

HIV/AIDS and Conflict/Displaced Persons Assessment and Planning Tool Framework

1) Policy

- a. Existing National AIDS Control Policy, Guidelines and Manuals.
- b. Displaced persons specifically targeted as a vulnerable population under National AIDS Control Programme Policy.

2) Protection

- a. No mandatory HIV testing of displaced persons under any circumstances.
- b. No denial of access to asylum procedure, refoulement or denial of right to return on basis of HIV status.
- c. When required by resettlement countries, HIV testing conducted in accordance with established standards (i.e. accompanied by pre- and post test counseling and appropriate referral for follow up support and services).
- d. No laws or regulations prohibiting refugee access to public sector HIV/AIDS programmes in countries of asylum.
- e. Specific programmes in place to combat stigma and discrimination against people living with HIV/AIDS.
- f. Programmes in place to prevent and respond to sexual violence.*

3) Coordination and Supervision

- a. Regular meetings among implementing partners in field and in capital.
- b. HIV/AIDS programmes specifically included in planning, implementation, monitoring and evaluation stages of programme cycle.
- c. Regular attendance at meetings of UN Theme Group on HIV/AIDS and associated Technical Working Groups at capital level.

4) Prevention

- a. Safe blood supply.
- b. Universal precautions.
- c. Condom promotion and distribution.
- d. Behavioural change and communication (including development of educational/ awareness materials in appropriate languages; programmes for in-school and out-of-school youth; peer education; youth centres; sports/ drama groups; programmes aimed at reducing teen pregnancy and combating sexual violence).
- e. Voluntary counseling and testing.*
- f. Prevention of mother-to-child transmission.
- g. Prophylaxis of opportunistic infections.
- h. Post-exposure prophylaxis.

5) Care, Support and Treatment

- a. Sexually transmitted infections.*
- b. Opportunistic infections, including tuberculosis.
- c. Nutrition.*
- d. Home-based care.
- e. People living with HIV/AIDS.
- f. Orphans and child-headed households.
- g. Anti-retroviral therapy

6) Surveillance, Monitoring and Evaluation

- a. Behavioural surveillance surveys.
- b. AIDS clinical case and mortality reporting.
- c. Blood donors.
- d. Syphilis among antenatal clinic attendees.
- e. Sexually transmitted infections (by syndrome).
- f. Condom distribution.
- g. Opportunistic infections, including incidence of pulmonary tuberculosis.
- h. HIV sentinel surveillance among pregnant women and high risk groups such as those attending sexually transmitted infection clinics.
- i. Voluntary counselling and testing.
- j. Prevention of mother-to-child transmission.
- k. Sexual violence.
- l. Post-exposure prophylaxis .

* Activity has both prevention as well as care and treatment components