

Survey Response Details

Response Information

Started: 3/24/2010 11:16:07 AM
Completed: 3/28/2010 4:39:08 PM
Last Edited: 4/16/2010 4:01:41 AM
Total Time: 4.05:23:01.3370000

User Information

Username: ce_RO
Email:

Response Details

Page 1

1) Country

Romania (0)

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

Dr. Adrian Streinu Cercel, Chair of Infectious Diseases Commission of the MoH

3) Postal address:

Prof Dr Matei Bals Infectious Diseases Institute, 1-3 Dr. Grozovici Street, Bucharest

4) Telephone:

Please include country code

+40213186093

5) Fax:

Please include country code

+40213186090

6) E-mail:

strega@mb.roknet.ro

7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

Page 3

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

The Romanian HIV/AIDS Center, institution based in the Institute for Infectious "Dr. Matei Bals" - as secretariate of the Romanian Coordination Mechanism - the CCM of the projects funded by the Global Fund for HIV, AIDS and malaria, presented the UNGASS Report 2010 within the CCM held in March 2010. The Center team participated at deeper consultantion was conducted within the

Romanian HIV/AIDS M&E working group, which was facilitated by UNODC also in March 2010. Data collection forms were sent to partners active HIV/AIDS field in Romania (public institutions - national and local, organizations of the civil society, UN partners), represented in the CCM and others). The draft report was also circulated to all the partners and a reconciliation process took place in late March 2010.

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

NA

10)

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

Some of the partners considered that they did not have the respective experience or knowledge to answer to a part of the questions in the questionnaire. They were advised to make comments to the respective questions and fill in and provide rationale for the ones which in their sphere of knowledge, experience, practice.

Page 4

11)

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	Ministry of Education	Daniela Calugaru/specialist	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Labour - ANPH	Paulian Sima - specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 3	ANA - Ministry of Internal Affairs	Catalina Niculae - specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry of Health Infectious Diseases Commission	Dr. Sorin Petrea - HIV/AIDS specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Justice - General Direction of Penitentiaries	Geta Cucu - specialist	
Respondent 6	Ministry of Labour - The national authority for Child Protection	Izabela Popa - specialist	
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			

- Respondent 11
- Respondent 12
- Respondent 13
- Respondent 14
- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

13)

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	UNOPA Iulian Petre /executive director	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	People Development Foundation - FDPSR	Calin Pop - director	B.I, B.II, B.III, B.IV
Respondent 3	ARAS (The Romanian Association Against AIDS)	Maria Georgescu/executive director	B.I, B. II, B. III, B. IV
Respondent 4	ADV - Close to You	Irina Isacila - regional center director	B.I, B.II, B.III, B.IV

Respondent 5	UNICEF	Eugenia Apoizari - HIV/AIDS specialist	B.I, B. II, B. III, B. IV
Respondent 6	UNODC	Catalina Elena Iliuta - expert	B.I, B.II, B.III, B.IV
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

Page 5

15)

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 7

16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2008-2013

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

13

18)

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 8

19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

ANP - The National Authority for the Penitentiaries - The Ministry of Justice, Social

Page 9

20)

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

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

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

2006

Page 11

23)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

- Young people - including specifically young people in schools (including also young people who are attending military schools), young people living with HIV/AIDS, young people especially vulnerable given the institutionalisation and marginalisation. - Commercial sex workers - Injecting drug users - MSM - inmates/penitentiaries - disadvantaged (socio-economically) communities - pregnant women - people living with HIV/AIDS - medical personnel

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

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

26)

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

27)

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

- through an evaluation of the needs on short/medium/long ; - through the development of projects addressing target groups

28)

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

Yes (0)

29)

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

Yes, all partners (0)

Page 14

30)

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

31)

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. Other: The Action Plan for monitoring the implementation of the National anti-Drug Strategy 2005-2008	Yes

32)

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)	No
Other: increase the capacity of the public institutions to develop and implement adequate measures of prevention and reduction of the impact of HIV	Yes

Page 16

33)

Part A, Section I: STRATEGIC PLAN**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

No (0)

Page 17

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)

Page 18

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
Other: Please specify	

Page 19

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):

It is voluntary and with pre/post test counseling. HIV testing is part of the mandatory medical exam for enrollment in the military and police forces.

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)

Page 20

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
Other: Please specify	Yes

39)

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

The Government Ordinance 137/2000 approved by the Law nr. 48/2002, and completed with (OG 77/2003, law 27/2004) for the prevention and combating all forms of discrimination creates the legal framework for the prevention, and sanctioning of the discriminations acts. It also created a governmental institution - the National Council for Combating the Discrimination (NCCD) - which investigates, reveals and sanctions the discrimination acts. The law 202/2002 regarding the equality of chances between women and men. The 584 / 2002 regarding HIV/AIDS prevention measures and protection of people living with HIV/AIDS (PLWHA) Legea 143/2000 which regarding the measures against the drug use.

40)

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

The National Council for Combating the Discrimination (NCCD) is active since 2003 and gave solutions to a number of discrimination cases. Few people make complaints for discrimination. The anti-discrimination legislation is good, but it is not sufficiently reinforced.

Page 21

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)

Page 23

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?

No (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)

Page 27

49)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

PLHIV, young people in school, uniformed personnel, prisoners, female SWs, MSM, IDUs, pregnant women

Page 28**50) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

51)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

District and regional center

52)

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

53)

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)

54)

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

- Prevention interventions including needle exchange and substitution treatment in the penitentiary system - Substitution treatment for IDUs expanded, in the public and private center - Prevention of vertical transmission of HIV - Improvement of the monitoring/surveillance and reporting system

55)

What are remaining challenges in this area:

Review the National AIDS strategy, have it endorsed by the government endowed with an appropriate budget, covering effectively the ARV treatment and monitoring programs, prevention programs (targeting also vulnerable and at risk sub-populations).

Page 31

56)

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	No
Other high officials	Yes
Other officials in regions and/or districts	No

57)

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

58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2000

59)

2.2 IF YES, who is the Chair?

Name	Ministry of Health has to nominate the chair
Position/title	

60)

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

Page 33

61)

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

33

62)

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

Page 34

63)

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)

Page 35

64)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

The main achievement of the NAC (role undertaken by the CCM for the GFATM funded projects) is the coordination and mutual support between governmental and non-governmental institutions members of NAC in developing the strategy, services in the field of prevention, treatment, care and support, advocacy.

65)

Briefly describe the main challenges:

The main challenge is to determine the Government to commit a reasonably appropriate budget for national HIV strategy implementation: for prevention, treatment and care, advocacy.

66)

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

Please enter the rounded percentage (0-100)

1

67)

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	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

68)

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

Yes (0)

Page 36

69)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

Page 38

70)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

9 (9)

71)

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

The creation of the European HIV/AIDS and Infectious Diseases Academy in 2009.

72)

What are remaining challenges in this area:

The political support for HIV/AIDS programs needs to increase, in order to maintain the level of programs and services developed.

Page 39

73)

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)

Page 40

74)

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)
- 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)

n. Know your HIV status (0)

o. Prevent mother-to-child transmission of HIV (0)

75)

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)

Page 41

76)

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)

77)

2.1 Is HIV education part of the curriculum in:

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

78)

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

Yes (0)

79)

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

Yes (0)

80)

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)

Page 42

81)

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	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Other populations
Drug substitution therapy	Injecting drug user, Sex workers, Prison inmates
Needle & syringe exchange	Injecting drug user, Sex workers, Prison inmates

Page 43

82) Part A, III. PREVENTION

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

People living with HIV/AIDS, people who live in the street (homeless)and disadvantaged communities

Page 44

83)

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)

84)

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

- the prevention vertical transmission of HIV - the professional post exposure prophylaxis - HR services in some prisons, condoms available in prisons - methadone substitution treatment centers multiplied

85)

What are remaining challenges in this area:

Appropriate funding for maintaining the current programs.

Page 45

86)

Part A, III. PREVENTION

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

Yes (0)

Page 46

87)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

- behavioral surveys - needs analysis

88)

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	Agree
Risk reduction for men who have sex with men	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	Don't agree
Other: Profesional post esposure prophylaxis	

Page 47

89)

Part A, III. PREVENTION

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

8 (8)

90)

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

The development of the school curricula for health promotion for grades 1-12 (which all includes chapters about HIV/AIDS), the inclusion of the health promotion discipline as an optional in the school programs. HR services in selected prisons, condoms available in prisons Methadone treatment services multiplied The BCC prevention programs did not increase in coverage, especially among general public. Among the populations at risk and vulnerable, the programs continued, but did not attract the support of the state and local budgets.

91)

What are remaining challenges in this area:

Appropriate funding for HIV prevention campaigns. To maintain and expand the existing services, especially HR services and to mobilize the central and local authorities to provide bigger support to HR programs and prevention among the populations at risk and vulnerable.

Page 48

92)

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

93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

94)

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

Yes (0)

95)

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

services?

Yes (0)

Page 50

96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Through direct services (medical, psycho-social) provided to plhwa, as well as through the consultations with the organizations of the patients, professionals and civil society organizations. The process is continuous. ARV treatment is provide according with a national treatment prothocol, being covered from the naional budget. It has also been determined the need for a nutritional support (equivalent of the food allowance / per day in the hospital). A person living with HIV/AIDS may also request social support as a person with handicap, the support being granted according with the severity of the disease.

97)

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	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

Page 51

98)

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?

No (0)

99)

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?

No (0)

Page 53

100)

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)

101)

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

- Continuous access to TARV; access to the new ARV molecules. - The increase of the number of the plwha who requested the social support provided by the state and local authorities, the amelioration of the quality of life of the people living with HIV, as well as of the life expectancy. The increase of the number of plwha who are active in the labour market.

102)

What are remaining challenges in this area:

To ensure the appropriate funding for the national monitoring and ARV treatment program and for the social support of people living with HIV.

Page 54

103)

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?

N/A (0)

Page 57

104)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

105)

1.1 IF YES, years covered:Please enter the start year in yyyy format below

2008

106)

1.1 IF YES, years covered:Please enter the end year in yyyy format below

2013

107)

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

Yes (0)

108)

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

Yes (0)

109)

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

Yes, most partners (0)

Page 60

110)

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)	No

a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

111)

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

112)

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

No (0)

Page 64

113)

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

No (0)

Page 65

114)

IF NO, briefly describe how priorities for M&E are determined:

- Quarterly analysis sessions / CNLAS - National AIDS Commission

115)

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

Yes (0)

Page 66

116)

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

in the National AIDS Commission (or equivalent)?

in the Ministry of Health?

Elsewhere? The National Institute of Infectious Diseases – Prof. Dr. Matei Bals associated with ME working group

Yes

117) Number of permanent staff:

Please enter an integer greater than or equal to 0

6

Page 67

118)

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 Coordonator of the ME department / HIV/AIDS - National Instituite for Infectious Diseases Dr. Matei Bals	Full time	2000
Permanent staff 2 Data operator	Full time	2000
Permanent staff 3 Data operator	Full time	2000
Permanent staff 4 Data operator	Full time	2000
Permanent staff 5 Epidemiologist	Part time	2000
Permanent staff 6 IT specialist	Part time	2000
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		

Page 68

119)

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 69

120)