

South Sudan Report **NCPI**

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 02/01/2014

To date: 03/25/2014

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: Mr. Habib Daffalla – Director General for Programmes

Postal address: Postal address: P.O. Box 88, Juba –South Sudan Tel: +211956155302 Fax: E-mail: habibmarcus@gmail.com

Date of submission: 31st March 2014

Telephone: +211956155302

Fax:

E-mail: habibmarcus@gmail.com

Describe the process used for NCPI data gathering and validation: Stakeholders were called to a meeting where they were briefed on the questions for CSOs and government officials. They were then separated to different rooms where they went through the questions in the NCPI tool. CSOs went to separate room and government officials went to a separate room. They went through each question answering and recording Their agreed responses on the template as per each group.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: THERE WERE NO DISAGREEMENTS

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): NONE

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

Organization	Names/Positions	Respondents to Part A
SSAC	Habib Daffall/ DG Programme . Coordination	A1,A2,A3,A4,A5,A6
SSAC	Catherine Duku/ Director of Care and Support	A1,A2,A3,A4,A5,A6
MOH	Paul Mugabi / Manager of capacity building	A1,A2,A3,A4,A5,A6
SSAC	Richrad Jelle / Director for Community Mobilization	A1,A2,A3,A4,A5,A6
SSAC	Miaka Lisok / Director for M&E	A1,A2,A3,A4,A5,A6
SSAC	Gabriel Atillo / Director for prevention	A1,A2,A3,A4,A5,A6
SSAC	Mary Micheal ? Planning officer	A1,A2,A3,A4,A5,A6
SSAC	Rose Kiden/ Community Mobilization officer	A1,A2,A3,A4,A5,A6
SAC/ CES	James Rondgong/ Director	A1,A2,A3,A4,A5,A6
MOP	Majok Kuol	A1,A2,A3,A4,A5,A6
Humanitarian affairs	Nyiker O. Awin	A1,A2,A3,A4,A5,A6
MOG	Jane Kiiden Jackson	A1,A2,A3,A4,A5,A6
MOH	Iduk Makur	A1,A2,A3,A4,A5,A6
SAC/ CES	Cicily Gune Alison	A1,A2,A3,A4,A5,A6
SPLA/ HIV/ AIDS	Alex Anrgw Lokono	A1,A2,A3,A4,A5,A6
MIWC	Zakaria Atem Mangra	A1,A2,A3,A4,A5,A6
SSHRC	Aganse Andua Marone	A1,A2,A3,A4,A5,A6
MOH/CES	Dr Felix Wani	A1,A2,A3,A4,A5,A6
MGCSW	Regina Ossa Lulla	A1,A2,A3,A4,A5,A6
MGCSW	Jane Tumalu	A1,A2,A3,A4,A5,A6
Juba Teaching Hospital	Rev. Bejamin Lukio	A1,A2,A3,A4,A5,A6
MOH	Emmanuel Lino	A1,A2,A3,A4,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	Mary Marle	B1,B2,B3,B4,B5
UNAIDS	Laz Cheluget, Strategic Information Advisot	B1,B2,B3,B4,B5
MIF- SPAIN	Dobual Gai Ruei	B1,B2,B3,B4,B5
MCHIP/ Jhpiego	Alex Bolck	B1,B2,B3,B4,B5
ART	Juna Richard	B1,B2,B3,B4,B5
OCISP	Yanga William	B1,B2,B3,B4,B5
Intra - Health	Maring Kennedy	B1,B2,B3,B4,B5
SPEDP	WAwa Isaac	B1,B2,B3,B4,B5
OCISP/SS	Jacob Chol	B1,B2,B3,B4,B5
OCISPSS	Mahjab Saleem	B1,B2,B3,B4,B5
ICAP	Florance Bayoa	B1,B2,B3,B4,B5
UNKEA	Bojo Samuel	B1,B2,B3,B4,B5
IHI/ MOH	Paul Mugabi	B1,B2,B3,B4,B5
JHPI EGO	Car Mckais	B1,B2,B3,B4,B5
Inetrnational Alliance	Geofray Adongkara	B1,B2,B3,B4,B5
SSNePT+	Lole Laila	B1,B2,B3,B4,B5
OCISPSS	Justine Juma	B1,B2,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: It covers July 2013 to June 2017 and 2008 - 2012

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 new strategic plan has (i) Clearly set targets and Baselines; (ii) Extensive consultation undertaken; (iii) Utilized UNAIDS investment framework approach or NOT APPLICABLE, briefly explain why. • The current strategy is improved to include baselines and targets • NSP development process was aligned to the HLM targets for 2015, South Sudan Development plan and the National Health sector strategy and Policy • Key interventions in the current NSP have been added to include male circumcision and (MSM), Cross boarder mobile populations and Population of Humanitarian Concern (PoHC) • Priorities and goals have been reduced so as to be more focused • It is now more evidence

informed through utilization of epidemiological analysis and key informants. • Component of Health Systems Strengthening and Community Systems Strengthening have been introduced (iv) is Results Based

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?: • South Sudan HIV/AIDS Commission (SSAC) and the Ministry of Health (MoH)

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: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

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?: For Ministry of transport UNOPS and African Development Bank provide funding and supporting HIV activities around construction sites PSI provides HIV services (awareness and condom distributions) along transport corridors

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: Yes

People who inject drugs: No

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: No

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?: Through stakeholder consultations and epidemiological analysis

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: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Key populations: Sex Workers, MSM, People who Inject Drugs, People involved in Casual Heterosexual Sex (CHS) Vulnerable groups: truck drivers, immigrants, Boda Boda Drivers, uniformed personnel, government workers

: 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)?: Yes

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?: Yes

d) An indication of funding sources to support programme implementation?: No

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?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Civil Society was involved during consultative meetings and validation of the National strategic Plan (NSP), NSP Operational Plan and National Strategic Information (SIP)

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: The UN Joint Team, USAID and some international NGOs have aligned and harmonized their programmes to NSP. Some INGOs have not shared with SSAC and MoH their Strategic Plans

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

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

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: Yes

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: 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 protection or other schemes): Yes

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

Other [write in]: Voluntary Medical Male Circumcision

: Yes

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

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?: 1

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: Health services have scaled up in terms of quality and number of facilities/sites (PMTCT, ART, ANC, HCT), human resource have been trained and more health worker providers have been allocated to various sites, equipment procured and the chain management and logistics for commodities supply have improved through better warehouses constructed and equipped with good cold chain facilities, well coordinated distribution mechanism for commodities are in place; improved monitoring and quantification of commodities.

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: Few

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

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Few

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: None

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

i) Other comments on HIV integration: : The extent of integration is low

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?: 6

Since 2011, what have been key achievements in this area: Round 3 ANC Surveillance conducted and report finalized and disseminated Coordination guidelines, Home based Care and National Prevention Strategy developed New NSP (2013-2017) and Strategic Information Plan (SIP) have been developed and NSP 2 years Operational plan Improved HIV/AIDS Coordination (Revived National HIV Technical Groups including M&E, Established Expanded HIV Joint Team to respond on Emergencies) Revised and Consolidated Treatment guidelines in line with new WHO guidelines Developed Strategy on HIV in Humanitarian Settings About 200 health worker providers were trained on integrating HIV in Emergency Responses National AIDS Spending Assessment conducted in 2013 Mode of Transmission study were conducted in 2013 National Gender assessment on HIV conducted (2013) M&E Needs Assessment conducted Training on Strategic Information conducted Mapping of Sex Workers in Greater Equatoria Region Training on Early Infants Diagnosis (EID) Training conducted on IMI BSS in HIV Hotspots zones conducted under IGAD/IRAP in 2012 Carried out advocacy meeting with high leadership (National and State level) Conducted community leaders training on HIV response and leadership Developed an accelerated PMTCT plan Comprehensive capacity gap assessment on ART sites conducted Health Sector Strategic Information Plan developed in line with the National Strategic Plan 2013-2017 Successfully coordinated and organized World AIDS Day Campaigns 2011, 2012, and 2013

What challenges remain in this area: Inadequate financial (low domestic funds allocation), human and infrastructural resources Low treatment coverage due to poor access and in availability of services in areas hard to reach High levels of insecurity in some areas hinder provision of services Coordination and reporting systems are relatively weak No specific programmes targeting population at higher risk (youth, Sex workers etc) Limited quality Strategic Information to support evidence based planning and allocation of resources

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: Passed and signed the Establishment Act/Bill for South Sudan HIV/AIDS Commission Released funds amounting to South Sudanese Pounds 250,000 to support OVCs Committed funds and Invited African Union delegation to support 2013 World AIDS Day commemoration .

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

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?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Hon. Dr. Esterina Novello Nyilok – Chairperson of South Sudan HIV/AIDS Commission

Have a defined membership?: Yes

IF YES, how many members?: 9 (nine) members

Include civil society representatives?: Yes

IF YES, how many?: Two members

Include people living with HIV?: Yes

IF YES, how many?: one

Include the private sector?: Yes

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 coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: The existing mechanisms are as follows: Annual National HIV/ AIDS Stakeholders Forum, Monthly HIV technical working group meetings, Weekly health Cluster meetings. Which result to: Joint planning on national priorities Joint Monitoring & Evaluation process Validation of key strategic documents Increased resource mobilization Improved coordination (Sharing experiences, knowledge and best practices)

What challenges remain in this area:: Inadequate funds to convene coordination meetings Insecurity, communication and transport affect mobilization and participation of key actors

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 1

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: Yes

Technical guidance: Yes

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?: Yes

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:: Increased allocation of funds for HIV programming at national level Passing and signing of the SSAC Establishment Act Endorsement of HIV guidelines (Coordination guidelines, Home Based care guidelines) Representation by high level leadership in HIV forums

What challenges remain in this area:: Delay in disbursement of funds to implement planned programmes

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: Yes

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: Yes

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 content of the/laws::

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 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: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

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::

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: Yes

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]:

: 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?: No

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: No

Teacher training?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) 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?: 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:

Sex workers: Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Prison inmates: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

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?: 4

Since 2011, what have been key achievements in this area?: Prevention is key priority in the NSP (2013-2017) Assessments undertaken to guide prevention planning and implementation, these assessments are: Gender Assessment, MoT, Sex workers mapping and PoHC Prioritization of key population at high risk (MSM, Sex workers) and Male circumcision Capacity building and increased involvement of media to promote HIV/AIDS awareness rising

What challenges remain in this area?: High level of HIV stigmatization against PLHIV Inadequate funding to develop and implement policies Weak coordination of prevention programmes Culture and traditional norms

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

IF YES, how were these specific needs determined?: Assessments, MoT synthesis, Consultative meetings with stakeholders

IF YES, what are these specific needs? : Targeting MSM, sex workers, causal heterosexual sex and Polygamous Male circumcision

4.1. To what extent has HIV prevention been implemented?

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

Blood safety: Disagree

Condom promotion: Disagree

Economic support e.g. cash transfers: Strongly disagree

Harm reduction for people who inject drugs: N/A

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

HIV prevention in the workplace: Disagree

HIV testing and counseling: Disagree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

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

Prevention for people living with HIV: Disagree

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

Risk reduction for intimate partners of key populations:

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Strongly disagree

Reduction of gender based violence: Disagree

School-based HIV education for young people: Disagree

Treatment as prevention: Disagree

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 2013?: 4

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:: Universal provision of ARVs to positive pregnant mothers for the rest of their lives Shifting gradually from CD4 350 – 500 Introduction of Pima machines for testing Scaling up of ART sites

Briefly identify how HIV treatment, care and support services are being scaled-up?: Increase number of ART sites Increase mobile ART clinics Implement Provider initiated Testing and Counseling

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: Disagree

ART for TB patients: Disagree

Cotrimoxazole prophylaxis in people living with HIV:

Early infant diagnosis: Disagree

Economic support: Strongly disagree

Family based care and support: Disagree

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

HIV testing and counselling for people with TB: Strongly disagree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Disagree

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: Strongly disagree

Sexually transmitted infection management: Strongly disagree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Disagree

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?: No

Please clarify which social and economic support is provided: n/a

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

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

IF YES, for which commodities?:

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?: 4

Since 2011, what have been key achievements in this area:: More new clients were enrolled on ARVs More trainings were conducted on early infant diagnosis Revised and Consolidated Treatment guidelines in line with new WHO guidelines Developed an accelerated PMTCT plan and guidelines Comprehensive capacity gap assessment on ART sites conducted

What challenges remain in this area:: Inaccessibility to most ART sites Limited human and financial resources Inadequate capacity of health care workers Weak referral system Insecurity, poor communication and transportation

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

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

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?: 1

Since 2011, what have been key achievements in this area:: About 400 orphans supported to attend schools

What challenges remain in this area:: Lack of funds to carry out OVCs situational analysis to develop national OVCs strategy, to provide support to OVCs (Sustainable Education, Care and psychosocial, nutrition, protection, IGA etc) No visible partnership for supporting OVCs

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:: South Sudan has developed 2 M&E plans: 2008 -2012 and 2013 -2017 Implementation of the first plan was reported to be inadequate, and the plan was not widely disseminated due to limited funds. M&E systems were not in place (no tools, no database and inadequate capacity of M&E officers) The current plan has been developed to address Strategic Information and monitoring partnerships for NSP implementation, it was developed through wide stakeholders' contribution in terms of technical and financial support, subsequent to the SIP other plans have been developed that include Health Sector strategic Information and Capacity Strengthening plan. Despite the existence of M&E national plan there exist challenges (low institutional capacity in many institutions including: inadequate trained personnel, infrastructure and unified tools)

1.1. IF YES, years covered: 2013-17

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:: • M&E indicators and data collection tools have not been harmonized • All partners have not linked their plans with NSP • Weak partnership forum to foster implementation of the national M&E plan

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

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

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

Briefly describe any obstacles:: Poor data flow and reporting Inadequate trained M&E officers at all levels No database in place Inadequate M&E equipments (V-sat, Computers etc) Poor communication and logistics

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

In the Ministry of Health?: Yes

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

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?
Senior M & E Officer	Full-time	2006
M & E Officer	Full-time	2008
D/Director M & E	Full-time	2008
Senior M & E Officer	Full-time	2006
M & E Officer	Full-time	2008
D/Director M & E	Full-time	2008

POSITION [write in position titles]	Fulltime or 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?: Yes

Briefly describe the data-sharing mechanisms:: SSAC is currently sharing data through TWG the National and sub national TWG, Stakeholders forum and other informal avenues such as IEC materials and the media.

What are the major challenges in this area:: • Reporting is not regular; • Some partners do not share their reports; • Partnership forum do not regularly.

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

6. Is there a central national database with HIV- related data?: No

IF YES, briefly describe the national database and who manages it.:

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?:

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: No

IF YES, at what level(s)?:

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

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?: No

IF YES, for which population groups?:

Briefly explain how this information is used::

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

IF YES, at which geographical levels (provincial, district, other)?: State and county level

Briefly explain how this information is used:: -Planning -Monitoring -Evaluating interventions

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?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any: Data used for epidemiological analysis in MOT Synthesis for developing prevention strategy. Insufficient and low quality of data related to key populations even the no national population based survey has been undertaken;

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

At national level?: Yes

IF YES, what was the number trained?: 6

At subnational level?: Yes

IF YES, what was the number trained: 19

At service delivery level including civil society?: Yes

IF YES, how many?: 42

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: • Mentoring • Supportive supervision • Equipments provision • Sharing M&E materials

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?: 4

Since 2011, what have been key achievements in this area: • NASA • MOT • Assessments in prison, gender, population of humanitarian concern • Sex workers and truck drivers mapping • SIP for both national and health sector • HLM and NSP reviews • Capacity building for personnel in terms of trainings; • Revitalization of the M&E TWG • Implementer partners mapping • Estimates reports that include sub national estimates (SPECTRUM) •

What challenges remain in this area: • Population based survey funding; • Key BSS for populations at risk; • Partnership forum for national response to be strengthened at national and sub national level to cause reporting and data use.

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: • Civil society organizations, bilateral agencies, and UN agencies have actively participated in the development of the national HIV Strategic Plan (NSP) • These agencies and organizations were also actively involved in resource mobilization (additional funding) • Some civil society organizations (e.g. SSNEP+) have developed their own HIV strategic and advocacy plans and have participated in discussion of national policies such as the HIV and AIDS Bill • Civil society organizations have also advocated for HIV services through parades, speeches • The civil society organizations however still need to coordinate better and some have limited capacity to identify and advocate for policy issues and mobilize resources for their activities

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)?:

Comments and examples:

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?: 4

b. The national HIV budget?: 1

c. The national HIV reports?: 1

Comments and examples: • Activities and services provided by civil society organizations are included in the national HIV strategic plan. These activities include: HIV community awareness, condom promotion and distribution, PMTCT, home-based care, etc. However the coordination of the HIV response is weak and needs strengthening • Although civil society organizations’ services and activities may be costed, funding is still limited. In the national budget there is no allocation for civil society activities. However limited funding is available through GF, PEPFAR and others. In 2013, President allocated some funding to SNEPP+ for orphans. • Some civil society organizations report to the MOH but these reports are only on a limited number of indicators. The activities of the civil society organizations are also not separately reflected or disaggregated in the national HIV reports produced by the MOH. SSAC is also not producing national multi-sectoral HIV reports (e.g. quarterly and annual reports) where partner contributions are reflected.

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?: 4

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

c. Participate in using data for decision-making?: 2

Comments and examples: • Civil society organizations were actively involved in the development of the M&E plan for the national HIV strategic plan through funding, technical support (with their own staff), and supporting SSAC to coordinate the process of the development • Civil society members are actively participating in the national M&E technical working group through technical support (including seconding of M&E staff to the MOH) and coordination. • Civil society organizations have provided data for decision making and have helped in influencing decision making. For example they provided data which justified the inclusion of MSM in the MOT/KYE synthesis. However due to absence of periodic forums to discuss reports/data, this contribution is still weak.

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)?: 2

Comments and examples: • The following civil society organizations are represented in the HIV efforts although not fully: PLHIV networks, community-based organizations, and faith-based organizations. However the representation of these organizations is still limited to the national level (for PLHIV networks-[they have weak networks in most state levels]), to some regions (for CBOs-[mostly strong in the Greater Equatoria region]) • Key populations (sex workers, MSM, etc.) are represented indirectly by civil society organizations working with these key populations. • There is need to build the organizational capacity of these civil society organizations especially the ones for key populations

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?: 3

Comments and examples: • Civil society organizations can access financial support although this is usually not adequate (also coupled with capacity limitations). For example CSOs may want to expand PMTCT, ART, and HTC services but this expansion is constrained by lack of adequate financial support. • CSOs can access technical support but this is limited to those who are aware of the existence of such support (TA is provided on demand basis). Nationally, there is no system put in place to coordinate provision of technical support to CSOs. There is also a challenge of mismatching where sometimes individuals being provided with TA do not necessarily acquire the skills due to factors such as their limited education, work environment, motivation problems, etc.

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: >75%

Men who have sex with men: >75%

People who inject drugs:

Sex workers: >75%

Transgender people:

Palliative care : 51-75%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): 25-50%

Home-based care: >75%

Programmes for OVC: >75%

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?: 4

Since 2011, what have been key achievements in this area: • Some financial support was provided to CSOs such as SSNeP+ • Engagement of CSOs in national projects such as the development of the HIV NSP • Participation of the CSOs in the World AIDS Day celebration both in the speeches and also in the parade • High level calls from government leaders for CSOs to participate in events such as the World AIDS Day.

What challenges remain in this area: • Lack of functional partnership forums/limited coordination and harmonization of CSO activities • Capacity and awareness issues have limited the ability of CSOs to compete for funds and to implement activities • Some CSOs do not have operational tools such as strategic plans, organograms, M&E plans, etc.

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: • PLHIV are involved in government HIV policy design and program implementation, (for example in the development of the NSP, HIV and AIDS Bill, etc., and implementation of activities such as during the World AIDS Day). However the participation of key populations and other vulnerable groups is limited.

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]: Refugees

: 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: • Child act for orphans and vulnerable children; • People with Disabilities • In the constitution and UN resolution 1325 domesticated • Refugees act

Briefly explain what mechanisms are in place to ensure that these laws are implemented: For the laws that exist, normal government mechanisms are used to enforce.

Briefly comment on the degree to which they are currently implemented: • To some extent, these laws are 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: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

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: • The contents of the penal code prohibit sex work, MSM, and drug users or abuse. Although the CSOs recognize their existence and vulnerability and provide services to some extent. These services would be better provided if there were laws protecting these vulnerable groups.

Briefly comment on how they pose barriers: • The laws have limited the ability of CSOs to provide services to these groups for fear of harassment, arrest, and prosecution for the CSOs as well as the vulnerable/key populations. • In the absence of laws protecting them, these key populations may also fear to come to points of service.

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?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: • The policy is still in draft form at the Ministry of Gender and Social Affairs but its contents are already being used.

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: • In the national HIV strategic plan, one of its key guiding principle is the protection of human rights of people regardless of their HIV status

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?: Yes

IF YES, briefly describe this mechanism: • Even though there is no specific individual mechanism for this, regular government mechanisms including reporting to the police exist and are currently sparingly used by these groups.

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: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

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: Yes

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?: • Although the services are ideally free, access, availability and quality of the services vary across the country and this has caused others to pay for better services elsewhere especially in neighboring countries. These include paying for better services for testing, ART monitoring (CD4 and viral load monitoring), condoms, etc.

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?: Yes

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:: • Policies and strategies like the HIV NSP stipulate equal access for the general population including vulnerable groups and key populations.

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?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: • There are specific approaches to ensure equal access and these include: o Scaling up HIV services in emergency settings o Scaling up HIV services at border points

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: • Although no specific law has passed to prohibit screen for general employment purposes, the draft HIV and AIDS Bill outlaws discrimination for employment based on HIV status. There are also numerous reports of informal discriminatory practices in the states based on one's HIV status.

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: Yes

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: • The HIV/AIDS Commission has a lawyer who is responsible for dealing with protection of the rights of people living with HIV • There is also a human rights commission whose mandate includes HIV-related issues

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?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

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?: 2

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?:

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: • High levels of stigma and discrimination across various levels including government officials and law enforcement agents • Limited legal support for people living with HIV and key populations • Human rights bodies do not have policies that protect PLHIV and key populations • SSAC needs to coordinate better with legal and human rights bodies

B.IV Prevention

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

IF YES, how were these specific needs determined?: • Epidemiological analysis(MOT) • Sex Workers mapping, programme data, NASA, Gender analysis • Stakeholder consultations

IF YES, what are these specific needs? : • Drivers of the epidemic • MC services • STI screening and treatment for sex workers • BCC • Option B+ migration

1.1 To what extent has HIV prevention been implemented?

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

Blood safety: Agree

Condom promotion: Agree

Harm reduction for people who inject drugs: N/A

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

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: 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: Disagree

Risk reduction for intimate partners of key populations: Strongly disagree

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Strongly disagree

School-based HIV education for young people: Strongly disagree

Universal precautions in health care settings: Agree

Other [write in]: VMMC yes

:

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?:

Since 2011, what have been key achievements in this area?: • Inclusion of VMMC in the strategy • Development of the condom strategy • MOT analysis • ANC surveillance data made available

What challenges remain in this area?: • High Levels of stigma and discrimination; • Prevention Strategy and BCC strategy have not been practically implemented. New MOT results should be used to revise. • There have not been specific HIV prevention meetings. • Scale up of VMMC is a challenge • Condom Strategy yet to be launched • Weak coordination for prevention • CRISIS in December has affected the implementation of prevention interventions.

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?: • New consolidated ART guidelines including Option B+ were passed in October 2013. o Test and treat for pregnant women o Treat at 500 CD4 o Provide Cotrimoxazole at point of enrolment in care

Briefly identify how HIV treatment, care and support services are being scaled-up?: • Transitioning to Option B+ for pregnant mothers • Introduction of PIMA Machines at the point of care to facilitate patient monitoring • Increasing the number of ART sites • Strengthening community participation in adherence and home-based care

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: Disagree

ART for TB patients: Disagree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Strongly disagree

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: Disagree

Nutritional care: Strongly disagree

Paediatric AIDS treatment: Strongly disagree

Post-delivery ART provision to women: Disagree

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

Post-exposure prophylaxis for occupational exposures to HIV: Disagree

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

Sexually transmitted infection management: Strongly disagree

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 2013?: 1

Since 2011, what have been key achievements in this area:: • Individuals already on treatment were maintained • 22 ART centers maintained • Bridge funding secured for ART through PEPFAR • PIMA machines were procured for limited ART centers

What challenges remain in this area:: • No government funds allocated for purchase of HIV drugs • Limited external funding which forms the bulk of the HIV treatment funding • No expansion of ART centers • Loss to follow up issues • Incidences of resistance due to lack of certain line regimens and lack of viral load monitoring • Inadequate number of HIV clinicians to provide quality ART services

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

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

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

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?: 1

Since 2011, what have been key achievements in this area:: • No government funds allocated for purchase of HIV drugs • Limited external funding which forms the bulk of the HIV treatment funding • No expansion of ART centers • Loss to follow up issues • Incidences of resistance due to lack of certain line regimens and lack of viral load monitoring • Inadequate number of HIV clinicians to provide quality ART services

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