

Oman Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 03/09/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any: Dr. Mohammed Redha Moosa Al-Lawati, NAP manager

Postal address: PB 393, PC 100

Telephone: 00968 24607082

Fax: 00968-24699808

E-mail: ntbcp@cdscoman.org

Describe the process used for NCPI data gathering and validation: Early in February 2014, NCPI instruments were sent out to relevant governmental, non governmental, and international stakeholders along with a cover letter to explain the purpose and the expected outcome. In mid-March 2014, a national consultant was assigned to follow up on the NCPI task. The activity started with an internal meeting with NAP staff to identify stakeholders who should be contacted to collect their inputs to the NCPI instrument. Following the internal meeting, an action plan was drafted which included: 1) desk review of relevant documents (e.g. national strategic plan, surveillance and program reports, and GARPR guidelines), 2) schedule a face-to-face interview list with pre-identified stakeholders, 3) collect responses for each individual agency based on relevant areas of interest, and 4) consolidate responses and generate a final NCPI document.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: In case of disagreements, the facilitator provided clarification and in-depth discussion of the topic with reference to related documents until a consensus is reached. If disagreement remains, an elaboration was provided in the text box of the NCPI instrument.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): The response to the NCPI was affected by the fact that some officials and representatives had recently been transferred into the concerned positions.

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

Organization	Names/Positions	Respondents to Part A
NAP/MOH	Dr. Mohammed Redha Moosa Al-Lawati / NAP manager	A1,A2,A3,A4,A5,A6
NAP/MOH	Dr. Samir Shah/ Epidemiologist, NAP/MOH	A1,A2,A3,A4,A5,A6
Blood Bank	Dr. Sabria Al-Hashmi / Blood Bank	A5
Almasarra Hospital	Dr. Amira Al-Raaidan	A5,A6

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

Organization	Names/Positions	Respondents to Part B
UNFPA	Mr. Asr Tasson /	
UNFPA	Salah Al-Saleh / Program associate	B1,B2,B3,B4,B5
UNICEF	Ms. Hanadi Al-Rajab / Program officer	
WHO	Dr. Ruth Mabry / Technical officer	B1,B2,B3,B4,B5
Ex-IDU	Anonymous	B1,B3,B4,B5

A.I Strategic plan

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

IF YES, what is the period covered: 2008-2011

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Not applicable: The first national HIV strategy for Oman was developed in 2008 for a period of four years (i.e., 2008-2011). Though that first strategy is out of date, all HIV activities, programs, policies, are implemented through its framework with some modifications that take into consideration the recent updates in HIV prevention, treatment, and care. It is worth to note that, a process of developing multisectoral second national HIV strategy is, currently, undergoing.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: National AIDS Program, Ministry of Health.

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

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: No

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: Religious affairs, sports, information, tourism, and Petroleum Development Oman (PDO).

Included in Strategy: Yes

Earmarked Budget: No

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?: Through government funding mechanism

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: The first national HIV strategy for Oman was developed a long time ago (i.e., in 2008) and did not cover all key populations. However, some key populations (e.g. orphans and children) were, later, added to the target populations for HIV response in the country based on needs identified.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]:

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: No

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

1.7. 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?: No

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

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: No involvement

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

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: There was no civil society organizations actively working in the area of HIV and AIDS at the time of the development of the first national strategy.

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

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: N/A

National Development Plan: Yes

Poverty Reduction Strategy: N/A

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: No

HIV impact alleviation (including palliative care for adults and children): Yes

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

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

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

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

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: -HIV treatment and prevention facilities, including ART, treatment of OIs, and HIV testing and counseling, are widely distributed through all over the country. - increasing number of human resources HIV response at all central and peripheral levels.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Many

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: Many

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : Psychosocial needs for PLHIV and their families are being integrated in health service provision.

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 your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: - Vision 2050 was developed in 2013 to look at long term HIV programming. - Infectious disease prevention and treatment committee, chaired by His Excellency undersecretary of health affairs, was established to look at strategic planning and efforts related to all diseases including HIV. - Document was prepared to look at how to scale up HIV response in the country. - A five-year operational plan (2011-2015) was developed. -In 2013, an HIV task force was formed to look at the situation of HIV programming and the need to update the national HIV strategic response in the country. - VCT services were relaunched in 2013.

What challenges remain in this area: - Populations at higher risk of HIV infection sex workers, MSM are still hard to reach - Scaling up lab capacities and infrastructure e.g. CD4, viral load, and genotyping and resistance testing procedures. - Treatment and care retention of PLHIV. - Establishment of a certified course for health care providers on HIV-related prevention, treatment, and care services.

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: Yes

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

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: - High officials e.g. His Excellency undersecretary of health affairs spoke on world AIDS day. - His Excellency chaired a health committee on communicable diseases including HIV.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: No

IF NO, briefly explain why not and how HIV programmes are being managed::

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

Have terms of reference?: No

Have active government leadership and participation?: No

Have an official chair person?: No

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

Have a defined membership?: No

IF YES, how many members?:

Include civil society representatives?: No

IF YES, how many?:

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: No

IF YES, briefly describe the main achievements::

What challenges remain in this area:: - Limited civil society organizations working in the area of HIV and AIDS. - HIV and AIDS interventions are viewed as health issues to non-health sectors. - Public-private partnership in the area of HIV and AIDS needs to be drafted within a framework of program coordination with clear responsibilities and action plan.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 0

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: No

Other [write in]:

: No

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?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS 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 2013?: 7

Since 2011, what have been key achievements in this area:: - Director General of health affairs spoke to public in world AIDS day 2013 with regards to HIV prevention and treatment interventions. - His Excellency undersecretary of health affairs has announced expansion of VCT services in the country. - National approval was secured to conduct a behavioral study among people who inject drugs.

What challenges remain in this area:: - To address long-term prevention, treatment and care interventions to populations at higher risk of HIV infection e.g., PWIDs, MSM, and SWs. - Active involvement of non-health sectors in the national response to HIV.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

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

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

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:: - It is ratified under 'Article 17' of the basic statute of the state that there is no discrimination between all citizens of the Sultanate. - Oman is a signatory to CEDAW (Convention on the Elimination of all forms of Discrimination Against Women) and the Child Protection Convention.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Regular national reporting mechanisms are in place to ensure accountability and compliance to laws and conventions with regards to non-discrimination.

Briefly comment on the degree to which they are currently implemented:: Fairly well 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 vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: - Laws in Oman criminalize same sex behavior and sex work.

Briefly comment on how they pose barriers:: - Lack of enabling framework for harm reduction services may hamper effective implementation of comprehensive harm reductions interventions.

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?:

Delay sexual debut: No

Engage in safe(r) sex: No

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: No

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

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?: No

Secondary schools?: Yes

Teacher training?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: No

b) gender-sensitive sexual and reproductive health elements?: No

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

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?: No

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?

People who inject drugs:

Men who have sex with men: HIV testing and counseling

Sex workers:

Customers of sex workers: Reproductive health, including sexually transmitted infections prevention and treatment

Prison inmates:

Other populations [write in]::

:

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 2013?: 6

Since 2011, what have been key achievements in this area:: - VCT services were initiated in 2013 with approval for expansion. - Country-wide implementation of PMTCT for all eligible ANC women and their children - Conduction of community awareness seminars about HIV-related topics

What challenges remain in this area:: - Tailored and target-specific messages to populations at higher risk of HIV infections and other vulnerable populations. - Tailored and target-specific prevention programs including outreach, peer education, and comprehensive harm reduction interventions to PWIDs. - Stigma and discrimination about HIV, PLHIV, and key populations.

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

IF YES, how were these specific needs determined?: - The task force, established in 2013, is a mechanism that tries to identify target populations and related HIV prevention programs through specific surveys and workshops. - Involvement of PLHIV and key populations in workshops and program design to better understand their needs.

IF YES, what are these specific needs? : - Decrease HIV-related stigma and discrimination - Interventions that provide comprehensive approach to PWIDs, MSM, and SWs. - Raise awareness among general population about HIV services - Development of the second national HIV strategy (2015-2020)

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: Strongly disagree

HIV prevention in the workplace: Strongly disagree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: 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: Agree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Strongly disagree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Strongly 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 2013?: 6

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:: - HIV treatment: Oman is adopting the latest update of WHO eligibility criteria for ART - Procurement and provision of free-of-charge ART to all eligible PLHIV - Regular medical follow-up for PLHIV e.g. screening for TB, STI, HBV, and syphilis, HIV counseling and testing services, provision of care and support to PLHIV and their families, regular lab follow up (CD4 and viral load testing) , prophylaxis (Co-trimoxazole and

INH). - Wide availability of PMTCT services.

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Scale up is done in accordance with WHO recommendations. - HIV testing and counseling services to discordant couples. - Regular capacity building activities in terms of human resources and trainings and involvement of PLHIV in treatment activities.

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Disagree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly agree

Nutritional care: N/A

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Strongly agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly 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: - PLHIV who require economic support can get access to economic support from the government. In some cases, housing can also be provided.

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

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?: Yes

IF YES, for which commodities?: E.g, ARVs, test kits, reagents, medical equipments.

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 2013?: 8

Since 2011, what have been key achievements in this area?: - All eligible cases of PLHIV are provided with ART, screening and prophylaxis to OIs (TB, STI, HBV, and syphilis) - ART treatment for children infected with HIV is available. - Nutritional and counseling services are available to all PLHIV.

What challenges remain in this area?: - HIV-related stigma of health care workers and the community. - Treatment retention of PLHIV.

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

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

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

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 2013?: 9

Since 2011, what have been key achievements in this area?: - All children infected with and/or affected by HIV are provided with treatment and care services through their parents/care givers.

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?: In Progress

Briefly describe any challenges in development or implementation:: - Limited participation of non-health sectors in the development of a common M&E system - Limited number of staff trained in M&E-related concepts. - Not all existing surveillance and M&E systems are automated yet, which will make it more difficult to develop a unified national system. - o clear budgets is available for M&E.

1.1. IF YES, years covered:

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

Briefly describe what the issues are:: The national M&E plan is yet to be developed; therefore harmonization of M&E requirements will be discussed as part of the development process.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: No

IF YES, does it address::

Behavioural surveys: No

Evaluation / research studies: No

HIV Drug resistance surveillance: No

HIV surveillance: No

Routine programme monitoring: No

A data analysis strategy: No

A data dissemination and use strategy: No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): No

Guidelines on tools for data collection: No

3. Is there a budget for implementation of the M&E plan?: No

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?: No

Briefly describe any obstacles:: - No dedicated M&E Unit within the National AIDS Program - Lack of human resources to adequately implement all M&E-related duties - No clear, standardized procedures for M&E, such as data-collection forms, data analysis strategy and data dissemination plan.

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?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
N/A		

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
N/A		

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:: Not applicable: currently there is no M&E unit or national M&E system However, all key medical data from HIV patient records, PMTCT etc. are sent to the NAP and stored in separate databases

What are the major challenges in this area:: - Development of a budgeted M&E plan with clear ToR and active involvement of all relevant governmental and nongovernmental stakeholders. - Recruitment of trained M&E staff at both central and peripheral levels - Establishment of a M&E organizational chart and automated data collection, analysis system

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?: Yes

IF YES, briefly describe the national database and who manages it.: - A central database is available that contains records of all HIV patients since 1985; this includes information on diagnoses, location, pregnancy state (if applicable), treatment regimens, CD4 and viral load data etc. - The database does NOT include information on programs and services delivered by other partners - The database is managed at the NAP

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?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?: - Patient records, including treatment regimens, CD4 and viral load, medical conditions of HIV patients enrolled in ART or pre-ART - Data is disaggregated by sex, age and geographical location - Limited research data is available at NAP, but not as part of a central database.

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: A functional HIS is in place at all central, regional, and district levels including public health facilities, primary health care units, local, regional and tertiary hospitals. The armed forces have their separate HIS

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

7.2. Is HIV programme coverage being monitored?: Yes

(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?: PLHIV, MSM, people who inject drugs, and youth

Briefly explain how this information is used: This information is used to mobilize resources including staff requirements, training needs, and awareness plans.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: All regional, governorate, and district levels.

Briefly explain how this information is used:: Information is used to mobilize resources such as ART, and testing services (CD4), and commodities (e.g, condom)

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: No

In developing / revising the national HIV response?: No

For resource allocation?: No

Other [write in]::

: No

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

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. 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 2013?: 5

Since 2011, what have been key achievements in this area:: - Improved patient monitoring of CD4 and viral load testing. - Resistance testing equipment purchased in 2011. - Decision has been taken to develop a national M&E system.

What challenges remain in this area:: - Establishment of a national M&E Unit for HIV/AIDS - Development and roll-out of a national M&E Plan and System - Lack of adequately trained staff for M&E.

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?: 3

Comments and examples:: - To date, Involvement of civil society and non-governmental organizations is not well-developed in Oman. Only recently, some civil society organizations started to express interest in the area of HIV programs, Alhayat association is an example of that involvement that contributes to prevention and treatment interventions among drug users. - It is expected that the role of civil society in the area of HIV prevention and treatment is going to expand in the next few years.

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)?: 0

Comments and examples:: - The role of civil society is limited only to ad-hoc implementation of some small-scale HIV interventions.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 1

b. The national HIV budget?: 1

c. The national HIV reports?: 1

Comments and examples:: - The national HIV five-year plan includes activities to be implemented by civil society.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 0

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 0

c. Participate in using data for decision-making?: 0

Comments and examples::

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

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?: 2

b. Adequate technical support to implement its HIV activities?: 2

Comments and examples:: - The few number of NGOs involved in the working of HIV field can get access to limited financial support mobilized through local private sector. - UNICEF and UNFPA have been involved in financial and technical support to a number of small-scale activities by some NGOs e.g., Y-Peer initiative among young people.

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

Prevention for key-populations:

People living with HIV: <25%

Men who have sex with men: <25%

People who inject drugs: <25%

Sex workers: <25%

Transgender people: <25%

Palliative care : <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: <25%

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 2013?: 3

Since 2011, what have been key achievements in this area: - Participation of Y-peer in Muscat festival and Salala festival related activities. - There is a great interest by both national and international partners to build capacities of NGOs with the purpose to provide target-specific HIV interventions.

What challenges remain in this area: - A sustained financial, technical, and political support is needed to further engage civil society in national HIV response.

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: - Representatives of PLHIV and key populations (e.g. ex-IDU) are invited to participate in national committees discussing program frameworks in relation to treatment follow up and outreach. - UNICEF, in collaboration with NAP, has been organizing workshops to PLHIV and other key populations with the purpose to build their capacities in program design and implementation.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

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:: It is stated by the law that there is no discrimination between all citizens on the ground of gender, origin, color, language, religion, sect, domicile, or social status

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?

KEY POPULATIONS and VULNERABLE 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

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

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?: No

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?: No

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

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

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

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: No

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?: No

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

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

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

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: No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

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)?: No

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: No

IF YES, what types of programmes?:

Programmes for health care workers: No

Programmes for the media: No

Programmes in the work place: No

Other [write in]::

: No

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 2013?: 7

Since 2011, 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 2013?: 7

Since 2011, 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?: Through a number of situational analysis/assessments, studies and surveys were conducted among key populations e.g. PWIDs, MSM, and sex workers.

IF YES, what are these specific needs? : Needs were identified in areas of HIV prevention and treatment including HIV testing and counseling, awareness raising, stigma reduction, and decentralization of HIV drugs and laboratory follow up.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Disagree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: Strongly disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: 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: Agree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Strongly disagree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Strongly 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 2013?: 5

Since 2011, what have been key achievements in this area:: - Outreach activities to young people through a UNFPA-supported Y-Peer initiative to raise awareness on HIV-related topics such as modes of transmission and no transmission, prevention of HIV transmission, HIV counseling and testing. - A small-scale of outreach programs to MSM and PWIDs have been operated in Muscat since 2011. - Conduction of HIV awareness raising campaigns among general population including men and women and all age groups. - Scaling up of VCT services to target general population including young people.

What challenges remain in this area:: - Social taboos, conservative norms and values around HIV and AIDS may hinder open discussion about related topics such as sexuality and drug use which makes it difficult to effectively address clear HIV prevention messages.

B.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:: - ART and treatment of HIV-related infections. - Provision of HIV testing among pregnant women and PMTCT programs. - Screening of PLHIV against TB and HBV infections. - Provision of care and support services to PLHIV and their families

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Decentralization of ART service provision - Capacity building of health care providers in areas of HIV clinical and nursing management including training and procurement of laboratory facilities.

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly 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: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly 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 2013?: 8

Since 2011, what have been key achievements in this area: - Access to free ART for all eligible PLHIV. - Treatment of opportunistic infections including TB and HBV among PLHIV.

What challenges remain in this area: - Psychological support needs to be professionalized. - HIV care and support programs need to be scaled up in workplaces

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and 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 in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area: - Access to free ART for all eligible PLHIV. - Treatment of opportunistic infections including TB and HBV among PLHIV.

What challenges remain in this area: - Psychological support needs to be professionalized. - HIV care and support programs need to be scaled up in workplaces.