

## Montenegro Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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**Describe the process used for NCPI data gathering and validation:**

In 2006 United Nations (UN) Member States signed a political declaration to achieve universal access to HIV prevention, treatment, care and support. The aim was to ensure that people everywhere have access to HIV prevention, treatment, care and support by 2010. Countries set ambitious national targets for universal access, but progress towards these targets has varied - with some countries exceeding some of their targets, but not reaching others. As a result, UNAIDS in 2010 requested countries to undertake an open and inclusive consultation process—bringing together governments, development partners, civil society organizations, networks of people living with HIV and community groups to review the progress made in reaching country targets for universal access. In addition, UNAIDS produced a strategy Getting to Zero 2011-2015 to establish the goals to be achieved by 2015. This report documents the progress that Montenegro has made since 2006 in achieving its universal access targets and builds upon the Mid Term Review of the National AIDS Strategy 2005 to 2009 and Universal Access Plan conducted in 2007. NCPI data gathering and validation in Montenegro represents a participatory, in-country consultation process with all the relevant national counterparts. Gathered information and data are used as a basis of this year's reporting. It comprises the data from the UA Review report conducted in December 2010 and finished in March 2011 and available data collected on the ground by the National M&E Unit and GFATM Project Implementation Unit within UNDP Country Office, together with inputs from all relevant national counterparts.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

No specific disagreements were recorded. Based on experience so far, all eventual disagreements that come up during the work are being discussed and solved at the meetings of the National AIDS Commission. The openness and willingness to resolve all issues truly represents a great quality and advantage of the overall national response to HIV and AIDS and its actors.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

Whilst an impressive array of legislation has been approved, implementation has not always been optimal. The Law on Discrimination has been adopted in 2010 and it already shows its good results. However, it is necessary to further empower the relevant authorities to improve the level of its implementation and successfulness. With specific reference to HIV, high levels of stigma and discrimination persist towards people living with HIV, female sex workers, injecting drug users and particularly towards men who have sex with men. Stigmatising attitudes held by health care providers, law enforcement officers and the general public have resulted in low uptake of HIV testing and counseling services and in difficulties in reaching men who have sex with men. This coupled with perceived lack of confidentiality of services was identified as the main barrier to implementing the previous AIDS strategy. Criminalisation of HIV risk behaviour also makes access to the population difficult and deters most-at risk groups from accessing HIV information and services. In the area of non health sector response sexual and gender based violence is emerging as an issue to be addressed in the future together with an analysis of poverty as a driver of HIV risk behaviour (especially selling sex).

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Institute of Public Health	MD, Boban Mugosa, director IPH	Yes	Yes	Yes	Yes	Yes	Yes
Institute of Public Health	MD, Aleksandra Marjanovic, National AIDS office secretary NAC	Yes	Yes	Yes	Yes	Yes	Yes
Centre for Blood Transfusion	Dr Gordana Rasovic/ Chief	No	No	No	Yes	Yes	No

Infectious Disease Clinic	Dr Brankica Dupanovic/ Chief	No	No	Yes	Yes	Yes	No
Primary Health Care Center Podgorica	Dr Nebojsa Kavacic/ Director	No	Yes	No	Yes	No	No
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
NGO CAZAS	Dr Miso Pejkovic/ Executive Director	Yes	Yes	Yes	Yes	Yes
NGO Juventas	Ivana Vujovic/ President of Executive Board	Yes	Yes	Yes	Yes	Yes
NGO Protection	Dr Ljiljana Jovicevic/ Director	Yes	No	Yes	Yes	No
NGO SOS telefon	Biljana Zekovic, Director	Yes	Yes	Yes	Yes	No
UNAIDS	Vladan Golubovic/ UNAIDS Focal Point	Yes	Yes	Yes	Yes	Yes
WHO	Mina Brajovic/ Head of Office	Yes	Yes	Yes	Yes	Yes
UNDP	Itana Labovic/ GFATM Programme Manager	Yes	Yes	Yes	Yes	Yes

## A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2010-2014.

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

The National AIDS Strategy for the period 2005 to 2009 provided a sound foundation for HIV prevention - with a specific focus on most-at risk populations and blood safety - and improved diagnosis, treatment and care for people living with HIV. The Ministry of Health (MoH) has been responsible for overall coordination of the response and implementation of activities within the health sector. Other key ministries have been Education (MoE), Interior (MoI), Justice (MoJ) and Tourism (MoT). Non-governmental organisations (NGOs) have been critical in reaching injecting drug users, sex workers and men who have sex with men and in providing young people with HIV information and condoms. There is political will in Montenegro to address AIDS in accordance with the United Nations Joint Programme on AIDS (UNAIDS) guidelines. A comprehensive revised National AIDS Strategy for Montenegro 2010 to 2014 was developed in 2009 and was ratified by government on 2nd December 2010 with a total budget requirement of Euro 15,014,747 over the five year period. This strategy was used as the basis for the development of the successful proposal to the Global Fund on AIDS, Malaria and Tuberculosis (GFTAM) Round 9 and Euro 4,798,057 was awarded with effect from 1 July 2010. Support received from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) in 2006 and 2010 has accelerated the activities already undertaken by government and NGOs with support from international partners.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS	
Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
No	No
Yes	Yes
Yes	Yes

**Other [write in]:**

-  
**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**  
-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

The AIDS Strategy 2010 to 2014 accords priority to changing the behaviours of males and females already engaging in HIV risk behaviours (such as unprotected anal, oral and vaginal sex, and injecting drugs with non-sterile equipment) and providing them with universal access to prevention and treatment interventions. Efforts to improve the quality of life of people living with HIV and to prevent HIV transmission to their sexual partners are also intensified. In order to implement these interventions, the intense stigma and discrimination faced by these groups needs to be addressed. Attention is paid to groups (military, uniformed services and children and adolescents living without parental care, or working/living on the street) and settings (hotels, prisons, streets) where people may be more vulnerable to start engaging in HIV risk behaviour. In addition, a focus is maintained on primary prevention amongst youth and the general population. The provision of safe blood and blood products is continued according to the Law on Provision of Sufficient Amount of Safe Blood Units, 2007 as is attention to universal precautions to prevent workplace based exposure to HIV – already in place for health care workers and to be extended to police and prison staff. A Strategy on the Prevention of mother to child transmission of HIV is developed and complement the national AIDS Strategy. The strategy is implemented through the coordinated efforts of different government departments, civil society (especially NGOs) and the private sector and with support from UN agencies, international, regional and national donors.

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

**1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:**

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

Active participation of civil society in the development of the multisectoral strategy was organized through in-country, sector-wide participatory and inclusive process of consultations between all relevant national counterparts contributing to the overall national response to HIV and AIDS.

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, all partners

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

Yes

**Sector-wide approach:**

Yes

**Other [write in]:**

NHDR

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):**

Yes

**Other[write in below]:**

-

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**

N/A

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

No

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

No

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current Needs Only

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

Yes

**(b) IF YES, is coverage monitored by population groups?:**

Yes

**IF YES, for which population groups?:**

MSM, IDUs, SWs, PLHIV, sailors, youth in general, Roma.

**Briefly explain how this information is used:**

These information are used to monitor the epidemic and strategically plan further preventive programmes in order to effectively and efficiently address the needs of the population groups.

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

Municipal, regional and national level.

**Briefly explain how this information is used:**

These information are used to monitor the epidemic and strategically plan further preventive programmes in order to effectively and efficiently address the needs of the population groups.

**5.4. Has the country developed a plan to strengthen health systems?:**

No

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

-

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

-

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## **A - II. POLITICAL SUPPORT AND LEADERSHIP**

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

No

**B. Other high officials at sub-national level:**

Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

No

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

-

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Dr Miodrag Radunovic, Minister of Health

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

15

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

4

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

1

**Include the private sector?:**

No

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

There are CCM (Country Coordinating Mechanism) which promote interaction between government, civil society organisations, and private sector for implementing HIV strategies.

**What challenges remain in this area:**

-

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

-

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

-

**Technical guidance:**

Yes

**Other [write in below]:**

-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**

No

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

No

**Men who have sex with men:**

No  
**Migrants/mobile populations:**  
 No  
**Orphans and other vulnerable children:**  
 No  
**People with disabilities:**  
 No  
**People who inject drugs:**  
 No  
**Prison inmates:**  
 No  
**Sex workers:**  
 No  
**Transgendered people:**  
 No  
**Women and girls:**  
 No  
**Young women/young men:**  
 No  
**Other specific vulnerable subpopulations [write in]:**  
 -

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

This Law bans discrimination on the grounds of various characteristics, including sexual orientation and gender identity

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

-

**Briefly comment on the degree to which they are currently implemented:**

-

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

IF YES, for which subpopulations?

**People living with HIV:**  
 No  
**Men who have sex with men:**  
 No  
**Migrants/mobile populations:**  
 No  
**Orphans and other vulnerable children:**  
 No  
**People with disabilities:**  
 No  
**People who inject drugs :**  
 No  
**Prison inmates:**  
 No  
**Sex workers:**  
 No  
**Transgendered people:**  
 No  
**Women and girls:**  
 No  
**Young women/young men:**  
 No  
**Other specific vulnerable subpopulations [write in below]:**  
 -

**Briefly describe the content of these laws, regulations or policies:**

-

**Briefly comment on how they pose barriers:**

-

## A - IV. PREVENTION

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:**

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

Yes

**Be faithful:**

Yes

**Be sexually abstinent:**

No

**Delay sexual debut:**

No

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

No

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

-

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:**

Yes

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

Yes

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:**

Yes

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:**

Yes

**Briefly describe the content of this policy or strategy:**

-

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?



IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	No	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Strongly Agree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Strongly Agree

**IEC on stigma and discrimination reduction:**

Strongly Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Strongly Agree

**Universal precautions in health care settings:**

Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

# A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

N/A

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Strongly Agree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

National AIDS Strategy 2010-2014

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

N/A

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

No

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

No

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

7

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

-

1.1 IF YES, years covered:

2010-2014

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

Yes

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

Yes

**A data dissemination and use strategy:**

Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

Yes

**Guidelines on tools for data collection:**

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

-

4. Is there a functional national M&E Unit?:

In Progress

Briefly describe any obstacles:

-

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

No

**In the National HIV Commission (or equivalent)?:**

No

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-

-

-

-

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-

-

-

-

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

No

**Briefly describe the data-sharing mechanisms:**

-

**What are the major challenges in this area:**

-

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

No

**6. Is there a central national database with HIV- related data?:**

No

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

-

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

At regional and municipality (local) level.

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**

No

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

-

9. In the last year, was training in M&E conducted

**At national level?:**

Yes

**IF YES, what was the number trained:**

30

**At subnational level?:**

No

**At service delivery level including civil society?:**

Yes

**IF YES, how many?:**

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

Yes

**IF YES, describe what types of activities:**

There was conducted a seminar on M&amp;E strategic planning and drafting of the National M&amp;E plan.

**10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

**B - I. CIVIL SOCIETY INVOLVEMENT****1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**

4

**Comments and examples:**

-

**2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**

5

**Comments and examples:**

-

3.

**a. The national HIV strategy?:**

5

**b. The national HIV budget?:**

3

**c. The national HIV reports?:**

2

**Comments and examples:**

-

4.

**a. Developing the national M&E plan?:**

5

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:**

:

4

**c. Participate in using data for decision-making?:**

4

**Comments and examples:**

-

**5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

5

**Comments and examples:**

-

**6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access****a. Adequate financial support to implement its HIV activities?:**

4

**b. Adequate technical support to implement its HIV activities?:**

4

**Comments and examples:**

-

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

**People living with HIV:**

25-50%

**Men who have sex with men:**

51-75%

**People who inject drugs:**

51-75%

**Sex workers:**

>75%

**Transgendered people:**

51-75%

**Testing and Counselling:**

<25%

**Reduction of Stigma and Discrimination:**

51-75%

**Clinical services (ART/OI)\*:**

<25%

**Home-based care:**

<25%

**Programmes for OVC\*\*:**

<25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

**IF YES, describe some examples of when and how this has happened:**

The National AIDS Strategy for period 2010-2014 and the latest Universal Access review Report finalized in 2011 were examples of participatory and inclusive process of HIV policy design. Also, PLHIV and other key and vulnerable populations are involved in programme implementation on a continuous basis through engagement in the civil society organizations.

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

This Law bans discrimination on the grounds of various characteristics, including sexual orientation and gender identity

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

-  
Briefly comment on the degree to which they are currently implemented:  
-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

2.1. IF YES, for which sub-populations?

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

Briefly describe the content of these laws, regulations or policies:

-  
Briefly comment on how they pose barriers:  
-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

-  
Briefly describe the content of the policy, law or regulation and the populations included:  
-

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Protection of human rights of all persons involved including the reduction of stigma and discrimination, and the creation of a supportive environment for HIV prevention, treatment, care and support.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

-  
6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

**If applicable, which populations have been identified as priority, and for which services?:**

By the Law on protection against infectious diseases health care services for diagnostic, treatment and care related to consequences of HIV are free of charge for all persons with HIV/AIDS. All cost are covered by Health Insurance Fund.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes  
**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

No  
**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes  
**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

-  
8.1  
**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**  
No

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:**

-  
**10. Does the country have the following human rights monitoring and enforcement mechanisms?**  
**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**  
-  
**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**  
-  
**IF YES on any of the above questions, describe some examples:**  
-

-  
**11. In the last 2 years, have there been the following training and/or capacity-building activities?**  
**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**  
-  
**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**  
-

-  
**12. Are the following legal support services available in the country?**  
**a. Legal aid systems for HIV casework:**  
-  
**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:**  
-

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

-  
**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

-  
**Since 2009, what have been key achievements in this area:**

-  
**What challenges remain in this area:**

-  
**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

-  
**Since 2009, what have been key achievements in this area:**



What challenges remain in this area:

-

## B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Agree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Strongly Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Strongly Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other [write in]:**

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

N/A

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Agree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Agree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

No

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

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