

## MTSP 2014-17 Results Framework – HIV (Draft – 15<sup>th</sup> March 2013)

<b>Impact:</b>  All children protected from HIV infection and free from AIDS.	<b>Global Commitments</b>
<p><u><a href="#">Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive:</a></u></p> <ul style="list-style-type: none"> <li>- Elimination of new HIV infections in children (defined as 90% reduction of new HIV infections from the 2009 baseline);</li> </ul> <p><u><a href="#">UNGA: Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS</a></u></p> <ul style="list-style-type: none"> <li>- Reduction in HIV infections among adolescents by 50% (from 2009 baseline) (NOTE: disaggregate by sex, age, KAP);</li> <li>- Universal access to treatment (defined as 80% coverage) for children, adolescents, and adults (NOTE: disaggregate by sex, age, KAP)</li> </ul> <p><u><a href="#">Millennium Development Goals indicator</a></u>                  Parity between orphan and non-orphan access to education<sup>1</sup>.</p>	

#	Outcomes	Indicators	Baseline	Target	Means of Verification	Risks/ Assumptions
2.1.	<b>Policies and budgets</b> National policies, legislation, strategies and plans adopted for scaling up of evidence based high impact health interventions including in fragile and risk-prone context.	Number of countries reporting disaggregated data on HIV testing and ART coverage, including by age, by sex and by key affected population, among adolescents aged 10-14 and aged 15-19. (Policies)	(Testing) Age: 10-14 = 0 (Testing) 15-19 By age: 64 By sex:64 (Testing) KAP: IDUs, SW, MSM = 0	144 <sup>2</sup>	Ministry of Health Programme data	UNAIDS HIV priority countries may change over time
		Number of countries with national plans and targets in place reflecting clear and comprehensive criteria * to address HIV among adolescents.(Policies/Strategies)	0	144	Review of national HIV and AIDS policies and strategies	UNAIDS HIV priority countries may change over time
		Number of countries with national social and child protection strategies that include the following elements: a) HIV; b) gender (Policies/Strategies)	0	144	Review of national policies and strategies	
		Number of countries with national policies to implement sexuality education in upper primary school level (policies and strategies)	0	144	Review of national HIV and AIDS policies and strategies	
		Number of countries where at least 50% of the overall HIV/AIDS budget is funded through domestic resources (Budget)	61	144	UNAIDS Global Report	

<sup>1</sup> UN Secretary –General in his statement in 2011 “urges Member States to commit to ensuring that the most vulnerable children affected by AIDS are supported to stay in school, including through the creation of safe and non-stigmatizing learning environments and the expansion of social protection and care and support programmes for the most vulnerable families, with a target of equal education access between orphans and non-orphans by 2015;”

<sup>2</sup> According the World Bank 2012 income classification (as of July 2012) 144 countries are middle and low income.

#	Outcomes	Indicators	Baseline	Target	Means of Verification	Risks/ Assumptions
2.2.	<b>Utilization, behaviour and participation</b> Children and care-givers practicing healthy behaviours, receiving health services/ interventions and social/economic support when required, and with community accountability mechanisms in place, including in fragile and risk-prone context.	Number of countries**** that have community accountability mechanisms in at least 50% of ANC facilities involving women and men living with HIV to support national plans to eliminate new infections in children and keep mothers alive. (Participation)	0	22	Ministry of Health Programme Data	EMTCT priority countries may change over time
		Condom use: a) Number of countries which report at least 25% increase in condom use among adolescent girls and boys (10-19) with multiple sexual partners in the past 12 months; b) Number of countries which report at least 25% increase in condom use by key affected adolescent populations *(Behaviour)	Condom use (2+ partners): 0 Condom Use (KAP): 0	144	Household surveys (DHS/MICS or other nationally representative surveys) for general adolescents Behavioural surveillance surveys (BSS) and other targeted surveys for adolescent key affected populations	
		Number of countries implementing HIV-sensitive interventions to prevent and respond to at least one of the following: sexual abuse, gender-based violence, early sexual debut and exploitation by commercial sex in adolescent girls and boys. (behavior)	0	144	Review of national HIV and AIDS policies and strategies	
2.3.	<b>Access and quality of services</b> Ensure availability of essential service delivery systems for scaling up HIV interventions, including in fragile and risk-prone context.	Number of countries providing at least 80% coverage of triple drug regimens for all pregnant women living with HIV (Access)	2 of 22 priority countries	144	UNICEF/WHO/UNAIDS Joint Universal Access Reporting	
		Percentage of countries with at least 80% coverage of antiretroviral treatment (ART) among eligible girls and boys aged 0-14 years and eligible adolescent girls and boys aged (10-19) (Access)	0-14 yrs: 17 Not available for adolescents (10-19)	144	UNICEF/WHO/UNAIDS Joint Universal Access Reporting	
		Number of countries**** with at least 80% of ANC settings offering HIV testing and ARVs. (Delivery Systems)	Testing: 14 countries ARVs: 3 countries	22	UNICEF/WHO/UNAIDS Joint Universal Access Reporting	EMTCT priority countries may change over time
		Number of countries*** reaching at least 80% of eligible adolescent males 15-19 with voluntary medical male circumcision. (Access)	0	14	Ministry of Health Programme data	UNAIDS HIV priority countries may change over time
		Number of countries where at least 50% of the poorest households received external economic support in the last 3 months (disaggregated by orphanhood status) (Access)	0	144	Household surveys (DHS/MICS or other nationally representative surveys) for general adolescents;	Target Subject to information on the baseline

#	Outcomes	Indicators	Baseline	Target	Means of Verification	Risks/ Assumptions
		Number of countries***** with at least 50% of facilities offering Provider-Initiated Testing and Counselling (PITC) to children aged 0 – 19. (Delivery Systems)	0	38	Health Facility Service Provision Assessment Survey (SPA) or Ministry of Health Programme data	UNAIDS HIV priority countries may change over time Global guidelines recommend countries with generalized settings to offer PITC to all children, including adolescents, and countries with low and concentrated epidemics to offer PITC to adolescent key affected populations.
		No of countries***** with non-physician health care providers trained and providing antiretroviral treatment (ART) in at least 80% of ANC settings (Human Resources)	0	22	Health Facility Service Provision Assessment Survey (SPA) or Ministry of Health Programme data	EMTCT priority countries may change over time
2.4.	<b>Humanitarian response</b> Vulnerability to HIV infection in humanitarian crises is not increased and HIV-related care needs arising from humanitarian crises is met.	Number of countries in which 100 per cent of affected population has access to HIV and AIDS prevention, care, treatment services during humanitarian crises.	0	0	HMP, SitReps	
Number of countries in which 100 per cent of pregnant women/mothers living with HIV who continue to receive ARVs for PMTCT during humanitarian crises.		0	0	HMP, SitReps		
Number of countries in which 100 per cent of children, boys and girls (aged 0-19) and adults on lifelong ART that continue to receive ART during humanitarian crises.		0	0	HMP, SitReps		
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Number of eMTCT priority countries where TA has been provided through IATT, including sub-national data-driven planning through MoRES. (Supply)</li> <li>2. Guidance and tools developed and utilized to provide TA to support all priority eMTCT countries shifting to use of triple drug ARV regimens for pregnant women and mothers living with HIV. (Demand)</li> <li>3. Country offices for all UNAIDS HIV priority countries convening and participating in applying investment approach for revising national strategies to address HIV among adolescents. (Policies)</li> <li>4. # of UNICEF reports on humanitarian crisis efforts that report on continuity of ART for children and adults. (Humanitarian contexts)</li> <li>5. Number of UNICEF Country Offices supporting participation of adolescents in development of policies and strategies for addressing HIV among adolescents. (participation)</li> <li>6. Number of countries provided with TA for the provision of HIV sensitive social protection and child protection systems (services)</li> <li>7. Number of countries in which x per cent of targeted facilities report zero stockouts of PEP in humanitarian crises.</li> </ol>					

- \*Criteria include: 1) gender specificity; b) specificity on children with disabilities; c) adolescent MSM; d) adolescents who inject drugs; e) adolescents exploited by sex industry/selling sex; 6) synergies/linkages with education, child protection, social protection, and gender equality.

- \*\*This indicator should be broken down as follows: Percentage of adolescent sex workers/sexually exploited children (10-19 years) reporting the use of a condom with their most recent client; percentage of adolescent (10-19 years) men who have sex with men reporting the use of a condom the last time they had anal sex with a male partner; percentage of adolescent people who inject drugs (10-19 years) who report the use of a condom at last sexual intercourse
- \*\*\*Priority countries for Voluntary Medical Male Circumcision are 14 countries in East and Southern Africa with high HIV prevalence and low rates of male circumcision – Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe
- \*\*\*\* Priority countries for eMTCT are 22 countries within which ~90% of pregnant women living with HIV reside, as identified in the Global Plan – Angola, Botswana, Burundi, Cameroon, Chad, Cote d’Ivoire, DRC, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe.
- \*\*\*\*\* Priority HIV countries as defined by UNAIDS include 38 countries.