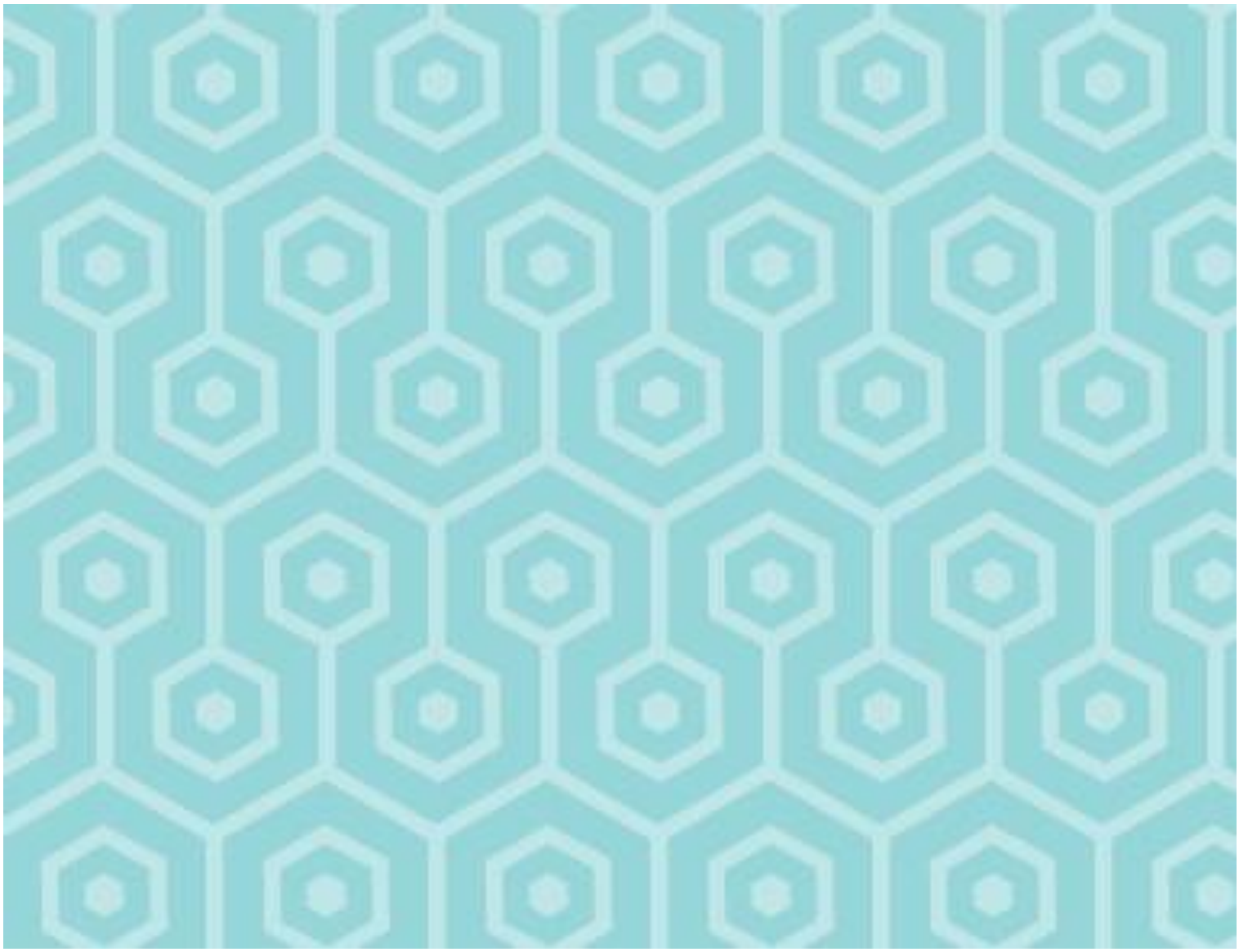
United Nations High Commissioner for Refugees (UNHCR)

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



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Introduction

UNHCR has a mandate to lead and coordinate global action to protect the rights and well-being of tens of millions of refugees, internally displaced persons and other people of concern, including the stateless, asylum seekers, returnees and those living in surrounding host communities.

Active in more than 120 countries, UNHCR makes a unique contribution to the international AIDS response. The agency reaches people who may have become more vulnerable to HIV, owing to displacement and exposure to conflict situations, with a wide range of interventions and programmes, using AIDS-related competence and expertise it has developed over decades.

Innovative testing strategies

UNHCR works to ensure that refugees and other populations who are affected by humanitarian emergencies have improved access to HIV testing and counselling through community-based services. In the Democratic Republic of the Congo (DRC), for example, UNHCR participated in the national campaign for post-conflict communities that enabled more than 11 000 refugees and internally displaced persons to access free HIV counselling and testing.

To improve access to voluntary HIV testing, UNHCR works with nongovernmental organizations (NGOs) and community-based organizations (CBOs) to provide testing services, including for vulnerable populations. In Nepal, UNHCR worked with *Première Urgence Internationale* and Malteser International to ensure voluntary HIV counselling and testing were provided free of charge in five temporary shelters for new arrivals and for vulnerable and most-at-risk populations, such as sex workers. In Mexico, UNHCR referred refugees and asylum seekers to HIV and sexually transmitted infection (STI) testing and treatment services. This was done in collaboration with reception transit centres and safe shelters, and by providing individual and group counselling.

In Pakistan, UNHCR worked with vulnerable and high-risk communities, including prisoners, sex workers, people who inject drugs, adolescents and young people, truck drivers and transgender populations, to improve access to HIV counselling and testing services and reduce stigma and discrimination. Throughout 2016, 26 stigma-reduction workshops and outreach activities for voluntary HIV testing were conducted with those groups.

UNHCR supports the continuum of care for populations moving from high-burden cities to refugee camps, including continued antiretroviral therapy (ART) and prevention, testing and care services.

HIV services in humanitarian emergencies

During 2016, UNHCR supported continued HIV services for refugees and other displaced populations affected by humanitarian emergencies in 48 of its operations. This included a 65% increase in patients who were support to receive ART. UNHCR strengthened programmes to improve adherence to ART, supporting peer-led community interventions in Egypt, Ethiopia, Kenya, Malawi, Rwanda, South Sudan, Uganda and Zambia. In the second half of 2016, UNHCR worked with national HIV programmes and field-based partners to restart ART for 1943 newly-arrived South Sudanese refugees, including 386 children living with HIV in hard-to-reach areas of north-eastern DRC previously lacking any HIV services; 400 Congolese have also accessed ART through this intervention. UNHCR ensured that key HIV-related services were available to 149 322 refugees and asylum seekers in Malaysia. UNHCR advocates for emergency-affected communities to be included in national HIV programmes, plans and legislation.

Data management was strengthened at field level for HIV and reproductive health indicators by updating UNHCR's health information system. Standards and indicators were revised, along with the way data are collected, analysed and visualized, to improve quality and timeliness and enable evidence-informed decision-making. HIV and reproductive health indicators have been aligned with Global AIDS Response Progress Reporting (GARPR) indicators. Individual, facility and camp-level data are collected using mobile phones/tablets and computers, collated and analysed in real time and made available at all levels. The system will roll out in eight countries by the end of 2017 and in all 48 UNHCR operations by the end of 2019, using the health information system.

UNHCR strengthened HIV prevention programmes, investing in those focused on young people and key populations. At the Kakuma refugee camp in Kenya, UNHCR and partners worked with young people through the My Health My Choice programme, a community-based, group-level intervention developed for youth aged 13–17 years. The intervention focused on reducing the incidence of HIV, STIs and unplanned pregnancy. HIV prevention projects aimed at adolescents and young people were implemented in Cameroon, Ethiopia, Ghana, Pakistan, Rwanda, South Sudan, Ukraine and Zambia.

UNHCR presented research on HIV in humanitarian settings at the International AIDS Conference in Durban, and updated and rolled out an online training module on HIV in humanitarian settings for its staff and partners.

Medicines and commodities

UNHCR provided technical input to strengthen health systems, including those that procure and distribute HIV-related commodities, and provided logistical support for access to commodities during emergencies.

UNHCR works with UNFPA to provide male and female condoms to populations affected by humanitarian emergencies. In 2016, more than 9.6 million condoms were distributed to refugees, internally displaced people and other populations affected by humanitarian emergencies, both inside refugee camps and in out-of-camp settings.

Comprehensive eMTCT services

UNHCR advocates for refugees, asylum seekers and other populations affected by humanitarian emergencies to have equal access to elimination of mother-to-child transmission (eMTCT) services available to host communities, for both urban and out-of-camp populations and those in camps. UNHCR achieved a global coverage of prevention of mother-to-child transmission (PMTCT) of 77% while more than 75% of reporting countries had PMTCT coverage of more than 80%.

In 2016, UNHCR supported the provision of eMTCT services for more than 20 000 pregnant women in Dadaab and Kakuma refugee camps. UNHCR also helps implementing partners provide eMTCT services in low-prevalence settings. In Yemen, working with International Medical Corps and Charitable Society for Social Welfare, UNHCR ensured that eMTCT services for pregnant women in urban and camp-based settings were of equal quality to those provided for host populations.

One of the key priorities for the 2016 Unified Budget, Results and Accountability Framework (UBRAF) funding in Malawi was strengthening eMTCT services within the two refugee camps, including upgrading maternal health facilities and improving capacity in maternal and sexual and reproductive health (SRH) services. As a result of UBRAF funding, comprehensive eMTCT services are provided to refugees and the host communities surrounding the camps.

UNHCR completed guidance on PMTCT in humanitarian settings, which will be rolled out to its staff and other humanitarian partners in 2017 through an online distance-learning tool.

Combination prevention

UNHCR works to ensure that populations affected by humanitarian emergencies have access to comprehensive HIV prevention services in and out of camp. In South Sudan, more than 62 000 refugees and the surrounding host communities received HIV prevention information in 2016 and 64 340 male condoms and 1,200 female condoms were distributed.

UNHCR takes community-based approaches to ensure HIV prevention services are accessible to populations of concern. In Malaysia, UNHCR continued to support HIV prevention among refugees and asylum seekers at community level, using a team of community health workers. Those workers were stationed at NGO clinics, the main HIV referral centre and at the UNHCR office to disseminate information on HIV prevention and

provide links to other services, including SRH services and psychological and livelihoods support.

UNHCR works to increase national capacity to deliver integrated SRH services, especially for marginalized or vulnerable adolescents and young people in humanitarian settings. UNHCR worked in Cameroon, the DRC, Ethiopia, Ghana, Kenya, Pakistan, Rwanda, South Sudan, Ukraine and Zambia to provide youth-friendly HIV services to adolescents and young people in and out of camp.

UNHCR also collaborates with UNFPA to ensure that refugees, internally displaced persons and populations of concern have improved access to HIV prevention services, including access to male and female condoms. In 2016, more than 9.6 million condoms were distributed to refugees, internally displaced persons and other populations affected by humanitarian emergencies, in refugee camps and in out-of-camp settings.

UNHCR partners with UNFPA to strengthen youth-friendly HIV services in humanitarian settings. In Ghana, UNHCR, UNFPA and the Government collaborated to bolster reproductive health services in two regions hosting refugees, using the revised manual on adolescent health and development.

HIV prevention among key populations

UNHCR works with key populations among refugees, asylum seekers and people affected by humanitarian emergencies to provide HIV prevention, continuation of treatment and care services and programmes to reduce stigma and discrimination in camps and out-of-camp settings. In Pakistan, UNHCR worked with key populations, including prisoners, sex workers, people who inject drugs, adolescents and young people, truck drivers and transgender populations to improve access to HIV counselling and testing and to reduce stigma and discrimination. In the Middle East and Northern Africa region, UNHCR supported interventions for sex workers, including HIV and STI prevention programmes and efforts to avert deportation. Approaches included strengthening the recruitment of sex workers through snowballing (using initial contacts to reach others) and referrals from community informants, enhancing their empowerment through peer-led activities, improving flexibility in timing and structure of training and counselling sessions to reach more people, and improving the monitoring and evaluation of programmes.

UNHCR conducts sensitization activities within refugee camps to increase knowledge about HIV prevention and to reduce stigma and discrimination. In Kenya, sex workers, long-distance truck drivers and migrants in the vicinity of the camps were provided with HIV information and voluntary counselling and testing services, and condoms were distributed.

UNHCR works with people who inject drugs in populations affected by humanitarian emergencies. In Pakistan, UNHCR helps the Legend Society run a detoxification centre in the

city of Quetta for locals and refugees. In 2016, 9,354 people who inject drugs were reached with voluntary counselling and testing services. Through a harm-reduction project, 71 840 syringes and 79 818 condoms were distributed within the community.

UNHCR advocated for punitive laws, policies and practices to be removed, including overly broad criminalization of HIV transmission and other obstacles to key populations' access to services.

Gender-based violence

UNHCR provides services to clinically support survivors of rape and sexual violence in humanitarian emergencies. It promotes access to sexual and gender-based violence (SGBV) prevention and redress mechanisms, and SRH services, including through the minimum initial service package for emergencies. This provides post-exposure prophylaxis to survivors of sexual violence in conflict, violence prevention and care, trauma recovery and mental health services, and expanded services for survivors of gender-based violence. In 2016, global post-exposure prophylaxis coverage for reported instances of sexual violence reached 88%. In the United Republic of Tanzania, UNHCR provided medical and psychosocial services to SGBV survivors. In 2016, 585 survivors among Burundian and Congolese refugees accessed clinical care, including post-exposure prophylaxis. To ensure a continued comprehensive response to SGBV, UNHCR provides refresher courses for health staff and partners on the clinical management of rape survivors.

UNHCR supports community-based activities to promote SGBV awareness and prevention both in camps and out of camp. In Rwanda during 2016, 509 cases of SGBV were identified from refugee camps and urban locations. Survivor-centred case management services were provided in accordance with SGBV-localized standard operating procedures and established referral pathways. Services included safety and security, material support, psychosocial support, and medical and legal services. Survivors requiring medical treatment were referred to UNHCR health partners and national structures, known as "Isange One Stop Centres", where services include screening for HIV and other STIs. In the Mahama Burundian emergency camp, SGBV survivors have access to community-based protection in the form of sociotherapy groups. UNHCR's legal aid partner provides assistance, and survivors are offered immediate access to safe spaces and counselling.

UNHCR continued to advocate with national and provincial actors to ensure refugees are mainstreamed into SGBV programmes, research and studies. In South Africa, UNHCR efforts on World AIDS Day 2016 focused on preventing SGBV, peaceful coexistence and access to justice, reaching more than 1,000 refugees and asylum seekers.

In Georgia, information sessions were conducted by partner NGO Avangard in three districts, for schoolchildren, teachers, survivors of domestic violence and women's groups.

In Syria, more than 3,000 SGBV awareness activities reached 90 000 women and girls, boys and men. UNHCR helped establish 70 community-based committees serving 175 000 people, and initiated 70 advocacy actions to prevent and respond to SGBV.

Legal and policy reforms

During 2016, UNHCR promoted access to asylum procedures; protection from expulsion, arbitrary detention, unlawful restrictions on freedom of movement, including the right to return regardless of HIV status; and an end to mandatory testing for asylum seekers, refugees, internally displaced persons and other marginalized groups. UNHCR seeks to include emergency-affected communities, including refugees and internally displaced persons, in national HIV programmes, plans and legislation.

UNHCR advocated against the exclusion of forcibly displaced populations from government HIV programmes and the use of mandatory HIV testing among these populations in South Sudan. As a result, refugees are now included in relevant government HIV policies, programmes and funding proposals, including the country's Global Fund applications and the UN Interim Cooperative Framework. There were no reported cases of mandatory HIV testing of refugees

In the South Governorate of Yemen, UNHCR, with UNAIDS and the National AIDS Programme, successfully advocated in 2016 to end mandatory HIV testing of refugees and asylum seekers during asylum procedures, and refugees living with HIV are now able to renew their identity cards. Advocacy was also undertaken to reduce stigma and discrimination in government hospitals and health facilities and to deal with mandatory HIV testing before surgery and during pregnancy. Efforts were also directed at other discriminatory practices, such as the denial of treatment, refusal of admission to hospitals, refusal to operate or assist in clinical procedures, and physical isolation in hospital wards.

Advocacy to end the practice of mandatory HIV testing of refugees and asylum seekers as part of asylum procedures continued in four countries in the Middle East and North Africa

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