

Survey Response Details

Response Information

Started: 1/5/2010 5:02:52 AM
Completed: 1/26/2010 10:01:20 AM
Last Edited: 3/31/2010 11:37:50 AM
Total Time: 21.04:58:27.9730000

User Information

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Response Details

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1) Country

Chad (0)

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

Mr HAYANGO DANGUIGUE SANATCHO

3) Postal address:

BP 1055 NDjamena

4) Telephone:

Please include country code

+ 235 66 41 21 99

5) E-mail:

hayangou@yahoo.fr

6) Date of submission:

Please enter in DD/MM/YYYY format

05/01/2010

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7) Describe the process used for NCPI data gathering and validation:

- constitution d'une équipe de travail composée du chargé du Suivi/Evaluation du CNLS, du Conseiller en S&E de l'ONUSIDA et d'un Consultant national. - Elaboration d'un plan de travail décrivant la méthodologie de collecte, d'élaboration du rapport narratif et de validation de données; - validation du plan de travail et de la méthodologie par le Groupe de Travail sur le S&E élargi à la commission Sida du CCM-Tchad; - Ont participé au remplissage de l'annexe 4 les Responsables du CNLS, de la Direction Générale des Ressources et de la Planification du Ministère de la Santé Publique, de la Direction du Budget du Ministère des Finances, les partenaires bilatéraux, les membres de l'équipe conjointe du système des Nations-Unies sur le VIH/Sida, la Société civile et les confessions religieuses. - une réunion à mi-parcours a été organisée pour rendre compte aux

différentes parties impliquées de l'état d'avancement de l'élaboration du rapport UNGASS. - Une réunion de validation a été organisée avec la participation de tous les acteurs impliqués dans la riposte au VIH.

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

Comme le processus d'élaboration a été participatif, il n'a pas été constaté des désaccords susceptibles de conduire à un processus de résolution.

9)

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

Les principaux problèmes rencontrés sont: - le manque des données actualisées (la dernière enquête d'envergure nationale sur le VIH date de 2005); - le manque des données désagrégées sur les indicateurs (par sexe, par âge, par région géographique); - le retard dans la transmission des données des niveaux périphériques au niveau central.

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10)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Conseil National de Lutte contre le Sida (CNLS)	Dr BAROU DJOUATER Secrétaire Exécutif National	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Conseil National de Lutte contre le Sida (CNLS)	Dr ALI MAHAMAT MOUSSA Secrétaire Exécutif National Adjoint	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Conseil National de Lutte contre le Sida (CNLS)	YOYAMMEL Martine, Responsable Administratif et Financier	A. II
Respondent 4	Conseil National de Lutte contre le Sida (CNLS)	ABBAS MOUSTAPHA, Responsable Service Secteur Santé	A.III, A.IV
Respondent 5	Conseil National de Lutte contre le Sida (CNLS)	ABDELWAHAB SANI, Responsable Service Secteur Non Santé et Entreprises	A. I, A. III
Respondent 6	Conseil National de Lutte contre le Sida (CNLS)	RANGAR DJENADJIM Thimotée, Responsable Service Secteur Décentralisé	A.II
Respondent 7	Conseil National de Lutte contre le Sida (CNLS)	TAHER MAHAMAT, Responsable Service Appui aux Projets et ONG/ABC	A. II

Respondent 8	Conseil National de Lutte contre le Sida (CNLS)	TAO HAMIA YVETTE, Responsable Service Communication, Relations Publiques et Documentation	A.II
Respondent 9	Conseil National de Lutte contre le Sida (CNLS)	HAYANGOU DANGUIGUE Sanatcho, Responsable Esrvice Planification, Suivi et Evaluation	A. II, A.V
Respondent 10	Conseil National de Lutte contre le Sida (CNLS)	Dr ALIOUNE B. DIOP, Conseiller VIH/Sida	A.III, A.IV
Respondent 11	Ministère Education Nationale	MBAIRO DERMBAYE DJELAMDE, Responsable Cellule Sida	A. II
Respondent 12	Ministère Education Nationale	DOMO Guidjinga, Coordonnateur projet Education à la vie familiale	A.II
Respondent 13	Ministère Action Sociale	BLAGUE, Directeur de l'Enfance	A. II
Respondent 14	Ministère de l'Agriculture	Mme KADJILE OBENGDI Hélène, Responsable du Comité Sectotiel	A.II
Respondent 15	Ministère de la Fonction Publique, Travail et Emploi	T. SINDANG, Responsable Comité sectoriel	A. II
Respondent 16	Ministère Communication	KOULADINGAR K. KAHOR, Responsable Comité sectoriel	A.II
Respondent 17	Ministère de l'Elevage	NAKIRI NADJIMBAYE, Responsable Comité sectoriel	A. II
Respondent 18	Hôpital Général de référence nationale	Dr TCHOMBOU Bertin, Responsable Service des Infections	A.III, A.IV
Respondent 19	Hôpital Général de référence Nationale	Dr NGAKOUTOU, Responsable Service Pneumologie	A. III, A. IV
Respondent 20	Centre National de Transfusion Sanguine	Dr DJIMADOUM BANGA, Coordonnateur	A.III, A.IV
Respondent 21	Ministère de l'Environnement	KLADOUMNAR Rokoïta, Responsable point focal Sida	A. II
Respondent 22	Ministère de la Santé Publique	Dr HAOUYAYE Adoum, Coordonnatrice Programme sectoriel de lutte contre le sida	A.II
Respondent 23	Ministère de la Santé Publique	Mr GERMAIN, Division Système d'Information Sanitaire	A. II
Respondent 24	Ministère de l'Environnement	MOUHYDINE R. Saleh, Secrétaire Général Adjoint	A.II
Respondent 25			

12)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 Bureau de coordination ONUSIDA Tchad	SABA Marc, Coordonnateur	B.I, B.II, B.III, B.IV

13)

Respondents to Part B
[Indicate which parts

	Organization	Names/Positions	[indicate which parts each respondent was queried on]
Respondent 2	Bureau Coordination ONUSIDA	BAGAMLA TCHOBKREO, Conseiller Suivi/Evaluation	B.I, B.II
Respondent 3	Comité National des Jeunes pour la lutte contre le SIDA (CONAJELUS)	Elhadj Mahamat Adoum, Gestionnaire	B.II
Respondent 4	Associations des Droits de l'Homme	Arsene MAYANGAR, Chargé des programmes	B.II
Respondent 5	Comité National de lutte contre le Sida (CONALUS)	Général LOUM HINANSOU LAINA, Président	B.II
Respondent 6	Union des Syndicats du Tchad (UST)	BASSOU RAKHIS, Secrétaire National chargé de la Lutte contre le Sida	B.II
Respondent 7	Association Marketing Social au Tchad (AMASOT)	Dr MATCHOKE GONG ZOUA, Chargé de la prise en charge	B.II, B.III, B.IV
Respondent 8	Initiative Bassin du Lac-Tchad	Dr DEOUDJE Noel, Coordonnateur	B.III
Respondent 9	Banque Mondiale	Joel TOKINDANG, Chargé des programmes	B.III
Respondent 10	Programme des Nations Unies pour le Développement (PNUD)	HOBAN ROGOTO, Assistant du représentant Resident chargé du VIH et Sida	B.III
Respondent 11	Banque Africaine de Développement (BAD)	DJOGOYE TALANSADI, Chargé des programmes	B.III
Respondent 12	OMS	Dr DJEMADJIEL Noel, chargé des programmes Sida	B.III
Respondent 13	Haut Comité pour les Réfugiés (UNHCR)	Dr Alice WIMMER, Coordonnatrice	B.III
Respondent 14	Fonds Mondial (FM)	ADAM MBODOU, Administrateur Gestionnaire	B.III
Respondent 15	Fonds Mondial (FM)	OTHINGUE NADJITOLNAN, chargé de Suivi/Evaluation	B.III
Respondent 16	UNICEF	Dr MORGAYE GUEIM, Chargé du VIH et Sida	B.III
Respondent 17	DED	Mme HELKE NISCHWITZ	B.III
Respondent 18	ONUSIDA	Dr DONATO KOYALTA, Facilitateur	B.III
Respondent 19	ONUSIDA	NAMULULI Aimé, Facilitateur	B.III
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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14)

Part A, Section 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 (0)

Page 715) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2007-2011

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

05

17)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 818) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)**

If "Other" sectors are included, please specify:

La Société civile

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19)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2003

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22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

- les travailleuses du sexe - les jeunes - la population en situation d'urgence (réfugiés, IDPs,) - les transporteurs, - les migrants, - les hommes en tenue, - les Mossos (femmes commerçantes mobiles)

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

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?	Yes
e. A monitoring and evaluation framework?	Yes

25)

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

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

Le processus du cadre stratégique a commencé par des réunions de concertation avec la société civile (les réseaux des jeunes, les PVVIH, les confessions religieuses et les parlementaires). Ces groupes ont activement contribué dans l'analyse de la situation, le choix des objectifs, la définition des stratégies et le choix des indicateurs de suivi/évaluation. La mise en oeuvre et le suivi de certaines activités ont été confiés à la société civile, en particulier les jeunes, les PVVIH, les confessions religieuses et les parlementaires.

27)

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

Yes (0)

28)

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

Yes, all partners (0)

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29)

Part A, Section I: STRATEGIC PLAN

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 (0)

Page 15

30)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Autres: insérer	

31)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Autres: insérer	

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32)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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33)

Part A, Section I: STRATEGIC PLAN

3.1 IF YES, to what extent has it informed resource allocation decisions?

5 (5)

34)

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 (0)

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35)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Autres: insérer	

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36)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

Le test de dépistage est volontaire et gratuit. Il est obligatoire pour le recrutement au sein des forces armées. Le Ministère de la Santé Publique a publié en 2007 un Arrêté qui oblige tous les

médécins à proposer systématiquement aux patients un test VIH. Ces derniers sont néanmoins libres d'accepter ou de refuser cette offre.

37)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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38)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Autres: insérer	

39)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

- mise en place d'un comité de relecture de la loi pour proposer au gouvernement un projet de Décret d'application de cette loi, - impression de la loi sous forme de dépliants pour une large vulgarisation au niveau national

40)

Briefly comment on the degree to which these laws are currently implemented:

- Un observatoire des Droits de l'Homme et des PVVIH est mis en place depuis 2007. Il est saisi régulièrement des cas de discrimination et de stigmatisation. - Les cliniques juridiques conseillent et assistent régulièrement les personnes faisant l'objet de discrimination et/ou de stigmatisation auprès des juridictions nationales. - Des jugements pour fait de stigmatisation et/ou de discrimination sont rendus par les juridictions nationales mais il se pose un problème de tenue de registres de ces jugements pour des statistiques fiables.

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41)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other

vulnerable subpopulations?

No (0)

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42)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

43)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

44)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

45)

Part A, Section I: STRATEGIC PLAN**7.3 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 (0)

46)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

47)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)**

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

Yes (0)

48)

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

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

- les travailleuses du sexe - les Mossos - les hommes en tenue (militaires, gendarmes, policiers) - les transporteurs - les jeunes - les migrants - les populations en situation d'urgence (réfugiés, IDPs)

50)

Briefly explain how this information is used:

Cette information est utilisée pour élaborer des programmes et projets qui prennent en compte les besoins spécifiques de ces groupes cibles.

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51) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

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52)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

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

Les régions administratives qui sont le premier ressort de la hiérarchie de l'administration territoriale au Tchad.

53)

Briefly explain how this information is used:

La décentralisation du CNLS tient compte des régions administratives. Ainsi un Conseil Régional qui s'occupe de la coordination de la riposte est mis en place dans chaque région.

54)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

55)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

56)

Since 2007, what have been key achievements in this area:

- adoption du cadre stratégique national en 2007 - adoption du Décret 512 portant définition et organisation du CNLS - élaboration d'un plan opérationnel de mise en oeuvre du cadre stratégique 2007-2011 - élaboration d'un plan national de S&E ainsi que son manuel de procédure - la disponibilisation des documents du Three Ones - élaboration d'un plan national d'appui technique 2008-2011 - élaboration de la cartographie des intervenants/interventions liées au VIH en 2009. - la mise en place du cadre institutionnel et organisationnel de la riposte au VIH en 2007.

57)

What are remaining challenges in this area:

- l'opérationnalisation effective du Secrétariat Exécutif National du CNLS en le dotant des ressources suffisantes (humaines, logistique et financières) pour lui permettre d'assurer convenablement de leadership et de coordination de la riposte nationale

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58)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

59)

2. Does the country have an officially recognized national multisectoral AIDS

coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

60)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2007

61)

2.2 IF YES, who is the Chair?

Name	Emmanuel NADINGAR
Position/title	Premier Ministre, Chef du Gouvernement

62)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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63)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)****If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

31

64)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

13

65)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

4

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66)

Part A, Section II: POLITICAL SUPPORT

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 (0)

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67)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

- ancrage institutionnel effectif du CNLS à la Primature pour lui permettre d'assurer convenablement la multisectorialité de la réponse nationale au VIH - allocation des ressources financières dans le budget de l'Etat pour le fonctionnement du CNLS et la prise en charge médicale gratuite des PVVIH au Tchad -

68)

Briefly describe the main challenges:

- retard dans la la mobilisation effective des ressources allouées dans le budget de l'Etat

69)

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

Information on priority needs

Yes

Technical guidance

Yes

Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Autres: insérer	

70)

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

Yes (0)

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71)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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72)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

- un projet de loi rectificatif de la loi 19/PR/2007 a été approuvé par le Comité consultatif mis en place par une note de service du CNLS - la politique nationale sur la PTME a été révisée à l'issue d'un atelier national de large consensus - la politique nationale de prise en charge des PVVIH est en cours de révision.

73)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

il n'ya pas de contradictions majeures entre les lois et les politiques nationales mais simplement certaines de leurs dispositions ont besoins d'être clarifiées pour faciliter leur compréhension par public et leur application par les juristes.

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74)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

8 (8)

75)

Since 2007, what have been key achievements in this area:

l'engagement et le leadership politique pour la réponse nationale au VIH, notamment: - la gratuité de la prise en charge médicale des PVVIH - la dotation chaque année d'une ligne au budget de l'Etat pour l'achat des ARV, des réactifs et consommables médicaux.

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76)

Part A, Section III: PREVENTION

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

Yes (0)

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77)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)

- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

78) In addition to the above mentioned, please specify other key messages explicitly promoted:

Arrêté du Ministre de la Santé Publique instruisant les médecins à proposer systématiquement le dépistage du VIH à tous patients en consultation

79)

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

Yes (0)

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80)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

81)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
secondary schools? Yes
teacher training? Yes

82)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

83)

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

Yes (0)

84)

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

Yes (0)

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85)

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

Check which specific populations and elements are included in the policy/strategy

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

Page 44

86)

Part A, III. PREVENTION**Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

9 (9)

87)

Since 2007, what have been key achievements in this area:

- la mise en oeuvre de la conversation communautaire dans deux régions - l'extension des sites offrant la PTME - l'extension des CDV - la réactualisation des sites sentinelles

88)

What are remaining challenges in this area:

- opérationnaliser les autres sites sentinelles - promouvoir et vulgariser la stratégie mobile de dépistage volontaire en milieu rural particulièrement

Page 45

89)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

90)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

A partir de l'analyse de la situation

91)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Autres: insérer	

Page 47

92)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

93)

Since 2007, what have been key achievements in this area:

- le nombre des sites offrant la PTME a connu une augmentation significative pour un plus grand accès des femmes enceintes à la CPN, à la prévention et à la prise en charge du couple mère-enfant; - l'introduction de la PCR pour une prise en charge précoce des enfants infectés; - la création des nouveaux centres de dépistage pour un plus grand accès de la population rurale;

94)

What are remaining challenges in this area:

Rendre accessible l'information sur le VIH et le conseil et dépistage à tous ceux qui en ont besoin

Page 48

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

97)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

98)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

après analyse de la situation

100)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Autres programmes: insérer	

Page 51

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

102)

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

Yes (0)

Page 52

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)**IF YES, for which commodities?:**

- Les antiretroviraux; - les médicaments pour les Infections Opportunistes - les préservatifs

Page 53

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

105)

Since 2007, what have been key achievements in this area:

- la gratuité des ARV et des examens complémentaires pour les PVVIH - l'augmentation significative du nombre des personnes sous ARV - la prise en charge nutritionnelle des PVVIH - l'ouverture d'un Hôpital du jour à N'Djamena et Moundou - l'introduction de la PCR - l'introduction du traitement de 2ème ligne - l'accroissement du nombre des prescripteurs des ARV

106)

What are remaining challenges in this area:

- le suivi des malades sous ARV - la prise en charge socioéconomique et nutritionnel - l'inobservance de la prise des ARV qui entraine la resistance aux molécules

Page 54

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

109)

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

Yes (0)

110)

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

Yes (0)

Page 56

111)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

112)

Since 2007, what have been key achievements in this area:

- la prise en charge socioéconomique et scolaire des OEAV - la disponibilité des ARV pédiatriques - le soutien socioéconomique aux tuteurs des orphélins

113)

What are remaining challenges in this area:

intensifier la prise en charge scolaire des OEAV dans les écoles professionnelles pour faciliter leur insertion sociale

Page 57

114)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

115)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2007

116)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2011

117) **1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

118) **1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

119) **1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**

Yes, all partners (0)

Page 60

120)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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121)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes

Evaluation / research studies Yes

122)

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

Yes (0)

Page 62

123)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

10

124)

3.2 IF YES, has full funding been secured?

No (0)

Page 64

125)

Part A, Section V: MONITORING AND EVALUATION**Question 3.2 (continued)****IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:**

- la mobilisation des ressources pour le S&E n'est pas effective au niveau national - difficultés dans la mise en oeuvre effective du système de S&E - insuffisance du personnel qualifié - l'absence d'une connexion internet au CNLS

126)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

127)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

- le suivi de routine du niveau central au niveau périphérique se fait tous les 3 mois et porte sur le contrôle de qualité et une supervision formative - l'évaluation du système se fait tous les 2 ans et porte sur l'évaluation du processus, l'efficacité, l'efficience, l'utilisation des ressources et les effets

induits des interventions

128)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

129)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
 in the Ministry of Health? No
 ailleurs ? (insérer)

130)

Number of permanent staff:

Please enter an integer greater than or equal to 0

1

131)

Number of temporary staff:

Please enter an integer greater than or equal to 0

0

Page 67

132)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Chef du service Planification, Suivi et Evaluation	Full time	2009
Permanent staff 2			
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			

Permanent
staff 8
Permanent staff
9
Permanent
staff 10
Permanent staff
11
Permanent
staff 12
Permanent staff
13
Permanent
staff 14
Permanent staff
15

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133)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69134) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Au niveau national, les informations collectées sont diffusés à tous les partenaires sous forme de rapport et de fichier électronique tous les 6 mois, il est prévu de ramener ce délai à trois mois quand tous les acteurs seront habitués au système. Le Secrétariat Exécutif National organisera à cet effet la rencontre semestrielle avec tous les partenaires. Comme la mise en place du CNLS est récente, tous les ans, il devra publier un annuaire des statistiques sur le sida. Cet annuaire paraîtra au courant du 1er trimestre de l'année suivante. Au niveau décentralisé, le SEN/CNLS donnera aux structures décentralisées la rétro information sous forme de publication d'un périodique dont la parution sera trimestrielle, ou par courrier électronique. Les Secrétaires Exécutifs Régionaux prendront part activement aux rencontres trimestrielles et présenteront à cette occasion les résultats des activités de leur région.

135)

What are the major challenges?

- L'insuffisance de financement ne permet pas de pérenniser la collecte des données des sites sentinelles pour suivre l'évolution de l'épidémie; - La mise en place des structures permettant une récolte régulière de données est entravée par la qualité des ressources humaines et l'insuffisance des moyens pour leur fonctionnement ; - Manque de compétences pour le traitement et l'analyse approfondie des données ; - L'insuffisance des moyens logistiques pour la supervision & la collecte de données; - Capacités opérationnelles limitées du SPE par la modestie des moyens

mis à la disposition du CNLS; - Bien que prévu dans le nouveau cadre stratégique, le mécanisme de surveillance de la résistance aux antirétroviraux, n'est pas opérationnel; - Le manque de capacités plus prononcé au niveau local/régional ne permet pas aux structures décentralisées de remplir correctement et en temps réel les outils de collecte qui sont mis à leur disposition ; - Des difficultés subsistent encore dans la transmission des rapports de surveillance collectées dans les régions/districts vers le niveau central

Page 70

136)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

137)

6.1 Does it include representation from civil society?

Yes (0)

Page 71138) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

IF YES, briefly describe who the representatives from civil society are and what their role is:

- le Réseau National Tchadien des PVVIH - le Comité National de Lutte contre le Sida (CONALUS) - le Comité National des Jeunes pour la lutte contre le Sida (CONAJELUS) - l'Association Interdiocésaine de Lutte contre le Sida (AILS) - l'Association Marketing social au Tchad (AMASOT) - l'Union des Associations Diocésaines (UNAD) Rôle: tenant compte de leurs expériences, donner un avis sur les aspects pratiques de S&E qui tiennent compte de leurs besoins spécifiques dans le cadre du système national unique de S&E

139)

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

Yes (0)

Page 72

140)

Part A, Section V: MONITORING AND EVALUATION

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

- La base de données centralise les données sur le VIH provenant des acteurs ou parties prenantes sur le territoire national, y compris les recherches opérationnelles en vue d'en faire la

synthèse pour une large diffusion - elle est gérée par le Chargé du Suivi et Evaluation du CNLS

141)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

142)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	No

Page 74

143)

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

Yes (0)

144)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

145)

Provide a specific example:

Les données sont utilisées pour la revue du cadre stratégique national de lutte contre le Sida

146)

What are the main challenges, if any?

le manque de données sur les personnes à haut risque comme les Hommes ayant des rapports avec des hommes et les Consommateurs des drogues injectables

Page 75

147) Part A, Section V: MONITORING AND EVALUATION

9.2 To what extent are M&E data used for resource allocation?

4 (4)

148)

Provide a specific example:

Ces données sont utilisées par exemple pour l'analyse des gaps dans le financement de la riposte nationale au VIH

149)

What are the main challenges, if any?

Insuffisance des ressources pour financer la collecte des données et les recherches opérationnelles

Page 76

150)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

151)

Provide a specific example:

Les données de S&E sont utilisées pour: - réorienter les projets et programmes en fonction des réalités et besoins spécifiques; - Plaidoyer pour l'action; - Attribution des résultats et effets des interventions

152)

What are the main challenges, if any?

- Difficultés à attribuer les résultats et effets nets des interventions à cause des facteurs confondants; - Conflits sociopolitiques qui entravent la mise en oeuvre des programmes et projets et par voie de conséquence le S&E

Page 77**153) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

Page 78

154)

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

At national level?	Yes
At subnational level?	No
At service delivery level including civil society?	No

Page 79**155) Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

22

Page 80

156)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81**157) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

- utilisation du CRIS3 - utilisation des logiciel EPP et SPECTRUM pour l'estimation et la projection des données VIH - l'outil en ligne pour le rapportage de l'UNGASS 2010; - validation du manuel des procédures de S&E par les membres du groupe de travail sur le S&E

Page 82**158) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

8 (8)

159)

Since 2007, what have been key achievements in this area:

- Mise en place du logiciel CRIS 3 de gestion de données VIH au niveau national; - Mise en place du groupe de travail sur le S&E; - Validation du manuel des procédures de S&E; - Estimations et projection des données VIH horizon 2015 au niveau national pour la prise des décisions; -

Génération de l'information stratégique sur le VIH et le SIDA;

160)

What are remaining challenges in this area:

- Fomer les comités sectoriels et les organes décentralisés du CNLS sur le CRIS 3 et les outils de S&E;
- Diffuser largement le manuel des procédures de S&E;

Page 83

161)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

162)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

La loi 19/PR/2007 portant lutte contre le VIH/SIDA et protection des PVVIH est explicite sur la question et ne contient pas des dispositions discriminatoires

163)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

164)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women

Yes

b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. SexWorkers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Autre: insérer	

165)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Un projet de loi rectificatif de la loi 19/PR/2007 est en cours de promulgaion et précise les mécanismes d'application

166)

Briefly describe the content of these laws:

Elle protège les personnes vivant avec le VIH de la discrimination et stigmatisation et garantit leurs droits à la prévention, soins, traitement et soutien. Elle est explicite sur la riposte au VIH à tous les niveaux.

167)

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

Des plaintes relatives à la discrimination et la stigmatisation sont enregistrées, mais on ne dispose pas des statistiques sur les jugements rendus.

Page 86

168)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 88

169) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

170)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

- la loi 19/PR/2007 protège les PVVIH et sanctionne toute personne qui enfreint aux dispositions de la ladite loi ou adopte des comportements discriminatoires ou stigmatisants envers les PVVIH

171)

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

Yes (0)

Page 90

172)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)****IF YES, briefly describe this mechanism:**

L'observatoire des Droits de l'Homme et des PVVIH ainsi que les cliniques juridiques sont régulièrement saisies des cas de discriminations et de stigmatisations. en cas de besoin, ces plaintes sont référées devant les juridictions nationales compétentes.

173)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

174)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

- la forte implication de la société civile, y compris les PVVIH dans l'élaboration du cadre stratégique national de lutte contre le VIH/Sida - la Vice-présidence du CCM-Tchad est assurée par un PVVIH

175)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

176)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

la loi 19/PR/2007 est en cours de large diffusion à tous les niveaux dans le pays

177)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

178)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

179)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

180)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

la gratuité de la prise en charge est garantie à toutes les couches sociales sans distinction, y compris les femmes

181)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

Page 95

182)

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

Yes (0)

183)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

184)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

185)

IF YES, describe the approach and effectiveness of this review committee:

- le Comité d'éthique se réunit périodiquement pour approuver les projets de recherche liés au VIH et au Sida -

Page 97

186)

– 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 (0)

187)

– **Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

Yes (0)

188)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

Yes (0)

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189)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

- l'Observatoire des Droits de l'Homme et de la Ligue Tchadienne des Droits de l'Homme et La Commission Nationale de Droits de l'Homme suivent régulièrement les indicateurs de performance pour rendre compte du respect de droit de l'Homme au Tchad

Page 99

190)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

191)

– **Legal aid systems for HIV casework**

Yes (0)

192)

– **Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

Yes (0)

193)

– **Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

194)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

195)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Autres: insérer	

Page 101

196)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

9 (9)

197)

Since 2007, what have been key achievements in this area:

- les jugements rendus pour fait de discrimination et/ou de stigmatisation envers les PVVIH - la vulgarisation de la loi

198)

What are remaining challenges in this area:

Le tabou lié au VIH qui fait en sorte que certains PVVIH se marginalisent et n'osent pas porter en public les problèmes de discriminations et de stigmatisations

Page 102

199)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

9 (9)

200)

Since 2007, what have been key achievements in this area:

- l'engagement des leaders politiques et religieux à faire vulgariser la loi 19

201)

What are remaining challenges in this area:

- les tabous liés au VIH et au sexe - les contraintes financières

Page 103

202)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

5 (5)

203)

Comments and examples:

Implication dans l'élaboration du Cadre Stratégique National et à la formulation des propositions pour l'accès au Fonds Mondial

Page 104

204)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

5 (5)

205)

Comments and examples:

participation active à toutes les étapes du processus de planification et de révision des projets et programmes pour un bon suivi de l'intégration de leurs besoins

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206)

a. the national AIDS strategy?

4 (4)

207)

b. the national AIDS budget?

3 (3)

208)

c. national AIDS reports?

3 (3)

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209)

a. developing the national M&E plan?

4 (4)

210)

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

4 (4)

211)

c. M&E efforts at local level?

4 (4)

212)

Comments and examples:

la mise en oeuvre de la riposte nationale au niveau communautaire est principalement assurée par la société civile

Page 107**213) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

5 (5)

214)

Comments and examples:

toutes les composantes de la société sont fortement représentées dans les efforts de lutte contre le Sida

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215)

a. adequate financial support to implement its HIV activities?

4 (4)

216)

b. adequate technical support to implement its HIV activities?

4 (4)

217)

Comments and examples:

- les formations de renforcement de capacités sont organisées - les ressources mobilisées pour la riposte communautaire au VIH sont orientées à la société civile

Page 109**218) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	51-75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI) *	<25%
Home-based care	51-75%
Programmes for OVC* *	51-75%

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219)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)**

Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

220)

Since 2007, what have been key achievements in this area:

la prise en compte des besoins de financement des activités de la société civile dans les différentes propositions soumises au Fonds Mondial

221)

What are remaining challenges in this area:

la mise en place des réseaux ou coordinations des associations au niveau régional

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222)

Part B, Section III: PREVENTION

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

Yes (0)

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223)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

A partir de l'analyse de la situation

224)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree

Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Autres: insérer	

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225)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

226)

Since 2007, what have been key achievements in this area:

- passage à l'échelle de la PTME - introduction du "life skill" dans les établissements scolaires - la conversation communautaire

227)

What are remaining challenges in this area:

- la stigmatisation et la discrimination - le plaidoyer

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228)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

229)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

Oui pour le traitement et les soins quant au soutien, il est encore timide. L'accompagnement des personnes infectées n'est pas effectif parce qu'il n'y a pas eu analyse de la situation dans le secteur

230)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Autres: insérer	

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231)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

232)

Since 2007, what have been key achievements in this area:

Le nombre croissant des patients sous ARV lié à la gratuité de la prise en charge médicale et la disponibilité des ARV et l'appui financier important de l'Etat.

233)

What are remaining challenges in this area:

- La persistance des goulots dans la distribution des ARV et réactifs qui entraînent des ruptures

sporadiques; - Faible appui dans le domaine de soutien socio-économique depuis le retrait du financement de la Banque Mondiale en 2007;

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234)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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235)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

236)

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

Yes (0)

237)

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

Yes (0)

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238)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

8 (8)

239)

Since 2007, what have been key achievements in this area:

- prise en charge scolaire, nutritionnel dans le 3ème round du Fonds Mondial - idem par l'UNICEF dans la Tandjile

240)

What are remaining challenges in this area:

l'analyse de la situation des OEAV dans le pays