

2008-2009
Unified Budget and Workplan

Performance Monitoring and Evaluation Framework

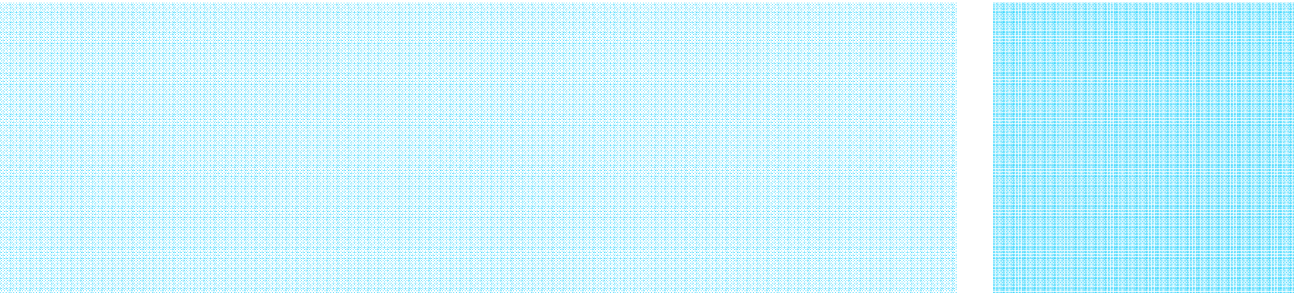
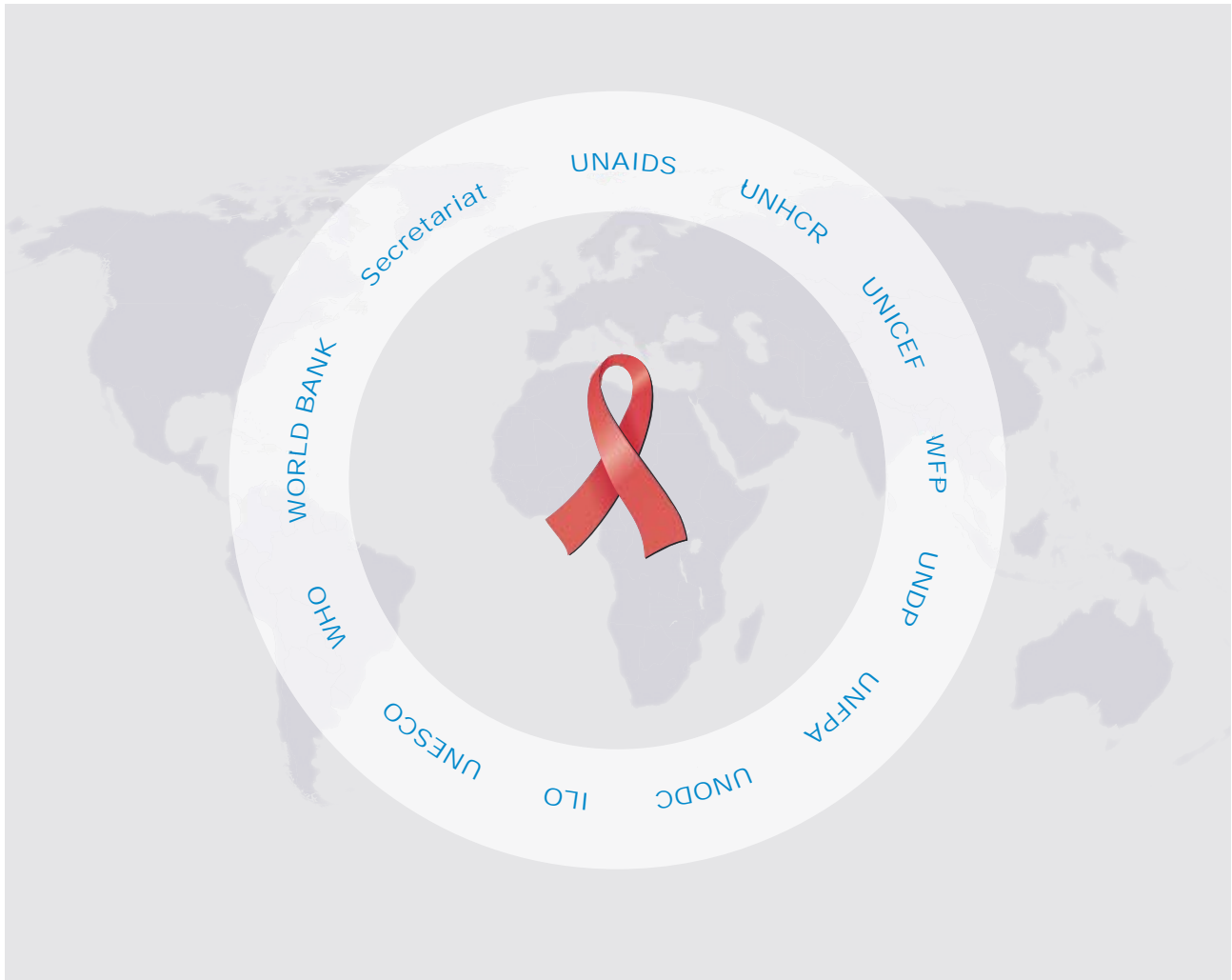


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Summary

At its 20th meeting in June 2007, the UNAIDS Programme Coordinating Board (PCB) approved the 2008-2009 Unified Budget and Workplan (UBW), highlighted the need for increased attention to results-based management and accountability, and made specific recommendations that have guided the development and finalization of the 2008-2009 UBW Performance Monitoring and Evaluation Framework.

The primary purpose of the 2008-2009 UBW Performance Monitoring and Evaluation Framework is to strengthen results-based management and accountability across UNAIDS and – as requested by the PCB – enable tracking of linkages between investments and results. The Framework will serve as a tool for monitoring and assessing the results of UNAIDS efforts and incorporates a mid-term review of the UBW – also requested by the PCB – which will enable performance-based allocation of funds, and enhance organizational learning.

The mid-term review will be the key mechanism to ensure the release of funds against results. Two criteria are proposed to be used to determine the release of funds: (i) achievements and progress against indicators, and (ii) the financial implementation rate. At the mid-term review, budget shares included in the UBW will be reviewed against these criteria and allocations for the following year will be made based on these.

The linkage between investments and results will be strengthened through new web-based resource management and information tools. A UBW information system has been developed which – along with Enterprise Resource Planning systems of Cosponsors - will allow tracking the amount of money spent on different activities and the results of these investments at country level. The new systems will enable monitoring expenditures of each Cosponsor, the Secretariat and Interagency activities at different levels and make it possible to determine the extent to which UNAIDS is delivering as one and in accordance with the UBW.

A limited number of carefully selected indicators, which form building blocks of the UBW Performance Monitoring and Evaluation Framework, are expected to improve and simplify reporting, promote transparency, and facilitate access to information on progress and achievement of UNAIDS objectives. Qualitative as well as quantitative indicators have been identified in the Framework and aligned with those used by Cosponsors in their own agency-specific monitoring and evaluation efforts to ensure harmonization, coherence and consistency within and across UN agencies and in tracking progress towards the different Millennium Development Goals.

Performance monitoring and evaluation efforts will be country-focused, with the majority of the indicators aimed at capturing results which are measured at the country level. Specific indicators to address particular concerns of the PCB, e.g., related to gender and ‘One UN’ pilots, have been incorporated. Indicator-based reporting will be supplemented by in-depth evaluations and case studies to provide a more comprehensive view of progress and achievements.

The 2008-2009 UBW Performance Monitoring and Evaluation Framework was developed through a collaborative process involving UNAIDS Cosponsors and the Secretariat with opportunities for PCB members and observers to provide inputs. The Framework builds on lessons learnt through monitoring and evaluation of previous UBWs and brings together monitoring and evaluation efforts initiated over the last several years, in particular related to

the Declaration of Commitment on HIV/AIDS, universal access, and annual reports from countries. The 2008-2009 Framework is, in turn, expected to inform the development of the 2010-2011 UBW and shape the 2010-2011 Performance Monitoring and Evaluation Framework, which the PCB has requested accompanies the next UBW.

I. Introduction

The Joint United Nations Programme on HIV/AIDS (UNAIDS) unites, coordinates and synergizes the AIDS-related efforts of 10 funds, programmes and agencies of the UN system, with the aim of ensuring that the entire UN system functions as one in its efforts to address one of the world's greatest development challenges.¹ The UNAIDS Unified Budget and Workplan (UBW) is a reflection of UN reform in action. In the realm of UN system programming and operations, the UBW is a unique tool that brings together and unifies in a single two-year strategic framework the actions of the 10 UNAIDS Cosponsors and the UNAIDS Secretariat.

At its 20th meeting, the UNAIDS Programme Coordinating Board (PCB) approved the 2008–2009 Unified Budget and Workplan and called for increased attention to results-based management and accountability. The PCB requested that mid-term reports and final performance reports on the UBW implementation be agenda items at future PCB meetings², that the Performance Monitoring Framework be submitted together with the UBW for approval by the PCB and that the release of UBW funds be performance-based. The PCB also made specific recommendations on the UBW Performance Monitoring and Evaluation Framework³.

The 2008–2009 UBW Performance Monitoring and Evaluation Framework responds to the request of the PCB for improving results-based management and accountability, and tracking of linkages between financial investments and programmatic results. The Framework is designed to serve as a tool for regular monitoring and assessment of the results of the efforts of UNAIDS and incorporates a mid-term review of the UBW – also requested by the PCB – which will enable allocation of funds based on performance, and enhance organizational learning.

The development of the Framework was a collaborative process involving UNAIDS Cosponsors and Secretariat, with the Cosponsor Evaluation Working Group (CEWG) serving as a key vehicle for deliberations. The Secretariat convened a number of consultations, with active involvement of Cosponsors, and opportunities for PCB members and observers to provide input. The joint effort focused on development, review and validation of indicators; identification and agreement on baseline information; definition of the source of monitoring information; the scope and periodicity of reporting; assignment of responsibilities and roles; and agreement on coordination mechanisms.

The 2008–2009 UBW Performance Monitoring and Evaluation Framework builds on lessons learnt through monitoring and evaluation of previous UBWs. In particular, prior

¹ The 10 UNAIDS Cosponsors are the Office of the UN High Commissioner for Refugees (UNHCR); the UN Children's Fund (UNICEF); the UN Development Programme (UNDP); the UN Population Fund (UNFPA); the UN Office on Drugs and Crime (UNODC); the International Labour Organization (ILO); the UN Educational, Social and Cultural Organization (UNESCO); the World Food Programme (WFP); the World Health Organization (WHO); and the World Bank. The AIDS-related work of these 10 agencies is supported by a Secretariat, which has professional staff in more than 75 countries.

² In previous PCB meetings, the UBW progress reports were presented as a Conference Room Paper.

³ The 20th meeting of the PCB requested that the Performance Monitoring Framework should include measurements on how UNAIDS work contribute to strengthening the "One UN" Pilots (7.6) and on mainstreaming gender equality and equity dimensions (12.4).

experience suggests that the following elements are essential for the successful monitoring and evaluation of the UBW:

- simplicity and functionality;
- monitoring at all levels: inputs, outputs and outcomes;
- strengthening of both joint and individual accountability;
- clear identification of data sources and data collection systems and protocols;
- harmonization of individual agency systems with the UBW performance monitoring.

Taking these lessons learnt into account, the 2008–2009 Performance Monitoring and Evaluation Framework seeks to improve monitoring and evaluation of UNAIDS in the following ways.

- The number of indicators is reduced—from 35 at the outcome level in 2006–2007 to 14 in 2008–2009, and; from 126 indicators at the output level in 2006–2007 to 41 in 2008–2009.
- The focus of performance monitoring and evaluation efforts will be at the country-level with the majority of the indicators assessing progress and measured at country level.
- To improve the quality and scope of performance monitoring information, both quantitative and qualitative indicators will be used in 2008–2009.
- Data sources for indicators have been clearly defined, with baselines established, as appropriate, to permit tracking of progress.
- The Framework further strengthens the tracking of expenditures against activities and enables linking of financial investments with the delivery of results.
- Indicator monitoring data will be periodically supplemented by targeted in-depth evaluations and case studies.
- Performance monitoring reports will have an improved structure, cover information at the outcome and output level, include information on the implementation of activities and expenditures.
- Reports will be produced annually, submitted to the PCB and be considered as an agenda item. The performance reports will be linked to and complement other reports, including the report of UNAIDS Executive Director to the PCB.

II. Objectives and rationale

The purpose of the 2008-2009 UBW Performance Monitoring and Evaluation Framework is to strengthen results-based management and accountability across the UNAIDS programme and enable tracking of linkages between investments and results. The Framework is designed to be a comprehensive tool for monitoring and assessing the results of UNAIDS and incorporates a mid-term review of the UBW, which will enable allocation of funds based on performance and enhance organizational learning.

The 2008–2009 UBW is strongly oriented towards supporting country efforts towards universal access to HIV prevention, treatment, care and support and other commitments set forth in the 2001 *Declaration of Commitment on HIV/AIDS* and the 2006 *Political Declaration on HIV/AIDS*. Accordingly, the Performance Monitoring and Evaluation Framework is closely linked to the goals and targets of the Declaration of Commitment (as reflected in agreed performance indicators), as well as the goals and targets of the Millennium Development Declaration, in particular Target 7 on AIDS under Millennium Development Goal 6.⁴ The linkage situates the monitoring and evaluation of UNAIDS activities within broader global efforts to measure the results of global and national commitments and actions.

In line with the effort to position the UBW within the broader AIDS response, the Framework links the monitoring of efforts of UNAIDS to the achievement of progress in the AIDS response. Thus, for 12 of the 14 indicators for Principal Outcomes, progress is measured through country-level data used to measure progress against indicators for the *Declaration of Commitment on HIV/AIDS*. By monitoring the guidance and support provided by UNAIDS to countries, the Framework will yield information regarding the specific contributions of UNAIDS during the 2008–2009 biennium.⁵

The 2007–2010 Strategic Framework for UNAIDS support to countries' efforts to move towards Universal Access and achievement of the Millennium Development Goals by 2015, provided the overall strategic direction for the development of the Principal Outcomes of the 2008–2009 UBW. The 2008–2009 UBW is, therefore, a tool for operationalizing the 2007–2010 Strategic Framework and the UBW Performance Monitoring and Evaluation Framework will enable monitoring of UNAIDS support to countries against the 2007–2010 Strategic Framework.

As demonstrated in Figure 1, the work of UNAIDS, as reflected in UBW Principal Outcomes and Key Outputs, constitutes an integral part of the global efforts to halt and reverse AIDS. With MDG 6 and the time-bound commitments in the Declaration of

⁴ Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases, has two targets: to have halted by 2015 and begun to reverse the spread of HIV/AIDS. Target 7 has three indicators:

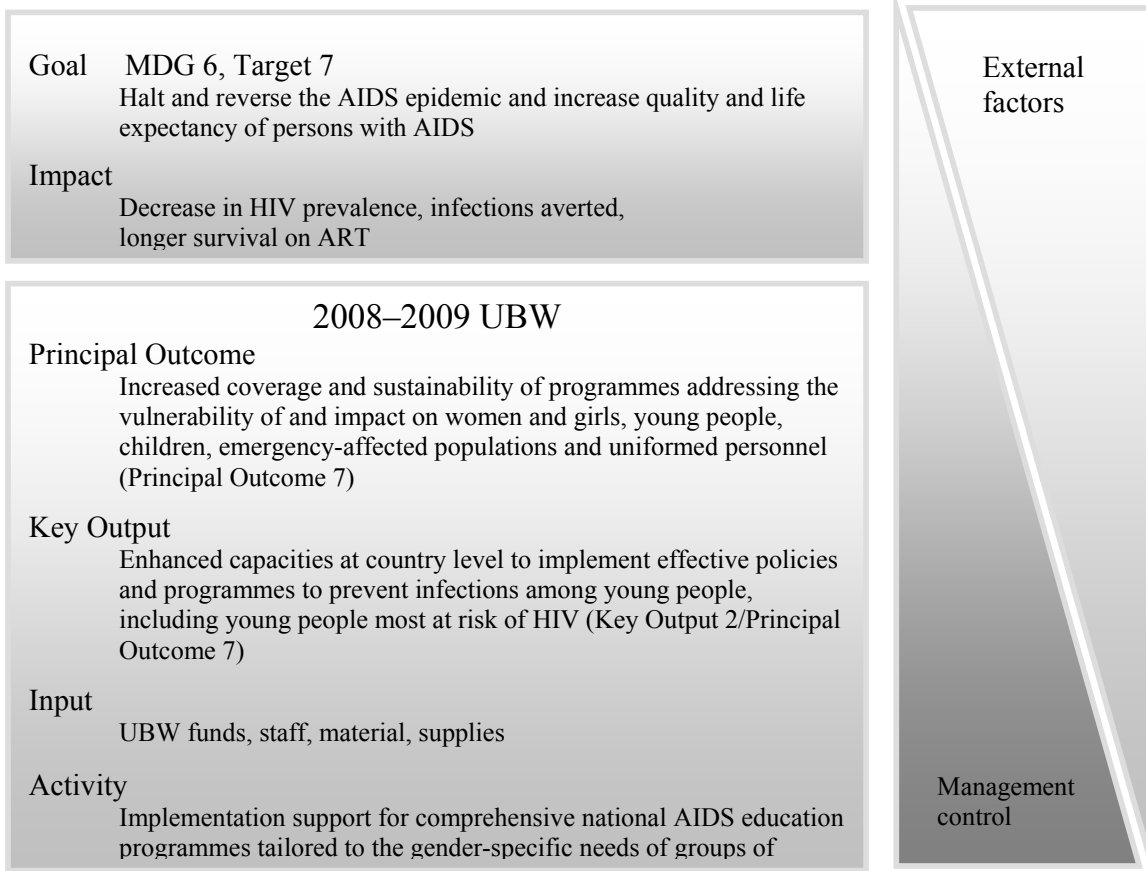
- HIV prevalence among pregnant women aged 15–24 years
- Condom use rate of the contraceptive prevalence rate
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years.

In 2005 a target was added to achieve universal access to treatment for HIV for all those who need it by 2010, i.e., the proportion of the population with advanced HIV infection with access to antiretroviral drugs.

⁵ The Framework aims to identify *contributions* of UNAIDS to the global response rather than *attributions* of specific outcomes to UNAIDS activities. The Framework is also not designed to collect comprehensive information on all achievements and activities by Cosponsors and the Secretariat at country level, but rather to generate information needed to assess progress towards the strategic outcomes identified in the UBW.

Commitment on HIV/AIDS in mind, UNAIDS seeks to produce 33 Key Outputs in 2008–2009, which in turn will contribute to the achievement of seven Principal Outcomes. Under the 2008–2009 UBW, these achievements will flow from the coordinated action of Cosponsors and the Secretariat, in accordance with the UNAIDS Division of Labour. Figure 1 includes examples of outcomes, outputs and broad activities from the 2008–2009 UBW.

Figure 1: Tiers of the UBW elements within the global AIDS response



The 2008–2009 UBW Performance Monitoring and Evaluation Framework will generate information regarding:

- outcomes in priority areas to which UNAIDS contributes;
- delivery of Key Outputs against defined indicators;
- implementation of broad activities by Cosponsors and the Secretariat;
- expenditures incurred against outputs and broad activities.

III. Core principles

The performance monitoring and evaluation of the UBW is guided by the principles outlined in the UN Evaluation Group paper on Evaluation Norms and Standards⁶, principles for evaluation established by the Development Assistance Committee of the Organisation for Economic Co-Operation and Development (OECD/DAC), and other evaluation policies and guidelines adopted in the UN system. Overriding principles identified in these documents include credibility, impartiality, independence, cost-effectiveness, transparency, consultation, and ensuring that evaluation findings contribute to organizational learning.

Given the unique cosponsored nature of UNAIDS as a Joint Programme, the following key considerations have also influenced the development of the Framework.

- *UN collaboration and harmonization.* While drawing on the monitoring and evaluation efforts of the 10 Cosponsors and Secretariat, performance monitoring of the UBW should also contribute to further harmonization of monitoring and evaluation processes across the UN system, in line with UN reform.
- *Results orientation and performance management.* A strengthened performance monitoring culture contributes to improved design of results-oriented programmes, while the generation of monitoring and evaluation information supports informed management and decision-making for strategic planning and programming.
- *Focus on contributions of individual and collaborative efforts.* In assessing the progress of ten UN agencies and one Secretariat towards common goals in the response to the AIDS epidemic, it is understood that attribution—establishing the precise causal relationship between results or observed changes and individual interventions—may not always be feasible. However, whenever possible, links between activities and results of efforts of UNAIDS and global progress in curbing and reversing the AIDS epidemic will be established to illustrate UNAIDS contribution.
- *Collective accountability.* The UBW is a unique tool in the UN system for both programming and operations, unifying in a single two-year framework the coordinated HIV-related activities of 10 Cosponsors and the UNAIDS Secretariat, with the aim of fostering joint programming and collaborative implementation. The joint programming model is reflected in the Framework, which uses common Principal Outcomes and Key Outputs to measure contributions by the Joint Programme as a whole. Key Outputs are defined as results of cumulative and collaborative efforts of several Cosponsors and the Secretariat. Principal Outcomes are defined as changes in the AIDS response to which UNAIDS Key Outputs contribute. This collaborative model of work translates into the principle of collective accountability for joint delivery of Key Outputs and achievement of Principal Outcomes. This approach is in line with the UN reform principle of “delivering as one”.

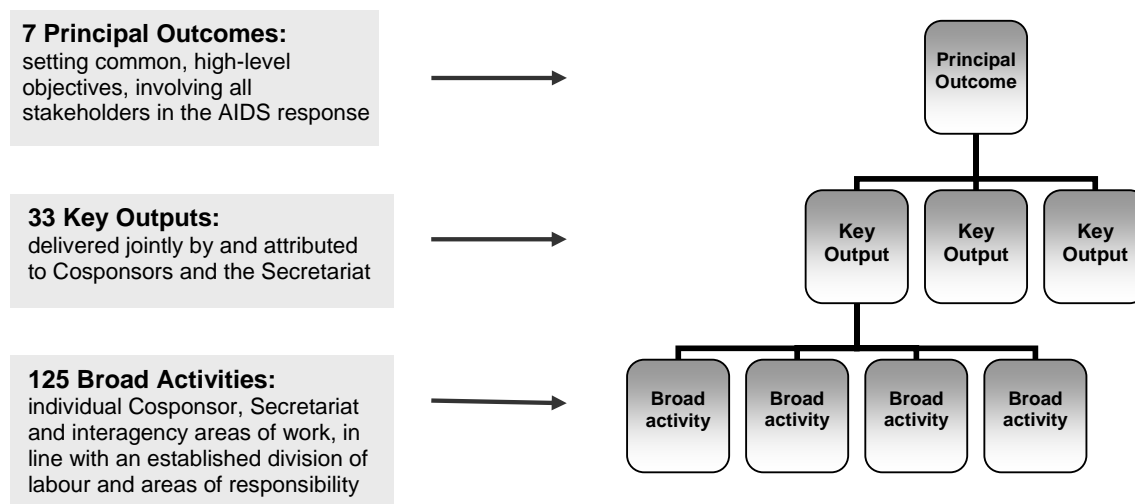
⁶ UN Evaluation Group Norms and Standards for Evaluation in the UN system, April 2005, at www.uneval.org.

IV. Structure and key elements

The 2008-2009 Performance Monitoring and Evaluation Framework has been designed to mirror and support the evolving content, priorities and architecture of the UBW. At the same time, every attempt is made to maintain consistency of indicators to allow for trend analyses over time.

The 2008–2009 UBW reflects greater clarity and simplicity in the articulation and presentation of outcomes and outputs. The structural evolution of the UBWs over the three biennia is illustrated in Annex I. To promote harmonization with other instruments in the development field, the 2008–2009 UBW has adapted the nomenclature of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD/DAC), presenting the UBW according to Principal Outcomes and Key Outputs.⁷ The 2008–2009 UBW structure is schematically presented in Figure 2.

Figure 2: 2008–2009 UBW structure

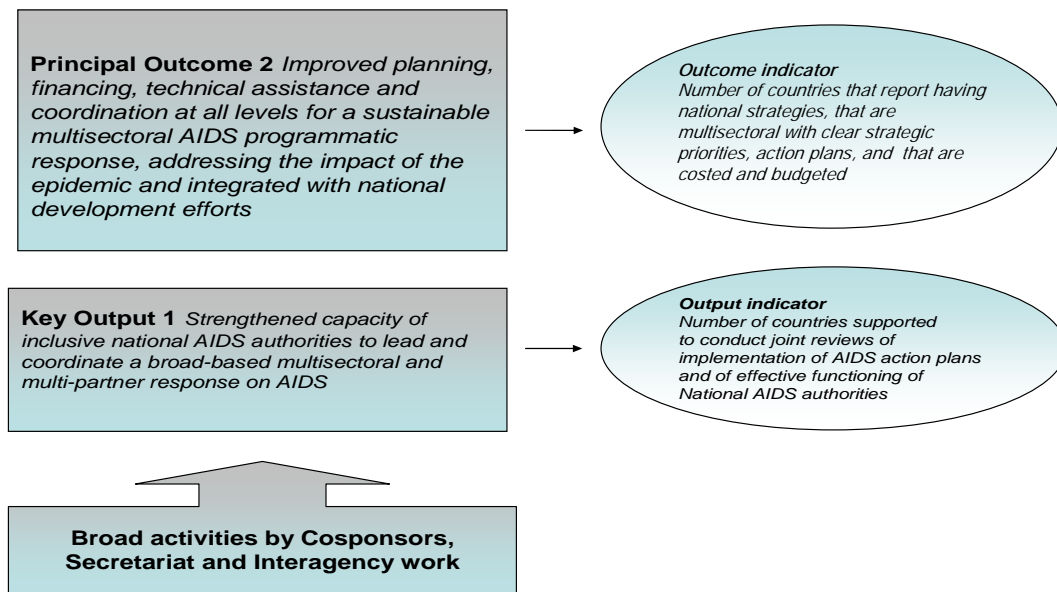


• Indicators

Under the 2008–2009 UBW, the number of indicators used to track outcomes and outputs has also been reduced— with 14 indicators at the outcome level in 2008–2009 compared to 35 in 2006–2007, and 41 output indicators compared to 126 in 2006–2007. Annex II contains a list of indicators for Principal Outcomes and Key Outputs and Annex III offers more detailed information, including indicators, baselines, sources of data frequency of data collection and reporting, targets and other related information. Given the UBW emphasis on supporting efforts of countries towards universal access to HIV prevention, treatment, care and support, the indicators cover both UNAIDS actions as well as changes in the epidemics and country responses.

⁷ See OECD Development Assistance Committee, *Glossary of Key Terms in Evaluation and Results Based Management*, available at <http://www.oecd.org/dataoecd/29/21/2754804.pdf>.

Figure 3: Examples of the indicators for Principal Outcomes and Key Outputs



Qualitative as well as quantitative indicators have been identified in the Framework and aligned with those used by Cosponsors in their own agency-specific monitoring and evaluation efforts to ensure harmonisation, coherence and consistency within and across UN agencies and in tracking progress towards the different Millennium Development Goals.

In selecting indicators, the following considerations were taken into account:

- consistency in data collection (retaining indicators used in 2006–2007, as appropriate);
- success of particular indicators in monitoring UNAIDS performance;
- cost of collecting data;
- source of data;
- links to programmatic priorities;
- links with other global monitoring efforts (e.g. Declaration of Commitment on HIV/AIDS, Global Task Team on Improving AIDS Coordination, and Universal Access);
- Links between the 2008–2009 UBW and the 2007–2010 Strategic Framework.

Reporting on the Principal Outcome indicators will rely on standard data sources, including reports from countries on indicators for monitoring the *Declaration of Commitment on HIV/AIDS*, reports on the National Composite Policy Index, the Country Harmonization and Alignment Tool, UNAIDS country reports, and Cosponsor reports, such as data collected by UNHCR on emergency situations, or WHO data on AIDS treatment access, etc.

Output-level indicators track progress in delivery of UNAIDS goods and services, such as production and dissemination of guidelines, advocacy efforts and provision of technical and operational support. Output indicators include both qualitative and quantitative measures. Most of the output indicators can be defined as “common” or “generic”, in the sense that they are formulated with a level of specificity that enables several agencies to report against them.

Several output indicators (such as one on joint programmes of support) expressly aim to measure the collective efforts of UNAIDS as a Joint Programme, particularly at country level. To enhance understanding and assessment of the specific contributions by individual Cosponsors and the Secretariat, the UBW identifies broad activities that each member of the UNAIDS family will undertake in 2008–2009. Although activities themselves have no specified performance indicators, reporting on output indicators will generate information on the specific contributions of individual Cosponsors and the Secretariat.

The monitoring data from Cosponsors and the Secretariat on Key Outputs will permit aggregation of information for UNAIDS-wide reports.

- **Baselines**

For each of the 14 indicators for the Principal Outcomes, 2007 baselines have been established where possible. In most cases, the baselines for output indicators will technically be zero, as no relevant products, services or goods will have been produced before the start of the 2008–2009 biennium. However, where outputs are expected to build on prior efforts, monitoring will compare UNAIDS efforts in 2008–2009 with baselines from the previous biennium (e.g. number of joint UN programmes of support on AIDS, number of technical support person-days, etc.). Applicable baselines are included in the Performance Monitoring Matrix in Annex III.

- **Targets**

Global targets have already been established for certain outcome indicators (e.g., scale-up of antiretroviral therapy). Where global targets exist, these have been incorporated in the 2008–2009 Framework as indicated in Annex III. Most (12 of 14) outcome indicators mirror core indicators for monitoring the *Declaration of Commitment on HIV/AIDS*. For such outcome indicators, targets will be nationally rather than globally determined, in accordance with the emphasis on national target-setting for Universal Access, as endorsed by the *Political Declaration on HIV/AIDS*.

At the level of Key Outputs, Cosponsors and the Secretariat have targets within their individual corporate plans and strategies. For example, UNHCR sets a target to support 69 countries to include gender-based violence responses in their strategic plans on AIDS and implement them.

Another example is the target set by ILO for the 2008–2009 biennium of 20 countries where workplaces will provide HIV prevention and information on treatment, care and support services to workers. Where available, such information is included in the Performance Monitoring Matrix (see Annex III).

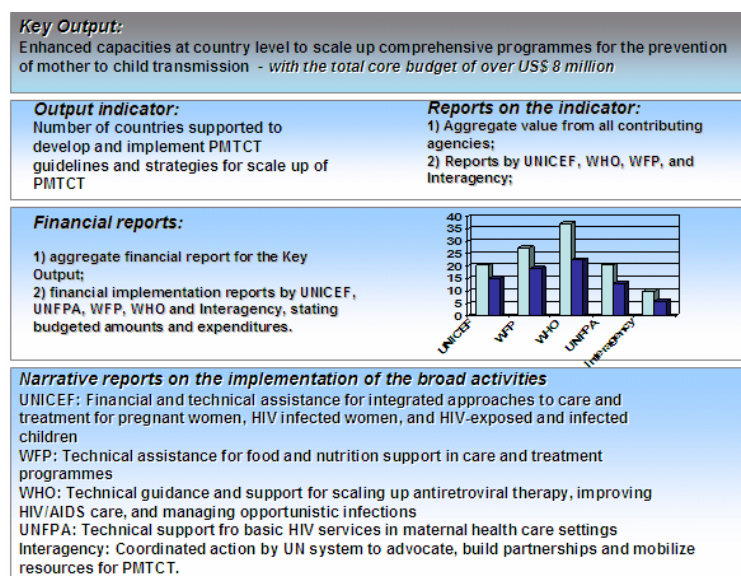
Financial reporting

Cosponsors and the Secretariat will report on expenditures against each broad activity in line with budget allocations in the 2008–2009 UBW. Initial, interim and final certified financial reports will cover all three budget categories for Cosponsors: the core budget mobilized by the Secretariat; the supplemental budget mobilized by Cosponsors; and the internal resources of Cosponsors that are dedicated to AIDS-related work. For the Secretariat and for the interagency component of the UBW, financial reports will cover core budget and supplemental resources mobilized by the Secretariat for work outlined in the UBW. Cosponsors will submit financial reports annually, in accordance with the established UBW reporting cycle. The WHO *Global Management System*, UNDP *ATLAS*, and other Enterprise Resource Planning systems are expected to facilitate financial tracking and reporting.

Cosponsors' country level efforts are supported by voluntary contributions and each Cosponsor's regular budget. Although such funds are not part of the UBW, the PCB at its 20th meeting, "requested greater transparency on these funding flows by reporting on what is being spent on AIDS at country level in One UN Pilot countries in support of national response" (decision 7.5). Accordingly, the Performance Monitoring Framework includes a particular indicator for this purpose (under Principal Outcome 1, Key Output 5).

The link between investments and results will be strengthened through new web-based resource management and information tools. A UBW information system has been developed which – along with the Enterprise Resource Planning systems of Cosponsors - will allow tracking of the amount of money spent on different activities and the results these funds have delivered or contributed to at country level. The new systems will enable monitoring commitments and expenditures for each Cosponsor, the Secretariat and Interagency activities by outputs and outcomes and make it possible to determine the extent to which UNAIDS is delivering results in accordance with the UBW. An example of the link between financial investments and outputs is shown in figure 4 below.

Figure 4: Example of links between investments and Key Outputs



IV. Three building blocks

The ultimate aim of the Performance Monitoring and Evaluation Framework is to permit an ongoing, accurate and comprehensive review of UNAIDS. To achieve this end, the Framework relies on three interconnected components:

- 1) monitoring the collective effort of UNAIDS towards the achievement of Principal Outcomes and Key Outputs outlined in the 2008–2009 UBW, through the use of a performance monitoring matrix with a limited number of carefully selected indicators;
- 2) individual performance monitoring by Cosponsors and the Secretariat of their specific individual contributions towards Key Outputs, supported by reports on the implementation of broad activities and expenditures incurred; and
- 3) mid-term and end of biennium reviews, in-depth assessments and evaluations of UNAIDS, which will include evaluations of UNAIDS as a whole, external and internal, as well as analyses and syntheses of evaluations of individual Cosponsors.

• Building block 1: monitoring the collective efforts of UNAIDS

Under the Framework, the collective efforts of the Joint Programme are measured against 14 outcome and 41 output indicators formulated for the Principal Outcomes and Key Outputs of the 2008–2009 UBW. The specific indicators, baselines, targets and periodicity of reporting is outlined in the performance monitoring matrix in Annex III. As an example, the performance approach for Principal Outcome 4, Key Output 2, is summarized as follows in the Performance Monitoring Matrix:

Principal Outcome 4: Enhanced human resource and system capacities at all levels of government, civil society and other non-state partners to implement comprehensive AIDS responses, including improved availability and access to affordable HIV commodities.				
Indicators	Data source	Frequency	Baseline	Additional information
Percentage of adults and children with advanced HIV infection receiving antiretroviral combination therapy—by region.	UNGASS country reports, core indicator 4 WHO progress reports on Global Access to HIV antiretroviral therapy	Annual	2006 UNGASS reports: 28% of estimated 7.1 million people in need of treatment.	As part of the process national target setting for the universal access to HIV prevention, treatment, care and support, as of June 2007, 93 countries have established such targets.

Continued ...

Key Output 2: Enhanced capacities at country level to scale up comprehensive programmes for the prevention of mother-to-child transmission.				
Indicators	Data source	Frequency	Baseline Benchmark	Additional information
Number of countries supported to develop and implement PMTCT guidelines and strategies for scale up of PMTCT - <i>disaggregated by agency</i>	UNICEF/WHO reports UNFPA and WFP reports IATT reports on joint missions	Annual	In 2006 WHO supported 12 countries UNICEF, UNFPA, WFP and IATT reports forthcoming	WHO plans to support 30 countries in 2008–2009 to develop and implement PMTCT guidelines and strategies for scale up of programmes of prevention of mother to child transmission of HIV

The Performance Monitoring Matrix aims to collect as broad array of relevant information as possible, while being realistic in its scope and content and avoiding development of new systems or processes for data collection. Where possible (for 12 of 14 indicators for Principal Outcomes), the Performance Monitoring Matrix has incorporated core indicators for monitoring the *Declaration of Commitment on HIV/AIDS*. As illustrated in Table 1, the periodic reporting from countries (including governments and nongovernmental organizations) that already occurs with respect to the implementation of the Declaration of Commitment on HIV/AIDS will serve as a central data source for UNAIDS monitoring in the 2008–2009 biennium. Annual country reports from UNAIDS country offices will provide an additional source of information for UNAIDS performance monitoring under the 2008–2009 Framework. Cosponsors will also provide monitoring data in specific areas, for example, WHO will supply information from progress reports on global access to HIV antiretroviral therapy on the percentage of adults and children with advanced HIV receiving antiretroviral combination therapy.

Working primarily with members of the Cosponsor Evaluation Working Group, the UNAIDS Secretariat is responsible for ensuring necessary efforts and consultations to collect and analyse information on UNAIDS' collective achievements and progress. In particular, the group will support:

- further refinement of baselines and identification sources of data;
- validating information collected and conducting necessary analyses; and
- producing synthesis reports and providing inputs to UNAIDS overall reports.

In accordance with the agreed division of labour, Cosponsors will support such efforts in distinct thematic areas. The UNAIDS Interagency Task Teams and Working Groups, which are established to support coordination of UNAIDS efforts in priority areas, e.g. on HIV prevention of mother-to-child transmission, young people, condom programming, will also be involved in the monitoring and evaluation efforts in their respective areas.

▪ **Building block 2: individual monitoring and accountability of Cosponsors and the Secretariat**

Monitoring of progress in implementing the broad activities by individual Cosponsors and the Secretariat will be conducted through each agency's own institutional monitoring and expenditure tracking systems. The timeline for monitoring and reporting will depend on the

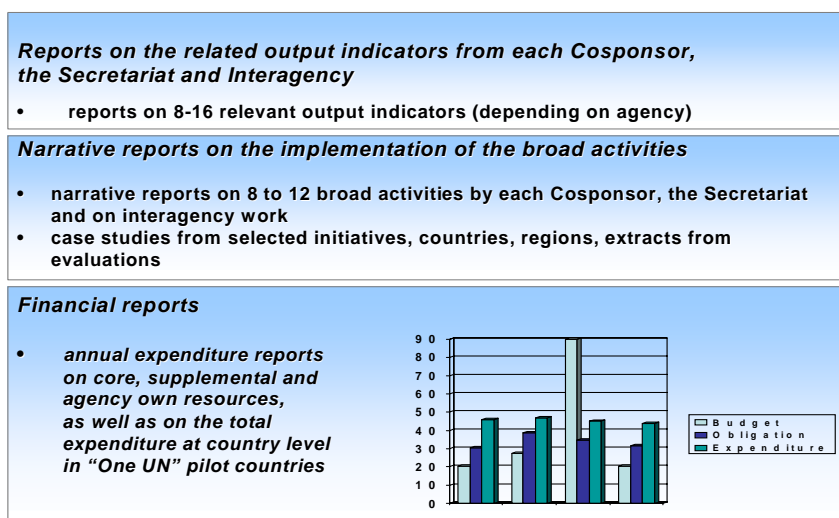
respective institutional cycles of the Cosponsors and the Secretariat, but shall occur at least annually.

Each Cosponsor and the Secretariat will report against relevant output indicators. Each individual member of the Joint Programme is responsible for collecting baseline information, selecting the means of verification, and reporting on these indicators. A few output indicators against which WHO will report are shown below as an example:

World Health Organization (WHO)				
Indicators	Data source	Frequency	Baseline	Target
<ul style="list-style-type: none"> Number of countries reporting implementation of research agendas with support from WHO (PO3/KO3) 	Operational research Programme	Annual	5	10
<ul style="list-style-type: none"> Number of countries supported to develop and implement guidelines and strategies for scale up of PMTCT (PO4/KO2) 	Scale up Workshop Mission Report	Annual	12	30

Reports on implementation of broad activities by individual UNAIDS members will be supplemented by case studies from specific countries, subregions, regions or on major initiatives. Reporting under the 2008–2009 Framework will be further supplemented by evaluation studies, such as the “Evaluation of the World Bank’s Assistance to AIDS national coordination authorities”, or UNICEF’s “Evaluation of the support for strengthening national procurement and supply management systems for HIV commodities”. Financial reporting by individual Cosponsors and the Secretariat will cover core, supplemental and internal agency resources, as shown in figure 5 below:

Figure 5: Elements of the reports from each Cosponsor, the Secretariat and Interagency



- **Building block 3: mid-term and end of biennium reviews, in-depth assessments and evaluations**

The Performance Monitoring and Evaluation Framework provides for a mid-term review – as requested by the PCB – an end of biennium review, in-depth assessments and evaluations in selected areas of work.

The mid-term review, which is expected to take place at the end of 2008, will be the key mechanism to ensure the release of funds against results. Two criteria are proposed to be used to determine the release of funds: (i) achievements and progress against indicators, and (ii) the financial implementation rate. At the mid-term review, budget shares included in the UBW will be reviewed against these criteria and allocations for the following year will be made based on these.

Coordinated by the Secretariat, the mid-term review will take account of important developments that have occurred since the UBW was approved by the PCB, including dynamics of the epidemic, emerging priority issues, available and anticipated resources, and progress in implementing broad activities and delivering Key Outputs. Preliminary performance information on the implementation of the broad activities and progress against Key Outputs, generated through the Performance Monitoring Matrix, will inform the mid-term review.

The PCB will be informed on the mid-term review process and outcomes through an annual performance report. The mid-term review will focus on the achievement of outputs, but also consider the appropriateness of indicators used and propose adjustments as necessary. Especially where individual Cosponsors or the Secretariat have expanded or refocused their activities in response to emerging issues or important developments, activities and reporting will need to be adapted to capture such developments.

Joint evaluations will be designed to generate evidence relevant to the development or revision of strategies in key thematic areas, and to contribute to the refinement of programmatic targets. These will complement evaluations conducted individually by UNAIDS Cosponsors and the Secretariat. Joint evaluations will be conducted for specific topics, may also focus on a region or subregion or a sample of countries, and will include both in-depth performance assessments and evaluations of structures and management systems. They will focus on issues of concern to several agencies, including:

- why results were or were not achieved;
- causal attributions of UNAIDS' collective efforts to results;
- lessons learnt for improving the UBW and its implementation, e.g. an assessment of effectiveness of subregional interagency initiatives in harmonizing the AIDS response.

The Cosponsor Evaluation Working Group will play a key role in planning, prioritizing and overseeing the implementation of joint evaluations. During the 2008–2009 biennium, UNAIDS plans to conduct one thematic evaluation, one functional evaluation (e.g., of UNAIDS coordination mechanisms at different levels), one regional or subregional evaluation, and three country-specific evaluations with broadbased geographical representation.

The Performance Monitoring and Evaluation Framework will be linked to the second external evaluation of UNAIDS, and information generated through the Framework is expected to inform desk reviews of the second external evaluation of UNAIDS.

VI. Reporting and information resources

A limited number of carefully selected indicators, which form the corner stone of the Performance Monitoring and Evaluation Framework, are expected to improve and simplify reporting, promote transparency and facilitate access to information on progress in achieving the objectives of UNAIDS. Reporting to the PCB will occur annually, with a mid-term progress report to be submitted in 2009 on progress made in 2008. A more comprehensive report covering the achievements over the two-year period will be submitted to the PCB in 2010.

The annual reports will draw from individual progress reports prepared by each Cosponsor and the Secretariat. In addition to reporting on output and outcome indicators, reports will include summaries and case studies of major initiatives, and results from evaluations undertaken during the relevant period.

Reports by individual Cosponsors and the Secretariat will be made available on the UNAIDS website, as will the joint progress reports for UNAIDS. These web-based reports will include “hyperlinks” to the monitoring and evaluation sites of all 10 Cosponsoring organizations and the Secretariat. A review of the results will be a standing agenda item for the Cosponsor Evaluation Group, which will, where appropriate, recommend future corrective actions to enhance reporting on the UBW.

To support collecting and sharing of UBW performance monitoring information, a web-based information system has been developed where all relevant information will be stored. The information system is set up to generate progress and performance reports for the Cosponsors, Secretariat and Interagency activities, and enable easy search across Principal Outcomes and Key Outputs. Figure 6 illustrates one of the windows of the UBW information system.

Figure 6: UBW web-based information system page

The screenshot shows a web browser window with the title 'UNAIDS UBW Information System'. The page content includes a navigation menu with options like 'Home', 'Targets & Indicators', 'Budgetary Information', 'Reports', 'Monitoring', 'Admin', and 'My Account'. The main content area is titled 'Achievement Edition (Sample):' and contains a form with the following fields:

- Agency: UNAIDS
- Key result: Key Result on Leadership, Coordination and Advocacy
- Indicator Number: Increased resources in countries through...
- Baseline: Baseline text goes here ...
- Data Source: Data source text goes here ...
- Frequency: Frequency text goes here ...
- Supplemental Data: Supplemental data text goes here ...
- Report on Achievement: [Text area]
- Report on Progress: [Text area]
- Report on Lesson learned: [Text area]
- Report on Evaluation: [Text area]
- Date: [Text area] (generated automatically)

At the bottom of the page, there is a 'Save' button and a copyright notice: 'Copyright © 2006 UNAIDS. All rights reserved.'

To further improve information management, UNAIDS has expanded the scope and technical capabilities of the Country Response Information System, which supports monitoring and evaluation of national responses to HIV and facilitates the collection, access, analysis and use of country-level information on the progress in implementing the *Declaration of Commitment on HIV/AIDS*.

Another improvement in UNAIDS information management has been the introduction of the electronic platform—the UNAIDS Information Dashboard—that enables UNAIDS annual reporting from countries to be performed online. The UNAIDS Information Dashboard is a website and reporting tool that shares strategic information among UNAIDS staff working in country offices, Regional Support Teams and headquarters. This tool serves three major functions:

1. annual programmatic reporting from country offices and Regional Support Teams;
2. ad hoc surveys of country offices;
3. online access to country and regional documents

In implementing the 2008–2009 UBW Performance Monitoring and Evaluation Framework, UNAIDS will draw upon a wide range of resources, including:

- the Cosponsor Evaluation Working Group;
- the Monitoring and Evaluation offices of UNAIDS Cosponsors and the Secretariat;
- Interagency Task Teams and Interagency Working Groups in priority areas⁸;
- the UNAIDS Monitoring and Evaluation Reference Group;
- the Global HIV/AIDS Monitoring and Evaluation Support Team; and
- UNAIDS monitoring and evaluation experts stationed in over 50 countries.

The Performance Monitoring and Evaluation Framework brings together the tools and resources described above and is expected to take results-based management and accountability in UNAIDS to a new level without imposing new or undue reporting requirements on staff working at country level. However, this will require continued attention of the Secretariat and Cosponsors at all levels – as well as advice and guidance from the PCB – for the 2008-2009 Performance Monitoring and Evaluation Framework to be successfully implemented and able to inform the development of the 2010-2011 UBW and shape the 2010-2011 Performance Monitoring and Evaluation Framework, which the PCB has requested accompanies the next UBW.

⁸ E.g., such as young people, prevention of mother-to-child transmission of HIV;

Annex I

Structural evolution of the UBWs over the three biennia

	2004–2005 UBW	2006–2007 UBW	2008–2009 UBW
High order objectives, results	6 areas of work	16 Principal Results	7 Principal Outcomes
Indicators	none	35 achievement indicators	14 outcome indicators
Intermediate results	none	None	33 Key Outputs
Indicators	none	none	41 output indicators
Agency-specific results, activities	487 key results of Cosponsors, Secretariat and interagency work.	49 key results	125 broad activities of Cosponsors, Secretariat and interagency work, (each agency has 8–12 broad activities)
Indicators	Over 1100 indicators	126 achievement indicators	Reports by agency through “common” output indicators. Each Cosponsor and the Secretariat will report against 10–16 indicators

2008-2009 Unified Budget and Workplan List of Principal Outcome and Key Output Indicators

Indicators for Principal Outcomes

1. Number of countries that perform annual or biennial reporting on the established targets for universal access on prevention, treatment, care and support.
2. International funding for prevention, treatment and care; and social mitigation and support.
3. Number of countries that report having national AIDS strategies that are multisectoral, with clear strategic priorities with action plans that are costed and budgeted.
4. Number of countries that produce complete and up-to-date data on country HIV surveillance estimates and are reporting on selected UNGASS indicators.
5. Percentage of adults and children with advanced HIV infection receiving antiretroviral combination therapy—by region.
6. Percentage of HIV-positive pregnant women provided with any antiretroviral prophylaxis to reduce the risk of mother-to-child transmission.
7. Condom use at last sex with non-regular partner.
8. Number of countries that have laws and regulations that protect people living with HIV against discrimination.
9. Number of countries that have a policy to ensure equal access, between women and men, to prevention, treatment and care.
10. Percentage of most-at-risk populations reached by prevention programmes.
11. Percentage of total national AIDS spending for most-at-risk populations.
12. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.
13. Percentage of schools that provided life skills-based HIV education in the last academic year.
14. Number of countries in conflict/emergency affected and prone regions that have integrated and implemented HIV programmes for populations of humanitarian concern.

Output Level Indicators

Related to Principal Outcome 1

1. Number and type of global policies, standards and guidelines issued by UNAIDS.
2. Examples of convening and of resulting recommendations and declarations from high level events, major forums on AIDS in priority areas—children, labour, other themes and sectors, with UNAIDS support.
3. Number of donor and partner forums convened on AIDS resource mobilization.

4. Amount of funding spent at country level in support of the national AIDS responses in “One UN” pilot countries.
5. Number of countries where local and national groups of people living with HIV and community based organizations are supported by UNAIDS with technical guidance, resource mobilization advice and training and extent of this support.
6. Level of involvement of the global and regional groups of people living with HIV in the AIDS response.
7. Number of “One UN” pilot countries where the joint UN programmes of support on AIDS are integrated into “One UN” operations, i.e. into “One Programme” and “One Budget”.
8. Number of joint programmes on AIDS in operation, i.e. used as basis for joint planning, resource mobilization, implementation assessment and reporting.

Related to Principal Outcome 2

1. Number of countries supported to develop costed and evidence-informed AIDS Strategies and Action Plans.
2. Number of countries supported to conduct joint reviews of AIDS action plans implementation.
3. Number of countries supported for HIV integration into Poverty Reduction Strategy Papers, national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans.
4. Number of technical support person-days provided by UNAIDS Technical Support Facilities and other technical support mechanisms.
5. Number of countries that use the CHAT.
6. Number of proposals funded by the Global Fund and other funding mechanisms that received UNAIDS support in their development.
7. Number of countries where the involvement of most-at-risk populations into the development of National Strategic Frameworks and inclusion of their needs was supported by UNAIDS.
8. Number of supported country socioeconomic studies, assessments of AIDS impact at national, sector and community levels.

Related to Principal Outcome 3

1. Number of countries supported to strengthen national monitoring and evaluation capacities.
2. UNAIDS global reports, AIDS epidemic fact sheets, estimates and projections produced.
3. Number of National AIDS Spending (NASA) or similar processes on tracking AIDS resources conducted.
4. Number of countries reporting implementation of research agendas with support from UNAIDS.

Related to Principal Outcome 4

1. Number of countries supported to strengthen their capacity on provision of essential HIV prevention services, including prevention of sexual transmission and development of new HIV prevention technologies.
2. Number of countries supported to develop and implement prevention of mother-to-child transmission guidelines and strategies for scale up of prevention of mother-to-child transmission.
3. Number of countries supported through Joint Missions to review prevention of mother-to-child transmission and paediatric HIV care and treatment programmes.
4. Number of countries supported to scale up provision of AIDS treatment and care services, including antiretroviral therapy.
5. Number of countries supported to scale up testing and counselling (with informed consent and confidentiality assured) through a rights-based approach.
6. Number of countries that scale up joint HIV and TB planning, training, procurement and delivery of harmonized HIV and TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis with the support from UNAIDS.
7. Number of countries with a comprehensive Procurement, Supply Management and Distribution plan for HIV medicines, diagnostics, condoms and other essential HIV commodities that was developed with UNAIDS support.
8. Number of countries supported to adopt enabling policy, legislation and TRIPS flexibilities.
9. Number of countries with sound strategic plans for the workforce, including policies and management practices on incentives, regulation and retention, with attention to specific issues raised by AIDS that were developed with UNAIDS support.
10. Number of countries where workplaces provide HIV prevention and information on treatment, care and support services to workers with UNAIDS support.

Related to Principal Outcome 5

1. Number of countries where technical support is provided on the promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes.
2. Number of countries supported to prioritize targeted actions to address stigma and discrimination and other human rights of most-at-risk populations in national AIDS plans, sector strategies or plans.
3. Number of countries supported to review, change and implement legislation and policies for equitable access to HIV prevention, treatment, care and support services and commodities.
4. Number of countries supported to conduct gender assessments of national AIDS plans and/or integrate gender equality and the needs of women.
5. Number of countries supported to build human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors.

Related to Principal Outcome 6

1. Number of countries supported to develop and/or implement programmes to scale up provision of HIV prevention, treatment, care and support services to people

engaging in injecting drug use, sex between men, sex work, including in prison settings.

2. Number of countries that accessed policy guidance and other information that address the vulnerabilities and most-at-risk populations.

Related to Principal Outcome 7

1. Number of countries that have included gender-based violence responses in their AIDS Strategic Plans and implement them with the support from UNAIDS, one or several Cosponsors and the Secretariat.
2. Number of countries that develop and implement programmes specifically focusing on addressing the risk factors of especially vulnerable adolescents with the support from UNAIDS.
3. Number of countries supported to provide protection, care and support for children affected by HIV or AIDS.
4. Number of countries that are supported to integrate emergency-affected and the surrounding host communities in their national AIDS policies, programmes and strategic plans and implemented specific activities for them according to the IASC Guidelines for AIDS interventions in emergency settings.

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008–2009 UBW

Principal Outcome 1: Strengthened leadership and resource mobilization for a broadbased AIDS response at all levels, including governments, civil society, including people living with HIV, and other non-state partners.				
Indicators	Data source	Frequency	Baseline	Targets and other information
1. Number of countries that perform annual or biennial reporting on the established targets for universal access on prevention, treatment, care and support.	UNAIDS country reports	Annual	2006 UNAIDS country reports 78 country offices responded; 57 reported that universal access process resulted in the establishment of clear targets within the National AIDS Action Framework. Reports on 2007 progress are due by 31 January 2008.	The target for 2009 will be all countries.
2. International funding for prevention, treatment and care; and social mitigation and support? <i>(disaggregated)</i>	UNGASS reports, National AIDS Spending Assessments, National Health Accounts, financial resource flow surveys	Annual	2006: National AIDS spending assessments US\$8.9 billion was available for AIDS-related activities; US\$ 10 billion in 2007;	The UNAIDS report "Financial resources required to achieve universal access to HIV prevention, treatment, care and support", 2007, states that in order to reach universal access by 2010, an amount between US\$ 32 to US\$ 51 billion is required; the target for 2009 is US\$ 30 billion. This is the indicator used for the 2006–2007 UBW Principal Result 15. This will enable monitoring trends over time.
Key Output 1				
Global agenda for an effective, comprehensive AIDS response clearly defined and supported by global policies, standards and guidelines.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number and type of global policies, standards and guidelines issued by UNAIDS— <i>disaggregated by agency and by subject</i>	1. Cosponsors and Secretariat reports	Annual	E.g. "Intensifying HIV prevention" UNAIDS Position Paper and <i>Practical guidelines for intensifying HIV prevention towards universal access</i> .	Establishing a target for this indicator is not applicable.
Broad Activities				
WHO: Advocacy and provision of normative guidance, strategic information and technical support to strengthen the health sector's contribution to scaling up HIV prevention, treatment and care towards universal access.				
Secretariat: Coordinated development of policies and guidance responding to the evolving demands of the AIDS epidemic, development of scenarios of and options for a long-term response to AIDS, including specific responsibility for overall policy and coordination on prevention.				
Interagency: Interagency action on key strategic issues, the International AIDS Conference (including the Report on the global AIDS epidemic), and the 2008 UN General Assembly comprehensive review of the realization of the Declaration of Commitment on AIDS."				

⁹ Definitions of prevention, treatment and care and social mitigation and support are available in UNAIDS' *Resource needs for an expanded response to AIDS in low- and middle income countries*, August 2005.

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008-2009 UBW

Key Output 2				
Political commitment and leadership among government, civil society, non-state partners, private sector, labour and other stakeholders at all levels galvanized to ensure inclusive, multisectoral and sustainable AIDS responses.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Examples of convening and of resulting recommendations and declarations from high level events, major forums on AIDS in priority areas—children, labour, other themes and sectors, with UNAIDS support— <i>reported by agency</i>	Cosponsors and Secretariat reports UNAIDS regional reports.	Annual	UNAIDS support to the 2006 High Level Meeting on AIDS and resulting <i>Political Declaration on HIV/AIDS</i> , regional meetings.	Establishing a target for this indicator is not applicable.
Broad Activities				
UNICEF: Convene the IATT and Global and Regional Partners Forums on Children and AIDS to track implementation progress and define recommendations for accelerated scale up around children and AIDS.				
ILO: Advisory services, policy guidance and technical support for ILO constituents (ministries of labour, employers and workers) to enable them to play an active role in national AIDS planning and programme implementation, ensuring full involvement of people living with HIV.				
UNESCO: Building political commitment and advocating comprehensive education responses AIDS that are fully integrated into national action plans.				
Secretariat: Advocacy and mobilization of political commitment for a targeted, comprehensive AIDS response integrated with other relevant programmes within the framework of UN reform and effectively utilizing the work of the Special Envoys on AIDS of the Secretary General.				
Interagency: Collective UN action on AIDS in the framework of UN reform, to provide an enabling environment to increase national action through support to regional intergovernmental and multi-partner entities to address and mainstream AIDS.				
Key Output 3				
Financial resources mobilized in a more timely and effective manner to match projected resource needs for a scaled up response.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of donor and partner forums convened on AIDS resource mobilization— <i>disaggregated by agency</i> 2. Amount of funding spent at country level in support of the national AIDS responses in “One UN” pilot countries— <i>disaggregated by Cosponsors</i>	Cosponsor reports	Annual	1. not available for all Cosponsors. 2006 UNHCR data are the three major donor forums 2. 2008 data will be collected in 2009	The 20 th PCB meeting requested a report on AIDS spending at the country level in “One UN” pilot countries out of the US\$ 1.9 billion mobilized by Cosponsors in supplemental resources (PCB/20/7.5).
Broad Activities				
UNHCR: Advocacy for increased resources and mainstreaming conflict affected and displaced populations into national AIDS policies, strategic plans and programmes and donor proposals.				
UNICEF: Development of a resource mobilization/leveraging strategy to scale up programmes for children and AIDS.				
WFP: Advocacy and technical assistance to mobilize resources for food and nutrition security as an essential element of the AIDS response by working with key civil society and national partners at all levels.				

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008–2009 UBW

Key Output 4				
Strengthened leadership and capacity of people living with HIV and groups of people living with HIV, civil society and community-based organizations to meaningfully engage in AIDS responses at all levels.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries where local and national groups of people living with HIV and community based organizations are supported by UNAIDS with technical guidance, resource mobilization advice and training and extent of this support— <i>disaggregated by agency</i> 2. Level of involvement of the global and regional groups of people living with HIV in the AIDS response— <i>reported by agencies</i>	UNAIDS country reports Cosponsor reports	Annual	1. 2007 information forthcoming 2. 2006: 91 country offices responded; 64 reported full participation of people living with HIV in national AIDS planning and reviews, 25 reported insufficient yet increasing participation	1. The target is all countries that requested such assistance 2. The target is all countries undertaking a review or development of the national AIDS strategies will report on the involvement of people living with HIV
Broad Activities				
UNDP: Implementation of leadership programmes and capacity-building for groups and networks of people living with HIV, civil society and community-based organizations to strengthen partnerships, organizational capacity, and engagement in the AIDS response.				
Secretariat: Convening of innovative partnerships, promotion of multisectoral approaches to AIDS and support for mobilizing resources and the building of sustainable management, advocacy and service delivery capacity for, and with, non-state actors.				
Key Output 5				
Coordinated and harmonized leadership by the UN system on AIDS, with strengthened capacity and AIDS competence at global, regional and country levels.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of "One UN" pilot countries where the Joint UN Programmes of Support on AIDS are integrated into "One UN" operations, i.e. into "One Programme" and "One Budget" 2. Number of Joint Programmes on AIDS in operation, i.e. used as basis for joint planning, resource mobilization, implementation assessment and reporting	UNAIDS country reports	Annual	1. Not available 2. 2006: 90 country offices responded, 40 countries reported that a Joint Programme of Support was developed as per the undg Guidance Paper and endorsed by the UN Country Team/Theme Group on AIDS	1. The 20 th PCB meeting requested to have a specific indicator/s to measure how UNAIDS work contributes to strengthening the "One UN" pilots (PCB/20/7.6). The target is all "One UN" pilot countries. 2. The target is all countries with UN Theme Groups on AIDS or UN Country Teams
Broad Activities				
UNHCR: Coordination and collaboration with UNAIDS cosponsors, other UN agencies, governments, humanitarian organizations, the civil society, subregional/regional initiatives, other relevant coordination and planning systems, and the beneficiaries to effectively address AIDS among people of concern to UNHCR.				
UNDP: Advocacy and support through the Resident Coordinator System for establishment and strengthened functioning of Joint UN Teams on AIDS at country level and joint programmes of support				

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008-2009 UBW

UNESCO: Strengthening coordinated action among education stakeholders at all levels through key interagency initiatives such as EDUCAIDS and the UNAIDS IATT on Education in line with the UNAIDS division of labour, particularly at country level.

Secretariat: Guidance and monitoring at all levels of progress on increasing effectiveness of a joint response to AIDS at global, regional and country level.

Interagency: Effective and coordinated action by UNAIDS and the broader UN system, through UNAIDS Country Coordinators, Programme Advisers, Social Mobilization Advisers and Monitoring and Evaluation Advisers.

Interagency: Support and facilitation of a joint response to AIDS at country level—especially through the UN Theme Groups on HIV/AIDS, joint UN teams on AIDS and joint UN programmes of support on AIDS—and strengthening the links among stakeholders, including through implementation of the country support funding, using the comparative advantages of Programme Acceleration Funds (PAF), and Programme Support Funds (PSF).

Interagency: Building leadership and capacity of UN system staff to respond to AIDS effectively including support to staff living with HIV through UN+.

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008–2009 UBW

Principal Outcome 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.				
Indicators	Data source	Frequency	Baseline	Targets and other information
1. Number of countries that report having national AIDS strategies that are multisectoral ¹⁰ with clear strategic priorities with action plans that are costed and budgeted.	UNAIDS annual country reports	Annual	2006: 78 country offices responded: 75 reported having a National AIDS Framework that spell out national priorities; 38 reported having a National AIDS Action Framework that has been translated into a costed and budgeted operational plan and/or annual priority action plan.	The target is all countries with UN Theme Groups on AIDS. This is the 2006–2007 UBW Principal Result 5 indicator a.
Key Output 1				
Strengthened capacity of inclusive national AIDS authorities to lead and coordinate a broadbased multisectoral and multipartner response on AIDS, to convene participatory processes to develop National AIDS Strategies and Annual Action Plans that are costed, inclusive, credible and informed by scientific evidence and social and epidemiological data; and to oversee the development and implementation of one agreed national monitoring and evaluation framework for AIDS.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries supported to develop costed and evidence-informed AIDS Strategies and Action Plans— <i>disaggregated by agency</i>	ASAP (AIDS strategy and action plan) service data Cosponsor and Secretariat reports, UNAIDS country reports	Annual	2006 ASAP data: 1. 30 countries 2. 39 countries	1. The target is all countries that requested such assistance 2. The target is all countries that requested such assistance
2. Number of countries supported to conduct joint reviews of AIDS action plans implementation— <i>disaggregated by agency</i>				
Broad Activities				
UNDP: Policy support and advisory services to national institutions and civil society for strengthened coordination and governance of national and decentralized AIDS responses.				
ILO: Advocacy and advisory services for national AIDS authorities on integrating the world of work and workplace partners in national AIDS plans and programmes.				
World Bank: Enhancing implementation capacity by (i) developing technical guidance and tools for use by national AIDS authorities including mainstreaming AIDS in key sectors (ii) improving financial management and disbursement, (iii) providing policy advice, technical and financial support at all levels including the public and private sector and in civil society.				
World Bank: Advocacy, technical support, policy advice and capacity-building to countries for the development of prioritized, costed and evidence-based national AIDS strategies and action plans.				
World Bank: Provision of technical support to countries on how to design, build and use monitoring and evaluation systems for better policies and programmes.				

¹⁰ A National Strategic Plan on AIDS will be considered multisectoral if it involves at least three non-health sectors e.g. education, social affairs, labour, transport, jurisdiction—to be agreed.

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008-2009 UBW

Interagency: Support to joint review processes and efforts to improve institutional design and functions of the national AIDS authorities for improved management, coordination, planning, alignment, scaling up, monitoring and evaluation of national AIDS responses, including through the use of improved tools for data management (Country Response Information System).

Key Output 2

National AIDS Strategies, Annual Action Plans and priorities integrated into broader planning and budgetary processes, such as Poverty Reduction Strategy Papers, national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries supported for HIV integration into Poverty Reduction Strategy Papers, national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans— <i>disaggregated by agency</i>	UNDP/WB/UNAIDS Secretariat Joint Programme on Mainstreaming into Poverty Reduction Strategy Papers	Annual	UNDP data 2007 : 14 receiving support through joint PRSP Programme	The target is all countries that requested such assistance

Broad Activities

WFP: Advocacy and technical assistance to include costed, evidence-based HIV food and nutrition programmes in National AIDS Strategies, Action Plans and Poverty Reduction Plans by working with governments and key stakeholders.

UNDP: Development of technical guidance and tools and provision of technical support for integrating AIDS priorities into national development and MDG plans, poverty reduction strategy papers and sector plans, and for incorporating HIV budgeting and financing into macroeconomic policy processes (including a joint PRSP mainstreaming programme with the World Bank and UNAIDS Secretariat.)

UNFPA: Advocacy and technical assistance for the incorporation of inter-linkages of population dynamics and gender equality, sexual and reproductive health, young people's needs and AIDS in national and sectoral development plans, poverty reduction strategies and expenditure frameworks.

ILO: Integration of HIV in Decent Work Country Programmes, including the development and implementation of sector-specific policies and programmes, as appropriate, and an outreach strategy for the informal economy.

WHO: Development of technical guidance and costing tools and provision of technical support for sustainable financing of AIDS services in the health sector.

World Bank: Development of tools and guidelines, and training to integrate AIDS into broader planning and budgetary processes including a costing manual for poverty reduction strategy papers, guidelines for integrating HIV in Medium Term Expenditure Frameworks. (Includes the joint initiative on integrating AIDS in Poverty Reduction Strategy Papers in partnership with UNDP and the UNAIDS Secretariat.)

Key Output 3

Increased, harmonized and aligned technical and financial support to scale-up funding and implementation of national AIDS programmes.

Indicators	Data source	Frequency	Baseline/benchmark	Additional information
1. Number of technical support person-days provided by UNAIDS Technical Support Facilities and other technical support mechanisms 2. Number of countries that use the CHAT 3. Number of proposals funded by the Global Fund	UNAIDS country reports	Annual	2006 : 1. 2000 days of technical assistance provided in 2006 to over 49 countries 2. Forthcoming CHAT use of information from mid-term survey—end of September 2007	1. Forthcoming 2. Previously the Global Task Team established a target of 10 countries using and reporting on the outcomes of CHAT in 2006

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008–2009 UBW

and other funding mechanisms that received UNAIDS support in their development			3. UNAIDS Secretariat or one or several Cosponsors provided either financial or technical support to 27 countries	3. Forthcoming
Broad Activities				
UNDP: Technical assistance and managerial support for improved implementation, coordination and monitoring of Global Fund grants and programmes financed through other global funding initiatives.				
World Bank: Advocacy, technical support and policy advice to improve donor coordination and harmonization in collaboration with the Global Fund, PEPFAR and others.				
Secretariat: Guidance and support to strengthen capacity of national AIDS responses to scale up towards universal access targets; harmonization and alignment of donor funding to national priorities and implementation of other GTT recommendations at the country level.				
Interagency: Technical support to national partners, through the joint UN team on AIDS, Technical Support Facilities and the Global Implementation Support Team and the Technical Assistance Funds, to overcome critical obstacles in scaling up comprehensive AIDS programmes and in securing funding, through the Global Fund, World Bank and other funding mechanisms.				

Key Output 4				
Inclusion of the needs of the most-at-risk, affected and vulnerable groups in National AIDS Strategies and Action Plans with appropriate resources allocated.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries where the involvement of most-at-risk populations into the development of National Strategic Frameworks and inclusion of their needs was supported by UNAIDS.	UNAIDS country reports UNGASS NCPI 1.3 on specific vulnerable sub-populations	Annual	2006: 87 country offices responded: <ul style="list-style-type: none"> ▪ 23 countries reported that injecting drug users were involved in the development or review of National Strategic Frameworks; ▪ 29 countries reported that persons involved in sex work participated in the development or review of National Strategic Frameworks; ▪ 44 countries reported that men who have sex with men were involved in the development or review of National Strategic Frameworks; 2007: forthcoming through end of the year survey 2007: UNGASS reports from countries, due by 31.01.08	The target is all countries undertaking a review or development of the national AIDS strategies
Broad Activities				
UNICEF: Contribute to advocacy, promotion and technical assistance through harmonized interagency approaches with Government and partners to ensure that comprehensive national plans support a mix of evidence-based interventions to prevent HIV among adolescents up to the age of 18, including prioritized attention to especially vulnerable and most-at-risk adolescents				
UNFPA: Support for institutional strengthening and technical capacity-building of UNFPA country offices, UN country teams, regional and national key population organizations (e.g. youth serving and youth led; sex work networks; women living with HIV) to facilitate policy development and dialogue and to design, implement, monitor and evaluate relevant HIV programmes and services				
UNODC: Provision of technical assistance to relevant government agencies, including health, law enforcement, judiciary and social services, and civil society organizations to facilitate the participation of injecting drug users, people vulnerable to human trafficking (PVHT) and prisoners in the development and implementation of AIDS policies and programmes				

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008-2009 UBW

Key Output 5				
Strengthened capacity of country partners to assess and develop programmes to mitigate the socioeconomic impact of AIDS				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of supported country socioeconomic studies, assessments of AIDS impact: <ul style="list-style-type: none"> ▪ at national level ▪ at sector level ▪ at community level 	UNAIDS country reports	Annual	2006: 90 country offices responded: <ul style="list-style-type: none"> ▪ 31 countries evaluated the socioeconomic impact of AIDS at the national level; ▪ 25 countries evaluated the socioeconomic impact of AIDS on key sectors; ▪ 19 countries evaluated the socioeconomic impact of AIDS at the community and/or household level. 	The target is all countries that request such assistance
Broad Activities				
UNDP: Advisory services and provision of technical support to develop methodologies, conduct studies and implement strategies to assess and mitigate socioeconomic impacts of AIDS.				
ILO: Policies, mechanisms and technical support to develop coping strategies for workers affected by HIV and their families, including income-generation, (re)training, the extension of microfinance and health insurance, and protection against child labour. <i>Reporting on this activity will also feed into reporting for the output indicator for PO4/KO8.</i>				
UNESCO: Promotion and support for implementation of broad multisectoral approaches to national AIDS programming that assure sufficient resources and attention to education and related sectors within overall development efforts. <i>Reporting on this activity will be aggregated under the output indicator for PO2/KO1.</i>				
World Bank: Contributing to improved knowledge in HIV prevention, treatment and care through programme and policy research and epidemiological synthesis.				

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008–2009 UBW

Principal Outcome 3: Strengthened evidence base and accountability of the AIDS response through greater availability and use of strategic information, including monitoring and evaluation, surveillance and resource tracking.				
Indicators	Data source	Frequency	Baseline	Targets and other information
1. Number of countries that produce complete and up-to-date data on country HIV surveillance estimates and are reporting on selected UNGASS indicators.	UNAIDS country reports and country UNGASS reports	Annual	2006: 83 countries responded <ul style="list-style-type: none"> ▪ 51 countries with surveillance reports ▪ 28 countries with country estimates ▪ 29 countries with surveillance reports with standard UNGASS indicators 	Forthcoming

Key Output 1

Improved coordination and harmonization of AIDS monitoring and evaluation approaches and systems.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries supported to strengthen national M&E capacities— <i>disaggregated by agency</i>	UNAIDS country reports	Annual	2007 data forthcoming	The target is all countries that request such assistance

Broad Activities

UNICEF: Provide technical assistance to collect and accurately monitor disaggregated data, which takes stock of progress in achieving results for children.

UNICEF: Contribute to advocacy and technical assistance to generate data on age, sex and other specific background characteristics on HIV risk behaviour and vulnerabilities among adolescents up to the age of 18, as part of national, regional and global monitoring and evaluation systems.

WFP: Coordination with stakeholders to develop and integrate monitoring systems into food and nutrition components of care, treatment and support programmes in order to identify cost-effective best practice.

World Bank: Development of harmonized capacity-building approaches to support partner coordination and accountability (11 components of a fully functional HIV M&E system and results scorecard).

Secretariat: Harmonization of global and country indicators, guidelines and tools and support to countries and regions for the development of data collection, analysis, and dissemination systems that include both monitoring of progress and evaluation of impact.

Key Output 2

Reliable data, information and analyses made available on global, regional and national trends and impact of AIDS epidemic, and national responses, as well as improved estimation of global and country AIDS resource needs and tracking of financial flows.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. UNAIDS Global reports, AIDS epidemic fact sheets, estimates and projections produced 2. Number of National AIDS Spending	UNAIDS country reports	Annual	<ul style="list-style-type: none"> ▪ 2006 Global report produced ▪ Preliminary estimates for 2006 for AIDS public domestic spending (i.e. governmental) in low- and middle-income countries in 2006 was US\$ 2.5 billion 	<ol style="list-style-type: none"> 1. References to contributions into the publications from all Cosponsors will be captured 2. The target is all countries committed to undertake a National AIDS Spending Assessment or similar

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(NASA) or similar processes on tracking AIDS resources conducted			▪ 7 countries performed a NASA for 2006.	processes in 2008–2009
Broad Activities				
UNHCR: Implementation of HIV information system and conducting standardized assessments, biological and behavioural surveillance, monitoring and evaluations, and programmatic research in conflict-affected and displacement settings, and develop and disseminate best practices, lessons learnt and field experiences.				
UNICEF: Contribute to advocacy and technical assistance to strengthen mechanisms to track expenditures on children and AIDS.				
ILO: Gathering and analysis of labour and employment data to clarify the impact of AIDS on the world of work and the national economy, in collaboration with UNAIDS.				
UNESCO: Development and dissemination of evidence-based policies and practices in education on HIV prevention, care, support and treatment by strengthened and broadly inclusive linkages among researchers, diverse communities of practice, policy-makers and other key stakeholders, notably people living with HIV. <i>Reporting for this activity will be aggregated under PO1/KO1 and related indicator "Number and type of global policies, standards and guidelines issued by UNAIDS".</i>				
WHO: Conduct and report on global surveillance of HIV, related risk behaviours, sexually transmitted infections, and HIV drug resistance and toxicity; estimate the resource needs of the health sector's response; monitor and report on progress on the health sector's contribution to scaling up towards universal access; and assist countries to strengthen capacity for operational research, surveillance of HIV, and monitoring and evaluation of the health sector's response to the epidemic.				
Secretariat: Building capacity of countries for estimates and projections of HIV and AIDS, for resource needs estimation and for tracking of AIDS financial flows; improvement of related analytic tools; technical support for the collection, analysis and dissemination of data; improved access to information on trends of the AIDS epidemic, its impact, national responses, resource needs and national, regional and global spending on AIDS.				
Key Output 3				
Biomedical, sociobehavioral, and operational research agendas developed and promoted to foster scaling-up of the response through improved programmes, practices and policies in prevention, treatment, care and support.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
Number of countries reporting implementation of research agendas with support from UNAIDS	UNAIDS country reports	Annual	WHO: 5 countries	The target established by WHO is 10 countries. Other Cosponsors' information is forthcoming Support to research by other agencies, for example WFP, UNESCO, WB, UNICEF, UNODC and others will be captured through case studies and narrative reports
Broad Activities				
WHO: Stimulate, facilitate and coordinate biomedical, sociobehavioural and operational AIDS research relevant to the health sector response; monitor, analyse and report on major new research directions and findings; and provide advice on policy and programmatic implications of such research, including research on new prevention technologies, such as microbicides, vaccines and pre-exposure prophylaxis.				

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Principal Outcome 4: Enhanced human resource and system capacities at all levels of government, civil society and other non-state partners to implement comprehensive AIDS responses, including improved availability and access to affordable HIV commodities.				
Indicators	Data source	Frequency	Baseline	Targets and other information
1. Percentage of adults and children with advanced HIV infection receiving antiretroviral combination therapy—by region.	UNGASS reports, core indicator 4 WHO progress reports on global access to HIV antiretroviral Therapy	Annual	2006 UNGASS reports: 28% of estimated 7.1 million people in need of treatment 2007 UNGASS country reports—due in 31 January 2008	Each country sets a national target. The global target is to have universal access by 2010 This is the 2006–2007 UBW Principal Result R 14 indicator a
2. Percentage of HIV-positive pregnant women provided with any antiretroviral prophylaxis to reduce the risk of mother-to-child transmission.	UNGASS reports, core indicator 5 UNICEF stocktaking report WHO progress reports on Global Access to HIV ART Therapy	Annual	UNICEF Stocktaking report 2004: 7%, 2005: 11% UNGASS Report: 2005: 9%, 2006: 11% 2007 UNGASS country reports – due in 31 January 2008	Each country sets a national target. The global target is to have universal access by 2010 This is the 2006–2007 UBW Principle Result 10 indicator c
3. Condom use at last sex with non-regular partner	UNGASS reports, core indicators 17, 18, 19 and 20.	Every 4–5 years	2007 UNGASS country reports – due in 31 January 2008	Each country sets a national target. The global target is to have universal access by 2010. This is the 2006–2007 UBW Principle Result6 indicator b. Another option is “Number of countries on track for reaching related national targets”—to be defined) to be followed up with IATT on Condom programming and UNFPA.

Key Output 1

Strengthened capacities at country level for the provision of essential HIV prevention services, including prevention of sexual transmission and development of new HIV prevention technologies.

Indicators	Data source	Frequency	Baselines/benchmark	Additional information
1. Number of countries supported ¹¹ to strengthen their capacity on provision of essential HIV prevention services, including prevention of sexual transmission and development of new HIV prevention technologies – disaggregated by agency and by area of support	<ul style="list-style-type: none"> ▪ UNFPA, WHO and the World Bank Report 	Annual	<ul style="list-style-type: none"> ▪ forthcoming 	The target is all countries that request such assistance

¹¹ For this and other similar indicators the following definition of the support is used here:

- financial support

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Broad Activities

UNFPA: Strengthening linkages between sexual and reproductive health and HIV by promoting linkages using evidence base, providing technical support to countries, and disseminating guidance tools and promising practices to identify and implement key policy and programme actions, particularly focusing on rights-based sexual and reproductive health of people living with HIV, prevention of mother-to-child transmission, sexually transmitted infection management, and integrating family planning and HIV.

WHO: Development of technical guidance and tools and provision of technical support for health sector interventions to prevent transmission of HIV, including prevention of sexual transmission and condom standards and quality assurance, treatment and control of sexually transmitted infections, prevention for people living with HIV, safe blood supplies, prevention of transmission in health care settings, and implementation of new HIV prevention technologies, including male circumcision.

World Bank: Support efforts to scale up access to essential HIV prevention services including those for vulnerable and marginalized populations through analytical work, review of public expenditures and ensuring that obstacles to prevention services are addressed in national development agendas and Bank lending programmes.

Key Output 2

Enhanced capacities at country level to scale up comprehensive programmes for the prevention of mother-to-child transmission.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries supported to develop and implement PMTCT guidelines and strategies for scale up of PMTCT— <i>disaggregated by agency</i>	UNICEF/WHO reports UNFPA and WFP reports	Annual		1. The target is all countries that request such assistance
2. Number of countries supported through Joint Missions to review PMTCT and paediatric HIV care and treatment programmes— <i>disaggregated by agency</i>	IATT reports on the Joint missions with specification of which agencies and what countries were supported			2. 20 countries (WHO workplan and budget)

Broad Activities

UNICEF & WHO: Provision of financial and material support, as well as technical assistance for acceleration of PMTCT implementation at national level including the development of supportive policies and costed, evidence-informed scale up plans, capacity development in the form of training of health care workers and direct support for management capacity at country level.

UNICEF & WHO: Advocacy and development of technical guidance and tools for the prevention of mother to child transmission (PMTCT)—through synthesizing evidence, identifying research priorities and collating global level service delivery statistics—and support for countries' efforts to foster national level coordination and planning, provision of training materials for national level capacity-building for PMTCT and paediatric HIV treatment, and providing normative guidance to monitor and evaluate prevention of mother-to-child transmission programmes.

WFP: Technical assistance and programmes for food and nutrition support in national PMTCT programmes benefiting patients and their families.

UNFPA: Provision of technical support, dissemination of existing and development, as required, of new guidance, and support for capacity-building to implement the Global Strategy for Accelerating PMTCT scale up, particularly focusing on a basic package of AIDS services in maternal health care settings, sexual and reproductive health for women living with HIV, and linking maternal health services with other sexual and

- trainings at country or regional level
- technical support through a consultancy
- technical support through a mission.

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reproductive health services.

Interagency: Effective and coordinated action by UNAIDS and broader UN system to advocate, to forge partnerships and to mobilize resources and technical support for scaling up programmatic actions on prevention of mother-to-child transmission of HIV.

Key Output 3

Enhanced capacities at country level to scale up provision of AIDS treatment and care services, including antiretroviral therapy, prevention and management of opportunistic infections and other HIV related conditions, prevention for HIV-positive people, nutrition, and palliative and end-of-life care and related education services.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries supported to scale up provision of AIDS treatment and care services, including antiretroviral therapy— <i>disaggregated by agency</i>	Cosponsor reports	Annual	Forthcoming	The target is all countries that request such assistance

Broad Activities

UNICEF: Financial support and technical assistance for strengthened capacity to ensure appropriate and integrated approaches to care and treatment for pregnant women, HIV-infected women, and HIV-exposed and infected children, as well as support for capacity development and adoption of policies promoting paediatric HIV care and treatment.

WFP: Technical assistance and programmes for food and nutrition support in care and treatment programmes for affected children, HIV-positive people and their families.

WHO: Synthesis of evidence, development of technical guidance and tools, and provision of technical support for scaling up antiretroviral therapy, improving care, and managing opportunistic infections for children and adults living with HIV, strengthening laboratory capacity for monitoring treatment, and monitoring, evaluating and reporting on progress in the scale up of treatment and care.

World Bank: Support efforts to scale up access for AIDS treatment and care services including development of innovative strategies through analytical work, review of public expenditures and ensuring that obstacles to treatment and care services are addressed in national development agendas and Bank lending programmes.

Key Output 4

Strengthened capacity of countries to ensure equitable access to HIV testing and counselling that ensures confidentiality, informed consent and counselling.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries supported to scale up testing and counselling (with informed consent and confidentiality assured) through a rights-based approach	WHO reports	Annual	2007 so far: (Direct support to two countries, 1 workshop with 10 countries)	The target is all countries that request such assistance

Broad Activities

WHO: Synthesis of evidence, technical guidance and provision of technical support for the development and implementation of integrated policies and tools on HIV counselling and testing, including client- and provider-initiated testing and counselling for adults, children and families, and development of quality HIV diagnostics.

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Key Output 5				
Improved capacity of countries to scale up joint HIV and TB planning, training, procurement and delivery of harmonized HIV and TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis.				
Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries that scale up joint HIV and TB planning, training, procurement and delivery of harmonized HIV and TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis with the support from UNAIDS— <i>disaggregated by agencies</i>	WHO reports UNODC reports WFP reports	Annual	WHO—34 countries	The target is all countries that request such assistance WHO established a target of 43 countries, i.e. 25% increase
Broad Activities				
WFP: Technical assistance and programmes for nutrition and food support in HIV/TB programmes.				
UNODC: In collaboration with relevant partners, development, adaptation, dissemination and delivery of technical guidelines, tools, and provision of technical support in strengthening the capacity of countries to scale up joint HIV/TB planning, training, and delivery of harmonized HIV/TB services, including the provision of a package of prevention, care and support for HIV-related tuberculosis in prison, drug dependence treatment and immigration detention settings.				
WHO: Synthesis of evidence, development of technical guidance and tools and provision of technical support for linking HIV and tuberculosis services.				
Key Output 6				
Key Output 6: Strengthened national systems for procurement and supply management for high quality HIV medicines, diagnostics, condoms, and other essential HIV commodities.				
Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries with a comprehensive Procurement, Supply Management and Distribution plan for HIV medicines, diagnostics, condoms and other essential HIV commodities that was developed with UNAIDS support	Reports from UNICEF, UNFPA, WHO, the World Bank	Annual	2006 WHO data – 10 countries	The target is all countries that request such assistance WHO established a target of 20 countries.
Broad Activities				
UNICEF: Advocacy and technical assistance for sustainable procurement and supply management systems responsive to the needs of HIV pregnant women and their children. This includes supporting the development of procurement and supply management plans and capacity-building as well as advocating for more appropriate formulations for prevention of mother-to-child transmission and paediatric HIV and adaptation of tools and instruments to assist in strengthening PSM.				

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UNFPA: Implementation of the Global Condom Initiative to intensify comprehensive condom programming (CCP) for HIV prevention and dual protection with emphasis on: (a) scaling up female condom programming; (b) strengthening male condom programming; (c) increasing access and use of male and female condoms by women, young people, sex workers and populations in humanitarian settings; (d) building national capacity including through workshops, training of programme managers and service providers, condom branding, mass media campaigns, advocacy, and support for national coordination; (e) support for country level procurement of male and female condoms (MCs and FCs), STI drugs and diagnostics test kits including through training and support for the implementation of a low cost computer augmented LMIS system and (f) development of monitoring and evaluation tools to assess progress and evaluate impact.

WHO: Provision of normative guidelines, quality standards including prequalification of HIV medicines and diagnostics, strategic information and technical support to strengthen national procurement and supply management systems.

World Bank: Provision of workshops, knowledge generation and dissemination to improve procurement and supply chain management of AIDS medicines and diagnostics in partnership with UNICEF and the Global Fund/PEPFAR/WB procurement working group.

Key Output 7

Strengthened capacity of national and regional authorities in developing countries to utilize the flexibilities in the global trade rules in promoting wider access to affordable HIV-related pharmaceuticals and prevention commodities.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries supported to adopt enabling policy, legislation and TRIPS flexibilities— <i>disaggregated by agencies</i>	UNDP and WHO reports	Annual	2007 data are forthcoming through the end of the year survey	The target is all countries that request such assistance

Broad Activities

UNDP: Policy guidance and technical support to strengthen national capacity for enabling trade and health policies and programmes that promote sustainable access to AIDS medicines.

WHO: Provision of normative guidance and technical support to enable countries to make full use of the flexibilities in the TRIPS agreement, and to promote wider access to affordable HIV commodities, including HIV medicines and diagnostics.

Key Output 8

Improved capacities at country level for human resource planning, training, compensation and retention measures in all sectors relevant to the response to AIDS.

Indicators	Data source	Frequency	Baselines/benchmark	Additional information
1. Number of countries with sound strategic plans for the workforce, including policies and management practices on incentives, regulation and	WHO, ILO, UNESCO reports	Annual	To be established	

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retention, with attention to specific issues raised by AIDS that were developed with UNAIDS support— <i>disaggregated by agency.</i>				
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Broad Activities

ILO and WHO: Policy guidance and technical support to strengthen human resources for health, including health-care workers' access to prevention, care and treatment, with a particular focus on workplace policies, occupational health services, training and retention issues (in particular, occupational safety and health, working conditions, compensation).

UNESCO: Capacity development in designing, implementing and assessing efficient and rights-based education, communication and information strategies and programmes for HIV prevention, treatment, care and support.

WHO: Advocacy and provision of normative guidance, strategic information and technical support to strengthen human resources for health for the scaling up of HIV prevention, treatment and care towards universal access, including a focus on HIV prevention, treatment and care for health workers, health workforce planning, certification and training of health-care workers, retention of health-care workers and expanding the health workforce through task-shifting.

Key Output 9

Enhanced capacities at country level to provide equitable access, through the workplace, to comprehensive HIV prevention, treatment and care services.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries where workplaces provide HIV prevention and information on treatment, care and support services to workers with UNAIDS support – <i>disaggregated by agency</i>	ILO report UNHCR report	Annual		The ILO target for 2008–2009 biennium is 20 countries

Broad Activities

UNHCR: Advocacy and provision of technical assistance to build capacities of UNHCR partners to develop and/or implement and expand HIV workplace programmes.

ILO: Policy guidance, tools and technical support to employers, workers and ministries of labour for the planning and implementation of comprehensive, gender-aware and sustainable workplace programmes, building on existing structures such as occupational safety and health committees and including voluntary confidential counselling and testing, prevention of mother-to-child transmission and TB treatments as appropriate.

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Principal Outcome 5: Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination.				
Indicators	Data source	Frequency	Baseline	Targets and other information
1. Number of countries that have laws and regulations that protect people living with HIV against discrimination ¹² .	<p>UNGASS indicator/ NCPI/part b: Number of countries that have laws and regulations that protect people living with HIV against discrimination.</p> <p>UNAIDS country reports on the number of countries with national laws and regulations that specifically protect people living with HIV against discrimination.</p>	<p>Biennial</p> <p>Annual</p>	<p>2007 UNGASS country report due by 31 January 2008</p> <p>2005 UNAIDS country reports</p> <p>87 country offices responded: 44 reported that the country has such laws and regulations</p> <p>2006 UNAIDS country reports</p> <p>85 country offices responded: 58 reported having laws and regulations that protect people living with HIV against discrimination</p>	
2. Number of countries that have a policy to ensure equal access, between women and men, to prevention, treatment and care.	UNGASS indicator: National Composite Policy Index Part B on gender in relation to prevention, treatment, care and support.		2007 UNGASS reports (NCPI) due by 31 January 2008	

Key Output 1

Coordinated promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes, and improved government adherence to human rights treaties and other related international obligations.

Indicators	Data source	Frequency	Baseline / benchmark	Targets and other information
1. Number of countries where technical support is provided on the promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes <i>disaggregated by agencies</i>	UNAIDS country reports	Annual	2007 reports forthcoming	The target is all countries that request such assistance

Broad Activities

UNHCR Advocacy for HIV-related protection and rights based approach for people of concern to UNHCR to be included in HIV policy, proposals and programmes at all levels and to have non-discriminatory access to comprehensive HIV and AIDS response packages

UNDP: Advocacy, policy support and development of normative and strategic guidance, to strengthen coherent and coordinated UN action in the area of HIV-related human rights and gender programming

UNODC: Advocacy, promotion and technical support to countries to develop human rights-based, gender-responsive and equitable AIDS policies and programmes, for prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT) in line with human rights treaties and other related international standards

ILO: Policy and technical support to ministries of labour and their authorities—in collaboration with employers and workers—to ensure that labour laws and policies include HIV, protect rights, combat discrimination and violence, and promote workplace programmes

Secretariat: Support leadership and advocacy on human rights and gender equality in the global AIDS response, and development of human rights-based and gender-responsive policies and programmes, including the costing of necessary programmatic actions, mobilization of required resources, and increased capacity to track progress

¹² Such laws and regulations will include general non-discrimination provisions or those that specifically mention HIV with a focus on schooling, housing and employment.

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Key Output 2				
Strengthened capacity of government and civil society to address AIDS-related stigma and discrimination and other human rights issues especially in relation to most-at-risk populations.				
Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries supported to prioritize targeted actions to address stigma and discrimination and other human rights of most-at-risk populations in national AIDS plans, sector strategies or plans— <i>disaggregated by agencies</i>	UNAIDS country reports	Annual	Forthcoming through the annual 2007 survey	The target is all countries that request such assistance
Broad Activities				
UNDP: Advocacy, guidance and support to build capacity and strengthen partnerships between people living with HIV, civil society organizations, media, women's groups, the private sector and religious leaders to address HIV-related stigma and discrimination				
UNESCO: Strengthen rights-based, gender-responsive and culturally appropriate educational, health and information services, particularly for most-at-risk populations, with a particular aim of reducing stigma and discrimination				
UNODC: Building capacity of civil societies to reduce stigma and discrimination in improving access to HIV prevention and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking (PVHT)				
Interagency: Support joint UN work to stimulate and support programmatic action on human rights and gender equality, especially in relation to most-at-risk populations, identify and build leadership capacity and forge partnerships on human rights and gender across sectors				
Key Output 3				
Strengthened capacity of government and civil society to overcome legal and policy barriers impeding equitable access to HIV prevention, treatment, care and support services and commodities, including those designed specifically for vulnerable and most-at-risk populations.				
Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries supported to review, change and implement legislation and policies for equitable access to HIV prevention, treatment, care and support services and commodities—disaggregated by agencies	Cosponsor and Secretariat reports	Annual	Forthcoming through the annual 2007 survey	The target is all countries that request such assistance
Broad Activities				
UNDP: Advisory services and support for undertaking legislative reviews and reform, promoting enforcement of laws that protect HIV-related rights and equality of women, and strengthening links between parliamentary, judicial and law enforcement structures				
UNODC: Legal and policy reviews as they relate to prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT), and advocacy, promotion and technical support to governments and civil societies to develop or adapt legislation, policies and strategies for equitable access to HIV prevention, treatment, care and support services and commodities				
Interagency: Collective UN action to support populations most-at-risk of exposure to HIV, including provision of technical support towards identified needs of capacity-building, e.g. on resource mobilization, management and advocacy, to enable full engagement of these populations in AIDS responses				

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Key Output 4				
Strengthened capacity of governments and civil society to address gender inequality, gender-based violence, and discrimination against women and girls in responding to AIDS and to engage men and boys in this response.				
Indicators	Data source	Frequency	Baseline / benchmark	Targets and other information
1. Number of countries supported to conduct gender assessments of national AIDS plans and/or integrate gender equality and the needs of women, <i>disaggregated by agencies, by programmatic areas.</i>	UNAIDS country reports, UNIFEM reports (via UNDP)	Annual	2007 survey will collect this information	The target is all countries that request such assistance
Broad Activities				
WFP: Incorporation of gender dimensions of HIV into food and nutrition support programmes for prevention, treatment, care and support				
UNDP: Advocacy, advisory services and technical support for planning and implementation of strategies to address gender dimensions of AIDS, reduce vulnerability of women and girls, mitigate impact, and strengthen networks of men and boys working to address gender and AIDS				
UNFPA: Advocacy and capacity-building to mainstream gender equality into sexual and reproductive health programmes to address women's and girls' vulnerabilities, mitigate the impact of HIV, including gender-based violence, and involve men and boys in HIV prevention programmes				
Key Output 5				
Strengthened human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors.				
Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries supported to build human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors – <i>disaggregated by agencies.</i>	Cosponsor reports	Annual	2007 survey will collect this information	The target is all countries that request such assistance The support will include technical advice, workshops, tools on the capacity to address human rights and gender competencies among parliamentarians, judges, law enforcement officials
Broad Activities				
UNODC: Development of technical guidance and tools, provision of training and technical support for and advocacy with parliamentarians, judges and law enforcement officials on the human rights of women and men who are drugs users, or living in prisons, or vulnerable to human trafficking (PVHT).				
ILO: Capacity-building, including awareness-raising, policy guidance and training, for labour judges and magistrates.				

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Principal Outcome 6: Increased coverage and sustainability of programmes for those engaging in injecting drug use, sex between men and sex work.				
Indicators	Data source	Frequency	Baseline	Targets and other information
1. Percentage of most-at-risk populations reached by prevention programmes	UNGASS reports data Population surveys and health facilities data (BSSs)	biennial	2007 UNGASS reports service coverage : IDUs – 8% MSM – 9% Engaged in sex work – n/a	Each country sets a national target. The global target is to have universal access by 2010.
2. Percentage of total national AIDS spending for most-at-risk populations	National AIDS spending assessments (categories 1.4, 1.8, 1.9, 1.10 under prevention line).	annual—selected countries	to be established	Each country sets a target for AIDS spending.

Key Output 1

Accelerated support to governments and civil society to scale up effective HIV prevention, treatment, care and support services for those engaging in injecting drug use, sex between men, sex work, including in prison settings.

Indicators	Data source	Frequency	Baseline/ benchmark	Targets and other information
1. Number of countries supported to develop and/or implement programmes to scale up provision of HIV prevention, treatment, care and support services to people engaging in injecting drug use, sex between men, sex work, including in prison settings— <i>disaggregated by agencies, by population at a greater risk of HIV</i>	UNODC, WHO, UNFPA reports	Annual	Forthcoming discussion on the role of output baselines	The target is all countries that request such assistance. Indicator measures the number of countries supported in the biennium 2008–2009.

Broad Activities

UNFPA: Advocacy and provision of technical support for implementation of policies and programmes addressing HIV and sex work, including through the greater and meaningful involvement and participation of sex workers as individuals and through their organizations and networks—at national, subregional and regional and global levels.

UNODC: Provision of support and technical assistance to countries for resource mobilization, establishment of multisectoral working groups, assessment of programmatic needs and capacity-building towards the development, implementation and monitoring of effective HIV prevention, treatment and care services in prison settings, for injecting drug users, and for people vulnerable to human trafficking (PVHT).

WHO: Synthesis of evidence, provision of policy guidance, development of normative tools and guidelines and provision of technical support for strengthening of health services to deliver effective HIV prevention, treatment and care and sexually transmitted infection services for injecting drug users, (including harm reduction services), sex workers, men who have sex with men, prisoners and populations of humanitarian concern.

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Key Output 2				
Expanded dissemination and support for the use of evidence-informed policies and practices as well as improved coordination and harmonization of approaches among all partners to address the vulnerabilities and needs of most-at-risk populations.				
Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries that accessed policy guidance and other information that address the vulnerabilities and most-at-risk populations— <i>disaggregated by agency and by population group: drug users, MSM, and those engaged in sex work.</i>	UNAIDS Cosponsors and the Secretariat	Annual	Cosponsor and Secretariat reports	The target is all countries. Information on the number of accessing instances and downloads from the UNAIDS website will be collected for this indicator as well.
Broad Activities				
UNFPA: Development, documentation and scale-up of models to strengthen the evidence base to support programming in the context of HIV and sex work				
UNODC: In collaboration with relevant national and international partners, including civil society organizations, develop, adapt and disseminate evidence-based guidelines and best practices related to AIDS prevention and care for injecting drug users, people vulnerable to human trafficking (PVHT) and in prison settings.				
UNESCO: Expansion of access to quality HIV and AIDS learning opportunities for all, particularly marginalised and excluded populations, and to programmes that address specific vulnerabilities.				
Secretariat: Promotion, monitoring and analysis of implementation of policy and programmatic actions to scale up HIV prevention, treatment, care and support for men who have sex with men; and effective policies, partnerships and best practices in addressing the vulnerability of most-at-risk populations.				

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Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel				
Indicators	Data source	Frequency	Baseline	Targets and other information
1. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission— disaggregated by sex	UNGASS reports from selected countries (annually – about 20 countries)	4–5 years	2007 UNGASS reports forthcoming, due by 31 January 2008	95% by 2010—global target Each country sets a national target. This is a new UBW indicator
2. Percentage of schools that provided life skills-based HIV education in the last academic year	UNGASS reports	2 years	2007 UNGASS reports forthcoming, due by 31 January 2008	Each country sets a national target. This is a new UBW indicator
2. Number of countries in conflict/emergency affected and prone regions that have integrated and implemented HIV programmes for populations of humanitarian concern	UNGASS data UNAIDS country reports UNHCR monitoring and annual reports WFP Standard Project reports	Annual	2006 UNAIDS country reports 84 country offices responded: <ul style="list-style-type: none"> ▪ 31 countries with National AIDS Action Frameworks that include programmes related to conflict-affected, disaster-affected areas and/or other humanitarian settings ▪ 36 countries have humanitarian action plans or similar strategies ▪ 24 countries reported that their humanitarian action plans or strategies address the humanitarian situation and HIV 	The target is all countries affected by aforementioned conditions that have UN Theme Groups on AIDS or UNHCR presence. This is a new UBW indicator

Key Output 1

Strengthened capacities at country level to prevent HIV among women and girls, reduce vulnerability of women and girls and reduce the impact of AIDS on women and girls, including reducing and eliminating gender-based violence and trafficking.

Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries that have included gender-based violence responses in their AIDS Strategic Plans and implement them with the support from UNAIDS, one or several Cosponsors and the Secretariat.	Secretariat and Cosponsors reports	Annual	UNHCR 2006 data: 40 countries	UNHCR's target is 69 countries, i.e. in all countries where UNHCR implements AIDS programmes There will be additional information on the UNAIDS work related to gender, the needs of women and girls, in the form of case studies, narrative reports, assessments, from listed and other Cosponsors, e.g. UNDP

Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008–2009 UBW

Broad Activities				
<p>UNHCR: Promotion, support and coordination of sexual and gender violence response activities within AIDS programmes in conflict, post-conflict and displacement settings and support programmes for women, girls and boys to reduce their vulnerabilities and risk behaviours to HIV.</p>				
<p>UNFPA: Conduct advocacy to raise awareness of the 'feminization' of the epidemic, support policy dialogue to catalyse action, provide technical support, and disseminate/develop guidance and good practices to reduce vulnerability of women and girls, mitigate impact, and empower women and girls, including reducing barriers to utilisation of sexual and reproductive health services, addressing gender-based violence, sexual and reproductive health of women living with HIV, and other key areas</p>				
<p>UNODC: Development and dissemination of a Safe Mobility Toolkit for mobile and migrant populations, especially people vulnerable to human trafficking (PVHT); gender-responsive operational tools and guidelines which address the needs of female injecting drug users, and women and young girls living in prison settings; and the provision of technical assistance to government and civil societies for their implementation.</p>				
<p>Secretariat: Promotion, monitoring and analysis of implementation of policy and programmatic actions to address vulnerability of women, gender inequality, involvement of men and boys, and other issues related to the feminization of the AIDS epidemic.</p>				
Key Output 2				
<p>Enhanced capacities at country level to implement effective policies and programmes to prevent infections among young people, including young people most at risk of HIV in line with treatment, care and support.</p>				
Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries that develop and implement programmes specifically focusing on addressing the risk factors of especially vulnerable adolescents with the support from UNAIDS, disaggregated by agency, by subject area, e.g. education programmes, behaviour communication, food support	Reports from UNICEF, WFP, UNHCR, UNESCO.	Annual	2006 UNICEF reported: 73 countries. 2006 UNHCR reported: 40 countries	The target is all countries that request such assistance. UNHCR's target is 69 countries, i.e. in all countries where UNHCR implements AIDS programmes.
Broad Activities				
<p>UNHCR: Development and dissemination of culturally/linguistically appropriate AIDS information-education-communication materials, with particular focus on HIV, and sexual and reproductive health for people of concern to UNHCR</p>				
<p>WFP: Scaling up of HIV awareness and prevention in food and nutrition support programmes among young people</p>				
<p>UNFPA: Increased access to comprehensive sexual and reproductive health and HIV information and education, skills and services for young people in and out of school, especially the vulnerable and most-at-risk through: effective coordination mechanisms at global, regional and country levels; mapping, data collection and use for the design, implementation, monitoring and evaluation of programmes; capacity-building, development of policy and programme guidance tools; and support and advocacy for youth involvement and participation</p>				
<p>UNESCO: Implementation support for comprehensive national AIDS education programmes tailored to the gender-specific needs of groups of young people within the framework of universal access</p>				

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Key Output 3				
Strengthened capacities at country level to provide protection, care and support for children affected by AIDS.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries supported to provide protection, care and support for children affected by HIV or AIDS— <i>disaggregated by agencies, by subject area.</i>	UNICEF, UNHCR, WFP reports	Annual		The target is all countries that request such assistance. Technical support includes guidelines for sector-led responses on protection and support for children affected by AIDS.
Broad Activities				
UNHCR: Provision of technical support to youth and children, including separated and unaccompanied children and orphans, on basic rights awareness and life skills training to reduce their vulnerabilities to HIV and identify displaced children made vulnerable by HIV or AIDS to provide necessary support and work towards a durable solution.				
UNICEF: Advocacy and provision of tools and technical assistance to develop and monitor policies, the implementation of costed, evidence-informed scale up plans for children affected by AIDS.				
WFP: Technical assistance and support for nutrition and food support in programmes for orphans and children made vulnerable by HIV or AIDS.				
Key Output 4				
Strengthened capacities and coordinated approaches of government and humanitarian actors to implement internationally accepted policies and standards, and effective and sustainable multisectoral HIV or AIDS programmes for populations of humanitarian concern, including for food insecure households, migrants and mobile populations, armed and uniformed groups.				
Indicators	Data source	Frequency	Baseline/ benchmark	Targets and other information
1. Number of countries that are supported to integrate emergency-affected and the surrounding host communities in their National AIDS policies, programmes and strategic plans and implemented specific activities for them according to the IASC Guidelines for AIDS interventions in emergency settings— <i>disaggregated by agencies, by subject area.</i>	UNHCR reports; UNAIDS country reports; WFP, UNFPA and ILO reports	Annual	UNHCR data: 40 countries	The target is all countries that request such assistance. UNHCR's target is 69 countries, i.e. in all countries where UNHCR implements AIDS programmes.
Broad Activities				
UNHCR: Support and coordination of integrated and comprehensive AIDS response programmes for emergency-affected populations (refugees, internally displaced persons and other people of concern) and the surrounding communities according to the phase of the emergency and the type of the HIV epidemic guided by the IASC Guidelines on HIV Interventions in Emergencies				
UNHCR: Provision of technical assistance to implementing partners and build their capacities to design and implement HIV and AIDS programmes in conflict, post-conflict and displacement settings, and ensure availability of sufficiently trained personnel to coordinate and monitor HIV technical support				
WFP: Integration of HIV nutrition into all WFP emergency responses through the use of specialized vulnerability assessment tools to guide the targeting and programming of food and nutrition support for affected children, people on ART, people living with HIV and their families				

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<p>UNFPA: Integration of comprehensive sexual and reproductive health and HIV services, including prevention and response to gender-based violence into emergency preparedness, humanitarian response, transition and recovery with emphasis on prevention of HIV and sexual violence among high risk groups affected by continuing crisis such as uniformed personnel, male and female ex-combatants, women associated with armed groups and armed forces, and mobile populations</p>
<p>UNODC: In collaboration with partners including civil societies, provision of advocacy, promotion and technical support for implementation of policies and programmes on HIV and the workplace, for uniformed groups, including law enforcement, prisons, border guards and immigration detention centre staff</p>
<p>ILO: Collaboration with relevant authorities and agencies to develop internal and cross-border policies for migrant and mobile workers which protect their rights, recognize gender differences, and ensure their access to prevention and treatment services</p>
<p>Secretariat: Establish and maintain policy guidance, technical assistance mechanisms and M&E systems to effectively address HIV among uniformed services and armed personnel, and other issues related to AIDS and security.</p>
<p>Interagency: Establish and maintain global and regional advocacy networks and coordination structures for addressing the HIV needs of uniformed services and armed personnel.</p>