

UNHCR's Strategic Plan for HIV and AIDS

2008 - 2012



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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APR	Annual Protection Reports
ART	Antiretroviral Therapy
DHRM	Division of Human Resource Management
GBV	Gender Based Violence
GSO	Global Strategic Objectives
HCT	HIV Counselling and Testing
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HCT	HIV Counselling and Testing
HIS	Health Information System
HIVIS	HIV Information System
IDP	Internally Displaced Person
IEC	Information, Education, and Communication
IP	Implementing Partner
MSRP	Management Systems Renewal Project
NSP	National Strategic Plan
OP	Operational Partner
PEP	Post-Exposure Prophylaxis
PH	Public Health
PLHIV	People Living with Human Immunodeficiency Virus
PoCs	Persons of Concern
S&I	Standards and Indicators
STI	Sexually Transmitted Infections
TB	Tuberculosis
UBW	Unified Budget and Workplan
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

EXECUTIVE SUMMARY

UNHCR's Strategic Plan for HIV and AIDS (2008-2012) outlines the overall objectives and main strategies to address HIV and AIDS within the context of UNHCR's mandate to protect refugees, internally displaced persons (IDPs) and other persons of concern (PoCs). It is also designed to ensure that UNHCR's operations benefit from national and international standards in HIV prevention, treatment, care and support policies and programmes. As a UNAIDS Cosponsor, UNHCR is committed to harmonise its HIV and AIDS programmes with those of other agencies in accordance with the UNAIDS 2007-2010 Strategic Framework¹. This Strategic Plan also contributes to the achievement of the Millennium Development Goal to reverse the spread of HIV by 2015, including the promotion of universal access by 2010. Its indicators are consistent with those endorsed by the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS.

The Strategic Plan aims to guide operations in camp, urban and other non-camp settings as well as in local integration and returnee situations during the period of 2008-2012 (see 2008-12 guiding principles). It is built upon lessons learned from the two previous Strategic Plans on HIV, AIDS and Refugees (2002-04 and 2005-2007).

1 See UNAIDS Three Ones and Global Task Team recommendations to harmonise international AIDS funding.

OVERALL STRATEGIC OBJECTIVE:

To support and promote HIV and AIDS policies and programmes to reduce morbidity and mortality and to enhance the quality of life among refugees, IDPs, returnees and other PoCs to UNHCR.

HIV AND AIDS STRATEGIC OBJECTIVES FOR UNHCR:

- 1. Protection** - To ensure that the human rights of UNHCR's PoCs are protected in HIV prevention, treatment, care and support programmes.
- 2. Coordination and Integration** - To coordinate, advocate for and effectively integrate HIV policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
- 3. Prevention** - To reduce HIV transmission and morbidity through scaling up effective prevention interventions to UNHCR's PoCs with an emphasis on community participation, especially among women, children and people with special needs, to ensure they have access to HIV prevention information and services.
- 4. Care, Support and Treatment** - To ensure that PoCs living with HIV have access to timely, quality and effective care, support and treatment services including access to anti-retroviral therapy at a level similar to that of the surrounding host populations.
- 5. Durable Solutions** - To develop and incorporate HIV strategies and interventions into policies and programmes for durable solutions in order to mitigate the long term effects of HIV and AIDS.
- 6. Capacity Building** - To build and strengthen HIV knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.
- 7. Assessments, Surveillance, Monitoring and Evaluation and Operational Research** - To ensure that data on UNHCR's PoCs are reflected in national HIV surveillance, monitoring and evaluation systems; to monitor and report on a regular basis PoCs' access to HIV prevention and treatment programmes; to evaluate programme performance and achievements using a results-based management approach; and to conduct operational research on new approaches to providing HIV prevention and treatment services to PoCs.

INTRODUCTION

There are an estimated 20.8 million refugees and other displaced persons globally,² many of whom reside in countries heavily affected by AIDS. Approximately four million of these persons live in sub-Saharan Africa. Displacement as a result of conflict or other disasters can increase vulnerability to HIV by reducing access to HIV prevention services, information, and commodities. Basic HIV-related health care may not be available and people may become vulnerable to HIV infection. In addition, social support networks are often disrupted, exposure to sexual violence may be increased, and poverty may lead to the exchange of sex in return for food or shelter.³ However, displacement may reduce the transmission of HIV due to reduced mobility to high prevalence areas; isolation and inaccessibility of some displaced populations; and in some circumstances, especially in the post-emergency phase, the availability of better protection and other HIV-related services than in countries or areas of origin.⁴ The extent to which UNHCR's PoCs are adversely affected by HIV has been increasingly examined in recent years. There is now adequate evidence demonstrating that in many situations HIV prevalence among populations affected by conflict and displacement is not necessarily higher than that of the surrounding host population; on the contrary it is lower in many settings.⁵

UNHCR's Strategic Plan for HIV and AIDS outlines the objectives and strategic actions for HIV protection, prevention, treatment, care and support for PoCs. It defines the principles underlining UNHCR's work on HIV and AIDS. It also lists core indicators by which progress against strategic actions will be measured in order to ensure that UNHCR meets internal and international standards. Wherever possible, linkages have been made between these strategic plan indicators and those of UNGASS and UN-AIDS' Unified Budget and Workplan (UBW).

The foundation for the UNHCR HIV and AIDS Strategic Plan for 2008 -2012 is supported by the following documents and policy statements:

- UNHCR, Refugees, HIV and AIDS: Strategic Plans 2002-04 and 2005-07
- UNAIDS and UNHCR, Policy Brief on HIV and Refugees, 2007
- UNHCR, Policy on antiretroviral medication, 2007
- Southern African HIV Clinician's Society and UNHCR, Clinical guidelines for antiretroviral therapy management for displaced populations, 2007
- UNAIDS, UBW 2008-2009 Performance Monitoring and Evaluation Framework, 2007
- UNAIDS, Practical Guidelines for Intensifying Prevention: Towards Universal Access, 2007
- WHO, Scaling Up Towards Universal Access, 2007
- UNAIDS, Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators, 2007

2 UNHCR (2006) *State of the World's Refugees 2006: Human Displacement in the New Millennium*, Geneva.

3 UNAIDS and UNHCR (2005) *Strategies to support the HIV related needs of refugees and host populations*, Geneva.

4 Hynes, M., Sheik, M., Wilson, H. and Spiegel, P. (2002) Reproductive Health Indicators and Outcomes among Refugee and Internally Displaced Persons in Post-emergency Phase Camps. *JAMA*, 288(5):595-603.

5 Spiegel PB, Bennedsen AR, Claass J, et al. Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: a systematic review. *Lancet* 2007;369(9580):2187-95.

- UNHCR Executive Committee Conclusions (No. 107 (LVIII) - 2007)
- UNHCR, Note on HIV/AIDS and the Protection of Refugees, Internally Displaced Persons and Other Persons of Concern, 2006
- UNAIDS, Setting National Targets for Moving Towards Universal Access by 2010: Operational Guidance, 2006
- Interagency Standing Committee, Guidelines for HIV/AIDS interventions in emergency settings, 2005
- UNAIDS and UNHCR, *Strategies to support the HIV-related needs of refugees and host populations*, UNAIDS Best Practice Collection, 2005
- UNAIDS, *The Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors*, 2005
- UNAIDS, *UNAIDS Technical Support Division of Labour, Summary and Rationale*, 2005
- WHO and UNHCR, *Clinical Management of Rape Survivors*, 2004
- UNAIDS, *The Three Ones: Key principles*, 2004
- Executive Committee. A/AC/96/987, Decision Para 24, 2003

HIV and AIDS are also highlighted in UNHCR's Global Strategic Objectives⁶ (Box 1).

Box 1: HIV and AIDS in UNHCR's Global Strategic Objectives

Global Strategic Objective 3 - Realising the social and economic well-being of persons of concern, with priority given to:

3.1. Reducing malnutrition, and major risks to the health of populations of concern, notably malaria, HIV/AIDS and inadequate reproductive health services.

Performance Targets:

3.1.2. The percentage of populations of concern to UNHCR with access to culturally appropriate HIV and AIDS information-education-communication (IEC) materials is increased.

3.1.3. The percentage of populations of concern benefiting from antiretroviral therapy (ART) when ART is available to surrounding local host populations is increased.

Global Strategic Objective 4 - Responding to emergencies in a timely and effective manner, with priority given to:

4.2. Meeting the needs of women, children and groups with specific needs in emergency situations.

Performance Target:

4.2.2. Emergency protection and assistance interventions in the first three months of an emergency increasingly respond to age, gender and diversity considerations including specific interventions for women, children and groups with special needs.

An interim assessment of all indicators and targets in this plan will be undertaken after 2009.

6 UNHCR Global Appeal, 2007 *UNHCR's global strategic objectives*

GOALS AND OBJECTIVES

OVERALL HIV/AIDS GOAL FOR 2008-12:

To support and promote HIV and AIDS policies and programmes in order to reduce morbidity and mortality and to enhance the quality of life among refugees, IDPs, returnees and other PoCs to UNHCR.

HIV AND AIDS STRATEGIC OBJECTIVES:

- 1. Protection** - To ensure that the human rights of UNHCR's PoCs are protected in HIV prevention, treatment, care and support programmes.
- 2. Coordination and Integration** - To coordinate, advocate for and effectively integrate HIV policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
- 3. Prevention** - To reduce HIV transmission and morbidity through scaling up effective prevention interventions to UNHCR's PoCs with an emphasis on community participation, especially among women, children and people with special needs, to ensure they have access to HIV prevention information and services.
- 4. Care, Support and Treatment** - To ensure that PoCs living with HIV have access to timely, quality and effective care, support and treatment services including access to anti-retroviral therapy at a level similar to that of the surrounding host populations.
- 5. Durable Solutions** - To develop and incorporate HIV strategies and interventions into policies and programmes for durable solutions in order to mitigate the long term effects of HIV and AIDS.
- 6. Capacity Building** - To build and strengthen HIV knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.
- 7. Assessments, Surveillance, Monitoring and Evaluation and Operational Research** - To ensure that data on UNHCR's PoCs are reflected in national HIV surveillance, monitoring and evaluation systems; to monitor and report on a regular basis PoCs' access to HIV prevention and treatment programmes; to evaluate programme performance and achievements using a results-based management approach; and to conduct operational research on new approaches to providing HIV prevention and treatment services to PoCs.

STRATEGIES AND INDICATORS OF ACHIEVEMENT

UNHCR will monitor its progress against the seven HIV and AIDS strategic objectives over the 2008-2012 period through a rigorous monitoring and evaluation system at global, regional, national and camp levels. To strengthen this system, UNHCR will also make use of the UNAIDS' UBW performance monitoring framework. The following core set of **48 indicators** will be tracked as a measure of progress against the strategic objectives. These core indicators are not an exhaustive list to monitor and evaluate UNHCR's HIV programmes, many others including programme performance monitoring indicators will be collected and used at country level. Realisation of these strategic objectives will require accountability at various levels of management. This accountability will be most important at the country and field level through the processes of the programme planning cycle and results based management.

Table 1 summarises the strategies and indicators of achievement. It provides explicit definitions for and essential information on how the indicators will be measured at the global, regional and country operational levels.

Table 2 provides summaries of how the indicators of achievement will be reported. This includes information on targets, periodicity, applicable strategic objectives, sources of measurement, and relationships with global indicators.

UNHCR will obtain data on HIV from the following main sources:

1. UNHCR's Health Information System (HIS)
2. UNHCR's HIV Information System (HIVIS)
3. UNHCR's Standards and Indicators (S&Is)
4. UNHCR's Annual Protection Reports (APRs)
5. UNHCR's Global Strategic Objectives (GSOs)
6. Joint population-based surveys conducted by national authorities, UNHCR and other humanitarian agencies in coordination with Operational and Implementing Partners.
7. Joint Assessment Missions conducted with other UN agencies and non-governmental organisations.
8. UNHCR's Financial Systems using Management Systems Renewal Project (MSRP)

Table 1: Key Strategies and Indicators of Achievement

STRATEGIC OBJECTIVE 1: PROTECTION	To ensure that the human rights of UNHCR's PoCs are protected in HIV prevention, treatment, care and support programmes.
Key Strategies	Indicators of Achievement
(1.1) Ensure that the HIV status of an asylum seeker does not constitute a bar to accessing asylum procedures, nor constitute grounds for refoulement.	(1.1.1) % of countries with ≥10,000 refugees that have legislation protecting the rights of HIV positive asylum seekers.
(1.2) Ensure protection from mandatory testing of PoCs.	(1.2.1) % of countries with ≥10,000 refugees or IDPs that have legislation protecting PoCs from mandatory testing for HIV.
(1.3) Ensure that UNHCR's PoCs have access to antiretroviral therapy (ART) at a level similar to that of the surrounding population.	(1.3.1) % of countries where PoCs benefit from therapy (ART) when it is available to surrounding local populations.
(1.4) Ensure that gender -based violence (GBV) prevention and response activities are promoted, supported and coordinated within HIV programmes.	(1.4.1) % of countries that have integrated GBV prevention and response activities into HIV activities.
(1.5) Ensure children amongst UNHCR's PoCs access primary and secondary education.	(1.5.1) % of refugee children by sex enrolled in grades 1-6. (1.5.2) % of refugee children enrolled by sex in grades 7 -12.
(1.6) Ensure HIV status is not a barrier for resettlement.	(1.6.1) % of resettlement countries that provide automatic waiver to refugees who test positive for HIV.
Indicators 1.1.3, 1.2.1, 1.4.1, 1.4.2 and 1.5.1 from the Reproductive Health Strategic Plan also apply. Indicator 1.1.1 from the Nutrition and Food Security Strategic Plan also applies.	

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 2: COORDINATION AND INTEGRATION</p>	<p>To coordinate, advocate for and effectively integrate HIV policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(2.1) Ensure that HIV/AIDS policies and programmes are coordinated and integrated</p> <ul style="list-style-type: none"> i. within countries. ii. within UNHCR. iii. within international system. 	<p>(2.1.1) % of countries with active HCR participation in Joint UN Theme Group on HIV. (2.1.2) % Annual Protection Reports reporting on HIV/AIDS. (2.1.3) % of all UNAIDS global strategies between 2008-12 that include refugees and IDPs. See also 1.1.1 -1.4.1.</p>
<p>(2.2) Ensure that HIV/AIDS policies and programmes for IDPs are coordinated and integrated within humanitarian reform process.</p>	<p>(2.2.1) % of countries that have been “clusterized”⁷ according to humanitarian reform process and that include HIV/AIDS as cross-cutting issue.</p>
<p>(2.3) Advocate for the inclusion of HCR's PoCs in donor proposals.</p>	<p>Number of countries with HCR's PoCs (≥10,000 persons) benefiting from additional HIV funding sources from:</p> <ul style="list-style-type: none"> (2.3.1) Presidents Emergency Plan for AIDS Relief. (2.3.2) World Bank regional proposals and initiatives. (2.3.3) Global Fund for AIDS, Tuberculosis and Malaria. (2.3.4) UNAIDS Programme Acceleration Fund.
<p>(2.4) Strengthen HCR HIV coordination capacity and supervision with relevant stakeholders (e.g. host country authorities, IPs and OPs, and refugee representatives).</p>	<p>(2.4.1) Number of HCR HIV coordinators. (2.4.2) Number of HIV coordination meetings held per year.</p>
<p>(2.5) Ensure sufficient resources provided to supporting HCR's HIV and AIDS activities.</p>	<p>(2.5.1) Amount of resources spent by HCR for HIV and AIDS programmes (USD/person/yr) . See also 2.3.1-2.3.4.</p>
<p>(2.6) Advocate to ensure inclusion of refugees and IDPs in HIV National HIV/AIDS Strategic Plans (NSPs).</p>	<p>(2.6.1) % of countries with ≥10,000 refugees that have included refugees in NSPs among those countries that will update their plans between 2008–2012. (2.6.2) % of countries with ≥10,000 IDPs that have included IDPs in NSPs among those countries that will update their plans between 2008–2012.</p>
<p>(2.7) Ensure that PoCs are included into participatory assessments and age, gender and diversity analysis as part of HCR's operations management cycle.</p>	<p>(2.7.1) % of countries that have conducted participatory assessments as part of the operations management cycle.</p>
<p>Indicator 2.2.2. from the Reproductive Health Strategic Plan also applies.</p>	

7 A cluster is a group of agencies, organisations and/or institutions unified by their particular mandates, working towards common objectives. The purpose of the clusters is to promote effective and predictable outcomes in a timely manner, while also improving accountability and leadership. Globally, 11 clusters have been identified, each with a lead agency, covering areas such as, protection, camp coordination and camp management, education, shelter, health and water and sanitation.

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 3 PREVENTION</p>	<p>To reduce HIV transmission and morbidity through scaling up effective prevention interventions to UNHCR's PoCs with an emphasis on community participation, especially among women, children and people with special needs, to ensure they have access to HIV prevention information and services.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(3.1) Ensure that HCR's PoCs have access to cultural appropriate HIV information materials on prevention and treatment in a language and format they can understand.</p>	<p>(3.1.1) % countries that have access to culturally appropriate HIV and AIDS information, education, communication materials. See also 1.4.1, 1.5.1, 1.5.2.</p>
<p>(3.2) Ensure safe blood supply in refugee camp settings.</p>	<p>(3.2.1) % of refugee operations that provide blood transfusions which screen blood for HIV in a quality-assured manner.</p>
<p>(3.3) Ensure universal precautions practiced by health workers in refugee camp settings.</p>	<p>(3.3.1) % refugee operations where universal precautions are satisfactorily.⁸</p>
<p>(3.4) Ensure access to programmes for prevention and treatment of sexually transmitted infections (STIs).</p>	<p>(3.4.1) Incidence of male urethral discharge - by age. (3.4.2) Incidence of genital ulcer disease – by age and sex. (3.4.3) % of clients tested for syphilis with a positive result -by age and sex. (3.4.4) % of partners/contacts of STI patients that were notified and treated –by age and sex.</p>
<p>(3.5) Increase access to HIV Counselling and Testing (HCT) for UNHCR's PoCs.</p>	<p>(3.5.1) % of countries where PoCs have access to HCT.</p>
<p>(3.6) Ensure establishment of linkages between the HIV, STI and Tuberculosis (TB) programmes.</p>	<p>(3.6.1) % of HCT clients referred from STI and TB services.</p>
<p>(3.7) Increase HIV prevention education and access to condoms, harm reduction, STI and HCT services for most at risk populations amongst HCR's PoCs.</p>	<p>(3.7.1) % countries addressing at least one of the most-at-risk populations (sex workers, injecting drug users, men who have sex with men) with appropriate HIV prevention programmes.</p>
<p>(3.8) Increase access to Prevention of Mother to Child Transmission programmes for UNHCR's PoCs.</p>	<p>(3.8.1) % countries, when indicated, where pregnant women and the infant received antiretroviral medication to reduce the risk of mother to child transmission of HIV See also 1.3.1.</p>
<p>(3.9) Ensure Post Exposure Prophylaxis (PEP) is available to all survivors of rape amongst HCR's PoCs.</p>	<p>(3.9.1) % countries reporting provision of PEP to survivors of rape within 72 hours of rape.</p>
<p>(3.10) Ensure access to male and female condoms.</p>	<p>(3.10.1) % of refugee operations where sufficient⁹ number of male and female condoms are distributed.</p>
<p>Indicators 1.2.1, 1.2.2 and 3.6.1 from the Malaria Strategic Plan also apply. Indicators 3.1.1-3.1.4, 3.2.1, 3.2.2, 3.2.4, 3.3.1 and 3.5.1 from Reproductive Health Strategic Plan also apply. Indicators 3.3.2 and 3.3.3 from the Nutrition and Food Security Strategic Plan also apply.</p>	

8 Satisfactory universal precautions refer to a set of procedures to minimise the risk of infection and includes for this indicator a sufficient supply of needles, syringes, and gloves, defined as no stock out of >1 week at anytime during the past year.

9 Sufficient number of male and female condoms = 0.5/per person/per month.

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 4 CARE, SUPPORT AND TREATMENT</p>	<p>To ensure that PoCs living with HIV have access to timely, quality and effective care, support and treatment services including access to anti-retroviral therapy at a level similar to that of the surrounding host populations.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(4.1) Provide treatment for opportunistic infections for People Living with HIV (PLHIV) who are PoCs for UNHCR</p>	<p>(4.1.1) % of countries with major HIV programmes that provide trimethoprim-sulfamethoxazole prophylaxis for children. (4.1.2) % of countries with major HIV programmes that provide trimethoprim-sulfamethoxazole prophylaxis for adults.</p>
<p>(4.2) Ensure PLHIV have access to supplementary feeding programmes.</p>	<p>(4.2.1) % of countries where HCR's PLHIV have access to supplementary feeding programmes.</p>
<p>(4.3) Ensure that HCR's PoCs have access to ART at level similar to that of the surrounding population.</p>	<p>See (1.3.1).</p>
<p>Indicators 4.1.2, 4.2.1 and 4.2.3 from the Nutrition and Food Security Strategic Plan also apply</p>	
<p>STRATEGIC OBJECTIVE 5: DURABLE SOLUTIONS</p>	<p>To develop and incorporate HIV strategies and interventions into policies and programmes for durable solutions in order to mitigate the long term effects of HIV and AIDS.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(5.1) Advocate for and establish local integration and repatriation policies and programmes that include appropriate prevention and treatment interventions for HIV/AIDS.</p>	<p>(5.1.1) % of countries of return and countries with local integration that have provisions for continuation of ART for refugees and other PoCs that require it. (5.1.2) % of operations where refugees are provided with appropriate returnee HIV packages in areas with a generalised HIV epidemic. (5.1.3) % of operations where HIV policies and programmes have been designed and integrated in exit strategies (integration areas or areas of return).</p>
<p>(5.2) Coordinate and share HIV and AIDS information to governments, UN agencies and other humanitarian organisations during repatriation.</p>	<p>(5.2.1) % of countries undertaking major repatriation operations that collect and share HIV programme information about refugees and other PoCs in areas of return with government and organisations involved in HIV policies and programmes.</p>
<p>Indicator 4.1.1 from the Malaria Strategic Plan also applies. Indicators 4.1.1 and 4.1.3 from the Reproductive Health Strategic Plan also apply. Indicators 5.1.1 and 5.1.2 from the Nutrition and Food Security Strategic Plan also apply.</p>	

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 6: CAPACITY BUILDING AND TRAINING</p>	<p>To build and strengthen HIV knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(6.1) Train HCR and partner staff on HIV protocols, prevention and treatment.</p>	<p>(6.1.1) Number of HIV workshops and training events. See also 2.4.2, 2.7.1.</p>
<p>(6.2) Build capacity of HCR's PoCs to participate in design, implementation, monitoring and evaluation of HIV programmes.</p>	<p>(6.2.1) % countries reporting HIV training for HCR's PoCs. See also 1.5.1, 1.5.2, 2.7.1, 3.1.1.</p>
<p>STRATEGIC OBJECTIVE 7: ASSESSMENTS, SURVEILLANCE, MONITORING AND EVALUATION AND OPERATIONAL RESEARCH</p>	<p>To ensure that data on UNHCR's PoCs are reflected in national HIV surveillance, monitoring and evaluation systems; To monitor and report on a regular basis PoCs' access to HIV prevention and treatment programmes; to evaluate programme performance and achievements using a results-based management approach; and To conduct operational research on new approaches to providing HIV prevention and treatment services to PoCs.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(7.1) Collect, analyse, and respond to essential HIV-related data on routine basis using standard case definitions.</p>	<p>(7.1.1) % refugee operations with functioning HIS, including HIV component, as defined by monthly reporting to HCR. (7.1.2) % camps that have undertaken HIV sentinel surveillance at least biannual basis in generalized HIV epidemic.</p>
<p>(7.2) Improve UNHCR programmes through joint HIV assessment¹⁰ and monitoring missions.</p>	<p>(7.2.1) Number of countries undertaking joint HIV assessment and monitoring missions.</p>
<p>(7.3) Evaluate HIV control programmes on a routine basis.</p>	<p>(7.3.1) % of camps/programmes that have evaluated their coverage and quality of HIV services every 2 yrs in stable settings.</p>
<p>(7.4) Conduct HIV operational research, as indicated, to guide programme implementation or to address identified programmatic problems.</p>	<p>(7.4.1) Number of programmes that have conducted operational research, defined as any investigation that is not routine and undertaken to inform programmatic planning or to address identified programmatic problems.</p>
<p>Indicator 6.1.1 from the Reproductive Health Strategic Plan also applies.</p>	

10 This refers to multi-sectoral and multi-agency HIV assessments in both refugees and IDP situations

Table 2: Summary of Indicators of Achievement

INDICATORS OF ACHIEVEMENT	Target ¹¹	Periodicity	Strategic Objectives	Source of Measurement	Relation to Global Indicators	Setting: Camp, Non-camp ¹²
(1.1.1) % of countries with ≥10,000 refugees that have legislation protecting the rights of HIV positive asylum seekers.	100%	Biannually	1, 2	APRs	UBW ¹³ PO 5	Camp Non-camp
(1.2.1) % of countries with ≥10,000 refugees or IDPs that have legislation protecting PoCs from mandatory testing for HIV.	>75%	Biannually	1, 2	APRs	UBW PO 5	Camp Non-camp
(1.3.1) % of countries where PoCs benefit from antiretroviral therapy (ART) when it is available to surrounding local populations.	>85%	Annually	1, 2,3,4	GSO Country Offices HIVIS	UNGASS ¹⁴ Indicator 4	Camp Non-camp
(1.4.1) % of countries that have integrated GBV prevention and response activities into HIV activities.	>85%	Annually	1, 2,3	Country Offices	UBW PO 7	Camp Non-camp
(1.5.1) % of refugee children by sex enrolled in grades 1-6.	100%	Annually	1,3,6	S&I	UNGASS12 UBW PO 7	Camp
(1.5.2) % of refugee children enrolled by sex in grades 7 -12.	20-40/1000 pop/year	Annually	1,6	S&I	UNGASS 12 UBW PO 7	Camp
(1.6.1) % of resettlement countries that provide automatic waiver to refugees who test positive for HIV.	100%	Annually	1	APRs Resettle- ment Reports		Camp Non-camp
(2.1.1) % of countries with active HCR participation in Joint UN Theme Group on HIV.	>90%	Annually	1,2	UNAIDS	UBW PO 1	Camp Non-camp
(2.1.2) % Annual Protection Reports reporting on HIV/AIDS.	100%	Annually	1, 2	APRs	UBW PO 5	Camp Non-camp
(2.1.3) % of all UNAIDS global strategies between 2008-12 that include refugees and IDPs.	100%	Annually	1, 2	UNAIDS	UBW PO 1	Not applicable
(2.2.1) % of countries that have been "clusterized" ¹⁵ according to humanitarian reform process and that include HIV/AIDS as cross-cutting issue.	100%	Annually	2	Country Offices		Camp Non-camp

11 Target refers to the level that UNHCR intends to achieve by the end of 2012. It is based on the current situation and what HCR believes it is feasible to attain.

12 Refers to setting where indicator will *primarily* be measured. However, this may vary according to context. All population-based surveys could be undertaken in camp or non-camp settings; however, at this point they are primarily done in camp settings. This may change over time.

13 UBW PO = Principle Outcome of the Joint UNAIDS Budget and Workplan for 2008 and 2009

14 UNGASS = United Nations General Assembly Special Session on HIV/AIDS and provides international set of standard core indicators that measure the effectiveness of the national HIV response

15 A cluster is a group of agencies, organizations and/or institutions unified by their particular mandates, working towards common objectives. The purpose of the clusters is to promote effective and predictable outcomes in a timely manner, while also improving accountability and leadership. Globally, 11 clusters have been identified, each with a lead agency, covering areas such as, education, shelter, telecommunications, food aid, health and sanitation.

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target ¹¹	Periodicity	Strategic Objectives	Source of Measurement	Relation to Global Indicators	Setting: Camp, Non-camp ¹²
(2.3.1) Number of countries with HCR's PoCs (≥10,000 persons) benefiting from funds from the President's Emergency Plan for AIDS Relief.	Variable	Annually	1, 2	MSRP Country Offices HQ	UBW PO 1	Camp Non camp
(2.3.2) Number of countries with HCR's PoCs (≥10,000 persons) benefiting from regional proposals and initiatives from the World Bank.	Variable	Annually	1, 2	MSRP Country Offices HQ	UBW PO 1	Camp Non camp
(2.3.3) Number of countries with HCR's PoCs (≥10,000 persons) benefiting from HIV funds from the Global Fund for AIDS, Tuberculosis and Malaria.	Variable	Annually	1, 2	MSRP Country Offices HQ	UBW PO 1	Camp Non camp
(2.3.4) Number of countries with HCR's PoCs (≥10,000 persons) benefiting from UNAIDS Programme Acceleration Fund.	Variable	Annually	1, 2	MSRP Country Offices HQ	UBW PO 1	Camp Non camp
(2.4.1) Number of HCR HIV coordinators at country and regional levels.	Variable	Annually	1,2	Country Offices HQ		Camp Non-camp
(2.4.2) Number of HIV coordination meetings held per year.	Variable	Annually	1,2,6	Country Offices Regional Offices HQ		Camp Non-camp
(2.5.1) Amount of resources spent by HCR for HIV and AIDS programmes (USD/person/yr).	Variable	Annually	2	MSRP	UBW PO 1	Camp Non-camp
(2.6.1) % of countries with ≥10,000 refugees that have included refugees in NSPs among those countries that will update their plans between 2008–2012.	>80%	Biannually	2	National HIV Strategic Plans	UBW PO 7	Camp Non-camp
(2.6.2) % of countries with ≥10,000 IDPs that have included IDPs in NSPs among those countries that will update their plans between 2008–2012.	>80%	Biannually	2	National HIV Strategic Plans	UBW PO 7	Camp Non-camp
(2.7.1) % of countries that have conducted participatory assessment as part of the operations management cycle.	>75%	Annually	2,6	Country Offices		Camp Non-camp
(3.1.1) % countries that have access to culturally appropriate HIV and AIDS information, education, communication materials.	>95%	Annually	1,3,6	GSO Country Offices HIVIS	UBW PO 7	Camp
(3.2.1) % of refugee operations that provide blood transfusions which screen blood for HIV in a quality-assured manner.	100%	Annually	3	Country Offices HIVIS	UNGASS 3 UBW PO 7	Camp

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target ¹¹	Periodicity	Strategic Objectives	Source of Measurement	Relation to Global Indicators	Setting: Camp, Non-camp ¹²
(3.3.1) % refugee operations where universal precautions are satisfactorily applied.	100%	Annually	3	Country Offices HIVIS	UBW PO 7	Camp
(3.4.1) Incidence of male urethral discharge – by age.	Variable	Monthly, Annually	3	Country Offices HIVIS HIS	UBW PO 7	Camp
(3.4.2) Incidence of genital ulcer disease – by age and sex – by camp, country and region.	Variable	Monthly, Annually	3	Country Offices HIVIS HIS	UBW PO 7	Camp
(3.4.3) % of clients tested for syphilis with a positive result -by age and sex.	Variable	Monthly, Annually	3	Country Offices HIVIS HIS	UBW PO 7	Camp Non camp
(3.4.4) % of partners of STI patients that were notified and treated –by age and sex.	Variable	Monthly, Annually	3	Country Offices HIVIS HIS	UBW PO 7	Camp Non camp
(3.5.1) % of countries where PoCs have access to HCT.	>90% in generalized epidemics	Annually	3	Country Offices HIVIS HIS	UNGASS 8 UBW PO 7	Camp Non-Camp
(3.6.1) % of HCT clients referred from STI and TB services.	Variable	Annually	3	Country Offices HIVIS	UNGASS 8 UBW PO 7	Camp Non-camp
(3.7.1) % countries addressing at least one of the most-at-risk populations (female sex workers, injecting drug users, men who have sex with men) with appropriate HIV prevention programmes.	>75%	Annually	3	Country Offices HIVIS	UNGASS 9 UBW PO 7	Camp Non-camp
(3.8.1) % countries, when indicated, where pregnant women received antiretroviral medication to reduce the risk of mother to child transmission of HIV.	>90% in generalized epidemics	Monthly, Annually	1, 3	HIVIS HIS	UNGASS 5 UBW PO 7	Camp Non camp
(3.9.1) % countries reporting provision of PEP to survivors of rape within 72 hours of rape.	100%	Monthly, Annually	3	HIS	UBW PO 7	Camp Non-camp
(3.10.1) % of refugee operations where sufficient number of male and female condoms are distributed.	>75%	Annually	3	HIS	UNGASS 17,18,19 and 20	Camp
(4.1.1) % of countries with major HIV programmes that provide trimethoprim-sulfamethoxazole prophylaxis for children.	>75%	Annually	4	HIS	UBW PO 7	Camp Non camp

16 Satisfactory universal precautions refers to a set of procedures to minimize the risk of infection and includes for this indicator a sufficient supply of stock of needles, syringes, and gloves defined as no stock out of >1 week at anytime during the past year

17 Sufficient number of male and female condoms = 0.5/per person/per month

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target ¹¹	Periodicity	Strategic Objectives	Source of Measurement	Relation to Global Indicators	Setting: Camp, Non-camp ¹²
(4.1.2) % of countries with major HIV programmes that provide trimethoprim-sulfamethoxazole prophylaxis for adults.	>75%	Annually	4	HIS	UBW PO 7	Camp Non camp
(4.2.1) % of countries where UNHCR's PLHIV have access to supplementary feeding programmes.	>80%	Annually	4	Country Offices HIVIS	UBW PO 7	Camp
(5.1.1) % of countries of return and countries with local integration that have provisions for continuation of ART for refugees and other PoCs that require it.	100%	Annually	1, 5	GSO Country Offices	UNGASS indicator 4 UBW PO 7	Camp Non-camp
(5.1.2) % of operations where refugees are provided with appropriate returnee HIV packages, in areas with a generalised HIV epidemic.	100%	Annually	5	Country Offices	UBW PO 7	Camp Non-camp
(5.1.3) % of operations where HIV policies and programmes have been designed and integrated in exit strategies (integration areas or areas of return).	100%	Annually	1, 5	Country Offices	UBW PO 7	Camp Non-camp
(5.2.1) % of countries undertaking major repatriation operations that collect and share HIV programme information about refugees and other PoCs in areas of return with government and organisations involved in HIV policies and programmes.	100%	Annually	1, 5	Country Offices	UBW PO 7	Camp Non-camp
(6.1.1) Number of HIV workshops and training events.	Variable	Annually	2, 6	Country Offices Regional Offices HQ	UBW PO 4 UBW PO7	Camp Non-camp
(6.2.1) % countries reporting HIV training for HCR's PoCs.	100%	Annually	1, 3, 6	Country Offices	UBW PO 4 UBW PO7	Camp Non camp
(7.1.1) % refugee operation with functioning HIS, including HIV component, as defined by monthly reporting to HCR.	100%	Annually	7	HIS	UBW PO 3	Primarily camp with emphasis to include non camp
(7.1.2) % camps that have undertaken HIV sentinel surveillance at least on a biannual basis in generalized HIV epidemic.	>75%	Annually	7	Country Offices HQ	UBW PO 3	Camp
(7.2.1) Number of countries undertaking joint HIV assessment and monitoring missions.	Variable	Annually	7	Country Offices HQ	UBW PO 3	Camp Non-camp
(7.3.1) % of camps/programmes that have evaluated their coverage and quality of HIV services every 2 yrs in stable settings.	100%	Biannually	7	Country Offices HQ	UBW PO 3, 7	Camp
(7.4.1) Number of programmes that have conducted operational research defined as any investigation that is not routine and undertaken to inform programmatic planning or to address identified programmatic problems.	Variable	Annually	7	Country Offices Regional Offices HQ	UBW PO 3	Camp Non-camp



