

UNAIDS 2019

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# United Nations Population Fund (UNFPA)

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

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Organizational report 2018

the 1990s, the number of people with diabetes has increased in all industrialized countries. In the Netherlands, the prevalence of diabetes is estimated to be 10% in 2000, with a projected increase to 15% by 2010 (1). The prevalence of diabetes is also increasing in developing countries, where the incidence of diabetes is still low (2).

Diabetes is a chronic disease with a high prevalence and a high burden of complications. The most common complications are cardiovascular disease, nephropathy, retinopathy, and neuropathy. The complications of diabetes are the leading cause of blindness, kidney failure, and lower limb amputation (3). The burden of diabetes is also increasing in developing countries, where the incidence of diabetes is still low (2).

The management of diabetes is a complex task, involving the control of blood glucose levels, blood pressure, and lipids. The management of diabetes is also a complex task, involving the control of blood glucose levels, blood pressure, and lipids. The management of diabetes is also a complex task, involving the control of blood glucose levels, blood pressure, and lipids.

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## Key strategies and approaches

UNFPA strives for a world in which every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled. Responding to HIV is a critical element of an essential sexual and reproductive health package and reaching universal access to sexual and reproductive health and rights is a key contribution to universal health coverage.

The intrinsic connections between HIV and sexual and reproductive health and rights are well established, and addressing HIV has numerous benefits in terms of improving and protecting sexual and reproductive health. HIV is predominantly sexually transmitted, which subsequently increases the risk of vertical transmission from mother to child. Linking HIV and sexual and reproductive health and rights is also a key delivery platform for HIV prevention and critical for achieving human rights, gender equality and health targets for the SDGs. During the first year of implementation of its new Strategic Plan 2018–2021, UNFPA laid the foundation for supporting achievement of the SDGs through a primary focus on three transformative results by 2030: ending preventable maternal deaths; ending unmet need for family planning; and ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.

UNFPA works with multiple partners at the country level to support Member States in removing financial hardship faced by girls and women in accessing sexual and reproductive health and rights. Working in over 150 countries, UNFPA expands the possibilities for women and young people to lead healthy and productive lives, empowering individuals and communities to claim their human rights and to access the information and services they need without stigma, discrimination or violence. Through promotion of integrated HIV and sexual and reproductive health services for young people, key populations, women and girls, and people living with HIV, UNFPA focuses support on the most vulnerable and those left furthest behind. In many countries, women, especially those living with HIV or who are highly marginalized, do not have equitable access to good-quality health services and face multiple and intersecting forms of stigma and discrimination. They are also disproportionately vulnerable to violence, including violations of their sexual and reproductive rights.

UNFPA further supports equitable access to good-quality sexual and reproductive health and rights services for all, overcoming financial, social and cultural barriers through several key partnerships, including Family Planning 2020 (FP2020), Global Accelerated Action for the Health of Adolescents (AA-HA!), the Global HIV Prevention Coalition, the H6 Partnership,<sup>1</sup> the Spotlight Initiative, universal health coverage, and regional integration initiatives such as 2gether 4 SRHR.

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<sup>1</sup> The H6 Partnership is the technical arm of the Secretary-General’s Strategy on Every Woman, Every Child and Every Adolescent and comprises UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank.

## Highlights of results

During 2018, within the UNFPA high-priority countries, 24 million women and young people used integrated sexual and reproductive health services, including within some fragile states and countries experiencing humanitarian crises. The work of UNFPA in 2018 averted 73 500 maternal deaths, 30.1 million unintended pregnancies, 140 000 new HIV infections and 6.3 million sexually transmitted infections (see [www.unfpa.org/data/results](http://www.unfpa.org/data/results)).

UNFPA, together with the United States Agency for International Development (USAID) and the Bill & Melinda Gates Foundation, commissioned market research that provided valuable insights into condom use and access, consumer willingness to pay,<sup>2</sup> and barriers and opportunities to market entry and expansion<sup>3</sup> in high-priority countries.

Countries leveraged global and regional landmarks to propel forward country-level sexual and reproductive health and rights results. In 2018 these landmarks included inclusion of sexual and reproductive health in the Astana Declaration on Primary Health Care, endorsed at the global conference, which also presented a timely and unique opportunity to intensify efforts to address the many barriers that certain populations face in accessing HIV and primary health-care services; establishment of the African Coalition for Menstrual Health Management, which addresses menstrual health management issues of vulnerable and marginalized populations, including young people, disabled people, people living with HIV, transgender people and sex workers; and approval by SADC of a 2019–2030 regional strategy for sexual and reproductive health and rights, which seeks to align regional efforts to improve the sexual and reproductive health of all people and to promote an integrated and comprehensive response, including the Minimum Standards for Integration of HIV and Sexual and Reproductive Health in the SADC Region and the SADC HIV Prevention Scorecard.

In October 2018 the seventh International Parliamentarians' Conference on Implementation of the International Conference on Population and Development (ICPD) Programme of Action adopted the Ottawa Statement of Commitment to advance the Programme of Action. This includes a commitment to advocate for at least 10% of national development budgets and development assistance budgets allocated for sexual and reproductive health programmes, including family planning and reproductive health commodities, and the prevention of sexually transmitted infections, including HIV. In addition, UNFPA developed a monitoring framework to track progress in implementing the Programme of Action, including HIV-related indicators. At the ICPD25 summit in Nairobi in November 2019, UNFPA will lead a number of activities to define, consolidate and build consensus on an essential sexual and reproductive health and

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<sup>2</sup> Evans W, Kadirov K, Thior I, Ganesan R, Ulasevich A, Deperthes B. Willingness to pay for condoms among men in sub-Saharan Africa. *Int J Environ Res Public Health*. 2018;16(1):34. <https://doi.org/10.3390/ijerph16010034>.

<sup>3</sup> Barriers to entering the African condom market. Poster presentation AIDS 2018.

rights package of interventions, including prevention and treatment of HIV and other sexually transmitted infections, using a person-centred life-course approach.

## **Key achievements by SRA**

### **SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment**

During 2017 UNFPA Supplies sharpened its focus on supporting countries to strengthen their national reproductive health commodity supply-chain management systems, efficient and transparent use of domestic resources, and ensuring adequate national funding for reproductive health commodities. By 2018, 11 countries had supply-chain management strategies in place, with costed implementation plans that address all elements of commodity availability and accessibility. These country strategies are aligned with UNFPA and WHO recommendations for ensuring human rights-based contraceptive service delivery.

UNFPA manages the prequalification programme for male and female condoms on behalf of and in conjunction with WHO to ensure all procured condoms meet internationally acceptable quality standards. In 2018 overall commodity procurement had tripled since 2016. In 2018 UNFPA supplied:

- 1.24 billion male condoms at a cost of US\$ 27.3 million;
- 12.9 million female condoms at a cost of US\$ 6.0 million;
- 49.8 million sachets of personal lubricant at a cost of US\$ 1.7 million.

UNFPA sexual and reproductive health and gender-based violence-related services, supplies and information reached an estimated 15 million women, girls and young people affected by crises during 2018. A total of 12 000 emergency reproductive health kits were delivered to 55 countries, with the capacity for targeted services for:

- 3.4 million people to access post-rape kits for clinical management of rape;
- 5.5 million people to access treatment for sexually transmitted infections;
- 3 million people to receive voluntary family planning services;
- 3.2 million women and girls to receive basic and comprehensive emergency obstetric care.

In 2018 UNFPA updated preloaded data for the Minimum Initial Service Package for Reproductive Health in Emergencies calculator to better estimate the reproductive commodity requirements when assessing humanitarian situations. More than 12 000 health service

providers and managers were trained in 2018 in using the Package. With respect to humanitarian settings, UNFPA provided 68.2 million couple-years of contraceptive protection. As of 2018, 51 countries had logistics management information systems in place to reach the last mile, and 28 countries had integrated sexual and reproductive health into emergency preparedness and responses.

### **SRA 2: New HIV infections among children are eliminated and the health and well-being of the children's mothers are sustained**

In partnership with UNICEF and WHO, the UNFPA Eastern Europe and Central Asia Regional Office provided technical assistance to strengthen elimination of mother-to-child transmission efforts. In Georgia UNFPA supported development of the elimination of mother-to-child transmission 2018–2019 national plan, the monitoring and evaluation plan, and self-assessment indicators with passports and data sources. In Ukraine, as part of the Joint United Nations Team efforts to eliminate mother-to-child transmission, UNFPA strengthened capacity of primary health-care providers and contributed to reaching the most vulnerable women living with HIV to ensure access to sexual and reproductive health and family planning services, including early HIV testing and counselling.

In 2018 in Sudan, projects for people living with HIV included provision of a positive health peer education service package, including prevention of mother-to-child transmission services, in the country's high-priority states.

UNFPA continues to work with partners under the leadership of WHO to ensure that countries are prepared for the results of the Evidence for Contraceptive Options and HIV Outcomes study, including through strengthening family planning and HIV integration.

### **SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV**

The first progress report for the Global HIV Prevention Coalition, led by UNFPA and the UNAIDS Secretariat, was launched in May 2018 at the 71st World Health Assembly. The report showed clear signs of renewed political commitment and strengthened institutional arrangements for planning and managing prevention programmes. Expanding on an important pillar of the HIV Prevention 2020 Road Map, UNFPA in 2018 organized the third Africa Beyond Condom Donation meeting, with a bold target to increase the number of condoms in low- and middle-income countries to 20 billion by 2020 by expanding the commercial sector of condoms. In 2018 the number of Global HIV Prevention Coalition members swelled from 70 to 120, with new partners from ministries of health and finance, distribution and import companies, Africa's regional economic communities, and international and African condom manufacturers.

As a lead United Nations agency in promoting adolescent sexual and reproductive health, UNFPA has continued to support Member States in the provision of adolescent and youth sexual and reproductive health and rights services, including contraception, testing for HIV and sexually transmitted infections, management and referrals, counselling, and other sexual and reproductive health support. In 2018 UNFPA work reached 2.7 million marginalized girls with life-skills programmes and supported 29 countries in operationalizing school-based curricula for comprehensive sexuality education. As of 2018, 27 countries delivered out-of-school comprehensive sexuality education; 72 countries had strategies in at least 2 sectors (in addition to health) that integrated adolescent sexual and reproductive health and youth programming; and 70 countries had institutional mechanisms for the participation of young people in policy dialogue and programming. Among countries responding to humanitarian crises, 58% included young people in decision-making mechanisms.

HIV prevention is an integral part of UNFPA work on sexual and reproductive health and rights of adolescents and youth through the revised UNFPA Adolescent and Youth Strategy. The new strategy, developed in 2018, puts young people, their development phase and their perspective of the world at the centre. UNFPA also contributed to the development of Youth 2030, the United Nations youth strategy. UNFPA has advocated with ministries of health to ease guardian consent requirements for adolescents accessing sexual and reproductive health services.

In late 2018 Norway provided funding for a three-year UNFPA-led project on reaching those most left behind through comprehensive sexuality education for out-of-school young people, which emphasizes the fact that sexuality education, in or out of schools, does not increase sexual activity or sexual risk-taking behaviours. In Nepal, 27 advocacy meetings and workshops on comprehensive sexuality education were held in 2018, reaching 1751 people; and through 23 orientation meetings, 1679 teachers, parents, students and health workers better understood what comprehensive sexuality education entails and its importance.

#### **SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants**

Working with key population networks, UNFPA supported development programmes for key populations in an additional 18 countries in 2018. Rollout of the key population HIV implementation tools occurred in Bangladesh, Indonesia (for sex workers), Jamaica, Kenya, Kyrgyzstan, Pakistan, South Africa, Tajikistan, Tunisia, Uganda, Ukraine and Zimbabwe. The implementation tool for transgender people was translated into Portuguese and Russian, and community development workshops were supported in the Caribbean, Latin America and India. Technical briefs for guiding rollout of the implementation tools for sex workers and men who have sex with men were tailored for and published in eastern and southern Africa, and technical review was conducted of Pan-American Health Organization guidance on HIV and sexual and reproductive health services for lesbian, gay, bisexual, transsexual and intersex



people. UNFPA also supported capacity-building workshops at AIDS2018 for sex workers, men who have sex with men, and transgender people, facilitating community development, networking and empowerment within these communities. In Latin America and the Caribbean, UNFPA conducted four workshops to train community educators in comprehensive programmes as defined in normative implementation tools for these three groups.

To empower communities in Tajikistan, a three-day training-of-trainers session was conducted for young people aged 18–24 years from key populations. Seventy-two representatives of young sex workers and men who have sex with men attended and were able to review all components of implementation tools for these populations and how to use them. Special attention was paid to components on health (prevention of sexually transmitted infections and access to sexual and reproductive health services), stigma and violence. Pre-test and post-test results indicated an increase in overall knowledge from 23% to 42%.

#### **SRA 5: Women and men practise and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV**

UNFPA continued to mainstream across all its programmes policies and strategies in support of gender equality, through implementation of the UNFPA gender equality and women and adolescent girls strategies. In 2018 UNFPA provided essential services to 893 000 female survivors of violence, including 48 065 disabled women and girls; reached 1.84 million girls with prevention and protection services related to child, early and forced marriage; supported the development of advocacy platforms in 4907 communities to eliminate discriminatory gender and sociocultural norms; and provided prevention and protection services relating to female genital mutilation to 470 000 girls. As of 2018, 68 countries had dialogue platforms for reproductive rights; 25 countries had costed national action plans to address harmful practices; and 50 countries had national mechanisms to engage men and boys. Among countries in humanitarian crisis, 69.5% had a functioning interagency body under the leadership of UNFPA to address gender-based violence. Nearly 3000 communities made public declarations in 2018 to eliminate harmful practices.

UNFPA is currently leading or co-leading 3 key global initiatives on gender-based violence: the Essential Services Package, which has been rolled out in 38 countries; the Spotlight Initiative, with 2 regional programmes and 13 country programmes in Latin America and Africa developed to date, and an intensive ongoing process of developing regional or country programmes for Asia, the Pacific and the Caribbean; and the gender-based violence continuum (humanitarian–development–peace nexus) approach, which has been rolled out in 23 countries. In addition, the ongoing UNFPA co-led global programme on child marriage in eight countries in Asia and Africa includes a component on adolescent sexual reproductive health. UNFPA also prepared an analysis of gender and sexual and reproductive health and rights issues emanating from the second cycle of universal periodic reviews, which, in the

context of HIV, included highlighting the 177 recommendations on HIV and additional recommendations on sexuality education and sex work.

### **SRA 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed**

UNFPA has mainstreamed human rights across its 2018–2021 strategic plan, building capacity of all staff to ensure all UNFPA programming has a firm grounding in human rights principles, including ensuring gender equality, no discrimination, universal access to sexual and reproductive health services, and that no group is marginalized or left behind. In 2018 UNFPA prioritized “leaving no one behind” and “reaching the furthest behind first” in its work. In 2018, 45 UNFPA country offices implemented programmes with a focus on key populations, and 45 country offices implemented programmes with a focus on people with disabilities as prioritized furthest-behind populations.

UNFPA began rollout of a methodology for assessing progress of SDG indicator 5.6.2—the number of countries with legal frameworks guaranteeing full and equal access to sexual and reproductive health care, information and education. The survey for SDG indicator 5.6.2 is being introduced in 2019, through the United Nations Department of Economic and Social Affairs enquiry, and will establish the first global database in this area by the end of 2019. The meta-data include information on laws and regulations relating to HIV.

UNFPA engaged in the United Nations Permanent Forum on Indigenous Issues to promote sexual and reproductive health of indigenous people, especially women. UNFPA published a fact sheet on indigenous women’s maternal health, including prevention of mother-to-child transmission, and reviewed the Forum’s recommendations on sexual and reproductive health and rights, including on addressing the rising impact of HIV within indigenous communities. UNFPA supported the sexual and reproductive health and rights of other minority groups, including people with disabilities and migrants, through publication of sexual and reproductive health and rights guidelines for people with disabilities, compilation of the sexual and reproductive health chapter of the United Nations Secretary-General’s report on disability, and publication of a paper on migrant women’s sexual and reproductive health.

### **SRA 7: The AIDS response is fully funded and efficiently implemented based on reliable strategic information**

UNFPA continued supporting development and use of youth-led technology and innovative approaches in sexual and reproductive health and rights, including HIV prevention, such as the I-Design tool in Thailand, and TuneMe, which provides HIV and sexual and reproductive health information through mobile telephones in multiple countries. UNFPA and WHO are also developing starter kits for digital client-level information systems for family planning and adolescent sexual and reproductive health services to help implementers more easily undertake the requirements process and repurpose existing digital tools.

Several countries introduced innovative platforms. In Mozambique, UNFPA and UNICEF provided HIV prevention and sexual and reproductive health information to 681 633 young people in 2018 through the digital platform SMS BIZ. In Burkina Faso a total of 1 587 000 young people and adolescents had access to the sexually transmitted infections, HIV and AIDS course posted on QG Jeune, an interactive platform dedicated to young people with online counselling and a learning environment that encourages interaction with specialists in adolescent sexual and reproductive health.

### **SRA 8: People-centred HIV and health services are integrated into stronger health systems**

UNFPA played a key role in creating awareness and commitment to increasing use of integrated sexual and reproductive health services. At the global level, UNFPA and WHO, as co-chairs of the Inter-Agency Working Group on SRH and HIV Linkages, launched a renewed call to action on linkages at AIDS2018, with co-endorsement by nearly 40 development organizations. Through the Linkages programme 2gether 4 SRHR in eastern and southern Africa, UNFPA, together with UNAIDS, UNICEF and WHO, supported inputs to an SADC sexual and reproductive health and rights strategy, sexual and reproductive health and rights scorecard, and SADC efforts to create an enabling environment for key populations, including a regional values clarification workshop on key populations. In 2018, 37 countries had a national sexual and reproductive health plan prioritizing services for marginalized populations.

With support from UNFPA, 30 million women and young people were reached with integrated sexual and reproductive health services in 2018. Numerous countries, including Botswana, Burkina Faso, India, Kyrgyzstan, South Africa, South Sudan, Zambia and Zimbabwe, continue their efforts to train health-care providers in integrated sexual and reproductive health, HIV and gender-based violence services. In Zambia 202 health-care providers acquired knowledge and skills in the provision of adolescent-friendly integrated sexual and reproductive health, HIV and gender-based violence services. As a result, 157 212 young people in Zambia accessed adolescent health services and information across 418 facilities, representing 57% of public health facilities in UNFPA-supported provinces.

Strategic partnerships helped increase the use of integrated sexual and reproductive health services. Among the key partnerships on integration in 2018, the membership in the Global HIV Prevention Coalition, in which sexual and reproductive health and rights and HIV integration form a foundation platform for delivering on the 5 prevention pillars, expanded to include Botswana, Iran (Islamic Republic of), Myanmar, Norway and SADC, and brought the total number of focus countries to 28. In addition, the FP2020 partnership, whose reference group was co-chaired by UNFPA, enabled more than 309 million women and adolescent girls to use modern contraception in 2018, an increase of 38.8 million from its launch in 2012.

## Financial information

**Table 1**  
**Funds available in 2018 (US\$)**

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	3,043,145
Sub-total	5,043,145
2018 country envelope	3,692,050
<b>Total</b>	<b>8,735,195</b>

**Table 2**  
**Expenditure and encumbrances by Strategy Result Area (US\$)**

Strategy Result Area (SRA)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	348,151	2,649,401	2,997,552
SRA 2: eMTCT	8,693	5,452,560	5,461,253
SRA 3: HIV prevention and young people	2,090,075	15,859,846	17,949,921
SRA 4: HIV prevention and key populations	1,148,796	9,456,823	10,605,618
SRA 5: Gender inequalities and gender-based violence	30,320	3,271,369	3,301,689
SRA 6: Stigma, discrimination and human rights	83,738	2,853,289	2,937,027
SRA 7: Investment and efficiency	77,692	1,043,031	1,120,723
SRA 8: HIV and health services integration	436,022	8,483,084	8,919,107
<b>TOTAL</b>	<b>4,223,487</b>	<b>49,069,404</b>	<b>53,292,891</b>

\* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

**Table 3**  
**Expenditure and encumbrances by region (US\$)**

Region	Core *		Non-core	TOTAL
	Core global	Core- country envelope		
Asia and Pacific	365,491	430,000	4,340,657	5,136,148
Eastern Europe and central Asia	471,287	213,500	1,991,823	2,676,609
Eastern and southern Africa	927,147	1,420,200	22,235,994	24,583,342
Latin America and the Caribbean	429,704	594,000	2,782,784	3,806,487
Middle East and North Africa	189,252	114,150	2,783,084	3,086,487
Western and central Africa	716,101	920,200	7,947,790	9,584,091
Global	1,124,506	-	6,987,271	8,111,777
<b>TOTAL</b>	<b>4,223,487</b>	<b>3,692,050</b>	<b>49,069,404</b>	<b>56,984,941</b>

\* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

**Table 4****Core expenditure and encumbrances by category (US\$)**

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	841,655	8,734	850,389
Contractual services	686,073	826,679	1,512,751
General operating expenses	1,534,781	1,233,548	2,768,329
Transfers and grants to counterparts	62,149	39,460	101,609
Equipment, furniture and vehicles	45,034	88,893	133,927
Travel	741,896	291,043	1,032,940
Programme Support cost	311,899	199,069	510,968
<b>Total Expenditure</b>	<b>4,223,487</b>	<b>2,687,425</b>	<b>6,910,912</b>
Encumbrances	-	1,004,625	1,004,625
<b>TOTAL</b>	<b>4,223,487</b>	<b>3,692,050</b>	<b>7,915,537</b>

## Case study: enhancing services for key populations in Namibia

In response to the limited access to sexual and reproductive health services among lesbian, gay, bisexual, transsexual and intersex people in Namibia, UNFPA in 2018 supported the Namibia Planned Parenthood Association (NAPPA) to advocate for and develop a drop-in centre for people from the lesbian, gay, bisexual, transsexual and intersex community. The centre is housed at Out-Right Namibia, a Namibian organization that works to advance the rights, interests and expectations of lesbian, gay, bisexual, transsexual and intersex people in Namibia. The drop-in centre and NAPPA Okuryangava clinic have trained staff to deal with people sensitively. The centre's flexible working hours allow people to easily access sexual and reproductive health and HIV services without fear of stigma and discrimination. In 2018, 523 people were reached with sexual and reproductive health services at the project's two sites, including 233 sex workers, 188 men who have sex with men, 70 truck drivers, and 32 women who have sex with women. Additionally, 10 outreach events were held targeting key populations in Windhoek in 2018.

The comprehensive service package provided at the two sites includes HIV testing and counselling, with immediate enrolment for treatment; pre-exposure prophylaxis services;

family planning services, including condoms; sexually transmitted infection screening and treatment; and information education related to sexual and reproductive health, HIV and gender-based violence. The availability of sites adapted to the needs of key populations has increased service uptake.

Cinton Njoyen (not his real name), a 29-year-old man who has sex with men, receives care and treatment in NAPPA Okuryangava clinic. Njoyen commended the excellent health services and his experience at the clinic, especially the privacy and friendly relationships between patients and health providers. Before visiting NAPPA, Njoyen experienced emotional and mental difficulties associated with being newly diagnosed with HIV. As a result, he often missed appointments as he found it difficult to accept the reality of living with HIV. "If it had not been for the friendly staff at the NAPPA clinic and their constant support and encouragement, I would not have visited the clinic as recommended by the nurse," said Njoyen. The encouragement of the staff made it easy for Njoyen to develop a personal relationship with them, helping him achieve major improvements not only in his health but also in his personal confidence.

Njoyen's sentiments are shared by Gideon Markus (not his real name), who also receives services at the NAPPA clinic: "Since the very first time my partner and I went to the NAPPA clinic, we have been treated very well and the staff have gone out of their way to make us feel safe. I have had counselling sessions to make sure that I am doing all right and also check-ups to make sure the medication is not having side-effects on my body and that I remain healthy. The staff of the clinics has also regularly checked that we understand how to look after ourselves and that we practise sound sexual health guidelines.

"Each time we visited the clinic at Okuryangava, Sister Behra would first make time to chat to us about how we have been. This might sound like a small thing to others, but to me it means the world as I know she cares about us and that I am taken care of in safe hands. There are still a lot of lesbian, gay, bisexual, transsexual and intersex people that get discriminated against and live in fear of their communities as we do not enjoy the same legal rights. Hence we live very secretive lives, sometimes even double lives. I think it is these secret lives that make it easy for lesbian, gay, bisexual, transsexual and intersex people in Namibia to land in situations where they are highly vulnerable to being infected with HIV and other sexually transmitted infections."

## Case study: Young Moms Clinic in Nigeria

In Lagos, a densely populated area with high teenage pregnancy rates, UNFPA supported the state government to establish the Hello Lagos Young Moms Clinic to provide specialized care for adolescent girls during pregnancy and after delivery. In 2018, 215 girls received sexual and reproductive health and HIV information and education; of these, 83 girls received elimination of mother-to-child transmission services.

Ola (not her real name) is a 20-year-old mother. When she was five weeks' pregnant, she tested positive for HIV in the Young Moms introductory antenatal and HIV counselling and testing session. She was immediately referred to the prevention of mother-to-child transmission clinic at Lagos Island General Hospital for treatment, care and support. She started receiving antiretroviral therapy, was given information and counselling on childcare and family planning, and joined a support group of people living with HIV. Her baby was delivered healthy, tested negative for HIV at six months, and is being exclusively breastfed following WHO recommendations. Her baby will have a confirmatory HIV test after one year. Ola is very grateful for the support she has received. She is currently working as a trader, but she hopes to further her academic studies towards her dream career in computer engineering.

## Knowledge products



[Call to Action to Attain Universal Health Coverage through Linked Sexual and Reproductive Health and Rights and HIV Interventions](#)



[The Maternal and Newborn Health Thematic Fund: Business Plan Phase III \(2018–2022\)](#)



[20 by 20: Moving Africa Beyond Condom Donation](#)





### **Accelerating Commercial Engagement in Sub-Saharan Africa**



### **An Innovative Model Anti-Trafficking Program With The Inclusion Of Survivors of Trafficking**



### **Indigenous Women's Maternal Health and Maternal Mortality**



### **Women and Young Persons with Disabilities: Guidelines for Providing Rights-based and Gender-responsive Services to Address Gender-based Violence and Sexual and Reproductive Health and Rights**



### **From Commitment to Action on Sexual and Reproductive Health and Rights: Lessons from the Second Cycle of the Universal Periodic Review**



### **Out with It : HIV and other Sexual Health Considerations for Young Men Who Have Sex with Men**





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