

Timor-Leste Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

Data on the GAPR indicators were collected by the team through a variety of channels - Ministry of Health program monitoring reports, DHS, IBBS and HIV sentinel surveillance, and MoH, UN and NGO annual reports.

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

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Saturnina Pereira	No	No	No	No	No	No
National AIDS Commission	Antanasio de Jesus	No	No	No	No	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
World Health Organization (WHO)	Amber Kimbro/ HIV Technical Officer	Yes	Yes	Yes	Yes	Yes
Catholic Relief Services (CRS)	Glenn King/HIV Program Manager	Yes	Yes	Yes	Yes	Yes
Progressio	Fi Oakes/HIV Advisor	Yes	Yes	Yes	Yes	Yes
Church World Services (CWS)	Odete D.C. Pelay	Yes	Yes	Yes	Yes	Yes
Estrela+	Ines Lopes/Director	Yes	Yes	Yes	Yes	Yes
Cruz Vermelha Timor-Leste (CVTL)	Joaninha Pereira	Yes	Yes	Yes	Yes	Yes
UN Mission in Timor-Leste (UNMIT)	Mario Augustin/ Chief HIV/AIDS Advisor	Yes	Yes	Yes	Yes	Yes
UNFPA	Gina Pangilinan	Yes	Yes	Yes	Yes	Yes
Fundasaun Timor Hari'i	Agua Belo Ximenes	Yes	Yes	Yes	Yes	Yes
Leonor Angkes Lay	Scarlett Timor Collective	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

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

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

Yes

IF YES, what was the period covered:

2006- 2010 and 2011-2016

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

IF NO or NOT APPLICABLE, briefly explain why.:

In 2005, Timor-Leste developed a national strategy to combat HIV/AIDS and STIs (2006 - 2010). In the period since the country has experienced major civil unrest and political change including the first democratic transition of government in the country. Despite this, the strategy has been successfully implemented and major progress has been made. The achievements that have been made include: • Significant prevention program coverage of Most At Risk Populations reflected in continuing low levels of HIV transmission • Access to Anti retroviral coverage for all people diagnosed with HIV and eligible for treatment • Extensive coverage of syndromic STI management • Implementation of an effective sentinel surveillance and Integrated Biological and Behavioural Surveillance system • Significant program infrastructure has been put in place • There is strong endorsement at the political level for addressing HIV as a significant issue • Strong leadership is developing within the NGO sector • Effective partnership between government and community sectors in program implementation Overall there is broad consensus on basic principles of partnership, evidence based responses and a human rights approach across sectors in relation to strategy and programming. There are few nations in the world that could have been expected to have maintained as strong a focus on program implementation as has occurred given the social and political upheaval that has occurred. In 2010, Timor-Leste faces new challenges in confronting the threat of HIV and STIs. The country is experiencing rapid economic growth which combined with the social dislocation of recent years has created new patterns of risk and vulnerability for HIV/STI infection. Although Timor-Leste remains a low prevalence country, it is experiencing higher rates of HIV transmission than projected through epidemiological modelling undertaken in 2005. The strategic priorities outlined in this strategy (2011 - 2016) are: • Access to a basic service package including HIV and STI knowledge, clinical services and availability of condoms for the general population • Targeted prevention programs targeted for individuals with multiple partners outside of MARPs • Strengthening intensive prevention programs targeted at MARPs (sex workers, clients of sex workers, MSM, Uniformed Services) • Scaling up services in border districts • Ensuring universal coverage of life skills based sex education for young people • Achieving universal access to treatment for those who are infected by increasing coverage of testing and counselling • Strengthening the capacity of the health system to respond to increased need for HIV treatment services • Strengthening community sector systems to enhance quality of service delivery • Establishing an enabling environment through a coalition for gender equality, sexual and reproductive health

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health and the National AIDS Commission

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

SECTORS

Included in Strategy Earmarked Budget

Yes	No
Yes	Yes
No	No
Yes	No
No	No
Yes	No
Yes	No

Other [write in]:

Ministry of Social Solidarity, has an earmarked budget

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?:

HIV activities that fall under Education, Military/Police, Woman and Young people were funded through either the Global Fund Round 5 grant, UN agencies or civil society.

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

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

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

MSM, IDU, FSW, Uniformed Personnel, PLHIV, in school and out of school youth, women Based on the situation analysis and stakeholder consultations the following sub populations were identified as being at higher risk • mobile populations • clients of sex workers • PLHIV and specifically HIV sero discordant couples • workers in the hospitality industry • people living in border areas • people going or returning from overseas • workers from overseas in Timor-Leste • women who are vulnerable because of family breakdown and/or domestic violence

1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

No

c) Detailed costs for each programmatic area?:

No

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

No

e) A monitoring and evaluation framework?:

Yes

1.7

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

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

This strategy was developed with multi-stakeholder involvement and based on detailed review of strategic information. Major steps have included: • Late 2008: Review of existing strategy (documentation review, 2 day stakeholder review meeting, interviews with key informants, production of review document) • February/March 2009: Consultative process to prepare Request for Continuation of Funding Round 5 Global Fund Grant • Late 2009/early 2010: Integrated biological/behavioural study of MARPs • February 2010: Establishment of Technical Working Group to oversee final strategy development (held regular meetings through till strategy finalisation) • March 2010: Completion and circulation of situation analysis discussion document • April 2010: Stakeholder Workshop involving over 60 participants to discuss health determinants, risk analysis, response mechanisms and strategy priorities

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

Yes

1.9

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

Yes, all partners

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

Yes

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

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

No

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 impact alleviation:

Yes

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

Yes

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

Yes

Reduction of stigma and discrimination:

Yes

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

Yes

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

No

Other[write in below]:

-

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

No

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

Yes

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

No

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

No

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

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

Yes

IF YES, for which population groups?:

FSW, MSM, Uniformed Personnel

Briefly explain how this information is used:

The Ministry of Health views program monitoring as a capacity building process with implementing units and sub-recipients. During every monitoring visit, observations are fed back to the implementing unit and sub-recipient staff and program managers to assist improve program implementation. Recommendations are documented for follow-up in subsequent visits which, apart from strengthening the activities, also aim to build the capacity of the implementing units and sub-recipients to conduct their own monitoring.

(c) Is coverage monitored by geographical area:

Yes

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

District

Briefly explain how this information is used:

Program Field Visits The Ministry of Health HIV/AIDS Unit is responsible for monitoring program progress according to approved work plan and sub-grant agreements. HIV/AIDS Unit will visit all implementing Units such as the Surveillance Unit, National and Regional Blood Banks, National and Regional Hospitals and Laboratories, District Health Centers and Offices, VCT and PITC Centers, STI Centers and each sub-recipient once every three months to review program related activities, participate in quality assessments, facilitate capacity building and provide feedback. The HIV/AIDS Unit is responsible for identifying and facilitating technical support and assists implementing units and partner agencies in solving problems they may encounter in the course of implementing the program.

5.4. Has the country developed 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:

Delivery of effective HIV and STI services requires a strong underlying health system. The following key features will be aligned with the National Strategic Plan for health Service Delivery 2011 to 2030, the overall Communicable Diseases Strategy and the Basic Services Package : • Human resources • Drug and essential commodity supplies • Laboratory Services • Governance and Leadership: This includes systems for management and coordination as well as policy and procedures • Health Information systems that provide strategic information for monitoring and quality improvement • Linkages between related service delivery areas (e.g. reproductive health and HIV/STI) • Policies/procedures

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

7

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

-

What challenges remain in this area:

-

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

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

Yes

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

The President of the Republic of Timor-Leste spoke on TV and radio during World AIDS Day 2010 which was re-broadcast for World AIDS Day 2011.

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

Yes

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

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

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

-

Have a defined membership?:

Yes

IF YES, how many members?:

-
Include civil society representatives?:

Yes

IF YES, how many?:

-

Include people living with HIV?:

Yes

IF YES, how many?:

-

Include the private sector?:

No

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

Yes

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

Yes

IF YES, briefly describe the main achievements:

Recognizing that health systems must be improved and HIV/AIDS prevention and treatment strengthened, the Ministry of Health in collaboration with the development partners, international and national organizations, have established the National Technical Working Group for HIV/AIDS.

What challenges remain in this area:

Coordination of NTWG meetings on a regular or needed basis.

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

0%

5.

Capacity-building:

No

Coordination with other implementing partners:

Yes

Information on priority needs:

No

Procurement and distribution of medications or other supplies:

No

Technical guidance:

No

Other [write in below]:

-

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

No

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

-

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

6

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

-

What challenges remain in this area:

-

A - III. HUMAN RIGHTS

1.1

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

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

Yes

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

The Constitution of the Democratic Republic of Timor-Leste, Part 2, Title I, Section 16 1. All citizens are equal before the law, shall exercise the same rights and shall be subject to the same duties. 2. No one shall be discriminated against on grounds of colour, race, marital status, gender, ethnical origin, language, social or economic status, political or ideological convictions, religion, education and physical or mental condition. The International Covenant on Civil and Political Rights was ratified on As the Democratic Republic of Timor-Leste is a civil law country, once the ICCPR was ratified it was automatically incorporated into civil law.

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

-

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

-

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

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs :

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in below]:

-

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

-

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

No

Avoid commercial sex:

No

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

Yes

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:

No

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:

No

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

No

Use condoms consistently:

Yes

Other [write in below]:

-

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

Yes

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

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

-

Secondary schools?:

-

Teacher training?:

-

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

Yes

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

Yes

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

Yes

Briefly describe the content of this policy or strategy:

-

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

IDU MSM Sex workers Customers of Sex Workers Prison inmates Other populations

No	Yes	Yes	Yes	Yes	Uniformed Personnel
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	Uniformed Personnel
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	Uniformed Personnel
No	Yes	Yes	Yes	No	-
No	Yes	Yes	Yes	Yes	Uniformed Personnel
No	No	No	No	No	-

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

5

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

-

What challenges remain in this area:

-

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

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

Blood safety:

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:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Disagree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Disagree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Strongly Agree

School-based HIV education for young people:

-

Universal precautions in health care settings:

Agree

Other[write in]:

-

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

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:

-

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

-

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

N/A

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

N/A

HIV testing and counselling for people with TB:

Neutral

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

N/A

Nutritional care:

Neutral

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

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

Neutral

Post-exposure prophylaxis for occupational exposures to HIV:

Neutral

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

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:

The National HIV Strategy supports the GIPA principles. The involvement of PLHIV is at all levels of the response from strategy and policy development through planning and implementation to monitoring and evaluation. The involvement of PLHIV extends beyond just treatment, care and support to include prevention, legal and social justice issues, and any aspect of activity in addressing the HIV epidemic. Funding will be provided to the national PLHIV advocacy group to become fully independent and have capacity to participate at all levels of decision making.

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?:

Yes

IF YES, for which commodities?:

VPP and UN procurement

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the

implementation of HIV treatment, care, and support programmes in 2011?:

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

What challenges remain in this area:

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

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 2011?:

5

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

What challenges remain in this area:

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

The M&E Plan has been updated according to the 2009-2011 Performance Framework of the National HIV/AIDS Program. This Plan has attempted to address the issues and weaknesses identified during the M&E Strengthening workshop held in 2007 and 2009. In summary the major changes in this M&E Plan are—

- Definitions of some indicators are changed to align them with internationally recognized instruments.
- Baselines data for outcome indicators that were not available during 2007-2008, have been established based on recent behavior surveillance survey findings.
- Program indicators that did not have clear definitions and agreed denominators and numerators have been improved with complete information on denominators and numerators.
- The indicator related to the number of STI cases treated has been included in the M&E plan with clarification on sources of data.
- Relevant stakeholders and partners were involved in the improvement and revision of the M&E plan to maximize participation and inputs to the plan.
- Disaggregation of data for all indicators in the M&E Plan and performance framework has been further defined and refined for more clarity. In addition, source of data, data collection and recording methods and methods of verification of data have been proposed for all indicators.
- The M&E Plan has been improved to include procedure and process of making data accessible to overall health managers at all levels including details of how and how often it will be done and what are the procedures in place for data transparency.
- The M&E Plan has also incorporated the plan to work together with those that coordinate large scale household survey and other external research or internal research within the Ministry to avoid duplication of data collection, especially on the impact and outcome indicators.
- A Chapter on Quality Assurance and Quality Improvement (QA/QI) has been included in the M&E Plan to monitor quality of training provided, quality of services delivered and other key points related to the over-all quality assurance mechanism.
- A Chapter on Data Management and Data Quality Assurance has been included to elaborate data collection, entry, storage, analysis and reporting mechanism and a data quality assurance, feedback and follow-up mechanism for delayed, incomplete and inaccurate data.
- A Chapter on Anti Retroviral Treatment (ART) monitoring has been included in the M&E Plan by defining that data will be available to monitor drug resistance associated with treatments administered under the Program.
- A written policy for the Program on source documents retention has been included in the M&E Plan.
- Budget for M&E has been reviewed and in Phase 2, a portion of 7% of the total Program budget for Phase 2 has been allocated for M&E related activities excluding M&E related TA and procurement of vehicles.
- Further details have been provided for staffing, capacity building, operations research, infrastructure and budget.
- A detailed work plan and budget have been appended for M&E related activities and resources for the period from June 2009 to December 2011.

1.1 IF YES, years covered:

2007-2011

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:

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

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

Yes

Guidelines on tools for data collection:

Yes

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

Yes

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

-

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

Yes

Briefly describe any obstacles:

-

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

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

No

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

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

-

-

-

-

Temporary Staff [Add as many as needed]

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

-

-

-

-

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

Yes

Briefly describe the data-sharing mechanisms:

-

What are the major challenges in this area:

-

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

No

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

Yes

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

HIV unit within the Ministry of Health

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, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

-

IF YES, at what level(s)?:

-

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

No

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

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

-

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

At national level?:

-

At subnational level?:

-

At service delivery level including civil society?:

-

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

-

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

6

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

-

What challenges remain in this area:

-

B - I. CIVIL SOCIETY INVOLVEMENT

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

3

Comments and examples:

The civil society capacity for policy level advocacy is low and should be strengthened. The PLHIV advocacy organization, Estrela+, has a seat on the NAC and CCM and contributes in a meaningful way to discussions and planning including establishment of a GIPA sub-committee. Estrela+ also regularly contributes to MoH training of VCT staff and to guideline development. Representation is at regional level meetings including APN+ and ICAAP10.

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)?:

3

Comments and examples:

Civil Society has strong involvement in HIV planning processes, however there is limited input in regards to budgeting.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

3

c. The national HIV reports?:

3

Comments and examples:

Prevention and education is well serviced by civil society whereas treatment and care is supported mostly through the government.

4.

a. Developing the national M&E plan?:

3

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

:

2

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

3

Comments and examples:

Civil society has been involved in M&E planning and design of M&E tools.

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

4

Comments and examples:

All sectors mentioned above are represented in both the CCM and NAC.

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:

Very limited financial resources available outside of Global Fund support.

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

People living with HIV:

25-50%

Men who have sex with men:

>75%

People who inject drugs:

-

Sex workers:

>75%

Transgendered people:

>75%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

<25%

Home-based care:

51-75%

Programmes for OVC:**

<25%

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

8

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

There is a strong will to work with civil society. Greater implementation of Civil Society in HIV programming.

What challenges remain in this area:

Condom distribution remains a challenge. Language barriers

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:

GIPA programming and HIV priority funding for MARG and other vulnerable groups under the National Strategic Plan and the Global Fund grant.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No
Orphans and other vulnerable children:

No
People with disabilities:

-
People who inject drugs:

No
Prison inmates:

No
Sex workers:

No
Transgendered people:

No
Women and girls:

-
Young women/young men:

-
Other specific vulnerable subpopulations [write in]:
There is not a specific law, but non-discrimination regulations are within the National Constitution and Timor-Leste is a signatory to international conventions such as CEDAW.

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

No
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

There is a non-discrimination component in the National Constitution.

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

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

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

No
2.1. IF YES, for which sub-populations?

People living with HIV:

-
Men who have sex with men:

-
Migrants/mobile populations:

-
Orphans and other vulnerable children:

-
People with disabilities:

-
People who inject drugs:

-
Prison inmates:

-
Sex workers:

-
Transgendered people:

-
Women and girls:

-
Young women/young men:

-
Other specific vulnerable subpopulations [write in]:

-

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

-
Briefly comment on how they pose barriers:

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

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

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

Yes

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

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

Yes

IF YES, briefly describe this mechanism:

PLHIV groups report to the NAC. VPU - Protection under the Vulnerable Peoples Unit within the Police

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

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

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

-
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:

The National Strategic Plan for HIV 2011 - 2016

8.1 _____

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

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

Through: 1. BCC 2. IEC material 3. Condom distribution 4. VCT and STI

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

No

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:

-

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)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

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

a. Legal aid systems for HIV casework:

Yes

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]:

-

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

4

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

-

What challenges remain in this area:

-

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

5

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

-

What challenges remain in this area:

-

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

1. Through a consultative process during the National Strategic Plan development. 2. Analysis of KAP and districts. 3. Consultation with a wide cross section of stakeholders. 5. Through the IBBS and MoH program reports.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

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:

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:

Disagree

Reproductive health services including sexually transmitted infections prevention and treatment:

Disagree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Strongly Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other [write in]:

-

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

7

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

-

What challenges remain in this area:

-

B - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

-

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

-

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

Antiretroviral therapy:

Agree

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:

Strongly Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Disagree

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

Strongly Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Disagree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

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:

Agree

Other [write in]:

-

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

5

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

Guideline development and implementation on: 1. ART 2. PMTCT 3. PEP 4. STI

What challenges remain in this area:

Stigma and discrimination by health staff prevents people from following up on their treatment.

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

No

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

4

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

-

What challenges remain in this area:

-

Source URL: <http://aidsreportingtool.unaids.org/187/timor-leste-report-ncpi>