



HIV/AIDS and Refugees



Anti-AIDS School Club, Zambia, 2003

Report on UNHCR's HIV/AIDS Programmes and Activities in 2003

03/AB/VAR/CM/267

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List of Acronyms

AAH	Aktion Afrika Hilfe
ADEO	African Development and Emergency Operation
AHA	African Humanitarian Action
AHADA	African Humanitarian Aid and Development Agency
ART	Antiretroviral Therapy
ARRA	Administration for Refugees and Returnees Affairs
CORD	Christian Outreach and Development
DDHS	District Director of Health Services
DOS	Division of Operational Support
DRC	Democratic Republic of Congo
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLIA	Great Lakes Initiative on AIDS
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HAI	Humanitarian Appeal International
HBC	Home-Based Care
HCDS	Health and Community Service Section
IAAG	Inter-Agency Advisory Group on AIDS
IASC	Inter-Agency Standing Committee
IEC	Information, Education and Communication
IP	Implementing Partner
IRC	International Rescue Committee
KFPA	Kyrgyz Family Planning Alliance
MAP	Multi-Country AIDS Programme
NCCK	National Council of Churches Kenya
NGO	Non-Governmental Organisation
PLWH/As	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
SRCS	Sudanese Red Cross Society
SOLO	Sudanese Open Learning Organisation
STIs	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
URCS	Ugandan Red Cross Society
WFP	World Food Programme
ZRCS	Zambian Red Cross Society

I. STATEMENT OF EXPENDITURES

VAR267 AMOUNT APPROVED BY ORB (USD)	1,440,000		
 EARMARKED GRANTS RECEIVED¹			
USG Contribution from 2002	166,509		
USG (Population Refugees and Migration):			
CAF No. 02 0692/Rev.1	450,000		
French Private funds CAF No. 03-0670	123,142		
Italian Private funds CAF No. 03-0679	286,858		
WFP for HIV/AIDS Food and Nutrition Research	50,000		
TOTAL	1,076,509	75%	of approved amount
 TOTAL FUNDS SPENT			
HIV/AIDS Country projects			
Angola	152,298		
Benin	2,325		
Ethiopia	42,432		
Kenya	76,779		
Kyrgyzstan	19,977		
Namibia	19,344		
South Africa ²	140,275		
Sudan	25,000		
Tanzania	18,737		
Uganda	89,179		
Zambia	87,494		
Peace Education	65,000		
Positive Lives Exhibition	7,812		
TOTAL	746,652	54%	of funds disbursed
 Personnel at HQ³ and Regional Coordinators	 142,730	 10%	 of funds disbursed
Travel & DSA for personnel	134,060	10%	of funds disbursed
Consultancy Fees	185,165	14%	of funds disbursed
Training and Workshops	68,681	5%	of funds disbursed
Programmatic research	80,000	6%	of funds disbursed
Interagency Collaboration	14,750	1%	of funds disbursed
 TOTAL FUNDS DISBURSEMENTS	 1,372,038	 95%	 of approved amount

¹ The rest of the funds came from the regular UNHCR budget.

² This includes HIV information-education-communication materials that were supplied to countries throughout the region.

³ The salary and costs for Dr. Spiegel, the Senior HIV/AIDS Technical Officer seconded from the Centers for Disease Control and Prevention to UNHCR are not included in this report. His costs are paid in kind by the USG (PRM).

II. Project Report

1. General Information

Project Symbol:	03/AB/VAR/CM/267
Project Title:	HIV/AIDS and Refugees
Project Duration:	1 January – 31 December 2003
Implemented by:	Health and Community Development Section (HCDS), Division of Operational Support (DOS) UNHCR

2. Objective of the Project

Project implementation followed UNHCR's Strategic Plan for HIV/AIDS and Refugees 2002–2004 (Annex 1) that was launched in February 2002. The 2003 project was a response to the growing challenge of combating HIV/AIDS among refugees and other people of concern to UNHCR. The main objectives were to reduce HIV transmission, create awareness, reduce stigma, and improve HIV/AIDS care and treatment. This was achieved through improved and standardised planning and implementation of HIV/AIDS programmes and by reinforcing surveillance, monitoring and evaluation.

This project was designed to support existing HIV/AIDS programmes in the field and to introduce comprehensive pilot programmes in selected sites. Lessons learned and better practices drawn from the monitoring and evaluation of the pilot projects are being disseminated, duplicated and adapted to other refugee and returnee situations.

3. Description of Beneficiaries

Direct beneficiaries of the HIV/AIDS and Refugee project in 2003 are located in refugee camps and settlements in Southern Africa, the East and Horn of Africa, the Democratic Republic of Congo (DRC) and Republic of Congo. Additional projects were supported for refugees and asylum seekers in Benin and Kyrgyzstan. The number of beneficiaries are as follows:

Angola	65,000
Benin	1,050
Ethiopia	48,264
Kenya	221,214
Kyrgyzstan	5,800
Namibia	25,388
South Africa	75,795
Sudan	56,421
Tanzania	522,756
Uganda	195,175
Zambia	80,389
Total	1,297,252

4. Programme Implementation

A. Country Support

Based on assessment and evaluation missions, eleven countries received additional support and funds for ongoing HIV/AIDS programmes in the areas of prevention, care and treatment and surveillance in 2003.

i. Angola

The Angola project focused on awareness and prevention of HIV/AIDS, targeting the returning refugees, internally displaced persons and host communities in areas of return and reintegration. The project was implemented by the non-governmental organisation (NGO) GOAL. In Moxico province, male and female peer educators were recruited from among returnees. UNHCR filled a critical gap in information-education-communication (IEC) material provision in areas of return, focusing on basic HIV/AIDS prevention messages. Awareness activities and condom supply and distribution networks were established in the communities surrounding the reception centres. While focusing on Moxico province, GOAL also provided training and support to implementing partners (IPs) working in other provinces of return. While pre- and post-knowledge tests conducted in the reception centres demonstrated an increase in HIV/AIDS knowledge immediately following the awareness sessions, continued inaccessibility of many areas of return made monitoring and follow up of activities outside of the reception centres difficult. UNHCR therefore re-designed the 2004 programme to link community-based awareness and condom distribution to existing and newly opened health posts.



World AIDS Day Commemoration – Kala Refugee Camp, Zambia, December 1, 2003

ii. Benin

Funds in Benin were given to Racines, a local NGO, and used in the area of prevention to sensitise the refugees from the Great Lakes and DRC in Promise refugee camp. Local professional actors carried out performances in the refugee camp on the means and risks of HIV/AIDS transmission and promotion of voluntary counselling and testing (VCT). Refugee women and children were specifically targeted.

iii. Ethiopia

HIV/AIDS awareness, stigma reduction, prevention, and care and treatment components were supported in Sudanese refugee camps in Ethiopia. Funds were provided to International Rescue Committee (IRC), African Humanitarian Aid and Development Agency (AHADA) and the Administration for Refugees and Returnees Affairs (ARRA). Community awareness and training was provided to specific groups in the refugee community. Condom supply, promotion and distribution and record keeping procedures were improved. Training courses were provided to clinical officers, nurse/midwives and traditional birth attendants on topics of safe delivery, counselling and syndromic management for sexually transmitted infections (STIs) and partner notification. Peer educators were trained and supported with essential materials. In addition, health education was strengthened by procuring and equipping outreach services with generators, televisions and video recorders.

iv. Kenya

Separate funds were provided to the two refugee sites in Kenya. Funds for Kakuma refugee camp were provided to IRC and focused on care and treatment through improved diagnosis, treatment, and care of persons with STIs as well as STI prevention and awareness activities in the refugee communities. Condom promotion and distribution outlets were improved and access to HIV VCT and prevention of mother-to-child transmission (PMTCT) were strengthened. In addition, funds were used to develop IEC materials.

Among Somali refugees in the Dadaab camps, HIV/AIDS programmes focused on prevention as well as care and treatment. Community mobilisation, community education, and the development of IEC materials were strengthened. The management of STIs was improved and a home-based care (HBC) programme was initiated. Health education and awareness messages targeted women, children and religious leaders. The funds for Dadaab were channelled through the National Council of Churches (NCCCK) and Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) and implemented in close collaboration with the Kenyan Ministry of Health.

v. Kyrgyzstan

The joint UNHCR/UNFPA/KFPA (Kyrgyz Family Planning Alliance) project focused on HIV/AIDS awareness and prevention for young people as well as advocacy for their inclusion in national HIV/AIDS policies and programmes. As a result, refugees and asylum seekers from Tajikistan, Afghanistan and Chechnya were included in Kyrgyzstan's National AIDS Control Programme as well as in a nationwide programme financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in 2004. From the lessons learned during the pilot project, all parties realised that working with leaders has significant importance since they have direct influence on and authority in the refugee communities. Involving them in the programme and educating them about HIV/AIDS built trustworthy relationships between the leaders and the programme staff, so that KFPA could smoothly provide seminars and trainings to refugee youth. A post-project survey, conducted after the refugees participated in consultations and trainings, demonstrated a significant improvement in their knowledge on HIV/AIDS prevention and reproductive health. This programme proved to be very successful and is currently being expanded to other areas of the country and other target groups.

vi. Namibia

Due to the impending voluntary repatriation to Angola, the programme implemented by Africa Humanitarian Action (AHA), focused on HIV/AIDS awareness and increasing the capacity of refugee communities in the areas of prevention, care and support in order for the returnees to play an important role in combating HIV/AIDS among local communities upon return. Specific awareness sessions were held for teachers, refugee women and youth. Refresher training was provided to camp clinic staff on STI syndromic management. Community health promoters received training on HBC and counselling skills. These programmes formed the foundation for increasing HIV/AIDS knowledge and capacity among refugees returning to Angola, and will continue in 2004.



HIV/AIDS awareness performance by youth group in Uganda, 2003

vii. South Africa

In addition to the development of IEC materials in a number of refugee languages for refugee programmes in the region, the South Africa programme, supported HBC initiatives for refugees and an independent evaluation of the refugee life skills and HIV/AIDS programme launched in 2000. The evaluation highlighted low knowledge levels among refugee women of key women's health issues (which will be incorporated into a training in 2004) and recommended greater involvement of refugee men and youth in reproductive health and HIV/AIDS programmes in South Africa.

Other programmes implemented in 2003, concentrated on the formation of local partnerships and advocacy to ensure refugee access to government HIV/AIDS programmes. These efforts resulted in increasing refugee access to VCT and PMTCT services, as well as a government commitment to include refugees in the public sector antiretroviral treatment (ART) programme. Capacity and skills acquired by refugee IP staff in South Africa, were shared with other country programmes through needs assessments training and support to the development of new HIV/AIDS programmes in the region (see Annex 9).

viii. Sudan

Prevention, care and treatment for Eritrean refugees in four camps were strengthened through support to the Sudanese Red Cross Society (SRCS), the Sudanese Open Learning Organisation (SOLO) and Humanitarian Appeal International (HAI). HIV/AIDS awareness and sensitisation targeting the general community were enhanced through drama, songs and poems; women and children were specifically targeted due to their increased risk of HIV. Training courses were organised for clinical officers to improve the syndromic treatment of STIs and partner notification as well as to establish syphilis screening services for all pregnant women. In addition, training courses on the clinical management of rape were implemented. A 10-day intensive health education and community sensitisation programme was launched that concluded with numerous activities on World AIDS Day. With the support of the MOH, flyers and posters were produced and distributed to all households during the weeks preceding World AIDS Day. The denial of HIV/AIDS and its magnitude is still very prevalent among the community, the refugee leaders and health staff. Aggressive condom promotion is still not acceptable and promotion is done in a limited manner. The programme procured penis models for demonstration in the clinic; a cautious start will be made to use this method and health workers will be carefully trained.

ix. Tanzania

In addition to the ongoing UNHCR/UNICEF HIV/AIDS programme activities, funds were used for prevention, care and treatment with a focus on adolescents, people living with HIV/AIDS (PLWH/As) as well as surveillance activities. Sentinel surveillance was undertaken for the 4th consecutive year. Numerous training activities were undertaken in the areas of VCT and STIs for laboratory staff and clinical officers. Additional counsellors for the VCT programme were trained and quality counselling is provided to pregnant women and rape survivors. By the end of year, 95% of the women opted to be tested for HIV. The male involvement in the PMTCT program increased from 5% to 40% in selected camps. A consultant developed, trained and implemented an HIV surveillance system for STIs, VCT, and PMTCT (see section J below); as a result, more accurate data on STIs, VCT and PMTCT are collected and used to improve and evaluate these programmes. For the first time, a workshop for refugees living with HIV/AIDS was organised. During this workshop information was shared and PLWH/As will be more involved in HIV/AIDS activities and self help assistance projects. A challenge remains to convince the religious leaders and traditional practitioners to come forward and be oriented on the various aspects of the pandemic, so that they can join the fight against HIV/AIDS in a constructive manner. UNFPA/UNHCR/IRC started a pilot programme to provide post-exposure prophylaxis (PEP) to post-rape survivors in the Kibondo refugee camps.

x. Uganda

A wide variety of activities in the area of prevention, care and treatment, and surveillance were supported in Uganda through UNHCR implementing and operational partners; AHA, African Development & Emergency Organisation (ADEO), IRC, Ugandan Red Cross Society (URCS), District Director of Health Services Arua (DDHS Arua). Attention was paid to the peer education of adolescents through procurement of necessary equipment as well as printing of IEC materials and the development of drama and songs. Local community-based youth groups have been formed and are active in HIV/AIDS sensitisation and prevention campaigns. In all refugee settlements, VCT services were strengthened through the development of outreach programmes or links established to existing Government programmes. VCT services were hampered by irregular supplies of HIV testing kits; UNHCR provided these tests through the Government-authorized providers for backup. Livelihood support programmes and promotion of income generating activities were established. HIV/AIDS committees were formed at camp level, which included wide representation of the communities, including women, youth, and religious leaders. Stigma and discrimination still exist and ongoing awareness and sensitisation campaigns are held to address this problem.

xi. Zambia

HIV/AIDS awareness activities were implemented to improve communities' understanding of HIV and reduce discrimination against PLWH/As through Aktion Afrika Hilfe (AAH), AHA, Christian Outreach and Development (CORD), and Zambia Red Cross Society (ZRCS). Specific focus was placed on the Angolan repatriation operation to provide the repatriates with sufficient background information on HIV/AIDS prior to departure. Pilot VCT and HBC programmes were established in selected camps and refresher training courses were organised on universal precautions, STI syndromic management, and the clinical case definition of AIDS. HIV/AIDS committees were established at the camp level which included IPs from health, education and community service sectors, as well as refugee women, youth and religious leaders. Anti-AIDS clubs were supported in primary schools and after school programmes for both in school and out of school youth. IEC materials in local languages were developed at camp level. As a result of the above mentioned activities, an overall increase in seeking health services and condom use among the refugee community was reported; the programme will be strengthened in 2004 to reinforce these behaviours among refugees returning to Angola.



HIV/AIDS awareness banner in refugee camps in Democratic Republic of Congo, 2003

B. HIV/AIDS Unit at UNHCR

i. HIV/AIDS Regional Coordinators:

Three HIV/AIDS Regional Coordinators were recruited and began work in 2003: 1) Southern Africa, based in Pretoria, February 2003; 2) East/Horn of Africa, based in Addis Ababa, April 2003; and 3) Central Africa/Great Lakes, based in Kinshasa, October 2003.

ii. Headquarters:

The Senior HIV/AIDS Technical Officer, seconded from the Centers for Disease Control and Prevention in August 2002 continued his work. He was joined by an HIV/AIDS Technical/Programme Officer in March 2003.

C. Field Assessments

The Senior HIV/AIDS Technical Officer with the respective Regional Technical Officers undertook missions to South Africa, Zambia and Namibia (annex 2), Angola (annex 3), and Democratic Republic of Congo and Republic of Congo (annex 4); during which extensive assessments of HIV/AIDS programmes and related activities in the refugee operations were undertaken. These missions helped to establish a clear picture of the current situation and enabled planning for 2003. The Technical/Programme Officer at headquarters undertook a monitoring and evaluation mission, with the East/Horn of Africa Technical Officer, in Kenya, Uganda and Tanzania (annex 5). In addition, regular field missions by the Regional Technical Officers were undertaken (Annex 6 for Namibia, Annex 7 for Ethiopia, Annex 8 for Uganda, and Annex 10 for Uganda).

D. Development of Information Education and Communication materials

Funds were used to develop IEC materials for the Southern Africa region, East/Horn Africa and Ghana, as well as for advocacy purposes. An overview of the several posters and booklets is provided in Annex 11.

E. Positive Lives Exhibition

In collaboration with UNFPA, a photo exhibition of people living positively with HIV/AIDS was presented in Angola, Namibia and South Africa in November and December 2003. The exhibition is a unique way of promoting positive living and addressing issues surrounding stigma and discrimination against PLWH/As. It was very well received by refugees, returnees and local communities as well as UN, NGO and Government representatives. For many participants, the exhibition was the first opportunity to learn about and discuss the issue of PLWH/As. Drawing from the field experiences, presentation guidelines were developed to facilitate the use of the exhibition in other refugee settings. The exhibition received wide media coverage in the Southern Africa region (Annex 12). UNFPA contracted a consultant, who developed a Positive Lives User's Guide (Annex 13). The guide provides guidance to the field on how to set up and organise the exhibition.

F. HIV/AIDS, Food and Nutrition Programmatic Research

To investigate the complex linkages among HIV infection, nutritional status and livelihood resilience, programmatic research by UNHCR, WFP and UNICEF was undertaken in 2003. The sites included refugee settlements in Zambia and Uganda. The effective use of food aid to improve HIV/AIDS prevention, care and treatment was studied. The research resulted in the development of programme strategies (draft) to improve HIV/AIDS prevention, care and support through food and nutrition interventions in refugee settings. The document addresses the following two questions:

- 1) How can programmes in crisis-affected communities be improved to better address the causes and consequences of HIV/AIDS, particularly in resource-constrained operating environments?
- 2) What types of programmes could be implemented that simultaneously support the nutritional status of vulnerable communities and households, while preventing HIV transmission and/or promoting the care, treatment and support of people living with HIV/AIDS and their families?

The document captures valuable lessons learned in the field and provides recommendations for adoption and expansion of the programmes. A summary of the programme strategies for integration of HIV/AIDS, Food and Nutrition activities in refugee settings is provided in Annex 14.

G. Development of HIV/AIDS Project Proposals

Contacts were established with the **World Bank** for the Great Lakes Initiative on AIDS (GLIA). Countries included in the proposal are Burundi, DRC, Kenya, Rwanda, Tanzania and Uganda. Several meetings were held during 2003 and UNHCR developed a detailed HIV/AIDS programme assessment matrix to aid in the planning of the four year programme. It is likely that the World Bank's Multi-Country AIDS programme (MAP) in DRC, which is set to begin in July 2004, will include refugees.

UNHCR met several times with representatives from the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (GFATM). A joint UNHCR-NGO initiative to develop a proposal for the Horn of Africa will be undertaken in 2004.

H. Interagency Collaboration

i. UNAIDS Co-sponsorship

UNHCR has been actively seeking co-sponsorship of UNAIDS. UNHCR's Executive Committee approved the request in December 2003. An official submission to UNAIDS was made that same month. A decision is expected at the end of June 2004.

ii. Inter Agency Advisory Group on AIDS (IAAG)

UNHCR was vice-chair of the IAAG in 2003. In February 2004, UNHCR hosted and chaired the IAAG. Preparations for the meeting began in 2003.

iii. Inter Agency Standing Committee (IASC) Reference Group on HIV/AIDS in Emergency Settings

The IASC reference group on HIV/AIDS in Emergency Settings developed guidelines for HIV/AIDS interventions in emergency settings. UNHCR was an active member of the group. UNHCR submitted several chapters and funded the development and printing of the guidelines and accompanying CD Rom (Annex 15).

I. HIV/AIDS Workshop

The Southern Africa HIV/AIDS and Refugees' workshop was held in South Africa from 3-5 December 2003. Thirty-five persons from UNHCR and NGOs representing eight countries in the region participated in the workshop. Technical support was provided by the Senior HIV/AIDS Technical Officer and the Regional Technical Officers for East/Horn and Central Africa. . Representatives from the South African Government and UNAIDS contributed to the workshop. The objectives of the workshops were: (a) to improve the quality of existing programmes; (b) to standardise HIV/AIDS programmes in the region; and (c) to plan for 2004 (workshop report- Annex 16).

An HIV/AIDS resource package containing guidelines, policies, mission reports, and key publications from scientific journals was provided to the participants. Selected HIV/AIDS programmes were presented by NGOs to provide an example of what can be achieved in refugee settings as well as to discuss ways to improve and adapt the programmes to specific settings. A standardised matrix was provided to the participants to plan and prioritise their 2004 activities.

J. Consultancies:

The assessment of HIV/AIDS behaviour in Dadaab and Kakuma refugee camps in 2002 was published and distributed as a UNHCR Field Experience Guide in 2003 (Annex 17). The consultancy report on the sentinel surveillance in Dadaab refugee camps for 2002 was presented in 2003 (Annex 18).

Two consultants with the following tasks were hired in 2003:

- i) The development and strengthening of HIV/AIDS data management system for STIs, VCT and PMTCT programmes and the provision of training sessions to develop the skills among health staff of both UNHCR and its IPs. The final report is presented in Annex 19. In addition to the report, detailed data management and EPI information guides have been developed for field use. The consultant also provided oversight of the HIV sentinel surveillance survey carried out in 2003.
- ii) Programmatic research on the effective use of food aid to improve HIV/AIDS prevention, care and treatment (discussed in section F).



Working groups during HIV/AIDS Regional Workshop, South Africa, 2003

K. HIV/AIDS Internship

Three interns worked with UNHCR to support the assessment, development, and monitoring and evaluation of the HIV/AIDS programmes in refugee situations. One intern from Tufts University supported the food aid programmatic research. An intern from Columbia University School of Public Health evaluated the HIV/AIDS programme in Osire refugee camp in Namibia, and supported the development of an HIV/AIDS awareness package for Angolan repatriates (Annex 20). A third intern from Harvard University reviewed and supported the VCT and HBC programmes in Kala and Mange refugee camps in Zambia (Annex 21).

L. Advocacy and Awareness

i. World AIDS Day Commemoration

World AIDS Day was observed on December 1, 2003 at UNHCR headquarters and in the field. At the headquarters, a joint activity with UNFPA was organised, featuring the Positive Lives exhibition (section E). Other activities included the distribution of HIV/AIDS pamphlets, condom promotion, distribution and sale of AIDS-related crafts from Southern Africa, and the presence of a huge AIDS banner in front of the building. The day ended with a statement delivered by the High Commissioner to all UNHCR staff in Geneva and transmitted electronically to the field offices, calling for greater efforts in combating the pandemic (Annex 22). HCDS and three other units at headquarters shared the costs incurred.

In the field, several activities were held throughout Africa, Asia and Eastern Europe, ranging from sensitisation sessions by people living positively with HIV/AIDS to the performances of drama, songs and the organisation of competitions.

ii. Media Coverage

Regular updates on HIV/AIDS and refugees were provided on the UNHCR website. A collection of web stories is provided in Annex 23.

M. Best Practice Collection UNAIDS / UNHCR

A joint UNAIDS/UNHCR best practice collection was published in 2003 on HIV/AIDS and STI prevention and care in Rwandan refugee camps in the United Republic of Tanzania (see Annex 24). This documents examines the first large-scale HIV/AIDS/STI intervention programme to be implemented during a refugee crisis. It describes the intervention's operational aspects, the observed impact and the effect this experience had on practices in other refugee situations, among both international and NGOs. It provides insights into the approaches for STI services that will be useful for reproductive health programme managers, as well as NGOs involved in relief operations and district or regional health managers in identifying needed support systems for STI service delivery.

5. Protection

Although Annual Protection Reports for 2003 contain limited information on HIV/AIDS, UNHCR field staff have become more aware of and responsive to HIV/AIDS as a protection issue. UNHCR Headquarters is working to improve reporting on HIV/AIDS by the field; missions undertaken in 2003 by the Regional Technical Officers confirm that UNHCR field staff have improved their detection, reporting and actions to ameliorate incidents of stigma and discrimination related to HIV/AIDS. For example, in Angola, UNHCR field staff have been involved in preventative engagement in areas of return with both local authorities and community leaders. Through the advocacy efforts of UNHCR, in South Africa and Botswana, refugees now have access to public sector HIV/AIDS care and treatment programmes, including ART.

Increasingly, UNHCR offices are confronted with refugees dying of AIDS who are requesting voluntary repatriation in order to die at home; although the time frame for return is often not under UNHCR's control, UNHCR Protection Officers are working hard to fulfil these requests. Protection, Field, and Community Services staff are also working with IPs on the early identification of households made vulnerable by HIV/AIDS to ensure that appropriate plans are made and support is provided to affected refugee children and others in the household.

HIV testing in the context of resettlement remains problematic in certain country programmes, where confidentiality, pre- and post test counselling are not ensured. The Regional Technical Officers and UNHCR Headquarters are investigating these problems and have started working with resettlement countries to ensure that ethical guidelines and international standards related to VCT are followed. In the field and at Headquarters, the HIV/AIDS Technical Officers are working with other UNHCR staff and IPs to improve confidentiality in the context of HIV/AIDS and to ensure that the rights of refugees living with HIV/AIDS are safeguarded.

6. Plans for 2004

In 2004, the ongoing HIV/AIDS activities in East/Horn, Central/Great Lakes, and Southern Africa will be further strengthened and extended through continued technical and programme support by the HIV/AIDS Regional Technical Officers with aid from headquarters. A Regional Technical Officer for West Africa will be recruited. An HIV/AIDS Central African workshop will be held in Kinshasa in October 2004.

UNHCR will continue its work with the World Bank, UNAIDS and the six GLIA countries on the sub-regional initiative. Collaboration will also continue with the DRC and the World Bank on the MAP-DRC programme. Together with Save the Children-UK, UNHCR plans to submit a proposal to the GFATM for the Horn of Africa (through an NGO consortium).

In February 2004, UNHCR will host and chair the IAAG on HIV/AIDS among Conflict and Displaced Populations. UNHCR will remain an active member of the IASC Reference Group and will support field testing of and training related to the guidelines. UNHCR hopes to become an official cosponsor of UNAIDS in July 2004.

Finally, in late 2004, UNHCR will develop a policy on ART for refugees and unveil its updated HIV/AIDS and Refugees strategic plan for 2005-2007.