, by the end of 2021. • Complements and accelerates existing human, financial and programmatic resources to support government efforts to integrate SRHR/HIV. “ 	
<p>The following activities were conducted by the 2gether 4 SRHR in 2018;</p> <p>Support to Regional Economic Communities</p> <ul style="list-style-type: none"> • “Technical support to the East Africa Community to develop a resource mobilization strategy for Universal Health Coverage. <p>Technical support to countries</p> <ul style="list-style-type: none"> • Technical support provided to 6 countries with the development and implementation of Global Fund proposals • 6 countries were supported with the review of their National Strategic plans on HIV” <p>The following activities were planned for 2019:</p> <p>Support to Regional Economic Communities</p> <ul style="list-style-type: none"> • EAC M&E framework on sustainable financing to be developed • EAC Universal Health Coverage (UHC) resource mobilisation (RM) strategy to be disseminated to member states. • SADC High-level parliamentarian summit and experts group meeting on sustainable financing for health to be convened. • SADC to validate the Sustainable Financing Monitoring Framework for Health. <p>Technical support to countries</p> <ul style="list-style-type: none"> • Technical support to be provided to Lesotho and Uganda to cost the minimum SRHR • Package • Desktop review to be undertaken of costings of adolescent health policies within the context of Universal Health Coverage. <p>Increased domestic investments</p> <ul style="list-style-type: none"> • Botswana integration included in national budget line and through PMTCT programme. • Uganda mobilised government (MoF Directive on funding for HIV; National Trust Fund) and private sector (One Dollar Initiative) resources. Advocacy for increased domestic investments: • Global Financing Facility (GFF) – Investment Case Study for RMNCAH - Malawi • NASA studies that incorporate indicators on SRHR and GBV undertaken in Lesotho, Uganda, Zambia, Zimbabwe. <p>Challenges:</p> <ul style="list-style-type: none"> • Low levels of domestic and international investments in SRHR. 2gether 4 SRHR will invest and undertake cost-efficiency and investment case studies and innovative public private strategies to increase domestic investments in SRHR, HIV and SGBV. 	<ul style="list-style-type: none"> • UNFPA/UNICEF/UNAIDS/WHO (2019): Draft: Regional Programme Steering Committee Progress Report and 2019 Work plans, 14 March 2019

<p>Assumption 6.3: External partners, including UNFPA, have worked in concert to promote institutionalization of sustainable national investments in the HIV response that are appropriate to the evolving and emerging challenges and needs posed by the epidemic in that country.</p>	
<p>National: Georgia</p>	
<p>Georgia</p> <ul style="list-style-type: none"> Georgia was among the first few countries in EECA region to develop a Transition and Sustainability Plan in 2016, in order to ensure a smooth transition from The Global Fund towards fully national funding of HIV and TB by 2022. 	<ul style="list-style-type: none"> Government of Georgia, <i>Georgia HIV and AIDS National Strategic Plan 2019-2022</i>, undated, p.4
<p>Georgia</p> <ul style="list-style-type: none"> Seventy-five per cent of the AIDS response is State-funded, with 25% funded by the Global Fund (and small amounts from other donors). In 2020, the government will start investing in harm reduction in drug users; by 2021, it will cover work with SWs and MSM. Funding will be changed to a performance-based model. The big challenge will be the mechanism designed and the capacity to report on performance-based results. The Government is looking for technical assistance in health care financing (but not from UNFPA). Right now, there is no mechanism in place. However, it will start on July 1st and has potential to disrupt and affect NGOs. Eventually they could benefit, but the state needs to sign the mechanisms, establish reimbursement contracts, provide advance payments, etc. Providers will get 70% up front for the budget presented and will report once/month. Reimbursement will be based on indicators for new and continuing clients. Validating the indicators will be a huge issue given the use of a “unique code identifier” to preserve confidentiality. 	<ul style="list-style-type: none"> Interview with Government official, NCDC
<p>National: Indonesia</p>	
<ul style="list-style-type: none"> The role of UNFPA as a sub-recipient of the Global Fund grant is openly described as a temporary arrangement, giving time for the capacity of one of their sub-sub recipients (IAC) to grow and take over any future similar role. The role implementing the FSW programme does not include any significant focus on sustainability of the funded interventions in the absence of GF finance. Since the GF financed programme focuses primarily on test and treat, rather than the much wider range of strategies, services and initiatives required to secure a comprehensive HIV response, UNFPA continued primary focus on the FSW programme may have significant opportunity costs in terms of work required to “promote institutionalization of sustainable national investments in the HIV response that are appropriate to the evolving and emerging challenges and needs posed by the epidemic in that country”. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff, government officials and members of CSOs
<p>National: Namibia</p>	
<ul style="list-style-type: none"> “The MoHSS is organizing a SADC meeting on sustainable resource for HIV programmes in the region. This is being done with support to the Government of the Republic of Namibia from UNFPA, UNAIDS, and PEPFAR/CDC.” 	<ul style="list-style-type: none"> Interview with UNFPA CO
<ul style="list-style-type: none"> “Each year the MYS looks at its own priorities and annual workplans and identifies areas where they need support. They then have an annual planning meeting with UNFPA where they agree on the support to be provided and develop the main elements of the annual workplan for UNFPA supported activities.” 	<ul style="list-style-type: none"> Interview with the MYSNS
<ul style="list-style-type: none"> “The Technical Working Group on resource mobilization meets regularly but lacks an organizational focus. The problem is that we don’t have a strong, driving advocacy from the NAEC on the need to prioritize investment in HIV prevention.” 	<ul style="list-style-type: none"> Interview with the Global Fund Programme Management Unit, MoHSS

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<ul style="list-style-type: none"> “As noted, the decline in resources from the Global Fund Grant is putting pressure on the CSO sector but NANASO and the CSOs are looking at the possibility of social contracting with support from UNAIDS.” 	<ul style="list-style-type: none"> Interview with Namibia Network of AIDS Service Organizations
<ul style="list-style-type: none"> “For the National Youth Council (NYC), the first priority is to build the institutional capacity of organizations like AfriYAN, rather than just seeing them as a service provider. Last year, the NYC sent UNFPA a proposal to the UNFPA Country Representative focused on building institutional capacity among youth oriented CSOs and the hope it becomes part of the national youth policy. Currently the funding is quite narrowly focused because UNFPA can only fund a narrow spectrum of mainly service delivery activities. It would be good to make the partnership more meaningful and flexible over the longer-term including support to build institutional capacity.” 	<ul style="list-style-type: none"> Interview with the National Youth Council
<ul style="list-style-type: none"> “It is very difficult to get funding now that Namibia has achieved Upper Middle-Income Country Status (UMIC). UNFPA and the government are very open about calling people like Out-Right Namibia in for consultations but sometimes they are too focused on funding very specific types of interventions and do not look at capacity development of the organizations they need to access KPs. Out-Right Namibia are totally project funded and have no core funding. They are looking at non-traditional sources of funding such as the private sector and crowd funding. UNFPA is still an essential source of support for them.” 	<ul style="list-style-type: none"> Interview with Out-Right Namibia
<ul style="list-style-type: none"> “UNFPA has helped NAPPA in preparing a proposal for the new Global Fund Round of funding. It also put NAPPA in touch with the Namibia Institute for Democracy to focus the proposal to deal with issues of Human Rights. The proposal was successful and two of the activities proposed by NAPPA were funded. However, there is a need both for NAPPA to become a leaner organization and for increased investments in human resources and in improving their capacity for implementing services at the site. Development Partners – Including UNFPA are reluctant to fund capacity development for the organizations they support although they are willing to fund services. Further support is needed for proposal writing on resource mobilization. Additional support is also needed to procure equipment and materials to strengthen the implementation of integrated services.” 	<ul style="list-style-type: none"> Interview with NAPPA
<ul style="list-style-type: none"> “Regarding sustainability, Namibia has done well to reach the 90/90/90 targets. The UNCT is working with the Namibian Government on making the investment case for funding to meet the 2030 targets set by the UN Political Declaration on HIV and AIDS. They are trying to bring the US Government and Global Fund on board as part of this effort to meet the 2030 targets re: sustainability. UNAIDS also supports this effort within the SADC framework. They co-signed a letter on this from the UN to the US Government and the Global Fund. The new data from the NAMPHIA (if the report is released soon) can help build the investment case for the next round of funding from both PEPFAR and the Global Fund. The development partners involved in HIV are now discussing how to support the transition phase to a controlled epidemic – UNAIDS is in dialogue with PEPFAR/USAID and the Global Fund on this transition.” 	<ul style="list-style-type: none"> Interview with UNAIDS Namibia
National: Zambia	
<ul style="list-style-type: none"> UNFPA 2gether4SRHR programme supported the “National AIDS Spending Assessment conducted findings to inform costings for SRHR programme” 	<ul style="list-style-type: none"> Zambia 2gether4SRHR Q1 2019 progress report

<p>Assumption 6.3: External partners, including UNFPA, have worked in concert to promote institutionalization of sustainable national investments in the HIV response that are appropriate to the evolving and emerging challenges and needs posed by the epidemic in that country.</p>	
<ul style="list-style-type: none"> UNFPA and UNICEF supported NAC and MoH to produce a “Discussion Paper” on sustainable financing of HIV prevention. The paper recommended: “Recommendations for HIV prevention leadership: <ul style="list-style-type: none"> Bold Leadership for policy and legal framework change. There is need for increased government commitment to change policy and legal barriers affecting the implementation of HIV prevention services among KPs and adolescent girls. Strengthen the evidence-based policy and programme frameworks. There is need to promote research on KPs to increase knowledge and design suitable and effective interventions for them, including institutionalization and regularization of KP national surveys to monitor the progress of HIV prevention efforts Review the age of consent for young people to increase adolescents’ access to HIV prevention services by young adolescents” “Recommendations for HIV prevention financing <ul style="list-style-type: none"> Mobilize more international funding to close the current funding gap. Government and its partners will need to mobilize more international funding to meet the immediate funding gaps for HIV prevention Increase domestic funding to sustain HIV interventions. Increased international funding will close the current funding gap and enable the prevention services to be front-loaded. However, for a sustained response, government will need to take more ownership by increasing the amount of domestic resources. <ul style="list-style-type: none"> Raise the proportion of HIV funds spent on prevention to 25%. In order to meet targets, set in key priority prevention areas like PrEP as well as implement a comprehensive SBCC across all pillars, there is need to increase the proportion of HIV funding set aside for HIV prevention to 25%.” 	<ul style="list-style-type: none"> NAC, MoH, UNFPA and UNICEF (2017). <i>Stronger Leadership and Adequate Financing. Discussion Paper No 1</i>, p.7-8
<ul style="list-style-type: none"> “In terms of HIV prevention resource mobilization and financing, the new NASF has an already secured an estimated 27% allocation through existing activities, with an addition 29% committed through the new Global Fund Application proposal (2018-2020) with allocations towards HIV prevention activities focusing on AGYW and men, FSW and MSM. Generally, the HIV prevention portfolio is still highly dependent on external sources both from bilateral and multilateral funders. The Government has secured domestic resources that contribute to prevention, such as mainstreaming HIV prevention in social protection and unconditional social cash transfer, as well as increasing the coverage of these programmes. A Social Health Insurance bill is in progress that is expected to contribute to the HIV financing.” 	<ul style="list-style-type: none"> NAC HIV/AIDS/STI/TB. 2017. HIV Prevention, Zambia Country Position Paper
<p>Proposal (Joint Regional Programme for Integrating SRHR and SGBV services in ESA): “Output 1.2: Availability of funds from domestic and international sources to sustain provision of integrated quality SRHR/HIV and SGBV services</p> <p>Problem Statement: The Government of Zambia is yet to reach the Abuja target of allocating 15% of their national budget for health. SRHR/HIV and SGBV services are inadequate and mainly donor dependent and thus a potential threat for sustainability.</p>	<ul style="list-style-type: none"> UNFPA 2018. Joint Programme Document Outline. Revised Standard Joint Programme Document. Country: Zambia. Programme Title: <i>Strengthening integrated sexual and reproductive health and rights/HIV and Sexual & Gender Based</i>

<p>Assumption 6.3: External partners, including UNFPA, have worked in concert to promote institutionalization of sustainable national investments in the HIV response that are appropriate to the evolving and emerging challenges and needs posed by the epidemic in that country.</p>	
<p>Interventions: Provide technical support to the Government to increase domestic investment and leverage development assistance to improve SRHR/HIV and SGBV outcomes for all people, but with emphasis on adolescent girls, young people and KPs. Activities will analyse existing investments to determine the extent to which the Government is meeting their commitments of providing 15% of their budgets for health (Abuja Declaration) and the proportion of this that is allocated to meeting the SRHR/HIV and SGBV needs of adolescent girls, young people and KPs.</p> <p>Activities implemented, will support the government to:</p> <ul style="list-style-type: none"> - Conduct input-based cost analysis for integration of SRHR/HIV/SGBV - Develop strategies in optimizing emergent financial opportunities in SRHR/HIV/SGBV service integration - Conduct advocacy activities for increased domestic financing for SRHR/HIV/SGBV - Support the integration of SRHR/HIV/SGBV into the NASF operational plan - Develop a costed operational plan for the Adolescent Health Strategy - Support MoH in generation of National Health Accounts (NHA) in a timely manner“ 	<p><i>Violence services in East and Southern Africa to accelerate action on Sustainable Development Goals 3 and 5 - A Joint United Nations Regional Proposal, p.11</i></p>
<ul style="list-style-type: none"> • “The investments by the EU and the Governments of Sweden and Norway were catalytic in complementing investments by the MoH, and this has contributed towards the overall success of the integration efforts in Zambia. In Zambia, the MoH provided in kind contributions, human resources, commodities, infrastructure and equipment in support of the Linkages Project. The coordination, leadership and investments by the MoH, combined with the funding through the EU, and Governments of Sweden and Norway was catalytic in unlocking additional financial and technical resources that further expanded the national effort to integrate SRHR/HIV services. For example, in Zambia UNFPA invested its existing core and non-core resources to complement the funds provided through the regional programme. UNFPA core resources included cost sharing on positions and the procurement of commodities and supplies through its supplies programme to support the provision of integrated services. This included cost sharing activities such as utilising UBRAF (Unified Budget, Results and Accountability Framework) funds received from UNAIDS to support revisions of HIV policies, strategies and guidelines in support of integration. Another additional investment in Zambia was the joint Reproductive, Maternal, Neonatal, Child, Adolescent Health (RMNCAH) programme being convened by UNFPA and jointly being implemented with United Nations Children’s Fund (UNICEF), funded by the United Kingdom’s Department for International Development (DFID), which has been utilised to expand the programme beyond the pilot sites to two provinces. Also, the Eco Bank supported SRHR/HIV services by investing in a project looking at cash value chains in the most impoverished areas of Zambia, and requested that UNFPA provide an integrated package of services for their beneficiaries. “ 	<ul style="list-style-type: none"> • The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. ZAMBIA Close Out Report Draft. Zambia Country Report, p.18-19
<p>Assumption 6.4: National governments have both the interest and the capacity to respond effectively to coordinated efforts to institutionalize and render more sustainable the national HIV response.</p>	
<p><u>Indicators:</u></p> <ul style="list-style-type: none"> • As in 6.3 plus: 	

Assumption 6.4: National governments have both the interest and the capacity to respond effectively to coordinated efforts to institutionalize and render more sustainable the national HIV response.	
<ul style="list-style-type: none"> Views of national budget authorities Views of Staff of UNAIDS cosponsors Views of UN CO staff Views of bilateral agencies supporting HIV prevention. 	
Observations	Sources of Evidence
Regional: ESARO	
<ul style="list-style-type: none"> In 2018, the 2gether 4 SRHR programme “buoyed efforts to increase domestic and international resources to ensure the sustainability of sexual and reproductive health. The East African community developed a resource mobilisation strategy for Universal Health Coverage and provided technical assistance to countries to strengthen the implementation of their Global fund grants. Three countries increased national investments in SRHR, HIV and SGBV, including through public private partnerships. National AIDS Spending Assessments were undertaken in four countries that provide the foundation for advocacy to increase investments in SRHR. Six countries leveraged Global Fund and PEPFAR funding to support national efforts to strengthen the provision of integrated services.” 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO (2019): <i>2gether 4 SRHR: Summary of Key Accomplishments for 2018</i>
<ul style="list-style-type: none"> “The regional team supported the EAC to develop a resource mobilization strategy for Universal Health Coverage (UHC). Technical support was provided to six countries to develop and implement their Global Fund proposals. Six countries were supported to review their National Strategic Plans on HIV. Two countries engaged in securing increased national commitments to SRHR activities, with Botswana securing a national budget line for integration and Uganda initiating public and private initiatives to secure increased funding for SRHR. Four countries are undertaking NASA assessments that have incorporated SRHR and Malawi developed an investment case study through the Global Financing Facility (GFF). Activities in 2019 will support countries to domesticate regional resource mobilisation strategies in support of UHC, undertake cost efficiency and investment case studies to assess national expenditure and to advocate for increased investments in SRHR. Countries will support innovative public private strategies to increase domestic investments in SRHR, HIV and SGBV. “ 	<ul style="list-style-type: none"> UNFPA/UNICEF/UNAIDS/WHO (2019): Minutes of the 2nd Annual Regional Programme Steering Committee for the 2gether 4 SRHR Programme, 14 - 15 March 2019, Malawi
<ul style="list-style-type: none"> “Government leadership enabled integration to be incorporated into Global Fund concept notes that unlocked additional investments in Botswana, Lesotho, Swaziland and Uganda. The United States Government contributed towards the national integration efforts through PEPFAR, USAID and CDC by providing technical and financial support through its implementing partners in support of integration efforts in Lesotho and Swaziland. The World Bank played a critical role in Zimbabwe in supporting a cost efficiency study on integration. Annex 4, provides a breakdown of the additional investments made by partners in supporting integration in the ten countries.” 	<ul style="list-style-type: none"> UNFPA ESARO (2017). <i>The Joint UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in East Southern Africa: Programme Report</i>, p.19
National: Georgia	
<ul style="list-style-type: none"> The government of Georgia has declared health a priority in 2013 with the announcement of the Universal Health Programme and approved in 2014 the State Concept of Health Care System of Georgia for Universal Health Care and 	<ul style="list-style-type: none"> Government of Georgia, <i>Georgia HIV and AIDS National Strategic Plan 2019-2022</i>, undated, p.4-6

Assumption 6.4: National governments have both the interest and the capacity to respond effectively to coordinated efforts to institutionalize and render more sustainable the national HIV response.	
<p>Quality Control for the Protection of Patient’s Rights 2014-2022. HIV and AIDS is acknowledged as one of the priority communicable diseases along with Hepatitis C, Tuberculosis, and other vaccine-preventable diseases.</p> <ul style="list-style-type: none"> • The 2019-2022 NSP is the fifth HIV and AIDS plan; the first one was developed in 2003. Main directions are aligned with the UNAIDS 90-90-90 Strategy, the UN Sustainable Development Goals and the WHO Europe Health Sector Action Plan for HIV and AIDS. • The Government is a signatory to many human rights instruments, including the CEDAW. The 2014 Association Agreement between Georgia and the EU also requires Georgia to bring national legislation into conformance with international standards. 	
<ul style="list-style-type: none"> • Georgia has reached “high performance levels” in achieving the second and the third UNAIDs 90s targets, as compared to other countries of the region. Georgia implemented “treat all” policy in 2015, and since then all HIV positive persons have been offered antiretroviral therapy (ART) regardless of immune status or disease stage (funded by the State and the Global Fund). The country is approaching fast-track targets for ART and viral suppression. Among diagnosed persons, ART coverage increased from 62% in 2015 to 81% in 2017; viral suppression rates among those on treatment increased from 84% in 2015 to 89% in 2017. • The Government has mainstreamed HIV and AIDS prevention and control interventions into several state programmes, the HIV and AIDS Prevention and Treatment Programme, the Safe Blood Programme and the PMTCT Programme. The main purpose of the State Programme on HIV and AIDS prevention is early detection of new HIV and AIDS cases to reduce the spread of HIV and AIDS and provide access to treatment for HIV and AIDS-positive patients. 	<ul style="list-style-type: none"> • UNFPA, <i>ICPD+25 Georgia Country Report</i>, 2018, p.30
<ul style="list-style-type: none"> • The main implementation strategy for the Georgia CO is to work on the elaboration of strategy documents, working jointly with partners. The strategy documents have included standards, protocols and implementation tools. The Government has adopted and approved these standards. • This strategy is implemented given that the burden of implementation is shifting from the Global Fund to the Government • New partnership framework with government aims to nationalize the SDGs. Georgia was the first country in the region to develop such a framework. • The Transition Plan is integrated into the NSP for HIV and AIDS. This is based on the transition preparedness assessment supported by the Global Fund and undertaken by Curatio International Foundation (CIF), a Georgian NGO. • UNFPA Georgia provided 5 local consultants to support the development of the NSP, providing input on sections related to HIV prevention for MSM, prisoners, AIDS treatment, M&E, coordination between State and the Global Fund, and the Global Fund health system strengthening and transition issues. 	<ul style="list-style-type: none"> • Interview with UNFPA Georgia CO
<ul style="list-style-type: none"> • Tanadgoma has a diverse portfolio, as most NGOs are largely dependent on the Global Fund. Tanadgoma’s major donor is the Global Fund (55% of its funding). Tanadgoma has also received funding from SIDA (received through RFSU) for five years, focused on SRHR. Two big projects with the EU just ended, one focused on former prisoners and probationars (including IDU’s) psychosocial rehabilitation and integration, the other GBV and discrimination among drug users and 	<ul style="list-style-type: none"> • Interview with NGO partner staff

Assumption 6.4: National governments have both the interest and the capacity to respond effectively to coordinated efforts to institutionalize and render more sustainable the national HIV response.	
<p>FSWs. Other projects include one funded by the French for HIV prevention strategies with MSM community and another TB project with NCDC (funded by the Global Fund) to raise awareness across the country.</p> <ul style="list-style-type: none"> It is widely recognized that donor funding is diminishing and there are many concerns regarding the lack of opportunities for programme support. Social contracting has possibilities for sustainability; however, as of present there is no social contracting in health (although there is social sector). This is a big issue for the Global Fund transition. 	
<ul style="list-style-type: none"> Regarding the transition from Global Fund to State funding, the treatment programme is not a problem for the government. Plans are in place to support the drugs needed by 2022. However, advocacy is still required regarding the most important (read “strategic”) things to do in the area of prevention. Technical assistance in the “how” is more important than “the what” in prevention. There is a need for a more balanced approach, whereby prevention gets more attention and support. A successful example was the Hep C problem related to poor infection control. The Ministry decreed regulations to put in place after a period of regulation and poor quality standards, which helped to solve the problem. The UN is important – it stays behind when others leave. Advocacy is not only important, but technical assistance is critical, e.g., ANC guidelines. Most important is to change Georgian mentality. Education must be maintained. It is good to have the ANC and family planning courses, but other content needs to be added. 	<ul style="list-style-type: none"> Interview with Government official, MoH
<ul style="list-style-type: none"> Two-thirds of National Health Account funds are spent on curative services at hospital level. (Refer to WHO 2015 Health Use and Expenditure Survey and Client Satisfaction Survey (online)). There is a good Hep C elimination programme, which uses an integrated approach for HIV and TB. An integrated screening pilot was started at PHC level, which trained MDs. This was a good effort and produced less stigma for Hep C. 	<ul style="list-style-type: none"> Interview with WHO country staff
National: Indonesia	
<ul style="list-style-type: none"> The NAC in Indonesia acted as a government body and also as an agent for civil society. It played a relatively progressive role in the national HIV response and provided overall leadership and coordination. The NAC strongly pushed community groups to stand up and link with official stakeholders for service delivery, research and advocacy. When the NAC was dissolved, the leadership role has not yet been taken up by government. More than one respondent in the HIV evaluation commented that in Indonesia the national response to HIV is currently on ‘autopilot’. A member of a civil society organisation told the evaluation team ‘we are on autopilot. We do not have any leadership on HIV prevention in Indonesia. We – like others – are working without a clear vision of where we are going’. 	<ul style="list-style-type: none"> Interviews with UNFPA Indonesia staff, UN agency staff and members of CSOs
National: Namibia	
<ul style="list-style-type: none"> “Government spending on HIV and AIDS has been within the context of relatively high government allocation to the health sector. Government health expenditure as a percentage of total government expenditure in 2014 was approximately 14%. Public health expenditure as a percentage of GDP was estimated at 5.4% in 2014. In comparison with other upper middle-income countries in Africa, government expenditure in health is relatively high. Despite high government allocations to the health sector, sustainability of HIV and AIDS financing remains a major challenge and HIV and AIDS services are still significantly dependent on external funding from donor funding.” 	<ul style="list-style-type: none"> Republic of Namibia, MoHSS. National Strategic Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22. (2018), p.69

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- “The last National AIDS Spending Assessment (NASA) was conducted in 2014. According to the report, **65% of the funding for the HIV and AIDS response came from domestic sources including 1% from private sources**. Thirty-five per cent (35%) of resources came from international sources. The Government of Namibia (GRN) has been the largest contributor (64%) of HIV and AIDS funding followed by PEPFAR (27%), Global Fund (6%), and private sector (1%). The remaining funding came from a variety of sources including German Development Cooperation (GIZ), UN agencies, and other international sources. The HIV spending in Namibia was US\$ 201,060,024 (approximately N\$ 2.07 billion³⁷) in the period 2012/13 and US\$ 213,346,629 (approximately N\$ 2.2 billion) in the period 2013/14 respectively. The NASA report shows an increase in the funds spent by 6% per cent from 2012/2013 to 2013/2014. Most of the expenditure on HIV and AIDS funding went to the provision of ARTs. “
- “Both **Global Fund and PEPFAR resource envelopes in Namibia are expected to significantly reduce** during the period of the NSF (2017/18 – 2021/22). The Global Fund allocation to Namibia for 2018-20 representing only 20% annually of the 2016/17 commitment.”

- In 2018, the MoHSS published the results of a review of **Health and HIV spending in 2015/16 and 2016/17**. The review reported expenditures and the sources of funds are summarized in the table below:

2015/16	2016/17
Total Recurrent Spending in Namibian Dollars: 1,955, 279, 116	Total Recurrent Spending in Namibian Dollars: 2,366,494,096
Estimated in USD at an Average Historical Exchange Rate of 13.5 N\$ = 145 Million USD	Estimated in USD at an Average Historical Exchange Rate of 13.5 N\$ = 175.3 Million USD
Sources of funding	Sources of funding
Public (Government of Namibia): 47%	Public (Government of Namibia): 55%
Donors: 38%	Donors: 36%
Private Companies: 12%	Private Companies: 8%
Households: 3%	Households: 1%

- Republic of Namibia, *Namibia’s Health and HIV Financing Landscape: Evidence from the 2015/16 and 2016/17 Resource Tracking Exercises*. (August 2018), p.24

- The HIV Financing Landscape Study identified the **trends in sources of financing for HIV** related programming for five different fiscal years.

Year	Public (Government)	Donors	Private Firms	Households
2012/13	39 %	54 %	5 %	2 %
2013/14	40 %	46 %	14 %	1 %
2015/16	47 %	38 %	12 %	3 %
2016/17	55 %	36 %	8 %	1 %

- Republic of Namibia, *Namibia’s Health and HIV Financing Landscape: Evidence from the 2015/16 and 2016/17 Resource Tracking Exercises*. (August 2018), p.29

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- The same study breaks down total **AIDS expenditures by activity** category.

Spending Category	Percentage Share 2015/16	Percentage Share 2016/17
Care and Treatment	54	59
Prevention	18	18
Orphans and Vulnerable Children (OVC)	20	18
Systems Strengthening	4	4
Incentives for Human Resources	3	4
Not Classified	1	1

- Republic of Namibia, *Namibia's Health and HIV Financing Landscape: Evidence from the 2015/16 and 2016/17 Resource Tracking Exercises*. (August 2018), p.27

- While the national government funded 55 per cent of all spending on HIV and AIDS in fiscal year 2016/17, **the share of spending provided for by different funding sources varied considerably across different functional categories** of expenditure. Notably, while the national government funded most purchasing of pharmaceuticals, including ARVs in 2016/17, almost all training was financed by donors:

Functional Spending Category (2016/17)	Per cent Funded by Government	Per cent Funded by Donors	Per cent Funded by Private Firms	Per cent Funded by Households
Compensation	45			
Lab Services	1	0	89	10
Pharmaceuticals	77	14	8	1
Other Health Care Goods	83	17	0	0
Training	5	95	0	0
Other	22	71	4	3

- Republic of Namibia, *Namibia's Health and HIV Financing Landscape: Evidence from the 2015/16 and 2016/17 Resource Tracking Exercises*. (August 2018), p.27

- “The resource tracking results show that the **HIV and AIDS programme is exposed to significant risk in terms of donor reliance**, with the donor contributions to the response amounting to 38 per cent in 2015/16 and 36 per cent in 2016/17. The government has shown a strong commitment to financing ARVs and intends to continue this commitment by aiming to fund the drugs exclusively from domestic resources by 2019. However, the response remains particularly vulnerable due to the reliance on donor funding for certain program areas such as prevention, health systems strengthening and program coordination, incentives for human resources (i.e., training), and research. It is also exposed to risk as a result of donors contributing significantly to certain factors of provision, such as employee compensation, pharmaceuticals, and training, as well as exclusively providing funding towards interventions for KPs. The reliance on donor funding means the country risks the collapse of these components when donors withdraw their funding support.”

- Republic of Namibia, *Namibia's Health and HIV Financing Landscape: Evidence from the 2015/16 and 2016/17 Resource Tracking Exercises*. (August 2018), p.27

- “The government **needs to consider the sustainability of the HIV and AIDS response, not only in terms of overall financing, but rather, of all the resources required for each component of the response** and the capacity of the systems

- Republic of Namibia, *Namibia's Health and HIV Financing Landscape: Evidence from the*

Assumption 6.4: National governments have both the interest and the capacity to respond effectively to coordinated efforts to institutionalize and render more sustainable the national HIV response.	
to effectively manage the response without donor support. To successfully deal with this situation, Namibia should give priority to the development of a country owned sustainability strategy for HIV and AIDS.”	2015/16 and 2016/17 Resource Tracking Exercises. (August 2018), p.32
<ul style="list-style-type: none"> “Finally, there is need to strengthen reporting of HIV and AIDS expenditure disaggregated by KPs like sex workers, men who have sex with men, injecting drug users, etc. and by age characteristics. Often, these data on beneficiary characteristics were not carefully tracked and were not possible to disaggregate. Future resource tracking exercises should pay careful attention to collecting spending disaggregated by beneficiary characteristic and age profiles.” 	<ul style="list-style-type: none"> Republic of Namibia, Namibia’s Health and HIV Financing Landscape: Evidence from the 2015/16 and 2016/17 Resource Tracking Exercises. (August 2018), p.32
<ul style="list-style-type: none"> Under the NSF, there was a situation analysis of sustainability conducted in 2018 and the Directorate of Special Programmes developed a sustainability framework for the HIV Response. The resulting programme on sustainability is now operated by the Washington Group for Development, which has a draft document on sustainability to be shared at a meeting on 21 May 2019. It is expected to identify needed efficiency gains and put the HIV response in the context of wider issues of sustaining health care investment, including: <ul style="list-style-type: none"> ○ Universal Health Coverage ○ Minimum Package of Services ○ A Nutrition Strategic Framework ○ Social Contracting Strategies (Supported by UNAIDS) ○ Links to Human Resources for Health 	<ul style="list-style-type: none"> Interview with the Global Fund Programme Management Unit, MoHSS
National: Zambia	
<ul style="list-style-type: none"> “Leadership: In Zambia the MoH chaired the National Steering Committee that led and coordinated the integration agenda. Government leadership ensured alignment to national priorities and plans and leveraged additional financial and human resources. Engaging political leaders (i.e., mayors from cities/towns) as champions of integration is key to mobilise and motivate the community to seek integrated services.” 	<ul style="list-style-type: none"> The UNFPA and UNAIDS Project on SRHR and HIV Linkages in Ten Countries in Southern Africa. Zambia Close Out Report Draft. Zambia Country Report Draft, p.10
<ul style="list-style-type: none"> “HIV prevention services in Zambia are mainly funded by partners with support from government. The gaps in financing relate to inadequate domestic funding, and within HIV funding, inadequate funds set aside for HIV prevention services. Most of the funding for HIV service provision and coordination are sourced externally. This gap in domestic financing poses a threat to sustainability of these services if international funding is reduced and cut off. In addition, the proportion of available funding for HIV interventions set aside for HIV prevention falls short of the recommended 25%. This affects the comprehensive provision of HIV prevention services. In order to strengthen the HIV prevention response and be on track to achieve the 2020 prevention targets, there will be need for increased funding for HIV services in general and HIV prevention in particular. Furthermore, the country will need to increase the proportion of domestic HIV funding as well as the proportion of HIV funding set aside for HIV prevention.” 	<ul style="list-style-type: none"> NAC, MoH, UNFPA and UNICEF (2017). <i>Stronger Leadership and Adequate Financing. Discussion Paper No 1.</i>, p.5

Assumption 6.4: National governments have both the interest and the capacity to respond effectively to coordinated efforts to institutionalize and render more sustainable the national HIV response.	
<ul style="list-style-type: none"> “Presidential launch of the National HIV Prevention coalition under the Patronize of First Lady is a clear highest-level political commitment in action on preventing new infections. The Inaugural meeting of the collation was another high-level event that was presided over by the First Lady and addressed by the UNAIDS Executive Director on 7th of March. The collation has its clear TOR and action plan that was endorsed at the meeting. Zambia already has held a round of dialogue with religious leaders and policy makers in Ministry of Finance and MoH. It has moved to equip the country with technical guidelines such as National consolidated guidelines on HIV prevention and treatment including among adolescents, a National PrEP guideline and VMMC -SBCC strategy as examples. Engagement of donors and implementing partners in HIV prevention has enhanced, commitment of government and donors generated to implement the Prevention action plan 2018-19 of the collation.” 	<ul style="list-style-type: none"> Implementation of HIV Prevention Road Map 2020 First Progress Report March 2018, p.1
<ul style="list-style-type: none"> The government of Zambia established a national coalition for the HIV response. It “is Co-Chaired Minister of Health and Minister of Finance and a Religious Leader works as a vice Chair. It was established by the President under the Patronize of the First Lady.” It has ToR and an adequate representation of Faith-based Organization (FBOs), religious leaders, CSO, young people and private sector 	<ul style="list-style-type: none"> Implementation of HIV Prevention Road Map 2020 First Progress Report March 2018
<ul style="list-style-type: none"> “The National Long-Term Vision 2030 recognises GBV as a critical area of concern in the provision of domestic security, particularly in cases related to violation of girls’ rights and its contribution to the spread of HIV and AIDS. (...) Other initiatives include the Scorecard on Women, Girls, Gender Equality and HIV (the first ever in the region), which was developed in March 2011 to monitor the progress in reducing GBV and HIV infections resulting from sexual abuse of women/girls” 	<ul style="list-style-type: none"> Independent Evaluation of the Government of the Republic of Zambia/United Nations (GRZ/UU) Joint Programme on Gender Based Violence. Final Evaluation Report, p.3

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ANNEX 3: Persons interviewed

GLOBAL		
Name	Organization	Position
Bejar, Anne Marie	International Planned Parenthood Federation	Director of Advocacy
Cho, Myungsoo	UNICEF	HIV/AIDS Section Programme and Planning Manager
Clemens, Benedikt	UNAIDS Global Prevention Coalition Secretariat	Senior Advisor
Dalabetta, Gina	Bill and Melinda Gates Foundation	Senior Programme Officer, HIV Delivery, TB/HIV Team
Damji, Nazneen	UN Women	Policy Advisor, Gender Equality, Health and HIV
Luo, Chewe	UNICEF	Chief HIV Section and Associate Director, Programme Division
Stegling, Christine	Frontline AIDS	Executive Director
Wegan, Hege	UNAIDS	Senior Advisor
REGIONAL - EECA		
Name	Organization	Position
Alam, Mahbub	UNFPA EECARO	Regional M&E Advisor
Brandrup, Rune	UNFPA EECARO	Programme Specialist, Youth
Khomasuridze, Tamar	UNFPA EECARO	Regional Advisor SRH
McCauley, John	UNDP	Regional Programme Specialist
McFarlane, Ian	UNFPA EECARO	Assistant Regional Director
Poshtaruk, Andrey	UNFPA EECARO	HIV Regional Advisor
Shirazi, Dr Ali	UNFPA EECARO	Policy and Advocacy Specialist
REGIONAL - ESA		
Name	Organization	Position
Bakaroudis, Maria	UNFPA ESARO	Comprehensive Sexuality Education Specialist
Delate, Richard	UNFPA ESARO	Programme Specialist SRH/HIV
Diallo, Julie	UNFPA ESARO	Gender Programme Specialist
Lindiwe, Siyaya	UNFPA ESARO	Communications Analyst
Makokuha, Jacqueline	UNAIDS Regional Support Team for ESA	Senior Policy and Strategy Adviser
Modisaotsile, Innocent	UNFPA ESARO	SRHR/HIV Adviser
Mohloai, Teboho	Africa Youth and Adolescent Network	Secretary General for East and Southern Africa
Nsanzya, Kizito	UNFPA ESARO	Monitoring and Evaluation Specialist
Odek, Willis	UNFPA ESARO	Strategic Information Specialist, MI Country Hub

REGIONAL - ESA		
Name	Organization	Position
Odomosu, Alusegun	South Africa AIDS (SAFAIDS)/African Men for Sexual Health and Rights	Programme Officer
Philipose, Anandita	UNFPA ESARO	Gender Equality Adviser
Shawa, Remy	UNESCO East and Southern Africa	Regional Officer, HIV and Health Education
Sunkutu, Dr. Kanyanta	UNFPA ESARO	RHCS/CCP Technical Specialist
Takawira, Lucetta	UNFPA ESARO	Finance Associate

NAMIBIA		
Name	Organization	Position
Acharya, Dr. Narmada	UNAIDS Regional Support Team for ESA	Regional Programme Adviser
Akwenye, Uajorokisa	One Economy Foundation, OFL	Programme Officer
Alughodi, Hileni	Onandjokwe Regional Health Management Team	Chief Health Programme Officer
Amaambo, Taimi	SFH	Executive Director
Amakali, Ruusa	MSYNS	Senior Youth Officer, Youth Health and Well Being
Amkongo, Loide	UNFPA Namibia	Assistant Representative and Adolescent SRH Specialist
Bhera, Fungai	Namibia Planned Parenthood Association Okuryangava Clinic, Windhoek	Senior Registered Nurse
Black, Mathew	MoHSS, Global Fund Programme Management Unit	Acting Director
Boemo, Sekogma	SADC Parliamentary Forum	Programme Manager, Human and Social Development
Braithwell, Mary	WHO Namibia	HIV Specialist, JUNTA Representative
Dziuban, Eric	United States Centres for Disease Control and Prevention	Country Director for Namibia
Fransina Rijatua	NAPPA	Clinical Services Manager
Gayle, Dennia	UNFPA Namibia	Country Representative
Geza, Shirley	Onandjokwe Regional Health Management Team	Nurse Mentor
Gulma, Alemseged	Onandjokwe Regional Health Management Team	Pharmacist
Haiduwa, Lysias	MSYNS	Chief, Youth Programmes
Hanghombe, Salotte	MoHSS, Global Fund Programme Management Unit	Senior Programme Officer
Harris, Thomas	National Statistics Agency	Director, Population and Social Statistics
Hauwanga, Penelao	UNFPA Namibia	Finance Associate
Heita, Aina	UNESCO Namibia	National Programme Officer for Health and Education
Hidinua, Grace	UNFPA Namibia	Specialist, HIV Prevention and Family Planning
Idhoghela, Linda	National Statistics Agency	Programme Manager
Ikuambi, Rejoice	African Youth and Adolescents Network	Programs Manager

NAMIBIA		
Name	Organization	Position
Johannes, Karin	Out Right Namibia	Monitoring and Evaluation Officer
Kahikuata, Dr. Inaani	MSYNS	Director, Youth Development
Kakukura, Elizabeth	Office of the United Nations Resident Coordinator for Namibia	JUTA Representative
Kamati, Lydia	Namibia Planned Parenthood Association Okuryangava Clinic, Windhoek	Clinical Assistant
Koita, Liana	National Statistics Agency	Programme Manager
Kuzee, Helena	OFL	Executive Assistant to the First Lady of Namibia
Linosi, Bravo	MoHSS, Directorate of Special Programmes	HIV Prevention Coordinator
Lumbu, John	Onandjokwe Regional Health Management Team	Nurse Manager
Mao Tjiroze	PEPFAR	
Mayo, Rita	Out Right Namibia	Programme Officer
Mensah, Ricardo	Out Right Namibia	Director
Moses, Foibe	MoHSS, Directorate of Primary Health Care	Senior Health Programme Officer, Family Planning
Moyo, Sindiso	African Youth and Adolescents Network	Vice Chair
Mubonenwa, Rosina	MGECW	Director, Gender Mainstreaming
Nanuwe, Elizabeth	Khomasdal Health Centre, Windhoek	Registered Nurse in Charge
Ndongui, Saima	Okankolo Health Centre, Oshikoto Region	Data Clerk
Nepela, Alina	Onandjokwe Intermediate Referral Hospital and Primary Health Care Clinic	Primary Health Care Supervisor
Nghidimondjila, Cecila	Okanlolo Health Centre, Oshikoto Region	Registered Nurse in Charge
Nghifikwa, Julius	MEAC, HIV and AIDS Management Unit	Deputy Director
Nghitila, Sircca	National Youth Council	Programmes Manager
Nitschke, Anne Marie	MoHSS, Directorate of Special Programmes	Director
Njembo, Tjinae	Maxuilili Clinic, Okahandja Park, Windhoek	Registered Nurse in Charge
Ongpin, Patricia	UNAIDS Namibia	Fast Track Adviser
Osseni, Alladji	UNAIDS Namibia	Strategic Information Advisor
Penoshinge, Shililifa	MGECW	Deputy Director, Research
Salomo, Matheus	Okankolo Health Centre, Oshikoto Region	Pharmacist Assistant
Shaanika, Paulus, N.	Regional Health Management Team, Khomas	Senior Health Programme Officer
Shangula, Elizabeth	Onandjokwe Intermediate Referral Hospital and Primary Health Care Clinic	Chief Health Programme Officer, Family Health
Shapopi, Johannes	Out Right Namibia	Programme Officer
Shechama, Immanuel	Onandjokwe Regional Health Management Team	Senior Health Programme Officer
Sheende, O.	Onandjokwe Regional Health Management Team	DHIS Officer

NAMIBIA		
Name	Organization	Position
Shihepo, Ella	Namibia Planned Parenthood Association	Interim Director
Shivute, Laina	Maxuilili Clinic, Okahandja Park, Windhoek	Registered Nurse for ART
Siraji, Dr. Saad	Onandjokwe Regional Health Management Team	Senior Medical Officer
Situmbeko, Florence	IOM, Namibia	JUTA Representative
Spear, Carey	PEPFAR Namibia	Coordinator
Stephanus, Frieda	Namibia Planned Parenthood Association	Director
Tharcisse Barihuta	UNAIDS Namibia	County Director
Theron, Veronica	OFL of Namibia	Technical Director to the First Lady
Tjarona, Mr. A	MoHSS, Technical Working Group on KPs	Chair
Tjaronda, Albert	MoHSS, Directorate of Special Programmes	Senior Health Programme Administrator
Tjaronda, Sandi	Namibia Network of AIDS Service Organizations	Executive Director
Tjiroze, Meunayo	One Economy Foundation, OFL	Programme Officer
Ukola, Tomas	MoHSS, Directorate of Special Programmes	Deputy Director
Venaani, Cloudina	MoHSS, Directorate of Primary Health Care	Coordinator of AGYW Programmes

GEORGIA		
Name	Organization	Position
Badridze, Nia	National AIDS Centre	Physician-epidemiology, Epidemiological Division
Bakradze, Lela	UNFPA Georgia	Head of Country Office (AR)
Bandzeladze, Mariam	UNFPA Georgia	UNFPA Component Manager, UN Joint Programme, Enhancing Gender Equality in Georgia
Beradze, Bela	Ministry of Education, Culture, Science, Sport and Youth Affairs	Division of Youth Issues Research and Analysis
Bokhua, Zaza	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs	First Deputy Minister of Health
Chikhladze, Sergi	NGO Tanadgoma	Programme Manager
Chitishvili, Nino	Georgian Youth Development and Education Association	Youth advocate
Gogia, Maka	Georgia Harm Reduction Network	Programme Director
Khajomia, Khatuna	NGO Tanadgoma	Project Coordinator
Mamulashvili, Nino	WHO Office in Georgia	
Mataradze, Gegi	UNFPA Georgia	Programme Analyst
Mosiashvili, Anuki	Georgian Youth Development and Education Association	Youth advocate

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Name	Organization	Position
Pruidze, Nana	UNICEF Georgia	Health Education Officer
Sabedashvili, Tamar	UN Women	Programme Specialist
Shengelia, Lela	National Centre for Disease Control and Public Health of Georgia	Director, Division of Maternal and Child Health
Shengelia, Mamuka	Ministry of Education, Culture, Science, Sport and Youth Affairs	
Skhiladze, Ekaterine	Office of the Public Defender	Deputy Public Defender
Stvilia, Ketevan	National Centre for Disease Control and Public Health of Georgia	HIV Programme manager, TGF implementation unit
Ugulava, Tamar	UNICEF Georgia	Health Specialist
Zakareishvili, Natalia	UNFPA Georgia	Programme Analyst
Kozharov-Tsuleiskiri, Rati	NGO Tanadgoma	Outreach/social workers for MSM and SWs
Gabadadze, Beka		
Khvedelidze, Revaz		
Tevdorashvili, Tamar		
Patsatsia, Iryna	Georgia Harm Reduction Network	Service providers
Laskhki, Gela		
Kirvalidze, Tamar		
Djavakhishvili, Tsiuri		
Kokhreidze, Tsiala		

INDONESIA

Name	Organization	Position
Ahmadova, Shalala	WHO	Medical Officer, Communicable Diseases
Almuna, Iriantoni	UN Women	National Programme Officer
Andriyani, Lia	Organisasi Perubahan Sosial Indonesia	National Coordinator
Apriliasari, Priska	UNFPA	Programme Finance Assistant – HIV
Ardiansyah, Sepimaulana	Inti Muda	National Coordinator
Ariastuti, Putu	Yayasan Kerti Praja Bali	Program Coordinator SSR Region III GFNMc
Assifi, Najib	UNFPA	Representative a.i.
Basri, Carmelia	CCM Indonesia	Vice Chair
Benny	Organisasi Perubahan Sosial Indonesia	Programme Manager
Boonto, Krittayawan	UNAIDS	Country Director
Budiman, Samsu	Persaudaraan Korban Napza Indonesia (PKNI) (network of people who inject drugs)	National Coordinator

INDONESIA		
Name	Organization	Position
Camelia, Artha	UNICEF	Health Specialist – Child Survival and Development
Dr Astrid Seikka	Angsamerah Clinic (private clinic)	Doctor
Dr Sedya Dwisangka	Sub Directorate HIV and STI, MOH	Head of sub-directorate HIV AIDS and STI
Erlinda, Fera	Yayasan Kotex Mandiri	Peer Support Worker (for PLHIV)
Evrinarti, Rika	Suku Dinas Kesehatan JakTim (District Health Office)	Penfolatt HIV JT
Fikran, Ade	Inti Muda	Programme Manager
Fithriah, Fiena	Suku Dinas Kesehatan JakTim (District Health Office)	Kepala Seksi P2P JT
Gunawan, Hendra	Angsamerah Clinic (private clinic)	Doctor
Halida, Merthia	Puskesmas Jatinegara (public health centre)	Kasatpel UKP
Harahap, Dikot	UNFPA	M&E Analyst
Hartini	Ikatan Perempuan Positive Indonesia (IPPI) (Indonesian Positive Womens Association)	Project Officer
Hidayat, Melania	UNFPA	Assistant Representative
Imma Batubara	UNFPA Indonesia	Programme Specialist for Reproductive Health
Januraga, Pande Putu	Yayasan Kerti Praja Bali	Program Manager SSR Region III GFNMc
Junnar, Linna	Puskesmas Jatinegara (public health centre)	Coordinator, HIV
Kori, Risyah	UNFPA	Gender Programme Specialist
Kristono, Yacobus	Yayasan Kalandara	Executive Director
Lenny	YSS	Director
Mahatmi, Tiara	WHO	Professional Officer HIV and AIDS
Male patient living with HIV	Puskesmas Jatinegara (public health centre)	
Marguari, Daniel	Yayasan Spiritia	Director
Maryati, Eki	Suku Dinas Kesehatan JakTim (District Health Office)	Staff P2P JT
Merliana, Bonita	PKBI Jakarta	Regional Executive Director
Mihari, Tengku	Gaya Warna Lentera (Indonesian Network GWL-INA)	Executive Director
Mukuan, Oldri	UNFPA	HIV Officer
Muliyanto, Teguh	Yayasan Kalandara	M&E Officer
Mustafairah, Aftina	National Commission on Violence Against Women	Staff
Prabawanti, Ciptasari	Yayasan Siklus Sehat Indonesia	Director
Prameswari, Hellen Dewi	Sub Directorate HIV and STI, MOH	Staff of sub-directorate HIV AIDS and STI
Pronyk, Paul	UNICEF	Chief, Child Survival and Development Cluster
Puspa	Angsamerah Clinic (private clinic)	Operational Manager
Putra, Arry	UNDP	National Project Manager
Rina, Katarina	Yayasan Kalandara	Programme Coordinator

INDONESIA		
Name	Organization	Position
Rivona, Baby	Ikatan Perempuan Positif Indonesia (IPPI) (Indonesian Positive Womens Association)	National Coordinator
Sabam	Indonesia AIDS Coalition (IAC)	Programme Officer
Sapayo, Indriyati	National Commission on Violence Against Women	Commissioner
Saragih, Gloria	UNFPA	National Programme Associate
Sasha, Ellen	UNFPA	M&E Assistant - HIV
Setiabudi, Cahyo	UNFPA	Logistics and Data Assistant
Setiawah, Andy	Yayasan Kalandara	Finance Officer
Silitonga, Nurlan	Angsamerah Clinic (private clinic)	Founder / Director
Stiyani, Endang	UNFPA	Programme Assistant
Sukmaningrum, Evi	AIDS Research Centre	Director
Taslim, Aditia	Rumah Cemara	Director
Transgender woman living with HIV	Puskesmas Jatinegara (public health centre)	
Umar, Ann	Directorate General of Disease Prevention and Control (P2P), MOH	Head of Section HIV
Verdy	Jaringan Indonesian Positive (JIP)	Research Manager
Vina, Kanzha	SWARA	Coordinator
Wahrani, Budi	National Commission on Violence Against Women	Commissioner
Wardhana, Aditya	Indonesia AIDS Coalition (IAC)	Executive Director
Waskito, Norcahyo	UNFPA	Gender Programme Specialist
Widihastuti, Asti	UNFPA	FSW Officer
Woworuntu, Wiendra	Directorate General of Disease Prevention and Control (P2P), MOH	Director

TURKEY - desk		
Name	Organization	Position
Hacioglu, Fatma	UNFPA Turkey CO	Programme Officer
Ordek, Kemal	UNFPA Turkey CO	Programme Officer (assisted with translation)
Staff of NGO partner	Positive Living Association	Protection Officers, Coordinator, Psychologist, Legal Advisor etc.
Yildirimkaya, Gökhan	UNFPA Turkey CO	SRH Programme Analyst

ZAMBIA - desk		
Name	Organization	Position
Manengu, Joy	UNFPA	Adolescent SRHealth and Youth Programme Specialist
Banda, Charity	Ministry of General Education	
Mubanga, Ellen	National AIDS Council	
Lozani Phiri, Lester	PPAZ	
Natasha Zulu, Chipo	SIDA	
Saili, Alice	UNESCO	

ANNEX 4: Regional and country interview protocol

How to use the protocol

The protocol is not a questionnaire but rather a set of questions/discussion topics with accompanying prompts. In most instances, the respondent will answer most of the numbered sub-questions while addressing questions one through six and the overall context question. The numbered sub-questions serve as reminders, which can be used to probe for more detail when the response to the overall question fails to cover an area highlighted by one or more sub-questions.

Context

Describe the overall programme of UNFPA support to the regional/national HIV response, its evolution, i.e., how it got started, what drove the initial strategy, how it has changed, if at all, and how things have evolved to the current program status?

1. History of **financing** – who provides financial support (multilateral, bilateral, government budgets), trends in support, etc.
2. How have **UNFPA efforts been received by the government**? How do you characterize government involvement in HIV prevention?
3. What are the **main partnerships** for UNFPA work in HIV prevention (networks, CSOs, private sector, other development agencies)?
4. What are the **key challenges and issues** faced overall in HIV prevention work? By UNFPA specifically?
5. What have been the **overall results of UNFPA effort** (and how has this been documented through evaluations, formative or other implementation research)? How has it been shared?

Q1: What work is UNFPA doing to support bi-directional linkages (policy, services, community) between HIV and SRHR?

- 1.1 What **Initiatives** re SRH-HIV linkages have been undertaken? What has been the **directionality**? SRH into HIV? HIV into SRH?
- 1.2 What **Models/approaches** developed/adapted with UNFPA support?
- 1.3 Describe any progress made in **service, BCC integration** (eMTCT, family planning) and how documented?
- 1.4 Has UNFPA undertaken efforts to **strengthen the supply chain**; if so, please describe. Has this been effective? Is the supply chain for condoms and other HIV prevention products functioning well or is it hampering prevention efforts?
- 1.5 Has UNFPA undertaken efforts to strengthen **condom programming** (probe for “condomize,” total market approach, etc.)
- 1.6 Has there been UNFPA support for **knowledge dissemination, south-to-south** exchange? Please describe; were they effective?
- 1.7 Has the work on linkages demonstrably **contributed to client-centered and quality-focused services**, especially for most-at-risk, vulnerable and marginalized populations, including humanitarian settings? How has this been documented? Will this be evident in visits to service-delivery sites?

Q2: How has UNFPA contributed to HIV strategies and programs aimed at meeting the needs of marginalized people, especially adolescents and youth, key populations, women and persons with disabilities?

- 2.1. How has UNFPA been effective in supporting **national HIV strategies and programs for marginalized people**? Has this changed over time as the epidemic changed?
- 2.2. Has UNFPA supported efforts to **advocate and support implemented CSE, and other SBCC** efforts aimed at preventing HIV among youth? (Ask for guidelines, curricula, service outlets)
- 2.3. What has been the **national government response to UNFPA advocacy** and efforts? Have funds been allocated to support needs of marginalized people?
- 2.4. How has **UNFPA supported coalitions and networks of adolescents and youth, KPs** etc. as well as **train service providers** to be more responsive?
- 2.5. Has UNFPA **supported implementation of programming tools** to support provision of accessible and effective services for adolescents and youth, KPs and women? Provide examples, review content and quality, and efforts to train/disseminate in use of tools.

Q3: How has UNFPA supported the engagement and empowerment of communities to understand and claim their rights and advocacy for policies and laws in support of human rights, gender equality and access to HIV and SRHR services?

- 3.1. In your view, what does it mean to take a **human rights-based approach**? What **guidance**, if any, do you draw upon to support human rights-based programming?
- 3.2. Have there been efforts by **UNFPA-supported networks** of women, adolescents and youth and KPs to **reduce stigma and discrimination and to hold providers accountable**? Please describe how UNFPA supported their **capacity**, what was done and any results achieved.
- 3.3. Has UNFPA worked to develop the **capacity of service providers** to deliver HIV prevention services without bias, discrimination and to make services more accessible?
- 3.4. What work has UNFPA done to address **gender-based violence** (including, policies, strategies, guidelines, clinical and other services for survivors, community engagement etc.)?

Q4: What has been the extent of UNFPA efforts as a broker to facilitate participation of broad spectrum of actors and partnership (government, CSOs, private sector)?

- 4.1. What platforms has UNFPA supported for **south-south cooperation** (related to lessons on strengthening bi-directional linkages and SRHR-HIV integration)
- 4.2. What has UNFPA done to **reposition HIV prevention as an important issue** (e.g., via joint policy development and programming)?
- 4.3. What has UNFPA done to **engage the participation of diverse actors** (representing adolescent and youth, KPs and women; private sector), e.g. national consultations or other activities.
- 4.4. What has been the **national government response to UNFPA-supported advocacy for meaningful participation of NGO** actors in the dialogue re HIV prevention?

Q5: To what extent has UNFPA optimized its comparative advantage within the UNAIDS division of labour and contributed to strength of UN joint effort?

- 5.1. What do you consider the **comparative advantage of UNFPA** (brand, mandate, and technical capacity) and how is it utilized under the UNAIDS UBRAF?
- 5.2. What is your **opinion of the strategic importance** of the UNFPA activities and investments to the HIV response?
- 5.3. Does **UNFPA have the technical capacity** to effectively carry out its assigned tasks within the UNAIDS consortium?

Q6: To what extent has UNFPA contributed to efforts to coordinate actions and resources in order to strengthen national leadership in the HIV response?

- 6.1 How have the **coordination platforms** (including the JUNTA) been effective in identifying how external partners may most effectively contribute to nationally led policies and programmes for HIV prevention (including the coordination of external support)?
- 6.2 Has there been any **duplication of effort among platforms and structures** in the coordination of action related to HIV and SRHR?
- 6.3 How have **external partners (including UNFPA) worked together** to promote **institutionalization of sustainable national investments**? Have there been corresponding changes in national budget procedures and allocations?
- 6.4 How have national **governments responded to efforts to institutionalize and sustain investments** in the national HIV response?

ANNEX 5: Online survey questionnaire

Note:

The majority of questions use a Likert scale (strongly agree – agree - neither agree, nor disagree – disagree – strongly disagree) to assess the perceptions and opinions of the respondents with regard to the role of UNFPA in HIV prevention in their country/region.

Identification

1. Please indicate your country:

2. Please indicate what type of organization you work for:
 - a) UNFPA
 - b) Other United Nations Organization
 - c) Multilateral or Bilateral Development Agency
 - d) National Health Authority or other Ministry or Agency of Government
 - e) International NGO or Affiliate
 - f) National/Local NGO
 - g) Other (please specify)

3. Is or was your organization an implementing partner of UNFPA?

Please indicate at what level you agree or disagree to the following statements:

1) UNFPA contribution to HIV and SRHR linkages and integration

4. UNFPA has effectively contributed to the development of national SRH strategies and/or programmes that link HIV prevention and SRHR policies, systems, services and communities

5. UNFPA has effectively contributed to the implementation of interventions for integrating HIV prevention and SRHR service delivery in clinical settings and in communities

6. UNFPA has effectively contributed to national efforts to strengthen the management of supply chains for male and female condoms and lubricants

7. UNFPA has effectively contributed to the operationalisation of 'Comprehensive Condom Programming' to improve access to condoms for sexually active people at risk of HIV/STIs and/or unwanted pregnancies

Please provide examples relevant to your responses above (mandatory):

2) Meeting the needs of young people, key populations and women

8. UNFPA has effectively supported national HIV strategies and/or programmes which prioritize meeting the needs of
 - a. Young girls
 - b. Young boys
 - c. Key populations at higher risk of HIV exposure (including gay men, other men who have sex with men, male and female sex workers and their clients, transgender people, people who inject drugs, and prisoners and other incarcerated people)
 - d. Women of reproductive age

- e. People Living with HIV or AIDS
 - f. Other (please specify)
9. UNFPA supported HIV prevention interventions have effectively targeted and reached
 - a. In-school young people
 - b. Out-of-school young people
 10. UNFPA has effectively supported interventions that reach young people with
 - a. Integrated HIV and SRHR education
 - b. Integrated HIV and SRH services
 11. UNFPA has effectively supported coalitions and networks of young people, key populations and/or women to promote access to effective
 - a. HIV education and services
 - b. Integrated HIV and SRHR education and services
 12. UNFPA has effectively supported the development and/or implementation of programming tools (guidelines, manuals, tools, etc.) for provision of HIV services for youth, key populations and/or women

Please provide examples relevant to your responses above:

3) UNFPA promotion of human rights in the context of HIV/AIDS

13. UNFPA staff and partners have a shared understanding of the meaning and importance of human rights in the context of HIV
14. Networks of key populations gain the capacity to engage with and influence the national dialogue on national policies and programmes to reduce stigma and discrimination for their members.
15. UNFPA support to capacity development of health workers has focused on delivering HIV services that are free of stigma and discrimination (in particular for young people, key populations and women)

Please provide examples relevant to your responses above:

4) UNFPA efforts as a broker to facilitate partnerships and multi-stakeholder participation

16. UNFPA has been active in forging and supporting HIV networks, coalitions and partnerships that facilitate the participation of a broad spectrum of actors in the national HIV response
17. UNFPA support to HIV networks, coalitions and partnerships has contributed to more and better joint policy development and/or programming on HIV prevention at national level
18. UNFPA has been active in advocating for participation of organizations led by young people, key populations and/or women in the national HIV response

19. UNFPA has actively encouraged private sector participation in HIV prevention, for example through a better national coordination of condom distribution
20. UNFPA has worked actively to re-position HIV prevention as an essential component of SRHR at national level
21. The national government(s) in your country/region has/have been responsive to UNFPA advocacy for and support of participation by non-governmental actors in the national HIV response

Please provide examples relevant to your responses above:

5) UNFPA comparative advantages and its role as a UNAIDS co-sponsor

22. UNFPA supported HIV interventions are strategically important to the HIV response in your country
23. Has UNFPA demonstrated any comparative advantages with regard to HIV prevention in your country/regions

If yes, please provide examples relevant to your response above:

24. As part of the United Nations Country Team on AIDS, UNFPA has effectively used these comparative advantages to actively support the national HIV response

6) UNFPA efforts to support the coordination and sustainability of HIV resources and actions

25. National platforms are effective in coordinating and aligning external partner contributions to HIV prevention policies and programmes.
26. National platforms and structures for coordinating support to the HIV/AIDS response do not duplicate or overlap with other structures for coordinating SRHR responses
27. UNFPA has effectively supported and participated in platforms for coordinating and sustaining HIV programmes

Humanitarian crisis

28. Has your country experienced a humanitarian crisis since 2016?

IF NO: Skip to 28

IF YES:

29. Did UNFPA support HIV prevention activities in areas affected by the humanitarian crisis?

IF YES:

Please provide example(s):

30. Did UNFPA support integrated HIV and SRH education or service delivery activities in areas affected by the humanitarian crisis?

IF NO: Skip to question 29

IF YES:

Please provide example(s):

Final questions

31. What has been the most important contribution of UNFPA support to the HIV response in your country/region?

32. Looking forward, how can UNFPA strengthen its contribution to the HIV response in your country/region?



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